

PHYSICIAN'S GUIDE TO CREDENTIALING

INTRODUCTION

Many changes are happening in the practice of medicine and they are not all clinical. As credentialing standards have evolved, so have the needs for practicing physicians to gather and organize the supporting documentation that will be needed. The goal of this guide is to help you collect and organize the information and documents *before* they are needed – that way, when they are required you will be able to avoid the “paper chase” to get everything together.

This guide will point out the most commonly needed documentation for credentialing. We strongly suggest that you have a USB drive (2 gigabytes or larger) to scan and store these documents onto. Be sure to save your documents in a commonly used format – .pdf or .tif is recommended.

Most of the items covered herein will be familiar to you already. Nonetheless, we have included samples of some of the documents that you might find helpful.

What is Credentialing?

Credentialing is the process of verifying the qualifications, background, and legitimacy of physicians and allied health providers. It is an objective evaluation of a provider's current licensure, training and/or experience, competence, and ability to provide particular services and/or perform particular procedures.

How Does The Credentialing Process Work?

The Credentialing Process begins with an application. Whether it's a state medical board, a hospital, locum tenens organization, or an employer – they all require that your information be organized and entered on their form(s).

Provider files are reviewed, cross-checked, and verified (i.e. Background Checks, NPDB, FSMB, OIG, EPLS, State License & DEA) for accuracy by a Credentialing Coordinator.

Credentialing Coordinators are tasked with collecting supporting documents from providers, cross-checking the information, verifying the authenticity of what is provided, and preparing the file for monthly credentials committee meetings.

The typical Credentialing Committee is comprised of eight to ten practitioners representing all specialties within the organization. They normally meet once per month to review and discuss all provider files prepared by the Credentialing Coordinators. The Committee will either approve or decline a provider based on the file.

It is important to remember that virtually everything you represent in the documentation you submit will be verified. If you put it on your CV, it will be verified. If you put it on your application, it will be verified. Verifying is a big part of what credentialing is all about.

What is Needed?

The requirements for credentialing are evolving, it is important for practicing physicians and allied health providers to understand that while something might not have been required in the past, it is now being required or soon will be. We encourage all physicians and allied providers to scan copies of their supporting documentation into image files that can be kept and transmitted electronically. This document will help you know what supporting documentation you will need and how to organize it.

Application: Every Credentialing Organization has an application form to be completed. In states like Texas, there is a standardized Credentialing Application which is used by all hospitals, and usually supplemented with hospital-specific addendums to it. Keep copies of applications you have prepared, they will be good to refer to from time to time and you should have a record in case a question arises anyway.

When filling out an application, be prepared with all the important data of your practice history. You should list all hospitals where you have had privileges, all State Licenses you have held (whether currently active or not), your Board Certification dates, and the details of any malpractice claims or disciplinary actions. If something is left out and subsequently discovered as the credentialing coordinators do their research, it is a red flag and could result in privileges being denied – furthermore, many organizations report a denial of an application to the National Practitioner Data Bank, which will create future challenges for you. Be thorough.

To assist our locum tenens providers with our application, TIVA HealthCare, Inc. utilizes a team of New Application Provider Services (NAPS) Coordinators who pre-populate and review the TIVA application with the provider via a private webinar. The application is then emailed to the provider to be printed, signed, and returned.

CV: There are two primary things to remember about your CV as you submit it as part of credentialing. First, your CV must show the chronological progression of your career with dates being in month/year format. Providers often indicate only the years (for example the years in medical school, residency, etc.), but the Credentialing Coordinators are required to account for your complete history to within 30 days – so please make sure your CV clearly shows the month AND year that you began and ended each step in your career. If there are gaps of 30 days or more, make an entry in your CV which explains what you were doing and where. There is a sample CV in the EXAMPLES section of this guide.

Education Diplomas & Certificates: You will need copies of your Undergraduate, Medical School, Residency, and Fellowship diplomas and/or certificates. If your Medical School Diploma is in a language other than English, a certified translation will be necessary. If you are still in your training program, you may need a letter of good standing from your program director.

Board Certificates: You will need copies of your Board Certification Certificates. The certificate you present should clearly state the expiration date thereof (if your certification is a lifetime certification, it may not have expiration).

ECFMG or Fifth Pathway: If you studied at a non-U.S. accredited medical school, you will need to provide your ECFMG or Fifth Pathway certificate.

Licenses and Controlled Substance Registrations: You will need current copies of all state licenses you hold. You will also need copies of all Federal DEA registrations you hold as well as any state issued controlled substance registrations. Each of these documents should have their respective expiration date indicated.

Life Support Cards: You will need to provide copies of all current BLS, ACLS, ATLS, NRP, APLS, and PALS Certificate cards that you hold. These should all indicate the expiration date.

CME Certificates: You will need copies of your Continuing Medical Education Certificates for the past 2 years.

Certificates of Professional Liability Insurance: You will need copies of your certificates of insurance (also call a “binder”) for your professional liability coverage (malpractice coverage) for the past 10 years. Your practice manager should have these and your hospital’s medical staff office may also be able to provide you with a copy (hospitals require it in their files).

