

APPLICATION FOR INITIAL CREDENTIALING

OhioHealth Clinically Integrated Network (CIN)

(previously Health⁴ / The Medical Group of Ohio)

and/or

OhioHealthy Products (OhioHealthy PREFERRED and/or OhioHealthy NETWORK)

(previously HealthReach Preferred/HealthReach PPO)

The goal of OhioHealth Credentialing Services (OHCS) is to make the credentialing process as efficient as possible. Once started, the initial credentialing process can take up to 60 days to complete. **Please note: this timeframe does NOT include applicable committee meeting dates, at which applications are approved.**

There are **three steps** that must be completed in order to proceed with the applicant's credentialing:

1. The enclosed application must be completed in its entirety
2. The online CAQH application must be completed and/or updated via the CAQH website
3. If applicable, individual provider agreements for CIN, OhioHealthy PREFERRED and/or OhioHealthy NETWORK must be signed and returned

Submit your completed application in one of the following ways:

- Fax your documents to 614-566-0401 to the attention of OhioHealth Credentialing
- Email your documents to OhioHealthCredentialing@ohiohealthgroup.com
- Mail one-sided documents to: OhioHealth Credentialing Services,
3430 OhioHealth Parkway, Columbus, OH 43202

APPLICANT CHECKLIST

It is the applicant's responsibility to ensure that he/she is completing the most current version of the application and provider agreements. Outdated versions of the application and/or provider agreements will not be accepted.

Please utilize this checklist as a tool for completing the application. The detailed notes are meant to assist you with the pertinent information that must accompany the application. The documents listed below are considered to be, in their entirety, your credentialing application. Please note that your application will not be considered or processed until all of these documents are completed, as instructed, and received.

- CAQH on-line application is complete**
 - The CAQH has been updated and re-attested within the past 4 weeks from the date the applicant applied for credentialing at CIN and/or OhioHealthy.
 - In addition to completing the entire application, please ensure that the CAQH application documents what group (Tax ID) the applicant is joining/getting credentialed for.
 - CAQH includes all state license(s) numbers, DEA Registration numbers and a current insurance. The CAQH application must indicate if any of these documents are pending.
 - The applicant's DEA must have an Ohio address and considered to be "fee paid" before the applicant is scheduled to start working. (This rule does not apply to locum tenens and telemedicine physicians)
 - Gap in Timeline – all gaps in the applicant's professional timeline that span greater than 3 months require an explanation

- Current Malpractice Insurance Face Sheet** (if available at the time of submitting the application) – the policy must document the provider's name on either the actual face sheet or an attached roster. Documentation of current malpractice insurance is necessary in order to complete the file but not required at the time of submission.

- Current copy of the Curriculum Vitae / Resume**
 - Timeline for education and work history must contain both **month/year**

- Participation Selection Page is completed**

- If applicable, **OhioHealthy Product (OhioHealthy PREFERRED/OhioHealthy NETWORK) provider agreement** is completed in its entirety
 - There are a total of three signature pages that need to be completed and returned.

- If applying to the **OhioHealth Clinically Integrated Network provider, the addendum and description of services (refer to page 8)** is completed in its entirety.

- Unique Provider Email address** – Needs to be documented on either the CAQH application or the resume. Providing a unique email address is a requirement for getting credentialed. Failure to provide a unique email address will result in your application being deemed incomplete.

- If applicable:* A **W-9** for verification of each tax identification number (TIN) used for the practice that the applicant will be working under *if* the group that is applying for credentialing is considered to be a new group to OhioHealth Credentialing.

Membership Selection

Place a checkmark in the box for each entity to which the applicant is requesting membership.

OhioHealthy Products

OhioHealthy is a Physician-Hospital Organization that oversees two distinct provider networks: (OhioHealthy PREFERRED/OhioHealthy NETWORK)

OhioHealthy PREFERRED/OhioHealthy NETWORK (previously HealthReach PPO):

This is a preferred provider organization made up of contracted practitioners. All applicants must go through a review process to determine minimum requirements are met to participate in the OhioHealthy PREFERRED and/or OhioHealthy NETWORK.

