

Contract and Credentialing Checklist for Kansas 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:

- **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
 - If the Facility/Agency has multiple NPIs, please include as an additional attachment, a roster of the Facility's/Agency's NPIs and their location addresses
 - Please do not use the Staff Roster on Page 10, instead use Cenpatico's Roster Template
- Disclosure of Ownership
 - Make sure the name and EIN/SSN in the header matches your W-9
 - Check the box for ALL the Yes/No questions
 - If "Yes" to question 5, ensure 5a is responded to, or contains "N/A", if not applicable.
 - Make sure all questions 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 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