

**Practitioner Handbook**  
**for the Credentialing Process**

## **Introduction**

Practitioner staff participating in the Administrative Simplification Initiative have asked for a single, easy-to-use set of guidelines that describe what credentialing/ recredentialing is all about, how practitioner staff can contribute to a timely process, and what they can expect from health plans and hospitals. Washington Healthcare Forum (The Forum) convened a group of health plans, provider networks, hospitals and medical practices to develop a set of 'Guidelines for Practitioner Credentialing and Recredentialing'. We are pleased to present you with this information. We hope that it helps move us all towards a timelier and less burdensome process.

Please keep in mind that these are guidelines and may not be applicable to every situation. The credentialing process is likely to vary slightly depending on the credentialing organization.

We hope that you find these guidelines to be useful.

## **Guidelines for Practitioner Credentialing and Recredentialing**

### **A. What is the intent behind the Guidelines?**

These guidelines are intended to explain initial credentialing and recredentialing and to offer suggestions and ideas to practitioners and their staff on how to complete the credentialing process. The objectives are to:

- *Create a common understanding* of the initial credentialing and recredentialing processes so those involved in credentialing activities have a better sense of what it is all about, why it is important, and what they can expect from health plans and hospitals.
- *Provide materials* for practitioner staff to *guide* them through the process
- *Contribute to a timely process* that ensures quality care for patients

The guidelines do not describe the detailed credentialing practices required by health plans or hospitals. Please contact your health plan or hospital for this information.

### **B. Who is the audience for this Guidelines document?**

The targeted audiences for these guidelines include:

- *Practitioners* who are responsible for attesting to the credentialing/recredentialing information that is submitted.
- *Staff in practitioners' offices* who are responsible for submitting credentialing applications to health plans and hospitals.
- *Any other organization (i.e., billing/credentialing verification organizations)* that performs credentialing for practitioners.
- *Health plan and hospital credentialing managers* who want to align their process with the community practice standard.

### **C. What types of practitioners are initially Credentialed and Recredentialled?**

For information regarding what types of practitioners are initially credentialed and recredentialled, please refer to the Credentialing Matrix in Appendix III.

## **D. Why Credential and Recredential Practitioners?**

Credentialing is one of the most important protections that a health care organization provides to health care consumers. Ultimately, consumers are seeking guarantees of quality and clinical competence when selecting a practitioner. The credentialing process provides the consumer with a “stamp of approval”, ensuring that all practitioners are properly trained, licensed and/or certified based on quality standards.

## **E. Why are there differences between Health Plans and Hospitals?**

Health plans and hospitals must comply with different sets of requirements when performing initial credentialing and recredentialing activities. Health plans comply with accreditation requirements established by organizations including the National Committee on Quality Assurance (NCQA) and American Accreditation HealthCare Commission (URAC). They also comply with requirements established by federal and state regulatory agencies such as the Centers for Medicare/Medicaid Services (CMS) and the Washington State Department of Health. Hospitals comply with accreditation requirements established by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) as well as federal and state regulatory agencies. Hospitals must also abide by requirements outlined in their medical staff bylaws, rules/regulations and/or policies.

Health plans and hospitals also use different terms that mean very similar things. Health plans typically use the terms credentialing and recredentialing. Hospitals use the terms initial appointment and reappointment. For the sake of simplicity, this document will use initial credentialing and recredentialing to refer to the processes that happen at health plans and hospitals. The terms appointment and reappointment will be used when the document is referring to a hospital specific process.

These guidelines will try to point out key differences that will be important to practitioners. Specific references to the accrediting/regulatory standards (JCAHO, NCQA, URAC, CMS) can be found in the References section of the Appendix. Practitioners should also check with the hospitals about medical staff requirements.

## **F. What do practitioners and their staff need to do?**

Timely completion of any credentialing or recredentialing process is a collaborative effort between the practitioner, their office staff, and the health plan or hospital that is doing the credentialing. Here are things a practitioner can do to contribute:

- For initial credentialing, start 4-6 months before you plan to begin working in Washington State.

- Submit a current and complete application, including any additional documentation that is required. *The grid in Appendix III should help you identify which credentialing items you can expect to complete and/or submit as part of the initial application process.*
- If you answer ‘Yes’ to any disclosure/attestation question(s), provide supporting details along with the application. If you attach additional sheets, sign (practitioner’s signature) and date each sheet.
- Ensure the application is signed and dated as close to the submission date as possible, but not more than 30 days prior to submission.
- Submit copies of current/renewed documents prior to expiration (e.g., state license, DEA, professional liability insurance).
- Provide immediate notification of any disciplinary actions or professional liability claims.
- Maintain your credentialing/recredentialing information on your computer and update it whenever any of the information changes.

