Provider Specialty Profile

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.

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

PROVIDER INFORMATION

First Name: MI: Last Name: Suffix:

Licensure (MD, ARNP, PhD, LCSW, etc.): State of Licensure: License Number:

SS#: Provider Email:

Individual Medicaid #: Individual Medicare #:

Individual NPI #: Individual Taxonomy Type:

Group NPI #: Group Taxonomy Type:

Telehealth? ☐ Yes ☐ No

CREDENTIALING INFORMATION

Credentialing Contact Name: Phone:

Email: Fax:

Council for Affordable Quality Healthcare (CAQH) Participant? ☐ Yes ☐ No If yes, list CAQH#*

*Please be sure all information, attachments, and attestations are up to date and access has been granted for Wellcare to view your data

*If you do not have a CAQH number, you can obtain one by going to **proview.caqh.org**

*Wellcare only accepts credentialing submissions through CAQH. For more information, visit **www.caqh.org**

PRACTICE INFORMATION

Group Name/Clinic Name: Tax ID#

☐ 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:

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Provider Specialty Profile *(continued)*

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.*

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

☐ African American

☐ White, Non-Hispanic

☐ Asian or Pacific Islander

☐ Hispanic or Latino

☐ Other: _____(please specify)

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Provider Specialty Profile *(continued)*

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: _____

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	☐	Hospital Based
☐	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
☐	LGBTQ	☐	School Based
☐	Geriatric	☐	Telemedicine
☐	Home Based	☐	Women
☐	Homelessness	☐	Young Children

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Provider Specialty Profile *(continued)*

Treatment Modalities/ Approaches	
☐ Applied Behavioral Analysis (ABA)	☐ Group Therapy
☐ Addictive Disorders	☐ Geriatric Psychiatry
☐ Adolescent Psychiatry	☐ Gestalt
☐ Adolescent Psychotherapy	☐ Hypnosis
☐ Adolescent Sex Offender	☐ Individual Therapy
☐ Adoption Issues	☐ Intake Assessment
☐ Alcohol/SA Treatment	☐ Intensive Family Intervention
☐ Anger Management	☐ Intensive Outpatient
☐ Art Therapy	☐ Medication Management
☐ Attachment Therapy	☐ Methodone/Suboxone
☐ Behavioral Therapy	☐ Mood Disorders
☐ Biofeedback	☐ Neuro-Linguistic Programming (NLP)
☐ Brief Therapy	☐ Neuropsychological Testing
☐ Chemical Dependency Assessment	☐ Outcomes Oriented Therapy
☐ Child Parent Psychotherapy (CCP)	☐ Pain Management
☐ Child Psychiatry	☐ Parent Child Interaction Therapy (PCIT)
☐ Child Psychological Testing	☐ Play Therapy
☐ Christian Counseling	☐ Psychoanalytic Therapy
☐ Client Centered Therapy	☐ Psychodynamic Therapy
☐ Cognitive Rehab Therapy	☐ Psychological Testing
☐ Cognitive Therapy	☐ Psychopharmacology
☐ Community Support Program	☐ Rationale Emotive Therapy
☐ Community Support Program for the homeless	☐ Relapse Prevention
☐ Couples Therapy	☐ Relationship Disorders
☐ Crisis Intervention/Stabilization	☐ Sensory Processing/Integration
☐ Critical Incident Debriefing	☐ Sexual Compulsions/Addictions
☐ Dialectical Behavioral Therapy	☐ Sex Therapy
☐ Developmental Evaluation	☐ Solution Empowerment Therapy
☐ Domestic Violence	☐ Stress Management
☐ ECT	☐ Tobacco
☐ EMDR	☐ Tobacco Cessation
☐ Evaluation/Assessment	☐ Trauma Focused Cognitive Behavioral Therapy
☐ Family Systems	☐ Trauma Informed Care (TIC)
☐ Family Therapy	☐ Trust Based Relational Intervention (TBRI)
☐ LGBTQ	☐ Weight Management

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Provider Specialty Profile *(continued)*

Disorders/Issues	
☐ ADD/ADHD	☐ Inpatient Attending
☐ Addictive Disorders	☐ Inpatient Consult MD
☐ Addictive Medicine	☐ Learning Disability
☐ Adolescent Behavior Disorders	☐ LGBTQ
☐ Adoption Issues	☐ Marital Issues
☐ Adjustment Disorder	☐ Medical Evaluation
☐ Adult ADD	☐ Medical Illness/Chronic Illness
☐ AIDS/HIV	☐ Men Issues
☐ Anger Management	☐ Mental Retardation
☐ Anxiety/Panic Disorder	☐ Mood Disorders
☐ Attachment Disorder	☐ Obsessive Compulsive Disorder
☐ Autism/Aspergers	☐ Oppositional Defiant Disorder
☐ Bipolar Disorders	☐ Organic Mental Disorder
☐ Chemical Dependency	☐ Panic Disorder
☐ Child/Parent Bonding	☐ Parenting Issues
☐ Christian/Spiritual	☐ Personality Disorders
☐ Chronic Pain/Pain Management	☐ Phobias
☐ Cognitive Disorder	☐ Physical Abuse
☐ Concussion	☐ Post-Partum Disorder
☐ Co-occuring Disorders	☐ PTSD
☐ Criminal Offenders	☐ Reactive Attachment Disorder
☐ Crisis Stabilization	☐ Relapse Prevention
☐ Cultural Issues	☐ Schizophrenia
☐ Dementia Disorders	☐ Self-Injury
☐ Depression	☐ Separation/Divorce
☐ Developmental Disorder	☐ Serious/Persistent Mental Illness
☐ Disabled	☐ Sexual Abuse/Incest
☐ Disruptive Behavior	☐ Sexual Disorders
☐ Dissociative Disorder	☐ Sexual Dysfunction
☐ Domestic Violence	☐ Sexual Offender
☐ Dual Diagnosis Impulse disorders	☐ Sexual/Physical Abuse (Adults)
☐ Eating Disorders	☐ Sexual/Physical Abuse (Children)
☐ Equine Assisted Therapies	☐ Sleep Disorder
☐ Family Dysfunction	☐ Step/Blended Families
☐ Feeding Disorders	☐ Stress Management

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Provider Specialty Profile *(continued)*

Disorders/Issues *(continued)*			
☐	Grief/Loss/Bereavement	☐	Substance Abuse
☐	Head Trauma	☐	Suicide
☐	Home Visits	☐	Tobacco Cessation
☐	Infertility	☐	Women Issues
		☐	Work Related Problems

Signature: _____ **Date**_____