

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

## Important Tips

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- ✚ **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 so that your status as a contracted provider will be clear when you are ready to start providing services to PrimeWest Health members.
- ✚ **A Current Minnesota license** should be submitted along with the application.
- ✚ Your **DEA** 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 insurance certificate** must include your name, amount of coverage, and expiration date. If your name is not listed on the certificate, include an attachment indicating which physicians are covered by the policy. If your application for malpractice 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

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- ✚ Print or type **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.
- ✚ **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 16. You may make additional copies.
- ✚ **Primary Hospital Affiliation/Other Hospital Affiliations** – identify all hospital affiliations past, present, and pending. Include month and year of hospital affiliation. Additional space is provided on page 17. You may make additional copies.
- ✚ **Specialty/Subspecialty Certification** – if board certified, list each board and identify whether certification is through ABMS, AOA, or other Board Affiliation. If not 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.
- ✚ **Professional Liability Insurance Information** – please provide names of all malpractice carriers for the past five (5) years, including agent, address, policy number, and group name, if available.
- ✚ **Professional/Peer References** – list three (3) professional peers who have personal knowledge of your current clinical skills, abilities, judgment, professional performance, and clinical competence or have been responsible for professional observation of your work. **Limit to one (1) current office associate. Do not include your residency director, fellowship director, relatives, or pending partners.**
- ✚ **Disclosure Questions** – answer all disclosure questions on pages 10 – 11 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.**