OhioHealth Products

OhioHealth Clinically Integrated Network (CIN) (previously Health⁴/The Medical Group of Ohio):

By signing the provided CIN Addendum: EXHIBIT B, the physician is committing to participation in OhioHealth's clinically integrated network (CIN), if approved. The CIN is a partnership for physicians that promotes efficient collaboration with their peers and OhioHealth facilities, provides needed tools and resources, and whose end goal is to successfully transition from fee-for-service to value and performance-based reimbursement.

** Please Note: If you check both boxes above, you will receive communication about your status in the Credentialing Application process that at times may appear duplicative. This is because each network is distinct.*

Please email any questions pertaining to the provider enrollment forms to the OhioHealth Credentialing Department at ohiohealthcredentialing@ohiohealthgroup.com.

Completing the CAQH Online Application

The CAQH application is an online service where practitioners can provide standardized credentialing information to multiple organizations without filling out multiple forms. By signing the CAQH Standard Authorization, Attestation and Release form you understand the term “Entity” applies to any of the entities that OHCS provides credentialing services on your behalf.

If you have any questions regarding your CAQH ID number, username, password, an incomplete application, unapproved document, etc., please refer to the CAQH website at <https://proview.caqh.org> or call the CAQH Help Desk at 1-888-599-1771. New users can also register on the CAQH website by clicking on “Self-Register.” The CAQH ID Number will be sent to the email address provided during registration.

- If you are already a CAQH Provider, list your ID. **My CAQH Provider ID Number is:** _____
- If you do NOT have a CAQH ID number, you are able to self-register on the CAQH website. The Provider Registration Email with the ID Number will be sent to the primary method of contact email address set up at time of registering. Make sure to list your ID Number above for credentialing.

THE CAQH ONLINE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY OR THE APPLICATION WILL BE DEEMED INCOMPLETE BY OHIOHEALTH CREDENTIALING SERVICES. PLEASE MAKE SURE THAT THE CAQH APPLICATION IS REFLECTIVE OF ANY NEW ACTIVITY (PRACTICE LOCATION, CURRENT MALPRACTICE CLAIMS, HOSPITAL AFFILIATIONS, ETC.)

Provider Information Specific to Credentialing

Applicant Name _____ Degree _____

Name of Your Current Primary Hospital _____

Will your primary hospital named above change once you are credentialed with this group? _____NO _____YES

*If yes, name of upcoming Primary Hospital _____

Practice Name: _____ Tax ID: _____

Practice Manager: _____

Credentialing Contact: _____ Phone Number: () _____ ext. _____

Credentialing Contact’s Email Address: _____

Completing the CAQH Application

If applicants have any questions regarding their CAQH ID number, username, password, an incomplete application, unapproved document, etc., please refer to the CAQH website at <https://proview.caqh.org> or call the CAQH Help Desk at 1-888-599-1771. New users can also register on the CAQH website by clicking on “Self-Register.”

