Evernorth Clinic Information Form

CLEAR FORM

Thank you for your interest in becoming a participating behavioral health clinic for Evernorth Behavioral Health. To consider your practice for network participation, please complete this application and send it, along with required attachments, to the Evernorth Behavioral Health Contracting Unit at **BehavioralOutpatientClinic@Evernorth.com**.

You can expect a response within 30 days, or as otherwise required by state or federal law, upon receipt of your completed form. Please do not include any additional paperwork *(resume, licenses, etc.)* unless requested. **Submission of this information form does not constitute an offer to join the Evernorth Behavioral Health network and is for screening purposes only.**

Submit the following documentation with this application:

- Service location form(s):
  - A Physical Service Location Form for each service location and clinician
  - If your practice has a home-visit-only service model, please complete a Home-Visit-Only Service Location Form
  - If your practice has a telehealth-only service model, please complete a Telehealth-Only Service Location Form for each service location and clinician
- Completed W-9 forms
- Proof of current professional and general liability insurance coverage (policy face sheet or certificate of insurance that identifies the clinic named in the application and indicates liability limits and expiration date, and may not be binder policies)

Clinic name:	Legal/taxpayer name (as registered with the IRS):	
Taxpayer Identification Number (TIN):	National Provider Identifier (NPI):	Clinic may also be known as :

If your organization uses multiple TINs, please identify the NPI for each TIN:

Taxpayer Identification Number (TIN):	National Provider Identifier (NPI):	Taxpayer Identification Number (TIN):	National Provider Identifier (NPI):
Taxpayer Identification Number (TIN):	National Provider Identifier (NPI):	Taxpayer Identification Number (TIN):	National Provider Identifier (NPI):

PRIMARY CLINIC CONTRACTING CONTACT

Primary contracting contact name:	Title:	Primary contracting email address:	Primary contracting telephone:

ADMINISTRATIVE/MAILING ADDRESS

Clinics (including clinics with multiple locations) can only have one mailing address.
Authorizations and administrative correspondence for all office locations will be sent to this address.

Primary administrative contact:	Title:	Administrative telephone:	Fax number:	
Administrative street address/PO Box:	Suite number:	Administrative city:	State:	Zip Code:
Administrative contact's email:				

CLINIC BILLING ADDRESS

All payments will be sent to this address and Tax Identification Number (TIN).

Primary billing contact:	Title:	Billing telephone:	Billing Fax:	
Billing street address/PO Box:	Suite number:	Billing city:	State:	Zip Code:

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CLINIC EMAIL ADDRESS

Please provide a valid email address for each of the three categories to ensure our communications are routed appropriately.

General communications:	Credentialing/contracting:	Billing:

CLINICAL CONTACT INFORMATION

Primary clinical contact:	Title:	Clinical contact telephone:	Primary intake telephone:

Does your clinic have a website? If so, please list here:

☐ Yes ☐ No

Does this website support self-service appointment scheduling? ☐ Yes ☐ No

Please note: users may schedule appointments through this website without direct assistance or correspondence with office staff (i.e., does not include requesting appointments via email, phone, or online form).

Does your clinic have an email address to list in the directory? ☐ Yes ☐ No If so, please list here:

Practice information:

Your practice model:

- ☐ a. Single-site clinic
- ☐ b. Multiple-site clinic
- ☐ c. Facility clinic
- ☐ d. Home-visit-only
- ☐ e. Independent Physician Association (IPA)
- ☐ f. Other _____
- ☐ g. Telehealth-only
- ☐ h. CMHC*
- ☐ i. FQHC*
- ☐ j. Indian Healthcare Provider

*To qualify for a CMHC or FQHC contract, a State or Federal CMHC or FQHC license, certificate or CMS letter stating the clinic is a CMHC or FQHC is required. Billing is required to be submitted under the Type 2 NPI on a CMS-1500.

Overall composition and number of practitioners:

Total number	Full time*	Part time		Full time*	Part time
Medical doctors			Master's-level clinicians		
ARNPs/APNs			BCBA		
Physician assistants			BCBA-D		
PhD/PsyD			Total		

**24 clinical hours/week constitutes full time*

Number of board certified psychiatrists

Adult	Child/adolescent	Geriatrics	Addictions

Does your clinic provide medication-assisted treatment (buprenorphine or VIVITROL® by prescription) and behavioral therapy? ☐ Yes ☐ No

If yes, please indicate the locations where these services are provided

Does your clinic provide methadone treatment? ☐ Yes ☐ No

Describe the clinic's appointment access:

	Prescriber	Non-prescriber
Average wait (in days) for an initial appointment		
Routine appointment		
Urgent appointment		
Emergency appointment		

CLINICAL CONTACT INFORMATION *(Continued)*

☐ Clinic allows direct appointment access to a prescriber.

