PrimeWest HEALTH™
Your greater Minnesota health plan

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Reference Guide for the Minnesota Uniform Credentialing Application: Physician/Allied Health Professional

The tips and instructions below are intended to help practitioners get through the credentialing process as quickly and efficiently as possible.

Important tips

- Submit your application in a timely matter. For an ***Initial Credentialing Application***, this means 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 Drug Enforcement Administration (DEA) certificate must list the address of your current or new Minnesota practice location. If your application for the DEA certificate is pending, forward the application and send the DEA certificate as soon as possible.
- Your current malpractice insurance certificate must include your name, amount of coverage, effective date, and expiration date. Please include a roster indicating all practitioners covered by the policy. If your application for malpractice insurance is pending, forward the application and then send the certificate as soon as possible. For practitioners covered under tort coverage, the tort coverage must include effective and expiration dates.
- 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.
- All practitioners seeking credentialing with PrimeWest Health must be currently enrolled and active with Minnesota Health Care Programs (MHCP). Screening and enrollment for MHCP is completed through the Minnesota Provider Screening and Enrollment (MPSE) portal. Information about completing this process is available on the Minnesota Department of Human Service (DHS) website under *Enrollment with Minnesota Health Care Programs (MHCP)*.

Completing the application

- Print or type legibly when filling out the application.
- Submit the application with all applicable sections completed. If a particular section does not pertain to you, mark it N/A.
- Personal Data: Be sure to include your date of birth, National Provider Identifier (NPI), and Social Security number. We need these items to identify you when obtaining verification information. Also, be sure to answer the question about languages spoken.
- Primary or Pending Practice Location/Additional Practice Location(s): For each practicing location, provide the location's complete address, Federal tax ID, and credentialing contact information, as well as your start date, whether you are accepting new patients, whether your information should be directory suppressed, and your specialty information.
- Education/Training: List all institutions of education and training and include the month and year of attendance. Provide complete addresses so we can correctly identify the institution. 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 six (6) months. Additional space is provided on page 20 of the ***Initial Credentialing Application*** and page 15 of the ***Reappointment Application***. 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 and be sure to check if you have admitting privileges or not. Additional space is provided on page 21 of ***the Initial Credentialing Application*** and page 16 of the ***Reappointment Application***. You may make additional copies.
- Specialty/Subspecialty Certification: If board-certified, list each board and identify whether certification is through the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), or other board affiliation. If not certified, state your intent for certification and describe the status of your efforts and eligibility, including scheduled exam dates and past failures of written or oral exams, if any. Additional space is provided on page 22 of ***the Initial Credentialing Application*** and page 17 of the ***Reappointment Application***. You may make additional copies.
- Licensure: List all past, current, and pending professional licenses.
- 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 who 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 page 14 of the ***Initial Credentialing Application*** and page 11 of the ***Reappointment Application***. Read the questions carefully and provide a detailed explanation for any question answered "yes." Discrepancies here can cause significant delays in the application process.
- On the ***Initial Credentialing Application***, sign and date the Attestation, Authorization and Release, Medicare/Medicaid and Other Government Reimbursement Programs Penalty Statement, and Continuing Education areas on the application. On the ***Reappointment Application***, sign and date the Continuing Education Attestation, Attestation, and Authorization and Release. Do not use signature or date stamps.