Steps to complete the CAQH Application

1. **General Info:** Enter identification information in every section of the online application.
2. **Credentialing Contact:** This is the person responsible for credentialing at the practice the applicant is joining (if a solo practice, please enter the applicant’s information).
3. **Practice Info:** We need to know what group (Tax ID) the applicant is joining – specifically – start date, group name, Tax ID, and primary and billing addresses. If there are issues with the current practice’s knowledge of the applicant leaving, please contact the OhioHealth Credentialing Services office at 614-566-0010 for assistance.
4. **Malpractice Claims:** List any pending and/or settled malpractice claims. All claims against the applicant within the last 10 years, regardless if they are pending or settled, must be listed on the CAQH Application.
5. **Review:** Once all data entry is complete, the data needs to be audited. If any required fields are missing information, these need to be completed before progressing.
6. **Attest:** Once the audit is complete, the applicant needs to attest the application. Then, the data will be “entered” and appear complete.
7. **Supporting Documents:** After completion, the applicant needs to upload any required supporting documents directly into the system. This includes the Attestation & Release and any other documents based on the data entry such as DEA and Malpractice.
8. **Activity Log:** Documents can also be uploaded as the application is being completed. To do so, follow these steps:
 - a. The “Documents” or “Review” pages will inform the applicant what documents are needed to complete the application.
 - b. Upload the supporting documents (ex. Attestation & Release, DEA certificates, Malpractice) directly to CAQH ProView by following the instructions.
9. **Completion:** Once the application is complete and the supporting documents are reviewed for accuracy, the applicant’s information will become available to the organizations that were authorized. The applicant needs to check with each individual organization to determine his/her credentialing status. If a document is not approved, an email will be sent to the user, indicating that the application is incomplete.
10. **Re-Attesting:** The CAQH application needs to be **re-attested every 120 days** to retain a “current” status. If the application does not remain current, it will change to an “expired” status and any entity the applicant participates with will be unable to process the application. The profile can be updated by clicking on “Manage Information,” upload new documents by clicking on “Documents,” and finish by clicking on “Attest.”

If the applicant is coming from out of state, he/she must also change the primary practice state to Ohio.

In the beginning of the application process, there is a section for the provider type and primary practice state. Please list Ohio. Some states have a state mandated application and in that instance we cannot credential the applicant until an Ohio application is accessible. Please note the applicant will be required to also sign/date and fax an updated Attestation & Release form if coming from out of state. **Failure to do this will delay the credentialing process.**

OhioHealthy Pre-Approval Form

Applicants of *certain* specialties applying to OhioHealthy PREFERRED and/or OhioHealthy NETWORK must be on the medical staff of a contracted hospital within the network. Refer to the Provider Network Development on **Page 8** for a list of these criterion. Please populate the information below, or note on this form if the applicant does not currently have any hospital affiliations.

Hospital Name: _____	Affiliation Status: _____
Effective Date: _____ / _____ / _____	Specialty: _____
Hospital Name: _____	Affiliation Status: _____
Effective Date: _____ / _____ / _____	Specialty: _____
Hospital Name: _____	Affiliation Status: _____
Effective Date: _____ / _____ / _____	Specialty: _____
Hospital Name: _____	Affiliation Status: _____
Effective Date: _____ / _____ / _____	Specialty: _____
Hospital Name: _____	Affiliation Status: _____
Effective Date: _____ / _____ / _____	Specialty: _____
Hospital Name: _____	Affiliation Status: _____
Effective Date: _____ / _____ / _____	Specialty: _____

*Make a copy of this form if additional affiliations need to be listed

Description of Services for OhioHealthy and the OhioHealth Clinically Integrated Network (CIN)

What services will the applicant provide as it pertains to OhioHealthy and the CIN?

(Examples: work in an Urgent Care, provide pain management services, function as a hospitalist, etc.)

Please provide a description of services.

Applicant Email Address

Please provide the applicant's unique email address. OhioHealth communicates pertinent information regarding CIN, OhioHealthy PREFERRED and OhioHealthy NETWORK products via email. This email address is NOT shared with patients.

Providing a unique email address is a requirement for getting credentialed into the network. Failure to provide a unique email address will result in your application being deemed incomplete.

Applicant Email Address: _____

OhioHealth Credentialing Services – Notification of Practitioner Rights

- Practitioners have the right to be informed of the status of their credentialing or reappointment application upon request.
- Practitioners have the right to review information obtained and used for purposes of credentials evaluation with the exception of peer review statutes.
- Practitioners have the right to correct information collected from outside sources that is erroneous. Corrections to erroneous information must be made in writing and sent to OHCS within 15 days of notification that erroneous information has been received.
- Practitioners have the right to copy only documents in their file which they have submitted with regard to their application.
- Practitioners have the right to be credentialed in a non-discriminatory manner based upon race, gender, nationality, origin, and/or religion.

