MetroPlusHealth

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 one (1) location, complete this form for each additional practice location.**

Date Completed: _____ **CAQH ID #:** _____

Provider Information		
Last Name:	**First Name:**	**Degree:**

License #:	**Individual NPI Number:**	**Email Address:**

Is the applicant a newly licensed physician? ☐ Yes ☐ No *If yes, provide date of licensure:* _____

Is the applicant a physician relocating to NYS without previously practicing in NYS? ☐ Yes ☐ No

Age range for the patients that the provider treats:

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

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

☐ Audio Only ☐ Audio and Visual ☐ No Telehealth Services

Provider Specialty: *In accordance with regulatory requirements, the Provider Directory may only include providers who are actively accepting appointments for members. MetroPlusHealth must accurately identify the capacity in which each provider practices. For example, an internal medicine physician who also specializes in oncology, but does not serve as a Primary Care Provider (PCP), may only be listed as an oncology specialist. Please indicate below all specialties in which you currently practice and are available to see patients.*

Primary Specialty:	**Secondary Specialty:**

Limitations: MetroPlusHealth must identify restrictions on access to a provider. For example, provide who only offer home visits and do not see patients in a physical office, or provider who treats a specific population such as Native American enrollees only. **Please note provider restrictions/limitations below:**

If Dietetics/Nutrition specialist:

Are you a certified diabetes educator? ☐ Yes ☐ No

Certification #: _____

Do you have "certified registered dietician" certification by the Commission on Dietetic

Registration? ☐ Yes ☐ No

Certification #: _____

Primary Practice Information

Practice Name:			
Tax ID (TIN): *(Attach W9)*	**Email Address:** *(To be printed in the directory)*		
Organization NPI:	**Organization Medicaid ID Number:**		
Organization Website:			
Address: *(Include Floor/Suite#)*	**City:**	**State:** New York	**Zip Code:**
Appointment Phone #:	**After-Hours Access Phone #:**	**Fax Number:**	

Servicing Counties: Please place a check mark next to each county in which the provider treats **MetroPlusHealth** members.

- Bronx ☐
- Kings (Brooklyn) ☐
- New York (Manhattan) ☐
- Queens ☐
- Richmond (Staten Island) ☐

Gold and GoldCare Lines of Business Only

Please indicate whether services are provided in the following additional counties:

- Nassau ☐
- Suffolk ☐
- Westchester ☐

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		

Credentialing Agent Information		
Name:	**Phone:**	**Email:**
Comments		