

**PROVIDER REQUIRED DOCUMENTS CHECKLIST**

\_\_\_ **WellCare Provider Profile Sheet: (Required Document.** Please complete form in its entirety) Please include the provider’s CAQH #. Please also include the Credentialing contact’s information.

**Provide one of the following:**

\_\_\_ **CAQH: (For Providers in CAQH)**

Complete with a current, signed Standard Authorization Attestation and Release form. (CAQH must be updated every 120 days, however, WellCare requires every 90 days with a newly signed Release Attestation)

\_\_\_ **WellCare Credentialing Application:** If a provider does not use CAQH, WellCare requires a completed WellCare Credentialing Application or SC Uniform Managed Care Provider Credentialing Application.

\_\_\_ **Database Information Sheet** (Only for Hospitalist and Hospital-based Providers- in lieu of provider profile sheet)

**\*WellCare does not credential Locum Tenens or Residents\***

**\*Below documents may be uploaded to CAQH or provide hardcopy to your Provider Rep\***

<p>___ <b>South Carolina Medical License</b></p> <p>___ <b>Controlled Substance Registration Certificate:</b> SC (CDS) and Federal (DEA)</p> <p>___ <b>Medicaid ID/Medicare ID# or proof of filing</b> (i.e. Email Notification from SCDHHS)</p> <p>___ <b>Last 5 years work history and education listed in CAQH, OR Curriculum Vitae (CV)/ Resume (mm/yyyy) format;</b> Include Current Employer. Explanation of all gaps in training or work history 6 months or greater.</p> <p>___ <b>Clinical Laboratory Improvement Amendment (CLIA) Certificate Number:</b> Needed for each site where labs are performed. Include copy of certificate/waiver. If not applicable, please indicate N/A in this section</p>	<p>___ <b>Certificate of Insurance - Professional Liability/Medical Malpractice Insurance</b> <b>Minimum Coverage: \$1M per occurrence/\$3M per aggregate</b></p> <p>___ <b>W-9 at least version 2017</b> Address must be correspondence address on file with the IRS</p> <p>___ <b>Attestation of Hospital Admission Arrangements:</b> Hospital Privileges, Arrangements or Affiliation listed in CAQH/WellCare Credentialing Application</p> <p>___ <b>Collaborative Practice Information: Required for all Mid-level Providers</b> Nurses (APRN/RN), Certified Nurse Midwife, or Physician Assistant must provide Nurse Protocol, Scope of Practice signed by supervising physician who currently participating in WellCare’s network (<b>Must be reviewed within 1 year of its current date</b>).</p>
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**Note:** Ancillary providers: Please see ancillary credentialing application checklist on front of application.