

# 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.

## Provider Information

Name: \_\_\_\_\_  
First Middle Last Suffix

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

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Provider e-mail: \_\_\_\_\_

Individual Medicaid #: \_\_\_\_\_ Individual Medicare #: \_\_\_\_\_

Individual NPI #: \_\_\_\_\_ Individual Taxonomy Type: \_\_\_\_\_

Group NPI #: \_\_\_\_\_ Group Taxonomy Type: \_\_\_\_\_

## 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 MHS Health Wisconsin to view your data

\*If you do not have a CAQH number, you can obtain one by going to [proview.cagh.org](http://proview.cagh.org)

\*MHS Health Wisconsin only accepts credentialing submissions through CAQH. For more information, visit [www.cagh.org](http://www.cagh.org)

## Practice Information

Group Name/Clinic Name: \_\_\_\_\_ Tax ID# \_\_\_\_\_

Check here if you ONLY offer home based services

Practice Address : \_\_\_\_\_  
City State Zip

Second Practice Address: \_\_\_\_\_  
City State Zip

Billing Office Contact Information: \_\_\_\_\_  
Name Phone Email address

Billing Address: \_\_\_\_\_  
City State Zip

Mailing Address: \_\_\_\_\_  
City State Zip

# 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

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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 (TF-CBT) 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

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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:**