

Application Checklist for Practitioners

Please use this checklist to complete the credentialing process. All items listed below are required for each practitioner to participate with Keystone First Community HealthChoices.

You should use this checklist as a fax coversheet. Fax all applicable items on this checklist to **1-877-759-6221**. Or, you may scan your signed documents and submit them by secure e-mail to **credapps@keystonefirstpa.com**. Please be sure to scan this checklist and fax or email it along with the documents.

Please provide the following practitioner information:		
Applicant's full name:	Title (M.D., D.O., etc.):	
Practice/group name to appear in directory (doing business as [DBA]):		
Is this practice a		
<input type="checkbox"/> Federally qualified health center (FQHC)	<input type="checkbox"/> Rural health clinic (RHC) <input type="checkbox"/> Indian tribe	<input type="checkbox"/> Tribal organization <input type="checkbox"/> Urban Indian organization
Are you applying for Keystone First Community HealthChoices? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you or the group you are joining contracted with Keystone First Community HealthChoices? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Practice's Taxpayer Identification Number (TIN):	Group's National Provider Identifier (NPI) number:	Applicant's NPI number:
Individual Medicaid ID number:		
Medicare ID number (if applicable; must have a Medicare ID number in order to participate with Medicare plan):		
CAQH-issued ID number		
<input type="checkbox"/> Primary care practitioner (PCP) <input type="checkbox"/> Specialist	<input type="checkbox"/> Dentist <input type="checkbox"/> Hospital-based only	<input type="checkbox"/> Allied health <input type="checkbox"/> Behavioral health
Applicant's specialty:		
Credentialing contact name:	Credentialing contact email address:	Credentialing contact phone number:
*Applicant's race (choose only one):		
<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Some other race <input type="checkbox"/> Decline to say
*Applicant's ethnicity:		
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Unknown or decline to say		
*Language(s) spoken by applicant and/or clinical staff:		

*Providing race, ethnicity, and language information is optional. We collect this data to assist members in selecting a provider.

Please provide the following:

- CAQH authorization allowing Keystone First Community HealthChoices to access practitioner information.
(Please ensure all current copies of the supporting documents below are updated on the CAQH application. Do not submit until all documents are current.)

Non-CAQH participants must submit copies of the following support documents:

- Practitioner application (completed, signed, and dated).
- State medical license.
- Board certification (if applicable).
- Certifications for the following practitioners (if applicable):
 - (Behavioral health) Social Worker, Professional Counselor, and Psychologist.
 - Nurse Practitioner.
 - Physician Assistant.
 - Nurse Midwife.
- Drug Enforcement Administration (DEA) registration certificate (if applicable).
 - DEA certificate must have the state in which the practitioner is rendering services to our members.
- Controlled Dangerous Substances (CDS) certificate (if applicable).
- Malpractice insurance policy face sheet showing expiration dates and limits of liability. (Provider's name must be on face sheet. If name is not included, a roster is required.)
- CV/résumé (if applicable).
 - CV/résumé must cover five years of work experience with no gaps. Provide an explanation of any gaps greater than six months.
- Clinical Laboratory Improvement Amendments (CLIA) certificate (if applicable).
- Medicaid provider enrollment number. (We **must** have your PROMISe™ Provider Identification Number [PPID] number as well as a PPID number for each location, or proof that you have submitted an application. For applications in process with the Department of Human Services [DHS], please submit a copy of the first page and signature page of the application you submitted.)
- W-9 form.
- Hospital privileges indicating the practitioner's primary admitting hospital. Please forward a copy of a coverage agreement if the practitioner does not have admitting privileges or a letter stating hospitalist service used.
- Practitioner's office hours (must be completed on the application).
- Allied health professionals listed below are required to provide a Collaborative Agreement:
 - Nurse Practitioner (NP).
 - Osteopathic Assistant (OA).
 - Physician Assistant (PA).
 - Certified Nurse Midwife (CNM).
- Ownership disclosure (if available).

To check the status of your application, or if you have questions or concerns regarding this process, please contact the Credentialing department at **1-800-642-3510**, option **1**.

If you are new to Keystone First Community HealthChoices and you or your group do not have a provider contract, visit www.keystonefirstchc.com/providers/credentialing/paper.aspx to obtain a Keystone First Community HealthChoices contracting application.

If you are a PCP, OB/GYN, general dentist, or pediatric dentist, our Provider Network department will contact you to schedule a site visit at your office(s).