

Credentialing Packet

Submission Instructions

Please complete this form and submit it using **one** of the methods below:

Email: ProviderContracts@Centene.com

Fax: 866-614-4951

Credentialing Requirements

Involve, doing business as Centene Vision Services, requires all providers to use CAQH for credentialing.

- If you do not use the **Global Authorization** option in CAQH, you must grant **Involve/Centene** access to your CAQH profile.
- Make sure each provider's CAQH profile is **current**, including all required documents and attestations.

Before submitting this form, please note:

- Only one group/billing NPI may be included per form.
- A separate form is required for each Tax ID.
- If you are adding **more than five (5)** providers to a group, email ProviderContracts@Centene.com to request the **Large Group Roster** template.
- For questions about new contracts or contract updates, contact ProviderContracts@Centene.com or fax 866-614-4951.

Required Documents

Please include the following documents with your submission:

- W-9 (the legal entity name must match the name issued on the IRS letters)
- Copy of IRS Letter
- Disclosure of Ownership (DOO) form—must be signed in the current calendar year
- DEA/CDS waiver, if applicable

Final Tip to Avoid Delays

Incomplete forms or outdated CAQH profiles may delay processing. Please review your submission carefully before sending.

Provider Address Form

(New Providers/Groups only)

CENTENE™

VISION SERVICES

Practice/Group legal name (shown on W9)

Practice name (if dba or other) to display in directory

Office address Suite

City State Zip

County Phone Fax

Tax ID (one per form) Office email

Contact person (full name)

Office Manager (full name)

Contract signer's name (full name)

Is this location a Federally Qualified Health Center (FQHC), Rural Health Center (RHC), or Indian Health Services (IHS)? ☐ FQHC ☐ RHC ☐ IHS

Have providers completed their Cultural Competency training? ☐ Yes ☐ No

Correspondence (if different than above)

Address

City State Zip

Phone Fax

Pay to location Provide the applicable payment location information only for this entity (shown on W9)

Pay to name Group/Billing NPI

Address Suite

City State Zip

Phone Fax

Office information

Is the location affiliated with a separate optical store/retailer/chain? (if yes, provide name)

☐ YES ☐ NO

Optical name

Office information

Languages (other than English)

☐ American Sign Language is offered at this location

Location Access

☐ Handicap accessible

☐ Special needs

☐ Public transportation

☐ 24/7 on call availability system

Accepting new patients?

☐ YES ☐ NO

Age limitations to patient care? If yes, list below.

☐ YES ☐ NO

Patient age range

to years

Office hours

MON		to	
TUES		to	
WED		to	
THU		to	
FRI		to	
SAT		to	
SUN		to	

Services rendered at this location by your provider(s) (Select all that apply)

- | | |
|--|---|
| ☐ Routine exam | ☐ Telehealth |
| ☐ Medical/Surgical | ☐ Telemedicine |
| ☐ Glasses | ☐ Telemonitoring |
| ☐ Contact lenses | ☐ Virtual exams |
| ☐ Medically necessary contact lens fittings | |

Additional services provided by this entity or location (Select all that apply)

- | | |
|---|---|
| ☐ Facility (Nursing home/Assisted living...) | ☐ Private residence |
| ☐ School | ☐ Prison |
| ☐ Group home | ☐ Mobile unit (Van/RV) |

Provider Information # 1Primary Location for Provider? ☐ Yes ☐ No

First Name	Middle	Last Name	Title (OD, MD, DO)

☐ Optometrist ☐ Therapeutic Optometrist ☐ Ophthalmologist☐ Specialist If specialty is not listed, please specify

All Ophthalmologists are required to have a DEA/CDS certificate (CDS as applicable). In lieu of the certificate(s) you can add a signed waiver or written "protocol" to your **CAQH profile**. The waiver can be downloaded at centenevision.com/waiver. Any Ophthalmologist who does not have a DEA/CDS/waiver or written protocol will not be processed for credentialing or recredentialing.

