UnityPoint Health
Credentials Verification Office
Recredentialing Application Portal Tip Sheet

Thank you for your continued affiliation with UnityPoint Health!

The UnityPoint Health Credentials Verification Office (CVO) will send the applicant the online portal application invites via e-mail based on your re-credentialing due date.

If the CVO has been previously made aware of a Delegate Credentialing Contact, a person who can assist with completing the portal, the delegate will also receive an invitation via e-mail.

The e-mails and logins for the Practitioner and Delegate Credentialing Contacts are NOT interchangeable.

The application will slightly vary dependent upon if the applicant has hospital membership/privileges or if the applicant only has PHO (Medimore Payors) participation. Applicants are responsible for the final review, signing and submitting of the portal application.

If you have any questions please contact the CVO:

UPH_CVO@unitypoint.org

Provider Assistance Line available from 7:00am-5:00pm CST: 515-241-7977

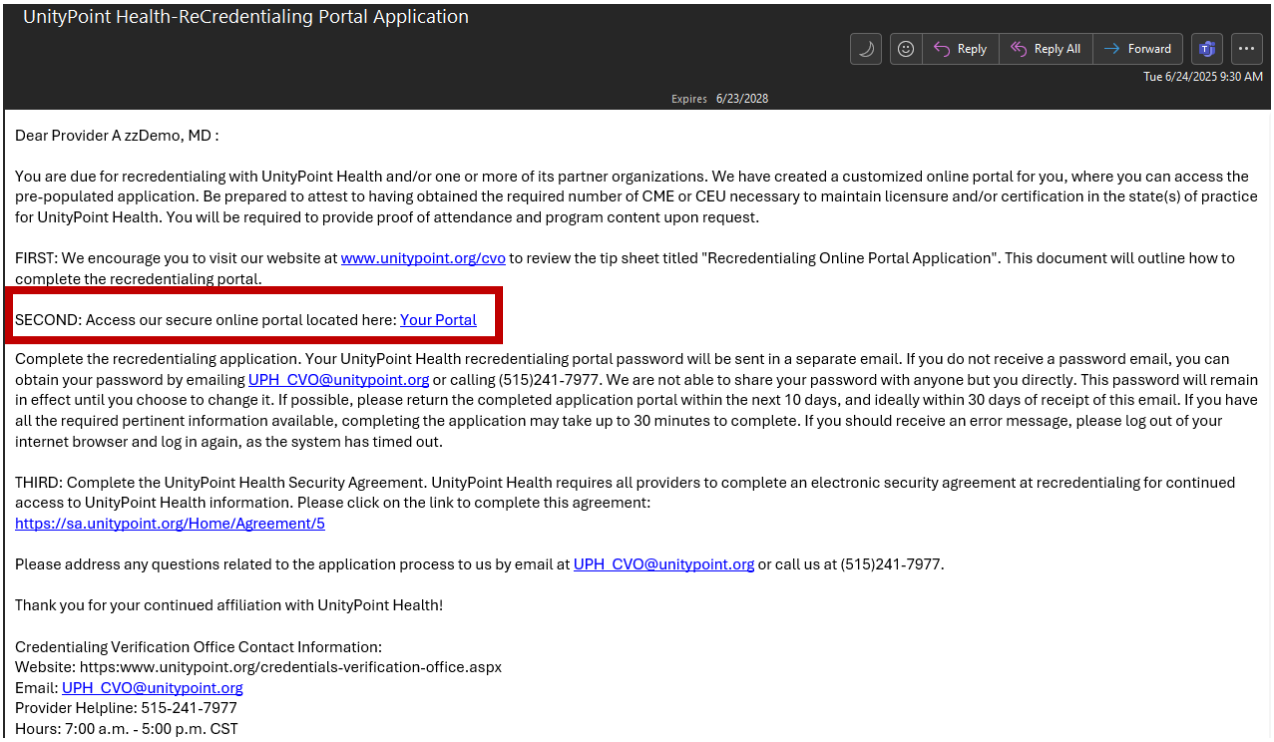
https://www.unitypoint.org/cvo

Contents

Invitation E-mail

You, and if applicable the Delegate Credentialing Contact, will receive two (2) email notices from the CVO requesting that you complete your recredentialing. The e-mails and logins for the Practitioner and Delegate Credentialing Contacts are NOT interchangeable.

One email will outline your instructions and provide your direct link to your portal.



UnityPoint Health-ReCredentialing Portal Application

Reply | Reply All | Forward

Tue 6/24/2025 9:30 AM

Expires 6/23/2028

Dear Provider A zzDemo, MD :

You are due for recredentialing with UnityPoint Health and/or one or more of its partner organizations. We have created a customized online portal for you, where you can access the pre-populated application. Be prepared to attest to having obtained the required number of CME or CEU necessary to maintain licensure and/or certification in the state(s) of practice for UnityPoint Health. You will be required to provide proof of attendance and program content upon request.

FIRST: We encourage you to visit our website at www.unitypoint.org/cvo to review the tip sheet titled "Recredentialing Online Portal Application". This document will outline how to complete the recredentialing portal.

SECOND: Access our secure online portal located here: Your Portal

Complete the recredentialing application. Your UnityPoint Health recredentialing portal password will be sent in a separate email. If you do not receive a password email, you can obtain your password by emailing UPH_CVO@unitypoint.org or calling (515)241-7977. We are not able to share your password with anyone but you directly. This password will remain in effect until you choose to change it. If possible, please return the completed application portal within the next 10 days, and ideally within 30 days of receipt of this email. If you have all the required pertinent information available, completing the application may take up to 30 minutes to complete. If you should receive an error message, please log out of your internet browser and log in again, as the system has timed out.

THIRD: Complete the UnityPoint Health Security Agreement. UnityPoint Health requires all providers to complete an electronic security agreement at recredentialing for continued access to UnityPoint Health information. Please click on the link to complete this agreement:
https://sa.unitypoint.org/Home/Agreement/5

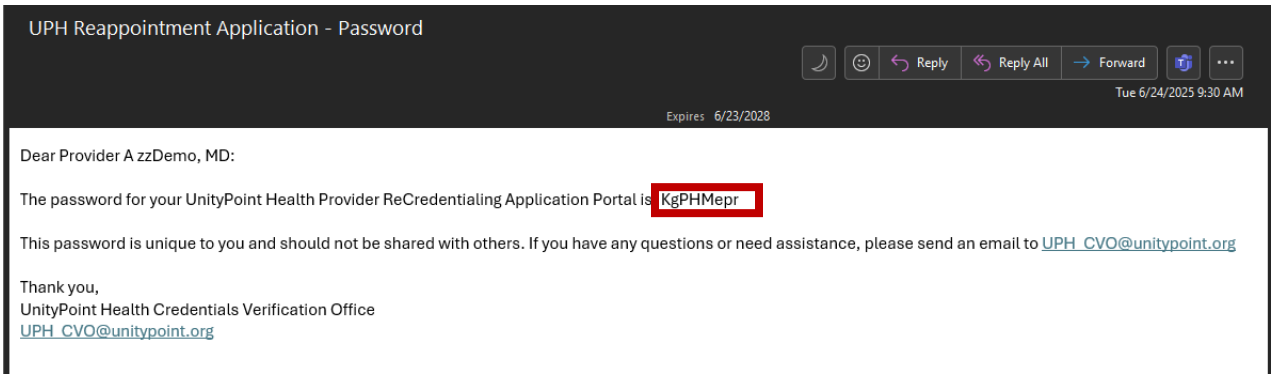
Please address any questions related to the application process to us by email at UPH_CVO@unitypoint.org or call us at (515)241-7977.

Thank you for your continued affiliation with UnityPoint Health!

Credentialing Verification Office Contact Information:
Website: https:www.unitypoint.org/credentials-verification-office.aspx
Email: UPH_CVO@unitypoint.org
Provider Helpline: 515-241-7977
Hours: 7:00 a.m. - 5:00 p.m. CST

The second email will provide you the password to be used for your portal.

We recommend that you copy and paste the password to assure capitalization and proper letters are used. Make sure to not grab extra spaces before or after the password.



UPH Reappointment Application - Password

Reply | Reply All | Forward

Tue 6/24/2025 9:30 AM

Expires 6/23/2028

Dear Provider A zzDemo, MD:

The password for your UnityPoint Health Provider ReCredentialing Application Portal is KgPHMepr

This password is unique to you and should not be shared with others. If you have any questions or need assistance, please send an email to UPH_CVO@unitypoint.org

Thank you,
UnityPoint Health Credentials Verification Office
UPH_CVO@unitypoint.org

Credentialing Information to have on hand

The following information is provided to assist you in ensuring you have all of the information needed on your Application for quick credentialing turnaround. Please contact the CVO for any clarification needed.

UPH_CVO@unitypoint.org

Provider Assistance Line available from 7:00am-5:00pm CST: 515-241-7977

Prior to starting the application completion process via the UnityPoint Health Practitioner Portal you will need to gather the following information/documents.

For recredentialing applications, the CVO Requests all of your applicable information **within the past 2 years if you are an Illinois Practitioner and 4 years if you are an Iowa Practitioner**, if anything has been previously supplied to the CVO it should be prepopulated in your portal application for you.

Information:

- Current state license number(s), effective and expiration date(s)
- Current DEA number(s) and expiration date(s)
- Current Controlled Substance Registration number(s) and expiration date(s)
- Current malpractice insurance policy(ies) information includingcarrier name, policy number, effective and expiration date, per incident and aggregate amount
- Any new Medical and Training Program information and date(s) of attendance
- Board/National Certification number(s), date(s), and/or eligibility status/exam date(s), if applicable
- Hospital/Ambulatory Surgery Center Affiliation information and date(s), if applicable
- Work History and Gap Explanations
- Back-Up/Covering Provider information
- Collaborative/Supervising Physician information if you are an Advanced Practice Provider
- Be prepared to answer questions regarding your professional history such as non-renewed Hospital privileges, financial investments/relationships, malpractice claims filed, criminal history, health and vaccine status, etc.

Documents:

- A PDF copy of your Current Malpractice Insurance Certificate(s)
    - *NOTE: You are not required to provide a copy of this if you have already supplied a recent copy to the CVO, but providing a current copy is always appreciated*

Applicant Portal - Basic Info & Troubleshooting

Note the compatibility requirements.

The UnityPoint Health Practitioner Portal is located here:

Practitioner Portal

To access the Practitioner Portal as a delegated (credentialing contact) user:
Delegate Cred Contact - Practitioner Portal

Be sure you are utilizing the correct webpage and login! *The most common issue with logins is the Provider trying to use the Delegate website and password, or the Delegate trying to use the Provider website and password.*

Upon clicking on your portal link in the email you will arrive at the log in page. Enter your email address that your portal invitation was sent to and enter the password provided in the second email.

If the applicant cannot get the password to work try the "Forgot your password" feature, see below for troubleshooting tips. If you are still unable to access your application please contact the CVO:
UPH_CVO@unitypoint.org

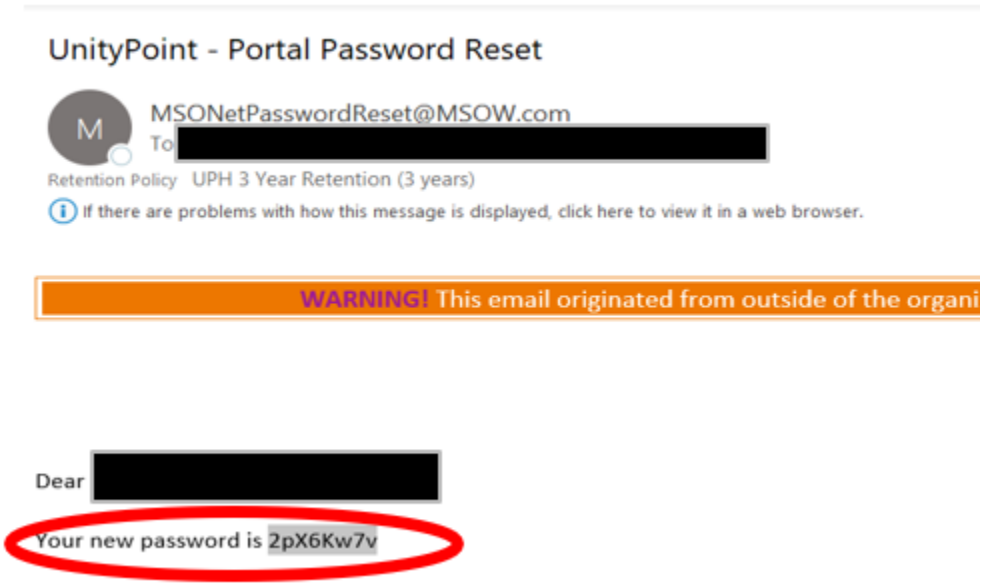
Password troubleshooting:

If your password does not appear to work, you can click on the “Forgot your password?” option and you will be prompted to the following screen. Last name and first name must match with our names in the credentialing software system.

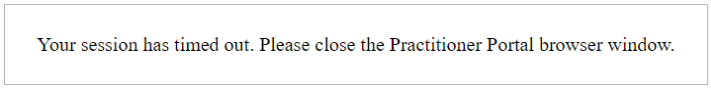
Successful matching of last name and first name to our system will be confirmed with this message stating a new temporary password has been sent to the original email where the portal invitation was sent.

The password email will ONLY give you the new password. You will use your original recredentialing portal email for the portal link.

We recommend that you copy/paste the password, making sure to not grab extra space prior or after the password.

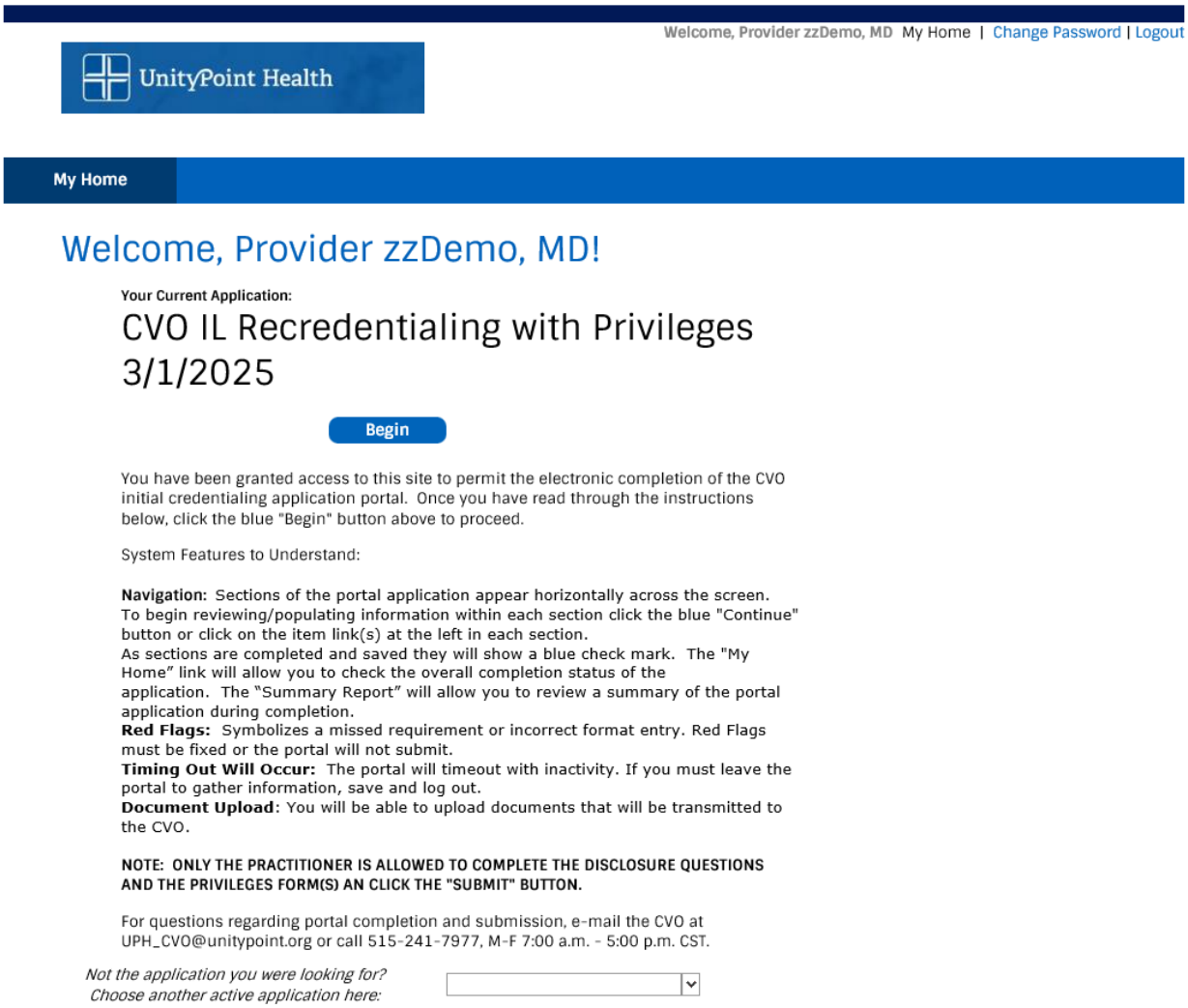


Please be aware the application will timeout and could cause portal issues if left open for an extended length of time without activity.

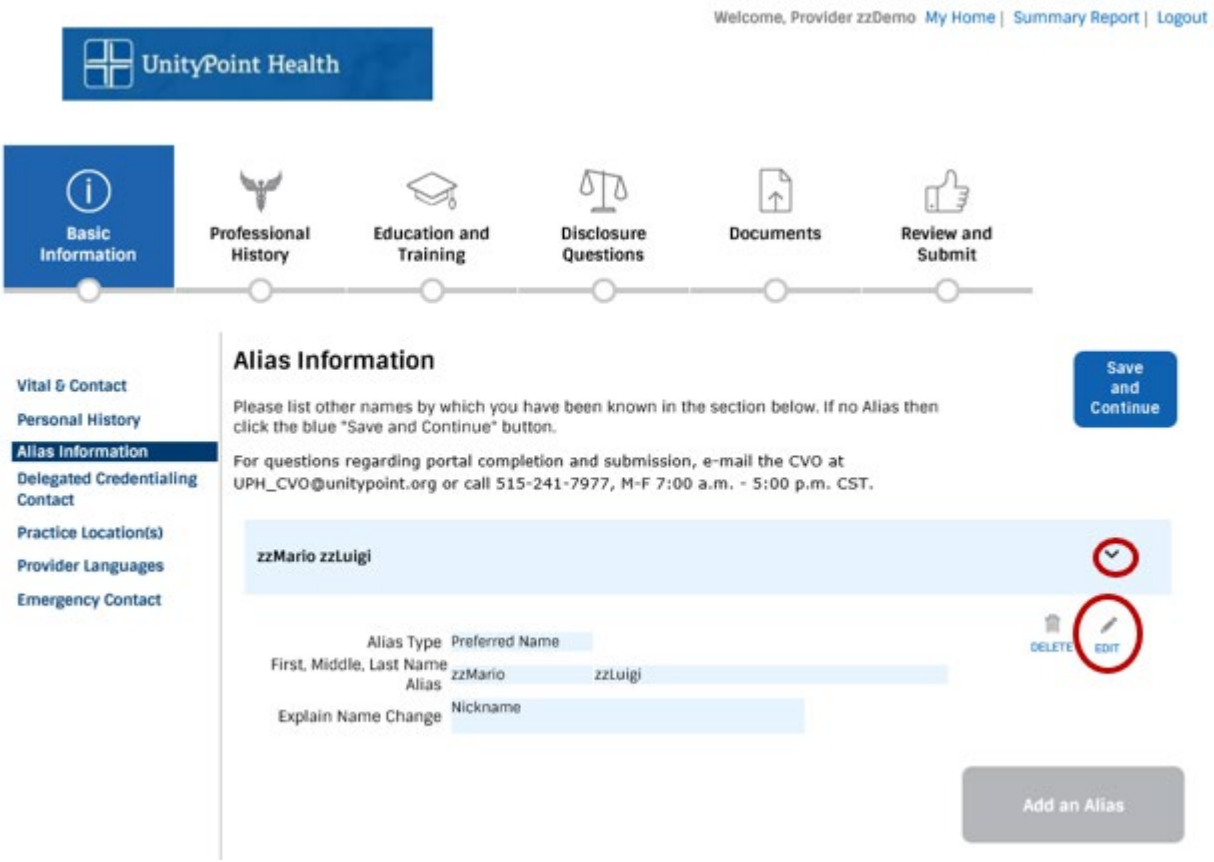


If this occurs, be sure to completely close your internet browser and then retry entering the portal. Sometimes when there has been too long of inactivity, you get locked out – this closing of the browser is necessary to reset it. You may also need to clear your browser history/cache and/or restart your computer.

Once logged into the portal the main screen outlines all the required information that will be needed for application completion. The portal will walk the applicant through all the sections, providing instructions along the way.



