



**Kentucky Application
for
Provider Evaluation
and
Re-evaluation**

December 2005

Form KAPER-1 (12/05)

Office of Insurance
Kentucky Application for Provider Evaluation and Re-evaluation - 2005

Introduction. Development of a uniform application form and guidelines for the evaluation and re-evaluation of health care providers, including psychologists, was mandated under KRS 304.17A-545 (5). In response to the requirement, the Kentucky Office of Insurance developed the form Kentucky Application for Provider Evaluation and Re-evaluation in December 2005 (Form KAPER-1 (12/05)). Form KAPER-1 (12/05) consists of two (2) parts, Part A and Part B.

The form KAPER-1 (12/05), Part A was adopted with consent from the Council for Affordable Quality Health care form entitled "Provider Application." All health insurers offering managed care plans in Kentucky are required to use Part A for the evaluation (credentialing) and re-evaluation (recredentialing) of health care providers, who will be on their lists of participating providers.

The form KAPER-1 (12/05), Part B was developed in collaboration with health care providers, insurers and the Kentucky Cabinet for Health and Family Services. This part is for use by Kentucky hospitals and health care facilities and consists of two (2) sections. Form KAPER-1 (12/05), Part B, Section 1 is for initial evaluation (credentialing) of a physician or allied health professional and form KAPER-1 (12/05), Part B, Section 2 is for re-evaluation (recredentialing) of a physician or allied health professional.

The form KAPER-1 (12/05) may be accessed on the Office's Web site (<http://doi.ppr.ky.gov/kentucky/>) or obtained directly from the Kentucky Office of Insurance, Division of Health Insurance Policy and Managed Care, P. O. Box 517, Frankfort, KY 40602-0517. Reproduction of the form without any changes is allowed.

Form KAPER-1 (12/05)

Part A

Commonwealth of Kentucky

Instructions – Form KAPER-1 (12/05), Part A

A. Uniform Application for Evaluation (Credentialing) Form. Following is form KAPER-1(12/05), Part A, which was adopted with consent of the Council for Affordable Quality Healthcare pursuant to KRS 304.17A-545(5).

Effective January 1, 2006, a complete form KAPER-1 (12/05), Part A, with required attachments, as specified in item C of this instruction, must be accepted by an insurer offering a managed care plan in Kentucky for the evaluation (credentialing) and re-evaluation (recredentialing) of a health care provider who will be on the insurer's list of participating providers. "Health care provider" is defined in Section 1(4) of 806 KAR 17:480. The form KAPER-1 (12/05), Part A, which must be accepted by the insurer in an electronic or handwritten format, is available on the Web site of the Office of Insurance <http://doi.ppr.ky.gov/kentucky/> or at a location designated by the health insurer.

Prior to completing form KAPER-1 (12/05), it is advised that a provider contact the insurer for information regarding electronic or handwritten submission of the form with required attachments, as specified in item C of this instruction, and cover letter, if applicable.

B. Cover Letter. If a complete form KAPER-1 (12/05), Part A is submitted to an insurer, a cover letter signed and dated by the health care provider requesting consideration of evaluation or revaluation may be required by the insurer.

C. Required Attachments. Unless otherwise specified in this instruction, one (1) photocopy of each of the following eight (8) supporting documents shall be on 8 ½" X 11" paper, labeled, and attached to the complete form KAPER-1 (12/05), Part A in the following order.

1. Drug enforcement agency (DEA) registration certificate;
2. State controlled dangerous substance (CDS) certificate, if applicable;
3. W-9 of each tax identification number;
4. Workers compensation certificate of coverage;
5. Current professional liability insurance policy face sheet (showing expiration dates, limits and health care provider's name);
6. Signed and dated authorization, attestation and release form;
7. Supplemental forms, if any, in page number order; and
8. Additional pages, if indicated (e.g. lists, etc.)

