

New Provider Enrollment Form



Please attach a W9 and return by email to OhioContracting@Centene.com or use the submit button at the bottom of this page.

Buckeye Health Plan (BHP) requires all providers to utilize CAQH for credentials. If you do not utilize the Global Authorization option in CAQH, it is critical that you grant BHP authorization to access your data.

NOTE:

- Only one group NPI and only one rendering provider NPI may be included on this form.
 - A separate form is required for each group NPI to which the rendering provider is being added; and
 - A separate form is required for each rendering provider being added to this group NPI.
- If more than 5 providers are being added to the group, please submit the information using the standard roster template on the website.
- If your contract has been approved as an Individual Provider or Solo Practitioner, enter your Individual NPI and Individual Medicaid ID in the Group Information section, as well as in the Provider Information section.

Credentialing Contact Information		
Name _____	Email _____	
Phone Number _____	Fax Number _____	
Group Information		
Name _____	Tax ID _____	
Group NPI _____	Group Medicaid ID _____	
Billing Office Phone Number _____	Billing Office Fax _____	
Billing Office Address _____		
Provider Information		
First Name _____	Middle _____	Last Name _____
Date of birth _____	Social Security Number _____	CAQH ID _____
Ohio Medicaid Number _____	DEA Number _____	Primary Specialty _____
State License Number _____	License State _____	_____
Individual NPI Number _____	Provider Type _____	Other Specialties _____
Applying as:		
Primary Care Provider (PCP)	Medical Specialist	
Behavioural Health Specialist	Behavioural Health and Medical	
Home and Community-Based Services (HCBS) Waiver		
Location Information		
Settings in which provider will work under this group NPI:		
Group practice	Yes	No
Federally Qualified Health Center	Yes	No
Hospital-based, practicing exclusively in an inpatient setting	Yes	No

Please provide the location name(s)/address(es) for each location under the group NPI specified above at which this provider will be working. Up to 5 locations may be displayed in the directory if enrolled with Buckeye. If not enrolled, please complete the "Provider Location Data Form."

Location 1 Name: _____	Location 4 Name: _____
Street Address: _____	Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Location 2 Name: _____	Location 5 Name: _____
Street Address: _____	Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Location 3 Name: _____	
Street Address: _____	
City: _____ State: _____ Zip: _____	

Patient Panel Information

Is provider accepting new patients	Yes	No	Patient Capacity* _____
Does the provider have any gender limitation on patients?	Yes	No	Gender limits: Male ___ Female ___ Both ___
Does the provider have any age limitations on patients?	Yes	No	Age limits: 0-18 ___ 18-99 ___ 0-99 ___

*Only complete this section if a primary care provider

Is this provider affiliated with a PHO? Yes No

Please list any languages, other than English, spoken by this provider _____

Has the provider received any cultural competency training in any of the following:

African-American	Yes	No	American Indian	Yes	No	Hispanic/Latino	Yes	No
Alaskan Native	Yes	No	Asian	Yes	No	Pacific Islander	Yes	No
LGBTQ	Yes	No						

Has the provider completed specialized training in any of the following:

Deafness/Hearing Impairment	Yes	No	Chronic Illness	Yes	No	HIV/AIDS		
Blindness/Vision Impairment	Yes	No	Physical Disabilities	Yes	No	Yes	No	
Serious Mental Illness	Yes	No	Substance Abuse	Yes	No	Homelessness		
Co-occurring Disorders	Yes	No	Developmental Disabilities	Yes	No	Yes	No	

Behavioral Health Provider Specialty Profile

****Please complete this section only if you are a behavioural health provider****

Please select the types of services you offer, including the disorders you treat and the modalities you practice. (Check those that apply)

NOTE: Please submit evidence of certificates or transcripts that account for the associated trainings in the treatment modalities and/or disorders selected below.

