



**Providers new to Cenpatico:** If the group you are applying through is contracted with Cenpatico, send the requested items on the attached checklist. If you are entered on the CAQH Website, we only need the Attestation (Amendment B) and Provider Specialty Profile completed (be sure to include your CAQH Number).

If you or your group does not currently contract with Cenpatico, call Provider Relations Dept to request a contract. If you are a professional group, a completed Credentialing Application and associated documents must be submitted for **each** clinician requesting to become part of the network. You will have to submit only one Group Roster Form for the group. Please submit completed applications, and associated documents to:

Cenpatico  
Attn: Credentialing Dept  
504 Lavaca Street Suite 850  
Austin TX 78701

**Kristel Johns, Provider Relations Specialist**  
800-547-1647 X23283 FAX 866-671-3661

**Donna Kay, WI Network Manager**  
800-547-1647 X23282

**If you would like to obtain a CAQH number:** only complete the CAQH form and fax to the number on the form. Upon completion of your CAQH application, complete the Provider Specialty Profile and Attestation (Amendment B).

**Providers that are credentialed with Cenpatico and changing or adding a group that is contracted with Cenpatico:** Complete the Prov Change/Add/Term Form and the Attestation.

**Current Provider or Group that is changing addresses:** Email specific change or complete the Change Form for each provider. An updated W-9 must be included.

## PROVIDER CHECKLIST

### **Credentialing Application & Forms**

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- Universal Application or CAQH form.
- Release of Information
- Provider Specialty Profile
- Attestation (Amendment B)
- W-9 Form (Tax ID number MUST match what was provided on agreement)
- Group Roster Form

***Licenses and Certificates***

- Copies of all current state licenses (wallet card that shows expiration date)
- Copy of DEA registration certificate, if applicable
- Copy of specialty board certification (physicians only) – If not board certified, proof of graduation from an approved psychiatric residency program.
- Current professional liability face sheet – Face sheet must indicate applicant as the insured, policy period, and coverage amounts.
- Education Commission for Foreign Medical Graduates (ECFMG) Certificate (if applicable)
- A current curriculum vitae (CV) or resume which includes chronological, dated (month as well as year) practice experience to account for all periods of time since graduation from medical/graduate school. Any gaps in work history must be explained.
- NPI number
- WI Medicaid Acceptance Letter

Once the credentialing process is completed you will receive a letter informing you of your credentialing status with CBH. A second letter will follow, informing you of your effective date as a Participating Practitioner. You cannot provide services to CBH members until you are effective as a Participating Practitioner. Feel free to call your Provider Relations Representative if you have any questions or concerns.