If no, please describe your process to access a prescriber:

☐ Clinic has 24-hour emergency coverage seven days a week.

If no, please describe your after-hours coverage:

Clinic offers:

☐ Evening appointments Which night(s)? _____

☐ Weekend appointments Which days? _____

Behavioral telehealth:

☐ Yes - I attest that our clinic provides qualified behavioral telehealth services.

☐ No - Our clinic does not provide qualified behavioral telehealth services.

If yes:

☐ Do you provide phone appointments for your Telehealth Sessions *(check box if yes)*?
If necessary, can caregivers participate in phone appointments? ☐ Yes ☐ No

☐ Do you provide Video Appointments for your Telehealth Sessions *(check box if yes)*?
If necessary, can caregivers participate in phone appointments? ☐ Yes ☐ No

☐ Do you provide Remote Patient Monitoring *(check box if yes)*?

Credentialing:

Evernorth Behavioral Health requires that all health care providers meet established credentialing criteria in order to participate in our behavioral network. We directly credential and recredential behavioral health care providers; however, in some cases, participating clinics that meet Evernorth Behavioral Health's standards for credentialing may retain that responsibility on a delegated basis under a formal written agreement that is separate from the participating clinic provider agreement. To qualify for delegated credentialing, there must be 100 or more independently licensed providers and the group needs to have a NCQA aligned credentialing committee that has been established for over 1 year. If your clinic is interested in discussing delegated credentialing, please check here. ☐

Fast Access Network:

Evernorth Behavioral Health's Fast Access Network is a subset of our existing provider network that is dedicated to the timely delivery of mental health treatment to our customers. As the stigma surrounding seeking mental health and substance use treatment continues to decrease, a growing number of our customers are in need of your services. As a participating provider in our Fast Access Network, you can help remove barriers to care by guaranteeing routine appointments for first-time patients following the criteria below:

- Guaranteed access for first-time routine appointments within:
  - Five business days for counseling/therapy
  - 15 business days for a prescriber appointment
- Offer video-based telehealth services or willingness to implement capability within one year
- Offer Employee Assistance Program services, when applicable
- Collaborate with a patient's primary care provider or other relevant medical providers
- If unavailable when a patient calls, guarantee return calls within one business day
- To participate in the Evernorth Fast Access Network, please check here ☐

Areas of clinical practice:	
Specialties:	**Locations:**
Addictionology (MD Only)	
ADHD/ADD	
Adoption issues	
AIDS/HIV	
Anger management	
Anxiety disorder	
Bipolar disorder	
Bisexual/gay/lesbian	
Borderline personality disorder	
Chronically Medically Ill	
Conduct/disruptive disorder	
Cultural/ethnic issues	
Deaf or Hard-of-Hearing	
Depression	
Developmentally disabled	
Dissociative disorder	
Domestic violence	
Emergency responder	
Faith-based counseling	
Family therapy	
Female	
Fertility issues	
Gambling addictions	
Gender identity/transgender	
Grief/loss	
Health care professional	
Homeless	
Home visits	
Intellectually disabled	
Learning disabilities	
Living with HIV/AIDs	
Male	
Marital/couple therapy	
Medical issues/illness	
Menopause	
Military and Veterans	
Minority issues	
Obsessive compulsive disorder	
Panic disorder	
Peer support specialty	
Phobias	
Physically disabled	
Psychological testing	
Psychotic disorders	
Post-traumatic stress disorder (PTSD)	
Self-harm and suicidal feelings	
Sexual abuse/incest	
Sexual orientation-Asexual	

Areas of clinical practice: *(Cond)*	
Specialties:	**Locations:**
Sexual orientation-Bisexual	
Sexual orientation-Gay	
Sexual orientation-Lesbian	
Sexual orientation-Queer	
Sexual orientation-Questioning	
Sexual orientation-Straight or Heterosexua	
Telehealth offered	
Transcranial magnetic stimulation (TMS)	

Specialty networks

Disorders and treatment modalities:

