

Credentialing Application Checklist

Ancillary Facility

Please use this checklist as a guide when completing the requirements to become a participating provider with Tufts Health Plan. For questions, please contact the Tufts Health Plan Allied Health Contracting Department at 888-880-8699, extension 43145.

Please email the documents to:
AlliedContracting@tufts-health.com

Or fax to:
617.673.0909

To facilitate review of your application, please return all materials together.

Application Checklist

- A completed [Ancillary Provider Application](#)
- A completed and signed [W-9 form](#) (payment purposes)
- Documentation of current professional liability insurance (\$1 million per incident/\$3 million aggregate)
- Documentation of current general liability “premises” insurance certificate (if applicable)
- State License number (if applicable)
- Proof of Medicare participation (if applicable)
- Name of accrediting agency (e.g., Joint Commission, Det Norsk Veritas, CLIA if applicable)
- If not accredited, a copy of the most recent state survey (must be within the past three years)
- Articles of Organization (if applicable)
- Last two most recent Department of Public Health Survey reports (Home Health and Hospice)
- Copy of any DPH complaint surveys within past twelve (12) months (Home Health and Hospice)
- [Federally Required Disclosure Form](#) (MA/RI Hospice, Home Health, SNF)
- A completed [Hospice Agency Questionnaire](#)

For More Information

Corporate Office
888-880-8699

Allied Health Provider Inquiries
888-880-8699, ext. 43145

tuftshealthplan.com/providers