



CREDENTIALING CHECKLIST BY PROVIDER SPECIALTY - ARIZONA

Application must be signed and dated within the last year

****CAQH**

If the Practitioner(s) are not CAQH Enrolled, please encourage the provider/practitioner to Enroll Electronically via - <https://proview.caqh.org/PR/Registration>. If the provider/practitioner does not want to enroll electronically, we will need a paper application (12 pages for each Practitioner). Credentialing CANNOT be completed without CAQH if you don't have either 1) CAQH ID; or 2) Full CAQH application

If the Practitioners are enrolled with CAQH, minimal documents are required

- *Signed HealthSmart Participating Provider Agreement*
- *HSC Roster Template; OR Provider Data Form for each Practitioner*
- *W9 – Signed and Dated*

If an Organizational Provider - Facility or Ancillary

- *All documents next to the provider type below must be collected for provider enrollment and credentialing.*

Adult Daycare (ADHC)	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage) <input type="checkbox"/> State Operational License <input type="checkbox"/> W-9 (Signed)
Ambulatory Surgical Center (ASC)	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> General/Professional Liability Insurance <input type="checkbox"/> Pharmacy Permit (if there's an onsite pharmacy) <input type="checkbox"/> State Operational License <input type="checkbox"/> Accreditation or Site Visit, if not accredited <input type="checkbox"/> CLIA (if lab services are provided) <input type="checkbox"/> W-9 (Signed)
Assisted Living Facility	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance <input type="checkbox"/> State Operational License <input type="checkbox"/> Accreditation or Site Visit (if not accredited) <input type="checkbox"/> CLIA (if lab services provided) <input type="checkbox"/> W-9 (Signed)
Clinical Medical Laboratory	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance <input type="checkbox"/> State Operational License <input type="checkbox"/> Accreditation or Site Visit (if not accredited) <input type="checkbox"/> CLIA (if lab services provided) <input type="checkbox"/> W-9 (Signed)
Comprehensive Outpatient Rehab Facility (CORF)	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance <input type="checkbox"/> State Operational License <input type="checkbox"/> Accreditation (may or may not be accredited) <input type="checkbox"/> W-9 (Signed)
Dialysis / End Stage Renal Disease (ESRD) Treatment	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance <input type="checkbox"/> State Operational License (May or may not be licensed) <input type="checkbox"/> CLIA (if lab services are provided) <input type="checkbox"/> W-9 (Signed)
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance <input type="checkbox"/> Pharmacy Permit (if there's an onsite pharmacy) <input type="checkbox"/> Accreditation or Site Visit (if not accredited) <input type="checkbox"/> W-9 (Signed)
Group Practice, Individual Professional Practitioners (Primary Care or Specialty)	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Practitioner Roster or Practitioner Data Form <input type="checkbox"/> W-9 (Signed)

Home Health	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage) <input type="checkbox"/> State Operational License <input type="checkbox"/> Accreditation or Site Visit (if not accredited) <input type="checkbox"/> CLIA (if lab services provided) <input type="checkbox"/> W-9 (Signed)
Home Infusion/Infusion Therapy (pharmacy/DME)	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage) <input type="checkbox"/> State Operational License <input type="checkbox"/> Pharmacy Permit (if there's an onsite pharmacy) <input type="checkbox"/> CLIA (if lab services provided) <input type="checkbox"/> Other applicable licensures (e.g. State DEA, Federal DEA) if certified to dispense controlled substances <input type="checkbox"/> W-9 (Signed)
Hospice	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage) <input type="checkbox"/> State Operational License <input type="checkbox"/> Accreditation or Site Visit (if not accredited) <input type="checkbox"/> CLIA (if lab services provided) <input type="checkbox"/> W-9 (Signed)
Hospital	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> Practitioner Roster or Practitioner Data Form <input type="checkbox"/> A Listing of Hospital Based Practitioners <input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage) <input type="checkbox"/> State Operational License <input type="checkbox"/> Pharmacy Permit (if there's an onsite pharmacy) <input type="checkbox"/> Accreditation or Site Visit (if not accredited) <input type="checkbox"/> CLIA (if lab services provided) <input type="checkbox"/> Other applicable licensures (e.g. State DEA, Federal DEA) if certified to dispense controlled substances <input type="checkbox"/> W-9 (Signed)
Radiology Centers/Portable X-ray suppliers	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage) <input type="checkbox"/> State Operational License <input type="checkbox"/> W-9 (Signed)
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> A Listing of Hospital Based Practitioners <input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage) <input type="checkbox"/> State Operational License <input type="checkbox"/> Accreditation or Site Visit (if not accredited) <input type="checkbox"/> CLIA (if lab services provided) <input type="checkbox"/> W-9 (Signed)

Sleep Diagnostics Facility	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage) <input type="checkbox"/> State Operational License <input type="checkbox"/> Accreditation or Site Visit (if not accredited) <input type="checkbox"/> W-9 (Signed)
Swing Bed	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage) <input type="checkbox"/> State Operational License <input type="checkbox"/> Pharmacy Permit (if there's an onsite pharmacy) <input type="checkbox"/> Accreditation or Site Visit (if not accredited) <input type="checkbox"/> Other applicable licensures (e.g. State DEA, Federal DEA) if certified to dispense controlled substances <input type="checkbox"/> W-9 (Signed)
Transportation	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage) <input type="checkbox"/> State Operational License <input type="checkbox"/> W-9 (Signed)
Urgent Care	<ul style="list-style-type: none"> <input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> Practitioner Roster or Practitioner Data Form <input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage) <input type="checkbox"/> State Operational License <input type="checkbox"/> Accreditation or Site Visit (if not accredited) <input type="checkbox"/> CLIA (if lab services provided) <input type="checkbox"/> W-9 (Signed)