Provider Network Development (PND): OhioHealthy Network

Specialty Criteria for Medical Staff Privileges: All practitioners are required to have privileges at an OhioHealth PPO contracted hospital or free standing facility **except** for the categories of practitioners listed below:

1. Practitioner with one of the listed specialties without any hospital privileges. The listed specialties for this category include PCPs, allergists, dermatologists, endocrinology/metabolism, psychiatrists, psychology, physical medicine, family practice, internal medicine, general practice, pediatrics, geriatric medicine, osteopathic manipulative medicine, urgent care, oral maxillofacial, chiropractic, dietitian/nutritionist, counselor, rheumatology, child psychiatry, child psychology, addiction medicine, chemical dependency, marriage & family therapist, pediatric nutrition, podiatry, ophthalmology, plastic surgery, oral pathology, speech pathology, and audiology.
2. Practitioner with one of the listed specialties that only has privileges at an out or network hospital would be accepted into the network if the privilege category is something other than “active” or “admitting”. This would include categories such as “consulting”, “courtesy”, “associate” or “provisional”. The listed specialties for this category include PCPs, allergists, dermatologists, endocrinology/metabolism, psychiatrists, psychology, physical medicine, family practice, internal medicine, general practice, pediatrics, geriatric medicine, osteopathic manipulative medicine, urgent care, oral maxillofacial, chiropractic, dietitian/nutritionist, counselor, rheumatology, child psychiatry, child psychology, addiction medicine, chemical dependency, marriage & family therapist, pediatric nutrition, podiatry, ophthalmology, plastic surgery, oral pathology, speech pathology, and audiology.
3. Hospital Based Providers (ER, Pathology, Radiology, Anesthesia, Pain Medicine) working at a network free standing facilities that are not maintaining hospital privileges at any hospital are not required to have hospital privileges to participate in the OhioHealthy network. However, if they do have privileges, they need to be in good standing at an OhioHealth PPO contracted hospital.

Board Certification Requirements for the Clinically Integrated Network and/or OhioHealthy Products

Effective August 1, 2017, providers who are initially applying to the Clinically Integrated Network must be board certified in his/her primary specialty of training *or* in the specialty area in which he/she is practicing.

Effective April 1, 2018, providers who are initially applying to the OhioHealthy products must be board certified in his/her primary specialty of training *or* in the specialty area in which he/she is practicing.

Providers must maintain board certification once certified. Providers who are eligible to sit for the boards are required to become board certified within 5 years of graduation from their highest level of training.

The following list outlines which boards are deemed acceptable by the Clinically Integrated Network:

- The American Board of Medical Specialists (ABMS) and/or the American Osteopathic Association (AOA) and/or Royal College of Physicians and Surgeons boards are the only boards that will be recognized for M.D. or D.O. practitioners.
- Oral/Maxillofacial Surgeon applicants must be certified by the American Board of Oral/Maxillofacial Surgery.
- Podiatric applicants must be certified by the American Board of Foot & Ankle Surgery or American Board of Podiatric Medicine.
- Oral Pathologists must be board certified by the American Board of Oral & Maxillofacial Pathology.
- Board certification does not apply to Psychologists. Psychologists shall have an unrestricted license in the State of Ohio and have a Doctor of Psychology (PsyD) or Doctor of Philosophy (PhD) in Psychology.

Exceptions may be made at the discretion of the CEO or his/her designee but will first be vetted by the PND Committee. Any exceptions to this policy should be made in writing, by the applicant, at least 90 days in advance of being in breach of the board certification requirements.

Failure to meet this requirement may result in termination of the provider's participation agreement in the clinically integrated network.