

# Behavioral Health Provider Data Form

Provider name: \_\_\_\_\_

Group legal name: \_\_\_\_\_

DBA (doing business as) name: \_\_\_\_\_

## Locations

Primary address: \_\_\_\_\_

County: \_\_\_\_\_ Appointments phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Office hours: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat/Sun: \_\_\_\_\_

Secondary address: \_\_\_\_\_

County: \_\_\_\_\_ Appointments phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Office hours: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat/Sun: \_\_\_\_\_

\*If there are multiple practice sites, please attach separate listing.

Accepting new patients:  Yes  No Patient ages seen: \_\_\_\_\_

Languages in which you or staff are fluent for medical care: \_\_\_\_\_

| Type of care                               | Standard                                  | Definition  |
|--|---|---|
| <b>Emergent care, non-life-threatening</b> | Within six hours                          | An emergency situation where clinical evidence shows that a person requires immediate care, but lack of care would not lead to death.       |
| <b>Urgent care</b>                         | Within 48 hours                           | Not an emergent situation but one severe enough that care is required to prevent serious deterioration of the member's condition or health. |
| <b>Routine care</b>                        | Within 10 business days                   | Does not meet the definition of emergency, non-life-threatening emergency, urgent care or post-discharge follow up.                         |
| <b>Post-discharge follow up</b>            | Within seven calendar days post-discharge | An outpatient visit with a mental health practitioner after hospitalization for treatment of a mental health disorder.                      |

Based on NCQA standards for behavioral health access (above), are you able to meet access standards for new members?

Yes  No If no, please provide an explanation \_\_\_\_\_

For existing members?

Yes  No If no, please provide an explanation \_\_\_\_\_

## Important billing numbers

Provider Medicaid: \_\_\_\_\_ Group Medicaid: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Group NPI: \_\_\_\_\_

Tax identification: \_\_\_\_\_

## Licensed discipline:

- |  |  |
|--|--|
| <input type="checkbox"/> Psychiatrist<br>Do you take outpatient referrals?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Psychiatric Nurse (RNCS, APN)               |
| <input type="checkbox"/> Addictionologist  | <input type="checkbox"/> Nurse Practitioner (APNP, APN)              |
| <input type="checkbox"/> Child Psychiatrist  | <input type="checkbox"/> Social Worker (LISW)                        |
| <input type="checkbox"/> Psychologist  | <input type="checkbox"/> Licensed Professional Counselor (LPC)       |
|  | <input type="checkbox"/> Licensed Marriage & Family Therapist (LMFT) |
|  | <input type="checkbox"/> Pastoral Counselor                          |

## Provider areas of expertise:

- |   |   |
|---|---|
| <input type="checkbox"/> Behavioral Therapy for Autism Disorder             | <input type="checkbox"/> Cultural/Ethnic Issues         |
| <input type="checkbox"/> Abuse, Assault and Trauma (PTSD)                   | <input type="checkbox"/> Family Therapy                 |
| <input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD)              | <input type="checkbox"/> Forensic Psychology            |
| <input type="checkbox"/> Adoption   | <input type="checkbox"/> Geriatrics                     |
| <input type="checkbox"/> Anxiety and Panic Disorders                        | <input type="checkbox"/> Gay/Lesbian/Bisexual Issues    |
| <input type="checkbox"/> Autism Spectrum Disorders (ASD/PPD/Asperger)       | <input type="checkbox"/> Grief/Bereavement              |
| <input type="checkbox"/> Bariatric Assessment                               | <input type="checkbox"/> Group Therapy                  |
| <input type="checkbox"/> Bipolar Disorders/Manic Depressive Illness         | <input type="checkbox"/> HIV/AIDS Related Issues        |
| <input type="checkbox"/> Cognitive Behavioral Therapy (CBT)                 | <input type="checkbox"/> Infertility                    |
| <input type="checkbox"/> Chemical Dependency/Chemical Dependency Assessment | <input type="checkbox"/> Medication Management          |
| <input type="checkbox"/> Child/Adolescent Therapy                           | <input type="checkbox"/> Men's Issues                   |
| <input type="checkbox"/> Christian Counseling                               | <input type="checkbox"/> Neuropsychological Testing     |
| <input type="checkbox"/> Compulsive Gambling                                | <input type="checkbox"/> Psychological Testing          |
| <input type="checkbox"/> Dialectical Behavioral Therapy (DBT)               | <input type="checkbox"/> Obsessive Compulsive Disorders |
| <input type="checkbox"/> Depression   | <input type="checkbox"/> Sexual Disorders               |
| <input type="checkbox"/> Divorce/Blended Family Issues                      | <input type="checkbox"/> Stress Management              |
| <input type="checkbox"/> Eating Disorder                                    | <input type="checkbox"/> Transgender Issues             |
| <input type="checkbox"/> Electro-convulsive Therapy (ECT)                   | <input type="checkbox"/> Women's Issues                 |
| <input type="checkbox"/> End-of-Life Issues                                 |   |