

Contract and Credentialing Checklist for Behavioral Health Solo Providers

Thank you for your interest in joining the Home State Health Behavioral Health Network. Please use this checklist to ensure you have all necessary contract and credentialing components to avoid processing delays. If you have any questions, please contact our Customer Service Department at 1-866-896-7293.

I. Important Things to Note:

- **Acknowledge each document by clicking the check boxes below and then sign/date the bottom of this checklist. You will need to submit this form along with your contract and credentialing documents.**
- Failure to legibly complete all sections of this Application and submit current copies of ALL required documentation will result in processing delays.
- Initial credentialing applications WILL be discontinued if requested information is **NOT** provided within the time requested.
- Home State Health will obtain information from various outside sources (e.g., state licensing agencies, accreditation sources) to evaluate your application.
- CAQH
 - If you do not have a CAQH Profile, please register at proview.cagh.org. A CAQH is required to join our network.
 - Ensure you have attested that Home State Health can view your profile.
 - Ensure the Practice Information (i.e. TIN and practice name) that you are applying under is listed in **Section 4**.
 - Make sure your Work History in **Section 7** reflects five consecutive years of recent history. If there is a gap of more than six months, please provide the reason in the **Gap Explanation** field under **Section 7**.
 - Make sure your license information on your profile will not expire in less than 30 days.
 - Make sure your Certificate of Insurance (COI) is attached and will not expire in less than 30 days.
 - If your insurance is under your dba name, one of the following must also be submitted:*
 - i. The COI contains verbiage that indicates all currently employed practitioners are covered in this policy. ii. The name of the practitioner applying is indicated on the COI as being covered by the policy.
 - iii. A roster list of covered practitioners on company letterhead that includes the policy number and effective dates.

II. Documents contained in this packet which must be filled out completely and returned:

Note: No other forms will be accepted. Forms are also located on our website at www.homestatehealth.com.

- Provider Specialty Profile**
 - Ensure all personal identification on Page 1 matches your CAQH profile **Section 1** (i.e. SSN, DOB, NPI, etc.)
 - Ensure your License information on Page 1 matches your CAQH profile in **Section 4** (i.e. Practice Name, TIN/SSN, etc.)
- Disclosure of Ownership**
 - Make sure the name and Tax ID in the **Practice Information** header matches your W-9
 - Ensure **Section I** is filled in. If no persons or entities apply then indicate “N/A” in the box; **Section I** cannot be blank
 - Ensure the name/s of the Individuals or Entities listed in **Section I** has either a DOB & SSN or EIN respectively; a named owner cannot contain both
 - Check the box for all the Yes/No questions for **Sections II – VI**
 - Ensure all Sections that are checked “Yes” are correctly responded to and filled in
 - Form is signed and dated less than 1 year ago
- Supervising Physician Form** *(only fill out if a NP, PA or provisionally Licensed Professional)*
 - The supervising clinician must be a participating provider with Home State Health

III. Signature and Date:

Provider Name

Date