



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 *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>
- 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)

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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
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