



CREDENTIALING DATA DICTIONARY

APRIL 2019

In 2015, NAMSS convened a working group of experts from organizations across the healthcare industry to develop a list of data elements involved in the credentialing process. This Data Dictionary can serve as a companion to NAMSS' Ideal Credentialing Standards (ICS), which outline 13 essential criteria for credentialing an initial practitioner applicant. The criteria in the ICS represent broad categories of information about an applicant that a facility should consider, and the Data Dictionary provides a detailed accounting of individual pieces of data that are involved in those categories. The Data Dictionary provides a short title for each data point, as well as an expanded description and explanatory notes if necessary. The data points are separated into sections, much like one would see on a formal application for privileges. This list includes essential elements from the FSMB Uniform Licensure Application, the CAQH ProView Application, various state applications, and NAMSS' own internal model application standards.

The Data Dictionary Working Group participants represented the following 12 entities: the American Association for Physician Leadership, the American Academy of Physician Assistants, the American Health Lawyers Association, the American Hospital Association, the American Medical Association-Organized Medical Staff Section, the Council for Affordable Quality Healthcare, DNV, the Federation of State Medical Boards, the Joint Commission, the Medical Group Management Association, NAMSS, and the National Committee for Quality Assurance.

The Data Dictionary Working Group analyzed existing applications such as CAQH ProView and the FSMB Uniform Application and credentialing standards from national accreditation bodies (including the Joint Commission, DNV, URAC, NCQA, and HFAP), as well as more than 20 individual state credentialing applications. This breadth of consideration allowed the group to develop what we believe is a comprehensive list of important pieces of credentialing information. **However, it is important to note that this document should not be considered a replacement for a formal application for credentialing and privileging.** Every hospital should consult with their legal team and consider applicable local, state, and federal regulations, as well as their own facility bylaws and requirements, when developing and maintaining their credentialing process. We hope that the NAMSS Credentialing Data Dictionary serves as a useful resource for MSPs and other healthcare administrators and practitioners when considering important information for credentialing and privileging applicants.

NAMSS would like to give a special acknowledgement to the following volunteers, who were instrumental in reviewing applications and developing the initial dataset: Karen Reed, PhD, CPMSM; Bonnie Conley, CPCS; Rachelle Silva, BS, CPMSM, CPCS; Carolyn Campbell, CPMSM, CPCS; Susan Collier, MHA; Michael Callahan, JD; Maggie Palmer, MSA, CPMSM, CPCS; Roshonda Helm; Debi Potter, CPMSM, CPCS; and Linda Waldorf, BS, CPMSM, CPCS.

TABLE OF CONTENTS

Personal Information	1-2	Affiliations – Secondary Facilities	11
Undergraduate Education	2	Previous Affiliations	12
Graduate Education	2	Work History	13
International Medical Graduates	3	Military Service	13
Fifth Pathway	3	Gaps	14
Internship	3	Peer References	14
Residency	4	Malpractice Insurance – Current Carriers	15
Fellowship	4	Malpractice Insurance – Previous Carriers	15
Other Clinical/Professional Training	5	Malpractice Questions	16
Education and Training Explanation	5	Malpractice Claim Information Worksheet	17
State Medical Board Examinations	5	Health Status Questions	18
Examinations	6	Discipline	19
Licenses	7	Office Information	20-21
DEA	7	Office Patient Qualifications	21
Specialty Board Certification	8	Office Staff/Patient Service	22-23
Subspecialty Board Certification	8	Office Availability	23
Certifications	9	On-Site Procedures	24
Practice Interests	9	Office Certifications	24
Affiliations – Primary Facility	10		

PERSONAL INFORMATION

Practitioner Type	Discipline or specialty of provider	Provider's license or title – e.g., Medical Doctor (MD), Osteopathic Doctor (DO), Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DMD), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic (DC), Physician Assistant (PA), Advanced Practice Registered Nurse (APRN), Certified Registered Nurse Anesthetist (CRNA), Clinical Nurse Specialist (CNS), etc.
First Name	First name of provider	
Last Name	Last name of provider	
Middle Name	Middle name of provider	
Suffix	Name suffix of provider	
Preferred Name	Preferred name or nickname of provider	Many practitioners with long or difficult to pronounce names prefer to use a nickname with patients and staff.
Gender	Gender of provider	
Race/Ethnicity	Race or ethnicity of provider	
SSN	Social Security Number of provider	
FNIN	Foreign National Identification Number of provider	Required if provider does not have an SSN - issued by a country other than the United States. Can utilize foreign passport number for this purpose
FNIN Country of Issue	Country of origin for provider's Foreign National Identification Number	
Date of Birth	Provider's date of birth	Format can change based on application - must collect day, month, year
Place of Birth	Provider's place of birth	
Home Address	Home address of provider	
Mailing Address	Address where provider can receive mail	Required if different than Home Address
Home Phone Number	Provider's home phone number	
Cell Phone Number	Provider's cell phone number	
Preferred Email Address	Provider's email address	Best email to contact provider
Individual NPI Number	CMS National Provider Identifier Number	Number assigned by Centers for Medicare & Medicaid Services through the National Plan and Provider Enumeration System (NPPES). Used by most commercial payors as well, and does not require enrollment in the Medicare program.
Medicaid ID #	Provider's Medicaid Identification Number	
Medicare Provider #	Provider's Medicare Provider Number	
CAQH ID #	Provider's Identification Number for CAQH ProView	
Worker's Compensation Number	Identifier number for providers participating in worker's compensation program	