Specialty networks:	**Locations:**
Alcohol and substance use	
Autism - Applied behavioral analysis (ABA)	
Autism - Social skills group	
Autism - Testing and assessment	
Autism - Treatment	
Developmental disorders	
Dialectical behavior therapy (DBT)	
Dialectical behavior therapy (DBT) - Adherent	
Dual diagnosis	
Eating disorder	
EMDR	
Exposure and Response Prevention (ERP) Therapy	
Medication-assisted treatment (MAT) - buprenorphine/Suboxone®	
Medication-assisted treatment (MAT) - VIVITROL®	
Maternal mental health	
Medical Illness - Cancer/Oncology	
Neuropsychological testing	
Pain management	
Sexual disorders	
Sexual offenders	

Employee Assistance Program (EAP) specialty services

Specialty services:	**Locations:**
Employee Assistance Professional (CEAP)	
Employee educational seminars	
EAP supervisory training sessions	
Substance abuse expert	
Critical incident response (CIR) service	
Provide general EAP management referrals	
Substance Abuse Professional (SAP) (certified)	

Clinic Attestation

I understand that if Evernorth Behavioral Health extends a contract, the participating clinic agreement will include all lines of business. All Evernorth Behavioral Health customers will be treated equally and providers credentialed and affiliated with the clinic locations will be considered contracted. Evernorth Behavioral Health customers may not be charged out-of-network rates. The clinic certifies and attests that all of the information above is true and accurate, and misstatement or omission may result in denial of application with or without appeal. If credentialed as an Evernorth Behavioral Health participating clinic, we will cooperate during a specialty documentation audit, if requested, to verify that the outlined criteria for participation in the specialty network(s) is met. It is understood that any information provided pursuant to this attestation that is subsequently found to be untrue or incorrect could result in the termination of the clinic from the Evernorth Behavioral Health network. A copy of this attestation shall have the same force and effect as the signed original.

Practice information: Appointment availability

Evernorth requests all provider applicants to be accessible for routine appointments within 10 business days. Please select and attest to any of the following that also pertain to the provider's accessibility and expertise.

If "Crisis Stabilization 24/7" is selected, the clinic attests to the following:

- Agrees to be available through the use of pagers and/or answering services to Evernorth customers after hours and on weekends
- Voicemail does not routinely instruct customers to go to the nearest emergency room unless determined to be medically necessary.

If "Crisis Stabilization Non-24/7" is selected, the clinic attests to the following:

- Agrees to be available for crisis appointments during business hours only (8:00 a.m. to 6:00 p.m.).

If "Intermediate Care (Urgent)"is selected, the clinic attests to the following:

- Is willing to provide precautionary and preventive care to a customer within 48 hours in order to prevent escalation to a higher level of care.

If "Meet and Greet" (non-physicians only) is selected, the clinic attests to the following:

- Is willing to conduct a pre-discharge visit with a hospitalized customer in order to coordinate and schedule an ambulatory follow-up appointment within two to seven days after discharge.

Specialty networks: Criteria for inclusion

To participate in one of Evernorth Behavioral Health's specialty networks, please ensure the clinic meets the qualifications as outlined. Provider attestation will be required for each specialty chosen as well as an attestation for cooperation in a specialty documentation audit. Any required documentation will be requested at a later date. To claim a specialty in one of the following clinical specialties and/or populations, the clinic and its providers must meet one or more of the following conditions for each specialty:

1. Certification by a nationally recognized certifying organization.
2. An internship, fellowship, or formal training program at an accredited institution focusing on treatment of one of the designated disorders or groups of patients, or use of one of the designated treatment modalities.
3. An accumulation of continuing education units or course work focused on current treatment of one of the designated disorders or groups of patients, or use of one of the designated treatment modalities.
4. Significant work experience focused on current treatment of one of the designate disorders or groups of patients. The depth and breadth of experience must demonstrate the attainment of knowledge and skills to be considered a specialist.

If "Dialectical Behavior Therapy (DBT) Adherent" is selected, the clinic attests that the provider will:

- Receive five continuing education units related to dialectical behavior therapy (DBT) per year.
- Have one year clinical experience with DBT.
- Have an established 24/7 crisis availability/plan.
- Participate in an ongoing peer consultation group.

If providing an "office email," is selected, the clinic attests to the following:

- All office email addresses are intended for patient communication, are regularly monitored, and are maintained in a manner consistent with state and federal health privacy laws.

Specialty patient populations

Please check at least one. By checking any age group other than adult, the clinic attests that it has a specialty with that population and is willing to participate in a specialty documentation audit.

Employee Assistant Program (EAP) specialty services

By checking these specialties or certifications, the clinic attests that it meets ALL of the criteria listed. An additional survey and attestation for these services may be required.

