

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.

ITEM	ADDITIONAL INFORMATION
COMPLETED CAQH APPLICATION	<ul style="list-style-type: none"> Required for all provider types. Attestation date of the CAQH application 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). Attestation page should be signed and dated.
BOARD CERTIFICATION	<ul style="list-style-type: none"> Required for any MD, DO, DPM, DMD; excludes General Practitioners. CAQH application should indicate if the provider is board certified in their specialty. If they are not, written documentation must be provided advising of the intent or non-intent to become board certified. Board Certification must be through the ABMS or the AOA.
STATE LICENSURE	<ul style="list-style-type: none"> Applicable to all provider types. A copy of the provider's license or license # reflected on the CAQH application required. License must be for all applicable states in which the provider will be practicing. For APRN's, a print out of their current licensure from the KBN is acceptable.
CERTIFICATE OF INSURANCE	<ul style="list-style-type: none"> Required for all provider types. A current copy of the Certificate of Insurance that reflects malpractice limits of \$1M/\$3M, name, and expiration date. NOTE: We accept limits of \$1M/\$1M for LCSW, LMFT, PT, OT, SLP, AUD, LPCC, RD, and CDE providers. For Indiana providers only, \$250k/\$750k is acceptable. For providers relocating from another state, certificate must reflect new location.
DEA CERTIFICATE	<ul style="list-style-type: none"> Required for any MD, DO, DPM, DMD. Required for APRNs if APRN writes/dispenses/prescribes controlled substances. Exception for Radiologists and Pathologists. If provider does not have a DEA, written explanation is required. Certificate must contain 6 schedules. If less than 6 schedules are present, written explanation is required. Must be issued through the state(s) for the location(s) for which we are to credential the provider. If provider has an active DEA in the state in which he or she previously practiced, and has applied (or will be applying) for a DEA in the state in which we are to credential the provider, a written explanation thereof must be provided upon initial enrollment.
COVERING COLLEAGUE	<ul style="list-style-type: none"> Required for any MD, DO, DPM, DMD. May be waived for Urgent Care Providers. If the CAQH application does not reflect 24/7 coverage, written explanation is required advising of the type of 24/7 coverage as well as the name(s) of the covering physician(s). The covering physician must be with like specialty.
HOSPITAL PRIVILEGES	<ul style="list-style-type: none"> Required for any MD, DO, DPM, DMD. May be waived for Urgent Care Providers. Exceptions may be considered for Radiologists, Dermatologists, Pathologists and Anesthesiologists. Documentation of the provider's privileges at a <i>par</i> Center Care hospital or privileges at a <i>par</i> Center Care hospital via a <i>par</i> hospitalist group is required. If the provider has no hospital privileges upon initial enrollment, an admit letter from the <i>par</i> admitting physician to a <i>par</i> Center Care hospital is acceptable.
COLLABORATIVE AGREEMENT FOR THE PRESCRIPTIVE AUTHORITY FOR NON-CONTROLLED & CONTROLLED SUBSTANCES	<ul style="list-style-type: none"> Required for APRNs practicing in KY. A copy of this Agreement is needed if the APRN writes/dispenses/prescribes medications, if physician is not on-site at all times, and if APRN has been practicing for over one year. If APRN has been practicing for more than one year but does not dispense/prescribe medications, written documentation why the provider does not have a collaborative agreement is required. If APRN has been practicing over one year and has a CAPA-CS, a DEA is also required. A <i>Notification to Discontinue the CAPA-NS After Four Years</i> form is acceptable for applicable APRNs practicing for 4 or more years.
WORK HISTORY	<ul style="list-style-type: none"> Applicable to all provider types. 10 year complete work history (month/year) with documentation/explanation of any gaps 6 months or longer is required either on the CAQH application or attached CV/resume.