PERSONAL INFORMATION (Continued)

USMLE or ECFMG ID	Identifier number provided by the United States Medical Licensing Examination (USMLE) or by the Educational Commission for Foreign Medical Graduates (ECFMG)	
Enter All Non-English languages You Speak	Identify which languages the provider is proficient in	
U.S. Citizen	Identify whether the provider is a United States citizen	
Degree(s)	Degree(s) held by provider	
Do you practice exclusively within inpatient setting?	Yes/No whether provider only practices in an inpatient setting.	

UNDERGRADUATE EDUCATION

School Name	Complete name of school where provider received undergraduate education	
Address	Address of provider's undergraduate school	
Phone Number	Phone number of provider's undergraduate school	
Fax Number	Fax number of provider's undergraduate school	
Dates Attended	Date range when provider attended undergraduate school	
Graduation Date	Date when provider graduated undergraduate school	
Degree/Certificate Awarded	Degree or certificate provider earned when graduating from undergraduate school	

GRADUATE EDUCATION

School Name	Complete name of school where provider received graduate education	Provider should complete this section for any/all relevant graduate education programs completed (e.g., medical, dental, podiatric, Masters, Ph.D., Physician Assistant certificates, etc.)
Address	Address of provider's graduate school	
Phone Number	Phone number of provider's graduate school	
Fax Number	Fax number of provider's graduate school	
Dates Attended	Date range when provider attended graduate school	
Graduation Date	Date when provider graduated graduate school	
Degree/Certificate Awarded	Degree or certificate provider earned when graduating from graduate school	

INTERNATIONAL MEDICAL GRADUATES

ECFMG Number	Identification number issued by the Educational Commission for Foreign Medical Graduates	Applicable to International Medical Graduates only
ECFMG Date Issued	Date of issue for ECFMG Number	Applicable to International Medical Graduates only

FIFTH PATHWAY

School Name	Complete name of school where provider received medical education (international)	The Fifth Pathway is no longer offered as of 2009. Providers who received a Fifth Pathway Certificate prior to 2009 must have their credentials verified according to the Fifth Pathway process.
Institution Where Rotations Performed	Medical institution where provider performed rotations for Fifth Pathway Certificate (U.S.-based)	
Address	Address of provider's international medical school	
Phone Number	Phone Number of provider's international medical school	
Fax Number	Fax Number of provider's international medical school	
Dates Attended	Date range when provider attended international medical school	
Dates of Rotations	Date range when provider performed rotations (U.S.-based)	
Graduation Date	Date when provider graduated international medical school	

INTERNSHIP

Accreditation	Status of internship program's accreditation by ACGME	
School Name	Complete name of school where internship was completed	
Affiliated With	Institution that internship program is affiliated with	Optional
Address	Address of school where internship was completed	
Phone Number	Phone number of school where internship was completed	
Fax Number	Fax number of school where internship was completed	
Country Code	Numeric country code for country in which provider completed internship	Used if education program was completed in a different country
Dates Attended	Date range when provider participated in internship program	
Program Director at Time of Completion	Name of Program Director under whom provider completed internship	
Current Program Director (If Known)	Name of current Program Director for provider's internship program	Optional - fill in if provider knows current Program Director name
Specialty	Description of specialty in which provider completed internship program	
Did You Successfully Complete the Program?	Provider answers whether or not they completed the internship program described above	

RESIDENCY

Accreditation	Accreditation status of residency program	
School Name	Complete name of school where residency was completed	
Affiliated With	Institution that residency program is affiliated with	Optional
Address	Address of school where residency was completed	
Phone Number	Phone number of school where residency was completed	
Fax Number	Fax number of school where residency was completed	
Dates Attended	Date range when provider participated in residency program	
Program Director at Time of Completion	Name of Program Director under whom provider completed residency	
Current Program Director (If Known)	Name of current Program Director for provider's residency program	Optional - fill in if provider knows current Program Director name
Specialty	Description of specialty in which provider completed internship program	
Did You Successfully Complete the Program?	Provider answers whether or not they completed the residency program described above	

FELLOWSHIP

Accreditation	Accreditation status of fellowship program	
School Name	Complete name of school where fellowship was completed	
Affiliated With	Institution that fellowship program is affiliated with	Optional
Address	Address of school where fellowship was completed	
Phone Number	Phone number of school where fellowship was completed	
Fax Number	Fax number of school where fellowship was completed	
Dates Attended	Date range when provider participated in fellowship program	
Program Director at Time of Completion	Name of Program Director under whom provider completed fellowship	
Current Program Director (If Known)	Name of current Program Director for provider's fellowship program	Optional - fill in if provider knows current Program Director name
Specialty	Description of specialty in which provider completed internship program	
Type of Fellowship	Description of provider's fellowship program (Clinical, Research, Other)	
Did You Successfully Complete the Program?	Provider answers whether or not they completed the fellowship program described above	

