Credentialing Application and Process
What is Credentialing?

Credentialing is the process of obtaining, verifying and assessing the qualifications of a healthcare practitioner to provide patient care services in or for a healthcare entity.

To ensure consistency of credentialing, recredentialing, and privileging, a routine process should be followed. This assures accuracy of approach and process as well as minimize the variation in references received. Use of the same process for each new applicant or re-applicant also reduces the opportunity of charges of discrimination (from the applicant) if there is a negative outcome.
Reasons for Credentialing

- **Patient Safety** - This is the number one concern. The patient is put before anything else. Every organization as part of their mission statement refers to providing high quality patient care. Only those providers who meet high quality standards should be providing care to your members.

- **Risk Management** - If a patient suffers an adverse outcome in a healthcare setting, the healthcare entity can be held liable. If the provider has problems that would have been revealed by credentialing, but the credentialing was not performed, the entity may be liable for any patient harm caused by the substandard clinician.

- **Required by Accrediting and Regulatory Agencies** - Federal Regulations protect patient health and safety. To ensure quality of care, Medicare Conditions of Participation (CoP), Joint Commission Standards (JCAHO), National Committee for Quality Assurance (NCQA) Standards and Health Plan Policies all require practitioner credentialing.
Who Needs to Be Credentialed?

- **Licensed Independent Practitioner** - An individual permitted by law to provide care and services without direction or supervision, within the scope of the individual’s license and consistent with individually granted clinical privileges. (MD, DO, DPM, DC, DDS, OD, PhD, LCSW, MFCC, MFT, MHC, PT, OT, SLT)

- **Licensed or Certified Healthcare Practitioner** - An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision. (Certified Nurse Midwife, Physician Assistant, Nurse Practitioner)
Non Discriminatory Practice

Practitioner participation is a privilege which is afforded to professionally licensed or certified, qualified and competent practitioners, contingent upon the approval of their credentials according to policy.

¹Gender, race, ethnicity, religious conviction, national identity/origin, age, marital status, sexual orientation or any other criteria lacking professional justification shall not be considered in determining a practitioner’s qualifications for employment or contract.

¹This information will be used for consumer information only.
Confidentiality

Practitioner Credential files, Peer Review Work Product and Credentialing Committee minutes are treated as confidential and kept in locked files and/or secured electronically. Documents in these files may not be reproduced or distributed, except for confidential peer review and credentialing purposes consistent with Section 1157 of the California Evidence Code.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health information be protected. Patient information, physician health information and patient complaints are often times a part of the practitioner credentials file. All those involved in the credentialing process must protect the confidentiality and integrity of credentials files and guard against unauthorized access to and modification of credentials files.
Section I: Instructions
This form should be typed or legibly printed in black or blue ink. If more space is needed than provided, attach additional sheets and reference the question being answered. Please do not use abbreviations when completing the application.

Section II: Demographics
Demographic and personal information about the applicant and his/her area of practice.

Section III: Practice Information
Practice/Clinic address, phone, fax and contact information.
Section III: Continued
Any additional practice addresses are listed here.

Section IV: Pre-Medical Education

Section V: Medical/Professional Education

Section VI: Internship/PGY1
Section VII: Residencies/Fellowships
Include Residencies, Fellowships, Preceptorships, Teaching/Faculty appointments (indicate whether clinical or academic), Research programs and postgraduate education in chronological order. Include all programs you attended, whether or not completed.

Section VIII. Board Certification
Any certifying, specialty board you have been certified through. If certification has expired, must provide a brief explanation.
Section IX. Other Certifications

Section X. Medical/Professional Licensure/Registration

Section XI. All other State/Medical Licensure

Section XII. Professional Liability

Current insurance carrier information may be clinic’s coverage. List all previous insurance carriers from previous five years.
Section XIII. Hospital and Other Institutional Affiliations

Please list your current affiliation(s) first, followed by any affiliations you have previously had in the past ten (10) years.
Section XIV. Peer References
List four references, which are directly familiar with your work, either via direct clinical observation or through close working relations.