Date of Birth Social Security Number
(m/d/yyyy)Medicaid Number Medicare Number Individual NPI Number CAQH ID

Ethnicity (Check all that apply) ☐ Prefer not to say ☐ I do not have the information to answer

☐ American Indian / Alaska Native	☐ Asian	☐ Black / African American	☐ Hispanic / Latino
☐ Middle Eastern / North African	☐ Native Hawaiian / Other Pacific Islander	☐ White	

Provider Information # 2Primary Location for Provider? ☐ Yes ☐ No

First Name	Middle	Last Name	Title (OD, MD, DO)

☐ Optometrist ☐ Therapeutic Optometrist ☐ Ophthalmologist☐ Specialist If specialty is not listed, please specify

All Ophthalmologists are required to have a DEA/CDS certificate (CDS as applicable). In lieu of the certificate(s) you can add a signed waiver or written "protocol" to your **CAQH profile**. The waiver can be downloaded at centenevision.com/waiver. Any Ophthalmologist who does not have a DEA/CDS/waiver or written protocol will not be processed for credentialing or recredentialing.

Date of Birth Social Security Number
(m/d/yyyy)Medicaid Number Medicare Number Individual NPI Number CAQH ID

Ethnicity (Check all that apply) ☐ Prefer not to say ☐ I do not have the information to answer

☐ American Indian / Alaska Native	☐ Asian	☐ Black / African American	☐ Hispanic / Latino
☐ Middle Eastern / North African	☐ Native Hawaiian / Other Pacific Islander	☐ White	

Provider Information # 3Primary Location for Provider? ☐ Yes ☐ No

First Name	Middle	Last Name	Title (OD, MD, DO)

☐ Optometrist ☐ Therapeutic Optometrist ☐ Ophthalmologist☐ Specialist If specialty is not listed, please specify

All Ophthalmologists are required to have a DEA/CDS certificate (CDS as applicable). In lieu of the certificate(s) you can add a signed waiver or written "protocol" to your **CAQH profile**. The waiver can be downloaded at centenevision.com/waiver. Any Ophthalmologist who does not have a DEA/CDS/waiver or written protocol will not be processed for credentialing or recredentialing.

Date of Birth Social Security Number
(m/d/yyyy)Medicaid Number Medicare Number Individual NPI Number CAQH ID Ethnicity (Check all that apply) ☐ Prefer not to say ☐ I do not have the information to answer☐ American Indian / Alaska Native ☐ Asian ☐ Black / African American ☐ Hispanic / Latino☐ Middle Eastern / North African ☐ Native Hawaiian / Other Pacific Islander ☐ White**Provider Information # 4**Primary Location for Provider? ☐ Yes ☐ No

First Name	Middle	Last Name	Title (OD, MD, DO)

☐ Optometrist ☐ Therapeutic Optometrist ☐ Ophthalmologist☐ Specialist If specialty is not listed, please specify

All Ophthalmologists are required to have a DEA/CDS certificate (CDS as applicable). In lieu of the certificate(s) you can add a signed waiver or written "protocol" to your **CAQH profile**. The waiver can be downloaded at centenevision.com/waiver. Any Ophthalmologist who does not have a DEA/CDS/waiver or written protocol will not be processed for credentialing or recredentialing.

Date of Birth Social Security Number
(m/d/yyyy)Medicaid Number Medicare Number Individual NPI Number CAQH ID Ethnicity (Check all that apply) ☐ Prefer not to say ☐ I do not have the information to answer☐ American Indian / Alaska Native ☐ Asian ☐ Black / African American ☐ Hispanic / Latino☐ Middle Eastern / North African ☐ Native Hawaiian / Other Pacific Islander ☐ White

Provider Information # 5Primary Location for Provider? ☐ Yes ☐ No

First Name

Middle

Last Name

Title (OD, MD, DO)

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☐

Optometrist

☐

Therapeutic Optometrist

☐

Ophthalmologist

☐

Specialist

Select Specialist Type

If specialty is not listed, please specify

All Ophthalmologists are required to have a DEA/CDS certificate (CDS as applicable). In lieu of the certificate(s) you can add a signed waiver or written "protocol" to your **CAQH profile**. The waiver can be downloaded at centenevision.com/waiver. Any Ophthalmologist who does not have a DEA/CDS/waiver or written protocol will not be processed for credentialing or recredentialing.

Date of Birth

(m/d/yyyy)

Social Security Number

Medicaid Number

Medicare Number

Individual NPI Number

CAQH ID

Ethnicity (Check all that apply)☐

Prefer not to say

☐

I do not have the information to answer

☐

American Indian / Alaska Native

☐

Asian

☐

Black / African American

☐

Hispanic / Latino

☐

Middle Eastern / North African

☐

Native Hawaiian / Other Pacific Islander

☐

White