

Credentialing Application Checklist: Behavioral Health Clinic

Please use this checklist as a guide when completing the requirements to become a participating provider with CarePartners of Connecticut. For questions, please contact the CarePartners of Connecticut Allied Health Contracting Department at 844.276.5314.

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

Organizations licensed by the state as Behavioral Health Clinics are eligible to apply for consideration as contracting providers in the CarePartners of Connecticut outpatient behavioral health network.

Application Checklist

- A completed [Ancillary Provider Application](#)
- A completed and signed [W-9 form](#) (payment purposes)
- Copy of the State site visit within last three years

Insurance

- The clinic must maintain professional liability insurance coverage in the amount of \$1 million per incident, and \$3 million in the aggregate per year covering all clinicians included in the agreement.

Articles of Incorporation

- A copy of the Clinic's Articles of Incorporation or similar documents submitted to the state or local authorities in order to register the group with appropriate governmental units