Professional Provider Credentialing Checklist

IMPORTANT: BCBSMT REQUIRES ALL PROVIDERS TO BE COMPLETELY CREDENTIALED PRIOR TO BEING CONTRACTED AS PARTICIPATING/IN NETWORK PROVIDERS.

Please note: This checklist includes areas that are commonly overlooked or incomplete on CAQH profiles, it is not all inclusive of the required information.

CAQH INFORMATION TO REVIEW/VERIFY CAQH Provider Help Desk: providerhelp@proview.caqh.org Phone: 888-599-1711	
	CAQH Provider Profile Identification number
	Review entire CAQH Profile for completeness & accuracy. Include **mm/yyyy** in date fields, failure to list the **month** will delay credentialing.
	Provide residency verification email or phone contact information.
	Completed CAQH Provider Profile - You will receive a notification email from CAQH when your profile is complete. Your profile must be in an "Initial Profile Complete" status.
	Montana must be listed as the "Primary Practice State" or as an "Additional Practice State".
	Explanation of gaps in work history that are 6 months or greater. (CAQH Section #7)
	Complete Hospital Affiliation and/or Admitting Arrangements. (CAQH Section #5) **MD's & DO's ONLY**
	Detailed explanations for any "Disclosure Questions" with a "Yes" answer. (CAQH Section #8)
	The "Standard Authorization, Attestation and Release" form must have current signature, and be signed and dated in correct CAQH format.

***** REQUIRED DOCUMENTS ***** **Upload your documents after completing all sections of the CAQH Profile**	
	Current certificate of malpractice insurance face sheet/certification of insurance, with the provider's name on the face sheet, or on a roster provided by the insurer or group. A group roster must be on group letterhead and include the policy number. *UPLOAD THIS DOCUMENT TO YOUR CAQH PROVIDER PROFILE
	Copy of DEA Certificate (if applicable) *UPLOAD THIS DOCUMENT TO YOUR CAQH PROVIDER PROFILE
	Current copy of your national certification document – applies to APRN's . *UPLOAD THIS DOCUMENT TO YOUR CAQH PROVIDER PROFILE

Date: 3/2019