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Definitions

American Board of Medical Specialists (ABMS): the umbrella organization for medical specialties. Twenty-four specialty boards are members of ABMS, including the American Board of Family Medicine and the American Board of Obstetrics and Gynecology.

Board certified: status awarded by a professional association indicating that the health care practitioner has met specific standards of knowledge and clinical skill within a specified field.

Board eligible: a physician who is board eligible is not certified or in the process of becoming certified. This term is not recognized by most medical boards.

Board qualified: the physician has applied and been accepted to take the board exam. This mostly happens with residents who have just completed their training. This is recognized by most medical boards.

Credentialing: the process of assessing and confirming the qualifications of a licensed or certified health care practitioner.

Federation of State Medical Boards (FSMB): national non-profit organization representing the 70 medical and osteopathic boards of the United States and its territories.

Licensure by Credentials: after initial licensure, dentists may receive licensure by credentials, when the Board of Dentistry makes a determination that the applicant is licensed in a state that has equivalent licensure standards. Currently, this includes 46 states, Puerto Rico and the District of Columbia. Only five states do not recognize licensure by credentials. This option only exists in dental licensure.

Licensed Independent Practitioner (LIP): physician, dentist, registered nurse, nurse practitioner, and nurse midwife, or any other “individual permitted by law and the organization to provide care and services without direction or supervision, within the scope of the individuals license and consistent with individually granted clinical privileges” (The Joint Commission on Accreditation of Health Care Organizations, referred to as the Joint Commission or JC).

“List of Excluded Individuals:” a database that provides information to the public, health care providers, patients and others relating to parties excluded from participation in the Medicare, Medicaid and all Federal health care programs.

Other Licensed or Certified Health Care Practitioner (OLCP): an individual who is licensed, registered, or certified but not permitted by law to provide patient care services without direction or supervision, e.g. laboratory technicians, social workers, medical assistants LPNs, etc.

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 and reports from credentials verification organizations (CVOs). The Education Commission for Foreign Medical Graduates (ECFMG), the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA) Physician Database, or the American Medical Association (AMA) Masterfile can be used to verify education and training.
**Privileging/Competency:** the process of authorizing a licensed or certified health care practitioner’s specific scope and content of patient care services. This is performed in conjunction with an evaluation of an individual’s clinical qualifications and/or performance.

**Secondary Source Verification:** methods of verifying a credential that are not considered an acceptable form of primary source verification. Examples include, but are not limited to, the original credential, a notarized copy of the credential, a copy of the credential (when made from original by health center staff). These methods may be used when primary source verification is not required.

**URAC:** This accrediting body was incorporated under the name "Utilization Review Accreditation Commission." However, that name was shortened to just the acronym "URAC" in 1996 when URAC began accrediting other types of organizations such as health plans and preferred provider organizations.
Credentialing Requirements

Credentialing is the process a Community Health Center (CHC) uses to ensure that all its health care practitioners are qualified to care for patients. Credentialing protects patient safety and helps the CHC avoid legal liabilities. If its practitioners are not properly credentialed, a CHC may not be covered under the Federal Tort Claims Act (FTCA). Because all CHCs are federally qualified, federal law and the Health Resources and Services Administration (HRSA) require a CHC to have a formal, ongoing credentialing process and credential all health care practitioners. Credentialing is also done by the Center for Medicare and Medicaid (CMS) and insurance plans for billing purposes. State medical boards also credential before approving licenses in their states. The requirements for these entities often vary and can be duplicative.

