



APPLICATION PROCESS OF PROVIDERS FOR PARTICIPATION IN THE COMMUNITY HEALTH DIRECT

We are pleased to forward to you information and instructions to begin the credentialing process for participation in our network. Effective January 1, 2006, as mandated by the State of Indiana, the only application Community Health Direct can accept is the CAQH (Council for Affordable Quality Healthcare) application. This process is NCQA compliant, as required by the payers with whom we are contracted on behalf of Community Health Direct providers. When all primary source verification is complete, your file is submitted to the Community Health Direct Credentials Committee and then to the Board of Directors. **Please be aware that the Credentialing process can take anywhere from 90-120 days from notification to completion.**

Please keep in mind that during the Credentialing process you have the right to:

1. review information submitted to support your credentialing application
2. correct erroneous information, and
3. be informed of the status of your credentialing application upon request

Please understand that you are not a contracted provider until completion of the entire process. We will notify you of your effective date.

The following checklist is intended to guide you through the on-line CAQH and Community Health Direct application process. If you do not have access to a computer, we can provide a copy of the CAQH application which must be completed and returned to Community Health Direct. If you have any questions, please contact Community Health Direct Provider Credentialing at 317.621.7581

- All areas of the CAQH application contain a response. **(If complete, ProHealth can print your on-line completed application; there is no need for you to send it to us.)**
- CAQH Standard Attestation and Release Form is signed, dated and uploaded to CAQH. Please ensure that you have authorized either ProHealth by name, or agreed to the global release of information.
- Copy of CV – must include month and year for each education or employment listed; must include explanation of any gaps greater than 3 months, beginning with education
- Copy of malpractice insurance face sheet
- Summary of any pending and settled malpractice cases in the last 10 years
- W-9

- Copy of Group NPI Number
- Copy of IRS-issued document (CP 575) that contains TIN and name - any other information may be blinded. *The IRS requires that 1099's submitted by ProHealth to the IRS each year match exactly the name as shown in the IRS system and charges \$50 for each mismatch. The IRS also requires a 30% withhold on all provider payments until the provider is in compliance. Therefore, in order to avoid the penalty and withhold, please submit a copy of any IRS-issued document, address label, etc., that includes your TIN and name.*
- CMS-1500 form with boxes 31-33 filled out
- A check payable to Community Health Direct in the amount of **\$200.00** *per provider* for application and credentialing fee.

*We may ask for duplicate copies of documents if we are unable to print clear copies from the CAQH data base.

The application and credentialing process begins ONLY when all elements are provided.

Please return the required attachments, along with your fee payment to:

Community Health Direct
Attn: Jenna White
Provider Relations Manager
6626 E 75th St, Suite 500
Indianapolis, IN 46250
Phone: 317-621-9312
Fax: 317-355-6920
Email: jwhite2@ecommunity.com