

Contracting and Credentialing Checklist

For Long Term Care Providers - Facilities



To initiate the contracting and credentialing process, please complete our online Provider Profile Form, located at www.phs.org/providers/centennial-care/Pages/contracting.aspx. Completing the Provider Profile will help accelerate the contracting and credentialing process while HSD reviews our contracts. For your convenience, this checklist specifies the information you will need to have available and the documents that you will need to upload before you submit your profile. Please note that you must provide all of the requested information before you can submit the profile. If you have any questions about completing the Provider Profile, please contact Danielle Baca at (505) 923-8584 or dbaca15@phs.org.

Please have the following information ready when you complete the online Provider Profile:

- | | |
|--|---|
| <input type="checkbox"/> Practice/Group/Facility Name | <input type="checkbox"/> Office Manager, Phone Number and Email |
| <input type="checkbox"/> National Provider Identifier (NPI) | <input type="checkbox"/> Physical Address |
| <input type="checkbox"/> Provider Type | <input type="checkbox"/> Mailing Address |
| <input type="checkbox"/> Specialty | <input type="checkbox"/> Billing Address |
| <input type="checkbox"/> Overview of Services Performed | <input type="checkbox"/> Office Telephone Number |
| <input type="checkbox"/> Federal Tax ID Number | <input type="checkbox"/> Fax Number |
| <input type="checkbox"/> Medicaid Number | <input type="checkbox"/> Email Address |
| <input type="checkbox"/> Unique Physician Identification Number (UPIN)/
Medicare Number | <input type="checkbox"/> Foreign Languages |
| <input type="checkbox"/> State Professional License/Certification Number | <input type="checkbox"/> Other Practice Locations |

Please upload and submit the following documents along with the online Provider Profile:

- | | |
|---|---|
| <input type="checkbox"/> Proof of Good Standing with Federal and State
Regulatory Bodies | <input type="checkbox"/> Malpractice Insurance Certificate |
| <input type="checkbox"/> State Operator's License and Expiration Date | <input type="checkbox"/> State Pharmacy Registration |
| <input type="checkbox"/> Accreditation Documentation | <input type="checkbox"/> DEA Certificate |
| <input type="checkbox"/> W-9 | <input type="checkbox"/> As applicable, information about any of the
following: |
| <input type="checkbox"/> CRS-1 Form (Gross Receipts/Compensating/
Withholding Tax) | <ul style="list-style-type: none">• Sanctions• Malpractice history and explanation• License actions |
| <input type="checkbox"/> Ownership and Controlling Interest Form | |