The Joint Commission on Accreditation of Health Care Organizations (now just called the Joint Commission or the JC), the Bureau of Primary Health Care (BPHC) and the National Committee on Quality Assurance (NCQA) also have credentialing requirements, which don’t always align. However, for CHCs it’s necessary to be aware of each organization’s requirements to ensure providers can gain hospital admitting privileges and treat patients with various insurance types. This is because hospitals are usually accredited by the Joint Commission and health plans by NCQA. Many CHCs also are accredited or seeking accreditation by the Joint Commission or NCQA. And perhaps most importantly, BPHC requirements must be followed as a condition of federal 330 funding. The following table lists each credential and the recommended or required verification method. Press control and click on the credential to learn more about the verification process, costs and available resources.
<table>
<thead>
<tr>
<th>Required verification of:</th>
<th>Verification Method</th>
<th>Required or Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Licensed Independent Practitioner</strong></td>
<td><strong>Other or Licensed Certified Practitioner</strong></td>
<td></td>
</tr>
<tr>
<td><strong>License to Practice</strong></td>
<td>Primary source: licensing board</td>
<td>Required by BPHC, JC, NCQA, CMS</td>
</tr>
<tr>
<td><strong>Board Certification</strong></td>
<td>Primary source: appropriate certification board</td>
<td>Recommended by BPHC, JC, NCQA</td>
</tr>
<tr>
<td><strong>Education &amp; Training</strong></td>
<td>Primary source: medical/graduate school or AMA/AOA profile</td>
<td>Required by BPHC, JC, NCQA, CMS</td>
</tr>
<tr>
<td><strong>Current Competence &amp; Experience</strong></td>
<td>Primary source: written observations from professionals who have witnessed work, addressing actual experience and ethical performance</td>
<td>Required by BPHC</td>
</tr>
<tr>
<td><strong>Health Fitness</strong></td>
<td>Primary source: statement from individual with confirmation from appropriate staff</td>
<td>Required by BPHC</td>
</tr>
<tr>
<td><strong>Malpractice History</strong></td>
<td>Primary source: National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank (the Data Banks)</td>
<td>Required by NCQA; Recommended by BPHC</td>
</tr>
<tr>
<td><strong>Medicare/Medicaid Sanctions</strong></td>
<td>Primary source: National Practitioner Data Bank or List of Excluded Individuals</td>
<td>Required by BPHC, the JC, NCQA, CMS</td>
</tr>
<tr>
<td><strong>Government issued picture identification</strong></td>
<td>Secondary source: birth certificate, passport or equivalent</td>
<td>Required by BPHC, JC</td>
</tr>
<tr>
<td><strong>Background Check</strong></td>
<td>Optional</td>
<td>Recommended by JC</td>
</tr>
<tr>
<td><strong>Drug Enforcement Agency registration</strong></td>
<td>Secondary source: Drug Enforcement Agency</td>
<td>Required by BPHC</td>
</tr>
<tr>
<td><strong>Hospital Admitting Privileges</strong></td>
<td>Secondary source, if applicable: copy of approvals from hospital</td>
<td>Required by BPHC</td>
</tr>
<tr>
<td><strong>Immunization Status</strong></td>
<td>Secondary source: copy of current immunization history</td>
<td>Required by BPHC, JC</td>
</tr>
<tr>
<td><strong>Life Training Support (as applicable)</strong></td>
<td>Secondary source, if applicable: copies of training certificate</td>
<td>Required by BPHC</td>
</tr>
</tbody>
</table>
License to Practice

A Colorado CHC physician or dentist cannot practice or provide any clinical services without a current Colorado license. The BPHC requires primary source verification for all health care practitioners. State boards do their own credentialing before granting a license to a health care practitioner. This usually includes a primary source verification of medical or dental licenses in other states, a National Provider Data Bank (NPDB) query and primary source verification of board certification. It usually takes about three to six months to verify license to practice; therefore, the process should begin as soon as the candidate is serious about a recruitment opportunity.

Requirements

**Medical licensure.** Primary source verification of a medical license is required by the BPHC and the Joint Commission. This can include verification online, by mail or by phone but must be obtained directly from a licensing board, a credentials verification organization (CVO) that conducts primary source verification or by querying a report from the Federation of State Medical Boards. It's good practice to add a photocopy of the practitioner's current licenses to his or her credentialing file.

**Dental licensure.** After initial licensure, dental licensure is different than medical. Dentists may receive “licensure by credentials” or “reciprocity.” This addresses the dental health shortages by reducing the delay of obtaining new licenses. Only five states do not recognize licensure by credentials.

**Physician assistant licensure.** Primary source verification by the state boards is recommended for physician assistants, even though they aren’t considered licensed independent practitioners. Most state boards make licensing information for physician assistants available through the same means as physicians.

**Nurse practitioner licensure.** In most cases, nurse practitioners are licensed as registered nurses and, therefore, are not found in the medical board databases. Most states also certify nurse practitioners. However, primary source verification of nurse practitioner licensing is recommended.

