



**BECOMING A PARTICIPATING PROVIDER WITH
INDIANA PROHEALTH NETWORK, LLC
d/b/a
COMMUNITY HEALTH DIRECT**

Thank you for your interest in becoming a participating provider with Community Health Direct!

During the credentialing process you have the right to:

- review information submitted to support your credentialing application
- correct erroneous information, and
- be informed of the status of your credentialing application within 30 days from the date your completed application has been received and every 30 days thereafter as well as upon request during the process.

IMPORTANT DETAILS

- ***Credentialing can take anywhere from 90 to 120 days*** from the time a completed application is received to the time a provider becomes effective with CHD and other payers.
 - ***We will notify you of your effective date with CHD and other payers.*** The process to become a participating provider includes both completion of credentialing as well as contracting.
 - ***Credentialing does not begin until all elements of the checklist on page 2 have been received.***
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STEP-BY-STEP CREDENTIALING PROCESS

1. COMPLETE AND/OR UPDATE YOUR CAQH APPLICATION

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.

- Ensure all areas of CAQH application contain a response.
- Ensure that CAQH has a signed and dated Attestation form uploaded.
- Ensure that you have either given CHD permission to view your application or have selected the option for global release of information.

2. SUBMIT A COMPLETED CHD PROVIDER DATA FORM TO: CHDProviderRelations@ecomunity.com.

The Provider Data Form can be found on our website at:

<https://www.ecomunity.com/community-health-direct>

3. The Credentialing Contact you have listed on the Provider Data Form will receive two messages within 48 hours of receipt. One message will be from the Credentialing Coordinator working on your file and one message will be from a Provider Relations Manager regarding your contracts.

4. Once CHD has completed the credentialing process and the contracts have been signed and returned, your file is submitted to the Community Health Direct Credentials Committee for review and then to the Board of Directors for final approval.

DOCUMENTATION CHECKLIST*

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

- ❑ 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 current State License and CSR (if applicable)
- ❑ Copy of current Federal DEA certificate (if applicable; must be registered to and Indiana location)
- ❑ Copy of current malpractice insurance face sheet
- ❑ Summary of any pending and settled malpractice cases in the last 10 years
- ❑ Privileges at a Community Health Network Hospital or Surgery Center (required for MDs/DOs only)
- ❑ If not Board Certified in the specialty in which you currently practice and over 5 years post-education-completion, you must attach documentation of 35 CME hours obtained within past year or 105 hours in past three years (required for MDs/DOs only)
- ❑ Copy of a signed Collaborative Practice Agreement (if applicable for APPs such as NPs, PAs, etc)
- ❑ Completed, signed, and dated W-9 form
- ❑ Proof of NPI Number for both Individual and Group
- ❑ List of Medicare and Medicaid numbers for both Individual and Group
- ❑ Copy of IRS-issued document (such as CP 575) that contains Tax ID Number (TIN) and Legal Business Name
The IRS requires that 1099's submitted by Community Health Direct 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.
- ❑ Copy of a Sample Claim (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

Please mail payments to: Community Health Direct
Attn: Provider Enrollment (Fee Enclosed)
6626 E 75th St, Suite 500
Indianapolis, IN 46250