



New Provider Enrollment Form

Attachment A/B

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

If more than 5 providers or 5 locations are in a group a Roster will be accepted containing the same information. If additional space is needed, or all the below information cannot be provided in a single document, please submit a separate form.

Please complete one Provider Data Form (page 1) for each new provider in the practice.			
Location Forms are on pages 2-6. Please complete one Location Form (pages 2-6) for each office location for the provider.			
How many locations does the provider work at under this tin:		Date Completing:	
Contact Information			
Credentialing Contact:		Credentialing Phone Number:	
Credentialing E-mail:		Credentialing Fax Number:	
Group Information			
Group Name:		Group NPI:	
Group Tax ID Number:			
Billing Office Address:			
Billing Office City:		State:	Zip:
Billing Office Phone Number:		Billing Office Phone Fax:	
Provider Information			
Provider First Name:		Middle Name:	Last Name:
Provider DOB:		Provider SSN:	
OH Medicaid Number:		DEA Number:	
State License Number:		Licensed State:	
Individual NPI#:		Provider Type: (MD, DO, etc.):	
Primary Specialty:		Secondary Specialty:	
Applying as: PCP Specialist		Work in a Federally Qualified Health Center for this Tax ID:	
		Yes	No
Hospital Based and practice exclusively in an inpatient setting:		Yes	No
Is provider accepting new patients:		Yes	No
Does the provider have any gender limitation on patients?		Yes	No Gender Limits:
Does the provider have any Age limitations on patients?		Yes	No Age Limits:
Is Provider Affiliated with a PHO:		Yes	No
Is provider registered with CAQH: Yes No		If Yes, CAQH Provider ID:	
Please list any non-English languages spoken by provider:			
Has provider received any Cultural Competency Training:		Yes	No
Please list if Cultural Training includes any of the following:		African American	American Indian Hispanic/Latino
		Alaskan Native	Asian Pacific Islander
Please list Specialized Training completed:		Deafness	HIV/AIDS Chronic Illness
		Blindness	Homelessness Physical Disabilities
		Serious Mental Illness	
Signature			
Date:			
Typed Name:			

All fields on this form are required. If information does not apply please indicate N/A in the space provided.

Provider Location Form

Location 1

Please complete a Location Form for each Practice Location.

Group Name:							
Practice Location Name:				Group Tax ID Number:			
Primary Office Address:	Street No	Direction	Street Name			Suffix	Suite
Primary Office City:			State:	Zip:	County:		
Primary Office Phone Number:			Primary Office Fax Number:				
List this address in BHP Directory:		PCP: Yes No	If PCP, would you like to have members assigned to the doctor or to the location?			Capacity:	
Office Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	To	To	To	To	To	To	To
	Closed	Closed	Closed	Closed	Closed	Closed	Closed
	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs
	Does the location have access to Language Line Services?						Yes
Does the location offer translation services for written materials?						Yes	No
Does the location offer non-English languages, either spoken by the provider, office personnel or offered onsite by skilled medical interpreters?						Yes	No
If above question is yes, please list which non-English languages are provided at this location:							

ADA Information

Does your office meet ADA Parking Recommendations, Including ALL of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -At least 1 space that is van accessible available in your parking lot. -An access aisle next to each marked space.				Yes	No
Does your office meet Restroom Recommendations, Including ALL of the following: -Restroom large enough to accommodate a patient who uses an adult wheelchair or scooter. -The entry doors to the restrooms are at least 36" wide, and easy to open. -The toilet door or stall have a minimum clear opening of 32". -The top of the toilet seat 17-19" from the floor. -Grab bars behind and to the wall side of the toilet. -At least one open space (at least 42") to the side of the toilet. -The soap and towel dispensers 48" or less from the floor.				Yes	No
Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table.				Yes	No
Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a height adjustable exam table.				Yes	No
Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide.				Yes	No
Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions.				Yes	No
Is the provider's location on an accessible public transportation route?				Bus	Yes No
				Train	Yes No

Provider Location Form Location 2

Please complete a Location Form for each Practice Location.

