

Federally Qualified Health Center (FQHC) Resource Guide Appendix

Attachment A (Credentialing Checklist)

FQHC Information:

Name of FQHC: _____

Billing Address of FQHC: _____

Billing Phone Number (with area code): _____

Fax (with area code): _____

Name and Site Addresses of Provider: _____

FQHC Contact Staff Person (Medical):

Name: _____

Phone Number (with area code): _____

Fax (with area code): _____

Email Address: _____

Alternate Contact Name: _____

Alternate Phone Number (with area code): _____

Fax (with area code): _____

Email Address: _____

FQHC Contact Staff Person (Dental):

Name: _____

Phone Number (with area code): _____

Fax (with area code): _____

Email Address: _____

Alternate Contact Name: _____

Alternate Phone Number (with area code): _____

Fax (with area code): _____

Email Address: _____

Date of Completed Application Submission: _____

This tool has been developed to assist the FHCs with the NJ Medicaid MCO provider/practitioner credentialing process. Please complete the checklist below and ensure that all applicable information is included. A package with missing or inaccurate applicable information constitutes an incomplete application and may result in delays in processing.

1. Completion of current MCO application(s): ☐ Aetna ☐ Amerigroup ☐ Horizon NJ Health ☐ United Healthcare Community Plan ☐ Wellcare
2. Items submitted to the Council for Affordable Quality Healthcare (CAQH) may be submitted by providing the applicable CAQH ID. If an FQHC does not utilize CAQH, or the provider's CAQH profile is incomplete or out-of-date, it must provide these items in an alternative manner, made available by the MCO.
 - a. Current attestation
 - b. National Provider Identification Number (NPI)
 - c. Medicare Number
 - d. Tax ID
 - e. Specialties
 - f. Taxonomy Code(s)
 - g. Patient ages seen
 - h. Languages spoken
 - i. Provider Office Hours
 - j. Any revocation or suspension of a state license or Drug Enforcement Administration/Bureau of Narcotics and Dangerous Drugs (DEA/BNDD) number. Any "yes" answer requires explanation.
 - k. Any sanctions imposed by Medicare and/or any Medicaid program (e.g. suspensions, debarment, or recovery action). Any "yes" answer requires explanation.
 - l. Any censure by any state or county medical association. Any "yes" answer requires explanation.
 - m. Any revocations, suspensions, or denials of hospital clinical privileges and/or other affiliations (includes restrictions, denied renewals, and other disciplinary/ probationary action). Any "yes" answer requires explanation.
 - n. Application includes statements from the practitioner regarding fitness to perform function, such as physical and mental health problems, history of chemical dependency/ substance abuse, history of loss of license and/or felony convictions, history of loss and/or limitation of hospital privileges or disciplinary action.
 - o. CLIA (Laboratory Services).
3. ☐ Copy of NJ State medical license.
4. ☐ Valid Drug Enforcement Administration (DEA), as applicable, with the NJ office in which the provider is practicing.

5. ☐ Valid NJ Controlled Dangerous Substance (CDS) certificate, as applicable.
6. ☐ Proof of federal torts coverage (i.e. the "Deeming letter") or current adequate malpractice insurance – copy of malpractice insurance certificate face sheet. Minimum of \$1 million dollars and \$3 million dollars aggregate is required.
7. If requested, previous five (5) years of malpractice claims or settlements from the malpractice carrier. Include explanations of any gaps in coverage (including being a new provider with no history of malpractice insurance).
8. ☐ Agreement(s) signed manually or electronically by the Provider, if required by the MCO.
9. ☐ Curriculum Vitae, including addenda explaining gaps in employment of six (6) months or longer.
10. ☐ Board Certification, or documentation showing that the applicant is within 5 years of completing training, or when the applicant is scheduled to take the test for board certification.

¹Pursuant to the Settlement Agreement, the credentialing checklist is considered complete without a DEA, CDS, and New Jersey Medicaid ID if those have not yet been obtained by the provider. See Settlement Agreement, at Section 7. The provider will send the Medicaid application concurrently with the MCO credentialing application. Once they are obtained by the provider, it will promptly report that information to the MCO and Medicaid fee-for-service.

11. ☐ Hospital Admitting Privileges , as reflected by either:
 - a. letter from Medical Office Staff or Department Chairman of the network hospital in which the applicant has admitting privileges stating that the applicant has full, active, unrestricted clinical privileges and is in good standing; or
 - b. Evidence of an acceptable coverage arrangement at a network hospital if the practitioner's scope of practice does not include hospital privileges.
12. ☐ Educational Commission for Foreign Medical Graduates (ECFMG) Certificate for foreign-born foreign medical school graduates, if applicable.
13. ☐ W-9 Form.
14. ☐ Site specific Americans with Disabilities Act (ADA) provider survey.
15. ☐ Special Needs survey/ Aged, Blind, and Disable (ABD) form.
16. ☐ Collaboration Practice Agreement (Nurse Midwife/ Nurse Practitioner).
17. For Physician Assistants & Nurse Practitioners:
 - a. ☐ Name of certifying entity. (E.g., American Academy of Nurse Practitioners; National Commission on Certification of Physician Assistants; etc.).
 - b. ☐ Certification number.
18. Healthstart certification, if applicable.

19. Proof of 21st Century Cures Act Compliance: (The 21st Century Cures Act requires all Medicaid Managed Care and Children's Health Insurance Program network providers to be enrolled with State Medicaid programs)

- a. ☐ NJ Medicaid ID or,
- b. ☐ Documentation from NJ Medicaid Fiscal Agent of successful "21st Century provider" registration or,
- c. ☐ Proof of NJ State FFS application submission including date of submission.

Note: Provider must successfully complete NJ FFS enrollment or 21st Century provider registration in order to participate with a MCO

20. ☐ NJ CBC Attestation Form (Criminal Background Check).

21. ☐ Disclosure of Ownership and Control Interest Statement.

22. ☐ Explanation Statement for Missing Info: _____

¹ Please include all hospitals where provider is privileged.