Resources

Go to [www.docboard.org](http://www.docboard.org) for a list of state boards. Some boards provide online verifications; others require a phone call or letter to request verification.

Go to [www.drdata.org](http://www.drdata.org) to query the Federation of State medical Boards (FSMB). It can be very useful for physicians who have practiced in several states and for verifying state disciplinary actions.

Cost

- No cost to a CHC to query the state’s licensing board
- $7 per physician to query the FSMB
Board Certification
Board certification is awarded by the practitioner’s professional organization after the practitioner passed a written and oral exam.

Requirements
The BPHC, the Joint Commission and NCQA recommend a CHC conduct a primary source verification of board certification for both licensed independent and non-independent practitioners.

Resources
The following sources can be used for primary source verification:

- The American Medical Association (AMA) Physician Master file
- The American Osteopathic Association (AOA) Physician Database
- The American Dental Association (ADA) Master file
- Individual specialty boards, such as the Dental Specialty Certification Board
- American Board of Medical Specialties (ABMS) Official Directory of Board Certified Medical Specialists
  - Online: ABMS CertiFACTS
  - By phone: ABMS by phone at 1-866-ASK-ABMS

Cost
According to NACHC, the prices are as follows:

- AMA physician profiles cost $35 for orders of one to two and $29 per profile for orders of three or more. Physician Assistant profiles are less expensive at $22 per order. Some individual specialty boards will charge for online services.
- ABMS CertiFACTS charges $1,200 and up per year for a subscription.
- To complete verification for free, try calling or faxing the ABMS or each specialty board.
Education & Training

Requirements
Primary source verification of education and training is required by BPHC, the Joint Commission, NCQA and CMS. Additionally, before granting privileges, most hospitals require primary source verification for all levels of education and training, including, medical school graduation, residency and fellowships. Foreign Medical Graduates from programs outside of the United States and Canada must present evidence of certification.

Resources
Verification of medical school graduation and completion of residency and fellowship training may be obtained by:

- A telephone or written confirmation where the education and training was completed
- The AMA Physician Master file. View a sample of AMA physician and physician-assistant profiles at www.amaassn.org
- The AOA Physician Database
- In Colorado, the state licensing board, which verifies education and training
- A credentials verification organization (CVO). See the Credentials Verification Organization section for more information.
- For dentists, The ADA Master File
- For specialists, ABMS

Cost
See the Board Certification section for the costs to query these databases.

Current Competence & Experience
Current competence is a very important part of the credentialing and re-credentialing process and is ongoing. Most credentials verification organizations provide ongoing primary source verification in these areas according to the timeframe set forth in the NCQA credentialing standards.

Requirements
The BPHC requires a letter of reference or documented phone call from the director of the training program, the chief of staff or department head at an organization where the candidate has privileges or a physician at the organization that confirms the statement the candidate made in the attestation.

If possible, CHCs should allow for a six-month provisional period of appointment where the medical director, or an unbiased peer at the CHC, reviews medical records and then provides a letter of recommendation as to the new practitioner’s competence.
Health Fitness
According to the BPHC, which requires primary source verification of this element, health fitness is the ability to perform the requested privileges. As with competence and education, there are no outside sources or agencies except credentialing verification organizations that provide ongoing primary source verification of this element.

Requirements
Primary source verification is a statement from the individual that he or she is fit to perform his or her job duties and a written or verbal confirmation of this statement by the director of the training program, the chief of staff or department head at an organization where the candidate has privileges or a physician at the organization.
Malpractice History
Organizations obtain malpractice history through the National Practitioner Data Bank (NPDB) and Health Protection Integrity Data Bank (HPIDB), which have merged and are now often referred to as the Data Banks. A query of the NPDB now automatically queries the HIPDB.

Requirements
Because all CHCs are federally qualified, all CHC providers are covered under the Federal Tort Claims Act. So the process for verifying malpractice coverage and history are different than at other organizations. There are no specific BPHC requirements regarding credentialing Federal Tort Claims Act documentation. However, to receive FTCA benefits, CHCs must credential and privilege all licensed or certified healthcare practitioners. The BPHC recommends that CHCs ask for five years of malpractice history on their credentialing application.


