

## INITIAL APPLICATION CHECKLIST

Please refer to the [eligibility criteria for Health Partners membership](#) as outlined in the attached letter to ensure all documentation the **Council for Affordable Quality Healthcare (CAQH)** is requesting is current and complete. Incomplete applications will not be processed.

1. **CAQH ID#** \_\_\_\_\_ Complete CAQH application and supporting documents on file with CAQH Proview.

To ensure we have access to download your CAQH application, please include Mount Carmel Health Partners and Mount Carmel Health System, if applicable to your list of Authorized Plans. The CAQH application must include the Standard Authorization, Attestation and Release page and the 26 Disclosure Questions must be answered. The application needs to be current (attested to within 30 days of submission is requested) and re-attested to every 120 days thereafter.

2. **Work History-** A current curriculum vitae/resume may be submitted to produce at minimum the most recent 5 year work history in month/year format. Gaps greater than 3 months must be explained; gaps over one year must be explained in writing (A CV is not accepted as a substitute for completion of CAQH application).

3. Current professional liability insurance face sheet with coverage minimums of \$1M/\$3M, expiration date and applicant's name.

4. If you have knowledge that information pertaining to you has been reported to the National Practitioners Data Bank, an explanation regarding the report must be provided on the CAQH or submit a written statement with the application.

### Membership and Payor Required Documents

- Corporate W-9 with tax ID number (to be consistent with what is reported on the applicant's CAQH application and with Group Participating Provider Agreement (PPA).
- Non-refundable Application Fee payable to Mount Carmel Health Partners.
  - Physician practitioner- \$200.00
  - APP practitioner- \$100.00
- If applicable, CLIA Certificates. Provide copies of all current certificates in which laboratory services are provided.
- Practitioner email \_\_\_\_\_

### Physicians and APPs

1. Group Participating Provider Agreement (PPA) on file or sign, date and return with application materials.

#### APPs

2. For each Participating Advanced Practice Provider, be: (1) employed by, or contracted with, MCHS, a Participating Physician, or a Participating Physician's medical practice; or (2) in the case of a PA, have a valid supervision agreement in place with a Participating Provider; or (3) in the case of an advanced practice registered nurse who is a CNP, CNS, or CNM, have a valid standard care arrangement in place with a collaborating Participating Provider or in the case of a CRNA have a supervising provider that is a Participating Provider.

**Please return credentialing application per Ohio Revised Code (ORC 3963.06(D)) to:**

**Email: [healthpartnerscred@mchs.com](mailto:healthpartnerscred@mchs.com) or Fax: 614-546-4261 or Certified Mail-return receipt to: Mount Carmel Health Partners, Credentialing Department, 6150 East Broad St 2<sup>nd</sup> Floor, Columbus, OH 43213.**