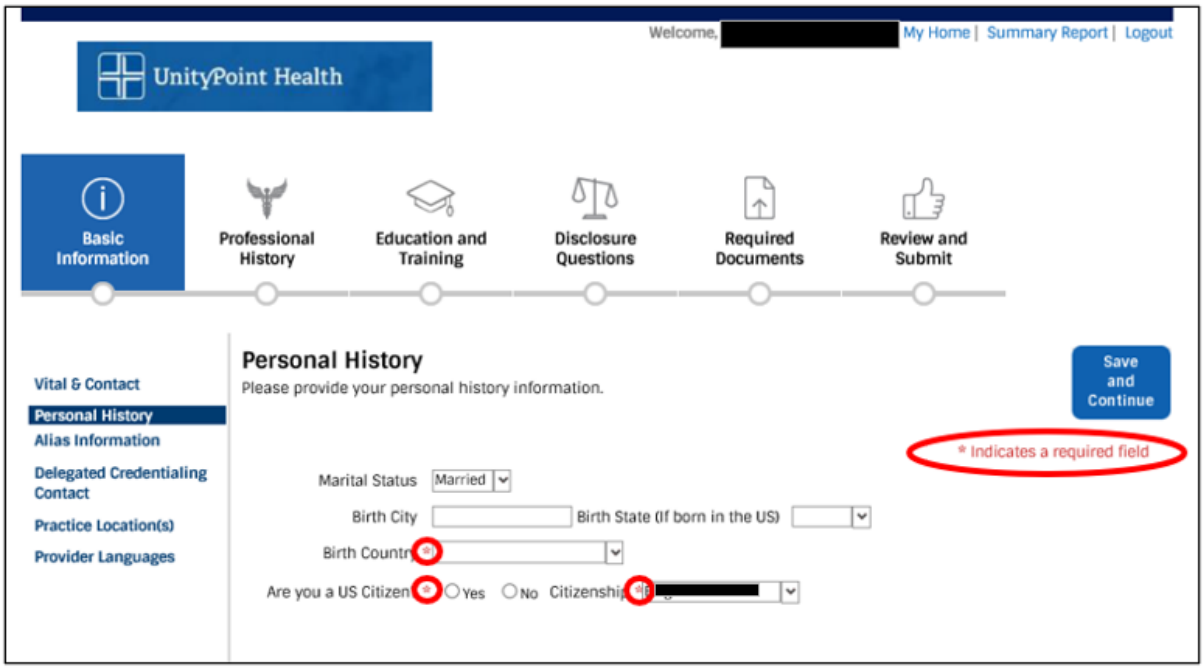
Information will be populated in the portal ***if*** we have the information in our credentialing software system already from prior information supplied by the applicant. This information needs to be reviewed by the applicant for accuracy by clicking on the down arrow next to each entry and "Edit" to review all information loaded. Recredentialing information is based on the **past 2 years (Iowa) or 4 years (Illinois)** of information.



Fields with Red Asterisk* are required fields. If they are not filled in the portal will place a Red Flag next to the section header where a field need addressed.

Example of when answering a question may open up another required field:

U.S. Citizen = No Visa information required

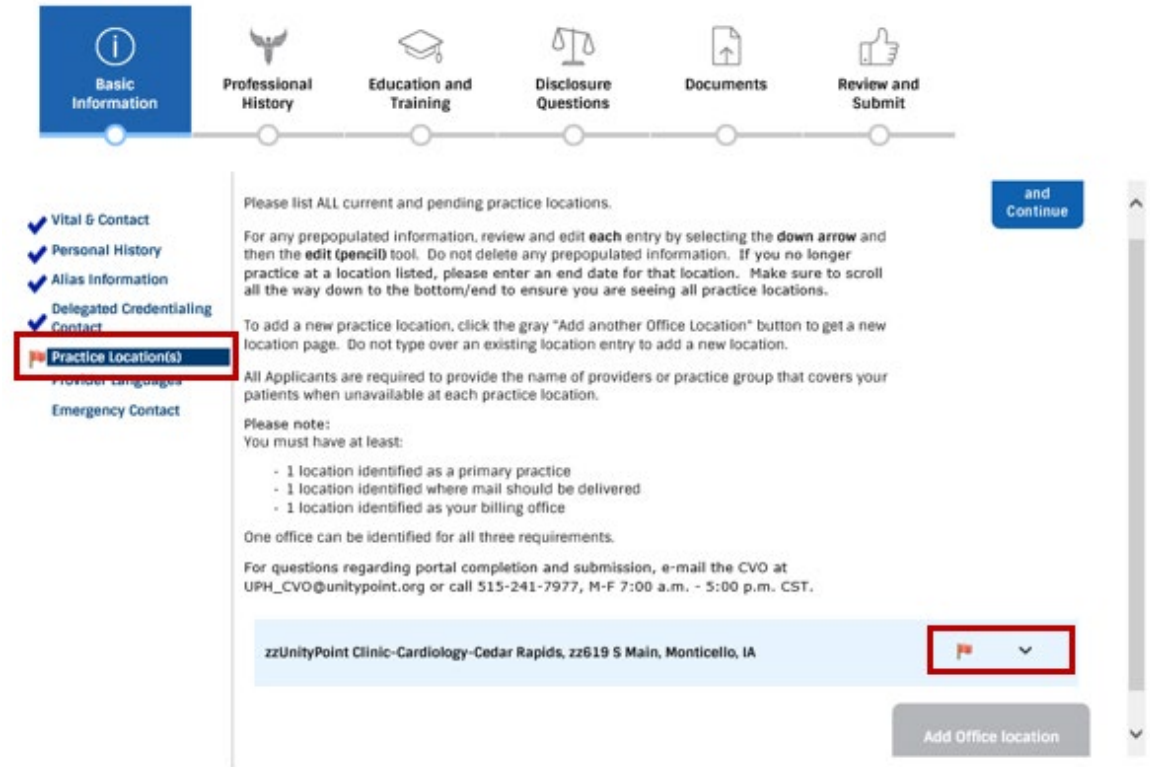


Not a U.S. Citizen = Visa information required

You will get a pop-up warning you that the required information was not populated. You can skip this by selecting “Continue” but you will still be required to go back and complete the needed information.

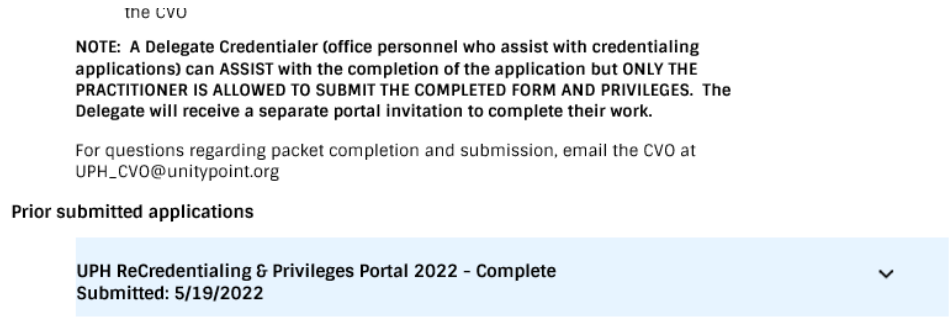
If you do not address the required field a Red Flag will remain – this must be addressed, or the application will not allow you to submit the portal application. Be sure to use the “Save and Continue” button to be sure your changes are saved, and your flags are cleared.

Screen sample of a Red Flag that must be addressed or the portal will not let you submit.

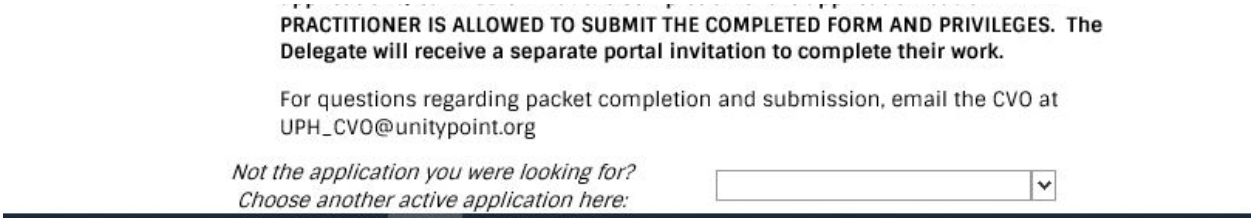


Additional tips have been added throughout the system. They are identified with the italics symbol

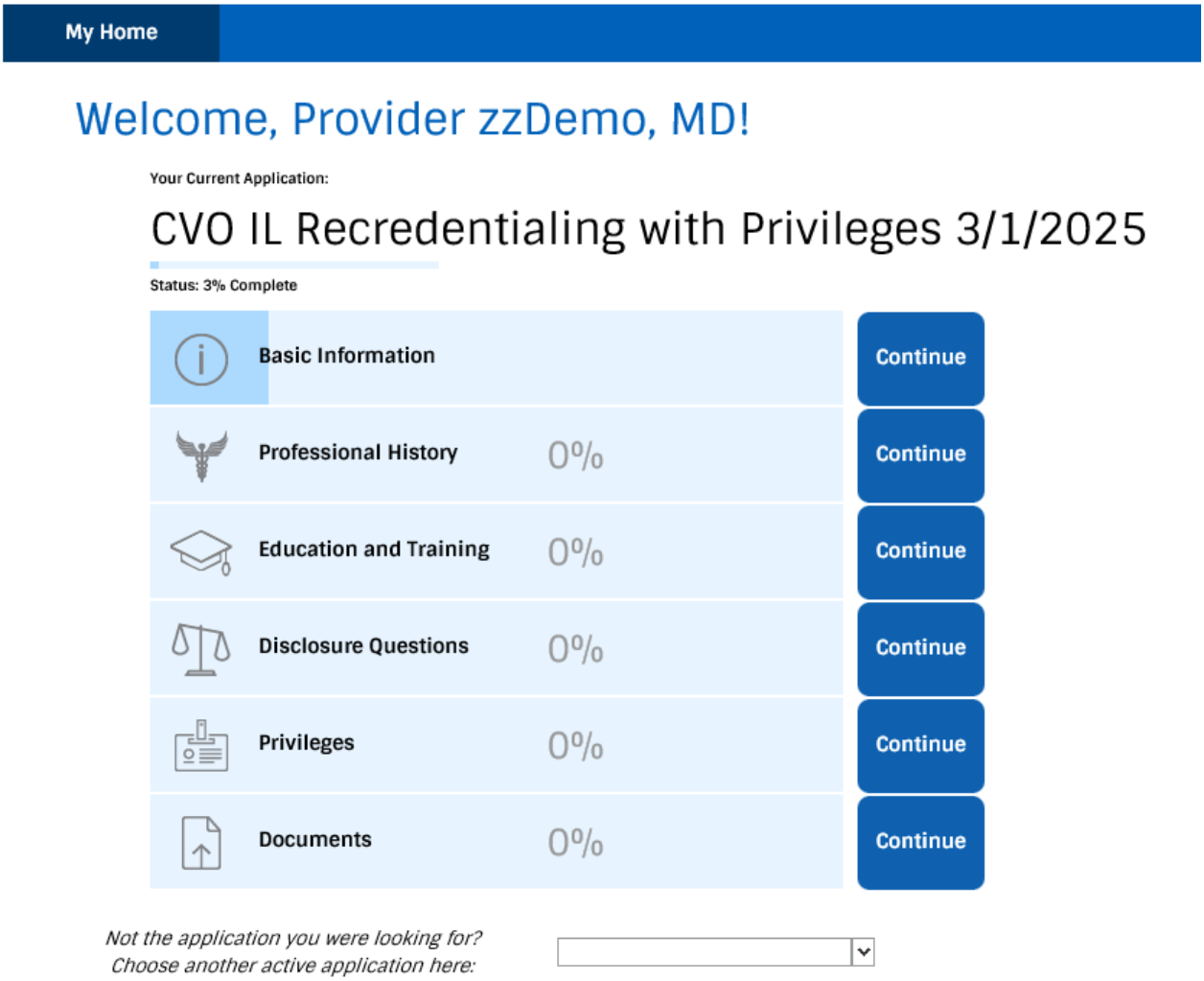
If the applicant has recently submitted other portals, they will show at the bottom of the main Welcome page.



If the applicant has other applications to complete there will be an option at the bottom of the main Welcome page to switch to the other application. Such as a Recredentialing application instead of an Initial application.

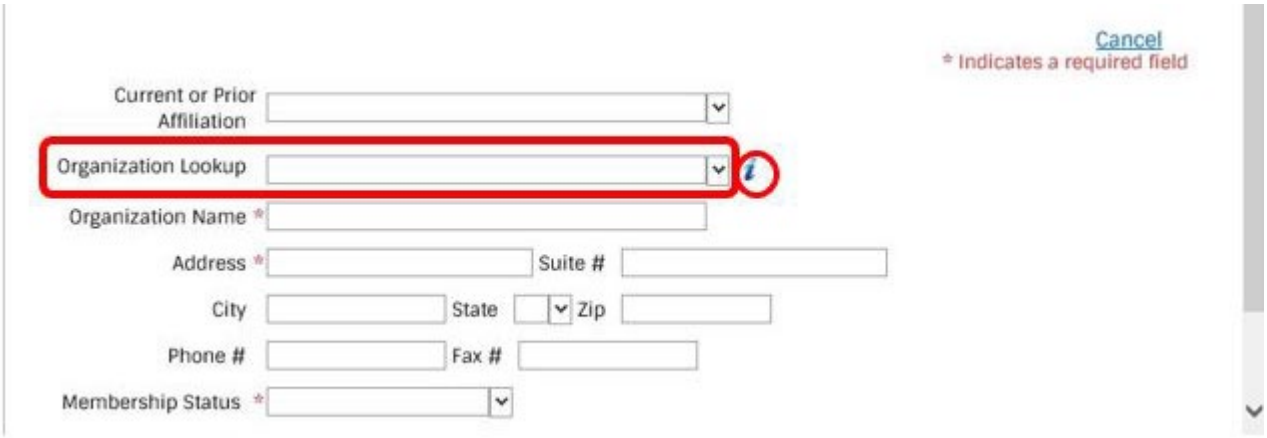


You may leave the portal and come back at any time and continue where you last saved. The portal will show your progress.



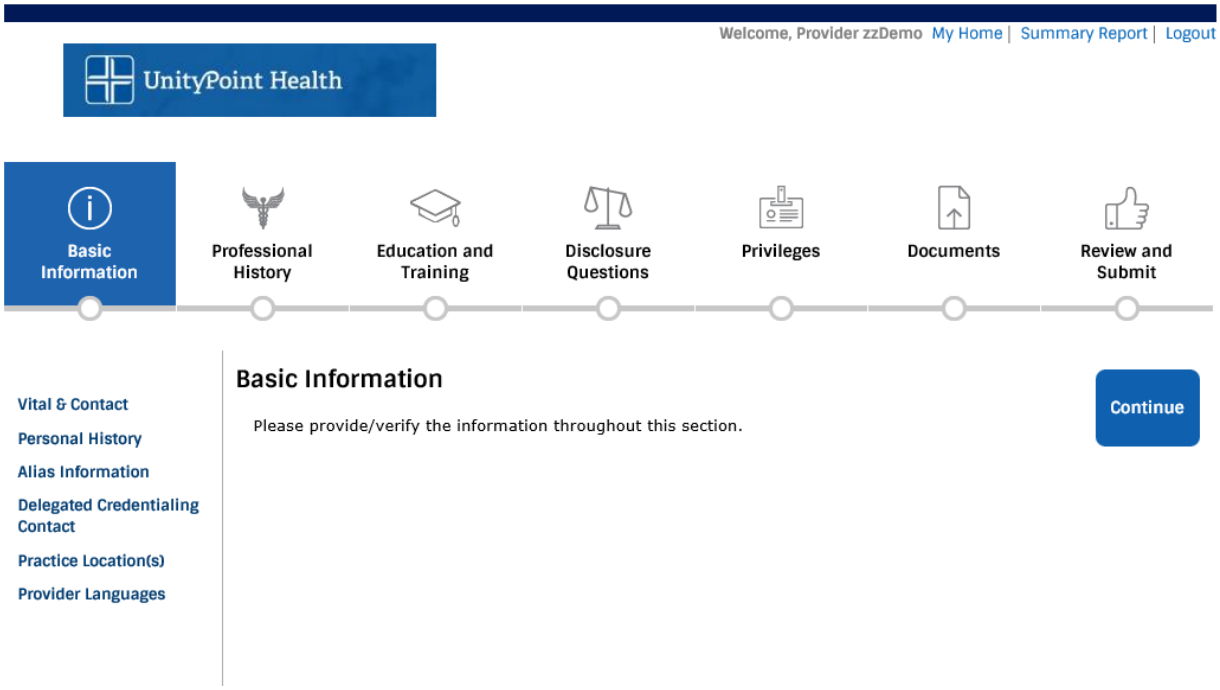
You can use the search feature in our Lookup lines, in the example below it shows how to look up a Hospital or Ambulatory Surgery center. Click on the italics symbol for additional search tips.

IF the facility or entity is not in the drop-down listing, simply type in the required data field information.



Basic Information Section

Remember, information will be populated in the portal if we have the information in our credentialing software system already from prior information supplied by the applicant. This information needs to be reviewed by the applicant for accuracy by clicking on the down arrow next to each entry and “Edit” to review all information loaded.

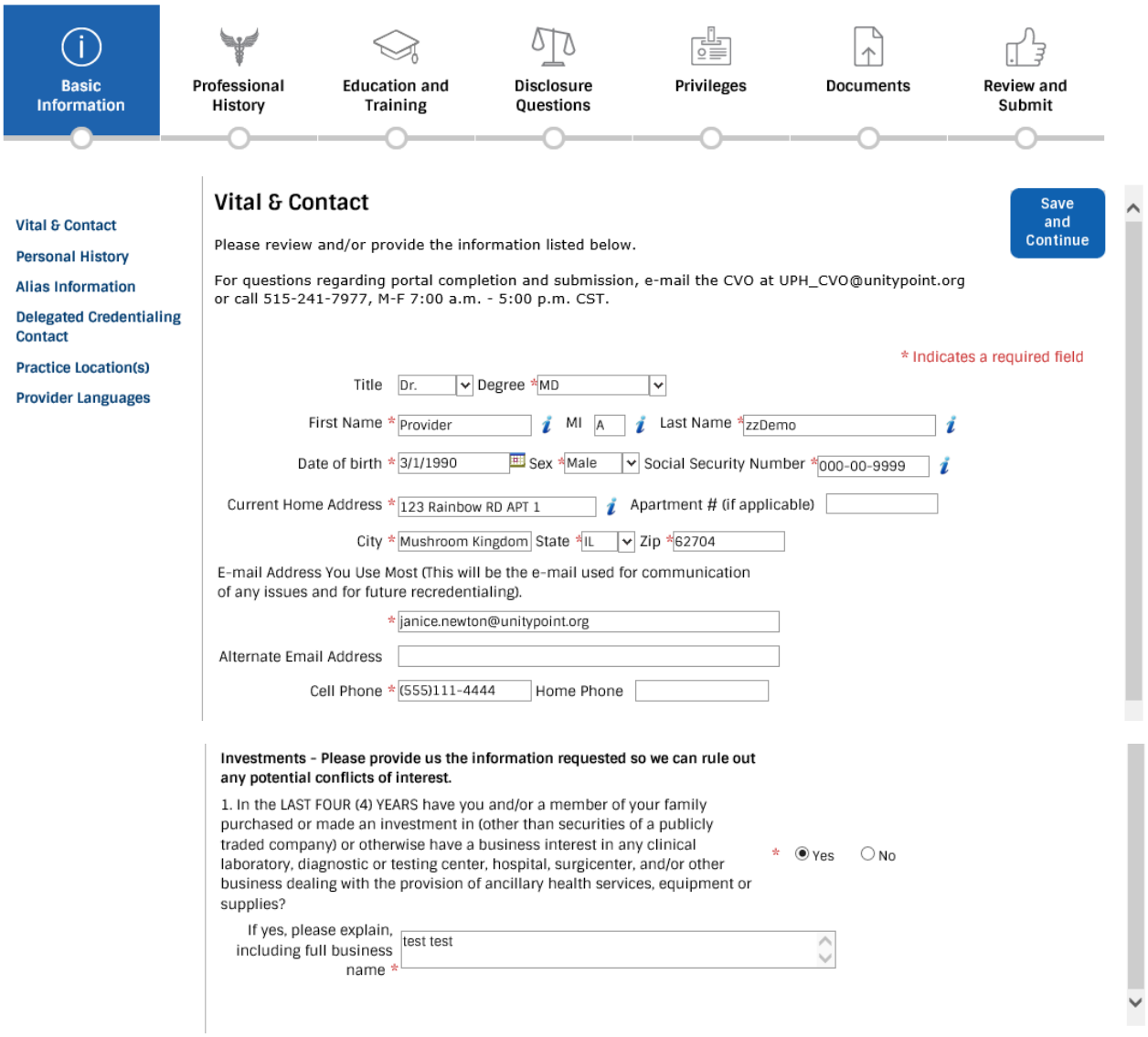


Vital & Contact –

The Primary e-mail and alternate e-mail listed must be for the Applicant, we cannot accept a Delegate Cred Contact in the primary or alternate e-mail fields. Use the Delegated Credentialing Contact section further into the application to list the person who will assist you in completing your credentialing.

If the applicant is relocating, and their current home address will be changing at a later date or during application processing, the new local address must be passed along to the CVO for system updating.

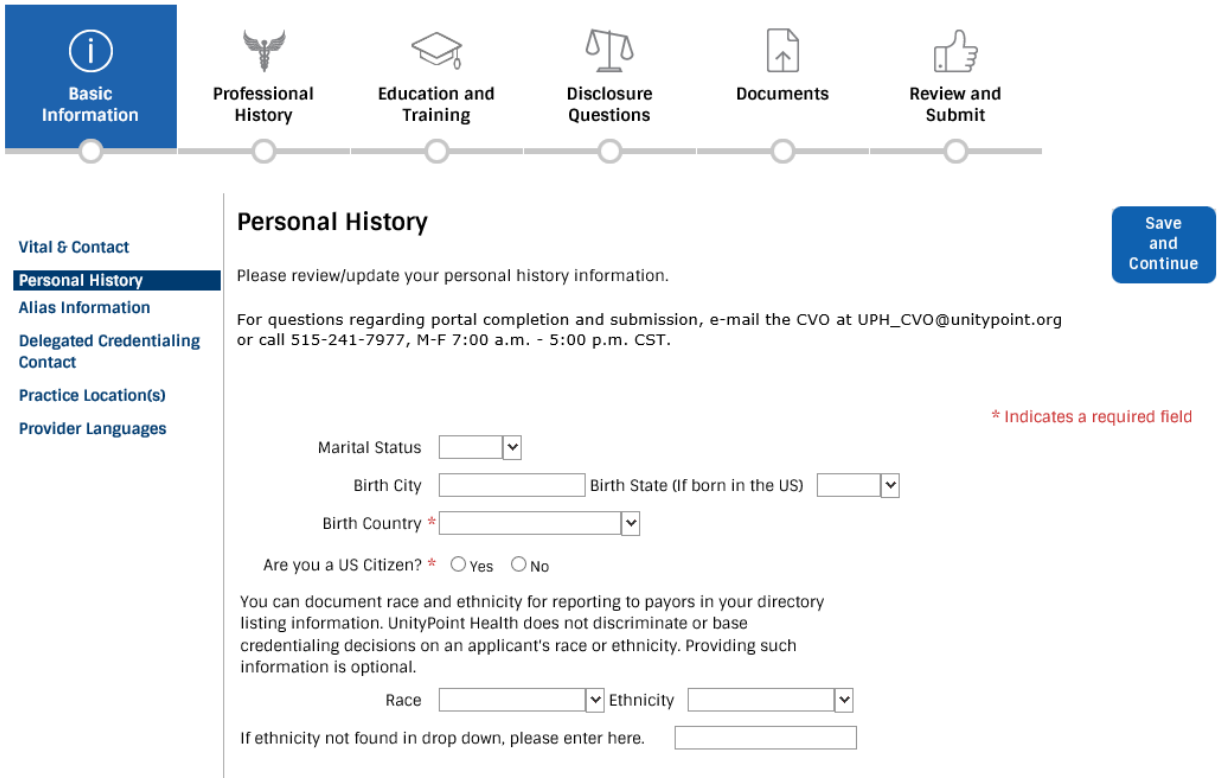
Investments - Please provide us the information requested so we can rule out any potential conflicts of interest.