Resources

The Databanks
The NPDB was established through the Health Care Quality Improvement Act of 1986 to improve the quality of medical care by restricting the ability of incompetent health care practitioners from moving undetected from state to state. The following items are included:

- Medical malpractice payments
- Licensure actions
- Clinical privileges
- Professional society membership actions
- Drug Enforcement Agency actions
- Medicare and Medicaid exclusions

The BPHC, the Joint Commission and the NCQA all require a CHC to query the NPDB as part of the credentialing process.

The HIPDB was established through the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to combat fraud and abuse in health insurance and health care delivery. It is a data collection program for reporting and disclosing adverse actions taken against health care practitioners, providers, and suppliers. The HIPDB also helps identify fraud (healthcare criminal and civil convictions). It includes actions for physicians, dentists, nurses, optical related practitioners, respiratory therapists, dental assistants and dental hygienists, psychiatric technicians and occupational therapists.

The following items are included:

- Health care related criminal convictions.
• Health care related civil judgments.
• Medicare and Medicaid exclusions.
• Other adjudicated action taken against a healthcare practitioner by a federal or state government agency or health plan OR based on acts or omission that affect or could affect the payment, provision, or the delivery of a healthcare service.
• Licensure actions (such as revocations, suspensions, censures and probation).

The two entities now coordinate efforts to alleviate the burden on organizations that must report to both. The Integrated Querying and Reporting Service (IQRS) allows organizations to submit a report to both data banks simultaneously. Similarly, organizations authorized to query both Data Banks have the option of doing so with a single query submission.

Organization not currently registered with the Data Banks are responsible for determining their eligibility and registering with the NPDB by completing an Entity Registration form. A Data Bank Identification Number (DBID), a user ID, and a password are issued to each successfully registered organization. An organization that does not have this information is not registered with the NPDB and will be unable to submit reports and queries. The Entity Registration form may be downloaded from the NPDB-HIPDB website. Organizations can register for both Data Banks with one form.

The Federation of State Medical Boards (FSMB) also can be used to identify state board sanctions, and malpractice liability claims. While it may be duplicative to query both the NPDB and FSMB, it is recommended as some information may be included in one and not the other. Currently, HRSA is investigating whether the Data Banks reports is consistent with the FSMB report.

Cost
• $4.50/query to the Data Banks
• $7/query to the FSMB
**Medicare/Medicaid Sanctions**

Determining if there are any Medicare or Medicaid sanctions against new practitioners is especially important for CHCs because they tend to have large Medicaid and Medicare populations. If a practitioner has been sanctioned he or she cannot provide clinical services to Medicaid or Medicare patients, and the CHC is not allowed to bill for services. The U.S. Congress established a civil monetary penalty for institutions that knowingly hire excluded parties.

**Requirements**

The BPHC, NCQA, the Joint Commission and CMS all require ongoing primary source verification of this element. It is recommended that CHCs check the List of Excluded Individuals monthly to ensure compliance.

**Resources**

- A CHC can verify Medicare and Medicaid sanctions two ways:
  - Through a Data Bank query: [www.npdb-hipdb.com](http://www.npdb-hipdb.com), or
  - Through the Department of Health and Human Services Office of Inspector General’s (OIG) “List of Excluded Individuals,” available in an online searchable or downloadable database. Monthly updates are also available at [www.oig.hhs.gov](http://www.oig.hhs.gov).

**Cost**

The cost for a Data Banks query is $4.50.
**Picture identification, background checks, DEA registration, hospital admitting privileges, immunization & life support training**

The BPHC, NCQA and the Joint Commission all require secondary source verification only for these credentials. However, to be compliant with BPHC requirements, checking these elements should be part of the credentialing process for every CHC.

**Government picture identification:** The Joint Commission requires a birth certificate, passport or equivalent. If a CHC plans to seek Joint Commission accreditation, this should be considered. A copy of this identification should be included in the credentialing file.

**Background checks:** This is an optional verification element, which the Joint Commission recommends. Although, the best practice is to do criminal background checks on all employees including other licensed certified practitioners.

**Drug Enforcement Administration (DEA) registration:** A practitioner should provide the original DEA certificate so CHC staff can make a copy. The DEA registration applies to physicians as well as mid-level practitioners, dentists and certified practitioners in some states.