Certification

<ul style="list-style-type: none"> Art Therapy Center of Excellence Emergency Services Provider Lead Behaviour Analysis Therapist 	<ul style="list-style-type: none"> Positive Behaviour Support SBIRT Targeted Case Management (TCM) Certificate Trauma Informed Care
---	---

Settings/Populations Treated	
<ul style="list-style-type: none"> Adolescents Adults Blind/Visually Impaired Children Community Based Deaf/Hearing Impaired Developmental Disability Emotionally Disturbed Gay/Lesbian Geriatric Hospital Based Home Based 	<ul style="list-style-type: none"> Homelessness Men Mobile Crisis Nursing Home Physical Disability Serious Emotional Disturbance Serious Mental Illness Severe Persistent Mentally Ill School Based Telemedicine Women Young Children
Treatment Modalities/Approaches	
<ul style="list-style-type: none"> Applied Behavioural Analysis (ABA) Addictive Disorders Adolescent Psychotherapy Adolescent Sex Offender Adolescent Psychiatry Adoption Issues Alcohol/SA Treatment Anger Management Art Therapy Attachment Therapy Behavioural Therapy Brief Therapy Biofeedback Chemical Dependency Assessment Child Parent Psychotherapy (CCP) Child Psychological Testing Child Psychiatry Christian Counselling Client Centred Therapy Cognitive Rehab Therapy Cognitive Therapy Community Support Program Couples Therapy Crisis Intervention/Stabilization Critical Incident Debriefing Dialectical Behavioural Therapy Developmental Evaluation Domestic Violence ECT EMDR Evaluation/Assessment Family Therapy Family Systems Gay/Lesbian/Bisexual Group Therapy 	<ul style="list-style-type: none"> Geriatric Psychiatry Gestalt Hypnosis Intensive Family Intervention Individual Therapy Intensive Outpatient Intake Assessment Medication Management Methadone/Suboxone Mood Disorders Neuropsychological Testing Neuro-Linguistic Programming (NLP) Outcomes Oriented Therapy Parent Child Interaction Therapy (PCIT) Play Therapy Psychological Testing Psychoanalytic Therapy Psychodynamic Therapy Psychopharmacology Pain Management Rationale Emotive Therapy Relapse Prevention Relationship Disorders Sensory Processing/Integration Sexual Compulsions/Addictions Sex Therapy Solution Empowerment Therapy Stress Management Tobacco Tobacco Cessation Trauma Focused Cognitive Behavioural Therapy Trauma Informed Care (TIC) Trust Based Relational Intervention (TBRI) Weight Management

Disorders/Issues	
Addictive Medicine	Impulse disorders
ADD/ADHD	Infertility
Addictive Disorders	Inpatient Attending
Adjustment Disorder	Inpatient Consult MD
Adolescent Behaviour Disorders	Learning Disability
Adoption Issues	Medical Evaluation
Adult ADD	Medical Illness/Chronic Illness
AIDS/HIV	Men Issues
Anger Management	Mood Disorders
Anxiety/Panic Disorder	Marital Issues
Attachment Disorder	Mental Retardation
Autism/Asperger's	Obsessive Compulsive Disorder
Bipolar Disorders	Oppositional Defiant Disorder
Chemical Dependency	Organic Mental Disorder
Christian/Spiritual	Parenting Issues
Chronic Pain/Pain Management	Personality Disorders
Crisis Stabilization	Post-Partum Disorder
Cultural Issues	PTSD
Child/Parent Bonding	Panic Disorder
Co-occurring Disorders	Phobias
Cognitive Disorder	Physical Abuse
Concussion	Reactive Attachment Disorder
Criminal Offenders	Relapse Prevention
Dementia Disorders	Sexual/Physical Abuse (Adults)
Development Disorders	Sexual/Physical Abuse (Children)
Disruptive Behaviour	Schizophrenia
Dissociative Disorder	Serious/Persistent Mental Illness
Separation/Divorce	Sexual Disorders
Domestic Violence	Sexual Dysfunction
Dual Diagnosis	Sexual Abuse/Incest
Depression	Sleep Disorder
Disabled	Step/Blended Families
Eating Disorders	Stress Management
Equine Assisted Therapies	Self-Injury
Family Dysfunction	Sexual Offender
Feeding Disorders	Substance Abuse
Gay/Lesbian/Bisexual	Suicide
Gender Identity Issues	Tobacco Cessation
Grief/Loss/Bereavement	Women Issues
Head Trauma	Work Related Problems
Home Visits	