



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 Email: infsenroll@csc.com

**Initial 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 10 or 15 points (Page 22 for Direct Service Providers and Page 24 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**