# CREDENTIALING, VERIFICATION, AND RECREDENTIALING CHECKLISTS

The following checklist is intended to help you quicken the pace of credentialing and other processes and increase the accuracy of the information collected. The following list may include items that are required by some insurers but that you have rarely been asked to provide.

## **Getting Prepared and Organized**

$\square$ Review Bureau of Primary Health Care Policy Information Notice (PIN) 2002-22
http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pin200222.pdf
☐ Assign credentialing and privileging to a specific staff person or team. Note: PROMISE applications give you the opportunity to name a specific contact person at your health center. (See lines 18e through 18h.) It is suggested that you list the same staff contact person on all such applications
☐ Have credentialing person(s) participate in online webinars for training through ECRI ( <a href="www.ecri.org">www.ecri.org</a> ) and HRSA ( <a href="www.hrsa.gov">www.hrsa.gov</a> ) websites. An archived webinar is available at http://bphc.hrsa.gov/ftca/riskmanagement/webinars/clinicalrm.html
☐ Register with Council for Affordable Quality Healthcare through one of the participating health plans, provider groups or hospitals <a href="http://caqh.org/participatingorgs.php">http://caqh.org/participatingorgs.php</a>
☐ Review FTCA requirements for deeming, redeeming, and credentialing and privileging of licensed independent providers and licensed providers. See PIN 2002-22 at <a href="http://bphc.hrsa.gov/ftca/index.html">http://bphc.hrsa.gov/ftca/index.html</a> or the FTCA Toolkit at <a href="http://bit.ly/1HkZ015">http://bit.ly/1HkZ015</a>
$\square$ Develop an internal process and flow chart for credentialing including:
$\hfill\square$ An internal credentialing form or application that collects all of the information listed below
$\square$ A cover letter that delineates the credentialing process for the provider



# Credential

### **Collect Vital Information**

$\square$ A completed credentialing application			
$\square$ MD/DE license to practice including issue and expiration dates			
☐ Additional state licenses			
$\square$ DEA certificate and expiration date			
$\hfill\square$ National Provider Identification Number (NPI) from CMS and taxonomy codes, plus the letter from CMS confirming NPI assignment			
$\square$ CMS letter of approval for Medicare enrollment			
☐ Current CV – Be sure it includes:			
$\square$ Beginning and end dates for undergraduate college, graduate (including			
medical school) programs, internships, residencies, and fellowships, with			
explanation of any gaps in education greater than six months			
$\hfill\Box$ Street addresses of educational institutions attended			
$\hfill\Box$ Departure date from previous employer or date finishing training			
$\square$ Projected start date with new employer			
$\square$ Explanation of all gaps in employment, particularly if longer than six			
months			
☐ Board certification(s)			
$\square$ If sitting for certification exams, proof ticket or canceled check			
$\square$ Two recommendation letters if not board certified			
☐ Copy of medical diploma			
☐ All residency and internship diplomas			
☐ United State Medical Licensing Examination (USMLE) Transcript			



☐ Copy of driver's license or passport
$\square$ Copy of Social Security card or W2 showing Social Security number (required for
$\square$ Maryland/Delaware Department of Human Services application). Some insurers
require a copy of the Social Security card.
$\square$ Health Verification to include current history and physical including current PPD
or current chest X-ray for a positive PPD, and serology evidence of immunity to
Rubella and Rubeola
$\Box$ If there has been a change of name (marriage, divorce, etc.), legal documentation
supporting the change (e.g. marriage certificate, divorce decree)
$\square$ CAQH login (or ID number) and password
☐ Military Discharge Record -Form DD-214 (if applicable)
$\hfill \Box$ (For Nurse Practitioners) Copy of physician collaborative agreement and copy of
the State
$\hfill\square$ Nursing Board application to add the physician agreement
$\square$ (For Physician Assistants) Copy of the Application for Registration as a Supervising
Physician filled out by your supervising physician
Established Physician (Physicians Who Have Previously Been in Practice)
☐ Medicare provider number
☐ Medicaid provider number
$\square$ Blue Cross/Blue Shield provider numbers
☐ Other payers' provider numbers
$\square$ Current malpractice insurance face sheet
$\square$ Evidence of CME for most recent two-year licensing cycle
$\square$ All current hospital medical staff appointment letters
$\square$ Prior malpractice insurance carrier, policy number and dates of coverage



	$\square$ Explanation of any pending and/or settled malpractice cases, if applicable
	Immigration Information (Physicians Who Are Not Citizens of the United States)
	$\hfill\Box$ Green card or other foreign residency verification to work
	$\hfill\Box$ Visa documentation as proof of the J1 visa waiver and H-1B or other temporary visa status
	$\square$ ECFMG (Education Commission Foreign Medical Graduate) certification
Verify	
verily	Primary Source Verification <sup>i</sup> (See helpful links below)
	☐ Current Maryland/Delaware license
	☐ Other state medical licenses
	$\square$ Medical school, residency, fellowships, and experience
	$\square$ Health fitness or the ability to perform the requested privileges
	$\square$ National Practitioner Data Bank (NPDB) query
	☐ HHS-OIG Exclusion List query
	☐ Current Clearances: Maryland/Delaware Criminal Record Check, Federal Bureau of Investigations (FBI) Criminal Background Checks, and Maryland/Delaware Child Abuse History Clearance
	Secondary Source Verification <sup>ii</sup>
	$\square$ Government issued picture identification (driver's license or passport)
	☐ DEA registration
	☐ Hospital admitting privileges
	$\square$ Immunization and tuberculin skin test status
	Helpful Verification Web Links
	rrent Maryland/Delaware license to practice tp://dpr.delaware.gov/boards/nursing/compactstate.shtml



