Application Checklist for Organizational Providers

Please use the following checklist to complete the credentialing process. All items listed below are required for the Organizational Provider to participate with Keystone First, Keystone First VIP Choice, and/or Keystone First Community HealthChoices.

Please use this Application Checklist as a fax cover sheet. Fax all applicable items on the checklist to the Credentialing department at **1-877-759-6221**, or signed documents may be scanned and submitted by secure email to **credapps@keystonefirstpa.com**. Please ensure this checklist is submitted with the documents.

Please provide the following organizational provider information:
Legal business name:
Practice name to appear in directory (doing business as [DBA]):
Are you contracted with any of the plans below? ☐ Keystone First ☐ Keystone First Community HealthChoices ☐ Keystone First VIP Choice
Practice's Tax Identification Number (TIN):
Group's National Provider Identifier (NPI) number (please list all NPI numbers; attach additional sheet if needed):
Medicaid ID number (if applicable; must provide a Medicaid number in order to participate with Medicaid plan):
Medicare ID number (if applicable; must provide a Medicare number in order to participate with Medicare plan):
Credentialing contact name:
Credentialing contact email address:
Credentialing contact phone number:

200 Stevens Drive, Philadelphia, PA 19113

Please provide the following:

☐ Organizational Provider Credentialing application (completed, signed, and dated) **for new credentialing only.**

	For credentialing and recredentialing, please complete this checklist and include all of the following applicable documents.
☐	State-required operating documents: • State license. • Business permit. • Occupational permit or license. • Medical gases permit.
☐	Accreditation/certification or Centers for Medicare & Medicaid Services (CMS) state survey or site evaluation. **Note:** Any hospital or ancillary organizational provider that is not accredited is required to have a CMS state survey or plan site evaluation.
☐	Drug Enforcement Administration (DEA) registration certificate (if applicable). DEA registration must have the state in which the practitioner is rendering services to our members.
☐	Controlled Dangerous Substances (CDS) certificate (if applicable).
☐	Medicaid provider enrollment number (if applicable). We must have your PROMISe™ Provider Identification Number (PPID) or proof that you have submitted an application. For applications in process with the Department of Human Services (DHS), please submit a copy of the first page and signature page of the application you submitted.
☐	Malpractice insurance policy face sheet showing expiration date and limits of liability.
☐	Clinical Laboratory Improvement Amendments (CLIA) certificate (if applicable).
☐	Medicare/Medicaid certification. (We must have your PPID or proof that you have submitted an application. For applications in process with DHS, please submit a copy of the first page and signature page of the application you submitted.)
☐	W-9 form.
☐	Organizational Provider office hours (must be completed on the application).
☐	Ownership disclosure (if applicable).

To check the status of your application or if you have any questions or concerns regarding this process, please contact the Keystone First Credentialing department at **1-800-642-3510, option 1**.

If you are new to Keystone First and/or Keystone First VIP Choice and you or your group does not have a provider contract, visit **www.keystonefirstpa.com → Providers → Join our network** to obtain a Keystone First and/or Keystone First VIP Choice contracting application.

If you are new to Keystone First Community HealthChoices and you or your group does not have a provider contract, visit **www.keystonefirstchc.com → Providers → Join our network** to obtain a Keystone First Community HealthChoices contracting application.