

licensing agency)

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 REGISTERED with CAQH please submit per practitioner:	
	CAQH: Ensure you have authorized <i>Louisiana Healthcare Connections (LHCC)</i> 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
	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
	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



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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. ☐ CLIA Certificate (if applicable) ☐ Declaration Page for Current General Liability coverage ☐ 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) ☐ Louisiana State Operational 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



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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 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.
P.O. Box 84180
Baton Rouge, LA 70884

(2.) <u>Please submit ALL other CREDENTIALING Documents</u> Via FAX or EMAIL to:

Fax: 1-844-757-6539

Email: LHC_Provider_Credent@Centene.com