

THE STANDARD CREDENTIALING PROCESS

The standard credentialing process begins with the review of the submitted application for completeness and evidence of unexplained gaps in time. The processing of the application includes primary source verification of the following:

- All medical education and training
- State license(s) and Federal DEA
- Professional liability insurance and malpractice claims history
- Professional board certifications (ie. ABMS, AOA)
- Hospital affiliations and work history
- Professional / clinical competence through references
- National Practitioner Data Bank (NPDB) query
- State and Federal mandated sanctions (OIG, SAM, Medicare Opt-Out report, etc.)
- Criminal background checks

Some facilities may utilize a Credentialing Verification Office (CVO) or third-party to process applications and perform primary source verifications. These organizations will require the same information to be provided by you.

Each organization may have threshold eligibility criteria in which you must meet before your application can be considered. If you do not satisfy one or more of the criteria, there may be a waiver process available to you through the organization to which you are applying.

A final decision on your application will occur after it has been routed through the review process (e.g. Department Chairperson(s), Credentials Committee, Medical Executive Committee, and Board).

WHAT IS CREDENTIALING AND PRIVILEGING?

Credentialing

Credentialing is the process by which insurance networks, healthcare organizations, and hospitals obtain and evaluate documentation regarding a medical provider's education, training, work history, licensure, regulatory compliance record, and malpractice history before allowing that provider to participate in a network or treat patients at a hospital or medical facility.

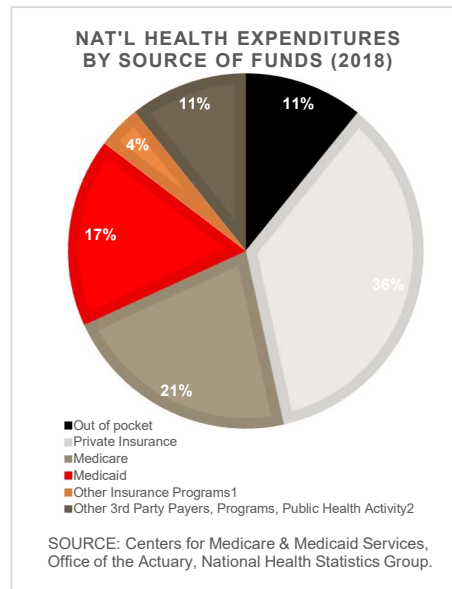
Privileging

Privileging is the process of authorizing a specific scope of practice for patient care, based on credentials and performance.

Third-Party Payers

Organizations known as third-party payers have a vested interest in your ability to deliver high-quality healthcare to their customers. Third-party payers, i.e. Insurance companies, government agencies such as

CMS (Center for Medicare and Medicaid Services), etc. will also require an application, verifications, and approval to participate on their provider panels.

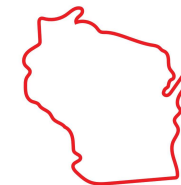


Acing the Credentialing Process

An informational brochure for healthcare professionals.



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REQUIRED DOCUMENTATION & INFORMATION

The following documents are regularly required when applying for facility privileges:

Affiliations: Hospital affiliations and work history including start and end dates (month/year). Gaps in affiliation and/or work dates may require an explanation.

Education & Other Certifications: Medical education and training history; institution, start and end dates (month/year), and contact(s). Privileges may require additional certifications, e.g. ACLS, BLS, etc.

DEA Registration: If practice requires prescription of controlled substances, the address on your Federal DEA certificate of registration must reflect the state you are prescribing in. Some states may require a special registration/license in addition to your professional practice license.

Health Records: Proof of recent TB test, immunity to Rubella, Hepatitis B, and other communicable diseases (varies by state/hospital) may be required. Note: Positive TB history may have additional requirements.

Licenses and Other Identification: All current and past state professional licenses including issue and end dates. Other identification may include: ECFMG number, NPI, Medicaid, etc.

Malpractice / Claims History: Summary of any malpractice claim(s), date of incident, date filed, docket number, brief description, current status or disposition, and amount of settlement.

Professional Liability Insurance: Coverage history by insurance carrier: policy numbers, coverage amounts, issue and end dates.

Professional Medical References: Contact information for peers who have current knowledge of applicant's experience and competency. A peer is someone from the same discipline with essentially equal qualifications.

REQUIRED DOCS & INFO (CONT'D):

Specialty Boards: Name of board and date(s) of certification and recertification. For physicians: Some hospitals may only acknowledge certification by boards affiliated with either American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA).

HELPFUL HINTS & TIPS!

Continuing Education – CME or CEU: Credit documentation must meet minimum requirements by state and specialty board. Organizations may require you to attest to obtaining the required number of credits and/or provide proof of attendance or copies of certificates.

Clinical Activity and Quality Data: This information may be requested by an organization to assist in evaluating your competence in the privileges you are requesting, e.g. case or procedure log reports.

NPDB and Criminal Background Checks: Information reported to the NPDB or contained in a criminal record, may cause delays in the credentialing process. It is good practice to self-query the NPDB and government entities (state or federal) to assure your awareness of any reports. If you have lived or practiced in multiple states, your background check may be subject to each location.

Document Maintenance: It is good practice to organize and maintain all your credentialing information in one place. Keep records of issue and end dates of medical education, licenses, certifications, affiliations etc. Electronic records may ease accessibility and transferability.

Professional Medical References: Remind your references that they may receive multiple requests and must respond to each site individually.

Current CV: It is good practice to maintain a Curriculum Vitae (CV) to provide ease of access to dates of affiliation, education, etc.

FAQS

How long does the credentialing process take?

There are no set times, however, the average process takes between 60 and 90 days after receipt of a completed application. Items such as references that do not respond or forms that are incomplete can delay the application process. The approval process within each organization will vary. Committees and governing boards may meet monthly or quarterly. The site at which you are applying will be able to clarify this information for you.

What about interim (temporary) privileges?

Each facility will have its own policy regarding interim or temporary privileges. Information disclosed or discovered during the verification process may negate the ability of an organization to approve such privileges or utilize an expedited approval process. Interim or temporary privileges should not be relied upon by the applicant as an option.

Is there anything else I can do?

YES! Review all forms carefully before submission to ensure completeness (leave no blanks). Promptly provide information requested. The applicant has the burden of producing and attesting to complete and accurate information.

Provide a reliable email address for communication throughout the application process, as well as maintenance of membership/privileges.

Alert those people you have listed as references, so they are aware of pending inquiries. Ask them to promptly complete and return all information requested.

Be familiar with each organization's bylaws related to reporting obligations and maintenance of membership/privileges, e.g. updates on new and pending malpractice claims, change of address, expired licenses etc.