Personal History –

Birth Country and Citizenship must be provided, Race and Ethnicity can be provided for directory listings

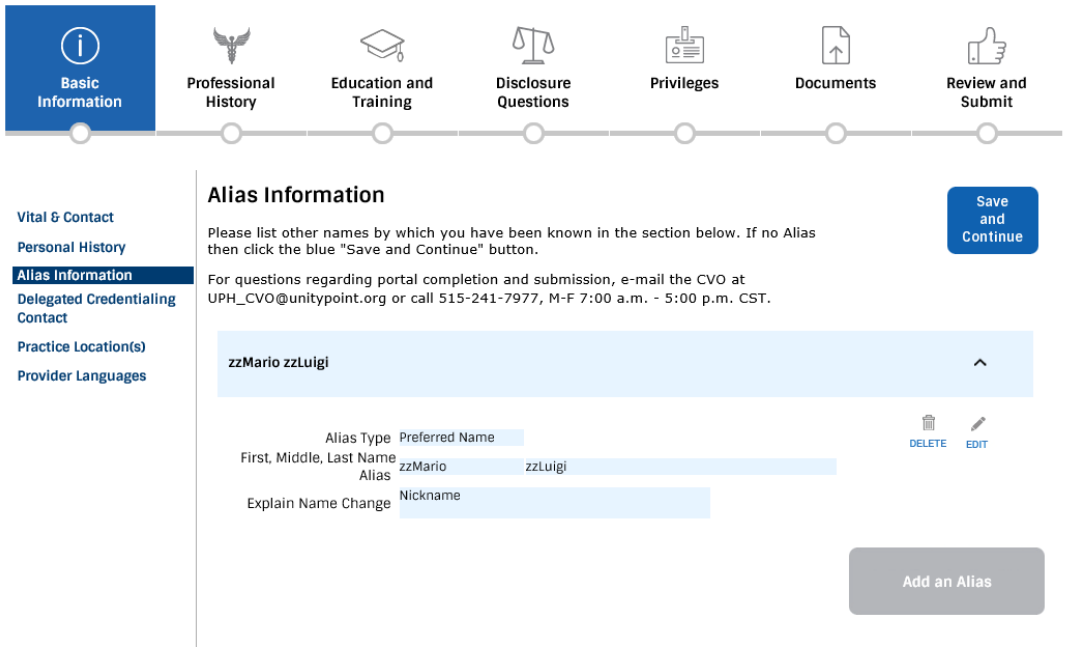
If you are not a US Citizen, your citizenship and legal right to reside/work in the US must be provided



Alias Information –

Please provide any former or alternate names.

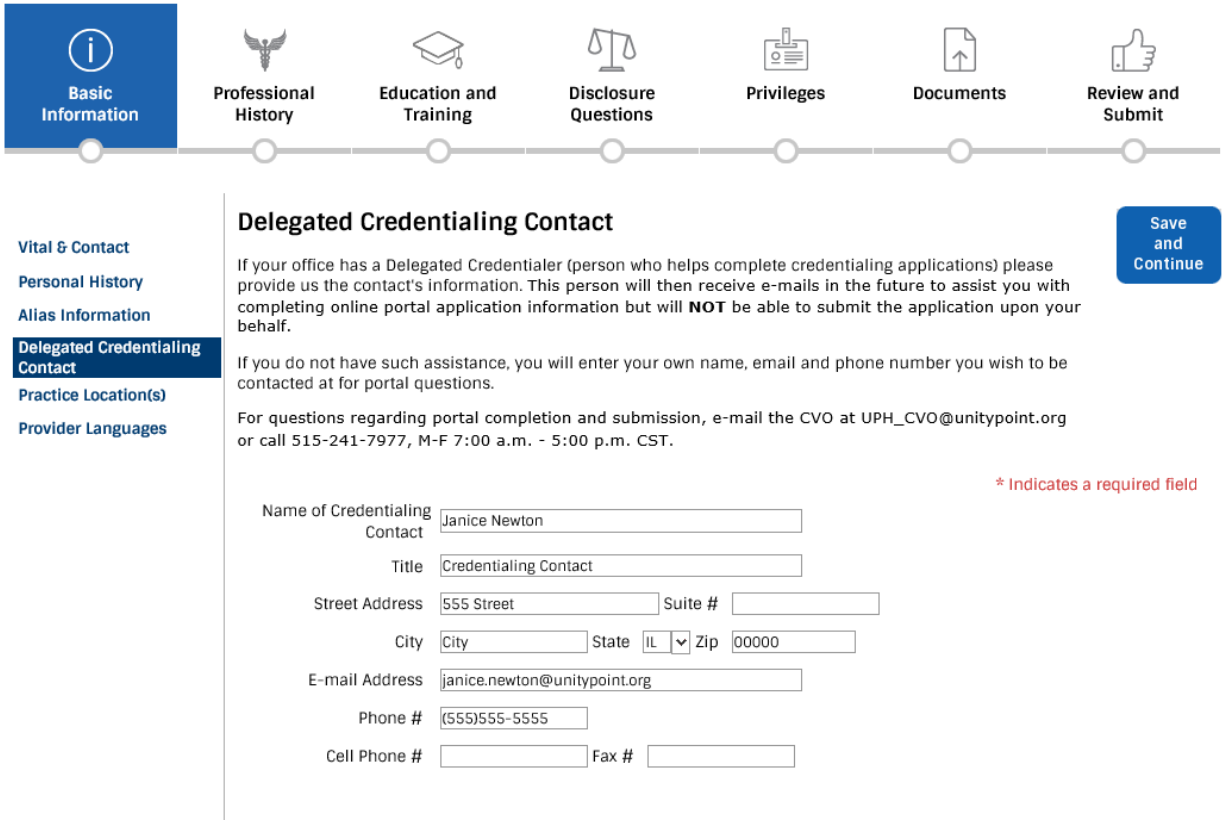
If you have married and had a name change since your last recredentialing cycle we must have appropriate documentation of your name change. The Credentialing Coordinator processing your application will contact you for a marriage certificate, etc. or may ask you to submit a service now request to get that updated in our system.



Delegated Credentialing Contact –

If someone will be assisting you in the completion of your application their information will be populated here, if you wish to add someone to assist in your application processing please list them here. This person will then be added to your profile and will receive future messages for recredentialing, licensure expirations, etc. They can NOT submit your portal application or privilege requests.

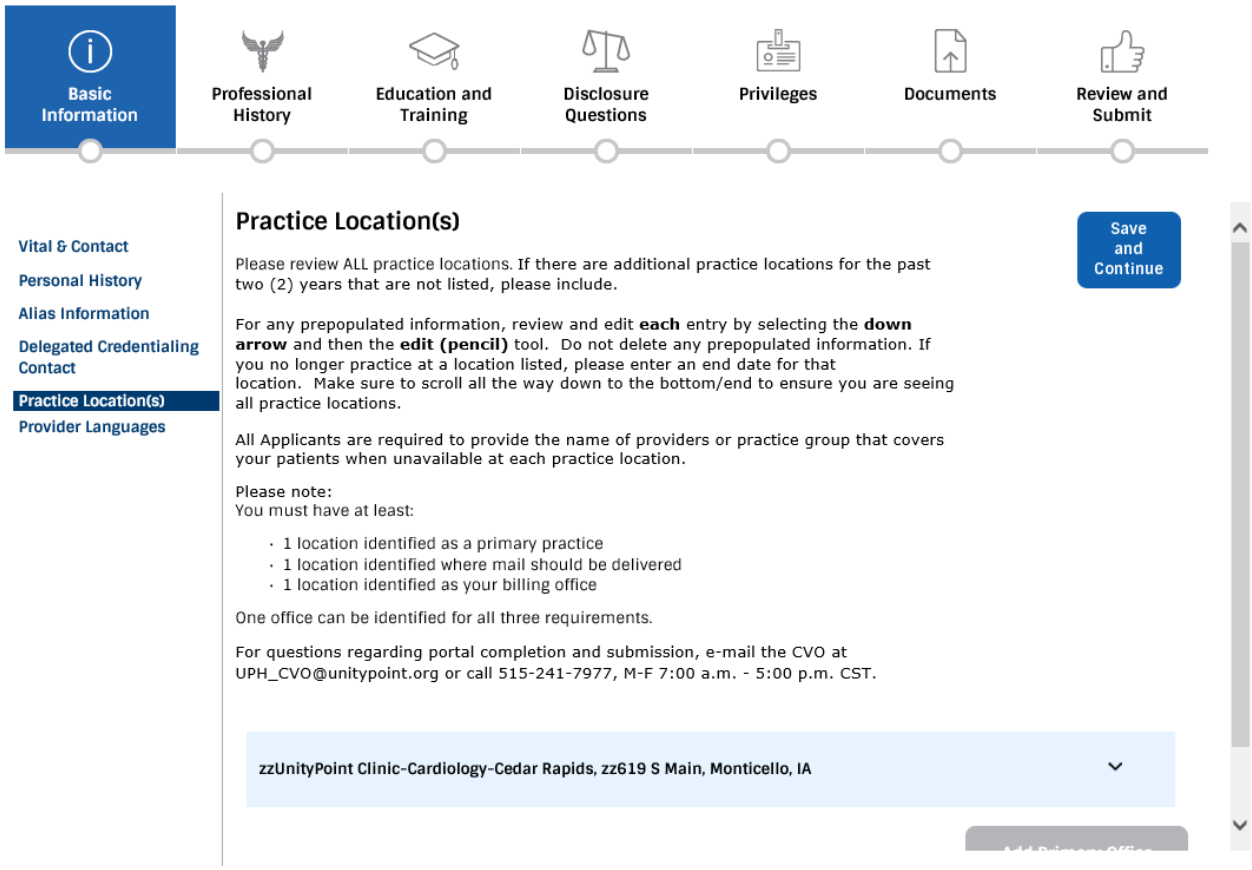
If you do not have such a person in your office, enter the email and phone number you want to be contacted at for recredentialing and expiration notices.



Practice Locations -

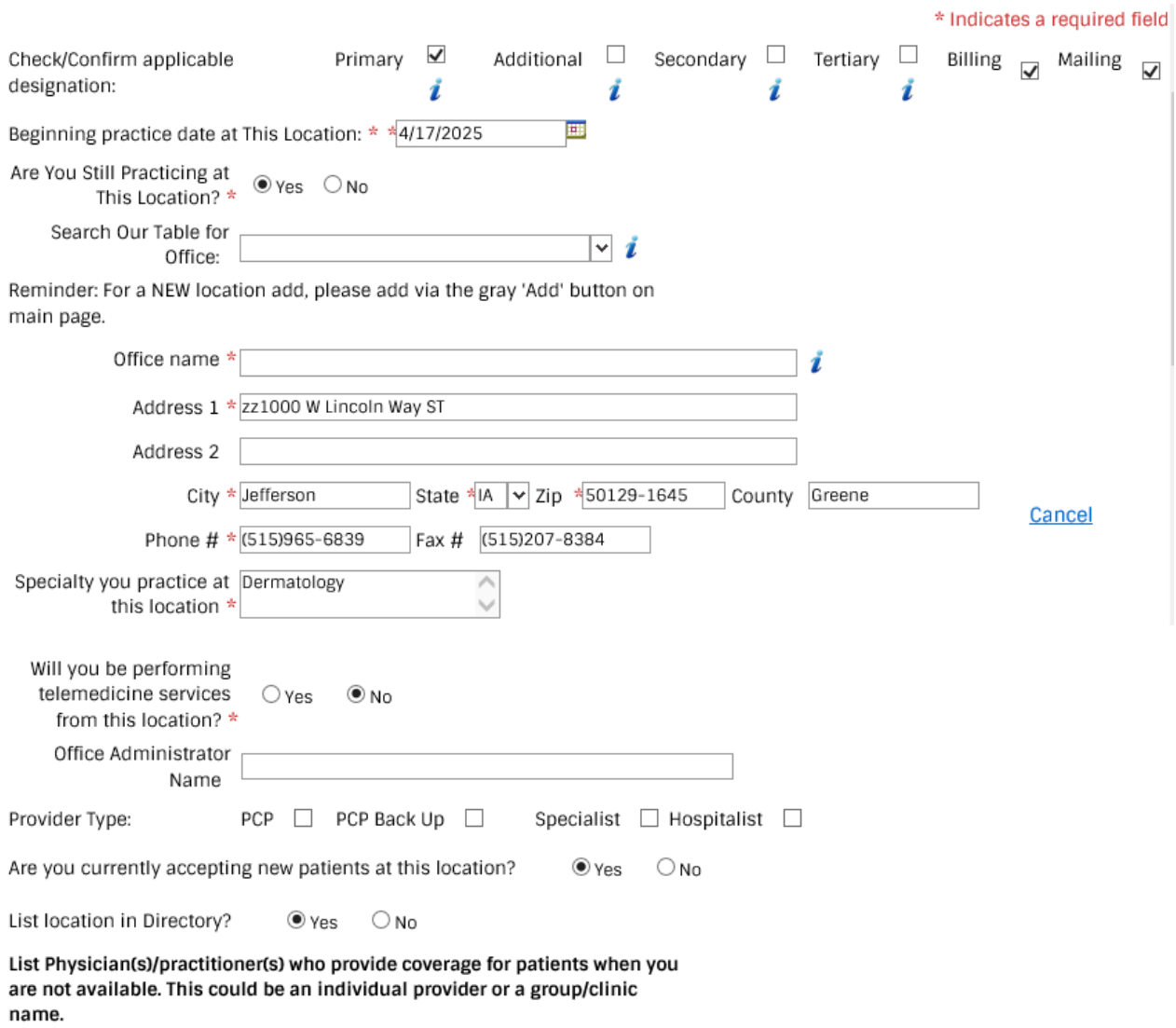
Remember information will be populated in the portal ***if*** we have the information in our credentialing software system already from prior information supplied by the applicant. This information needs to be reviewed by the applicant for accuracy by clicking on the down arrow next to each entry and "Edit" to review all information loaded.

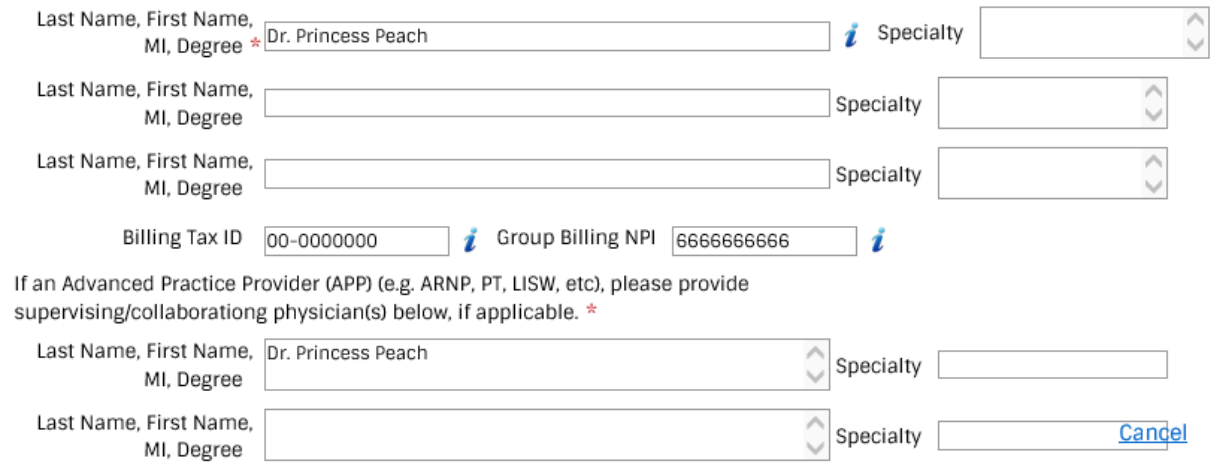
- All current and prior practice locations in the **past 2 years (Iowa) or 4 years (Illinois)** must be listed on the application.
- You will need start dates for each location.
- You will need end dates for locations where you are no longer practicing – do ***NOT*** delete prior locations. Practice locations that are listed but you no longer practice at MUST have an end date entered. This information is needed to make payer enrollment and provider directory listing updates.



To add information you will select the gray box "Add Primary Office Location". *If there is pre-populated information in your application your prompts may vary.*

You must identify if you are currently working at the location. If you say No – you are REQUIRED to provide an end date for the location.





Office Hours

Add Office Hours

Frequently Asked Questions:

Check/Confirm applicable designation: The type of office is to identify the primary practice location for payer enrollment purposes.

- Primary = Main office
- Additional = Additional practice location under the same billing tax identification number (TIN)
- Secondary = A second billing TIN
- Tertiary = A third billing TIN
- Billing Office = If your practice locations have separate billing offices, they need to be listed
- Mailing = If your practice locations have separate mailing offices, they need to be listed

You will need to identify the type of office – Primary, Additional, Secondary, etc. Click on the *i* symbol for additional tips throughout the system.

An example of a Provider with two separate employers, one of which has multiple clinical office locations

Primary = UnityPoint Health Express Care Moline

Additional = UnityPoint Health Express Care Rock Island

Billing and Mailing = UnityPoint Health Billing Office

Secondary and Mailing= Private Family Medicine Practice, LLC

Billing = Private Family Medicine Practice, LLC Billing Office

Search Our Table for Office:

You can use the search feature in the "Search Our Table for Office" line identified below. Click on the italics symbol for additional search tips.

IF the Office is not in the drop-down listing, simply type in the required data field information.

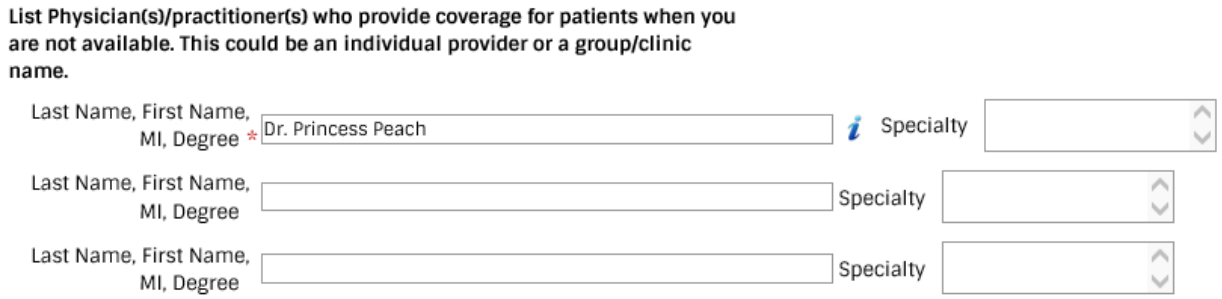
Covering/Back-Up Practitioners:

We must have covering Physicians/Practitioners listed for your clinical practice locations that will manage your patients when you are unavailable. Covering/Back-up Providers are Providers who will provide coverage for you when you are out of the office and unable to provide continuation of care to patients.

Your Covering/Back-up Practitioners can be a group or individual and should be listed as "GROUP NAME" or "FIRST/LAST NAME, DEGREE" to satisfy this requirement. For example: an Emergency Department Provider may list "ED Department" as the group name or a Hospitalist may list "Hospitalist Group".

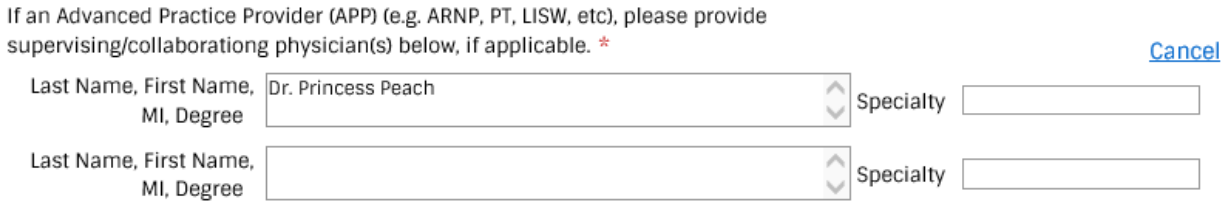
This requirement is applicable to Locums as well as although your role is to cover for another Physicians/Practitioner, your Locum Company or the Practice you are covering for should be able to provide another Practitioner to cover your role in your absence.

If you are applying for privileges the covering Physicians/Practitioners you utilize must have privileges at the same UPH location you are applying for.



<u>Supervising/Collaborating Physicians, APP only:</u>

To assist the Medical Staff Services in obtaining the correct paperwork and expedite your privileging process please provide the name of your Supervising/Collaborating Physician

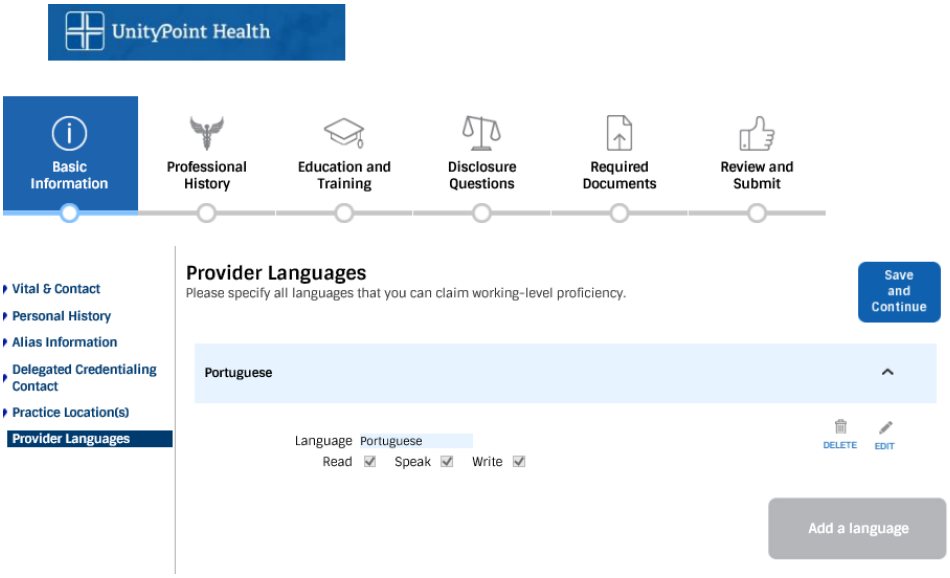


You will need to identify the type of office – Primary, Additional, Secondary, etc. Click on the symbol for additional tips throughout the system.