OTHER CLINICAL/PROFESSIONAL TRAINING

School Name		
Address		
Phone Number		
Fax Number		
Dates Attended		
Degree/Certificate Awarded		

EDUCATION AND TRAINING EXPLANATION

Explain Any Incomplete Training or Gaps Between Undergraduate Degree and Postgraduate Training	Space for provider to explain incomplete training (any section above where provider answered "No" to "Did You Successfully Complete the Program?", or any longer than usual gaps in their education and training	Different facilities have their own requirements for the length of time constituting "longer than usual." As each situation is different, credentialing staff should follow their best judgment and any applicable facility guidelines to determine the gap length for which to request an explanation.
--	--	---

STATE MEDICAL BOARD EXAMINATIONS

State Medical Board Name		Applicants who are not physicians (PAs/APRNs) should complete this section with the information for relevant board exams for their practitioner type.
Most Recent Attempt Date		
Number of Attempts		
Result of Last Attempt		

EXAMINATIONS

The examinations listed in this section outline the traditional exams taken by physician applicants. When using these data elements to credential other practitioners (such as PAs and APRNs), credentialing staff should seek information on the relevant examinations for that practitioner type.

USMLE Step 1		
USMLE Step 2CS		
USMLE Step 2CK		
USMLE Step 3		
NBME Part 1		
NBME Part 2		
NBME Part 3		
FLEX Pre-1985		
FLEX Component 1		
FLEX Component 2		
NBOME 1		
NBOME 2		
NBOME 3		
NBOME COMPLEX 1		
NBOME COMPLEX 2CE		
NBCOME COMPLEX 2PE		
NBOME COMPLEX 3		
LMCC - Single Exam		
LMCC Part 1		
LMCC Part 2		
SPEX		

LICENSES

State	State of issue for provider's medical license	All questions in this section should be repeated for as many licenses as the provider holds
Name of License Entity	Complete name of state entity that issued provider's medical license	
Medical/Professional License Number	Identification number issued by above entity for provider's medical license	
Date Issued	Date of issue for provider's medical license	
Expiration Date	Expiration date of provider's medical license	
Currently Practicing?	Provider answers whether they are currently practicing in the state described above	
Practice Type	Description of the practice category under provider's medical license	
License Type	Type of the provider's medical license	
License Status	Status of the provider's medical license	
Continuing Education Hours	Provider answers whether they have completed the continuing education hours (CME/CEU) as required by the state licensing entity(ies) if applicable	

DEA

State	State in which provider holds Drug Enforcement Agency registration	All questions in this section should be repeated for as many licenses as the provider holds
Federal DEA Registration Number	Identification number issued by federal government for provider DEA registration	
Date Issued	Date of issue for provider's DEA registration	
Expiration Date	Expiration date of provider's DEA registration	

SPECIALTY BOARD CERTIFIED

Are You Board-Certified?	Provider answers whether they are currently certified by a specialty board	All questions in this section should be repeated for as many specialty certifications as the provider holds
Name of Issuing Board	Complete name of specialty body providing or issuing certification	
Date Certified	Effective date of provider's specialty certification	
Expiration Date	Expiration date of provider's specialty certification	
Date Recertified or Next Recertification Date	Date on which provider was most recently recertified, or date of next recertification	
I have taken exam, results pending	Checked if provider is awaiting results of previously completed certification exam	Applicable if provider is not currently board-certified
I intend to sit for an exam	Checked if provider will take certification exam at a future date	Applicable if provider is not currently board-certified, and answered "No" to above
Exam Date	Date when provider intends to take certification exam	Applicable if provider answers "Yes" to above
I do not intend to sit for an exam	Checked if provider does not intend to take certification exam	Applicable if provider is not currently board-certified, and answered "No" to Results Pending question
MOC	Provider answers if they are participating in Maintenance of Certification	

SUB-SPECIALTY BOARD CERTIFIED

Are You Board-Certified?	Provider answers whether they are currently certified by a specialty board	All questions in this section should be repeated for as many subspecialty certifications as the provider holds
Name of Issuing Board	Complete name of specialty body providing or issuing certification	
Date Certified	Effective date of provider's specialty certification	
Expiration Date	Expiration date of provider's specialty certification	
Date Recertified or Next Recertification Date	Date on which provider was most recently recertified, or date of next recertification	
I have taken exam, results pending	Checked if provider is awaiting results of previously completed certification exam	Applicable if provider is not currently board-certified
I intend to sit for an exam	Checked if provider will take certification exam at a future date	Applicable if provider is not currently board-certified, and answered "No" to above
Exam Date	Date when provider intends to take certification exam	Applicable if provider answers "Yes" to above
I do not intend to sit for an exam	Checked if provider does not intend to take certification exam	Applicable if provider is not currently board-certified, and answered "No" to Results Pending question
MOC	Provider answers if they are participating in Maintenance of Certification	

CERTIFICATIONS

This section outlines commonly sought certifications for physician applicants. If credentialing another practitioner (e.g., PA/APRN), credentialing staff should seek information on common certifications for that practitioner type, abiding by any applicable facility requirements.