## **G. Common Questions about submitting application**

Q1. Can I submit an application before it is fully complete?

To expedite the credentialing process, applications should be fully completed before they are submitted. Applications can be submitted . . .

- Prior to hospital privileges being finalized
- Prior to a DEA certificate being received
- Prior to completion of residencies and fellowships, (as long as they will be completed within 3 months of submitting the application)

Q2. If the provider moves to a different location or practice, must they submit another credential application?

Once a provider is credentialed, they do not need to submit another credentialing application when moving to a different location or practice. They do need to notify the health plan/hospital of the change (address, phone, fax, office contact person) along with any changes in:

- Tax ID number
- Liability coverage
- Hospital privileges

Q3. Must original documents and signatures be submitted with the application or are photocopies and faxes acceptable?

Original, photocopies or fax copies of ALL applications, attestation forms, supporting documents and signatures are acceptable. Make sure that the signature on the attestation form is recent.

Q4. Must a separate credentialing application be submitted to a health plan for each of their different lines of business?

No! Health plans will use the same credentialing application for all of their lines of business.

#### **H. How long does it usually take to get initially credentialed?**

With a health plan . . .

It will usually take between ninety (90) and one hundred twenty (120) working days from the day accurate and complete paperwork (new application/contract) is received from the practitioner, until the health plan completes the credentialing process. Practitioners should not consider themselves to be participating providers with a health plan until the health plan has confirmed the practitioner's participation effective date (verbally or in writing). At that time, patient care services delivered by that practitioner are eligible for payment under the terms of a contract.

With a hospital . . .

It will usually take between ninety (90) and one hundred twenty (120) working days for full credentials and privileges to be granted once a complete initial application for medical staff membership and/or privileges has been received.

Important milestones in the credentialing process for health plans and hospitals include:

- Application is complete and current. All required information has been submitted
- Information has been verified by primary sources, as required. For hospitals, privileges have been verified
- Appropriate Committees review application, meet and approve
- Practitioner information has been loaded into the information system
- Practitioner has been notified of approval stating the effective date. (This milestone requires a signed contract between health plan and practitioner.)

## I. What are some of the things that may slow down the process?

Processing an initial credentialing/appointment or recredentialing/reappointment application within 90-120 days is a standard goal. However, there are exceptions at the health plan or hospital level that affect the time it takes to completely process the application. Conditions or situations that may require additional processing time include:

Conditions/Situation	Why this may cause delays
New License Approval	<ul style="list-style-type: none"> <li>A valid license to practice in Washington is required.</li> </ul>
Incomplete Information Submitted	<ul style="list-style-type: none"> <li>Incomplete information pertaining to signatures, dates, programs, addresses and/or specific documents requires additional research and follow up.</li> </ul>
DEA Number <sup>*1</sup>	<ul style="list-style-type: none"> <li>For those practitioners requiring a DEA number, there may be a delay.</li> </ul>
Professional Liability Coverage	<ul style="list-style-type: none"> <li>Insurance coverage must be in place that meets the requirements of the health plan/hospital. It may take time to put liability coverage in place.</li> </ul>
Training and/or experience in a foreign country	<ul style="list-style-type: none"> <li>Information may be coming from a foreign country.</li> <li>Information may be in a foreign language.</li> </ul>
Training and/or experience in military	<ul style="list-style-type: none"> <li>Records may travel with individual so specific hospitals might not have information.</li> <li>If no longer in military, records may need to be retrieved from archives in St. Louis.</li> </ul>
Documentation to support privilege request	<ul style="list-style-type: none"> <li>Hospitals may require additional documentation and/or verification to support a request for specialized privileges.</li> </ul>
Sponsorship/Reference Letters	<ul style="list-style-type: none"> <li>A specific number of letters from specific types of practitioners may be required to support the initial application or recredentialing/ reappointment.</li> </ul>
Practitioner Interviews	<ul style="list-style-type: none"> <li>Hospitals may require a practitioner to interview prior to initial credentialing approval.</li> </ul>
File Approval Cycle	<ul style="list-style-type: none"> <li>Each credentialing entity has its own approval processes and committee cycles.</li> <li>Varying levels of review and approval are required.</li> </ul>
Office Site Visit	<ul style="list-style-type: none"> <li>Health plans must perform office site visits on certain types of practitioners.</li> </ul>
Practitioners Not Available/Work Visa	<ul style="list-style-type: none"> <li>Practitioners, especially those coming from a foreign country, may be unreachable for a period of time.</li> <li>Practitioners may experience a delay in acquiring a work visa.</li> </ul>

\*1 A DEA certificate is required for credentialing. In some cases, the DEA numbers on the certificate are not readable or do not copy well. Writing on these certificates to

make the numbers more legible makes the certificate unacceptable to the health plan. To request a DEA verification document. Call (206) 553-4040 or toll free in the State of WA (888) 219-1418. This is the DEA Field Office for AK/WA.