- Other state medical licenses http://www.docboard.org/docfinder.html
- HHS-OIG Exclusion List query <a href="http://oig.hhs.gov/faqs/exclusions-faq.asp">http://oig.hhs.gov/faqs/exclusions-faq.asp</a>
- National Practitioner Data Base query http://www.npdb.hrsa.gov/hcorg/howToGetStarted.jsp
- American Board of Medical Specialties http://www.abms.org/
- American Medical Association (AMA) Masterfile <a href="http://www.ama-assn.org/ama/pub/about-ama/physician-data-resources/physician-masterfile.page">http://www.ama-assn.org/ama/pub/about-ama/physician-data-resources/physician-masterfile.page</a>
- American Osteopathic Association Physician Profile Report <a href="https://www.doprofiles.org/">https://www.doprofiles.org/</a>
- Maryland/Delaware Department of Human Services Clearances
   http://www.dhr.state.md.us/blog/?page\_id=4631
   http://kids.delaware.gov/occl/occl\_crimhist.shtml
- Maryland/Delaware Access To Criminal History
   <a href="http://www.dpscs.state.md.us/publicservs/bgchecks.shtml">http://www.dpscs.state.md.us/publicservs/bgchecks.shtml</a>
   <a href="http://www.instantcheckmate.com/criminal-records/delaware/">http://www.instantcheckmate.com/criminal-records/delaware/</a>
- Applicant Fingerprinting Online Services
   https://www.dpscs.state.md.us/publicservs/fingerprint.shtml
   http://www.dhss.delaware.gov/dltcrp/bgchks.html
- Child Welfare Portal
   <a href="http://www.dhr.state.md.us/blog/?page\_id=10276">http://www.dhr.state.md.us/blog/?page\_id=10276</a>
   https://childcare.dhss.delaware.gov/login/login.aspx?ReturnUrl=%2f

#### Recredential

☐ Copy of renewed and signed professional license		
$\hfill\Box$ Updated photo ID so that a current photo of the provider is on file		
☐ Changes in personal information such as:		
$\square$ A change of name (marriage, divorce, etc). Provide legal documentation supporting the change (e.g. marriage certificate, divorce decree)		
☐ Change of address		
$\square$ Change in immigration status		
☐ Change in practice location		
$\Box$ Change in board certification status, fellowships in specialty societies, or other professional honors or designations		
☐ Denial, revocation, non-renewal, suspension, limitation, restriction, probation, or disciplinary action — voluntary or involuntary — on any of the following in any states:		



	☐ Professional license
	□ DEA
	$\hfill\square$ Hospital or other facility clinical privileges, medical staff membership, or other rights
	$\square$ Employment by any hospital, institution, or the military
	☐ Professional society memberships
	$\square$ Participation in any private, federal, or state health insurance program (i.e., Medicare, CHAMPUS, Medicaid)
	$\square$ Participation in an HMO, PPO, or any other managed care organization
	☐ Board Certification
	☐ Conviction of any criminal charges, felony or misdemeanor
	☐ Indictment or investigation for any crime
	☐ Investigation by any insurance program or state licensing board
	☐ Adverse action by a state or federal databank
	$\hfill\Box$ Changes in health status in the past two years that could affect performance of professional duties
	$\Box$ Any liability actions in the past two years including canceling or denying malpractice insurance, malpractice judgments, claims settlements, or pending lawsuits
Board A	pproval
	☐ Present provider credentials and privileges to the Board of Directors for approval
	$\Box$ Ensure approval of both credentials and privileges is documented in the meeting minutes
	$\hfill\Box$ Update your facility's FTCA spreadsheet with the credentialing and next re-credentialing date. For more information see HRSA PAL 2014-03
	http://www.bphc.hrsa.gov/policiesregulations/policies/pdfs/pal201403.pdf



Primary Source Verification: Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. Examples of primary source verification include, but are not limited to, direct correspondence, telephone verification, internet verification, and reports from credentials verification organizations. The Education Commission for Foreign Medical Graduates (ECFMG®), the American Board of Medical Specialties, the American Osteopathic Association Physician Database, or the American Medical Association (AMA) Masterfile can be used to verify education and training. The use of credentials verification organizations (CVOs) or hospitals that meet JCAHO's "Principles for CVOs" is also an acceptable method of primary source verification.



<sup>&</sup>lt;sup>ii</sup> Secondary Source Verification: Methods of verifying a credential that are not considered an acceptable form of primary source verification. These methods may be used when primary source verification is not required. Examples of secondary source verification methods include, but are not limited to, the original credential, notarized copy of the credential, or a copy of the credential (when the copy is made from an original by approved Health Center staff).