

Steps to Provider Credentialing in Managed Care

A Guide for Medical Services Professionals

STEP 1: Contract Negotiation

The practitioner or group engages in contract negotiations, discussing terms, products, and reimbursement rates.

STEP 2: Contract Execution

Upon approval of terms, a contract is signed by both the practitioner or group and the managed care organization.

STEP 3: Application Initiation

Start the credentialing process by completing the organization's application, a state-mandated application, or grant the organization access to procure a nationally recognized completed application.

STEP 4: Application Evaluation

Review the application for correctness and completeness, including attestations of work history, professional liability coverage, and required disclosures.

Request missing information.

STEP 5: Verification Process

Once the application is deemed complete, contact primary sources or sources recognized by accrediting bodies to verify highest level of training, licensure, registrations, claims history, and sanctions.

STEP 6: Quality Assessment

Assess discrepancies between the applicant and the primary source; liability issues such as claims, settlements and judgments; and disciplinary actions, adverse actions, and sanctions.

STEP 7: Credentialing Committee Review

Reviews the gathered data and makes a credentialing decision based on established criteria.

STEP 8: Credentialing Decision Notification

Notify providers of credentialing decisions.

- Approved (initial only): Send welcome packet with effective date, accepted specialty, and information regarding interacting with the organization.
- Deferred (initial and re-credentialing): Request additional information.
- Denied (initial and re-credentialing):
 Notify provider of their appeal rights.

STEP 9: Ongoing Monitoring

Periodically monitor sanctions, provider performance, and complaints to ensure compliance with organizational standards.

STEP 10: Recredentialing

Repeat steps 3 through 8.