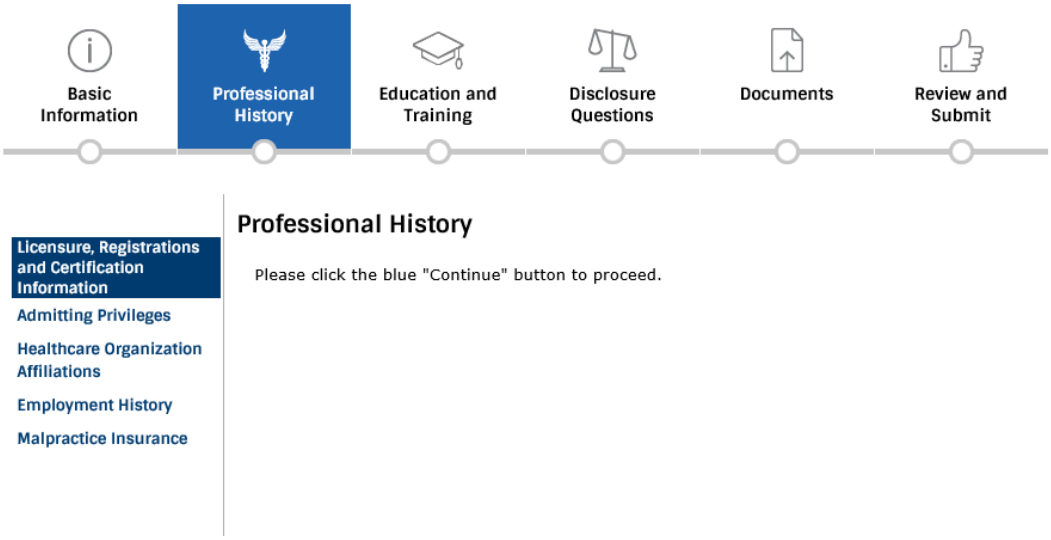
Provider Languages –

We welcome providers to inform us of languages they may read, speak, or write. If you do not speak/write other languages, this section can be skipped by clicking the “Save and Continue” button.

To add information choose the gray box “Add a language”



Professional History Section

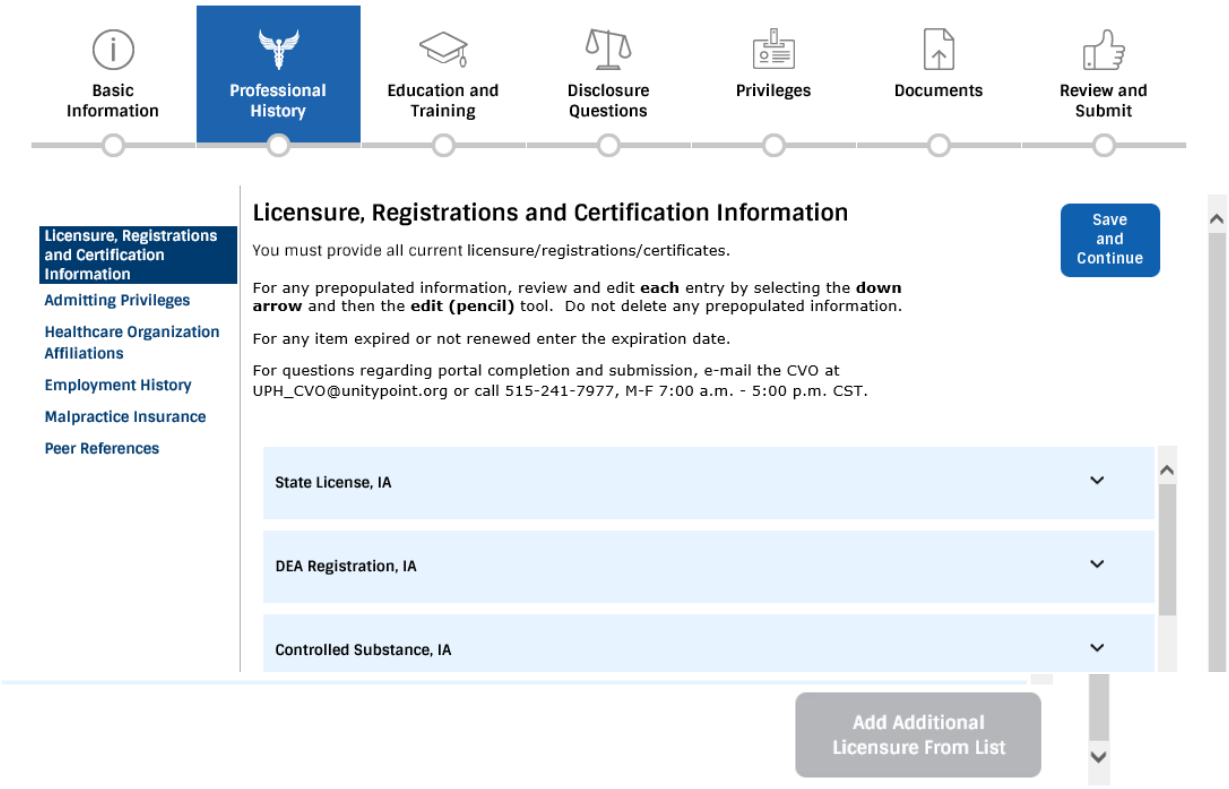


Licensure, Registrations and Certifications Section

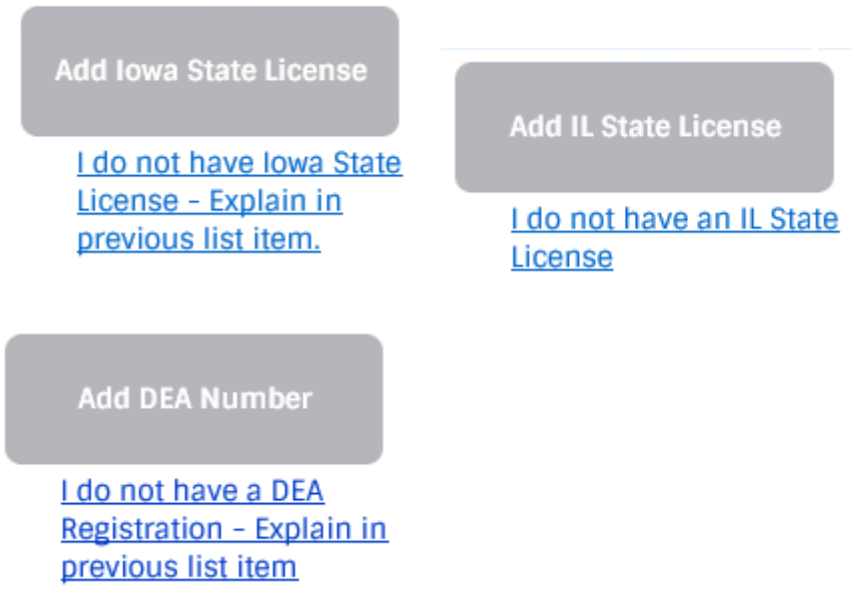
All current and pending licenses, registrations, and certifications held must be provided. If we have information in our system already it will populate, and you will need to review those lines for accuracy.

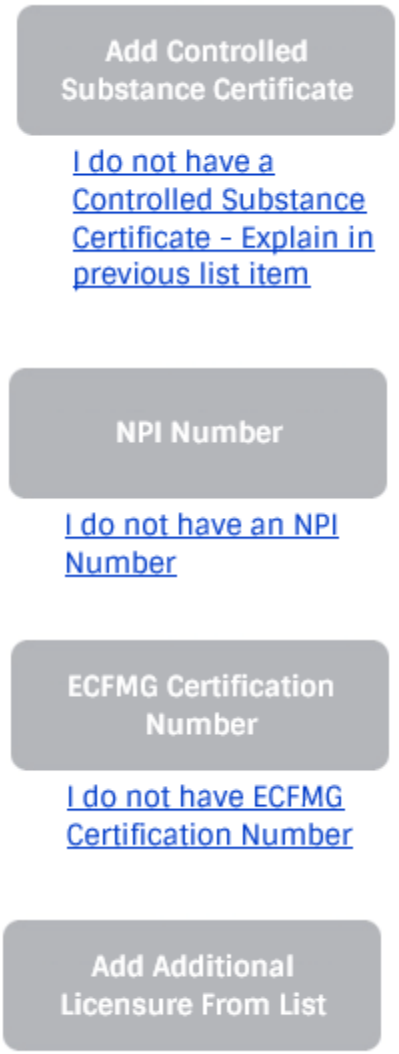
- You will use the ID Type drop down to add licenses, registrations, and certifications
- All current licenses need to be listed on your Application. For Licenses that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.
    - If you have reported Training Programs, Hospitals, and Work History in a certain state, have you also provided us that State License, CSA, and DEA information?
    - If your employer is based in a state that you do not work in please add a comment to that employment history entry to explain. For example, you work for a locums company based in Texas, but you only work in Nebraska, Illinois, and Iowa.
    - You will need end dates for licenses that are no longer active – do **NOT** delete prior licenses that populate.
- Illinois Applicants will need to supply the schedules on their DEA Certifications as part of the application.
- You must verify the status and limitations of all your licensure.
  Regarding the question "Is this license unlimited?" on the Illinois Applications

    - A "Yes" answer is appropriate if your licensure has no limitations beyond the regular scope of practice. For example, a mid-level provider practicing under the supervision of a Physician is not a limitation if that falls under the regular scope of practice. Or a Controlled Substance or DEA certificate that does not include schedule I drugs, substances, or chemicals; Schedule I are defined as drugs with no currently accepted medical use and as such this schedule is not typically issued.
    - A "No" answer is required if there are any limitations to your licensure. For example, a license issued only for public agency or non-profit employment, or a DEA issued only for a University.
- Enter "NA" for the state if it is not a state specific ID number such as NPI, ECFMG, or a CPR certificate

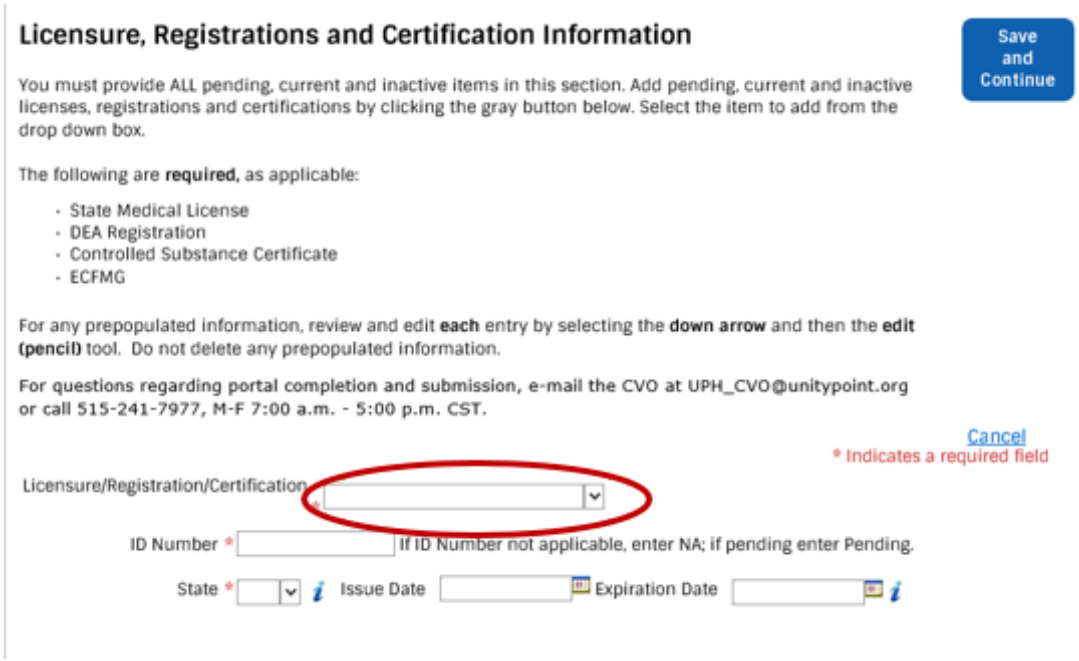


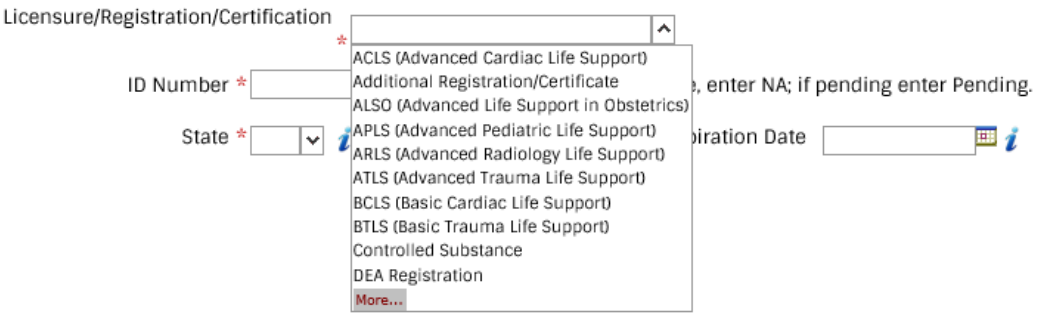
You will be prompted to provide the appropriate information starting with the Iowa or Illinois State license as applicable, then DEA, CSA, NPI, ECFMG, and additional licensure from list. To add licensure and certifications, including pending, you will select the gray box. *If there is pre-populated information in your application your prompts may vary.*



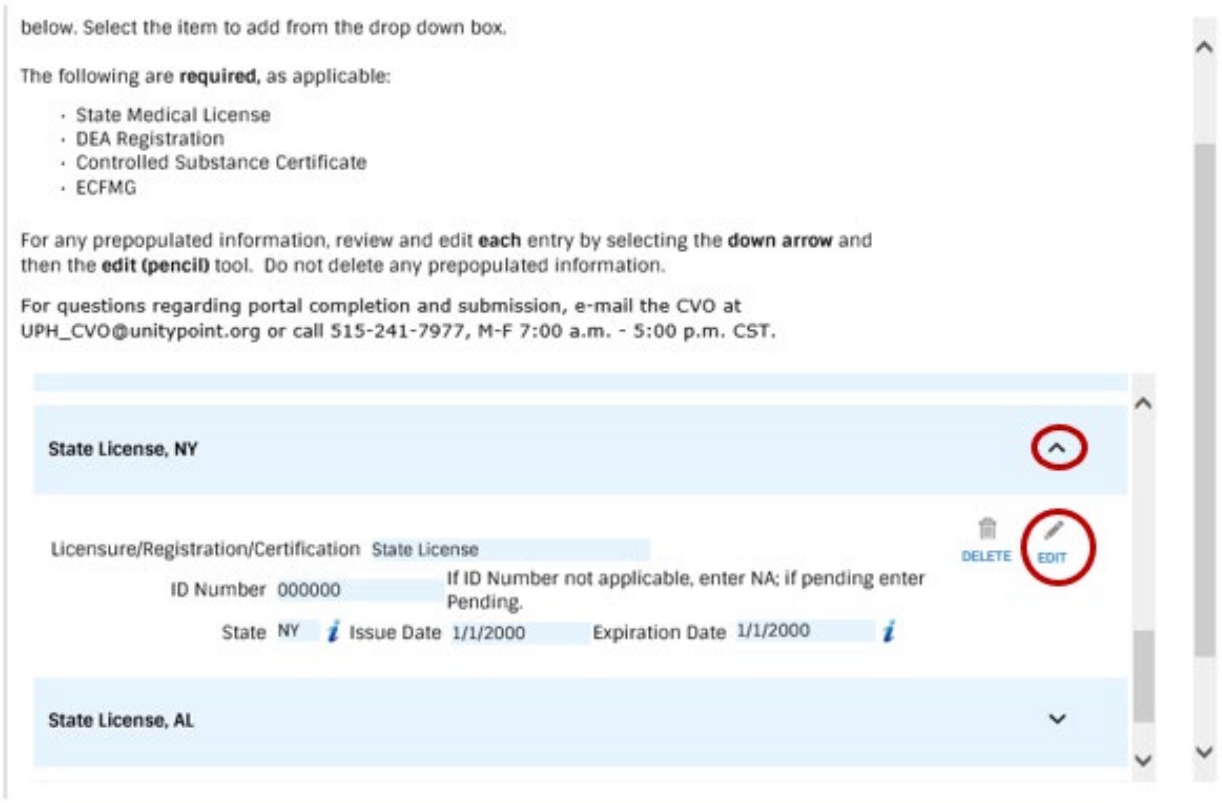

Add Controlled Substance Certificate
I do not have a Controlled Substance Certificate - Explain in previous list item
NPI Number
I do not have an NPI Number
ECFMG Certification Number
I do not have ECFMG Certification Number
Add Additional Licensure From List

Example of where to use the drop down to find the new item you are adding in this section.





Example of where to use the drop down to review and edit an item that was prepopulated in this section.

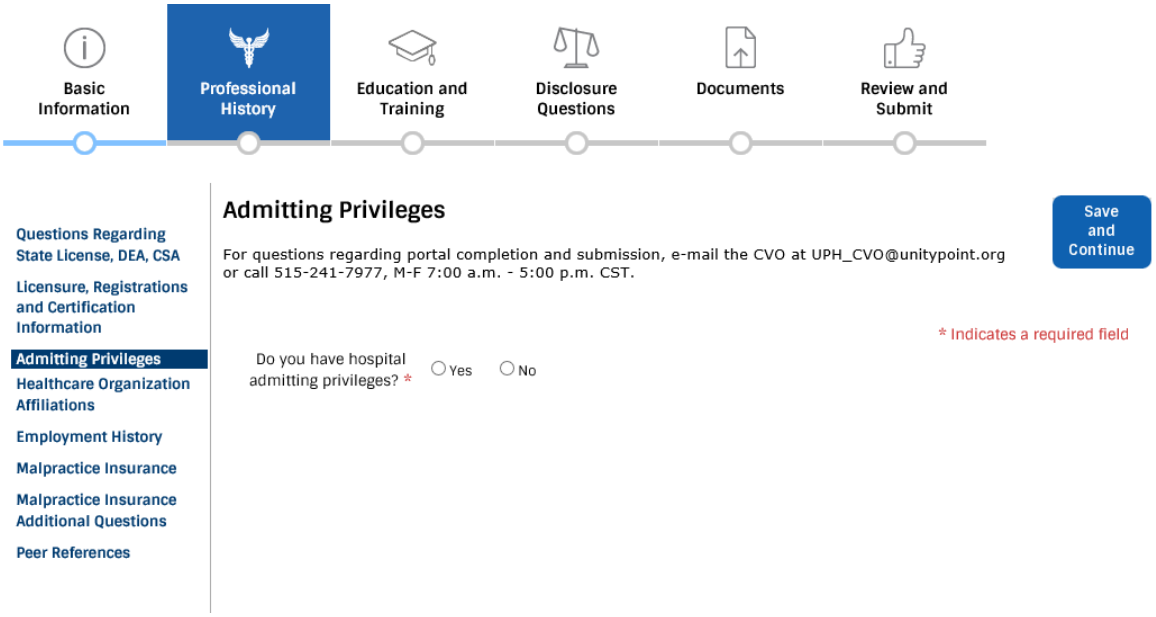


Admitting Privileges –

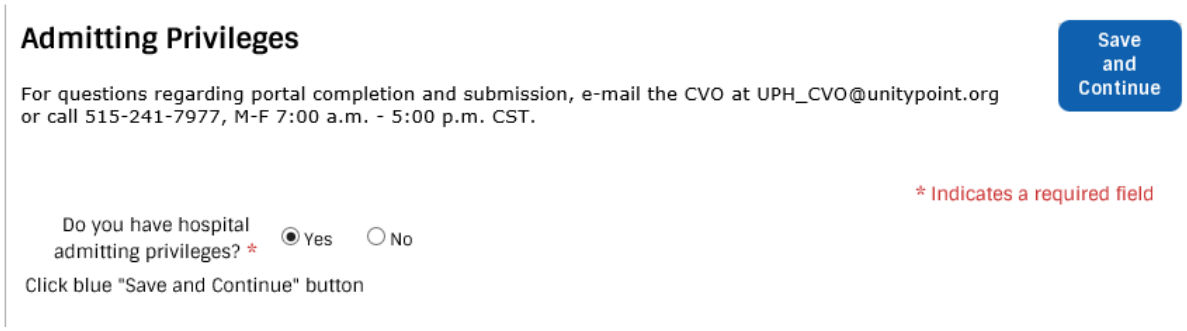
The UnityPoint Health PHO-Medimore needs to know admitting arrangements for reporting to payers. If a provider is not seeking hospital admitting privileges a group must be identified for covering hospital admissions. A UPH hospital needs to be identified too. This does NOT mean you can only send patients to that hospital.

This is a requirement for the UnityPoint Health PHO, Medimore, participation. You will enter the start date that the admitting arrangement was made for the hospital location.