Section XV. Work History
Chronologically list all work history activities since completion of postgraduate training (use extra sheets if necessary). This information must be complete. A curriculum vita is sufficient provided it is current and contains all information requested below. Please explain in writing any gaps in professional work history over six months. Work History MUST INCLUDE practice address.
Section XVI. Attestation Questions

A practitioner must personally attest to the application’s correctness and completeness. In addition, these questions relate to his or her health status and any history of loss or limitations of license or privileges.

If your answer to questions B through N is “yes” or if your answer to A, O or P is “no”, please provide full details on a separate sheet.
Information Release and Acknowledgement

Consent to the inspection of records and documents pertinent to his or her licensure, specific training, and current competence.
Section I.  
Identifying Information

Section II.  
Billing Information

Section III.  
Practice Information
Section III. Continued

Section IV. Office Hours

Section V. Coverage of Practice
Section VI.
Foreign Languages Spoken

Section VII.
Laboratory Services

Section VIII.
Professional Organizations
Professional Liability Action Explanation

Please complete this form for each pending, settled or otherwise concluded professional liability lawsuit or arbitration filed and served against you, in which you were named a party in the past seven (7) years, whether the lawsuit or arbitration is pending, settled or otherwise concluded, and whether or not any payment was made on your behalf by any insurer, company, hospital or other entity. All questions must be answered completely in order to avoid delay in expediting your application. If there is more than one professional liability lawsuit or arbitration action, please photocopy this form prior to completing, and complete a separate form for each lawsuit.
Professional Liability Action Explanation

Summarize the circumstances giving rise to the action. If the action involves patient care, provide a narrative, with adequate clinical detail, including your description of your care and treatment of the patient. If more space is needed, attach additional sheet(s). Include 1) condition and diagnosis at time of incident, 2) dates and description of treatment rendered, and 3) condition of patient subsequent to treatment. Please print.
Provider Rights Addendum

MedPOINT Management
Provider Rights

1. Right of Review
   A practitioner has the right to review information obtained by MedPOINT Management for the purpose of evaluating that practitioner’s credentialing application. This includes non-privileged information obtained from any outside source (e.g., malpractice insurance carriers, state licensing boards, National Practitioner Data Bank), but does not extend to review of information, references or recommendations protected by law from disclosure.

   A practitioner may request to review such information at any time by sending a written request via letter to the Credentialing Department at MedPOINT Management, 6450 Camino Ave Suite 163 Woodland Hills, CA 91367 or by fax to (818) 702-9120. The Credentialing Department will notify the practitioner within 72 hours of the receipt of the request of the date and time when such information will be available for review at the Credentialing Department at MedPOINT Management.

2. Notification of Discrepancy
   Practitioners will be notified in writing, via letter or fax, within 30 business days, when information obtained from the primary source varies substantially from information provided on the practitioner’s application. Examples of information of substantive variance include reports of a practitioner’s malpractice claims history, actions taken against a practitioner’s license or certificate, suspension or termination of hospital privileges, or board certification expiration, when one or more of these variances have not been self-reported by the practitioner on his/her application form. Practitioners will be notified of the discrepancy at the time of primary source verification. Sources will not be released if information obtained is not intended for verification of credentialing elements or is protected from disclosure by law.

3. Correction of Erroneous Information
   If a practitioner believes that erroneous information has been supplied to MedPOINT Management by the primary source, the practitioner may correct such information by submitting written notification to the Credentialing Department. Practitioners must submit a written notice via letter or fax along with a detailed explanation to the Credentialing Department, MedPOINT Management, 6450 Camino Ave, Suite 163 Woodland Hills, CA 91367, fax number (818) 702-9120. Notification to MedPOINT Management must be received within 10 business days of MedPOINT Management’s notification to the practitioner of a discrepancy as provided in Section 1 above or within 24 hours of a practitioner’s review of another credentialing file as provided in Section 2.

4. Status of Application
   Practitioners will be informed, upon request, of the status of their initial or recredentialing application. The practitioner may request the status of his/her application at any time by sending a written request via fax or mail to the Credentialing Department. The Credentialing Department will respond to the practitioner within 10 business days of the receipt of the written request.

I hereby affirm that the information in this section is true, correct, and complete to the best of my knowledge. I have also read and acknowledge my rights, as described above.

