

Provider Contracting & Credentialing Checklist Guide

Name:	Comments:
City:	
Specialty to be Contracted:	
Additional Services to be Contracted:	
NPI:	

Line of Business: TSA____ PSG____ Commercial____ USVI____

Contracting Representative Name: _____ **Contact Information:** _____

Contracting Organization: TSA____ TSS____

X	Credentialing Documents Required	Physicians & Other Health Care Practitioners	Groups/Clinics & Institutions	Hospital	DME, DMEPOS, DMERC	Vision
<input type="checkbox"/>	<p>Completed Credentialing Application (same handwriting, no white outs, completed and signed, must include NPI, use of same ink color is highly suggested, corrections must be crossed-out & initialized but original text should be legible, include N/A in applicable sections) (All documents with expiration must be submitted to Credentialing Department with at least 60 days prior to expiry date, as applicable).</p> <ul style="list-style-type: none"> - Employee Roster - Malpractice History (last 5 years) - Ownership - Provider Billing and Payment Information (must be signed) - Attestation & Certification (both must be signed) <p>Vision Application: Requires Physician/Health Care Practitioner Credentials of Optometrist and Ophthalmologists. Also, requires Good Standing if Certified Optometrist or Ophthalmologists (refer to Good Standing)</p>					
<input type="checkbox"/>	Specialty Board Certification (if attested in the Application)					
<input type="checkbox"/>	<p>Evidence that the License of Good Standing of Contracted Specialty, Sub-Specialty and Procedures such as Acupuncture, Pain Management, Certified Optometrist was requested or is available in the CD from the "Junta de Licenciamiento".</p> <p>NOTE: Certified Optometrist must also include Certificado de Autorización de Uso de Agentes Farmacéuticos de Diagnóstico. Also, requires Good Standing if Certified Optometrist or Ophthalmologists (refer to Good Standing)</p> <p>NOTE: It must be endorsed to Triple-S and sent to the following address: Triple-S Departamento de Credenciales PO BOX 11320 San Juan, PR 00922</p>					
<input type="checkbox"/>	Diploma of Highest Level of Education to be contracted					
<input type="checkbox"/>	Curriculum Vitae or Resumé (Optional. Must include last 5 years of work experience and be signed by Provider if the information is not included in the Application. Any employment gap in the 5 years period should be explained).					
<input type="checkbox"/>	Professional & Malpractice Liability Insurance Policy (renewal notifications not accepted) (Must include carrier's name, policy number, coverage limits, effective and expiration dates.)					

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<input type="checkbox"/>	DEA (with at least 60 days prior to expiration) (If N/A include letter explaining why Provider does not Prescribe Controlled Drugs)					
<input type="checkbox"/>	ASSMCA (with at least 60 days prior to expiration) (If N/A include letter explaining that Provider does not Prescribe Controlled Drugs)					
<input type="checkbox"/>	Collegiate Certification (Applicable to: Physicians, Dentists, Optometrist, Nutritionist, and Occupational Therapist. Must include provider name, certificate number and expiration date.)					
<input type="checkbox"/>	Site Visit (All locations must be visited. Minimum score 90%.) Applicable to Primary Care Physicians (General Medicine, Geriatric, Family Medicine, Internal Medicine, Pediatric) and High Volume Provider types: OB-GYN, Cardiologists, Oncologists, Pulmonologists, Endocrinologists, Rheumatologists, Ophthalmologists, Podiatrist, Nephrology, Urologists, Psychiatrist, and Psychologists.	As applicable, refer to list.				
<input type="checkbox"/>	Merchant Registry Certificate issued by Municipal Government (Registro Comerciante)					
<input type="checkbox"/>	Puerto Rico Department of Health License - SARAFS (Licencia de Operar) (with at least 60 days prior to expiration) (Applicable to: Hospital, CDT/Ambulatory Services, Ambulatory Surgical Center, Home Health/Care Agency (Casa de Salud y & Agencia de Salud en el Hogar), Community Mental Health, Centro de Salud Mental & Facilidades Médicas para Retardados Mentales, Comprehensive Outpatient Rehab Facility, Emergency Room, Hospice, Skilled Nursing Facility, Dialysis/Renal Disease Facility)					
<input type="checkbox"/>	Puerto Rico Department of Health License - Sanitaria (with at least 60 days prior to expiration)					
<input type="checkbox"/>	Puerto Rico Department of Health License - Botiquín/Farmacia (Specialized Pharmacy, Urgent Care/Emergency Room, Ambulatory Surgery Center, Infusion Services (also those contracted by TSA as DMERC), Vaccination Centers, Ambulatory Chemotherapy, AMBULANCE (TYPE III)) (with at least 60 days prior to expiration)					
<input type="checkbox"/>	Clinical Laboratory Improvement Amendments (CLIA) (Applicable for Hospitals, Clinical Laboratories, Blood Banks, CDT/Ambulatory Services and any other facility for which the Department of Health Licence - SARAF (Licencia de Operar) includes Laboratory services.)					
<input type="checkbox"/>	CNC (Certificado de Necesidad y Conveniencia) (CNC number must be the same as on the SARAFS/Licencia de Operar) (Applicable to: Hospitals, SNF, Home Health Care, Rehab Centers, Dialysis/Renal Disease Facility, Ambulatory Surgery Center, CDT, Specialized Pharmacies, Blood Bank, Laboratories, Radiology/Imaging Facilities/Centers, Hospice, Infusion Centers, Emergency Room/Urgent Care, Outpatient Rehab Facility)					
<input type="checkbox"/>	National Accreditations if DMEPOS - requires at least one of the following accreditations: JACHO, ACHC, ABC, BOC, CARF, CHAP, HQAA, NABP, NBAOS, The Compliance Team) Other Institutions (highly suggested): AAAHC, ACHC, AAAASF, HFAP, CIHQ, CHAP, DNV GL, TCT, TJC, other)					
<input type="checkbox"/>	Surety Bond (minimum \$50K) (DME & DMEPOS only)					
<input type="checkbox"/>	Laminar Flow Hood Certification (Ambulatory Chemotherapy and Infusion Centers)					
<input type="checkbox"/>	Neuropsychology Certificate (Applies to Clinical Psychologists who will be billing neuropsychology services)					