Basic Life Support	Provider answers if they are certified in basic life support	
Basic Life Support Certification Date	Date on which provider was certified in basic life support	
CPR	Provider answers if they are certified in Cardiopulmonary resuscitation (CPR)	
CPR Certification Date	Date on which provider was certified in CPR	
ADV Cardiac Life Support	Provider answers if they are certified in advanced cardiac life support	
ADV Certification Date	Date on which provider was certified in cardiac life support	
Neonatal ADV Life Support	Provider answers if they are certified in neonatal advanced life support	
Neonatal Life Support Certification Date	Date on which provider was certified in neonatal life support	
ADV Life Support in OB	Provider answers if they are certified in advanced life support in obstetrics	
OB Life Support Certification Date	Date on which provider was certified in obstetric life support	
ADV Trauma Life Support	Provider answers if they are certified in advanced trauma life support	
Trauma Life Support Certification Date	Date on which provider was certified in trauma life support	
Pediatric ADV Life Support	Provider answers if they are certified in pediatric advanced life support	
Pediatric Life Support Certification Date	Date on which provider was certified in pediatric life support	

PRACTICE INTERESTS

Practice Interests	Provider gives additional information on areas of interest for professional practice, activities, procedures, diagnoses, or patient populations	Practice Interests
--------------------	---	--------------------

AFFILIATIONS – PRIMARY FACILITY

If credentialing a practitioner who would not have admitting privileges, credentialing staff should seek information on clinical privileges at primary and secondary facilities.

Do You Have Hospital Admitting Privileges?	Provider answers if they have admitting privileges at their primary facility	
What Type of Admitting Arrangements Do You Have?	Provider explains their admitting arrangements at their primary facility	Applicable if provider answers "No" to above
Facility Name	Complete name of provider's primary facility	
Address	Complete address of provider's primary facility	
Phone Number	Phone number of provider's primary facility	
Fax Number	Fax number of provider's primary facility	
Department Name	Name of department where provider operates at primary facility	
Department Chair or Direct Clinical Supervisor	Complete name of provider's Department Chair or direct clinical supervisor at primary facility	
Affiliation Dates	Start/End date of provider's affiliation with primary facility	
Full Unrestricted Privileges?	Provider answers whether they have full and unrestricted admitting privileges at primary facility	
Are Privileges Temporary?	Provider answers whether their privileges at primary facility are temporary	
Admitting Privilege Status	Provider describes the status of their admitting privileges at primary facility - none, full, unrestricted, provisional, temporary, etc	
Total Annual Admission Percentage	Which percentage of the provider's total annual admissions are to the facility described above	

AFFILIATIONS – SECONDARY FACILITY

Do You Have Hospital Admitting Privileges?	Provider answers if they have admitting privileges at this secondary facility	All questions in this section should be repeated for each secondary facility (including hospitals, surgery centers, etc) where the provider currently has privileges or admits patients
What Type of Admitting Arrangements Do You Have?	Provider explains their admitting arrangements at their secondary facility.	
Facility Name	Complete name of provider's secondary facility	
Address	Complete address of provider's secondary facility	
Phone Number	Phone number of provider's secondary facility	
Fax Number	Fax number of provider's secondary facility	
Department Name	Name of department where provider operates at secondary facility	
Department Chair or Direct Clinical Supervisor	Complete name of provider's Department Chair or direct clinical supervisor at secondary facility	
Affiliation Dates	Start/End date of provider's affiliation with secondary facility	
Full Unrestricted Privileges?	Provider answers whether they have full and unrestricted admitting privileges at secondary facility	
Are Privileges Temporary?	Provider answers whether their privileges at secondary facility are temporary	
Admitting Privilege Status	Provider describes the status of their admitting privileges at secondary facility - none, full, unrestricted, provisional, temporary, etc	
Total Annual Admission Percentage	Which percentage of the provider's total annual admissions are to the facility described above	

PREVIOUS AFFILIATIONS

Did You Have Hospital Admitting Privileges?	Provider answers if they had admitting privileges at this secondary facility	All questions in this section should be repeated for each facility where the provider previously held privileges or admitted patients
What Type of Admitting Arrangements Did You Have?	Provider explains their admitting arrangements at their secondary facility.	
Facility Name	Complete name of provider's secondary facility	
Address	Complete address of provider's secondary facility	
Phone Number	Phone number of provider's secondary facility	
Fax Number	Fax number of provider's secondary facility	
Department Name	Name of department where provider operated at secondary facility	
Department Chair or Direct Clinical Supervisor	Complete name of provider's Department Chair or direct clinical supervisor at secondary facility	
Affiliation Dates	Start/End date of provider's affiliation with secondary facility	
Full Unrestricted Privileges?	Provider answers whether they had full and unrestricted admitting privileges at secondary facility	
Are Privileges Temporary?	Provider answers whether their privileges at secondary facility were temporary	
Admitting Privilege Status	Provider describes the status of their admitting privileges at secondary facility - none, full, unrestricted, provisional, temporary, etc	
Total Annual Admission Percentage	Which percentage of the provider's total annual admissions were to the facility described above	

