

CREENTIALING APPLICATION ADDENDUM

Provider NPI: _____

Provider Name: _____

Group NPI: _____

Group Name: _____

Ethnicity/Race:

_____ American Indian/Alaska Native _____ Asian, Pacific Islander _____ Black, non-Hispanic
_____ Hispanic _____ Native Hawaiian/Other Pacific Islander _____ White, non-Hispanic
_____ Decline to provide

Specific Services:

Do you perform Obstetrical services? _____ Yes _____ No

If yes, do you perform Obstetrical deliveries? _____ Yes _____ No

Do you provide Telehealth/Telemedicine services? _____ Yes _____ No

Will you be practicing solely as a Hospitalist provider? _____ Yes _____ No

Do you provide Maternal Mental Health services? _____ Yes _____ No

Provider Type:

_____ Primary Care Provider (PCP) _____ Specialist Provider _____ Both (PCP and Specialist)

If applying to be a Primary Care Provider (PCP), do you meet the attached PCP requirements?

_____ Yes _____ No

Authorized Signature: _____ **Date:** _____

Authorized Name: _____

Authorized Title: _____

PCP REQUIREMENTS

- Must be a
 - Physician with one of the following specialties:
 - General Practice
 - Family Practice
 - Internal Medicine
 - Pediatrics
 - Obstetrics/Gynecology
 - Or an Advanced Practice Registered Nurse (APRN)/Physician Assistant (PA)
 - Practicing under the supervision of a physician specializing in Family Practice, Internal Medicine, Pediatrics, or Obstetrics/Gynecology who also qualifies as a PCP
- Must be accessible to members twenty-four (24) hours a day, seven (7) days a week.
- If providing services to children birth through age 20, must provide preventive services following the THSteps periodicity schedule, as well as following the American Academy of Pediatrics (AAP) recommendations.
- If providing services to children birth through age 18, must be a participant in the Vaccines for Children program.
- If providing services to adults aged 21 and over, must provide preventive services following the US Preventive Services Task Force requirements.
- Must have either admitting privileges at a DHP network hospital or make referral arrangements with a Provider who has admitting privileges at a DHP network hospital.
- Must have acceptable after-hours availability including:
 - The office telephone is answered after-hours by an answering service that meets the language requirements of the Major Population Groups and that can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned within 30 minutes.
 - The office telephone is answered after normal business hours by a recording in the language of each of the Major Population Groups served, directing the Member to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the designated provider's telephone, another record is not acceptable
 - The office telephone is transferred to another location where someone will answer the telephone and be able to contact the PCP or another designated medical provider, who can return the call within 30 minutes.
- Must assess the medical needs of Members for referral to specialty care providers, provide referrals as needed, and coordinate care with specialty care providers after the referral.