

Aetna Better Health Credentialing Packet

Table of Contents

1. Cover Letter
2. Checklist
3. Medicaid Ownership Code Form
4. Facility Credentialing Application
5. Louisiana Standardized Credentialing Application
6. SPIF
7. Behavioral Health Supplement
8. W-9

Dear Provider,

Aetna Better Health Louisiana is currently expanding its provider network to include behavioral health providers. Given your active status in our network, we wanted to offer you the opportunity to credential your behavioral health practitioners. Your provider type (Individual Provider/Group or Organization) will determine what documents we need to add behavioral health to your service array. Below you will find two checklists to help you determine your provider type.

1. Individual Provider Credentialing Checklist
2. Organization Credentialing Checklist

Both checklists include a list of all documents that must be completed and returned within ten (10) days of receipt of this packet. Please use the checklist that best applies to your provider type. If you are not sure which checklist to use, please see the criteria listed below.

Who should use the **Individual Provider Credentialing Checklist**?

- Practitioners that were certified as an Individual with the Office of Behavioral Health.
- Practitioners who will have an independent relationship with Aetna Better Health Louisiana. An independent relationship exists when Aetna Better Health Louisiana selects and directs its members to see a specific practitioner or group of practitioners who have entered into a Provider Agreement with Aetna Better Health Louisiana.
- Independent practitioners or a group of practitioners who see patients outside the inpatient hospital setting or outside facility-based settings.
- Independent practitioners or a group of practitioners who may see patients within a facility but do so as a result of an independent relationship with the Organization. For example, a physician who is, on behalf of a physician group, seeing patients within a facility but is not an employee of the hospital.

Who should use the **Organization Credentialing Checklist**?

- Organizations that were certified as an Organization by the Office of Behavioral Health
- Organizations with accreditation from a National Organization
- Organizations that submit claims for payment under the organization's Tax Identification number and related NPI
- Organizations that credential their own staff.

As part of the credentialing process for Organizations, all non-accredited organizations will receive a site visit which will include an on-site review of policies, procedures, credentialing files, etc. Please see attached site visit form for more information on what is reviewed during a site visit.

Credentialing Checklist

Please use the following checklist as a guide for completing your credentialing application. It includes a list of all required documentation and an explanation of what each document is. Please return your completed credentialing packet using this page as the first page of your credentialing application.

<u>Credentialing Checklist of Documents</u>		<u>Individual</u>	<u>ORG.</u>	<u>NOTES:</u>	<u>Checklist:</u>	
					<u>YES:</u>	<u>NO:</u>
1.	CAQH Number _____	X		Please indicate your CAQH number in the space provided.		
	Louisiana Standardized Credentialing Application	X		Complete the LA Cred App, ONLY if you do not have CAQH. Please do not do both.		
2.	SPIF	X		Please complete the entire form and return with packet.		
3.	Facility Credentialing Application		X	Complete a separate application for each facility and submit as one packet.		
4.	Behavioral Health Supplement	X	X	Submit a separate BH Supplement for each site.		
5.	W-9	X	X	Submit one w-9 for each Tax Id that falls under your group or organization.		
6.	Copy of 2015 Office of Behavioral Health LBHP Certification	X	X	Send a copy of most recent OBH certification approval letter.		
7.	Copy of a Sample completed claim for each Tax Id	X	X	Submit a sample claim to help demonstrate the way you intend to bill for services rendered.		

Medicaid Ownership Code Form

Are you a Medicaid enrolled provider?

- If yes, please identify your Medicaid provider number: _____
- If not, please identify your four digit ownership code: _____

Please see below for a list of all applicable ownership codes. For example, if you are an independent practitioner, your code is: **6M 03.**

<u>OWNERSHIP CODES</u>		
NMTCOD	NMTD10	NMPTD 30
6K	01	VOLUNTARY NONPROFIT REL ORG
6L	02	VOLUNTARY NONPROFIT OTHER
6M	03	PROPRIETARY INDIVIDUAL
6N	04	PROPRIETARY CORPORATION
6O	05	PROPRIETARY PARTNERSHIP
6P	06	PROPRIETARY OTHER
6R	07	GOVERNMENT FEDERAL
6S	08	GOVERNMENT STATE
6T	09	GOVERNMENT CITY
6U	10	GOVERNMENT COUNTY
6V	11	GOVERNMENT CITY COUNTY
6W	12	GOVERNMENT HOSP DISTRICT

Please complete and return the completed credentialing along with all supplemental documentation within ten days of receipt of this packet to:

**Aetna Better Health Louisiana
Attn: Credentialing Department
4500 E Cotton Center Blvd.
Phoenix, AZ 85040**

INSERT the Louisiana Standardized Credentialing Application

INSERT the SPIF

INSERT the Facility Credentialing Application

INSERT the Behavioral Health Supplement

Insert the W-9