

# Provider Specialty Profile



This profile aims to refine our referral process by aligning member needs with provider services.

Note: Only complete information will be accepted.

## PROVIDER INFORMATION

\_\_\_\_\_  
First Name MI Last Name Suffix

Anticipated Start Date Click or tap to enter a date.

\_\_\_\_\_  
Licensure (MD/DO, APNP, LCSW, etc.) State of Licensure License Number

\_\_\_\_\_  
Social Security Number DOB (MM/DD/YYYY) Provider Email

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

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

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

## CREDENTIALING INFORMATION

\_\_\_\_\_  
Credentialing Contact Name Phone Number

\_\_\_\_\_  
Email Fax

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

\* Please be sure all information, attachments, and attestations are current, 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.caqh.org](http://proview.caqh.org). MHS Health Wisconsin only accepts credentialing submissions through CAQH. For more information, visit <https://www.caqh.org/>

## PRACTICE INFORMATION

\_\_\_\_\_  
Group Name/Clinic Name Tax ID #  
 Check here if you ONLY offer home based services

\_\_\_\_\_  
Practice Street Address City State Zip Code

\_\_\_\_\_  
Practice Phone Practice Fax

# Provider Specialty Profile



Second Location Practice Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Second Location Practice Phone \_\_\_\_\_ Second Location Practice Fax \_\_\_\_\_

Billing Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Office Hours

Monday \_\_\_\_\_ Saturday \_\_\_\_\_

Tuesday \_\_\_\_\_ Sunday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Are you currently accepting new patients?  Yes  No  Review only

Do you have any age restrictions? Youngest age \_\_\_\_\_ Oldest age \_\_\_\_\_

Do you provide services to males and females?  Yes  No

If no, please explain: \_\_\_\_\_

**Appointment availability.** Please indicate your availability for the following appointment types.

- Routine – 10 business days (14 calendar days)  Yes  No
- Urgent – Within 24 hours  Yes  No
- Post hospital discharge – Within 7 days  Yes  No If yes:  In office  In home

Do you provide emergency services?  Yes  No

If yes, please explain: \_\_\_\_\_

**Race and Ethnicity.** This information is used to meet member referral requests.

Which best describes your race?

- American Indian/Alaska Native  Asian
- Black/African American  Other \_\_\_\_\_
- Native Hawaiian/Pacific Islander

Which best describes your ethnicity?

- White/Non-Hispanic  Other \_\_\_\_\_
- Hispanic/Latino

# Provider Specialty Profile



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? \_\_\_\_\_

Are the following areas at your office handicapped accessible? Check all that apply.

Building  Parking  Exam Room  Therapy Room  Other \_\_\_\_\_

If not, please explain: \_\_\_\_\_

## TREATMENT EXPERTISE / SPECIALTIES

Please select the types of services you offer, including the disorders you treat and the modalities you practice.

NOTE: Please submit evidence of certificates or transcripts that account for the associated trainings in the treatment modalities and/or disorders selected below.

### Certifications (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Art Therapy  | <input type="checkbox"/> Positive Behavior Support                           |
| <input type="checkbox"/> Center of Excellence   | <input type="checkbox"/> Emergency Services Provider                         |
| <input type="checkbox"/> Screening, Brief Intervention, and Referral to Treatment (SBIRT) | <input type="checkbox"/> Targeted Case Management (TCM) Certificate Required |
| <input type="checkbox"/> Lead Behavior Analysis Therapist                                 | <input type="checkbox"/> Trauma Informed Care                                |

### Settings / Populations Treated (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Adolescents              | <input type="checkbox"/> Homeless                         |
| <input type="checkbox"/> Adults                   | <input type="checkbox"/> Men                              |
| <input type="checkbox"/> Blind/Visually Impaired  | <input type="checkbox"/> Mobile Crisis                    |
| <input type="checkbox"/> Children                 | <input type="checkbox"/> Nursing Home/Skilled Nursing     |
| <input type="checkbox"/> Community Based          | <input type="checkbox"/> Physical Disability              |
| <input type="checkbox"/> Deaf/Hearing Impaired    | <input type="checkbox"/> Serious Emotional Disturbance    |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Serious Mental Illness           |
| <input type="checkbox"/> Emotionally Disturbed    | <input type="checkbox"/> Severe Persistent Mental Illness |
| <input type="checkbox"/> LGBTQIA+                 | <input type="checkbox"/> School Based                     |
| <input type="checkbox"/> Geriatric                | <input type="checkbox"/> Telemedicine                     |
| <input type="checkbox"/> Hospital Based           | <input type="checkbox"/> Women                            |
| <input type="checkbox"/> Home Based               | <input type="checkbox"/> Young children                   |

# Provider Specialty Profile



## Treatment Modalities / Approaches (Check all that apply)

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

# Provider Specialty Profile



## Disorders / Issues (Check all that apply)

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_