Greetings

Congratulations on signing your Qualifacts contract and we welcome you to the OneApp Enrollment Tracking System.

For us to begin the enrollment process with the applicable payers, you must submit the below information directly to [credentialing@qualifacts.com](mailto:credentialing@qualifacts.com).

Provider Name (as shown on your state license to practice): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Email (will need for OneApp Login Setup): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Requested Item | Notes | Provider to Complete  (where applicable)  Or provide applicable copies |
| \*Type 1 NPI  (CMS I&A) | If you do not have an NPI number, you must obtain one. See attached **How to Apply for an NPI Online** for instructions. | NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medicaid number | If you have a Medicaid Number, portal username and password, provide the information. | Medicaid #: \_\_\_\_\_\_\_\_\_\_\_\_  UN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Identification | Driver’s license or state ID. | Copy |
| State license to practice | Current copy of applicable state license(s). | Copy |
| DEA, CDS or BNND (if applicable) | Current copy and in the state of practice.   * If DEA is pending, date applied for and name/DEA number of provider that will cover prescription on your behalf until your DEA is issued. | Copy |
| Board Certification (if applicable) | Current copy of board certification(s). | Copy |
| Diploma(s) | i.e., MD/DO Degree, BA, MA, PsyD, etc.  Do NOT send transcripts. | Copy |
| Residency/Fellowship (if applicable) | Certificate(s) showing completion date. | Copy |
| Educational Commission for Foreign Medical Graduates (ECFMG) (if applicable) | Certificate number and the information on Fifth Pathway. | Copy |
| CV/Resume | Dates MUST be at least mm/yyyy format. If not, update before sending.   * Time gaps of 3 months or greater MUST provide an explanation. | Copy |
| Requested Item | Notes | Provider to Complete  (where applicable)  Or provide applicable copies |
| Professional Liability Insurance (PLI) certificate | The provider’s name must be listed on the LPI certificate or a roster.  Limits must be at least $1,000,000/$3,000,000. | Copy |
| Military status or discharge paperwork (if applicable) |  | Duty Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Copy |
| CEUs | How many CEUs acquired in the past two years.  How many CEUs relate to your practice/specialty. | CEUs acquired: \_\_\_\_\_\_\_\_  Related to practice/specialty: \_\_\_\_\_\_\_ |
| TB Results (if applicable) | If required for your state, provide results, and last tested. | Results: \_\_\_\_\_\_\_\_\_\_\_\_  Last Tested: \_\_\_\_\_\_\_\_\_ |
| Minnesota Credentialing Collaborative (MCC) (Verisys) | Minnesota **ONLY** providers. Provide login information and access code. | User ID \_\_\_\_\_\_\_\_\_\_\_\_  UN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Access Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*\*CAQH ProView Account | **No CAQH account:** If you do not have an existing CAQH account, you must register for one and complete all applicable screens/fields.  **Existing CAQH account:** Account must be updated (attested to) in the past 30 days. | User ID \_\_\_\_\_\_\_\_\_\_\_\_  UN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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If you should have any questions, please do not hesitate to contact your Qualifacts Credentialing Team via email at [credentialing@qualifacts.com](mailto:credentialing@qualifacts.com).

We look forward to working with you.

Sincerely,

Dione Shypulski, CPCS

Ph: 240-371-0259

Email: [credentialing@qualifacts.com](mailto:credentialing@qualifacts.com)