WORK HISTORY

Name of Practice/Employer	Complete name of provider's medical practice or employer	All questions in this section should be repeated for any private practice affiliations or other employment since completion of medical/professional school
Activity Type	Provider describes the type of work performed at above employer (Work, Vacation, PGT/Education, Military Service, Health Issue, Seeking Employment)	This could be both a drop down menu with specific selections or an open-text box explanation field.
Address	Complete address of provider's employer	
Phone Number	Phone number of provider's employer	
Fax Number	Fax number of provider's employer	
Title/Position Held	Provider's title or position at employer	
Department	Department in which provider was employed	
Employment Dates	Date range when provider was employed at above	
Clinical Time %	Percentage of work time spent on clinical matters	
Administrative Time %	Percentage of work time spent on administrative matters	
Reason For Departure	Provider explains reason for departure from employment at above	
On Staff/Non-Educational Training	Provider answers if they were on staff or employed in a non-educational training setting	
Practice/Patient Privileges	Provider answers if they were granted privileges to see patients or practice medicine	
Not Employed/In Training	Provider answers if they were not employed or were in training (as a visiting professor, consultant, evaluator, etc)	
Contact	Name of contact to verify employment at above	

MILITARY SERVICE

Have You Served Or Are You Currently Serving in the U.S. Military?	Provider answers whether they have ever served in the military, or if they are currently serving.	
Branch	Provider identifies which branch of the military they served in	These questions apply if the provider answers "Yes" to the above
Dates of Service	Date range when provider served in the military	
Last Location	Provider identifies the last location where they were assigned when serving	
Type of Discharge	Provider identifies their discharge from military service (if completed)	Provider should also attach a copy of their DD214 discharge papers
Current Service	Provider identifies if they are currently on active or reserve military duty	

GAPS

Dates	Provider identifies date range of gap in affiliation/work history	All questions in this section should be repeated for each gap in affiliation and work history of more than 30 days
Explanation	Provider explains gap in affiliation/work history	

PEER REFERENCES

Name	Complete name of provider's peer reference	All questions in this section should be repeated for three (3) individuals within the same discipline (i.e. MD/DO) as the provider who have personal knowledge (within the past 12 months) of the provider's current clinical abilities, ethical character, and interpersonal skills. References should be willing to provide this information upon request. Providers should not list relatives, practice partners, or people listed elsewhere on the credentialing form. PAs/APRNs may submit information for a supervising/collaborating physician in place of a peer if none is readily available.
Provider Type	Provider type for the provider's peer reference	This is used to help ensure that the peer reference is of a similar provider type as the applicant and is able to speak to the qualifications of the provider submitting information
Degree and Title	Degree and title held by the provider's peer reference	
Specialty	Specialty of the provider's peer reference	
Address	Complete address of the provider's peer reference's place of work	
Phone Number	Phone number for the provider's peer reference	
Fax Number	Fax number for the provider's peer reference	
Email Address	Email address for the provider's peer reference	
Relationship	Relationship of the peer reference to the provider	
Dates of Professional Association	Date range when provider is/was professionally associated with the peer reference	

MALPRACTICE INSURANCE – CURRENT CARRIERS

Carrier Name	Name of insurance carrier (or own name if self-insured)	Providers should attach a copy of their Certificate of Insurance along with any endorsements and exclusions.
Policy Number	Identification number for provider's malpractice insurance policy	
Type of Coverage	Type of the provider's current malpractice insurance coverage	
Effective Date	Date when provider's current malpractice insurance became effective	
Expiration Date	Date when provider's current malpractice insurance expires	
Amount of Coverage	Amount of malpractice insurance coverage that provider currently carries	
Tail Coverage	Provider answers whether their current malpractice insurance policy includes tail coverage	
Address	Complete address for provider's current malpractice insurance carrier	
Phone Number	Phone number for provider's current malpractice insurance carrier	

MALPRACTICE INSURANCE – PREVIOUS CARRIERS

Carrier Name	Name of previous malpractice insurer	All questions in this section should be repeated for any carriers in the last ten (10) years
Policy Number	Identification number for provider's previous malpractice insurance policy	
Type of Coverage	Type of the provider's previous malpractice insurance coverage	
Effective Date	Date when provider's previous malpractice insurance became effective	
Expiration Date	Date when provider's previous malpractice insurance expired	
Amount of Coverage	Amount of malpractice insurance coverage that provider previously carried	
Tail Coverage	Provider answers whether their previous malpractice insurance policy included tail coverage	
Address	Complete address for provider's previous malpractice insurance carrier	
Phone Number	Phone number for provider's previous malpractice insurance carrier	

