

*The purpose of this guide is to assist health care providers through the credentialing process as quickly and efficiently as possible.*

### **Important Tips**

- ✚ **Submit your application in a timely matter** – at least 90 days prior to the date you intend to start providing services to PrimeWest Health members. PrimeWest Health needs sufficient time to complete the credentialing process to ensure your status as a contracted provider is clear when you are ready to start providing services to PrimeWest Health members.
- ✚ If you submit a **DEA** certificate, it must list the address of your current or new Minnesota practice location. If your application for DEA is pending, please forward the application and send the DEA certificate as soon as possible.
- ✚ Your current **malpractice and/or professional liability insurance certificate**. The certificate must include your name, amount of coverage, and expiration date. If your application for malpractice and/or professional liability insurance is pending, please forward the application and then send the certificate as soon as possible.
- ✚ During the application process, PrimeWest Health will contact you if information is missing or expired or if we need your help to obtain the necessary verifications.

### **Completing the Application**

- ✚ Complete the application electronically (preferred) or print **legibly** when filling out the application.
- ✚ Submit application with all applicable **sections completed**. If a particular section does not pertain to you, please mark it N/A.
- ✚ **Personal Data** – please be sure to include your date of birth and social security number. We need these items to identify you when obtaining verification information.
- ✚ **Current Professional Identification Numbers** – list all currently held professional numbers, including National Provider Identifier (NPI) and Unique Minnesota Provider Identifier (UMPI)
- ✚ **Primary/Pending Practice Location/Additional Practice Location** – please provide complete address/federal tax id/fax number/credentialing contact information for each practicing location.
- ✚ **Education/Training** – list all institutions of education and training and include month and year of attendance. Provide complete addresses so we can correctly identify the institution. Also, please include the name of the program director so we can address correspondence appropriately.
- ✚ **Employment/Practice History** – identify all professional practice associations since completion of training. Include month and year of employment and provide an explanation for employment gaps greater than three (3) months. Additional space is provided on page 11.
- ✚ **Certification** – List currently held certification(s) necessary for credentialing and all other relevant professional certifications. (If board certified, list each board and identify whether certification is through ABMS, AOA, or other Board Affiliation.) If not currently certified, please state your intent for certification and describe the status of your efforts and eligibility, including scheduled exam dates, past failures, or oral exams, if any.
- ✚ **Licensure** – list all past, current, and pending professional licenses. **Current license** should be submitted along with the application, if applicable
- ✚ **Malpractice and/or Professional Liability Insurance Information** – please provide names of all malpractice and/or professional liability insurance carriers for the past five (5) years, including agent, address, policy number, and group name, if available. We require insurance coverage at the level recommended by your national certifying association.
- ✚ **Disclosure Questions** – answer all disclosure questions on pages 6 – 7 of the Initial Credentialing application. Please read these carefully and provide a detailed explanation for any question answered “yes.” Discrepancies here can cause significant delays in the application process.
- ✚ **Sign and Date** – the Attestation/Authorization and Release/Medicare/Medicaid and Other Government Reimbursement Programs Penalty Statement/Continuing Education/Signature/DEA verification area on the application. **Do not use signature or date stamps. You may use an electronic signature. You will be prompted to save the application after each electronic signature entry to acknowledge the legal use of the signature to the section.**