RMHS
Rocky Mountain Human Services

Practitioner Add/Exit Form

This form and all content will be used solely for RMHS internal business requirements.

Please complete and submit this form to add or remove practitioners to the RMHS provider network; Email to: DBH@rmhumanservices.org

Instructions: Please complete items 1-14 for adding practitioners; only 15-17 is needed for practitioner resigning or being terminated.

1. Practitioner Legal Name:_____DOB: _____
2. Agency/Business Name: _____
3. Practitioner Title/Degree:_____ Provider SSN:_____
   a. Supervising Practitioner (please list if an Assistant, Aid or CF):_____
4. Is this practitioner an employee with the agency listed above? ☐ **YES** ☐ NO
5. **Practitioner Credentialing – If RMHS will be handling your billing for Denver Health as an opt-in Agency, the practitioner will be required to go through the formal credentialing process. RMHS requires the following practitioner types to complete credentialing prior to receiving referrals for clients with DH: PT, OT, SLP, BCBA, RBT, LCSW, LSW, LP, LPC and PhD**. RMHS uses CAQH ProView for credentialing; if the practitioner has not completed a CAQH profile, please complete at https://proview.caqh.org/Login/Index?ReturnUrl=%2f.
   a. Is the practitioners CAQH up to date? ☐ YES
6. Credentialed Practitioners Medicaid Participation: **All practitioners must be a Medicaid approved provider prior to receiving RMHS referrals.**
   a. Opt-in: Has the practitioner been approved by Medicaid? ☐ YES, #_____
      Or
   b. Opt-Out: Does the company bill under an agency Medicaid ID? ☐ YES, ID# _____
7. **Does the practitioner have an EI Provider Portal Account?** ☐ **YES** ☐ NO
8. Date of EICO Provider Training: _____ Is the certificate in the EI portal? ☐ YES
9. State License #:_____ Expiration Date: _____
10. Practitioner NPI: _____CAQH#: _____
11. Board Certification (if applicable): _____(ASHA, NBCOT, etc.)
    a. Certification #: _____ Expiration Date: _____
12. Languages spoken:_____
13. Telehealth Delivery:

    Are you able to provide both in-person and telehealth to families? ☐ YES ☐ NO

14. Practitioner Specialties:

- ☐ Augmentative and Alternative Communication (AAC)
- ☐ Assistive Technology
- ☐ Deaf / Hard of Hearing
- ☐ Feeding / Oral Motor
- ☐ Infants / Preemies
- ☐ Mental Health / Trauma
- ☐ Sensory Processing
- ☐ Sleep
- ☐ Other: _____

15. Contact Information:

E-Mail Address:_____

Cell Phone:_____ Office Phone:_____

16. Person Completing Form:_____

Title:_____ Date Form Completed:_____

Provider Exit Form

17. Practitioners Name:_____

18. Agency/Business Name:_____

19. Exit Date:_____

20. Reason for Exit:_____