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 Pennsylvania Association of Community Health Centers (PACHC) compiled this list from a variety of sources. It is inclusive of many different insurers’ requirements, so some of the items listed are not needed for every credentialing process.

Items that are on the PROMISe Enrollment Application are marked “PROMISe Section #.” For the PROMISe Requirements List, go to <http://www.dhs.pa.us/cs/groups/webcontent/documents/form/s_002809.pdf>.

Additional items for the checklist, as well as suggestions and other information, should be forwarded to the Pennsylvania Association of Community Health Centers at [pachc@pachc.org](mailto:pachc@pachc.org).

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# Getting Prepared and Organized

Review PROMISe Enrollment Application <http://www.dhs.pa.us/provider/promise/enrollmentinformation/S_001994>

Review Bureau of Primary Health Care Policy Information Notice (PIN) 2002-22 <ftp://ftp.hrsa.gov/bphc/docs/2002pins/2002-22.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 17e through 17h](http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/s_002225.pdf).) It is suggested that you list the same staff contact person, preferably someone who will be at your health center on a long-term basis, on all such applications. If there are credentialing staff changes, please email [ra-PRovApp@pa.gov](mailto:ra-PRovApp@pa.gov). **PROMISe Section 17e through 17h**.

Have credentialing person(s) participate in online webinars for training through ECRI ([www.ecri.org](http://www.ecri.org)) and HRSA ([www.hrsa.gov](http://www.hrsa.gov)) websites. An archived webinar is available at http://bphc.hrsa.gov/ftca/riskmanagement/webinars/clinicalrm.html

Register with Council for Affordable Quality Healthcare (see PACHC Memo 13-16) through one of the participating health plans, provider groups or hospitals <http://caqh.org/participatingorgs.php>

Review FTCA requirements for deeming, redeeming, and credentialing and privileging of licensed independent providers and licensed providers. Visit the FTCA website <http://bphc.hrsa.gov/ftca/index.html>, read PIN 2002-22 <http://bphc.hrsa.gov/programrequirements/pdf/pin200222.pdf> or review the FTCA Health Center Policy Manual at <http://bphc.hrsa.gov/ftca/healthcenters/ftcahcpolicymanual.html>.

Locate the location’s CLIA certificate and Department of Health lab permits if applicable; **PROMISe Section 13**

Develop an internal process and flow chart for credentialing including:

An internal credentialing form or application that collects all of the information listed below

A cover letter that delineates the credentialing process for the provider

# Credential

**Collect Vital Information**

A completed credentialing application

Pennsylvania license to practice including issue and expiration dates **PROMISe Section 14**

DEA certificate and expiration date **PROMISe Section 15**

Additional state licenses

National Provider Identification Number (NPI) from CMS and taxonomy codes, plus the National Plan and Provider Enumeration System (NPPES) letter from CMS confirming NPI assignment

Work History – You can attach your current CV – **PROMISe Section 25**. Be sure it includes:

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

Street addresses of educational institutions attended

Departure date from previous employer or date finishing training

Projected start date with new employer

Explanation of all gaps in employment, particularly if longer than six months

Board certification(s) **PROMISe Section 20**

If sitting for certification exams, proof ticket or canceled check

Two recommendation letters if not board certified

Copy of medical diploma **PROMISe Section 21**

All residency and internship diplomas **PROMISe Sections 22 and 23**

United State Medical Licensing Examination (USMLE) Transcript

Copy of driver’s license or passport

Copy of Social Security card or a W2 or other federal IRS document showing Social Security. For naturalized US citizens, make sure the Social Security card contains a Social Security number. If not, form I-797A from U.S. Citizenship and Immigration Services is required. **PROMISe Section 9**

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

If there has been a change of name (marriage, divorce, etc.), legal documentation supporting the change (e.g. marriage certificate, divorce decree)

CAQH login (or ID number) and password

Military Discharge Record -Form DD-214 (if applicable)

(For Nurse Practitioners) Copy of physician collaborative agreement and copy of the State Nursing Board application to add the physician agreement

