

Facility/ancillary/long-term care provider credentialing application

INSTRUCTIONS

- Applications should be typed or legibly printed in black or dark blue ink. If more space is needed, attach additional sheets and reference the question being answered. ALL fields are required to be completed unless otherwise directed.
- Modification to the wording or format of the application will invalidate the application.
- A Secondary Locations Addendum is required for EACH practice location and for each provider type.
- Mark questions as N/A if they are not applicable.
- Ensure all enclosures listed on pages 9-10 are attached.
- Ensure the Attestation on page 9 is signed and dated.

Provider Groups:

- Complete pages 1-9

Ancillaries/Clinics:

- Complete pages 1-9

Hospitals:

- Complete pages 1-9
- Complete Attachment B on page 10

LTSS Providers/Nursing Facilities:

- Complete pages 1-9
- Complete attachment C on page 11
- Complete Abuse, Neglect and Exploitation Attestation on page 16

Behavioral Health Providers:

- Complete pages 1-9
- Complete attachment D on page 11
- Complete Behavioral Health Section on page 13

>> PLEASE NOTE <<

Initial Credentialing – Failure to legibly complete all sections of this Application and submit current copies of all required documentation will constitute an incomplete application that will be returned to the provider without processing.

Recredentialing - Submission of recredentialing information is a contractual obligation.

Failure to complete all sections of this Application and submit current copies of all required documentation *in a timely manner* will be considered a request to terminate the facility's participation in our networks.