



**APPLICATION FOR INITIAL CREDENTIALING for
ADVANCED PRACTICE PROVIDERS and ALLIED HEALTH PROFESSIONALS**

OhioHealth Group Clinically Integrated Network (CIN)

(previously Health⁴ / The Medical Group of Ohio)

and/or

OhioHealth Group PPO Products (HealthReach and HealthReach Preferred)

Providers eligible with these health plan(s) are defined as the following:

Audiologist

Dietician

Speech Therapist

Physician Assistants

Certified Nurse Practitioners

Certified Nurse Midwife

Certified Registered Nurse Anesthetist

Clinical Nurse Specialists

Clinical Counselors

- Licensed Independent Social Worker
- Licensed Professional Clinical Counselor
- Licensed Independent Marriage & Family Therapist
- Licensed Professional Clinical Counselor
- Licensed Independent Chemical Dependency Counselor

The goal of OhioHealth Group Credentialing Services (OHGCS) 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/addendums for CIN, HealthReach and/or HealthReach Preferred 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 Group Credentialing
- Email your documents to OhioHealthCredentialing@ohiohealthgroup.com
- Mail one-sided documents to: OhioHealth Group Credentialing Services, 155 E Broad St, Ste. 1700, Columbus, OH 43215

APP & AHP 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 Outdated versions of the application and/or provider agreements will not be accepted.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 OHG.
 - 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 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, **OhioHealth Group Managed Care Product (HealthReach/HealthReach Preferred) provider agreement** is completed in its entirety

- There are a total of three signature pages that need to be completed and returned.
- The collaborating/supervising physician must currently be/going to be credentialed with the same group listed on the form.

APP & AHP APPLICANT CHECKLIST – CONTINUED

- If applicable, **OhioHealth Group Clinically Integrated Network provider addendum** is completed in its entirety
 - Page 1: The date that needs to be populated on the first page of the addendum is the date that the applicant signs the addendum.
 - Page 2: The fields highlighted in yellow provide instructions on what needs to be completed on page 2 of the addendum.

SAMPLE

<p>Healthcare Professional:</p> <p style="background-color: yellow; padding: 2px;">Applicant's name needs to be PRINTED above the first line</p> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <p style="background-color: yellow; padding: 2px;">Applicant Signature</p>	<p>Participating Group Name:</p> <p style="background-color: yellow; padding: 2px;">Group name needs to be PRINTED above the first line</p> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <p style="background-color: yellow; padding: 2px;">Signature of Group Representative</p> <p>(This is anyone in the group who has signature authority)</p>
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- Page 3 - check mark type of healthcare professional
 - APPs need to list of all supervising or collaborating physicians that are credentialed or will be credentialed with the CIN. These physicians need to part of the same group to which the applicant is getting credentialed for.
 - Clinical Counselors do need list at least one collaborating physician in his/her practice
- 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 Group.

Membership Selection

OhioHealth Group is a Physician-Hospital Organization that oversees two distinct provider networks: HealthReach/HealthReach Preferred and CIN.

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

OhioHealth Group PPO Products

- HealthReach / HealthReach Preferred:** This is a preferred provider organization made up of contracted practitioners. Applicants must be practicing with a group practice (Tax ID) that is currently contracted with HealthReach / HealthReach Preferred.

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

- By signing the provided OHG/CIN Individual Healthcare Professional Participation Addendum, the applicant confirms that he/she is employed by a physician/practice currently participating in the Clinically Integrated Network (CIN).

** 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.*

Applicant Email Address

Please provide the applicant's unique email address. OhioHealth Group communicates pertinent information regarding CIN, HealthReach and/or HealthReach Preferred networks 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 Group 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 OHGCS 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.

Completing 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 OHGCS 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 GROUP 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 _____

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: _____

Helpful Instructions for 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 Group 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.***