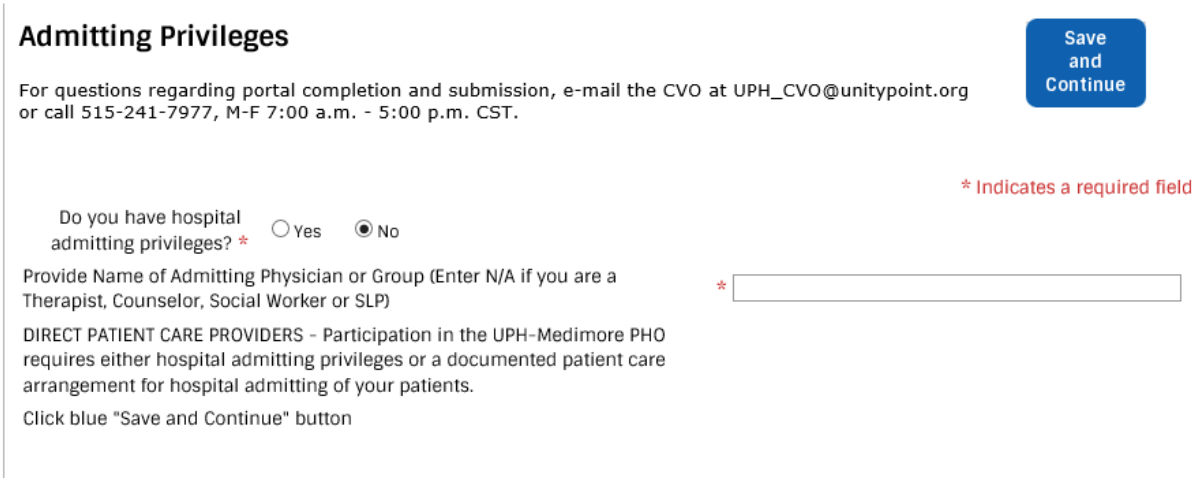
If you have questions on this requirement, please submit your question to uph_medimorecred@unitypoint.org



Sample of screen when answer is “Yes”



Sample of screen when answer is “No”

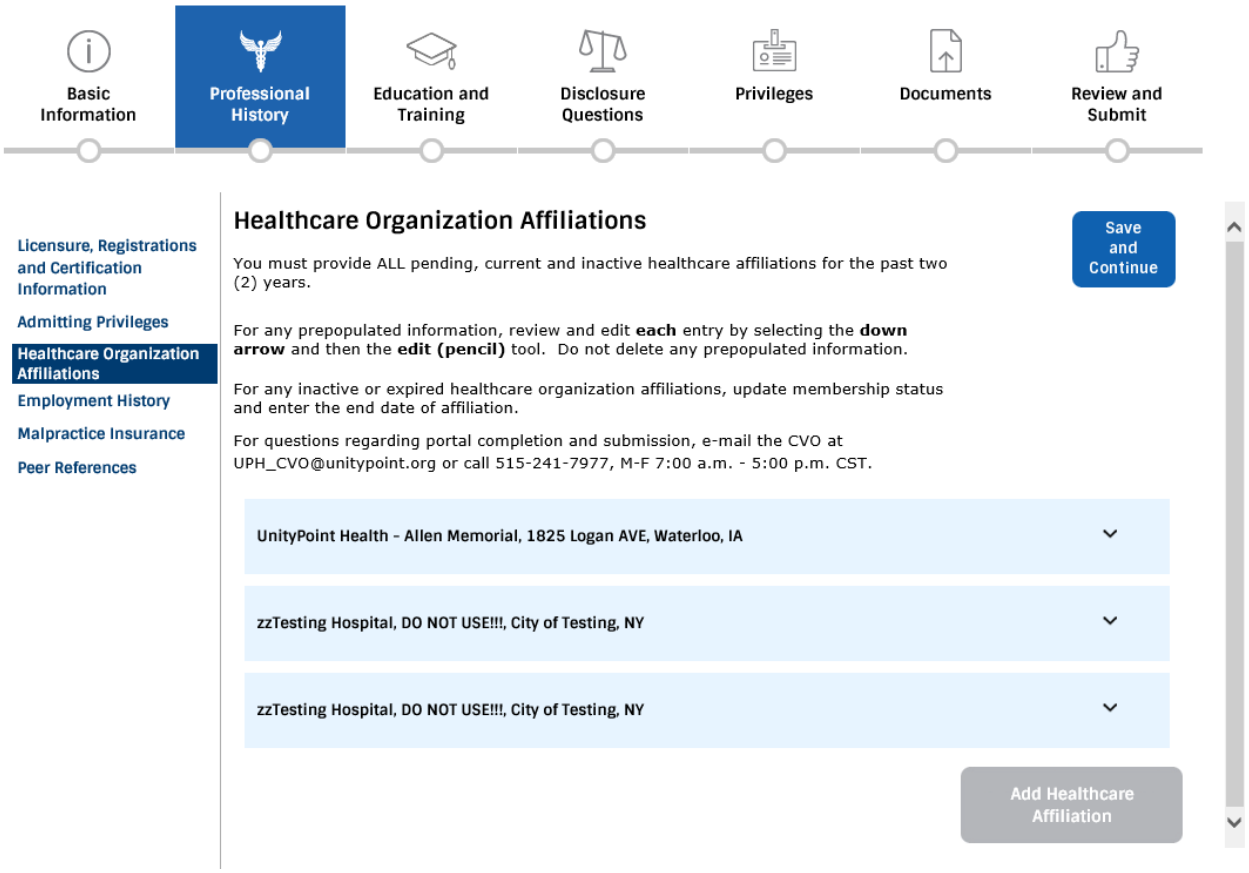


Healthcare Organization Affiliations -

You must enter all hospital and ambulatory surgery center affiliations within the **past 2 years (Iowa) or 4 years (Illinois)** – current, pending, and prior.

Do ***NOT*** delete facilities that you no longer hold membership/privileges. We must have your end date at the location. For affiliations that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.

We need to know the status of your membership/privileges at each facility.



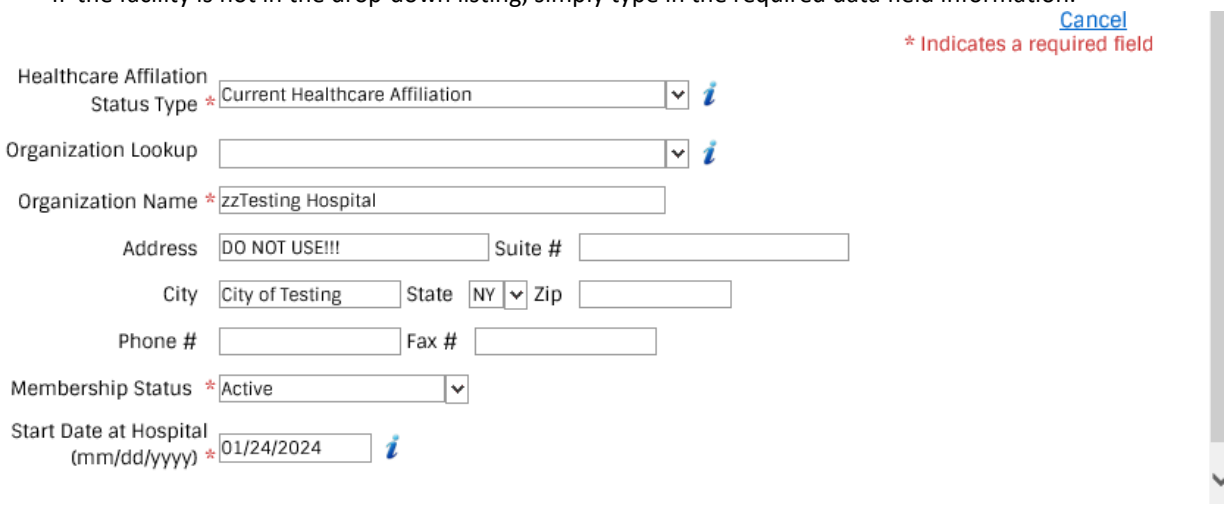
To add facilities, including pending facilities, you will select the gray box "Add Healthcare Affiliation"

If you select "I do not have Current Healthcare Affiliation" please ensure you have supplied your Admitting Arrangement in the section before this on your portal.

Example of requested fields for “Active” and “Pending” Membership Status:

When adding in new facilities:

- Choose “Current” for active and pending, and “Prior” for inactive
- If your membership is pending, use the date you applied to satisfy the “Start Date” requirement if needed.
- You can use the search feature in the “Organization Lookup” line identified below. Click on the italics symbol for additional search tips.
- IF the facility is not in the drop-down listing, simply type in the required data field information.



If you choose “Inactive” Membership Status you will be given another field to supply the End Date:

Illinois Applicants will need to provide information on any limitations in their area of specialty for Hospitals:

Employment History

You are REQUIRED to list all employment engagements for the **past 2 years (Iowa) or 4 years (Illinois)** as requested.

All work engagements must be entered, including explanation of any gaps in your employment greater than 30 days.

If you are no longer employed with an entity, you must enter an end date. Do **NOT** delete prior employers. A current employer is required to be listed, if you end your employment with a location ensure you have entered a new employer if they are not already reported on your application, this includes future employment.

NOTE – Practice locations that are under the same employer do not get listed here. Only enter your primary location with that employer in this section, and any additional locations you practice at or billing/mailing locations under your employer should be listed under the Practice Locations section of the portal application. See come common examples below:

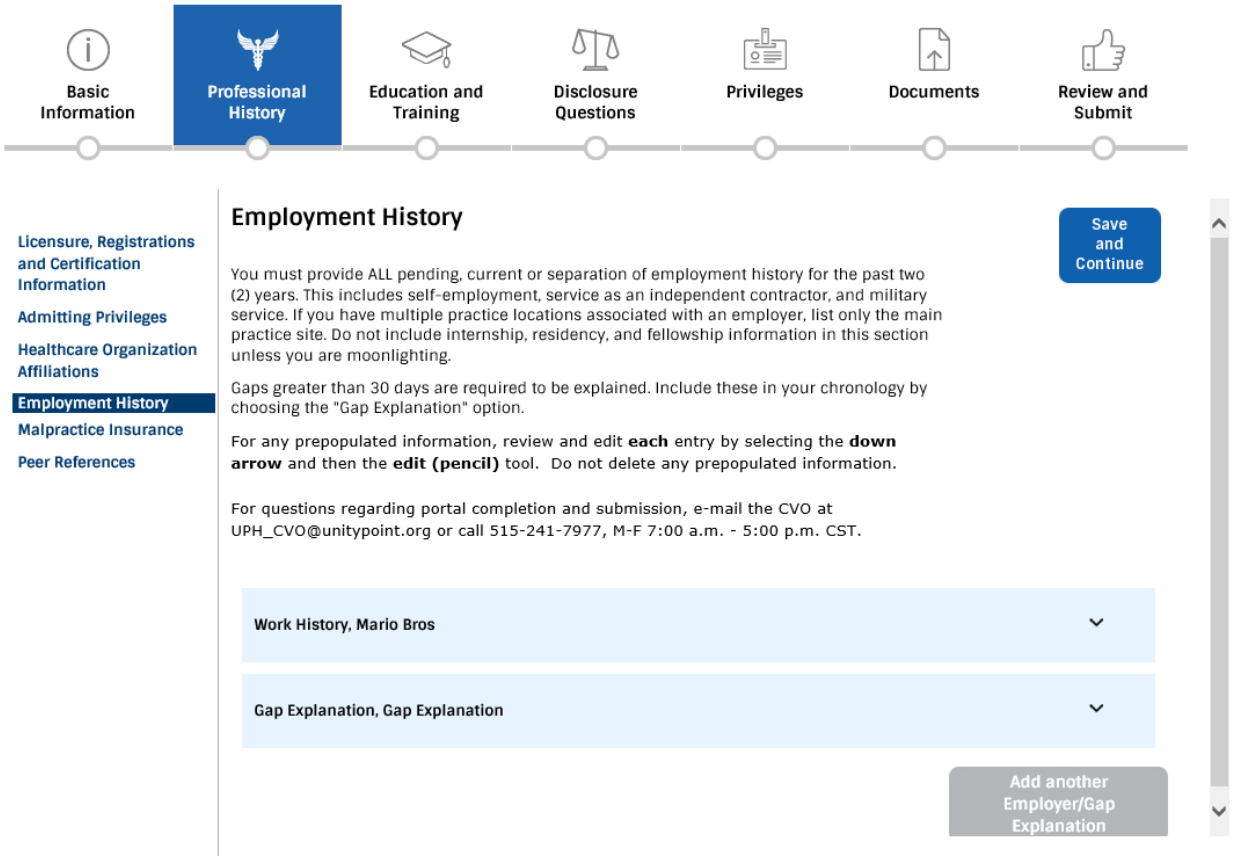
Employer with multiple clinic locations

If you are employed by an entity that has multiple clinical locations we only need the primary location listed in your employment history, we do not need all of the various clinic office locations you may see patients at under that employment history.

For example, UnityPoint Health/UnityPoint Clinic Providers will often go to multiple clinics or work in multiple emergency departments as part of their employment. It is unnecessary to list all UnityPoint locations that you may see patients at under employment history as all those locations are for the same employer, you will just list UnityPoint Health once with your original start date.

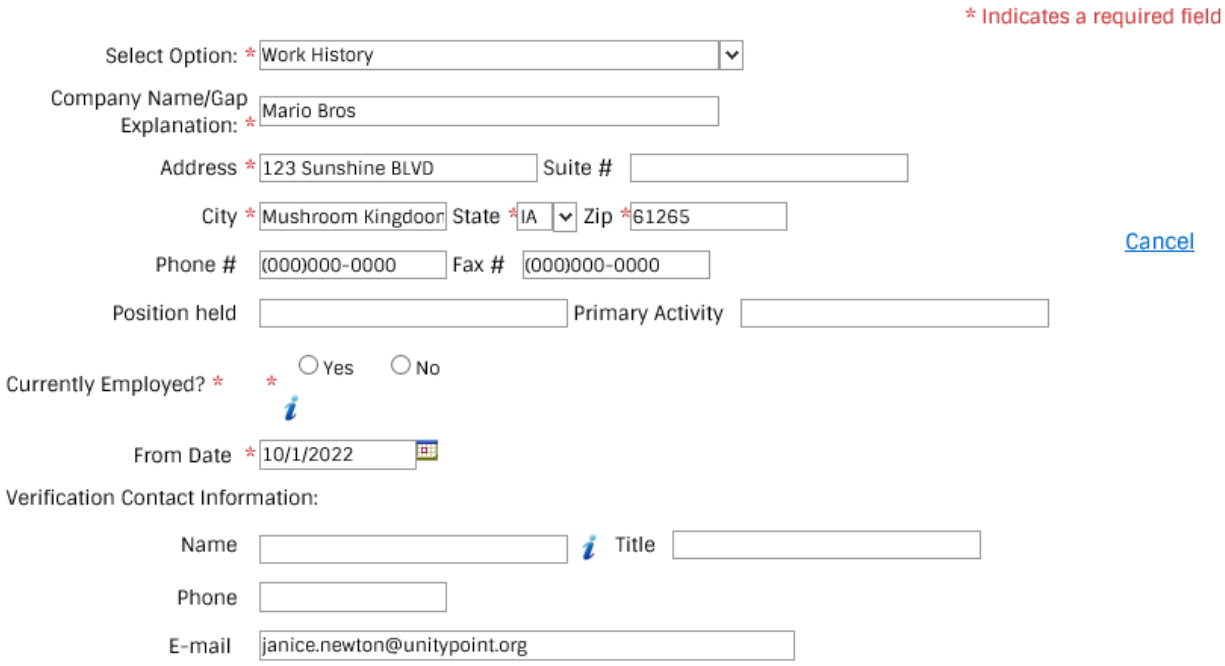
Locum Work History

If you are employed by a locums agency we only need the agency listed in your employment history, we do not need all of the clinical assignments and locations you were assigned to with that agency under work history.

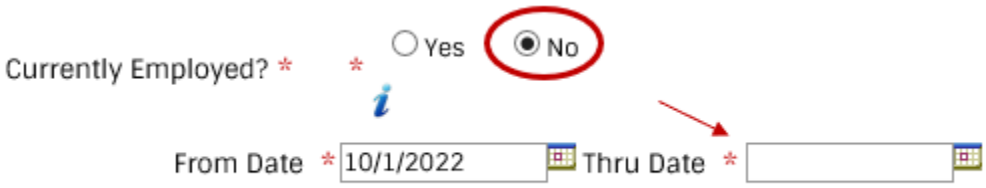


To add history, including pending employment, you will select the gray box “Add Employment/Military/Gap(s)” or “Add another Employer/Gap Explanation”

Use the “Select Option” dropdown to change between Work History, Military, and Gap Explanations



In order for the "Thru Date" to populate you must check "No" for "Currently Employed?", even for Gap Explanations



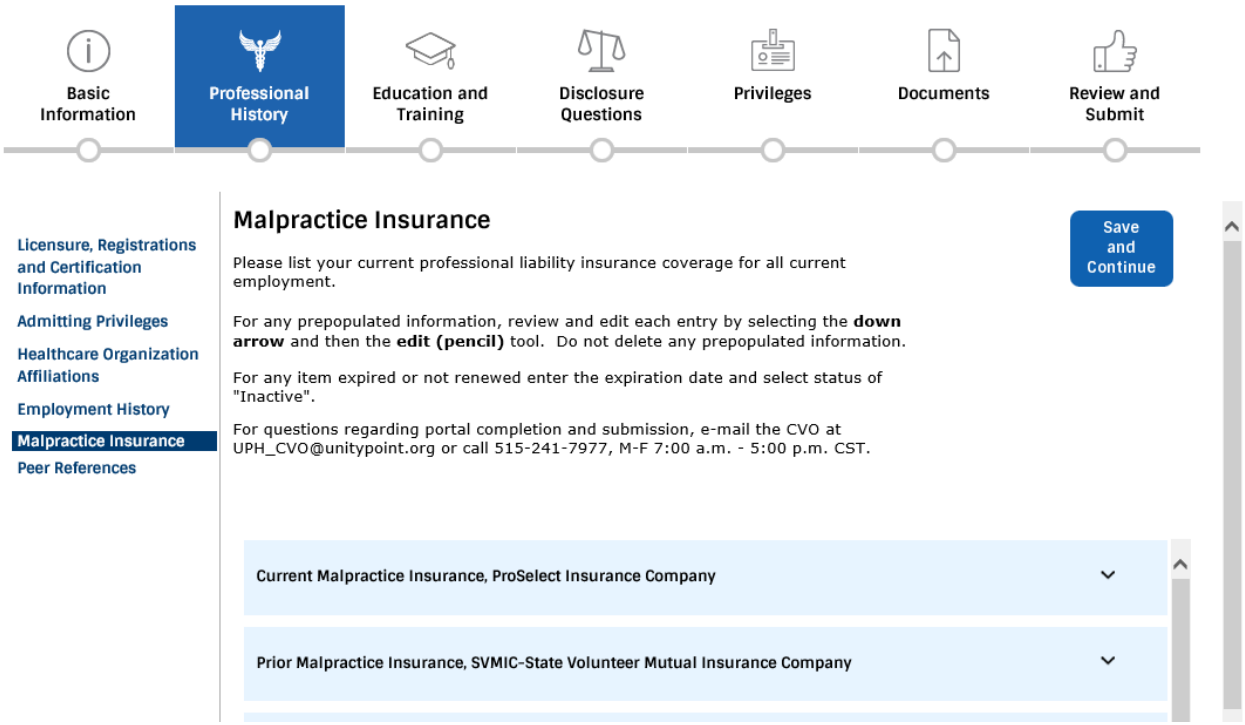
Current Insurance Carriers –

All current malpractice insurance carriers must be entered as requested on your portal application. For insurances that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable. Do ***NOT*** delete insurances that are expired/not renewed.

If you are unaware of the current insurance carriers that afford your coverage then you and/or your delegate credentialing contact will need to contact your employers and/or possibly medical staff services to obtain this information.

UnityPoint Health (UPH) applicants – Please collaborate closely with your recruiter to validate the entity that will be providing current malpractice coverage for you, so that you can add that info here. You will likely list your coverage as "UnityPoint Health Self Insured"

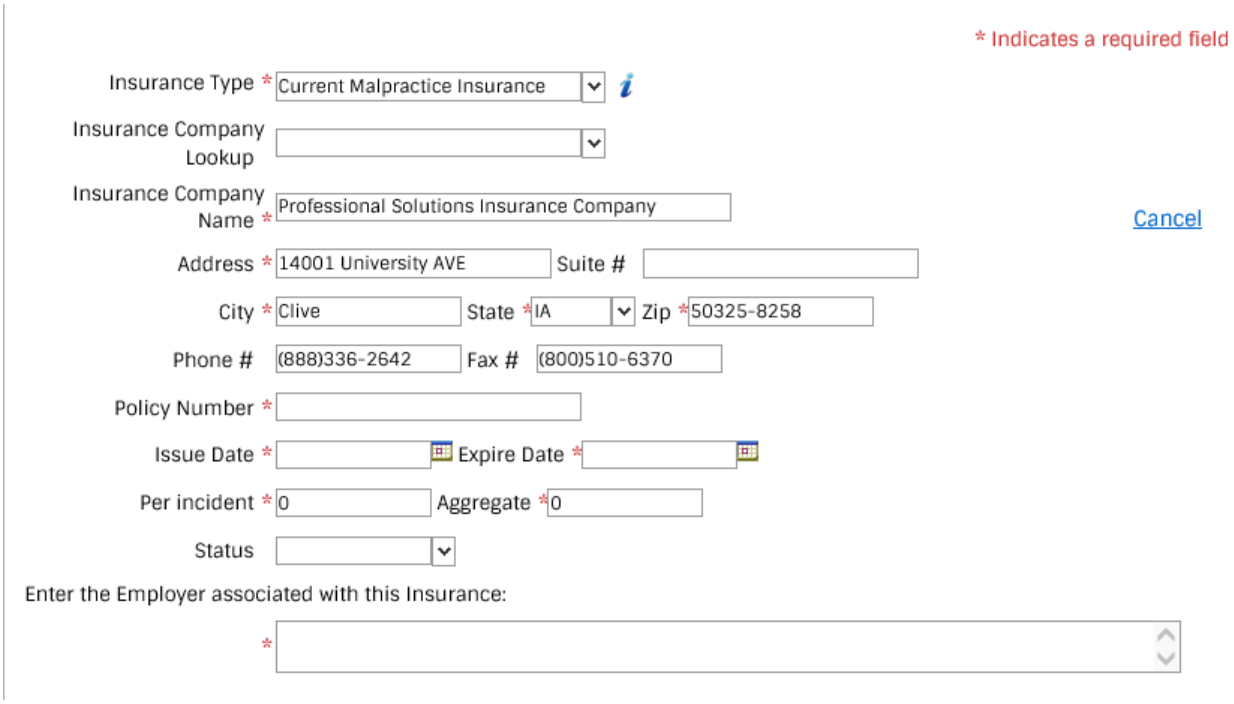
All coverage must be accounted for each training program and employer, there is a field for you to identify the education program or employer associated with each coverage entry you add.



