

PDM/Credentialing and Contracting Check List

The following PDM/Credentialing documents are needed for

Practitioner Enrollment:

- Completed Contract - filled out at Provider/Group/W9 legal entity level
- Completed Provider Data Form
- Current and Complete State Application (available on request) **OR** CAQH Application with an attestation less than 120 days old (Must authorize Centene Corporation access to Practitioner information)
- Upload to CAQH or provide copies of the following with the State Application:
 - Nevada State Medical License
 - Nevada CDS License
 - Federal/State DEA Registration Certificate
 - Malpractice Insurance Policy Face Sheet (must show expiration date and policy limits)
 - Board Certification (if applicable)
 - Medicaid ID number or Proof of Submitted Application
 - W-9 (completed & signed; If Practitioners share same tax ID, only one W-9 needs to be submitted)
 - Hospital Privileges
 - Ownership and Disclosure Form (completed and signed)
 - Release of Information (ROI)
 - Collaborative Agreement for Nurse Practitioners and Physician Assistants (if applicable)
 - CLIA Certificate (if applicable)
 - ECFMG Certificate (if applicable)
 - Nevada Standard Credentialing Application

The following PDM/Credentialing documents are needed for

Hospital, Ancillary or Clinic Enrollments:

- Accreditation/Certification by a nationally-recognized body (if not available, attach Site Evaluation Results by a government agency within the last three (3) years. If greater than 3 years, please explain.
- Current and Complete Hospital/Ancillary/Clinic Provider Credentialing Application (one per each Provider)
- Nevada State Medical License
- Federal/State DEA Registration Certificate
- Malpractice Insurance Policy Face Sheet (must show expiration date and policy limits)
- Medicaid ID number or Proof of Submitted Application
- W-9 (completed & signed)
- Hospital Privileges
- Disclosure of Ownership and Control Interest Statement (completed and signed)
- Release of Information (ROI)
- CLIA Certificate (if applicable)
- Department of Health and Hospitals License (if applicable)
- Medicaid/Medicare Certification (if not certified, provide Proof of Participation)
- Pharmacy License