Drivers License: You will need a notarized copy of your Driver’s License or other state-issued identification with your picture on it. Make a color copy of your Driver’s License and then have a notary attest and sign that it is you. Most banks offer notary service free of charge to their customers.

Passport Size Photos: Most hospitals will require 2 recent passport size photos when you send in the applications. Be sure to write your name on the back of each.

PPD & MMR: More hospitals are requiring PPD and MMR testing results with the application. These should be no more than 12 months old.

Case Logs: Hospitals are increasingly requiring 2 years of case logs for new applicants. These can generally be obtained from your billing office or from the Medical Staff or Medical Records office at your current hospital. Most training program coordinators can also provide these for current residents and fellows. These are best provided in summary form (detailed case logs can be too cumbersome). An example of a summary case log report is included in the EXAMPLES section of this guide.

EXAMPLES

Here is an example of a physician CV in proper month/year format.

John Doe, MD
1212 Beverly Hills Drive
Newport News, Va. 23606
757 555-5555 (H) 757 555-5555 (Fax) 757 555-5555 (Cell)
Email: johndoe@yahoo.com

Profile

Hard-working, personable, board-certified anesthesiologist with 20 years of experience in all types of cases in a level II trauma center in coastal Virginia

Education

07/1988 – 12/1990 *Anesthesiology Residency*, Medical College of Virginia, Dept. of Anesthesiology, Richmond, Virginia

07/1985 – 06/1988 *Family Practice Residency*, Riverside Family Practice, Newport News, Virginia

07/1981 – 05/1985 *Medical College of Virginia*, School of Medicine, M.D. Richmond, Virginia

09/1976 – 05/1980 *Virginia Tech*, Blacksburg, Virginia, B.S.,

Board Certification

Family Practice, 1988
Anesthesiology, 1992

Experience

01/1991 – 04/2010 *Staff Anesthesiologist, January 1991-April 2010*
Riverside Regional Medical Center
Newport News

12/1995 – 08/2006 *James River Anesthesia Associates*
Newport News, VA

09/2006 – Pres. *Virginia Anesthesia & Perioperative Care Specialists,*
Newport News, VA

Licensure

Licensed in Virginia & Florida

References

Available upon request

EXAMPLES CONTINUED

Below is an example of what a detailed case log report would look like.

**EMERGENCY MEDICINE DEPARTMENT
CASE LOG / PROCEDURE LOG
2008-10 to 2010-09**

Provider	Dates Of Service	Service	State	Location	CPT	Description	Procedure
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	10060	I&D OF ABSCESS ; SIMPLE OR SINGLE	7
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	10061	I&D OF ABSCESS ; COMPLICATED OR MULTIPLE	35
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	10081	I&D OF PILONIDAL CYST; COMPLICATED	1
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	10120	INCISION&REMOVAL FB SUBCUT TISSUES; SIMPLE	2
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	11040	DEBRIDEMENT; SKIN PARTIAL THICKNESS	1
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	11740	EVACUATION OF SUBUNGUAL HEMATOMA	1
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	11760	REPAIR OF NAIL BED	1
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	12001	SIMPL REPR SCLP AX GENIT TRNK&/EXTREM; < 2.5 CM	42
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	12002	SIMPL REPR SCLP AX GENIT TRNK&/EXTREM;2.6-7.5 CM	36
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	12004	SIMPL REPR SCLP AX GENIT TRNK&/EXTREM;7.6-12.5CM	2
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	12005	SIMPL REPR SCLP AX GENIT TRNK&/EXTREM;12.6-20.CM	3
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	12011	SIMPL REPR FACE EARS NOSE&/MUCOUS MEMB; < 2.5 CM	18
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	12013	SIMPL REPR FACE EARS NOSE&/MUCOUS MEMB;2.6-5.0 CM	14
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	1
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	12051	REPAIR INTERMEDIATE F/E/E/N/L/M&/MUC 2.5 CM/<	1
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	13131	REPR CMLPX FOREHEAD CHIN AX GENIT&/FT;1.1-2.5 CM	1
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	16020	DRS&/DBRDMT PRTL-THKNS BRNS 1ST/SBSQ SM	1
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	2010F	VITAL SIGNS DOCUMENTED AND REVIEWED	29
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	2014F	MENTAL STATUS ASSESSED	21
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	23650	CLOSED TX SHLDR DISLOC WITH MANIP; W/O ANES	3
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	24530	CLOSED TX SPRCOND/TRNSCOND HUM FX; W/O MANIP	1
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	25560	CLOS TX RADIAL&ULNAR SHAFT FX; W/O MANIPULATION	1
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	6
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	25630	CLTX CARPL B1 FX W/O MNPJ EA B1	1
JHN DOE MD	2008-10 to 2010-09	EMER	FL	NORTHWE	26600	CLOS TX MC FX SINGLE; W/O MANIPULATION EA BN	4

EXAMPLES CONTINUED

The following is an example of a summary case log report.