**Hospital admitting privileges:** A copy of hospital admitting privileges should be included in the practitioners credentialing file.

**Immunization and PPD (the skin test of tuberculosis exposure):** This is not a requirement of the Joint Commission, but by the BPHC requires secondary source verification. Copies of a practitioner’s current immunization history should be included in the credentialing file and in the CHC’s human resources file. The BPHC may want to review the immunization records during its performance reviews.

**Life support training, if applicable:** Copies of training certificates should be kept in the credentialing file.
Credentialing Resources

CHCs are encouraged to use a credentialing application to collect general information, such as the candidate’s full name, Social Security number and date of birth, which are all needed to acquire further information. An application also contains a release statement that allows CHC staff to gather confidential, sensitive information required for the credentialing process. In Colorado, practitioners fill out the Colorado Health Care Professional Credentials Application Form. The application includes the following:

1. Demographic information/personal data
2. Attestation questions for:
   a. Sanctions or suspensions from any state health insurance programs (Medicare and Medicaid)
   b. Voluntary and involuntary suspension or revocation of medical and dental license
   c. Letters of reprimand or concern
   d. Suspension or revocation of Drug Enforcement Agency or narcotics license
   e. Cancellation or denial of malpractice insurance, or any cases of increased rates due to the nature or volume of claims
   f. Malpractice history for the last 15 years
   g. Physical or mental health conditions or medications that may affect clinical judgment or motor skills
   h. Physical or mental conditions which could affect the ability to exercise clinical privileges
   i. Current medications or treatments for any health conditions
   j. Dependency on alcohol or drugs
   k. Felony criminal charges or convictions
   l. Investigations by any medical staff, professional organization or licensing authority and any disciplinary actions taken
   m. Termination of medical staff application
3. Undergraduate and medical education
4. Postgraduate training
5. Employment — five-year work history
6. Staff memberships (hospital privileges)
7. Board certifications
8. Licenses
9. Drug Enforcement Agency registration
10. Continuing medical education
11. Professional liability insurance
12. Professional references that can attest to clinical experience and competence
13. Attestation by the applicant of the correctness and completeness of the application (signature and date)
Colorado Health Care Professionals Credentials Application

Every health plan and hospital creates its own credentialing application. CMS also has an application. In an effort to reduce this burden, the Colorado legislature mandated that all health care entities and health care plans engaged in the collection of information to be used in the process of credentialing of health care professionals use the same form, the form is known as the Colorado Healthcare Professionals Credentialing Application. This form can be found here.

The credentialing entities required to use this application form are:

- A health care facility or other health care organization licensed or certified to provide medical or health services in Colorado;
- A health care professional partnership, corporation, limited liability company, professional services corporation or group practice;
- An independent practice association or physician-hospital organization;
- A professional liability insurance carrier; or
- An insurance company, health maintenance organization, or other entity that contracts for the provision of health benefits.

However, no State of Colorado licensing or certification board is required to use this uniform application, and Medicaid and Medicare have separate applications. Additionally, each credentialing entity may require additional, non-duplicative credentials information, if it is deemed by them to be essential to the completion of their credentialing process.

Universal Provider Datasource (UPD)

Currently, the Council for Affordable Quality Healthcare (CAQH) offers a universal credentialing data source for most health plan organizations called the Universal Provider Datasource (UPD). It was developed by several leading health plans. Many health plans, including Aetna, CIGNA and many Blue Cross and Blue Shield plans have joined the service.

By creating an online database that collects all provider information necessary for credentialing, CAQH hopes to eliminate the paperwork and hassle that many providers face during the credentialing process. A few key features of this resource include:

- More than 550 of the nation’s leading health plans, hospitals and healthcare organizations use the UPD
- CAQH designed this system with input from NCQA, the Joint Commission, and URAC, as well as many health plans and other organizations.
- CAQH is supported by several provider organizations, such as American Health Insurance Plans (AHIP), the American Academy of Family Physicians (AAFP), and the Medical Management Group Association (MGMA)

The UPD addresses only the data collection part of the credentialing process. Health plans and health care organizations must still perform primary source verification on the data that is collected, as well as make their own decisions about whether a provider meets that organization's standards for participation.
The UPD application is available online from CAQH and takes about two hours to complete the first time. There is no charge to CHCs or providers for the service and candidates can enter the information themselves. For more information, visit CAQH’s website.
Credentialing Software