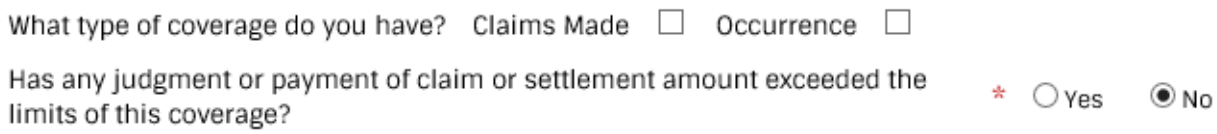
To add insurance information, including pending/future, you will select the gray box "Current Malpractice Insurance Carrier" or "Add Malpractice Carrier"

All coverage must be accounted for each employer, there is a field for you to identify the employer associated with each coverage entry you add.

Coverage minimums for UPH Privileging and/or PHO enrollment is 1 Million per Incident and 3 Million Aggregate

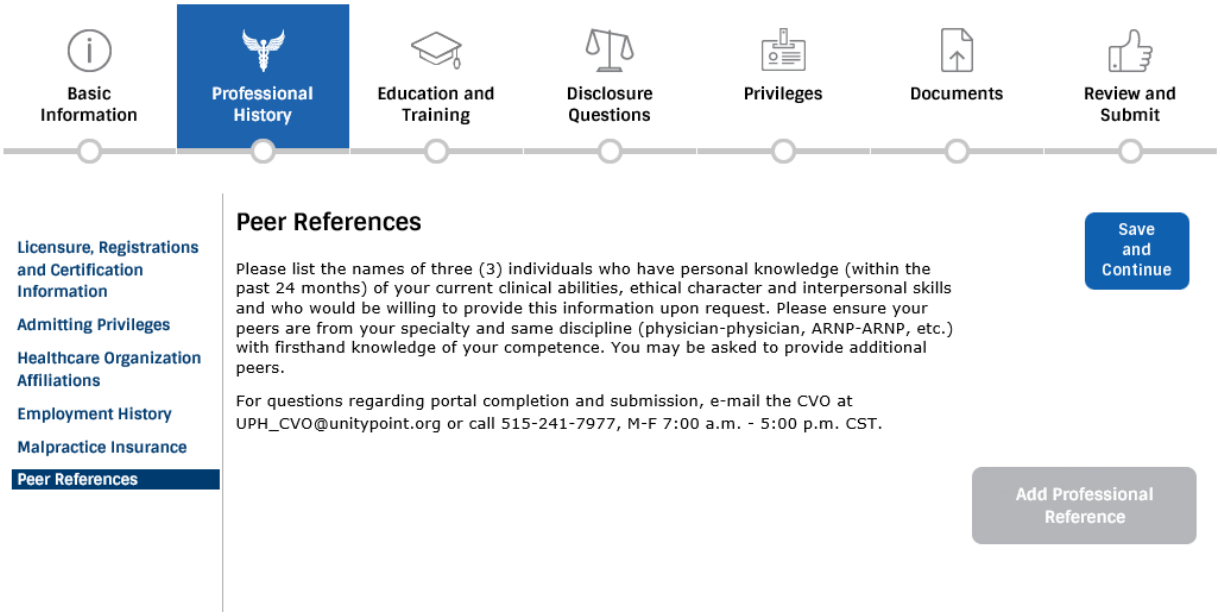


Illinois applicants will be asked if the coverage is Claims Made or Occurrence based, and if any judgements have exceeded your coverage:



Peer References -

There are various requirements for who we need a peer reference form completed by, carefully review the type of references that are required.

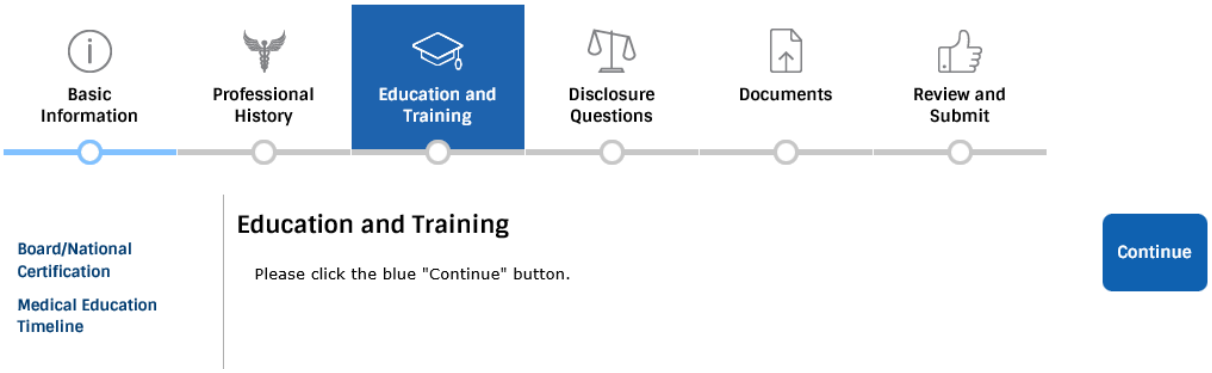


To add professional references, you will select the gray box “Add Professional Reference”

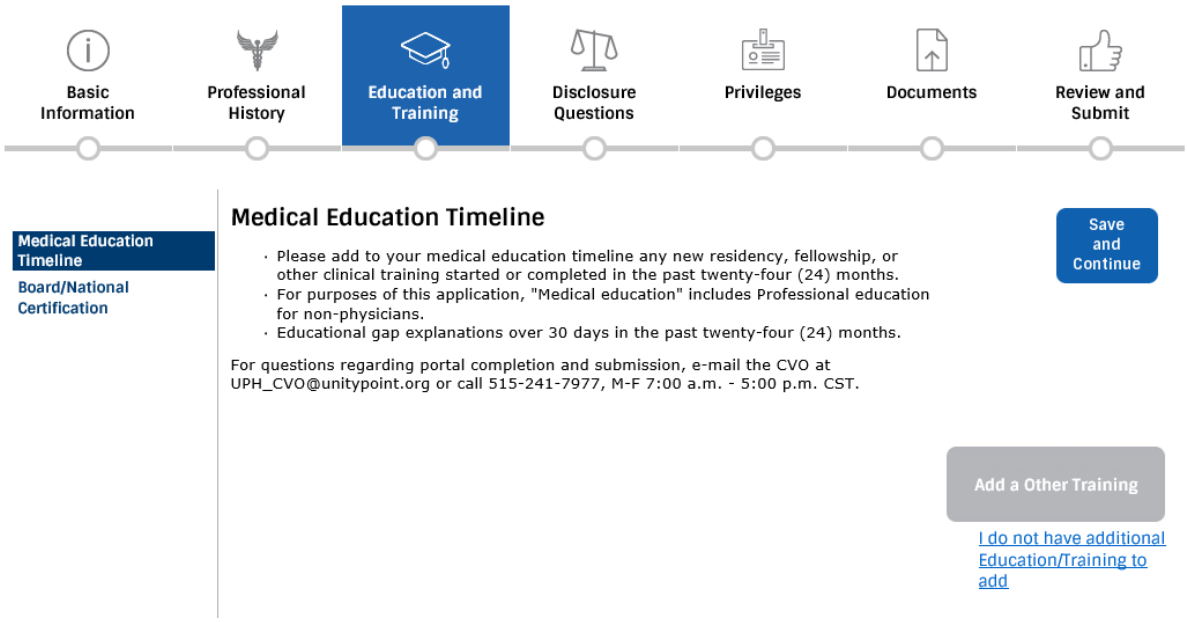
Education and Training Section

Information must be entered for any updates in your Education and Training.

If you have completed the Education and Training and the information has already been reported to us, you do not need to duplicate the information.

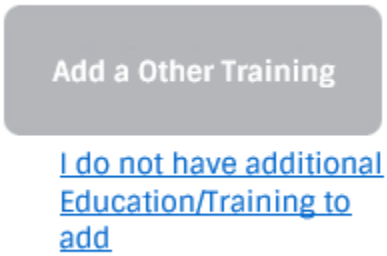


Medical Education Timeline -



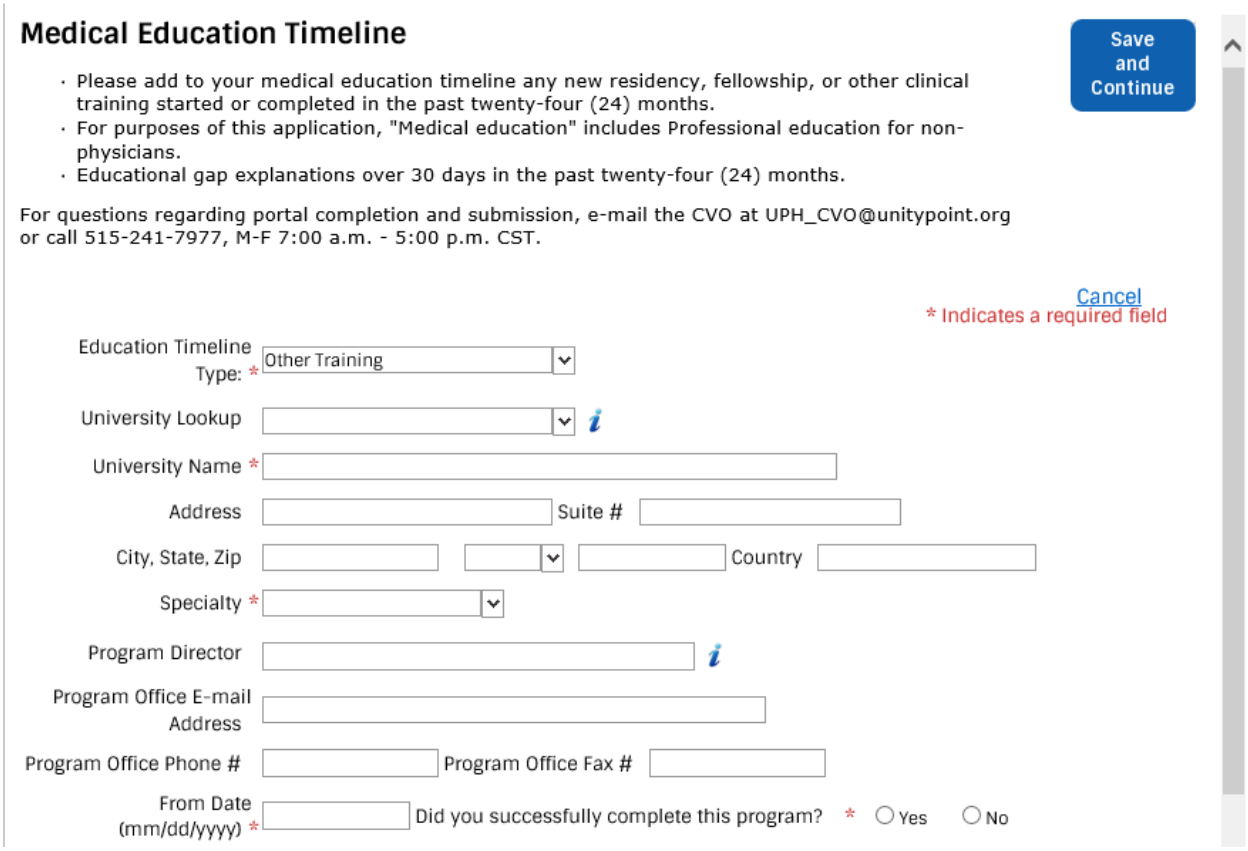
To add training, you will select the gray box “Add a Other Training”

If you do not have any additional training, you will select the “I do not have additional Education/Training to add” link

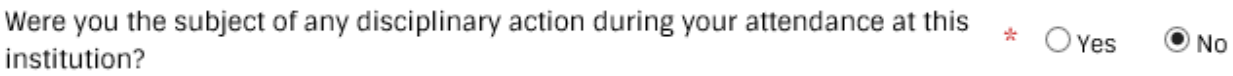


When adding in new Education:

- Choose the type of education, ex: “Medical Education”
- You can use the search feature in the “University Lookup” line identified below. Click on the italics symbol for additional search tips.
- IF the University is not in the drop-down listing, simply type in the required data field information.
- For Education Gap Explanations choose “Education Gap Explanation” from the University Lookup option, and “Yes” when asked if you successfully completed the program in order to enter the Thru date of the gap



Illinois applicants will have an additional question regarding any disciplinary action during their attendance:



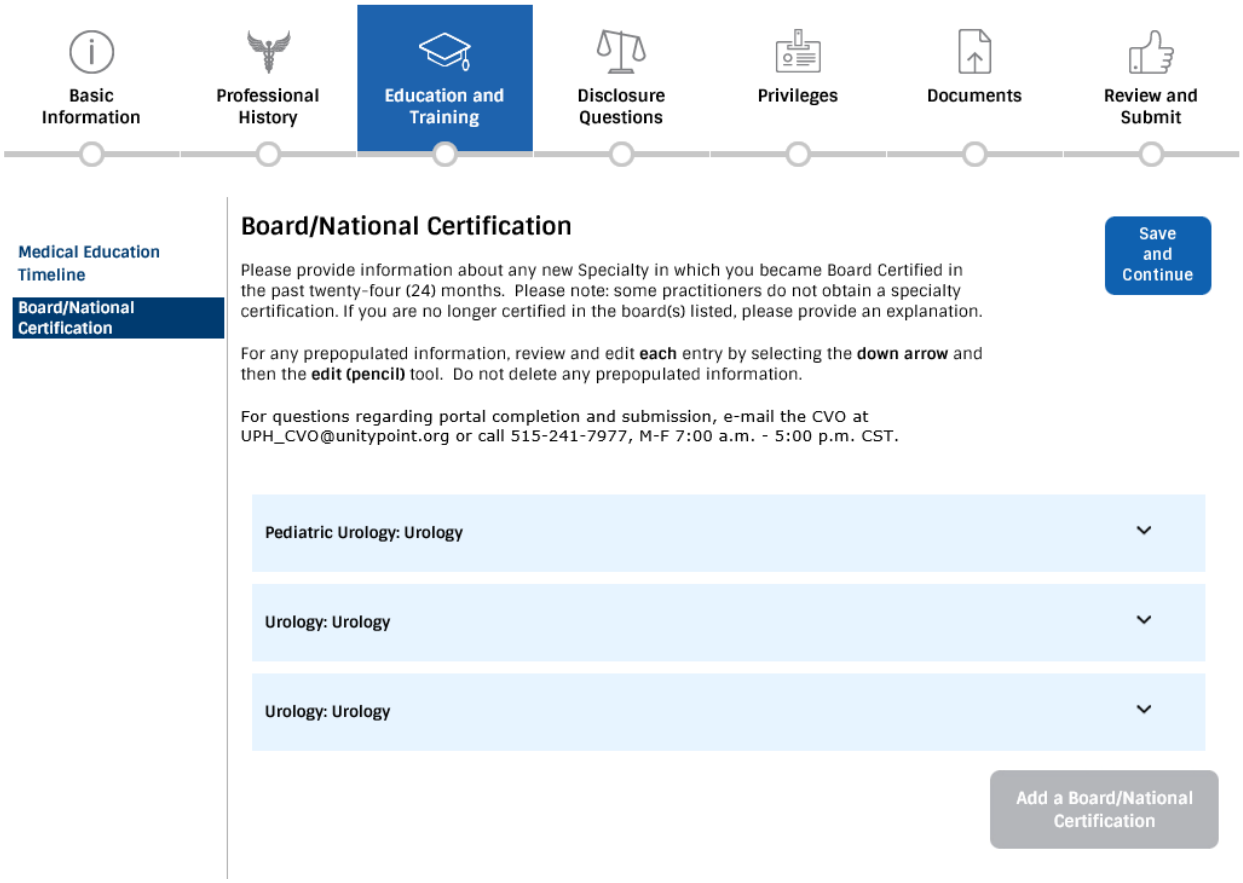
Board Certifications/National Certifications Section

Sample of fields to be completed in this section. Review the existing information for any needed updates, and add any additional Certifications obtained.

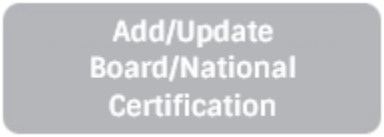
Board/National Certification is a threshold requirement for application processing. Board eligibility information must be completed if you are not currently Board certified.

Advanced Practice Providers you will list your national certifications in this section.

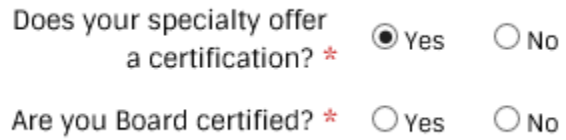
Please provide **2 years (Iowa) or 4 years (Illinois)** of information as requested. For certifications that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable. Do ***NOT*** delete Certifications that you no longer hold. We must have your end/expiration date.



To add information you will select the gray box “Add/Update Board/National Certification”. *If there is pre-populated information in your application your prompts may vary.*



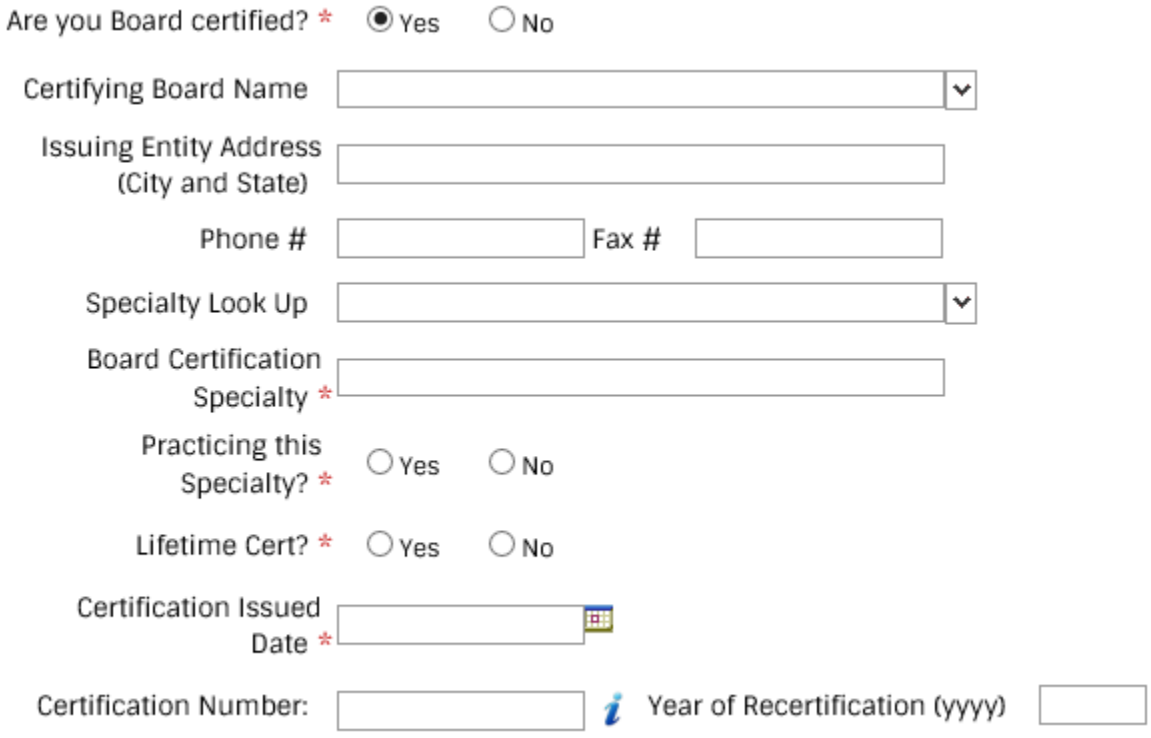
You will then be asked if your specialty offers certification, and if “Yes” you will be asked if you are Board certified



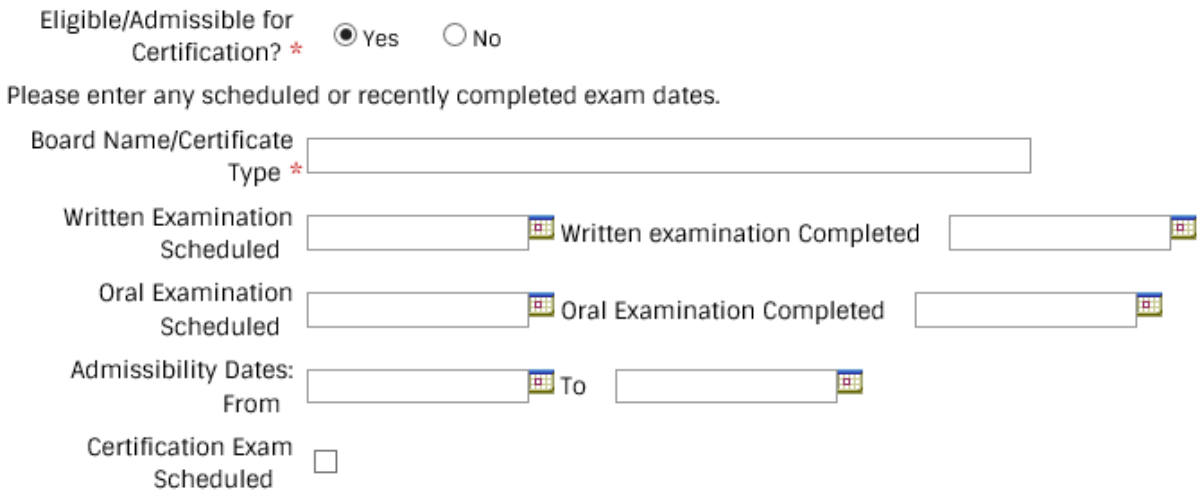
If you are answer “Yes” you will be prompted to provide your Board certification information

When adding Board information:

- You can use the search feature in the “Certifying Board Name” line identified below.
- IF the Board is not in the drop-down listing, simply type in the required data field information.
- You can use the search feature in the “Specialty Look Up” line identified below.
- IF the Specialty is not in the drop-down listing, simply type in the required data field information.