#### **J. What is Primary Source Verification?**

Regulatory agencies and accrediting organizations require health plans and hospitals to primary source verify most data elements submitted on a credentialing/recredentialing application to ensure their accuracy. For example, state professional licensure must be primary source verified directly with the department issuing the license. Approved methods for verifying this information, in the State of Washington, include calling the Department of Health, Health Professional Quality Assurance Division directly or utilizing an on-line verification system. Receipt of a copy of the license from the practitioner is not considered primary source verification.

For some elements, electronic means of verification are available. This may speed up the primary source verification process. However, there are times when written requests and responses are required for primary source verification. Examples include verification of education and training or previous experience from institutions or hospitals. Response times vary widely, especially if the verification involves foreign training and/or experience, and oftentimes require 2-3 requests. Responses written in a foreign language must be translated to English in writing.

Practitioners can sometimes expedite the primary source verification process by contacting the source and requesting a response be sent directly to the health plan or hospital.

#### **K. What can a practitioner expect to hear from health plans/hospitals?**

Practitioners will receive the following status updates:

- Notification that the application was received
- Notification of missing items
- Notification that the practitioner has been loaded into the claims system and claims can be submitted (health plan only)

Notification may be via e-mail, fax, surface mail, or phone. Contact information will be taken from Primary Practice Location information contained in Section "III. Practice Information" on the Washington Practitioner Application (WPA).

- *Email* will be sent to the contents of the 'E-mail Address' field
- *Faxes* will be sent to the contents of the 'Fax Number' field (the one across from the 'E-mail Address' field)

- *Surface mail* will be sent to the contents of the 'Mailing Address' field
- *Phone calls* will be made to the contents of the 'Administration Telephone Number' field

Providers are encouraged to use these fields on the WPA for the contact person in the practice who should receive these notifications. Other correspondences will also be sent to this contact person.

## Appendices

### I. Standard Forms and Policies:

The following are standard forms that have been developed by the Washington Credentialing Standardization Group (WCSG). These can be found at [www.wamss.org](http://www.wamss.org).

Please note that not all health plans and hospitals accept these forms. Contact the health plans or hospitals directly for this information

- *Washington Practitioner Application (WPA) version 2007* -- The WPA is broadly adopted.

The most current version of the WPA will contain up to date data elements. To expedite the credentialing process, practitioners are encouraged to submit the most current version. However, previous versions of the WPA will be accepted.

- *WPA Attestation* -- The Attestation form is part of the WPA.

The most current version of the WPA Attestation must be submitted.

- *WPA Release* – The Release form is a recommended template. It is not yet broadly adopted.

Health plans participating in the Administrative Simplification initiative sponsored by the Washington Healthcare Forum have adopted a Policy pertaining to ‘*Health Plan Effective Date for Claims Adjudication*’. This policy is intended to provide a clear understanding of what the health plan’s effective date and time frame will be for the purpose of claims adjudication under the terms of a contract(s). This policy can be found on the Forum’s web site at [www.wahealthcareforum.org](http://www.wahealthcareforum.org) (Select Administrative Simplification and then Practitioner Credentialing.) You will need to check with the health plans directly for more information on their participation.

### II. References:

Reference	Web Address	Accepted as Primary Sources
Accreditation Council for Graduate Medical Education	<a href="http://www.acgme.org">www.acgme.org</a>	
American Board of Medical Specialties (Umbrella organization of the medical specialty boards in the US.)	<a href="http://www.abms.org">www.abms.org</a>	*

