



**First Steps**

**Central Reimbursement Office**

**PROVIDER ENROLLMENT**

**Attn: Indiana Provider Enrollment**

**CSC Covansys**

**P. O. Box 29160**

**Shawnee Mission KS 66201-9160**

Provider Enrollment 866.339.9595 Option 2 Fax: 913.888.6683 [www.infirststeps.com](http://www.infirststeps.com) Email: [infsenroll@csc.com](mailto:infsenroll@csc.com)

**Annual Re-Credentialing Checklist  
First Steps Direct Service and Service Coordinators**

1. Name of Provider: \_\_\_\_\_  
Rendering #: \_\_\_\_\_ NPI #: \_\_\_\_\_

Please be sure all required information below is returned complete in order to expedite your annual credentialing with First Steps.

- 2. ( ) Completed Attestation Page/Annual Update (Page 15 of the Personnel Guide)
- 3. ( ) Copy of Current License if applicable
- 4. ( ) Copy of Liability Insurance Certificate
- 5. ( ) Current Criminal History Inquiry
- 6. ( ) Completed Grid documenting your 3 points (Page 23 for Direct Service Providers and Page 25 for Service Coordinators of the Personnel Guide)
- 7. ( ) Completed/Updated Rider A Attachment: Service Provider Supervisor Agreement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail all checked items along with this cover sheet to the address below. We cannot accept photocopies of signed documents or signed documents via fax. Documents with original signatures must be submitted. Please submit to:

**Indiana First Steps Provider Enrollment  
c/o CSC Covansys  
P.O. Box 29160  
Shawnee Mission KS 66201-9160  
Telephone: 1-866-339-9595 Option 2**