



BEHAVIORAL HEALTH

PROVIDER CREDENTIALING APPLICATION CHECKLIST

APPLICATION CHECKLIST:

- Completed application.
- Copy of the SCDHHS Approval Letter (*your name and/or group name must match the information provided to the State*)
- Completed W9 form if billing with an SSN or IRS documentation (*Letter 147C, CP 575 E or tax coupon 8109-C*) if billing with an EIN.
- A signed network agreement for the network you wish to apply.

- BlueChoice® HealthPlan Medicaid Healthy Blue_(sm) MCO Agreement

- Copy of state license.
- Copy of Drug Enforcement Administration (DEA) license (if applicable). Copy of board certification (if applicable).
- Copy of protocol (advanced practice registered nurses) and nurse preceptor form. Proof of current malpractice coverage.*
- Authorization to bill form (if joining group practice)
- Completed disclosure of ownership and control interest statement (required for Medicaid MCO network).

*Coverage minimums:

Medical Doctors/Doctor of Osteopathic Medicine = \$1,000,000/\$3,000,000 All others = \$1,000,000/\$1,000,000