If you answer “No” you will be prompted to provide your Board eligibility/admissibility for certification information



Disclosure Question Section

These questions are required to be completed reflecting on your **past 2 years (Iowa) or 4 years (Illinois) of history**. Providing the answer to these questions gives the CVO a complete picture of your professional history.

Any questions answered "**YES**" will need the associated supplemental information field or form completed. If the form is not completed, the CVO will return the application for completion, causing delays in processing.

The disclosure questions and forms will vary based on where you will be credentialed.

- If you are strictly being credentialed for Iowa you will be asked the exact questions from the Iowa state credentialing application.
- If you are being credentialed for Illinois you will be asked the exact questions from the Illinois state mandated credentialing application.

Iowa:

Please carefully review the following questions as the CVO commonly needs to request clarification or correction to applications regarding. Provided are some examples of when it may be appropriate to answer these questions yes if it occurred **since Medical Education**:

17. Has your professional liability insurance ever been denied, suspended, limited, not renewed or terminated by a carrier? (If yes, explain on Addendum C/Addendum A)

- Carrier denied, cancelled, reduced, non-renew or terminated your malpractice insurance coverage due to no longer meeting criteria for coverage such as high risk procedures, frequency and severity of claims, payout amount of claims, and similar situations

18. Have you been named in a lawsuit with which you were involved? (If yes, explain on Addendum C/Addendum A)

- If you have any malpractice claims filed against you

19. Have you ever had a professional liability judgment entered against you? (If yes, explain on Addendum C/Addendum A)

- If you have any malpractice claims filed against you where a settlement did not occur, and a judgement payment was made against you instead

20. Have any professional liability settlements ever been made on your behalf? (If yes, explain on Addendum C)

- If you have any malpractice claims filed against you that resulted in settlement payments being made

21. Are there any open claims, pending lawsuits or malpractice claims presently filed against you? (If yes, explain on Addendum C/Addendum A)

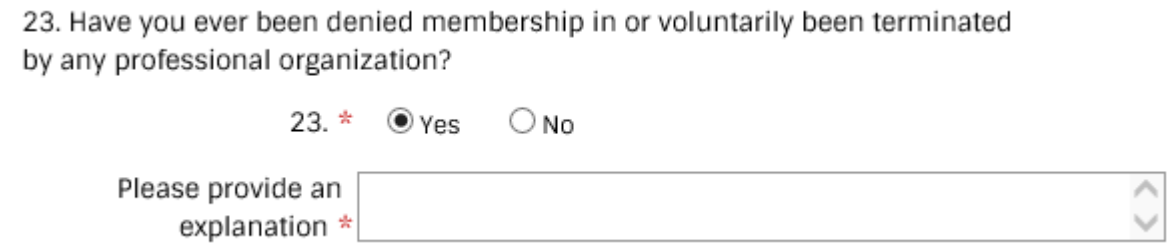
- If you have any open malpractice claims filed against you

22. Has/have any adverse action(s), or malpractice report(s) about you been made to the National Practitioner Data Bank, or any other databank?

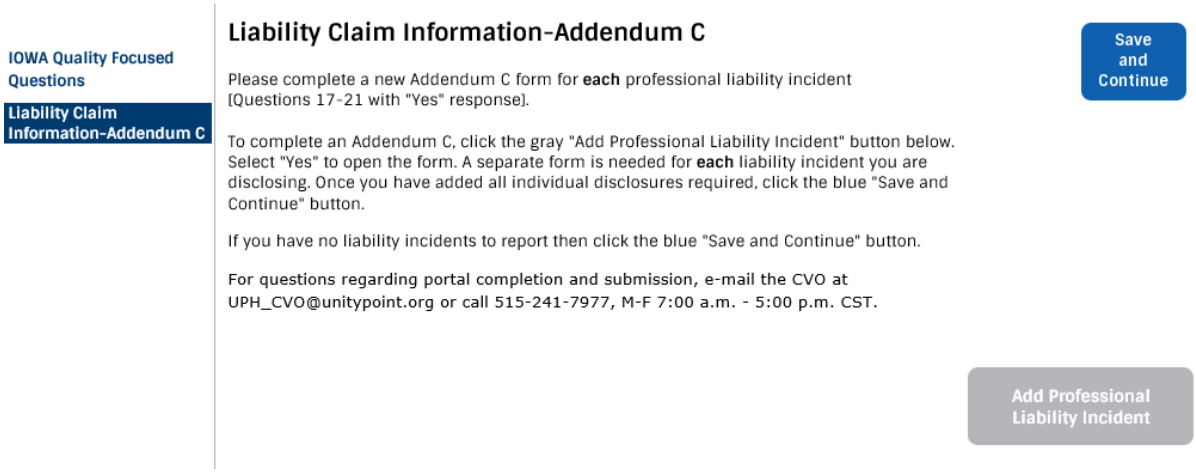
- If you have any reports made to the NPDB or any other databanks

REMEMBER – If any of the Disclosure Section questions were answered "**YES**" the matching Disclosure Field or Form MUST be added and filled out with additional details.

For **Questions #1-#16 and #22-#25** you will have a field to fill in for each "YES" answer

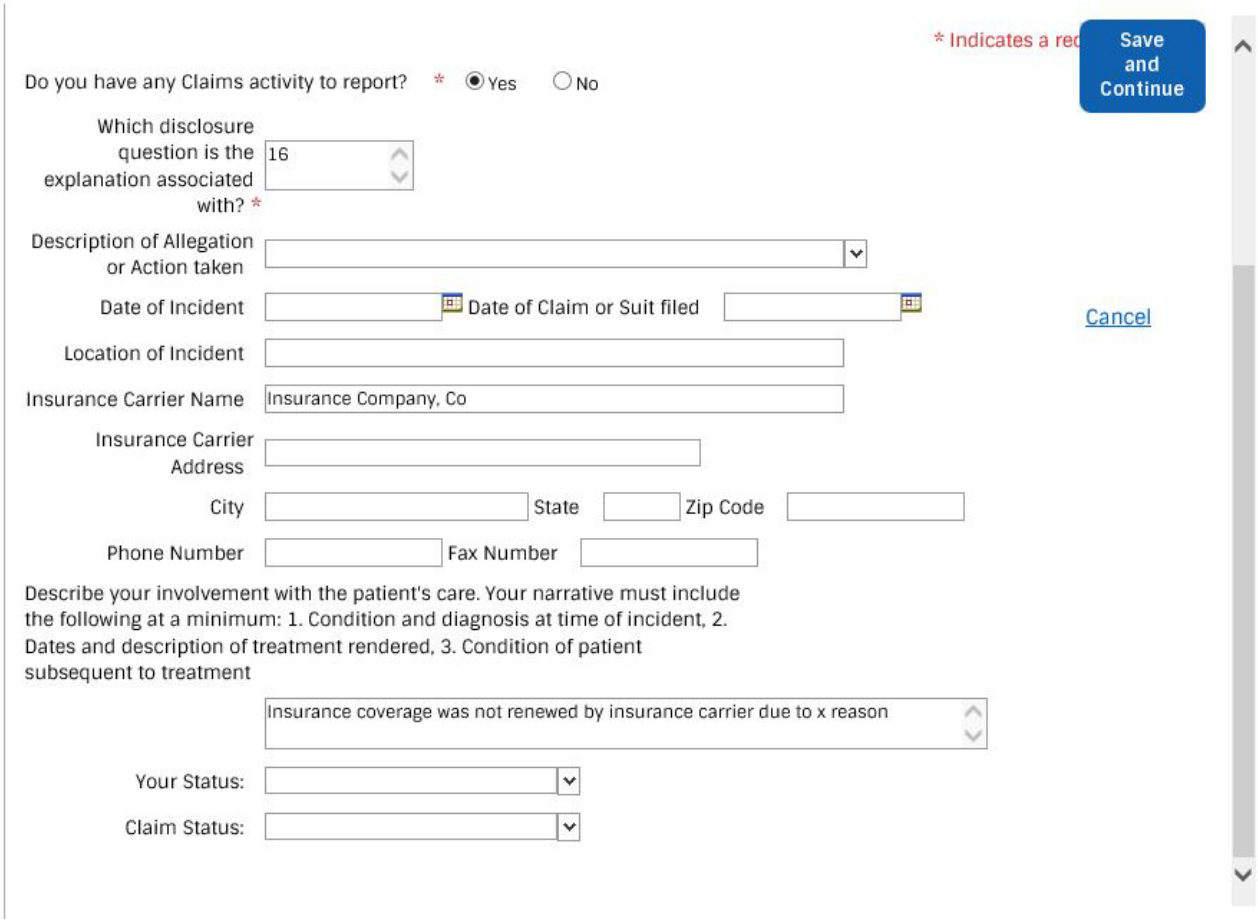


For **Questions #17-#21** you will need to "Add Professional Liability Incident" and then select "YES" when presented the option to be directed to fill out the Liability Claims Information – Addendum C/Addendum A. You can add as many forms as needed.



If all of the Disclosure Section questions were answered "NO", you will select the blue "Save and Continue" button.

Example of the Liability Claims Information – Addendum C/Addendum A for **Questions #17-#21**



Illinois:

Please carefully review the following questions as the CVO commonly needs to request clarification or correction to applications regarding. Provided are some examples of when it may be appropriate to answer these questions yes if it occurred **since Medical Education**:

Adverse or other Action - 3. Have you lost any board certification(s), and/or failed to recertify?

- If you have voluntarily decided not to renew your boards for any reason, such as only maintaining your subspeciality or a change in practice
- If you failed your recertification requirements
- If you have a lapse in certification
- If your certification was revoked by the specialty board

Adverse or other Action - 5. Has any information pertaining to you, including malpractice judgments and/or disciplinary action, ever been reported to the National Practitioner Data Bank (NPDB) and/or any other practitioner data bank?

- If you have any reports made to the NPDB or any other databanks

Adverse or other Action - 8. Have you voluntarily or involuntarily relinquished or failed to seek renewal of your hospital or ambulatory surgery center privileges for any reason?

- Voluntarily resigned hospital or other healthcare affiliation while in good standing due to a change in practice, employment, moving, etc.
- Involuntarily resigned hospital or other healthcare affiliation while under investigation or to avoid investigation or due to disciplinary action

Professional Liability - 1. Have any professional liability judgments ever been entered against you?

- If you have any malpractice claims filed against you where a settlement did not occur, and a judgement payment was made against you instead

Professional Liability - 2. Have any professional liability claim settlements ever been paid by you and/or paid on your behalf?

- If you have any malpractice claims filed against you that resulted in settlement payments being made

Professional Liability - 3. Are there any currently pending professional liability suits, actions and/or claims filed against you?

- If you have any open malpractice claims filed against you

Liability Insurance - Have you ever been denied or voluntarily relinquished your professional liability insurance coverage, and/or have had your professional liability insurance coverage canceled, non-renewed or limits reduced?

- Voluntarily non-renewing carriers due to employer choice to change insurance carriers, coverage changes due to a change in employment, or similar situations

- Carrier denied, cancelled, reduced, non-renew or terminated your malpractice insurance coverage due to no longer meeting criteria for coverage such as high risk procedures, frequency and severity of claims, payout amount of claims, and similar situations

REMEMBER – If any of the Disclosure Section questions were answered "YES," the matching Disclosure Field or Form MUST be added and filled out with additional details.

For **Adverse or other actions** please complete a Form A

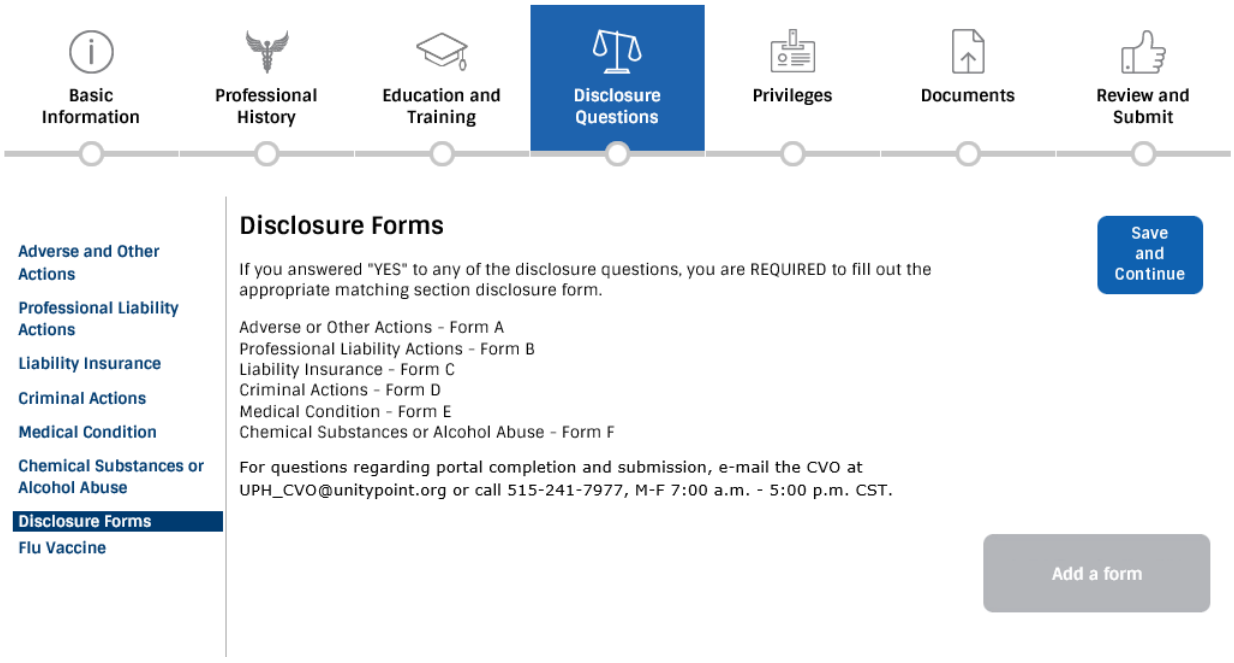
For **Professional Liability Action** please complete a Form B

For **Criminal Action** please complete a Form C

For **Medical Conditions** please complete a Form D

For **Chemical Substances or Alcohol Abuse** please complete a Form E

Select "Add a form" and you will be presented with the Disclosure Form Drop Down, you can add as many forms as needed. If you have no questions answered yes and have no forms to complete select "Save and Continue" instead.



Disclosure Forms

Save and Continue

If you answered "YES" to any of the disclosure questions, you are REQUIRED to fill out the appropriate matching section disclosure form.

Adverse or Other Actions - Form A
Professional Liability Actions - Form B
Liability Insurance - Form C
Criminal Actions - Form D
Medical Condition - Form E
Chemical Substances or Alcohol Abuse - Form F

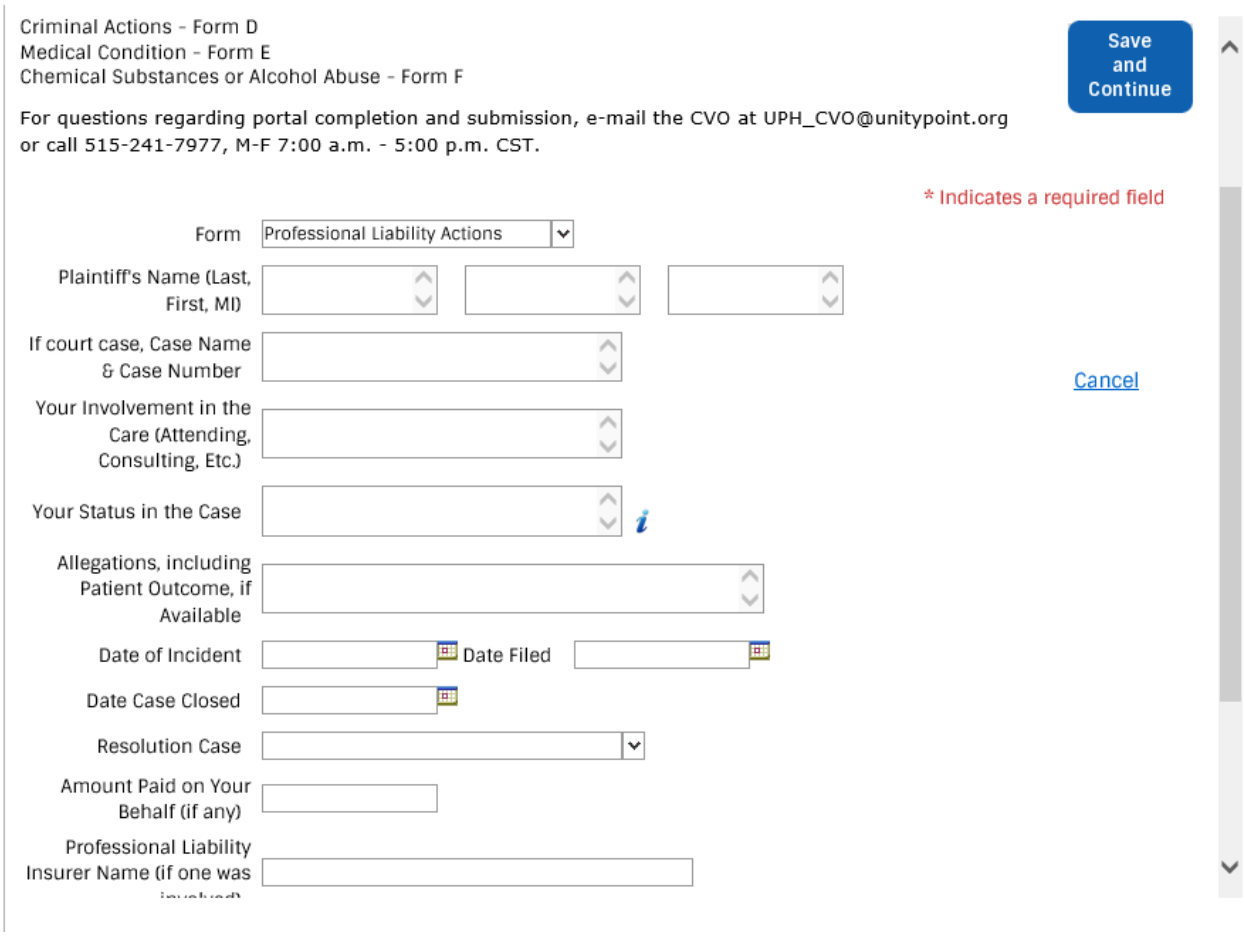
For questions regarding portal completion and submission, e-mail the CVO at UPH_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.

Cancel
* Indicates a required field

Form

- Adverse and Other Actions
- Chemical Substances or Alcohol Abuse
- Claims History
- Criminal Actions
- Liability Insurance
- Medical Condition
- Professional Liability Actions

Upon Selection of a Form you will be given fields to populate, ex:

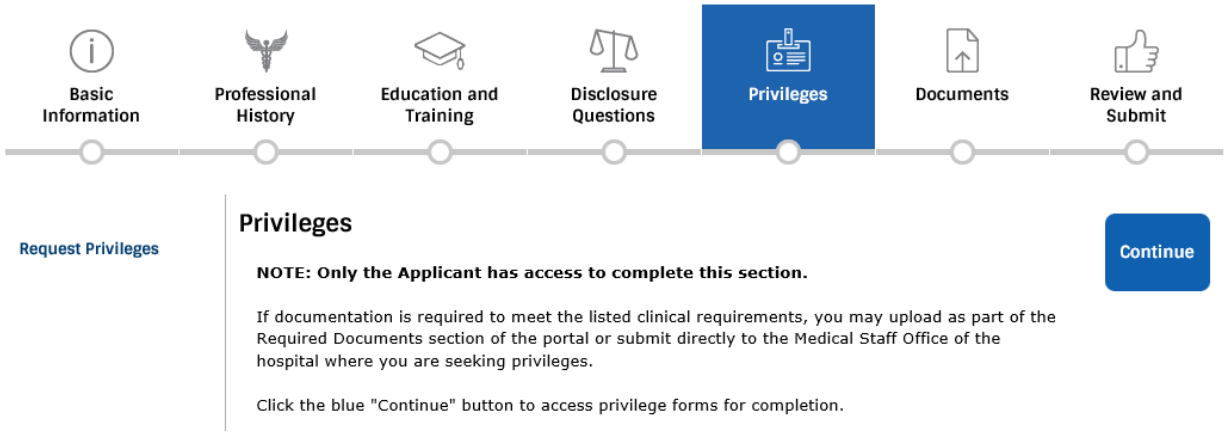


Privileges Section (N/A for PHO only enrollment)

This section is only in the portal utilized for applicants seeking hospital membership/privileges.

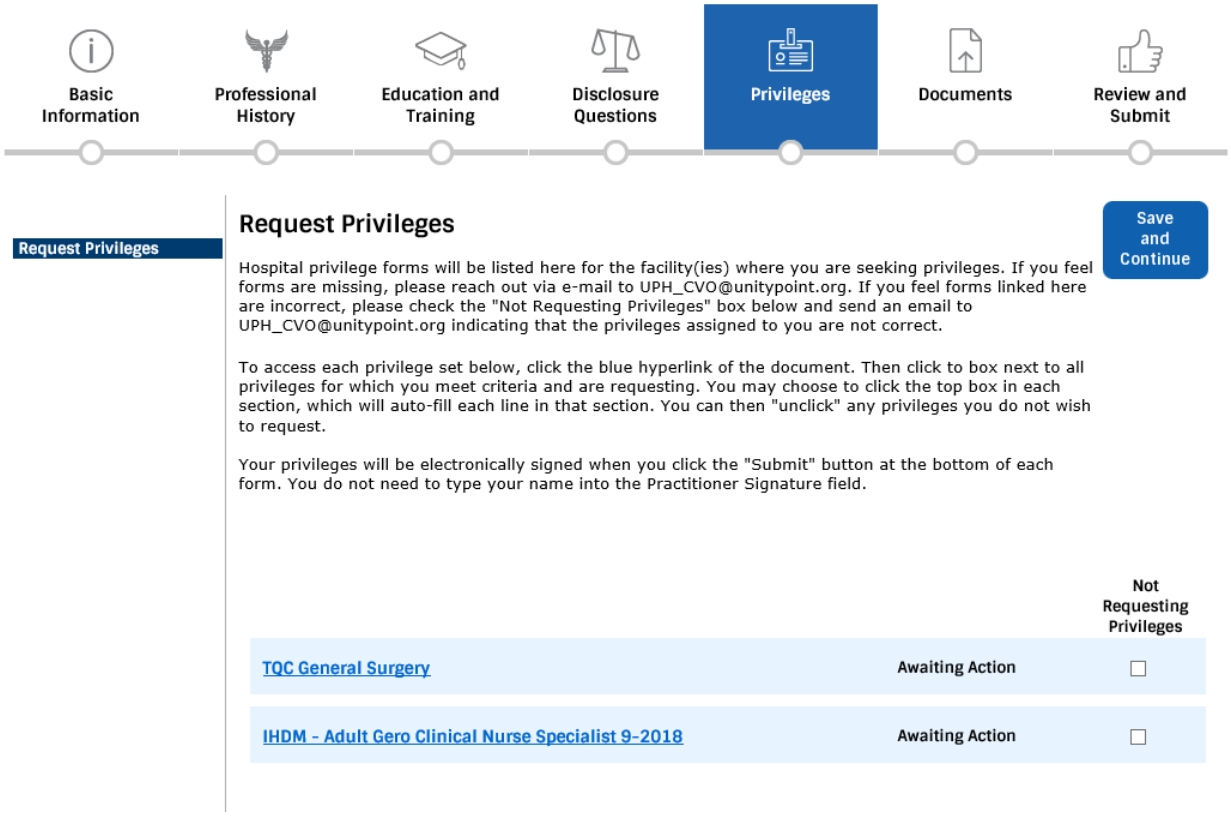
Providers who are needing to be recredentialed at hospitals for membership/privileges, you will see a section called “Privileges” on the top of the portal page.

