

Credentialing Application Checklist: Home Health 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
- 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