✓MetroPlusHealth

50 Water St., 7th Floor • New York, NY 10004
1.800.303.9626 • TTY: 711 • metroplus.org

BEHAVIORAL HEALTH INDIVIDUAL PROVIDER INFORMATION FORM

MetroPlus Health Plan, Inc. utilizes the Council for Affordable Quality Healthcare (CAQH) Universal Provider Data Source (UPD) for gathering credentialing data for physicians and other health care professionals. This service is free for physicians and other health care professionals. This service eliminates redundancies in completing credentialing applications for multiple health plans, eliminates the need to print and mail credentialing applications, minimizes paperwork by allowing physicians and other health care providers to make updates online, and enables physicians and other health care professionals to easily access their information.

To begin your credentialing process, please complete this form. All requested information is required. **If you wish to participate with MetroPlusHealth at more than 1 location, complete this form for each additional practice location.**

Date completed	CAQH ID #

Age range for the patients that the provider treats:

☐ Geriatrics ☐ Adult ☐ Child/Adolescent under 21 years old ☐ Child 0 to 5 years old

☐ Serves Members in Foster Care Only

Last Name	First Name	Degree

License Number	Individual NPI Number	Individual Medicaid ID Number

Does Health Care Professional Offer Telehealth Services? If yes, select the type of Telehealth Service from the list below.

☐ Audio Only ☐ Audio and Video ☐ No Telehealth Services

Practice Information:

Practice Name
Tax ID (TIN #)
Organization NPI
Organization Medicaid ID Number
Practice Website

Provider Address Including Floor or Suite #	Primary Practice City

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Primary Practice State	Primary Practice Zip Code
Appointment Phone Number	After-Hours Access Phone Number
Primary Practice Fax Number	Primary Practice Email Address
Credentialing Agent's Information Name: Phone: Email:	Comments

Check the facility type below:	
☐ Diagnostic & Treatment Center (Article 28)	☐ Article 31 licensed facility
☐ Article 16 licensed facility	☐ 3D Kids IPA

Is the applicant a newly licensed practitioner? ☐ Yes ☐ No If yes, provide date of licensure: _____	**Is the applicant a practitioner relocating to NYS without previously practicing in NYS?** ☐ Yes ☐ No

Primary Specialty (For Behavioral Health Providers, please also check all that apply on pages 2 and 3.) □
Addiction Psychiatrist
□ Certified Behavior Analyst Assistant (CBAA)
□ Child Psychiatrist
□ Forensic Psychiatrist
□ Geriatric Psychiatrist
□ Licensed Behavioral Analyst (LBA)
□ Licensed Clinical Social Worker (LCSW)
□ Licensed Clinical Social Worker R (LCSW R)
□ Licensed Marriage and Family Therapist (LMFT)
□ Licensed Master's in Social Work (LMSW)
□ Licensed Mental Health Counselor (LMHC)
□ Licensed Psychologist (Ph.D. or PSYD)
□ Nurse Practitioner- Psychiatry (NPP)
□ Physician's Assistant (PA)
□ Psychiatrist

Additional Services		
□ Applied Behavioral Analysis	□ Buprenorphine Provider	□ Clozaril Medication Treatment
□ Couples Therapy	□ Developmental Testing	□ Family Therapy
□ Gambling Addiction	□ Group Therapy	□ Individual Therapy
□ Injectable Psychiatric Medication Treatment	□ Medication Assisted Treatment	□ Neuropsychological Testing
□ Nicotine Replacement Therapy	□ Psychological Testing	□ Transcranial Magnetic Stimulation

Sub-Specialties		
□ Acculturation Issues	□ Anger Management	□ Autism Spectrum Disorder
□ Bereavement	□ Body Dysmorphic Disorder	□ Criminal Justice Informed Treatment
□ Dialectical Behavioral Therapy - DBT	□ Domestic Violence	□ Early Intervention
□ Eating Disorders	□ First Episode Psychosis	□ Gender Identity
□ Homelessness	□ Human Trafficking Trauma	□ LGBTQIA+
□ Mood Disorders	□ Personality Disorders	□ Persons impacted by HIV/AIDS
□ Persons with developmental disabilities	□ Postpartum Mental Health	□ Speech impairments
□ Substance Use Disorders	□ Severe and Persistent Mental Illness (SPMI)	□ Sexual Addiction
□ Transition Aged Youth (16-25)	□ Trauma Informed Care	□ Traumatic Brain Injury
□ Veterans	□ Visual impairments	

Languages Spoken by Provider		
□ American Sign Language	□ Arabic	□ Bengali
□ Chinese – Cantonese	□ Chinese – Mandarin	□ English
□ French	□ German	□ Hebrew
□ Hindi	□ Italian	□ Spanish
□ Russian	□ Urdu	□ Yiddish
□ Other		

Languages Available via Skilled Medical Interpreter		
□ American Sign Language	□ Arabic	□ Bengali
□ Chinese – Cantonese	□ Chinese – Mandarin	□ English
□ French	□ German	□ Hebrew
□ Hindi	□ Italian	□ Spanish
□ Russian	□ Urdu	□ Yiddish
□ Other		