Date	MRN	Procedure	Modalities Used
10/2/2007	790343	Lumbar Puncture	Flouro
10/9/2007	423845	Paracentesis	US
10/10/2007	384404	Lumbar Puncture	Flouro
10/11/2007	454469	Abdominal Mass bx	CT
10/16/2007	626171	Paracentesis	US
10/18/2007	520766	Full Spine Myelogram	Flouro
10/18/2007	482664	Picc Line	Specials
10/19/2007	795860	RT Shoulder Arthrogram	Flouro
10/23/2007	362240	Paracentesis	US
10/25/2007	647003	Thoracentesis	US
10/25/2007	790734	Thoracentesis	US
10/29/2007	404102	LT Shoulder Arthrogram	Flouro
10/29/2007	794247	Abdominal Mass bx	CT
10/30/2007	432405	Rt Shoulder Arthrogram	Flouro
11/1/2007	401454	Lumbar Puncture	Flouro
11/1/2007	403269	Paracentesis	US
11/5/2007	781575	Lumbar Puncture	Flouro
11/5/2007	647003	Thoracentesis	US
11/15/2007	368539	Myelogram	Flouro
11/15/2007	415925	Cervical Myelogram	Flouro
11/15/2007	566114	Paracentesis	US
11/26/2007	423845	Thoracentesis	US
11/29/2007	797970	Picc Line	Specials
11/29/2007	438882	Picc Line	Specials
11/30/2007	476415	Picc Line	Specials
11/30/2007	545543	Paracentesis	US
12/5/2007	705999	Lumbar Puncture	Flouro
12/10/2007	662671	Lumbar Puncture	Flouro
12/10/2007	798533	Lumbar Puncture	Flouro
12/14/2007	354043	Lumbar Myelogram	Flouro
12/14/2007	615331	Picc Line	Specials
12/21/2007	798870	Paracentesis	US
12/21/2007		Lumbar Myelogram	Flouro
12/23/2007	463366	CT-guided chest drainage	CT
12/23/2007	92284	IVC filter placement	Flouro
12/23/2007	660611	Left nephrostomy tube	Flouro
12/23/2007	34272	IVC filter placement	Flouro
12/23/2007	34272	Temp Dialysis Catheter	Flouro
12/24/2007	415308	Lumbar Puncture	Flouro
12/25/2007		Lumbar Puncture	Flouro
1/7/2008	800041	Lumbar Puncture	Flouro
1/7/2008	799709	Picc line	Specials
1/8/2008	373764	Cerebral angio/papaverin injection	Specials

EXAMPLES CONTINUED

Below is an example of a malpractice insurance binder form. The actually form used may vary by carrier or broker.

MALPRACTICE LIABILITY INSURANCE					Date (MM/DD/YYYY) 7/12/2010
PRODUCER <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED Physician Group A <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			COMPANIES AFFORDING COVERAGE Company A - <input type="checkbox"/> Casualty Company Company B - Company C Company D		
COVERAGES: This is to certify that the policies of insurance listed below have been issued to the Insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.					
CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	HEALTH CARE PROFESSIONAL LIABILITY COVERAGE				GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE		8/9/10	8/9/11	EACH CLAIM \$1,000,000
					ANNUAL AGGREGATE \$3,000,000
	EXCESS HEALTH CARE PROFESSIONAL LIABILITY COVERAGE <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE \$ AGGREGATE EXCESS \$ \$
INSURED PHYSICIAN: _____ The retroactive date for the policy is <u>5/28/99</u> .					
<p style="font-size: x-small;">As respects the _____ policy, the \$3,000,000 Aggregate Limit for policy _____ as specified on this Certificate is the total limit available for all covered claims under the policy, is shared by all insureds covered under the policy, including all entities, employed physicians and any and all other healthcare providers insured under the policy, and is the most that the insurer will pay under the policy. The aggregate limit is also shared by all of the coverages afforded under the policy, including Physician Professional Liability and Health Care provider General Liability coverages. The Additional Benefits, as defined in and provided for under the policy, including all costs of defending a suit, are also included within the aggregate limit. Any and all payments of indemnity amount and/or defense costs made on behalf of any insured under the policy shall reduce and exhaust the \$3,000,000 aggregate limit of the policy.</p> <p style="font-size: x-small;">THIS IS A CLAIMS-MADE POLICY AND REPORTED POLICY. The policy(ies) provides coverage for the Insured Physician only while they are working for or on behalf of the above Named Insured.</p> <p style="font-size: x-small;">SPECIAL CONDITIONS: This certificate of insurance contains a broad outline of the policy coverage and does not include all terms, conditions and exclusions of the policy.</p> <p style="font-size: x-small;">DISCLAIMER: This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.</p>					
CERTIFICATE HOLDER <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, IT'S AGENTS OR REPRESENTATIVES.		
ADDITIONAL INSURED: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			AUTHORIZED REPRESENTATIVE <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		