



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
- Medicaid/Medicare Certification - if not certified, provide proof of Participation
- 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

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 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
8585 Archives Avenue, Suite 310
Baton Rouge, LA 70809

(2.) Please submit ALL other CREDENTIALING Documents

Via FAX or EMAIL to:

Fax: 1-844-757-6539

Email: LHC_Provider_Credent@Centene.com