

# Provider Credentialing Application Checklist

This checklist was created to assist Providers with the 2007 Texas Standardized Credentialing Application (TSCA). It provides helpful tips for completing specific areas of the TSCA.

**NOTE:** When completing the TSCA, verify that the form number on the bottom left hand corner of all pages is **LHL234 Rev. 01/07**. Only the 01/2007 TSCA version will be accepted.

Providers must also ensure all Provider Information is up to date on the CAQH application prior to review. Failure to complete the TSCA appropriately will delay the credentialing process.

## SECTION I – Individual Information

- ☐ **Education/Training (Page 1)**
  - Provide training information to include institution name, attendance dates, contact name, address, and phone number.
- ☐ **Licenses and Certificates (Page 2)**
  - National Provider Identifier (NPI)
  - Board Certification, if applicable
- ☐ **Five-Year Work History (Page 3)**
  - Explain any gaps greater than six months within the past five years
  - Start/end dates (mm/yyyy)
  - Enter "Current or Present" as the "End Date" for current employer(s)
- ☐ **Hospital Privileges, if applicable (Page 4)**
  - If the Provider is pending or has no in-plan hospital privileges, please provide the name of the in-plan admitting physician.
  - If admitting arrangements are through a hospitalists group, please provide the name of the admitting in-plan Provider with the group.
- ☐ **Practice Location Information (Page 6)**
  - Include the four-digit zip code extenders on all addresses provided
  - Include age limits, if applicable

## SECTION II – Disclosure Questions

- ☐ **Questions 1-23 (Pages 8-9)**
  - Provide an explanation for any question answered "yes"
- ☐ **Malpractice Claims History (Page 9, Question 16)**
  - If "yes," complete Attachment G (Page 20) for all actions occurring within the past five years

## SECTION III – Standard Authorization, Attestation, And Release

- ☐ **The "Entity" (Page 11)**
    - Enter "Community First Health Plans" as the "entity" referred to in the empty field at the top of the page.
    - Initial and date bottom of page
  - ☐ **Signature (Page 12)**
    - Sign and date (stamped signatures are not accepted)
- \*If provider participates with CAQH this step is not needed*

## Additional Attachments

In addition, please attach the following:

- ☐ **Current Texas State Medical License**
- ☐ **Current Drug Enforcement Agency (DEA) Certificate (if applicable)**
- ☐ **Current Medical Liability Insurance**
  - Copy of face sheet must include practitioner's name or a roster/list of covered Providers
- ☐ **Complete Supervisory Form (if applicable)**
- ☐ **W-9 Form (Taxpayer Identification)**
- ☐ **Office Site Visit (OSV)**
  - Office Site Visits are required for new Providers rendering services in an office setting
  - Office Site Visits are required on all new office locations

### Submit completed TSCA via mail, fax, or email:

Community First Health Plans  
Attention: Credentialing Department  
12238 Silicon Drive Ste. 100  
San Antonio, Texas 78249  
Fax: 210-358-6199  
Email: [dI\\_CredentialingApplications@CFHP.com](mailto:dI_CredentialingApplications@CFHP.com)

Providers may check credentialing status by emailing [dI\\_CredentialingApplications@CFHP.com](mailto:dI_CredentialingApplications@CFHP.com) or Network Management at [nmcfhp@cfhp.com](mailto:nmcfhp@cfhp.com).

Community First Health Plans Credentialing Department will notify practitioners with issues related to the credentialing process and their rights. These rights include:

◆ **To Review Credentialing Information:**

- Practitioners have the right to review information obtained by Community First Health Plans to evaluate their Credentialing application, with the exception of recommendations or other information that is peer review protected.
- Access to his/her credentialing files will be in the Credentialing Department during normal work hours with the Credentialing Specialist/designee present.

◆ **Resolution of Conflicting Information:**

- The Credentialing Manager will notify an applicant in writing, by certified mail, if any credentialing information obtained by Community First Health Plans differs substantially from that provided by the applicant.
- The applicant has 14 business days to respond in writing to the Credentialing Department regarding notification of conflicting information received by any agency used for primary source verifications. All documentation errors will be noted and attached in the application material by the Credentialing Department.

◆ **Application Status:**

- Practitioners have a right, upon request, to be informed of the status of their applications. Requests may be oral or written. Responses are provided via telephone or email to the requesting practitioner (or designee) within three business days of the request.
- Community First Health Plans' response to the practitioner's request will include the current status of the application (i.e., awaiting primary source verification, awaiting review by the Medical Director or designee, awaiting review by the Credentialing Committee, etc.).