

# Select Health Credentialing Steps

## STEP 1: SUBMIT A QUESTIONNAIRE.

Download and complete the [Provider Participation Request](#) and email it to the applicable state inbox:

- Idaho: [idproviderrelations@selecthealth.org](mailto:idproviderrelations@selecthealth.org)
- Nevada: [nvproviderrelations@selecthealth.org](mailto:nvproviderrelations@selecthealth.org)
- Utah: [practitionercontracting@selecthealth.org](mailto:practitionercontracting@selecthealth.org)
- Colorado: [coproviderrelations@selecthealth.org](mailto:coproviderrelations@selecthealth.org)

Be sure to include your Council for Affordable Quality Healthcare (CAQH) number in the request.

For more information on initial credentialing, access Select Health's online [Credentialing Policy and Procedure Manual](#).

## STEP 2: IF YOU DON'T HAVE A CAQH NUMBER, CREATE A PROFILE.

Select Health uses CAQH for credentialing and will work with you throughout the credentialing process for the Select Health Networks.

If you do not have a CAQH number, register by:

1. Visiting the CAQH registration site at: (<https://proview.caqh.org/PR/Registration/SelfRegistration>)
2. Completing the CAQH provider registration
3. Receiving your CAQH ID number

## STEP 3: VERIFY YOUR CAQH PROFILE IS UP TO DATE.

Update your CAQH profile on their portal at <https://proview.caqh.org/pr>. Failure to do so will delay credentialing and contracting.

Be sure to review, update, and attest to all relevant data. As a reminder, information within CAQH needs to be current, including licenses and insurance documentation. Because the National Committee for Quality Assurance (NCQA) accreditation standards require that we directly notify providers of credentialing decisions, please include an email for each applicant in their CAQH profile.

## Credentialing Checklist

Complete, sign, and submit [Provider Participation Request](#) form.

Sign and submit confidential release/consent with your CAQH application.

### Include the following documentation:

Copy of current State professional license(s) showing number and expiration date

If practitioners will prescribe medication, a copy of current federal DEA certificate

If practitioners hold a DEA license and if the state requires, a copy of State Controlled Substance License(s) showing number and expiration date, as required by state

Current malpractice insurance certificate with coverage amounts and effective dates

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Other documents as required by the Select Health Credentialing Committee

### As you review your profile, be sure to:

- Watch for a notification from CAQH to enable Select Health permission to access your CAQH application in the "authorize" section of your application.
- As soon as possible, update any documentation expiring in the next 30–60 days to prevent delays or impacts to network participation.  
**NOTE:** An active license in the state(s) where you are practicing is a requirement for credentialing and network participation. Please ensure your license is valid and updated within CAQH to avoid any network participation impacts.
- Verify that your CAQH profile includes **CURRENT** documentation (see checklist above).

# Select Health Credentialing Steps, Continued

## STEP 4: LEARN WHAT HAPPENS NEXT

We will begin reviewing your application. Please note that:

- Applications will be reviewed by the Select Health Credentialing Committee. Once we receive confirmation that your CAQH profile is updated and complete, we will request and download the data from CAQH and review the credentialing file for approval by the Select Health Credentialing Committee.
- Within 7 calendar days after receiving the application from CAQH, Select Health will notify the applicant. If we receive an application and fail to give the applicant a receipt within 7 days, we will consider the applicant a participating physician no later than 53 calendar days following receipt of the application. Once we receive the application from CAQH, we will determine if it is complete. If incomplete, we will notify you within 10 calendar days after the date we receive the application and describe the items required for completion.
- You can request information on the status of your application. You have the right to review your credentialing application, including any information obtained from any outside source, with the exception of references, recommendations, or other peer review-protected information. We will notify you of any issues that may be identified, such as discrepancies or other issues with the information you provided, and you have the right to correct erroneous information. You will be notified of any problems in obtaining the required verifications.

### LEARN MORE!

Access the [Select Health Credentialing Policy and Procedure Manual](#).

### QUESTIONS?

Contact us at [practitionercontracting@selecthealth.org](mailto:practitionercontracting@selecthealth.org), or call **800-538-5038**.