Physician Name:
Physician Signature: ___________________________ Date: ___________________________
(If signed signature is not available):

© Application SAMPLE Provider Rights doc 7-2011
Primary Care Experience Addendum

Please indicate below the age of the patients for whom you have provided primary care services to in the last 5 years. In order for a category to apply, it must represent at least 20% of your average practice and you must be familiar with and routinely follow standard preventive services, such as CHDP and the American Academy of Pediatrics (AAP), both for pediatrics only, and the United States Preventive Task Force (USPTF). Please check all those that apply:

- Adults (18 years of age and older)
- Pediatrics (0 to 21 years of age) – Documentation of CHDP certification is required.
- If you desire age limitations different from above, please specify: ____________________________

I attest to the fact that all of the information submitted by me in this document is true and correct to the best of my knowledge and belief. I fully understand that any significant misrepresentation or omission from this attestation may constitute cause for denial of participation or dismissal from participation with IPA/Medical Group.

Physician’s Name: ____________________________
Physician’s Signature: _________________________ Date: ____________________________
(Stamped signature is not acceptable)
Physician Extender Attestation

- I attest to compliance with all laws, regulations, standards and contract provisions governing supervision of my activities as a physician extender by the state licensed physician referenced above;
- that this state licensed physician provides legally required collaboration, consultation and supervision consistent with my license; and
- that there is a written agreement that delineates medical services which I may appropriately provide within my scope of practice, as determined by the respective licensing board; and
- written supervisory guidelines are in place that are appropriately utilized for supervision

Signature required from both the extender and the supervisor
HIV Specialty Designation Attestation

Identifies appropriately qualified specialists who meet the Department of Managed Health Care (DMHC) definition of an HIV/AIDS specialist under Regulation LS-34-01
Tips for Completing Application

✓ Type or legibly complete the application in black or blue ink
✓ Sign and date all signature pages, **No Stamped Signatures!**
✓ If a section of the application does not apply, write N/A in the first box of the section
✓ If changes must be made to the completed application, use a black or blue pen to strike-out information and write in modified information. All changes must be initialed and dated. **DO NOT WHITE-OUT**
✓ Submit any requested addenda and do not relay on attached information unless requested (i.e. writing “See CV” in sections)
✓ Attach copies of supporting documents
✓ Use the checklist to determine the completeness of the application package
✓ Always provide contact information, including email address in case follow up is necessary

**Best Practice:** scan application and other documents to a PDF and email complete package to arohr@medpointmanagement.com
Supporting Documents

- Copy of Current State License or Certificate
- Copy of Current DEA Certificate (if applicable)
- Current Curriculum Vitae including dates
- Current Malpractice Coverage
- CHDP Certification Letter (if applicable)
- Signed Contract or EP Page
- W-9
# Complete Application Checklist

The following describes a Complete Application Package for 

**Provider Name:**

- PCP [ ]
- SCP [ ]
- AH [ ]

**Designated Specialty:** [ ]

**License #:** [ ]

**NPI:** [ ]

**TIN:** [ ]

**Office Contact:**

**Office Contact Phone:**

**Office Contact email:**

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Complete California Participating Provider Initial Credentialing Application

- All sections must be completed with signature and date no older than 45 days

Addendum A - completed with signature and date no older than 45 days

Addendum B - completed with signature and date no older than 45 days

Professional Liability Action Explanation - If nothing to report mark N/A on form signature still required

Provider Rights Addendum - completed with signature and date no older than 45 days

Primary Care Experience Attestation - completed with signature and date no older than 45 days

Physician Extender Attestation - completed with signature and date no older than 45 days

HIV Specialty Designation Attestation - completed with signature and date no older than 45 days

CHDP Certification Letter - for each contracted practice site with Provider's name included

Current and Complete Peer Reference Information

- Definition: Same professional discipline with personal knowledge of the individual's ability to practice

Copy of Current California State License/Certificate

Copy of Current DEA or CDS Certificate

If Applicable

Current Curriculum Vitae including dates

- MMYY Format - Work History Gaps 6 months or greater must include written explanation

Current Malpractice Coverage in arrears $1/3 Ml

List of Current Hospital Admitting Privileges

- If Applicable or Inpatient Coverage Plan

History of all Medical Staff Memberships/Clinical Privileges

- From Last 10 Years

Claims History (past 7 year period)