If "Qualified to provide general EAP management referrals" is selected, the clinic attests to the following:

- Has experience with employees who are required to access services.
- Agrees to assess an employee and develop a plan to address any issues that may be contributing to the workplace problem.
- Is qualified and agrees to perform a general substance use screening as part of the overall assessment.
- Is familiar with local resources and agrees to serve as an advocate for the client in accessing the proper level of care.
- Agrees to follow up with referral resources to verify initial compliance with recommended treatment.
- Agrees to follow up within 24 hours of each appointment with the Evernorth EAP consultant.

If Employee Assistance Professional (CEAP) is selected, the clinic attests to the following:

- Holds current CEAP certificate granted by the Employee Assistance Certification Commission (EACC).

If critical incident response (CIR) service is selected, the clinic attests to the following:

- Received formal training in critical incident response.
- Delivered a minimum of four CIR services in the past two years.
- Agrees to make scheduling changes to accommodate CIR requests within 2 to 12 hours.

If employee educational seminars is selected, the clinic attests to the following:

- Presented a minimum of four employee wellness seminars in the past two years.
- Agrees to make changes to accommodate requests within three to four weeks.
- Is experienced presenting and using Microsoft PowerPoint.
- Can access EAP educational information electronically.

If "Substance Abuse Professional (SAP) certified" is selected, the clinic attests to the following:

- Has successfully completed a qualification training course recognized by the Department of Transportation (DOT).
- Has satisfactorily completed a post-training examination administered by a nationally recognized professional or training organization recognized by the DOT.
- Holds a certification that it has met all DOT requirements (effective after January 1, 2004) for practice as an SAP, and is qualified to use the title of SAP as defined by the DOT.

Note: Substance use licensure or certificate through a state or national entity is not sufficient and does not meet the criteria for this level of service.

If "Am a qualified Substance Abuse Expert (SAE)" is selected, the clinic attests to the following:

- Has met the Nuclear Regulatory Commission (NRC) requirements (effective March 31, 2010) for providing SAE services.
- Has satisfactorily completed a qualification training that meets the NRC's requirements, as well as continuing education related to the SAE function.
- Holds a certificate that indicates all the NRC requirements for practice as an SAE have been met, and is qualified to use the title of SAE.

If "Am qualified to provide EAP supervisory training sessions at the workplace" is selected, the clinic attests to the following:

- Is familiar with the management referral process, including the role of the manager, the EAP consultant, and the counselor.
- Has delivered a minimum of four supervisory training sessions in the last two years.
- Agrees to make changes to schedules to accommodate these requests within two to four weeks.
- Is experienced presenting seminars utilizing Microsoft PowerPoint.
- Can access EAP educational information online.

Behavioral telehealth

If yes is indicated for "Do you provide behavioral telehealth services," the clinic hereby certifies and attests to the following:

- Meets all state requirements to provide behavioral telehealth services, including any licenses and certifications.
- Will provide behavioral telehealth services only in the state(s) where providers hold a license.
- Will utilize only a secure internet connection and follow all HIPAA requirements.*

*Please consult with the American Telemedicine Association (ATA), a leading international resource and advocate promoting the use of advanced remote medical technologies. They have a list of endorsed technologies for behavioral telehealth services.

CLINIC ATTESTATION

- ☐ **The clinic agrees to use only fully licensed (state licensed to practice independently and without restrictions) and credentialed providers to treat Evernorth customers.**
- ☐ **The clinic agrees to cooperate with Evernorth Behavioral Health's credentialing and recredentialing processes, including the Council for Affordable Quality Healthcare (CAQH) for all of its providers.**
- ☐ **The clinic agrees to comply with instructions to update or verify its clinician roster for accuracy at least every 90 days post-contract.**
- ☐ **The clinic has completed a review of applicable medical necessity guidelines and Behavioral Administrative Guidelines at Provider.Evernorth.com.**
- ☐ **The clinic understands that it can have only one administrative/mailing location, even if it has multiple practice locations.**

All information provided on this application or in connection with this application is complete and accurate to the best of the clinic's knowledge. Misstatement or omission may result in denial of application with or without appeal. The clinic understands that any information provided pursuant to this attestation that is subsequently found to be untrue and/or incorrect could result in termination from the Evernorth Behavioral Health network. All information submitted to Evernorth Behavioral Health by the clinic will be treated as confidential.

_____ _____

Signature of chief administrator or authorized designee Date

_____

Print name and title of chief administrator or authorized designee

_____

Clinic name

NOTE: Please do NOT submit the online screening form for any individual practitioners if you are submitting the screening application for behavioral health clinics. If Evernorth Behavioral Health elects to pursue a clinic contract with your practice, you will receive information regarding how to credential the individuals as part of the contracting process.

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