

# ADDING A PRACTITIONER FORM

Provider \_\_\_\_\_,  
LAST NAME, FIRST NAME TITLE

Practitioner NPI # \_\_\_\_\_ Practitioner Gender: ☐ M ☐ F

Practitioner Medicare # \_\_\_\_\_ (Required if applicable)

Have you opted out of Medicare? ☐ Yes ☐ No

Practitioner SSN # \_\_\_\_\_ Practitioner DOB \_\_\_\_\_

Practitioner's Specialty \_\_\_\_\_

Does the Practitioner specialize in alcohol & substance abuse? ☐ Yes ☐ No

- If yes, is practitioner a certified prescriber of Buprenorphine/Opiod treatment? ☐ Yes ☐ No
- Do you prescribe Buprenorphine/Opiod treatment at this location? ☐ Yes ☐ No
- For all Buprenorphine/Opiod treatment prescribers: **A copy of your DEA with an "X" in the DEA must be attached to this form**

Practitioner CAQH # \_\_\_\_\_ Practitioner Office Hours \_\_\_\_\_

**Please check one:**

- ☐ Practitioner has an active KY Medicaid ID. The Medicaid ID is \_\_\_\_\_
- ☐ Practitioner has applied for a KY Medicaid ID. Medicaid ID is pending.
- ☐ Please assist in obtaining Practitioner's Medicaid ID. MAP 811 is included.

## GROUP AFFILIATIONS

Please include me in the following networks: ☐ Medicaid ☐ Medicaid AND Medicare

Effective Date \_\_\_\_\_

Group Name Transformations hope for today's families LLC ☐ PCP Group ☒ Specialist Group

Group NPI 1427229483

Group primary address: 4010 Dupont Circle #582 City: Louisville State: KY Zip: 40207

Phone Number: 502-899-5411 Fax Number: 502-899-5411

Passport Health Plan Group ID (Required if an existing Passport Group) 50071730

**If this is a new solo set up or a new group set up a "Practice Demographic Form" is required to process this practitioner add request.**

Does the practitioner see members in an office setting? ☒ Yes ☒ No

### Please check one:

- ☐ Practitioner is a PCP (A practitioner who accepts member assignment to provide continuous care)  
☒ Practitioner is a Specialist

### Please check one:

- ☒ Practitioner practices only at primary address  
☐ Practitioner practices at all group addresses  
☒ Other (List is attached with practice addresses specified) **Practitioner provides home and community based services.**

### Please check one:

- ☒ Group has an active KY Medicaid ID. The Medicaid ID is 7100269220  
☐ Group has applied for a KY Medicaid ID. Medicaid ID is pending.  
☐ Please assist in obtaining Group's Medicaid ID. MAP 811 is included.

Tax ID 61-1351752 Tax Name Transformations hope for today's families llc Tax Address 4010 Dupont Cir #582  
Tax City Louisville Tax State KY Tax Zip Code 40207 Tax Phone 502-899-5411

## PANEL INFORMATION (IF APPLICABLE)

Age Limitations: ☐ MIN ☐ MAX  
Gender Limitations: ☐ Male Only ☐ Female Only  
Currently accepting new patients: ☒ YES ☐ NO

**If more than 3 group affiliations, please add additional group information and attach to this form**

**GROUP AFFILIATIONS**

N/A

Please include me in the following networks: ☐ Medicaid ☐ Medicaid AND Medicare

Effective Date \_\_\_\_\_

Group Name \_\_\_\_\_

☐ PCP Group ☐ Specialist Group

Group NPI \_\_\_\_\_

Group primary address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Passport Health Plan Group ID (Required if an existing Passport Group) \_\_\_\_\_

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Tax ID \_\_\_\_\_ Tax Name \_\_\_\_\_ Tax Address \_\_\_\_\_

Tax City \_\_\_\_\_ Tax State \_\_\_\_\_ Tax Zip Code \_\_\_\_\_ Tax Phone \_\_\_\_\_

**PANEL INFORMATION (IF APPLICABLE)**Age Limitations: ☐ MIN ☐ MAXGender Limitations: ☐ Male Only ☐ Female OnlyCurrently accepting new patients: ☐ YES ☐ NO**If more than 3 group affiliations, please add additional group information and attach to this form**

**GROUP AFFILIATIONS**

N/A

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Effective Date \_\_\_\_\_

Group Name \_\_\_\_\_

☐ PCP Group ☐ Specialist Group

Group NPI \_\_\_\_\_

Group primary address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Passport Health Plan Group ID (Required if an existing Passport Group) \_\_\_\_\_

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Tax ID \_\_\_\_\_ Tax Name \_\_\_\_\_ Tax Address \_\_\_\_\_

Tax City \_\_\_\_\_ Tax State \_\_\_\_\_ Tax Zip Code \_\_\_\_\_ Tax Phone \_\_\_\_\_

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**Practitioner Ethnicity:** ☐ Non-Hispanic ☐ Hispanic ☐ Unknown

**Practitioner Race:** ☐ Black or African American ☐ American Indian/Alaska Native ☐ White

☐ Native Hawaiian/Other Pacific Islander ☐ Other: \_\_\_\_\_

Would any practitioners in the practice like to be contacted to join a Passport Health Plan Committee? ☐ Yes ☐ No

### CREDENTIALING CONTACT INFORMATION

Credentialing Contact Name Teri Lloyd Phone 502-905-9494

Fax 502-899-5411 Email tlloyd@transformationsllc.net

Address 4010 Dupont Circle Suite 582

City Louisville State KY Zip Code 40207

### IMPORTANT INFORMATION

To expedite processing please remember:

- Passport Health Plan does not currently enroll providers who are in their residency. Providers who are currently in the residency program may choose to register with Passport Health Plan as a non-participating provider. The registration for non-participating providers can be located at [www.passporthealthplan.com](http://www.passporthealthplan.com).
- Attach a W9
- Attach a MAP 811 with required attachments, if applicable
- Assure Passport Health Plan has access to retrieve the practitioner's CAQH
- This form can returned to via email to [Passport.Credentialing@passporthealthplan.com](mailto:Passport.Credentialing@passporthealthplan.com), via fax at 502-585-7987, or via mail at: **Attention: Provider Enrollment 5100 Commerce Crossings Drive Louisville, KY 40229**
- Submit an Adding a Practitioner Form for each set up practitioner needs to be affiliated with.
- KY Medicaid Requirements by provider type are available at <http://chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm>.
- KY Medicaid Enrollment Forms are available at <http://chfs.ky.gov/dms/provEnr/Forms.htm>.
- Passport Health Plan notices will be sent electronically via POIS (Passport Online Information Service) and posted on our website at [www.passporthealthplan.com](http://www.passporthealthplan.com).
- For questions regarding this form you may contact Provider Enrollment at [Passport.Credentialing@passporthealthplan.com](mailto:Passport.Credentialing@passporthealthplan.com).

Teri Lloyd  
NAME OF PERSON SUBMITTING REQUEST  
502-905-9494  
PHONE  
tlloyd@transformationsllc.net  
OFFICE EMAIL

owner/partner  
TITLE

For credentialing information, please call 502-588-8578 or email [passport.credentialing@passporthealthplan.com](mailto:passport.credentialing@passporthealthplan.com).