

**Recredentialing Requirements**

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| **IMPORTANT NOTES:** | This list has been prepared to assist you in providing the most commonly required documentation needed for the provider to be recredentialed. Failure to submit the required items may result in past due recredentialing and/or termination from the Center Care PPO Network. If recredentialing is not completed within 30 calendar days of the due date, the provider’s application must go through the initial credentialing process again. | |
| **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** | * **Required for all provider types.** * CAQH application “Last Attestation Date” cannot be more than 90 days 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** | * **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** | * **Required for all provider types.** * 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. | |
| **BOARD**  **CERTIFICATION** | * **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** | * **Required for all provider types.** * 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** | * **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. | |
| **CERTIFICATE OF INSURANCE** | * **Required for all provider types.** * 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. | |
| **SUPERVISING PHYSICIAN** | * **Required for PA, APRN.** The supervising physician’s name and specialty are to be indicated. | |