

## **Adding a New Provider to an Existing Practice/Tax ID**

If your new provider is not already credentialed with Optima Health, submitting the Provider Update form will initiate the Optima Health practitioner credentialing process. Optima Health utilizes the Council for Affordable Quality Healthcare (CAQH) application for credentialing. Please ensure the provider has an active CAQH application prior to submitting this request.

*If your practice (tax ID) is currently not in network with Optima Health, please DO NOT submit a Provider Update form. To request network participation/contract, please complete the "Request for Participation" form available at Join our Network on [www.optimahealth.com/providers](http://www.optimahealth.com/providers).*

### **Please follow the steps below for submission:**

1. Ensure the practitioner's Council for Affordable Quality Healthcare (CAQH) application is complete and up to date. Please see CAQH requirements below. **Please adhere to these requirements; omitting required fields or required attachments will cause your request to be returned to you for correction and will delay the new provider credentialing process.**
2. Complete and submit the online Provider Update Form on the Update Your Information page on [www.optimahealth.com/providers](http://www.optimahealth.com/providers).

### **Optima Health requires the CAQH application contain the following information:**

- ✓ CAQH attestation must be current. **CAQH applications that have not been attested within 120 days will not be accepted.**
- ✓ Board Certification information or date when taking boards
- ✓ All past and current state licenses and DEA information
- ✓ Explanation for any malpractice suits
- ✓ Explanation for gaps in malpractice insurance
- ✓ Education history, including applicable internship/residency/fellowships
- ✓ Work history for past 10 years
- ✓ Explanation of any work history gaps greater than 6 months
- ✓ Professional references from 2 providers with contact phone numbers
- ✓ Covering colleagues or partners/associates
- ✓ Foreign languages spoken
- ✓ Listing of hospital privileges (if applicable)
- ✓ ECFMG number (if applicable)

The following must also be attached in CAQH:

- ✓ Copy of Curriculum Vitae or Resume in month and year format
- ✓ 7 years of malpractice history (2 years for midlevel providers)
- ✓ Copy of the Nursing Board Certificate (ANCC, AANP, NCC, PNCB) when applicable

For assistance with a CAQH application, please contact the CAQH Provider Help Desk (1-888-599-1771 or [providerhelp@ProView.CAQH.org](mailto:providerhelp@ProView.CAQH.org)).