



Application Checklist for Home- and Community-Based Services (HCBS)/Long-Term Services and Supports (LTSS) Providers

Please use this checklist to complete the credentialing process. All items listed below are required for the provider to participate with Keystone First Community HealthChoices. Fax this checklist, the Home- and Community-Based Services (HCBS)/Long-Term Services and Supports (LTSS) Provider Credentialing/Recredentialing Application, and all applicable items on this checklist to the Keystone First Credentialing department at **1-717-651-1673**. Or, you may scan your signed documents and submit them by secure e-mail to: **keystonefirstntchc@keystonefirstchc.com**. Please be sure to scan this checklist and email it with all the documents.

Please provide the following provider information:
Legal business name:
Name to appear in directory (doing business as [DBA]):
Taxpayer Identification Number (TIN) (Note: IRS Form W-9 must match the TIN on the contract signature page):
National Provider Identifier (NPI) (if applicable):
Medicaid ID number with location extension:
Medicare ID number:

Please complete this checklist and include the following documentation in order to initiate credentialing and contracting:
<input type="checkbox"/> Facility application (completed, signed, and dated). Please complete a separate application for each licensed location. Branches may be submitted on the application with the parent location.
<input type="checkbox"/> Signed contract with all pages. Must complete notification page (15) and signature page (17) to be valid. Please note: Complete contract is required to initiate credentialing process.
<input type="checkbox"/> IRS Form W-9.
<input type="checkbox"/> State-required operating documents: <ul style="list-style-type: none"> • State license. • Business permit. • Occupational permit or license. • Medical gases permit. • Any other state-required operating documents not listed above.
<input type="checkbox"/> Accreditation/certification or Centers for Medicare & Medicaid Services (CMS) state survey or site evaluation with Corrective Action Plan (CAP) if citations were issued.
<input type="checkbox"/> Drug Enforcement Administration (DEA) registration certificate (if applicable). DEA registration must have the state in which the practitioner is rendering services to our members.
<input type="checkbox"/> Controlled Dangerous Substances (CDS) certificate (if applicable).
<input type="checkbox"/> 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.
<input type="checkbox"/> Malpractice insurance policy face sheet showing expiration date and limits of liability. This document must be current.
<input type="checkbox"/> Clinical Laboratory Improvement Amendments (CLIA) certificate (if applicable).
<input type="checkbox"/> Office hours (must be completed on the application).
<input type="checkbox"/> Ownership disclosure (if available).
<input type="checkbox"/> Please indicate "N/A" in any section that does not apply to your application.
<input type="checkbox"/> Staffing form (if applicable).

To check the status of your application, or if you have questions or concerns about this process, please contact the Keystone First Credentialing department at keystonefirstntchc@keystonefirstchc.com. Please include provider name, TIN, and NPI to expedite inquiries.