- See Addendum B Professional Liability Action Explanation

W-9

Signed Contract or EP Page

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Please be advised these forms need to be completed in their entirety as to not delay processing of your credentialing application. Please take the time to be sure all information is attached. Any credentialing related questions can be directed to the Credentialing Department at 818-702-0100. For your convenience, you may fax your completed application package to 818-702-9128 or email to archr@medpointmanagement.com

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For use by MedPOINT Management

- Hospitalist POD: [ ]
  - Attach Current List
  - Primary Hospital to be verified

- Existing Group Contract [ ]
  - New Contract
  - Cred Dept Stamp

Vendor Name: 

MPM Rep: 

Date: 

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Red Flags

These indicators will not necessarily result in denial, only that an explanation is required. A practitioner should be afforded the opportunity to submit additional information in support of the application.

The Credentialing Committee will consider all factors when reviewing practitioner credentials.

- Missing dates or gaps in training or professional practice
- Discrepancies between information provided on application and verified information
- Suspension, reprimand, revocation, or challenge to licensure
- Excessive professional liability history, either in the number of claims filed or judgments awarded
- Reference verification letters that refer only to the fact that the dates are correct
Remember… the burden is on the applicant to provide complete information. Insufficient or conflicting information may cause delay in the credentialing process. Often, these issues can be resolved by contacting the applicant and requesting additional information.
Full Credentialing Process

- MPM logs receipt of application
- MPM reviews for completeness
- MPM requests necessary additional information or clarification
- MPM completes data entry

Forward to Gemini Diversified CVO

Written verification is received from primary sources and results are forwarded to MedPOINT Management

- Credentialing Specialist sends written verification requests to Education and Training Facilities; Hospitals and other Institutions; Past Employers; and Liability Carriers
- Verifies License, DEA, Board Certification
- Query NPDB for Malpractice Claims
- Confirms Good Standing with State and Federal Programs

Credentialing Committee Approval is sent to Provider Services

- Cred. Dept. conducts final review of file; compare and contrast to standards
- Obtain missing required documentation or data elements
- Prepare and forward for review and recommendation by Credentialing Committee

MedPOINT Management sends Approval Letter

- Provider Services updates database and sends notification to contracted Health Plans
On-Going Monitoring

MedPOINT Management will regularly, obtain and review documentation on practitioner sanctions, complaints, adverse events and quality issues and implement appropriate interventions when poor quality, safety issues or limitations on licensure or exclusion from participation are identified. Among the types of media used, these sources have been identified as pertinent information used in the ongoing assessment of Practitioners.

- Reports publicized by licensing boards
- OIG Exclusions and Reinstatement Report/Database
- Medi-Cal Suspended and Ineligible Provider List maintained on the Medi-Cal web site
- Medicare Opt Out Report
- SAM (System for Award Management) formerly known as Excluded Parties List System (EPLS)
- Member complaints, filed with the Health Plan or MedPOINT Management
- Quality of Care issues, identified by the Health Plan or MedPOINT Management
- Adverse Events, identified by Health Plan or MedPOINT Management
Updating Expireables

Time sensitive documents such as primary state license, DEA certificate, malpractice insurance coverage and board certification will be kept current at all times.

- California state license must be updated no more than five days of expiration
- DEA will be verified with the next available update from the primary source
- Insurance coverage will be verified with the next available update from the carrier
- Board certification will be verified with the next available update from the primary source.
Recredentialing Process

One hundred and eighty (180) days prior to the end of the three-year appointment period, you will receive the Practitioner’s pre-populated recredentialing application. The practitioner is required to review the information; make any necessary updates or corrections; then sign and date where it is indicated. THAT’S IT!

Return the completed recredentialing application and any supporting documents as requested. The reapplication will be processed, information verified, reviewed by Credentialing Committee and updated in our data base.
Questions?

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<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Information</th>
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<tr>
<td>Linda Deaktor</td>
<td>V.P. Quality Management</td>
<td>Ph. 818-702-0100, Option 4</td>
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<td>MedPOINT Management</td>
<td>Fx. 818-960-0102</td>
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<td><a href="mailto:credentialing_hsi@medpointmanagement.com">credentialing_hsi@medpointmanagement.com</a></td>
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