

Contract and Credentialing Checklist for Georgia Facility/Agency

Thank you for your interest in joining the Cenpatico 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:

- **You MUST be credentialed by Georgia's Department of Community Health (DCH) before moving forward with the contracting process with Cenpatico.**
- **Acknowledge each document by clicking the check box and then sign/date the bottom of the checklist. You will need to submit this form 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
- Cenpatico will obtain information from various outside sources (e.g., state licensing agencies, accreditation sources) to evaluate your application

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.cenpatico.com.

- Facility/Agency Application
 - Ensure Page 3 contains each location being credentialed, and includes the NPI
 - Ensure the "HIPAA" question in the middle of Page 4 is answered
- 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
- Roster (if applicable)
 - Ensure all practitioners listed have a valid Date of Birth, Social Security Number, Medicaid number and NPI
Note: if a practitioner will not be billing with their own NPI, they are not to be included in the roster
 - Ensure all other required fields for each practitioner are filled in or indicates "N/A" where appropriate
 - If no practitioners will be listed, fill out the facility information in columns A-I, and indicate "No Providers" in column J

III. Documents you will need to provide:

- Certificate of Insurance (COI)
 - Make sure your Certificate of Insurance (COI) will not expire in less than 30 days
 - If the policy is in a name other than the name indicated on the Facility/Agency Application, then verbiage on the COI or a letter from the policy holding organization, must indicate that the applying Facility/Agency is covered by the policy
 - If you are covered under the Federal Tort Claims Act (FTCA), attach your Notice of Deeming Action (NDA) from HRSA in place of the COI
- All Applicable Location Licenses and Certifications
 - Ensure licenses and certifications are not expired

IV. Signature and Date:

Provider Name

Date