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<input type="checkbox"/>	Ambulances Only (for each unit): - DTOP Permit - PR Health Department (if Type III and Bariatric the Certificate must identify them as such) - Certificado de Comisión del Servicio Público (CSP) (if Type III and Bariatric the Certificate must identify them as such) - FCC License - Technician License copy - Licencia Botiquín (Type III only) - Public Responsibility Insurance Policy (must include all units) - Inspection Report from CSP (Type III and Bariatric only)					
	Radiology & Advanced Imaging Centers Licenses/Accreditations (with at least 60 days prior to expiration) (if applicable for the services provided)	Physicians & Other Health Care Practitioners	Groups/Clinics & Institutions	Hospital	DME, DMEPOS, DMERC	Vision
<input type="checkbox"/>	PR Department of Health License - Radiology Commission (X-Ray) (Certificado de Salud Radiológico)					
<input type="checkbox"/>	Mammography: FDA Certification required; ACR Accreditation highly suggested					
<input type="checkbox"/>	PET: Requires at least one of the following: ACR, JACHO/TJC, RadSite or AIC.					
<input type="checkbox"/>	CT: Requires at least one of the following: ACR, JACHO/TJC, RadSite or AIC.					
<input type="checkbox"/>	MRI: Requires at least one of the following: ACR, JACHO/TJC, RadSite or AIC.					
<input type="checkbox"/>	Nuclear Medicine (NM): Requires NRC and at least one of the following: ACR, JACHO/TJC, RadSite or AIC.					
<input type="checkbox"/>	Ultrasound: Requires at least one of the following: ACR, JACHO/TJC, RadSite or AIC.					
X	ALL Medicare Certified Providers	Physicians & Other Health Care Practitioners	Groups/Clinics & Institutions	Hospital	DME, DMEPOS, DMERC	Vision
<input type="checkbox"/>	Medicare Provider Letter (issued not more than 5 years) (if applicable)					
X	ALL Corporations	Physicians & Other Health Care Practitioners	Groups/Clinics & Institutions	Hospital	DME, DMEPOS, DMERC	Vision
<input type="checkbox"/>	Employer Identification Number (EIN) or Federal Tax Identification Number					
<input type="checkbox"/>	Incorporation Certificate (Certificado de Incorporación)					
<input type="checkbox"/>	Registration Certificate (Certificado de Registro)					
<input type="checkbox"/>	Corporation Good Standing (if the corporation has more than 1 year)					
<input type="checkbox"/>	LLC Organization Certification, Certification from the Department of State, LLC Operating Agreement (LLC only)					
<input type="checkbox"/>	National Provider Identifier (NPI) List Id (optional)					
X	Contracting Documents Required	Physicians & Other Health Care Practitioners	Groups/Clinics & Institutions	Hospital	DME, DMEPOS, DMERC	Vision
<input type="checkbox"/>	Services to be contracted must be included in page 1.					
<input type="checkbox"/>	Signed Contract(s) (TSA only).					