Credentialing software can assist in the credentialing process by creating a database for all credentialing activities and documents, providing to-do lists and alerts, links to verification websites and standard reporting forms. Credentialing software features vary, but most offer a basic package with many of the same features for a base price and then sell upgrades that provide additional benefits to the user. For this reason, it’s difficult to provide accurate pricing information without understanding an organization’s needs and number of users. The two most common pricing models are by user or by practitioner. Some companies price by concurrent user, which allows an unlimited number of users to have access to the system and charges based on the number of users accessing the system simultaneously.

Most companies claim that their software meets the Joint Commission, NCQA and/or URAC standards. However, those accrediting bodies do not offer accreditation for software, so this claim cannot be verified. When evaluating software products, it is important to ask how they can prove to meet these standards. Many software products boast similar features. The difference is whether they charge for that feature. Once a CHC determines what features are most important, it can more accurately predict the cost of a credentialing software product. All products in the following chart are web-based and offer a hosted version, which means the database is hosted on a server owned by the software company rather than the CHC. This is an option for CHCs with less IT capacity. The following chart evaluates four credentialing software products’ features and pricing models. If you are interested in following up with any of these organizations, press control and click on the name in the contact row of the chart to skip to the contact section.
<table>
<thead>
<tr>
<th>FEATURE</th>
<th>INTELLISOFT GROUP: INTELLICRED</th>
<th>CACTUS SOFTWARE</th>
<th>HEALTHLINE SYSTEMS, INC: ECHO ONLINE</th>
<th>MEDKINETICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Laron McGrew</td>
<td>Paul Yeoman</td>
<td>Claudia Stewart</td>
<td>Jeremy Hawk</td>
</tr>
<tr>
<td>Pricing</td>
<td>Per concurrent user</td>
<td>Base price for standard package, based on number of users</td>
<td>Base price for standard package, which incl. 5 users</td>
<td>Per provider, volume based</td>
</tr>
<tr>
<td>Open to Group Purchasing Option</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Estimated Cost</td>
<td>Starts at approx. $10,000 /yr; Increases with number of users and modules</td>
<td>Starts at approx. $10,000 one time fee, increases with number of users and modules; annual renewal fee is 15% of base</td>
<td>Increases with number of users and modules</td>
<td>1-50 providers: $20/provider/month Over 100 providers: $11/provider/month</td>
</tr>
<tr>
<td>Supports JCAHO and NCQA and URAC credentialing standards</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Scalable</td>
<td>Somewhat</td>
<td>Somewhat</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Checklists and expiration reminders</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Image Management: the ability to scan and attach certificates, licenses, etc.</td>
<td>Yes-additional cost</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Automatically checks NPDB and OIG</td>
<td>Yes-additional cost</td>
<td>Yes</td>
<td>Yes-additional cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Integrated Criminal Background Checks</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Auto-populating forms</td>
<td>Yes-additional cost</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Training Costs</td>
<td>Included</td>
<td>$3,000 for 3-day training, plus expenses</td>
<td>Web training included in annual support fee; onsite costs extra</td>
<td>$1000 for web; $2,500 for onsite</td>
</tr>
<tr>
<td>Optional Web subscription</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Privileging option</td>
<td>Yes-additional cost</td>
<td>Yes-additional cost</td>
<td>Included</td>
<td>Yes-additional cost</td>
</tr>
<tr>
<td>Notes</td>
<td>Better for larger organizations</td>
<td>Requires 3-year contract</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Credentialing Verification Organizations (CVOs)

A Credentials Verification Organization (CVO) is an organization that completes primary and secondary source verification on behalf of a health care organization and reports the credentialing information to its clients. The provider must supply information on accessibility, education and training, work history, state licensure or certification, liability insurance information, liability claims history, a history of adverse actions taken against the applicant and a release of information waiver. The practitioner has the right to request reconsideration if such sources show errors in data collection. Both NCQA and URAC certify or accredit CVOs. However, the majority of CVOs opt for NCQA certification. If a CVO is certified or accredited, it means it adheres to standards set forth by these accrediting bodies. The process usually involves rigorous on and off-site evaluations. It's important to note that using a CVO does not relieve a CHC from liability. So it's imperative to carefully consider a CVO’s credentials before turning over credentialing responsibilities to it.