MALPRACTICE QUESTIONS

For claims made coverage, was an extended reporting period (i.e., tail coverage) purchased?	Provider answers if an extended reporting period was ever purchased by them for claims made coverage	If provider answers "Yes" to any question in this section, include explanation
Have you ever practiced without professional liability coverage?	Provider answers if they have ever practiced medicine without professional liability coverage	
Have you had any malpractice claims against you?	Provider answers if they have ever had malpractice claims brought against them	
How many claims have been made against you?	Provider answers how many malpractice claims have been brought against them	This question applies if provider answers "Yes" to above
Has your professional liability insurance ever been voluntarily or involuntarily terminated, not renewed, restricted, or modified? (e.g. reduced limits, restricted coverage, increased deductible)	Provider answers if their professional liability insurance has ever been voluntarily or involuntarily terminated, not renewed, restricted, or modified	
Has any professional liability carrier provided you with written notice of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures?	Provider answers if their carrier has ever provided notice to deny, cancel, not renew, or limit their coverage	
Have you been named in a malpractice claim that is currently pending, settled, or has been decided by the courts?	Provider answers if they have ever been named in a malpractice claim currently pending, decided, or settled	
Have any adverse actions or malpractice reports about you been made to the NPDB or any other data bank?	Provider answers if any adverse actions or malpractice reports about them have been filed with the National Practitioner Data Bank or another data repository	

MALPRACTICE CLAIM INFORMATION WORKSHEET

Date of Incident	Date of incident causing malpractice claim	All questions in this section should be repeated for each malpractice claim against the provider
Location of Incident	Location of incident causing malpractice claim	
Date Filed	Date when malpractice claim was filed	
Date of lawsuit	Date when malpractice lawsuit was filed	
Date Closed	Date when malpractice claim was closed	Applies if malpractice claim in question is closed
Open or Pending	Provider answers whether the malpractice claim is open or pending	Applies if malpractice claim is not closed
Plaintiff Name	Name of plaintiff who filed the malpractice claim	
Case/Court Number	Identification number given to the malpractice claim	
Your Involvement In Case	Provider explains their involvement in the case (e.g., whether they were attending, consulting, etc)	
Describe Your Involvement with Patient's Care	Provider explains their involvement in the care at issue	Narrative should include, at a minimum, the following: (1) condition and diagnosis at the time of the incident; (2) dates and descriptions of treatment rendered; and (3) condition of the patient subsequent to treatment which resulted in the litigation
Status	Provider's status in the case (primary defendant, co-defendant, etc)	
Description of Allegations	Provider describes the allegation(s), claim(s), and/or action(s) taken	
Outcome	Provider explains the outcome of the malpractice case	Question applies if malpractice claim is closed
Resolution	Provider describes the resolution of the case (dismissed, settled, litigated, etc)	
Settlement	The amount of the settlement or judgment paid on provider's behalf (if any) and/or on behalf of provider's physician group	
Professional Liability Insurer Involved	Name of the Professional Liability Insurer involved in the case	

HEALTH STATUS QUESTIONS

Addiction	Provider answers if they are now or ever have been addicted to alcohol, prescription controlled substance(s) or illegal drugs	
Rehabilitation	Provider answers if they are currently or ever have participated in a supervised rehabilitation program and/or professional assistance program which monitors them for alcohol and/or substance abuse	
Explanation	Provider gives name, address, and full description of any rehabilitation program in which they are now or ever have participated, as well as the name and title of the counselor/diversion program/treating provider who can describe the provider's care and participation in the program, and advocate on behalf of the provider's sobriety status.	
Impairment	Provider answers whether they have any medical condition, physical defect, or psychological impairment which in any way impairs and/or limits the provider's ability to practice medicine with reasonable skill and safety	
Are you able to safely and competently perform the services/clinical privileges required by the applicable participating practitioner agreement or hospital appointment according to accepted standards of professional performance?		
Reasonable Accommodation	Provider describes any reasonable accommodation required to discharge their duties safely and competently	Applies if provider answers "No" to above
Patient Safety	Provider answers if they have any reason to believe that they would pose a risk to the safety and/or well-being of their patients	

