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CREDENTIALING APPLICATION PACKET INSTRUCTIONS

1) **If you ARE registered with CAQH,** complete the "CAQH Provider Data Form" enclosed. You DO NOT need to complete the enclosed CAQH Application Form.

2) **If you ARE NOT registered with CAQH,** complete the "CAQH Application Form" enclosed. You will also need to include the items listed on the "Credentialing Application Checklist" You DO NOT need to complete the "CAQH Provider Data Form."

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CAQH Provider Data Form

For Credentialing Purposes

Date:			Are you registered with CAQH? Yes No
If Yes, CAQH Provider ID:			Social Security:
Last Name:	First Name:		Middle Initial:
Date of Birth:	Individual NPI:		Medicaid ID #:
Provider Type (MD, DO, PhD, LCSW, LPC, etc) :	Are you a hospital based only provider not practicing in an office setting? Yes No		
Tax ID:	Group Billing NPI:		
Practice Name:			E-Mail Address:
Primary Office Street Address:			Suite #:
Primary Office City:	State:	County:	Zip:
Primary Telephone:			Primary Fax:
Credentialing Contact Information:			
Specialty:	Applying As: ❑ Specialist ❑ Allied Health Professional ❑ Primary Care Physician ❑ Group Practice		
Are you board certified? Yes No	If Yes, board name:		Exp. Date:
Please list any medical related organizations you have ownership with, e.g., laboratory, home health agency, radiology facility, mobile testing, MRI, etc.:			
If you provide direct laboratory services, please indicate the TIN utilized and provide Clinical Laboratory Information Act (CLIA) information. Attach a copy of your CLIA certificate or waiver if you have one.			
Do you have a CLIA Certificate? Yes No	Do you have a CLIA waiver? Yes No	Type of Service Provided:	
Certificate Number: Certificate Expiration Date:			CLIA Name: Tax ID #:

Note: If you have already completed your application with CAQH, please ensure that you have authorized Home State Health Plan to access your data. This can be done by calling CAQH at (888) 599-1771 or by logging into your account and adding Home State Health Plan to your list of authorized plans. Using the CAQH Universal Credentialing DataSource does not grant participation or constitute applying for participation with Home State Health Plan.

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Credentialing Application Checklist

YOU MUST INCLUDE THE FOLLOWING WITH THE COMPLETED

MO CAQH APPLICATION FORM

(Please use this checklist as a guide)

- ☐ Signed and Dated Copy of Practitioner Application with dated and signed Provider Statement to Release Information signed within the last 120 days from submission
- ☐ Any gaps of time six (6) months or greater from professional school/training to the present date must be documented
- ☐ History of malpractice claims paid (past 5 years)
- ☐ Copies of all Current, Unrestricted Professional State License in all states
- ☐ Copy of Current DEA Registration (if applicable)
- ☐ Copy of Current, Missouri Bureau of Narcotics and Dangerous Drugs Registration (if applicable)
- ☐ Copy of Declaration Page of Professional Liability Policy
- ☐ Copy of Board Certification Certificate (if applicable)
- ☐ Copy of ECFMG Certificate (if applicable)
- ☐ W-9 Form