Group Name:								
Practice Location Name:				Group Tax ID Number:				
Primary Office Address:		Street No	Direction	Street Name			Suffix	Suite
Primary Office City:				State:	Zip:	County:		
Primary Office Phone Number:				Primary Office Fax Number:				
List this address in BHP Directory:		PCP: Yes No		If PCP, would you like to have members assigned to the doctor or to the location?			Capacity:	
Office Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
	To	To	To	To	To	To	To	
	Closed	Closed	Closed	Closed	Closed	Closed	Closed	
	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	
	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	
Does the location have access to Language Line Services?							Yes	No
Does the location offer translation services for written materials?							Yes	No
Does the location offer non-English languages, either spoken by the provider, office personnel or offered onsite by skilled medical interpreters?							Yes	No
If above question is yes, please list which non-English languages are provided at this location:								

ADA Information

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Does your office meet Restroom Recommendations, Including ALL of the following: -Restroom large enough to accommodate a patient who uses an adult wheelchair or scooter. -The entry doors to the restrooms are at least 36" wide, and easy to open. -The toilet door or stall have a minimum clear opening of 32". -The top of the toilet seat 17-19" from the floor. -Grab bars behind and to the wall side of the toilet. -At least one open space (at least 42") to the side of the toilet. -The soap and towel dispensers 48" or less from the floor.				Yes	No
Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table.				Yes	No
Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a height adjustable exam table.				Yes	No
Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide.				Yes	No
Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions.				Yes	No
Is the provider's location on an accessible public transportation route?				Bus	Yes No
				Train	Yes No

Provider Location Form

Location 3

Please complete a Location Form for each Practice Location.

Group Name:							
Practice Location Name:				Group Tax ID Number:			
Primary Office Address:	Street No	Direction	Street Name			Suffix	Suite
Primary Office City:			State:	Zip:	County:		
Primary Office Phone Number:			Primary Office Fax Number:				
List this address in BHP Directory:	PCP: Yes No		If PCP, would you like to have members assigned to the doctor or to the location?			Capacity:	
Office Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	To	To	To	To	To	To	To
	Closed	Closed	Closed	Closed	Closed	Closed	Closed
	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs
	Does the location have access to Language Line Services?				Yes	No	
Does the location offer translation services for written materials?				Yes	No		
Does the location offer non-English languages, either spoken by the provider, office personnel or offered onsite by skilled medical interpreters?				Yes	No		
If above question is yes, please list which non-English languages are provided at this location:							

ADA Information

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Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table.				Yes	No
Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a height adjustable exam table.				Yes	No
Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide.				Yes	No
Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions.				Yes	No
Is the provider's location on an accessible public transportation route?				Bus	Yes No
				Train	Yes No



Provider Location Form

Location 4

Please complete a Location Form for each Practice Location.

Group Name:							
Practice Location Name:				Group Tax ID Number:			
Primary Office Address:	Street No	Direction	Street Name			Suffix	Suite
Primary Office City:			State:	Zip:	County:		
Primary Office Phone Number:			Primary Office Fax Number:				
List this address in BHP Directory:		PCP: Yes No	If PCP, would you like to have members assigned to the doctor or to the location?			Capacity:	
Office Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	To	To	To	To	To	To	To
	Closed	Closed	Closed	Closed	Closed	Closed	Closed
	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs
	Does the location have access to Language Line Services?						Yes
Does the location offer translation services for written materials?						Yes	No
Does the location offer non-English languages, either spoken by the provider, office personnel or offered onsite by skilled medical interpreters?						Yes	No
If above question is yes, please list which non-English languages are provided at this location:							

ADA Information

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Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table.				Yes	No
Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a height adjustable exam table.				Yes	No
Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide.				Yes	No
Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions.				Yes	No
Is the provider's location on an accessible public transportation route?				Bus	Yes No
				Train	Yes No



Provider Location Form Location 5

Please complete a Location Form for each Practice Location.

Group Name:							
Practice Location Name:				Group Tax ID Number:			
Primary Office Address:	Street No	Direction	Street Name			Suffix	Suite
Primary Office City:			State:	Zip:	County:		
Primary Office Phone Number:			Primary Office Fax Number:				
List this address in BHP Directory:	PCP: Yes No		If PCP, would you like to have members assigned to the doctor or to the location?			Capacity:	
Office Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	To	To	To	To	To	To	To
	Closed	Closed	Closed	Closed	Closed	Closed	Closed
	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs
	Does the location have access to Language Line Services?				Yes	No	
Does the location offer translation services for written materials?				Yes	No		
Does the location offer non-English languages, either spoken by the provider, office personnel or offered onsite by skilled medical interpreters?				Yes	No		
If above question is yes, please list which non-English languages are provided at this location:							

ADA Information

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Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table.				Yes	No
Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a height adjustable exam table.				Yes	No
Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide.				Yes	No
Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions.				Yes	No
Is the provider's location on an accessible public transportation route?				Bus	Yes No
				Train	Yes No