(For Physician Assistants) Copy of the Application for Registration as a Supervising Physician filled out by your supervising physician

(For Dentists) Copy of permit to administer anesthesia **PROMISe Section 12**

CMS letter of approval for Medicare enrollment

**Established Physician (Physicians Who Have Previously Been in Practice)**

Medicare provider number

Medicaid provider number

Blue Cross/Blue Shield provider numbers

Other payers’ provider numbers

Current malpractice insurance face sheet **PROMISe Section 24**

Evidence of CME for most recent two-year licensing cycle

All current hospital medical staff appointment letters

Prior malpractice insurance carrier, policy number and dates of coverage

Explanation of any pending and/or settled malpractice cases, if applicable

**Immigration Information (Physicians Who Are Not Citizens of the United States)**

Green card or other foreign residency verification to work

Visa documentation as proof of the J1 visa waiver and H-1B or other temporary visa status

ECFMG (Education Commission Foreign Medical Graduate) certification

# Verify

**Primary Source Verification[[1]](#endnote-1) (See helpful links below)**

Current Pennsylvania license

Other state medical licenses

Medical school, residency, fellowships, and experience

Health fitness or the ability to perform the requested privileges

National Practitioner Data Bank (NPDB) query

HHS-OIG Exclusion List query

Current Clearances: Pennsylvania Criminal Record Check, Federal Bureau of Investigations (FBI) Criminal Background Checks, and Pennsylvania Child Abuse History Clearance

**Secondary Source Verification[[2]](#endnote-2)**

Government issued picture identification (driver’s license or passport)

DEA registration

Hospital admitting privileges

Immunization and tuberculin skin test status

**Helpful Verification Web Links**

* Current Pennsylvania license to practice <http://www.dos.state.pa.us/portal/server.pt/community/health-related_boards/13773>
* Other state medical licenses <http://www.docboard.org/docfinder.html>
* HHS-OIG Exclusion List query <http://oig.hhs.gov/faqs/exclusions-faq.asp>
* 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 <http://www.ama-assn.org/ama/pub/about-ama/physician-data-resources/physician-masterfile.page>
* American Osteopathic Association Physician Profile Report <https://www.doprofiles.org/>
* Pennsylvania Department of Human Services – Clearances <http://www.dhs.pa.us/findaform/childabusehistoryclearanceforms/index.htm>
* Pennsylvania Access To Criminal History <https://epatch.state.pa.us/Home.jsp>
* Cogent –Applicant Fingerprinting Online Services <https://www.pa.cogentid.com/index_dpw.htm>
* Child Welfare Portal <https://www.compass.state.pa.us/CWIS/Home%20Page/pages/Home.html>

# Revalidate and Recredential

**PROMISe NOTES**: If this is a revalidation, please complete the entire application. If you have additional service locations for revalidation, please complete Attachment 2 of the PROMISe application. **PROMISe Section 2b**. If you are reactivating a provider number, indicate the PROMISe 13-digit provider numbers you wish to have reactivated and complete the application as an initial enrollment. **PROMISe Section 2c**

Copy of renewed and signed professional license

Updated photo ID so that a current photo of the provider is on file

Changes in personal information such as:

A change of name (marriage, divorce, etc). Provide legal documentation supporting the change (e.g. marriage certificate, divorce decree)

Change of address

Change in immigration status

Change in practice location

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

Hospital or other facility clinical privileges, medical staff membership, or other rights

Employment by any hospital, institution, or the military

Professional society memberships

Participation in any private, federal, or state health insurance program (i.e., Medicare, CHAMPUS, Medicaid)

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

Changes in health status in the past two years that could affect performance of professional duties

Any liability actions in the past two years including canceling or denying malpractice insurance, malpractice judgments, claims settlements, or pending lawsuits

Screening dates for Medicare, CHIP, or another state’s Medicaid program within the last 12 months. **PROMISe Section 17a**

# Board Approval

Present provider credentials and privileges to the Board of Directors for approval

Ensure approval of both credentials and privileges is documented in the meeting minutes

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

1. 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. [↑](#endnote-ref-1)
2. 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). [↑](#endnote-ref-2)