

Center Care Credentialing

IMPORTANT NOTES: This list has been prepared to assist you in providing the most commonly required documentation needed for the provider to be credentialed. Failure to submit the required items may result in the provider's application being deemed incomplete, requiring resubmission of the provider's application. This may also result in a delay of the provider's effective date for participation resulting in a delay in reimbursement.

Notification of Practitioner Rights

Please be advised that applicants for credentialing or recredentialing have the right to (1) review information submitted to support his/her credentialing application, (2) correct erroneous information, and (3) be informed of his/her credentialing or recredentialing application, upon request.

ITEM	ADDITIONAL INFORMATION
COMPLETED CAQH APPLICATION	<ul style="list-style-type: none"> CAQH application "Last Attestation Date" cannot be more than <u>60 days</u> old. CAQH application should be updated to reflect the practice location(s) and relevant information for which we are to credential the provider. Current/non-expired supporting documentation should be attached to the CAQH application (see items below). "Standard Authorization, Attestation and Release" page should be included in CAQH, signed and dated, and signature to match provider's legal name.
BOARD CERTIFICATION	<ul style="list-style-type: none"> Required for MD, DO, DPM, DMD; excludes General Practitioners. CAQH Section 3 should indicate if the provider is board certified in their specialty. If not board certified, an explanation must be provided advising of the intent or non-intent to take a certifying board exam.
STATE LICENSURE	<ul style="list-style-type: none"> CAQH Section 1 to indicate state license number or a copy of the provider's license to be attached. If provider will be practicing in more than one state, license required for each applicable state.
CERTIFICATE OF INSURANCE	<ul style="list-style-type: none"> A current copy of the Certificate of Insurance to be attached; must reflect malpractice limits of \$1M/\$3M, group's name, provider's name, and effective/expiration dates. Limits of \$1M/\$1M are acceptable for ABA, AUD, BC-ADM, CDE, CFA, CSA, LCADC, LCSW, LMFT, LPAT, LPCC, LPP, OT, PT, RD, and SLP. For Indiana providers only, \$500K/\$1.5M is acceptable. If provider will be practicing in more than one state, confirm whether the policy covers all applicable states. If provider's name is not on the certificate, a copy of the roster or documentation that provider is covered under the group's policy is needed.
DEA CERTIFICATE	<ul style="list-style-type: none"> Required for MD, DO, DPM, DMD. Exception for Radiologists and Pathologists. Required for APRNs, if APRN writes/dispenses/prescribes controlled substances. If provider will be practicing in more than one state, DEA required for each applicable state. If provider does not have a DEA or the DEA is pending, written explanation or documentation of coverage arrangements is needed (e.g. another practitioner will write all prescriptions on his/her behalf).
COVERING COLLEAGUE	<ul style="list-style-type: none"> Required for MD, DO, DPM, DMD. May be waived for Urgent Care Providers. CAQH Section 4 should indicate covering colleague; if not, request name/specialty of the covering physician or explanation of the type of 24/7 coverage. The covering physician must be like-specialty. For PCPs, Family Practice, General Practice, Internal Medicine, and Pediatrics can be considered comparable.
HOSPITAL PRIVILEGES	<ul style="list-style-type: none"> Required for MD, DO, DPM, DMD, PA, APRN. May be waived for Urgent Care Providers. Exceptions may be considered for Radiologists, Dermatologists, Pathologists and Anesthesiologists. CAQH Section 5 should indicate Hospital Privileges or Admitting Arrangements. The Admitting Arrangement Form or email correspondence would also be acceptable documentation. If Hospital Privileges, must be at a <i>par</i> Center Care hospital. If Admitting Arrangement, must be <i>par</i> physician or hospitalist group, at a <i>par</i> Center Care hospital. For PA/APRN, the name of the physician who admits on their behalf is acceptable (with or without hospital name). Hospital Privileges/Admitting Arrangements to be within Center Care's service area (IL-IN-KY-OH-TN-WV), within 50 miles of provider's primary address, and applicable for the group.
COLLABORATIVE AGREEMENT FOR THE PRESCRIPTIVE AUTHORITY FOR NON-CONTROLLED & CONTROLLED SUBSTANCES	<ul style="list-style-type: none"> Required for APRNs practicing in KY. Physician should be within same group/TIN; if not, explanation is needed. If CAPA-NS, the APRN prescribes non-scheduled legend drugs. If CAPA-CS, the APRN prescribes controlled substances, also has a DEA, and practicing over one year. If the APRN has maintained a CAPA-NS for 4 years or more, the APRN may choose to discontinue a CAPA-NS or maintain it indefinitely after the four years. If discontinued, a copy of the "Notification to Discontinue the CAPA-NS After Four Years" form is required.
SUPERVISING PHYSICIAN	<ul style="list-style-type: none"> Required for PA, APRN.
WORK HISTORY	<ul style="list-style-type: none"> CAQH Section 7 (or CV/resume) to indicate complete work history (month/year) since highest level of education/training or last 5 years. If any gaps 6 months or longer, explanation is required.
OFFICE HOURS/ ACCESSIBILITIES	<ul style="list-style-type: none"> CAQH Section 4 to indicate Office Hours, Handicapped Access, TDD Hearing, and Accessible by Bus.