

Credentialing Application Checklist: Hospice Agency

Please use this checklist as a guide when completing the requirements to become a participating provider with CarePartners of Connecticut. For questions, please contact the CarePartners of Connecticut Allied Health Contracting Department at 844.276.5314.

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](#)
- ☐ Articles of Organization
- ☐ A completed [hospice agency questionnaire](#)
- ☐ Professional and general liability insurance certificate
- ☐ A completed and signed [W-9 form](#) (payment purposes)
- ☐ Copy of license, if applicable
- ☐ Last two most recent Department of Public Health Survey reports
- ☐ Copy of any DPH complaint surveys within past twelve (12) months
- ☐ Proof of Medicare certification (i.e., Medicare award letter)
- ☐ If accredited, copy of accrediting body certificate