



# Contract and Credentialing Checklist

Please use this sheet to complete and return your application packet.

## 1. Contract Information

Sign and date the enclosed contract. Please print the name and title of the signor, and submit the contract with the original signature.

☹☹Do not complete the Effective Date field on the contract—WellCare will complete. For instructions on completing the Medicaid Addendum portion of the contract, please refer to our website [www.wellcare.com/ohio](http://www.wellcare.com/ohio) where you will also find a completed sample addendum for your reference.

## 2. W-9

☹☹Complete W-9, and make sure Line One matches the Name of Entity on Page One of the contract as well as the Provider Name on Attachment C, which should be the legal owner of the Tax ID.

## 3. Credentialing Information

(You have three options for credentialing completion. Please select one below.)

### a. CAQH Application.

If you submit via CAQH, please check below and return a completed Contract and W-9. We will contact CAQH for your credentialing application. Please request CAQH to grant WellCare access to your data. Call the CAQH help desk at 1-888-599-1771 for assistance.

☹☹Yes, I plan to use CAQH. Attached is my CAQH number or my DOB as a key identifier. Please note, without a key identifier, WellCare cannot submit to CAQH for access.

### b. Ohio Uniform Application.

Check below if you plan to complete the Ohio Uniform Application. You must also include a copy of your professional liability, etc. as outlined on the WellCare Application check list.

☹☹Yes, I plan to use the Ohio Uniform Application.

### c. WellCare's Medical Staff Credentialing Application.

Check below if you plan to complete the WellCare application. Please complete the application in its entirety, include all requested documents and return to WellCare. A list of documents required for this application follow.

☹☹Yes, I will complete the WellCare Application and include all required documents.

- ❁❁ Current Professional Liability Insurance Certificate
- ❁❁ Current DEA Certificate/CSR Certificate (If applicable)
- ❁❁ Curriculum Vitae/Work History
- ❁❁ CLIA Certificate or Waiver (As applicable)
- ❁❁ Signed and Dated Consent and Release Form – Page 7 of Application