

CONTRACT/CREDENTIALING CHECK LIST

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

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 **OR** complete the "CAQH Roster Template"
- 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 licensing agency)

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)

Once you have completed all of the appropriate credentialing documents please submit all documents to your assigned LHCC representative.