CAQH PROVIDER DATA FORM INSTRUCTIONS

Note: CAQH is now CAQH ProView

1) **If you ARE already registered with CAQH you do not need to re-register with CAQH ProView:**

   a. Complete the **CAQH Provider Data Form** that follows in this packet.

   b. You DO NOT need to complete a full CAQH Application Form.

2) **If you ARE NOT registered with CAQH ProView:**

   a. Please complete the registration process outlined on the **https://proview.caqh.org/pr** website.

   b. You DO NOT need to complete the CAQH Provider Data Form that follows in this packet.

NOTE: Your listing in the **Provider Directory** is created based upon the combination of the information contained within the CAQH ProView application as well as the information you provide us in the CAQH Provider Data Form (that follows). Please ensure that all data is current and accurate.

Please make sure practitioners registered on CAQH ProView have updated information, including re-attestation, and that the practitioner has granted Sunflower Health Plan permission to access the information.

For initial credentialing, please submit the CAQH Provider Data Form along with your credentialing application to the Contracting email box: sunflowerstatehealth@centene.com

For an existing contracted provider and you would like to add a practitioner, please submit the CAQH Provider Data Form to the Provider Relations email box: providerrelations@sunflowerhealthplan.com

CAQH Provider Data Form

For Credentialing Purposes

![sunflower health plan logo]

Date:	Are you registered with CAQH? ❑ Yes ❑ No
If Yes, CAQH Provider ID:	Social Security:

Last Name:	First Name:	Middle Initial:

Date of Birth:	Individual NPI:	Medicaid ID #:	Medicare ID #:

Provider Type (MD, DO, PhD, LCSW, LPC, etc.):	Are you a hospital based only practitioner not practicing in an office setting? ❑ Yes ❑ No

What Specialties (NPI Taxonomy codes) are you requesting for participation in the Sunflower State Health Plan?

Tax ID:	Group Billing NPI:

Practice Name:	E-Mail Address:

Primary Office Street Address:	Suite #:

Primary Office City:	State:	County:	Zip:

Primary Telephone:	Primary Fax:

Credentialing Contact Information:

Languages Spoken:

Specialty:	Applying As: ❑ Specialist (Note: members are not assigned) ❑ Primary Care Physician** (Note: PCPs are assigned members)

If PCP, are you accepting new patients? ❑ Yes, and if so, how many are you willing to accept? _____ ❑ No ❑ No, existing patients only	What gender or age restrictions do you have? Gender: ❑ No Restrictions ❑ Female Only ❑ Male Only Age: ❑ No Restrictions ❑ Age Limits: Lowest Age _____ Highest Age _____

Do you wish to be enrolled for all locations listed on your CAQH application? ❑ Yes ❑ No If no, please attach a separate page indicating the locations you wish to include for enrollment into Sunflower Health Plan. It is important to include panel status (open or closed) and office hours for each location.

Office Hours:

Monday:_____Tuesday:_____Wednesday:_____Thursday:_____Friday:_____Saturday:_____Sunday:_____

Are you board certified? ❑ Yes ❑ No	If Yes, board name:	Exp. Date:

Please list any medical related organizations you have ownership with, e.g., laboratory, home health agency, radiology facility, mobile

Do you have a CLIA Certificate? ❑ Yes ❑ No	Type of CLIA Certificate:	Name on the CLIA:

Certificate Number: Please attach a copy of the CLIA certificate or waiver.	Certificate Expiration Date:

Note: If you have already completed your application with CAQH, please ensure that you have authorized Sunflower Health Plan to access your data. This can be done by calling CAQH at (888) 599-1771 or by logging into your account and adding Sunflower Health Plan to your list of authorized plans. Using the CAQH Universal Credentialing Data Source does not grant participation or constitute applying for participation with Sunflower Health Plan.

** Physicians who may serve as PCPs include Family Practitioners, General Practitioners, Internists, OB-GYNs, and Pediatricians. In addition, Nurse Practitioners (NPs) and Physician Assistants (PAs) who work under the supervision of a PCP may also serve as a PCP as an extension of the services performed by PCPs.