<b>Reference</b>	<b>Web Address</b>	<b>Accepted as Primary Sources</b>
American Board of Professional Psychology	<a href="http://www.abpp.org">www.abpp.org</a>	*
American College of Nurse Midwives	<a href="http://www.acnm.org">www.acnm.org</a>	*
American Dental Association	<a href="http://www.ada.org">www.ada.org</a>	
American Hospital Association	<a href="http://www.aha.org">www.aha.org</a>	
American Medical Association	<a href="http://www.ama-assn.org">www.ama-assn.org</a>	*
American Osteopathic Association	<a href="http://www.aoa-net.org">www.aoa-net.org</a>	*
Centers for Medicare & Medicaid Services (CMS) – Formerly HCFA	<a href="http://www.cms.gov">www.cms.gov</a>	*
Drug Enforcement Administration	<a href="http://www.dea.gov">www.dea.gov</a>	*
Educational Commission for Foreign Medical Graduates  (Information on the readiness of graduates of foreign medical schools to enter residency or fellowship programs in the U.S.)	<a href="http://www.ecfm.org">www.ecfm.org</a>	*
Federation of State Medical Boards	<a href="http://www.fsmb.org">www.fsmb.org</a>	*
Joint Commission on Accreditation of Healthcare Organizations	<a href="http://www.jcaho.org">www.jcaho.org</a>	*
Medical Group Management Association	<a href="http://www.mgma.com">www.mgma.com</a>	
Medicare	<a href="http://www.medicare.gov">www.medicare.gov</a>	*
National Commission on Certification of Physician Assistants	<a href="http://www.nccpa.net">www.nccpa.net</a>	
National Committee for Quality Assurance	<a href="http://www.ncqa.org">www.ncqa.org</a>	
National Practitioner Data Bank	<a href="http://www.npdb-hipdb.com">www.npdb-hipdb.com</a>	*
Noridian Medicare	<a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>	
UPIN Look Up  (Resource for looking up Unique Physician/Practitioner Identification Number - UPIN).	<a href="http://upin.ecare.com">upin.ecare.com</a>	
URAC / American Accreditation Healthcare Commission	<a href="http://www.urac.org">www.urac.org</a>	
Washington Association Medical Staff Services  (Contains Washington Practitioner Application, WPA, that can be downloaded)	<a href="http://www.wamss.org">www.wamss.org</a>	
Washington State Department of Health	<a href="http://www.doh.wa.gov">www.doh.wa.gov</a>	*
Washington State Department of Labor and Industries	<a href="http://www.lni.wa.gov">www.lni.wa.gov</a>	

Reference	Web Address	Accepted as Primary Sources
Washington State Department of Social and Health Services	<a href="http://www.wa.gov/dshs">www.wa.gov/dshs</a>	
Washington State Hospital Association	<a href="http://www.wsha.org">www.wsha.org</a>	
Washington State Insurance Commissioner  (Contains authorized list of insurance carriers permitted to conduct business in State)	<a href="http://www.insurance.wa.gov">www.insurance.wa.gov</a>	
Washington State Medical Association	<a href="http://www.wsma.org">www.wsma.org</a>	

## Appendix III: CREDENTIALING MATRIX FOR PRACTITIONERS

- The following is a list of practitioners who **may** be required to be initially credentialed and recredentialed. Please check with the health plan or hospital for clarification.
- Credentialing items indicated with an ‘X’ should be submitted along with the initial credentialing application. Health plans and hospital may ask for these items at time of recredentialing.

Credentialing Items	Physicians and Surgeons (MD, DO)		Podiatrist (DPM)		Dentist (DDS,DMD)		Other Practitioners (See Listing)	
	Hosp	Health Plan	Hosp	Health Plan	Hosp	Health Plan	Hosp	Health Plan
Washington Practitioner Application (WPA)	X	X	X	X	X	X	X	X
Attestation Questionnaire (WPA or Entity Specific)	X	X	X	X	X	X	X	X
Authorization and Release of Information Agreement	X	X	X	X	X	X	X	X
Request for Taxpayer ID Number (W-9)		X		X		X		X
Current License or Certification	X	X	X	X	X	X	X	X
DEA Registration or CDS Certificate	X	X	X	X	X	X	ARNP & PA only	ARNP & PA only
Current Certificate of Professional Liability Insurance	X	X	X	X	X	X	X	X
Copy of Board Certification (if applicable)	X	X	X	X				

	<b>Physicians and Surgeons (MD, DO)</b>		<b>Podiatrist (DPM)</b>		<b>Dentist (DDS,DMD)</b>		<b>Other Practitioners (See Listing)</b>	
Current Curriculum Vitae	X	X	X	X	X	X	X	X
Documentation of Admitting Privileges or Inpatient Care Plan	X	X	X	X	X	X	ARNP & Midwife only	ARNP & Midwife only

Other Practitioners: Acupuncturist , Advanced Registered Nurse Practitioner, Audiologist, Chiropractor, Dietitian and Nutritionist, Marriage and Family Therapist, Massage Practitioner, Mental Health Counselor, Midwife, Naturopath, Occupational Therapist. Optometrist, Physical Therapist, Physician Assistant, Psychologist, Social Worker, Speech-Language Pathologist