

Provider Specialty Profile



USE THIS FORM TO ENROLL A BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER PRACTITIONER ONLY

This profile was created to capture specific information that will allow us to improve our referral process by closely matching member needs with provider services. Please note that incomplete information will be rejected.

PROVIDER INFORMATION			
First Name:	MI:	Last Name:	Suffix:
Licensure (MD, ARNP, PhD, LCSW, etc.):		State of Licensure:	License Number:
SS#:	DOB:	Email Address to be displayed in Directory:	Website Address to be displayed in Directory:
Individual Medicaid #:		Individual Medicare #:	
Individual NPI #:		Individual Taxonomy Type:	
Group NPI #:		Group Taxonomy Type:	
Telehealth?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
CREDENTIALING INFORMATION			
Credentialing Contact Name:			Phone:
Email:		Fax:	
Council for Affordable Quality Healthcare (CAQH) Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list CAQH#*			
<small>*Please be sure all information, attachments and attestations are up to date and access has been granted for Cenpatico to view your data</small>			
<small>*If you do not have a CAQH number, you can obtain one by going to proview.caqh.org</small>			
<small>*Cenpatico only accepts credentialing submissions through CAQH. For more information, visit www.caqh.org</small>			
PRACTICE INFORMATION			
Group Name/Clinic Name:			Tax ID#
<input type="checkbox"/> Check here if you ONLY offer home-based services			
Billing Office Contact Name:		Phone:	Email:
Billing Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Location Address:	City:	State:	Zip:
Phone:	Fax:		
Covering Location #1* Street Address:			Suite #:
Covering Location #1 City:		State:	County: Zip:
Covering Location #1 Telephone:		Covering Location #1 Fax:	
Group NPI(s):			
Covering Location #2* Street Address:			Suite #:
Covering Location #2 City:		State:	County: Zip:
Covering Location #2 Telephone:		Covering Location #2 Fax:	
Group NPI(s):			
Covering Location #3* Street Address:			Suite #:
Covering Location #3 City:		State:	County: Zip:
Covering Location #3 Telephone:		Covering Location #3 Fax:	
Group NPI(s):			

* If you have more than three covering locations please use a copy of this form to add the additional locations only. You do not have to complete the other fields again.

Provider Specialty Profile



Office Hours	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

Are you currently accepting new members? Yes No

Appointment Availability: Please indicate your availability for the following appointment types:

* **Routine** appointment – within 10 business days (14 calendar days) Yes No

* **Urgent** appointment – within 24 hours Yes No

* **7-day Post Hospital Discharge** appointment Yes No Please indicate location: In home In office

Ethnicity: Please choose the option that best describes your ethnic background (used to meet member referral requests)

American Indian or Alaskan Native

Asian or Pacific Islander

African America, Black

Hispanic or Latino

White, Non-Hispanic

other: _____ (please specify)

Do you provide services in languages other than English? Yes No

If "Yes," what other languages? _____

Does your office staff speak languages other than English? Yes No

If "Yes," what other languages? _____

Do you offer emergency services? Yes No

If "Yes," please describe: _____

Are the following areas in your office handicapped accessible? (Check those that apply)

Building Restroom Therapy Room Parking

What are your age restrictions? Youngest Age: _____ Oldest Age: _____

Do you provide services to both males and females? Yes No

If "No," please explain: _____

Provider Specialty Profile



Treatment Expertise/Specialties

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.

Certifications	
Art Therapy	Positive Behavior Support
Center of Excellence	SBIRT
Emergency Services Provider	Targeted Case Management (TCM) Certificate Required
Lead Behavior Analysis Therapist	Trauma Informed Care
Settings/Populations Treated	
Adolescents	Homelessness
Adults	Men
Blind/Visually Impaired	Mobile Crisis
Children	Nursing Home
Community Based	Physical Disability
Deaf/Hearing Impaired	Serious Emotional Disturbance
Developmental Disability	Serious Mental Illness
Emotionally Disturbed	Severe Persistent Mentally Ill
Gay/Lesbian	School Based
Geriatric	Telemedicine
Hospital Based	Women
Home Based	Young Children

Treatment Modalities/ Approaches	
Applied Behavioral Analysis (ABA)	Group Therapy
Addictive Disorders	Geriatric Psychiatry
Adolescent Psychotherapy	Gestalt
Adolescent Sex Offender	Hypnosis
Adolescent Psychiatry	Intensive Family Intervention
Adoption Issues	Individual Therapy
Alcohol/SA Treatment	Intensive Outpatient
Anger Management	Intake Assessment
Art Therapy	Medication Management
Attachment Therapy	Methodone/Suboxone
Behavioral Therapy	Mood Disorders
Brief Therapy	Neuropsychological Testing
Biofeedback	Neuro-Linguistic Programming (NLP)
Chemical Dependency Assessment	Outcomes Oriented Therapy
Child Parent Psychotherapy (CCP)	Parent Child Interaction Therapy (PCIT)
Child Psychiatry	Play Therapy
Child Psychological Testing	Psychological Testing
Christian Counseling	Psychoanalytic Therapy
Client Centered Therapy	Psychodynamic Therapy
Cognitive Rehab Therapy	Psychopharmacology
	Pain Management

Provider Specialty Profile



Cognitive Therapy	Rationale Emotive Therapy
Community Support Program	Relapse Prevention
Community Support Program for the homeless	Relationship Disorders
Couples Therapy	Sensory Processing/Integration
Crisis Intervention/Stabilization	Sexual Compulsions/Addictions
Critical Incident Debriefing	Sex Therapy
Dialectical Behavioral Therapy	Solution Empowerment Therapy
Developmental Evaluation	Stress Management
Domestic Violence	Tobacco
ECT	Tobacco Cessation
EMDR	Trauma Focused Cognitive Behavioral Therapy
Evaluation/Assessment	Trauma Informed Care (TIC)
Family Therapy	Trust Based Relational Intervention (TBRI)
Family Systems	Weight Management
Gay/Lesbian/Bisexual	

Disorders/Issues

Addictive Medicine	Impulse disorders
ADD/ADHD	Infertility
Addictive Disorders	Inpatient Attending
Adjustment Disorder	Inpatient Consult MD
Adolescent Behavior 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/Aspergers	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)
Developmental Disorder	Sexual/Physical Abuse (Children)
Disruptive Behavior	Schizophrenia
Dissociative Disorder	Serious/Persistent Mental Illness
Separation/Divorce	Sexual Disorders
Domestic Violence	Sexual Dysfunction
Dual Diagnosis	Sexual Abuse/Incest
Depression	Sleep Disorder

Provider Specialty Profile



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	

Signature: _____

Date: _____

1-866-769-3085 (NH Healthy Families)
1-844-265-1278 (Ambetter)
TDD/TTY: 1-855-742-0123

NHhealthyfamilies.com
ambetter.nhhealthyfamilies.com