DISCIPLINE

Medical License or Registration	Provider answers if their medical license or registration has ever been denied, or is currently in the process of being denied in any state	All questions in this section apply whether voluntary or involuntary.
Other Professional License or Registration	Provider answers if any other professional license or registration has ever been denied or is currently in the process of being denied in any state.	
DEA Registration	Provider answers if their DEA registration has ever been denied or is currently in the process of being denied	
Academic Appointment	Provider answers if they have ever had an academic appointment been denied or in the process of being denied	
Hospital Membership	Provider answers if they have ever been denied membership in any hospital or ambulatory surgical center (or been in the process of being denied)	
Clinical Privileges & Rights	Provider answers if they have ever had their clinical privileges, rights, or prerogatives denied at any hospital or ambulatory surgical center (or if they are in the process of being denied)	
Resignation to Avoid Discipline	Provider answers if they have ever resigned from any hospital or institution in order to avoid possible revocation, suspension, or reduction of privileges	
Board Certification	Provider answers if they have ever had a board certification denied (or been in the process of being denied)	
Felony Conviction	Provider answers if they have ever been convicted of a felony	
Professional Action	Provider answers if they have ever had any professional action or sanction taken against them	
Insurance Investigation	Provider answers if they have ever been the subject of an investigation by any private, state, or federal agency concerning their participation in any private, state, or federal insurance (with regard to billing for or delivery of health care services)	
Medicare & Medicaid Exclusion	With respect to the billing for or delivery of health care services, provider answers whether they have ever been investigated by, charged with, or listed by any federal or state agency as being excluded, debarred, suspended, or otherwise ineligible to participate in federal or state programs, including Medicare & Medicaid, or have any current reason to believe that they may be so listed in the future on the Department of Health and Human Services, Office of the Inspector General, Cumulative Sanctions Report, or the General Services Administration list of parties excluded from the Federal Procurement and Non-Procurement Programs	
Medicare Opt-Out	Provider answers if they are currently opted out of Medicare	
Medicaid Opt-Out	Provider answers if they are currently opted out of Medicaid	

OFFICE INFORMATION

Physician/Group Practice Name	Provider's physician practice or group practice name (to appear in hospital directory)	Directory display name may differ from business entity name
Clinical/Group Practice Corporate name	Provider's physician practice or group practice name (as listed on W-9 form)	
Office Address	Complete address of provider's office	
Mailing Address	Complete mailing address for provider's office (if different from above)	Optional if mailing address is the same as office address
Office Phone Number	Phone number of provider's office	
Office Fax Number	Fax number for provider's office	
Office Email Address	Email address for the provider's office	
Office Web Address	Web address for the provider's office	
Office Manager Name	Name of office manager for provider's office	
Office Manager Phone Number	Phone number for provider's office manager	
Office Manager Email Address	Email address for provider's office manager	
Back Office Phone Number	Phone number for provider's back office	
Patient Appointment Phone Number	Phone number for patient appointments at provider's office	
EIN and/or TID	Provider's office Employer Identification Number or Tax Identification Number	Must match Internal Revenue Service information exactly
Individual TID	Provider's individual Tax Identification Number	Health plans use this information to determine whether provider and/or their office location is part of a contracted entity
Group TID	Provider's group Tax Identification Number	
Practice NPI Number	Provider's practice National Provider Identifier number	
Site Specific Medicaid Number	Provider's Site Specific Medicaid identification number	
HIPAA Taxonomy Code	Provider's health care provider taxonomy code	
Effective Date	Effective date of provider at this office location	
Specialty Practice	Specialty practiced by provider at this site	
Associate Names	Complete name(s) of associate(s) at this site	This should include information for all associates and other practitioners at this site, including PAs and APRNs.
Practice Type	Type of provider's practice at this site (e.g., Solo, Single Specialty, Multi-Specialty, Hospital-Based, Hospital-Employed, Health Plan/Payer-Owned)	
Owner Name	Complete name of owner of practice at this site	Applicable if provider answers Hospital-Employed, Health Plan-Owned, or Payer-Owned to above
Practice Time	Type of provider's practice at this site (e.g., full- or part-time)	
Billing Address	Complete address where provider is billed for this site	Applicable if different from Office Address above
Billing Office Manager Name	Complete name of billing office manager	Applicable if different from Office Manager Name above

OFFICE INFORMATION (Continued)

Billing Office Manager Phone Number	Phone number of billing office manager	Applicable if different from Office Manager Phone Number above
Billing Office Manager Fax Number	Fax number of billing office manager	Applicable if different from Office Manager Fax Number above
Billing Office Manager Email Address	Email address for billing office manager	Applicable if different from Office Manager Email Address above
Medical Records Address	Address where medical records requests should be sent	
Credentialer Name	Complete name of provider's credentialer	
Credentialer Address	Complete address of provider's credentialer	
Credentialer Phone Number	Phone number of provider's credentialer	
Credentialer Fax Number	Fax number of provider's credentialer	
Credentialer Email Address	Email address for provider's credentialer	
Directory - Primary Care Practitioner	Provider answers if they wish to be listed in the Health Plan Directory as a Primary Care Practitioner	
Directory - Specialist	Provider answers if they wish to be listed in the Health Plan Directory as a Specialist	
Directory - Specialty	Provider lists which specialty they want to be listed under	Applicable if provider answers "Yes" to above
Closed Plans/Programs	Provider answers if they have closed their practice to any plans or programs (and lists which plans or programs)	
Deselected Networks	Provider answers if they have been denied selection or deselected from any networks	
Network Name	Name of network from which provider has been denied selection or deselected	Question must be repeated for all networks from which provider has been denied selection or deselected

