



## BH CONTRACT/CREDENTIALING CHECK LIST

**In order to proceed with the credentialing process the Contract Coordinator must have the following documents *FULLY COMPLETED* by the provider.**

### ***IF YOU ARE A BH GROUP:***

#### ***If REGISTERED with CAQH please submit per practitioner:***

- CAQH: Ensure you have authorized **Louisiana Healthcare Connections (LHCC)** to access your data.
- CAQH: Ensure that your data has been re-attested within the last 180 days.
- Completed and signed 'Disclosure of Ownership & Control Interest Statement' Form
- Provider Data Form
- Provider Specialty Profile (PSP)
- W-9: Completed & signed, if practitioners share same tax ID only one W-9 needs to be submitted
- For PA, NP and CNM providers: Complete Collaboration Agreement (where required by licensing agency)

#### ***If NOT REGISTERED with CAQH please submit per practitioner:***

- CAQH: If you would like to become registered with CAQH, please follow the instructions provided in this link - <http://www.caqh.org/solutions/caqh-proview-providers-and-practice-managers>
- CLIA Certificate (if applicable)
- Declaration Page for Professional Liability Policy
- Completed and signed 'Disclosure of Ownership & Control Interest Statement' Form
- ECFMG Certificate (if applicable)
- Federal DEA Registration
- Louisiana Standard Credentialing Application Form
- Provider Specialty Profile (PSP)
- State License
- State CDS License
- W-9: Completed & signed, if practitioners share same tax ID only one W-9 needs to be submitted
- For PA, NP and CNM providers: Complete Collaboration agreement (where required by licensing agency)

### ***IF YOU ARE A FACILITY:***

#### **If Hospital, Ancillary or Clinic (Hospitals, Ancillaries and Clinics are not in CAQH):**

*If practitioners are included in the contract submit the documentation listed above for each practitioner in addition to the documentation required for Hospital/Ancillary/Clinic applications.*

- Accreditation/Certification by a nationally-recognized body
  - If not accredited by a nationally-recognized accrediting body, a copy of the most recent Site Evaluation Results by a governmental agency is required. If the most current survey is not within the last three years, please provide a written explanation. If neither of the above are available then a completed Site Survey must be completed using our Site Survey form (must score a minimum of 85%).
- CLIA Certificate (if applicable)
- Declaration Page for Current General Liability coverage (Insurance Certificate)
- Department of Health and Hospitals License (if applicable)
- Completed and signed 'Disclosure of Ownership & Control Interest Statement' Form
- Federal DEA Registration
- Hospital/Ancillary/Clinic Provider Credentialing Application Completed (one per Hospital/Ancillary/Clinic Provider)
- Facility Specialty Profile (FSP)
- Louisiana State Operational/Occupational License
  - If applicable, signed BH Non-Licensed required training attestation for each non-licensed individual
- Medicaid/Medicare Certification - if not certified, provide proof of Participation
  - Completed BH Roster for all employees who provide services to members
- Pharmacy License
- W-9: Completed & signed

#### **If provider is Hospital Based & Employed by the Hospital:**

- Completed (Excel Spreadsheet) template for "Cred Not Required" Roster
- Completed and signed 'Disclosure of Ownership & Control Interest Statement' Form
- W-9: Completed & signed
- Hospital/Ancillary/Clinic Provider Credentialing Application Completed (Group)

#### **If provider is approved by *Louisiana Healthcare Connections* for delegated credentialing:**

- Credentialing Policy & Procedure
- Delegation Agreement (comes from Negotiator)
  - Sub-delegation Agreement(s) (If applicable)
- Individual credentialing files will need to be provided as part of the pre-delegation audit
- Roster (Excel Spreadsheet) of delegated group using the "Delegate Roster Format" file



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If you have questions regarding any of the credentialing documents please contact your assigned Contract Coordinator or send an email to [LHC\\_Provider\\_Credent@Centene.com](mailto:LHC_Provider_Credent@Centene.com) for the most efficient response.

**Once you have completed all of the appropriate credentialing documents please follow the below steps:**

(1.) Please mail 2 original signed CONTRACTS to:

Louisiana Healthcare Connections

ATTN: Contracting Department

P.O. Box 84180

Baton Rouge, LA 70884

(2.) Please submit ALL other CREDENTIALING Documents

Via FAX or EMAIL to:

Fax: 1-844-757-6539

Email: [LHC\\_Provider\\_Credent@Centene.com](mailto:LHC_Provider_Credent@Centene.com)