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 *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
- ☐ 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](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)
CONTRACT/ CREDENTIALING CHECK LIST

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
CONTRACT/CREDENTIALING CHECK LIST

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