OFFICE PATIENT QUALIFICATIONS

New Patients	Provider answers if they are accepting new patients at this site	Provider should also list any qualifications for new patients (All new, family members of existing patients, existing patients only, referrals only, etc)
Age Groups Treated	Provider lists which age groups they treat at this site	0-6, 7-11, 12-19, 20-65, Over 65, All Ages
Age Limitations	Provider details any age limitations for treated patients at this site	
Gender Limitations	Provider details any gender limitations for treated patients at this site	
Medicare Participation	Provider answers if they participate in the Medicare program.	
Medicaid Participation	Provider answers if they participate in the Medicaid program.	
Worker's Compensation	Provider answers if they accept Worker's Compensation patients	
Handicap Access	Provider details handicap accommodations available at this site - bathroom, parking, building, etc.	
Disabled Services	Provider details services for the disabled available at this site - Text Telephone TTY, American Sign Language, Mental/Physical Impairment Services, Interpreters, etc	
Non-English Languages	Provider lists language(s) other than English spoken at this site	
Public Transportation	Provider answers whether site is accessible by public transportation	

OFFICE/STAFF PATIENT SERVICES

Other Practitioners	Provider answers whether other practitioners (PAs, APRNs) care for patients at this site	
Other Practitioner Name	Complete name of the PA/APRN	
Other Practitioner Type	Other practitioner's type	
Other Practitioner License/Certification Number	License or certification identification number of the PA/APRN	
Other Practitioner State	State in which PA/APRN is licensed or certified	
Patient Call Response Time - Acute/Urgent	Average response time for returning patient calls in an acute or urgent situation	
Patient Call Response Time - Emergency	Average response time for returning patient calls in an emergency situation	
Patient Call Response Time - Routine	Average response time for returning patient calls in a routine situation	
Office Wait Time	Average wait time in office for patients	
Appointment Wait Time - Emergency	Standard wait time for patient appointments in an emergency situation	
Appointment Wait Time - Urgent	Standard wait time for patient appointments in an urgent situation	
Appointment Wait Time - Symptomatic	Standard wait time for patient appointments for symptomatic care	

OFFICE/STAFF PATIENT SERVICES (Continued)

Appointment Wait Time - Routine	Standard wait time for patient appointments for routine care	
Appointment Wait Time - Preventative	Standard wait time for patient appointments for preventative care	
Urgent Walk-Ins for Workers	Provider answers if the office will accommodate urgent walk-ins to treat injured or ill workers and facilitate their return to work if possible	
Worker Appointments	Provider answers if the office will accommodate non-urgent appointments within 48 hours to treat injured or ill workers and facilitate their return to work if possible	
Active Patients Enrolled	Number of active patients enrolled with provider at this site	
Yearly Patient Visits	Number of patient visits with provider at this site per year	

OFFICE AVAILABILITY

Office Hours - Monday	Hours that provider's office is open on Monday	
Office Hours - Tuesday	Hours that provider's office is open on Tuesday	
Office Hours - Wednesday	Hours that provider's office is open on Wednesday	
Office Hours - Thursday	Hours that provider's office is open on Thursday	
Office Hours - Friday	Hours that provider's office is open on Friday	
Office Hours - Saturday	Hours that provider's office is open on Saturday	
Office Hours - Sunday	Hours that provider's office is open on Sunday	
Call Coverage	Hours when provider is considered on call	
Answering Service	Describe coverage of provider's answering service	
After-Hours Arrangements	Describe arrangements for patient needs when office is closed	
Medical Enterprise/Businesses	List any affiliated medical enterprises	
EDI Participation	Provider answers if and how they participate in Electronic Data Interchange	
Practice Management System	Provider names their practice management system	
Electronic Claims Submission	Provider describes their system for electronic claims submission	
Direct Patient Care		

ON-SITE PROCEDURES

Immunizations	Provider answers whether immunizations are performed at their office.	
Allergy Skin Testing	Provider answers whether allergy skin testing is performed at their office.	
Asthma Treatment	Provider answers whether asthma treatment is performed at their office.	
Blood Drawing	Provider answers whether blood drawing is performed at their office.	
EKG	Provider answers whether EKGs are performed at their office.	
Sigmoidoscopy	Provider answers whether sigmoidoscopies are performed at their office.	
IV Treatment	Provider answers whether IV treatments are performed at their office.	
Laceration Repair	Provider answers whether laceration repair is performed at their office.	
Minor Surgery	Provider answers whether minor surgeries are performed at their office.	
Gynecology	Provider answers whether gynecology services are performed at their office.	
Spinal Manipulation	Provider answers whether spinal manipulation is performed at their office.	
Physical Therapy	Provider answers whether physical therapy is performed at their office.	
Pulmonary Function Study	Provider answers whether pulmonary function studies are performed at their office.	
Audiometry Screening	Provider answers whether audiometry screenings are performed at their office.	
X-Rays	Provider answers whether X-Rays are performed at their office.	
Surgical Services	Provider answers whether surgical services are performed at their office.	
Anesthesia	Provider answers whether anesthesia is performed at their office.	
Conscious Sedation	Provider answers whether conscious sedation is performed at their office.	Applicable for dentists only

OFFICE CERTIFICATIONS

Certification Type	Type of certification held by provider.	Section completed for all certificates held by provider.
Certificate Number	Number of provider's certificate.	
Certificate Expiration Date	Expiration date of provider's certificate.	