

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. Attach applicable supporting documents in CAQH. "Standard Authorization, Attestation and Release" page should be included in CAQH, signed and dated, and signature to match provider's legal name.
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).
STATE LICENSURE	<ul style="list-style-type: none"> CAQH Section 1 to indicate state license number and 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.
EDUCATION AND TRAINING	<ul style="list-style-type: none"> CAQH Section 2 (or CV/resume) to indicate Professional/Medical School, start and end dates (month/year). Required for MD, DO, DPM, DMD. CAQH Section 2 (or CV/resume) to indicate Training programs, start and end dates (month/year).
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.
OFFICE HOURS/ ACCESSIBILITIES	<ul style="list-style-type: none"> CAQH Section 4 to indicate Office Hours, Handicapped Access, TDD Hearing (text telephony), American Sign Language, and Accessible by Bus. If laboratory services are provided, attach CLIA certificate.
HOSPITAL PRIVILEGES	<ul style="list-style-type: none"> Required for MD, DO, DPM, DMD, PA, APRN. May be waived for Telemedicine and Urgent Care Providers. Exceptions may be considered for Radiologists, Dermatologists, Pathologists and Anesthesiologists. CAQH Section 5 should indicate Hospital Privileges or Admitting Arrangements.
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, 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.
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.
SUPERVISING/ COLLABORATING PHYSICIAN	<ul style="list-style-type: none"> Required for PA, APRN. The supervising/collaborating physician's name and specialty are to be indicated.