

Application Checklist

Behavioral Health Individual

Please use this checklist as a guide when completing the requirements to become a participating provider with Tufts Health Plan. For questions, please contact the Tufts Health Plan Allied Health Contracting Department at 888-880-8699, extension 58001.

Please email documents to:
AHCBehavioralHealth@tufts-health.com

Or fax to:
617.673.0909

To facilitate review of your application, please return all materials together.

Provider Eligibility Criteria

You must be a provider not associated with a hospital, clinic or physician group.

Behavioral health providers interested in joining the Tufts Health Plan provider network must complete the CAQH credentialing process and submit their completed application documents to Tufts Health Plan. To complete the CAQH credentialing process, please visit <https://proview.caqh.org>.

If you have previously completed the CAQH registration process, log in to update any information that has changed since your last attestation and authorize the release of your data to Tufts Health Plan.

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- A completed [Ancillary Provider Application](#)
- A completed and signed [W-9 form](#)
- Please list provider(s) you refer your patients to for emergency and vacation coverage on the application
- Please list name(s) of a psychiatrist and/or prescribing nurse to whom you refer for medication management on the application

Prescribing Clinical Nurse Specialists / Prescribing Psychiatric & Behavioral Health Nurse Practitioners

- Copy of collaborating agreement with a Tufts Health Plan affiliated psychiatrist

For More Information

Corporate Office
888-880-8699

Allied Health Provider Inquiries
888-880-8699, ext. 58001

tuftshealthplan.com/providers