URAC accreditation requirements can be found here.

NCQA CVO certification requirements can be found here.

The Joint Commission does not certify or accredit CVOs. However, the organization provides the following principles that health care organizations should consider when selecting and using a CVO.

- The data available from the CVO
- How the CVO collects data, how the information is developed, and what verification processes are used
- Information on the CVO's database functions including limitations on the information available (e.g., practitioners who are not in the database); turnaround time for reporting; and a summary of quality control processes including transmission accuracy, data integrity, data security, and technical specifications
- The method by which the information will be transmitted from CVO to the hospital
- Specification of what information is obtained from the primary source versus a secondary source
- Whether time-sensitive data are collected and verified (e.g., licensure) and whether information on expiration dates is provided, as well as the date on which the information was last updated
- A certification that the information transmitted to the hospital reflects the information the CVO obtained
- Whether the information obtained is complete or if there is additional information available (and, if so, where to obtain it)
- The mechanisms available through the quality control system to resolve issues regarding transmission errors, inconsistencies, or other data concerns
- The Joint Commission also states that organizations should have a formal arrangement with the CVO for communication regarding changes in credentialing information

Colorado Community Health Network, February 2011
There are many CVOs that are NCQA certified and offer many similar services. The following chart evaluates the features of three.

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>COMMUNITY CARE NETWORK OF VIRGINIA, INC. (CCNV)</th>
<th>THE VERIFICATION GROUP</th>
<th>HEALTHLINE SYSTEMS, INC.: CREDENTIALS ONLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
<td>Laura Roach</td>
<td>Tammy Craft</td>
<td>Claudia Stewart</td>
</tr>
<tr>
<td>Complies with the Joint Commission, NCQA and URAC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NCQA Certified</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Provides information based on Joint Commission principles</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Open to Group Purchasing Option</td>
<td>Yes</td>
<td>N/A</td>
<td>Possibly</td>
</tr>
<tr>
<td>Years in business</td>
<td>12</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>Application Management</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Customizable to organizational requirements</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Consulting services and training</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ongoing monitoring</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Perform primary source verification for physicians and non-physicians</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Policy and procedure development</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>CHC experience</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Contact Information for Credentialing Software

Intellisoft Group
Laron McGrew
cell. 801.592.2421

Echo Online by Healthline Systems, Inc.
Claudia Stewart
office. 800-733-8737, ext. 7278

Cactus Software
Paul Yeoman
office. 800-776-2305, ext. 4040

Medkinetics
Jeremy Hawk
cell. 615-268-2392

Contact Information for CVOs

Community Care Network of Virginia, Inc.
Leona Roach
office. 804-237-7686, ext. 104

The Verification Group
Tammy Craft
office: 601-957-9754

Credentials Online by Healthline Systems, Inc.
Claudia Stewart
office. 800-733-8737, ext. 7278
Resources
This document is meant as a reference for Colorado CHCs, but should not be the only resource CHCs use to find credentialing requirements. Credentialing regulations are continuously updated and often vary depending on the accreditation or certification of a particular CHC. So each CHC should monitor the NACHC and HRSA websites for updates and changes to credentialing protocols for CHCs. Colorado Community Health Network (CCHN) compiled this information from several resources listed below as well as from internet searches and interviews with various credentialing software companies and CVOs. For more information or questions, please contact CCHN’s Health Center Operations Division.

Some CHC staff indicated the need for policies and procedures around credentialing. There are sample policies and procedures in NACHC’s introductory Guidance document. However, because it is copyrighted, CCHN is unable to reprint it here. For CHCs that do not have access to this document, another option might be to share best practices amongst one another.


Policy Information Notice 02-22: Clarification of Bureau of Primary Health Care Credentialing and Privileging Policy Outlined in Policy Information Notice 01-16

Policy Information Notice 98-23: Health Center Program Expectations

Policy Information Notice 01-16: Credentialing and Privileging of Health Center Practitioners

Policy Information Notice 02-22: Clarification of Bureau of Primary Health Care Credentialing and Privileging Policy Outlined in Policy Information Notice 01-16