



Interested in joining Mercy’s Managed Behavioral Health Network?

Provider Panel Criteria: Providers must be fully licensed and able to practice independently.
(Provisionally licensed providers will be unable to join the MMBH network)

1. Please complete this electronic form - All Fields are Required *(if not applicable enter NA)*
2. Include a copy of your resume
3. Email this information to MMBHProviderRelationsTeam@Mercy.net or Fax to 314-729-4636
ATTN: Provider Relations Email

Provider’s Full Name: _____ Previous Last Name(s): _____

Degree Level: _____ License Type: _____ TIN: _____

Individual NPI: _____ Group NPI: _____ Provider E-mail: _____

Secondary E-mail: _____ → Office Staff or Credentialing Specialist

Practice Name: _____ Office Phone: _____

Practice Address: _____

City: _____ State: _____ Zip: _____ County: _____

Please list your specialties (top 5 issues you help members with):

Please check your response:

- | | | |
|---|-----|----|
| • Are you an existing Optum provider? | Yes | No |
| ○ If no, are you in the process of joining the Optum network? | Yes | No |
| • Medicare Provider Number: | | |
| • Commercial/Medicare Advantage Provider (<i>i.e. Essence Healthcare</i>): | Yes | No |
| • Are you on the Medicare Opt Out list? | Yes | No |
| • Which service types do you currently offer? (select all that apply): | | |
| ○ Telephonic Therapy (telephone/ <u>no video</u>) | Yes | No |
| ○ Telehealth/Telemedicine (telephone <u>with HIPAA compliant video</u>) | Yes | No |
| ○ Face-to-Face (services performed in an office setting) | Yes | No |
| • Are you an existing Mercy EAP provider? | Yes | No |
| ○ If no, are you interested in joining the Mercy EAP Network? | Yes | No |
| • Are you an ABA provider? | Yes | No |
| • Are you an MAT (Medication Assisted Treatment) provider? | Yes | No |
| • If you are a PA or NP, who is your Sponsoring Physician? | | |

The MMBH Credentialing Committee meets monthly and will review your information by comparing it to the providers with the same geographic location and specialties already on our panel to determine if we have a need. Once a determination has been made, you will be notified by MMBH.

For questions, please call Chris Warren at 314-729-4479 or Donna Schmitz at 314-729-4475.