Center Care Hospital Based Provider Requirements

IMPORTANT NOTES: This list has been prepared to assist you in providing the most commonly required documentation needed for the provider to be enrolled. 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
STATE LICENSURE	• Applicable to all provider types. • A copy of the provider's license or license # reflected on the 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	• 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 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. • For providers relocating from another state, certificate must reflect new location.
DEA CERTIFICATE	• 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. • 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 enroll the provider, a written explanation thereof must be provided upon initial enrollment.
W-9 FORM	• Applicable to all provider types. • Must be completed on a 2017 version or newer (as provided by the IRS).

SAMPLE CLAIM FORM (without PHI)	• HCFA 1500 – Professional providers
	  ○ Box 24j = This is where the individual or group NPI # must be entered
	  ○ Box 25 = Federal Tax Identification #
	  ○ Box 31 = Rendering Provider's Name/Degree
	  ○ Box 32 = Service Location of where services were rendered.
	  ○ Box 33 = Provider's pay to address.
	  ○ Box 32a & 33a = Group or Individual NPI, whichever is applicable.
	• UB04 – Institutional providers
	  ○ Box 1 = Physical Location
	  ○ Box 2 = Billing Address (if different)
	  ○ Box 5 = Vendor