



**CREDENTIALING CHECKLIST BY PROVIDER SPECIALTY - TEXAS**

*\*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.*

<b>Adult Daycare (ADHC)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provider Agreement</li> <li><input type="checkbox"/> Org Facility Application OR Roster Addendum &amp; Facility Roster</li> <li><input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage)</li> <li><input type="checkbox"/> State Operational License</li> <li><input type="checkbox"/> W-9 (Signed)</li> </ul>
<b>Ambulatory Surgical Center (ASC)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provider Agreement</li> <li><input type="checkbox"/> Org Facility Application OR Roster Addendum &amp; Facility Roster</li> <li><input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage)</li> <li><input type="checkbox"/> State Operational License</li> <li><input type="checkbox"/> Pharmacy Permit (if there's an onsite pharmacy)</li> <li><input type="checkbox"/> Accreditation or Site Visit (if not accredited)</li> <li><input type="checkbox"/> CLIA (if lab services provided)</li> <li><input type="checkbox"/> Other applicable licensures (e.g. State DEA, Federal DEA) if certified to dispense controlled substances</li> <li><input type="checkbox"/> W-9 (Signed)</li> </ul>
<b>Assisted Living Facility</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provider Agreement</li> <li><input type="checkbox"/> Org Facility Application OR Roster Addendum &amp; Facility Roster</li> <li><input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage)</li> <li><input type="checkbox"/> State Operational License</li> <li><input type="checkbox"/> Accreditation or Site Visit (if not accredited)</li> <li><input type="checkbox"/> CLIA (if lab services provided)</li> <li><input type="checkbox"/> W-9 (Signed)</li> </ul>
<b>Clinical Medical Laboratory</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provider Agreement</li> <li><input type="checkbox"/> Org Facility Application OR Roster Addendum &amp; Facility Roster</li> <li><input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage)</li> <li><input type="checkbox"/> State Operational License</li> <li><input type="checkbox"/> Accreditation or Site Visit (if not accredited)</li> <li><input type="checkbox"/> CLIA (if lab services provided)</li> <li><input type="checkbox"/> W-9 (Signed)</li> </ul>
<b>Comprehensive Outpatient Rehab Facility (CORF)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provider Agreement</li> <li><input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage)</li> <li><input type="checkbox"/> State Operational License</li> <li><input type="checkbox"/> Accreditation or Site Visit (if not accredited)</li> <li><input type="checkbox"/> W-9 (Signed)</li> </ul>
<b>Dialysis / End Stage Renal Disease (ESRD) Treatment</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provider Agreement</li> <li><input type="checkbox"/> Org Facility Application OR Roster Addendum &amp; Facility Roster</li> <li><input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage)</li> <li><input type="checkbox"/> State Operational License</li> <li><input type="checkbox"/> Accreditation or Site Visit (if not accredited)</li> <li><input type="checkbox"/> CLIA (if lab services provided)</li> <li><input type="checkbox"/> W-9 (Signed)</li> </ul>
<b>Durable Medical Equipment (DME)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provider Agreement</li> <li><input type="checkbox"/> Org Facility Application OR Roster Addendum &amp; Facility Roster</li> <li><input type="checkbox"/> General/Professional Liability Insurance (subject to review w/additional Umbrella coverage)</li> <li><input type="checkbox"/> State Operational License</li> <li><input type="checkbox"/> Pharmacy Permit (if there's an onsite pharmacy)</li> <li><input type="checkbox"/> Accreditation or Site Visit (if not accredited)</li> <li><input type="checkbox"/> W-9 (Signed)</li> </ul>

<b>Group Practice, Individual Professional Practitioners (Primary Care or Specialty)</b>	<input type="checkbox"/> Provider Agreement <input type="checkbox"/> Practitioner Roster or Practitioner Data Form <input type="checkbox"/> W-9 (Signed)
<b>Home Health</b>	<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)
<b>Home Infusion/Infusion Therapy (pharmacy/DME)</b>	<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"/> W-9 (Signed)
<b>Hospice</b>	<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)
<b>Hospital</b>	<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 Hosp 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)
<b>Radiology Centers/Portable X-ray suppliers</b>	<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)
<b>Skilled Nursing Facility (SNF)</b>	<input type="checkbox"/> Provider Agreement <input type="checkbox"/> Org Facility Application OR Roster Addendum & Facility Roster <input type="checkbox"/> A Listing of Hosp 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)

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