MBHP
Massachusetts Behavioral Health Partnership
A Carelon Behavioral Health Company

Provider Website Registration Form

Each facility or individually contracted provider may request multiple accounts by completing this form for each contracted site/Medicaid number.

Individual Practitioner, Group, or Facility Name	
	☐ Individual Practitioner ☐ Inpatient Facility ☐ Outpatient Facility ☐ Group ☐ Community Behavioral Health Center
Individual Practitioner, Group, or Facility NPI #	
Username: At least 5-10 characters (Spaces, commas, or quotes are not acceptable.)*	
Password: At least 5-10 characters, at least one special character (e.g., # or !) (Spaces, commas, or quotes, are not acceptable.)*	
Email address (Please print legibly.)	
Phone number	

*Please ensure that the username and password you create is something you will remember. All passwords should be kept confidential. Please note usernames/passwords are case-sensitive.

_____ _____

Printed Name of Authorizer Date

Completion of this registration form is required for all providers contracted with MBHP. MBHP providers are required to adhere to the policies and procedures outlined in the MBHP Provider Manual. The Provider Manual and *Alerts* can be found on the MBHP website: *providers.masspartnership.com*.

The login name and password allows providers to have access to the MBHP Provider and all MBHP Provider *Alerts* and Carelon/MBHP Broadcasts. It is recommended that providers review the website on a regular basis to obtain news and information regarding policy and procedure changes.

If you have any questions regarding this form, please email your questions to: MBHPNetworkOperationsWebsiteRegFormArchive@carelon.com.

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