The Delegate Credentialing Contact who may be assisting with your application cannot complete these forms for you.



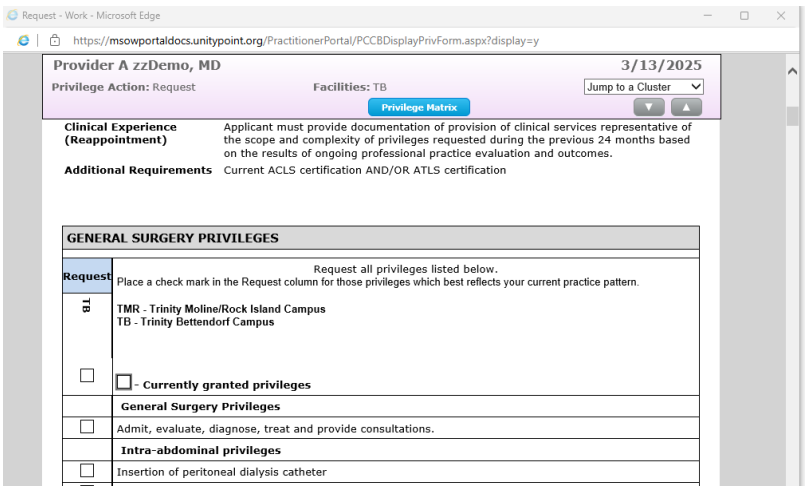
To view and complete the privilege forms you must click on the words “Request Privileges” on the left side of the screen.

You will need to click on EACH privilege set name to open the form for requesting the privileges. "Awaiting Action" means that you have not yet completed the forms. If you do not wish to have privileges for a particular Hospital or Specialty any longer please contact the Medical Staff Services and select the "Not Requesting Privileges" box.

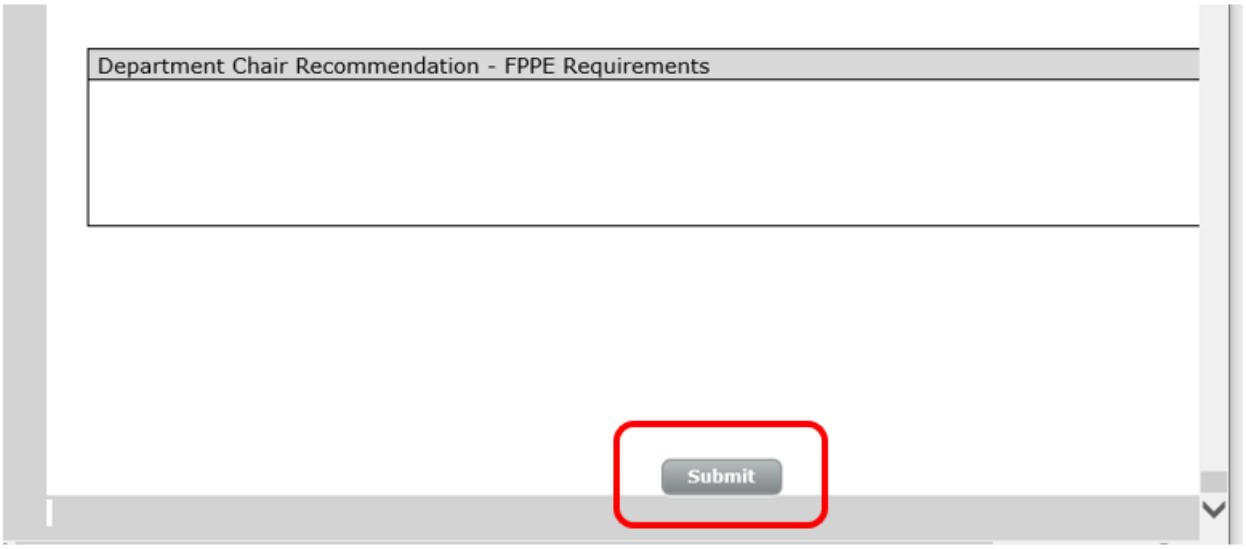


You will select the Privilege Form you want to complete and will receive a pop-up window, be sure to check your other screen if using multiple monitors and your pop-up blocker settings if the window does not show for you.

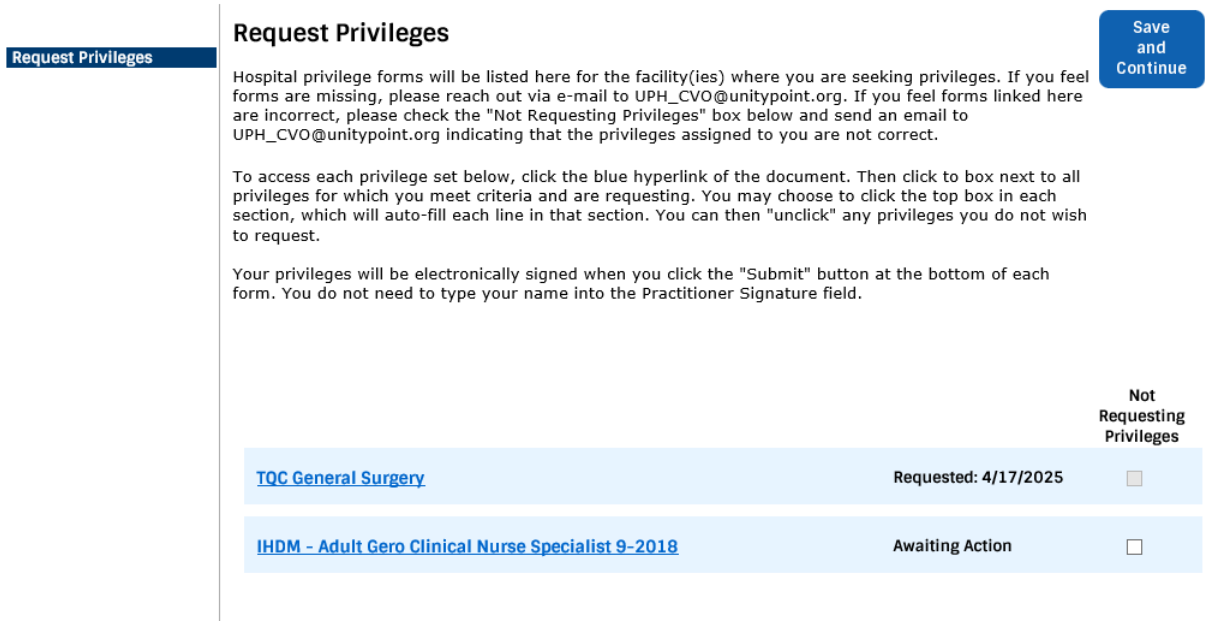
You will check the privileges you want to request



At the end of the privilege request form, you MUST click the “Submit” button.



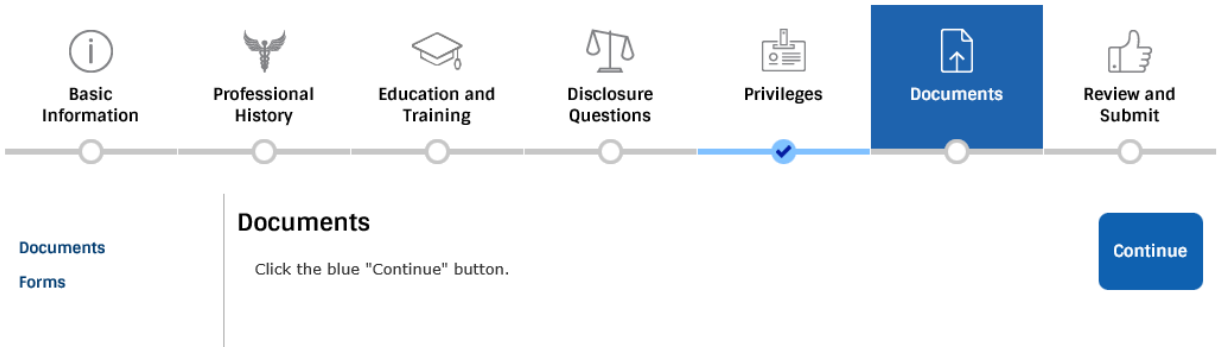
Once successfully submitted, the main Privilege Section screen changes to show you have requested the privileges with a date noted.



Documents Section

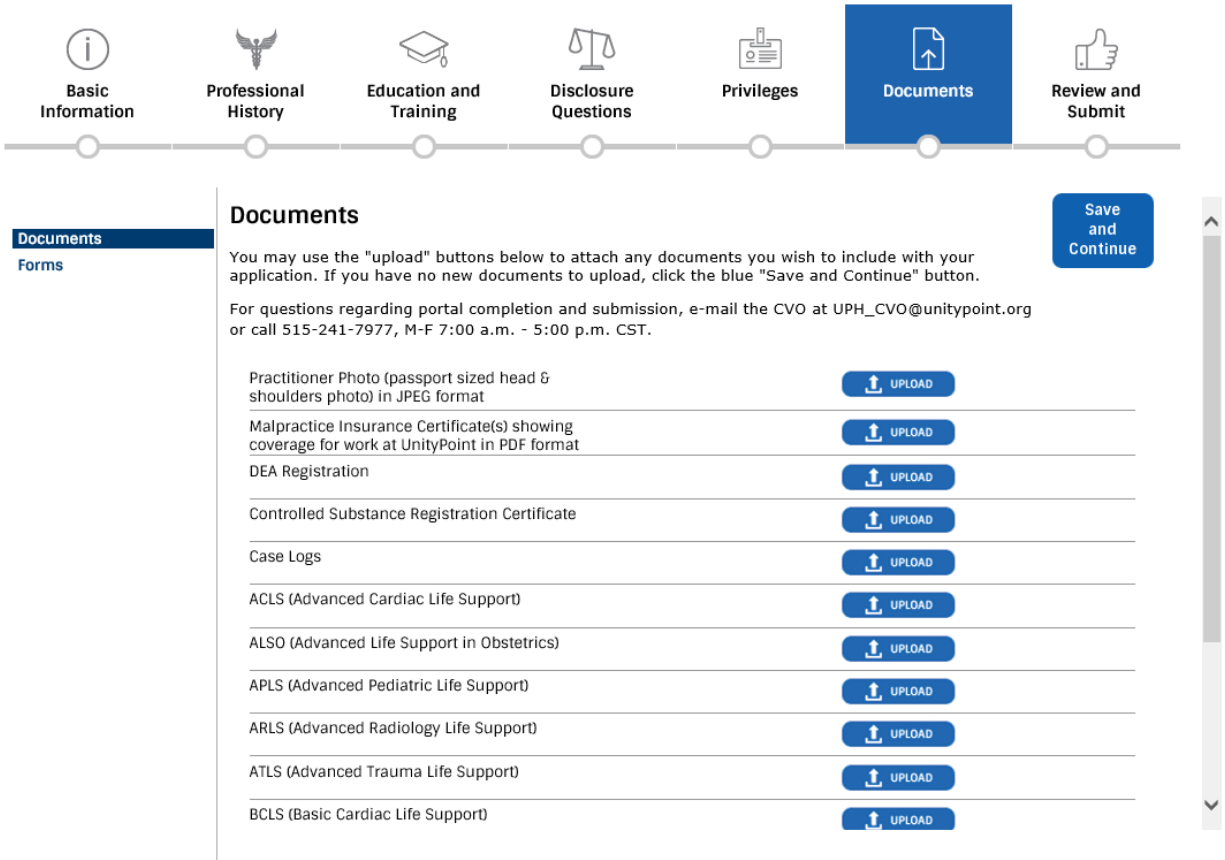
Documents -

Documents must be in jpeg or pdf format for uploading. Please ensure your Practitioner Photo is in JPEG. Documents uploaded as a word, excel, or other file type may delay application processing.

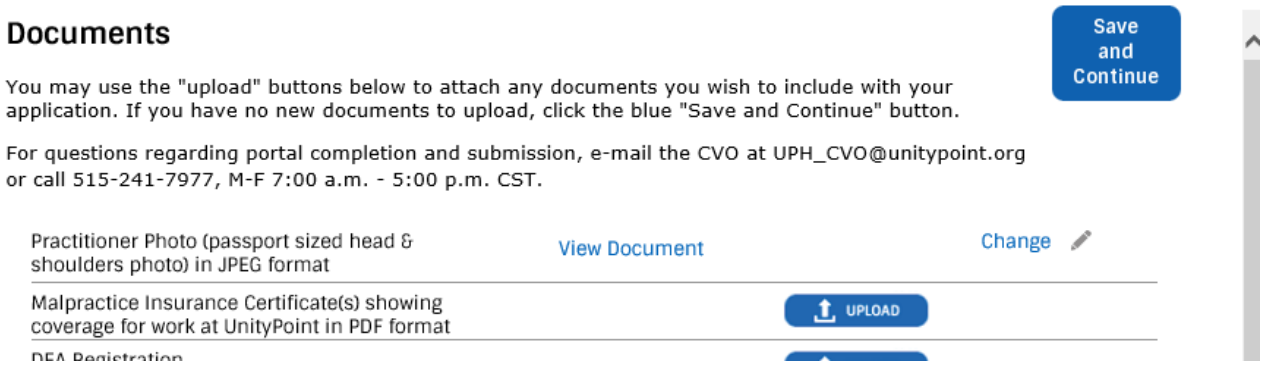


You can click on the upload icon next to the document you want to upload to the CVO.

There are ***no required documents*** that must be uploaded for recredentialing.



Once uploaded, you can view or change/delete the documents



Forms -

The forms will populate with the information supplied thus far in the portal and are viewable by clicking on the blue “View Form” button. Your forms may vary based on the type of application you are completing.

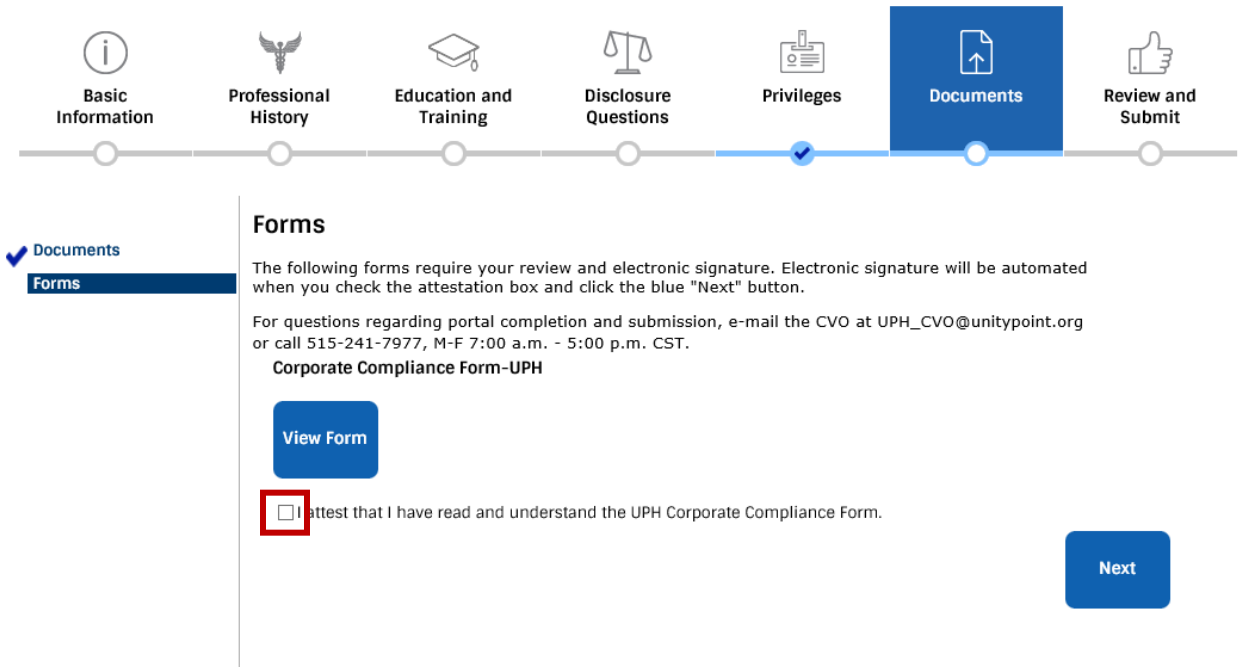
You will not download and sign these forms - they are available for your review.

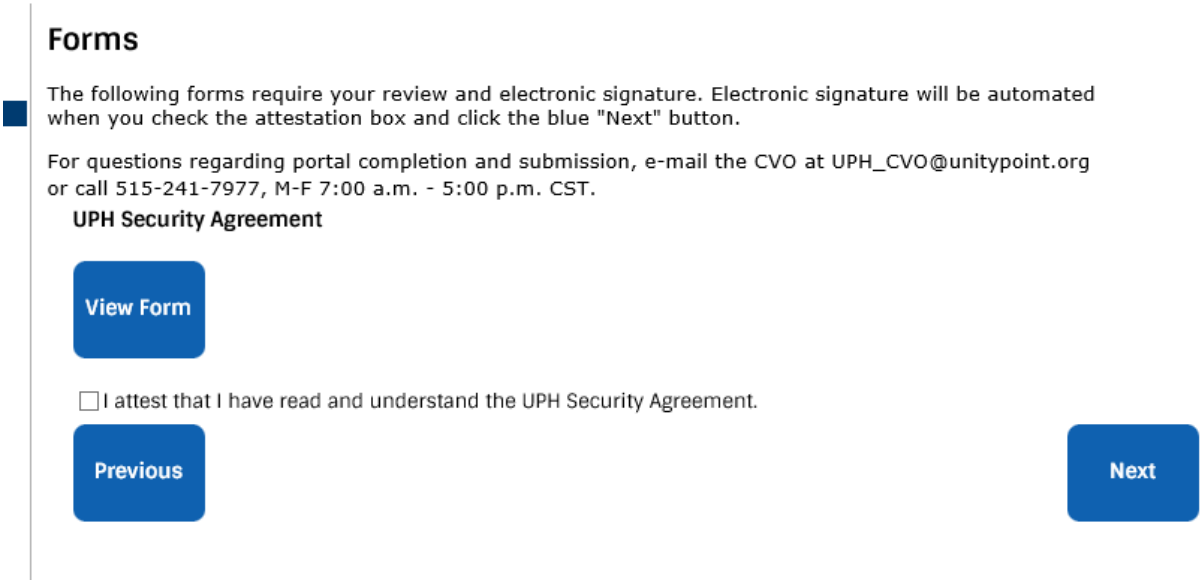
You will need to click on the box below View Form, to electronically sign you will check the appropriate box to attest for your electronic signature and date stamp to be placed on the forms.

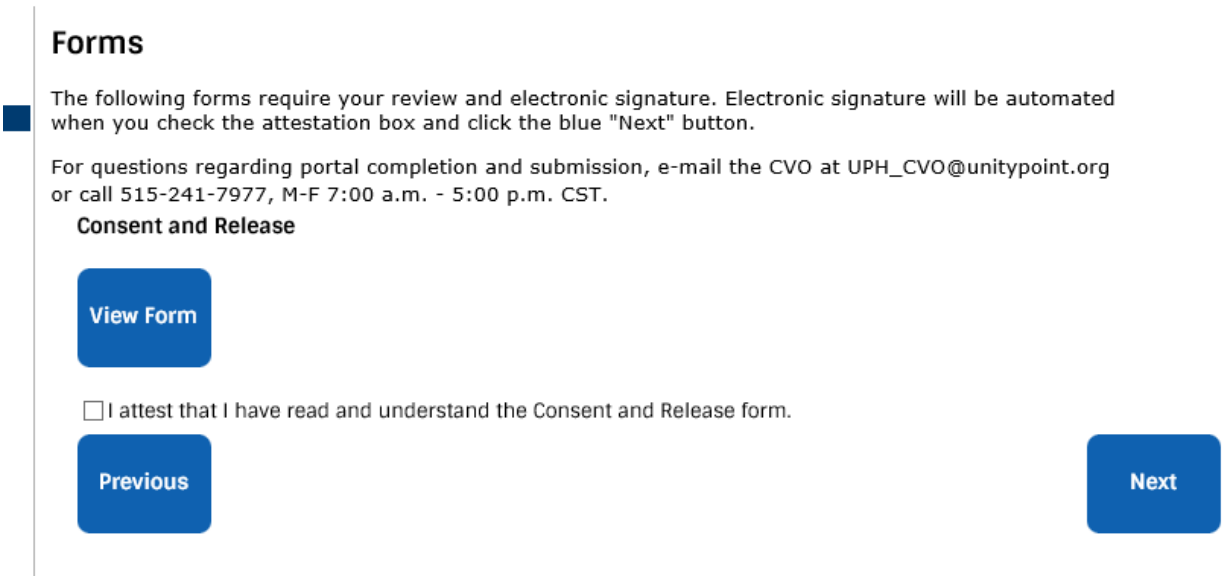
Your electronic signature does not appear on the forms until the portal application is submitted.

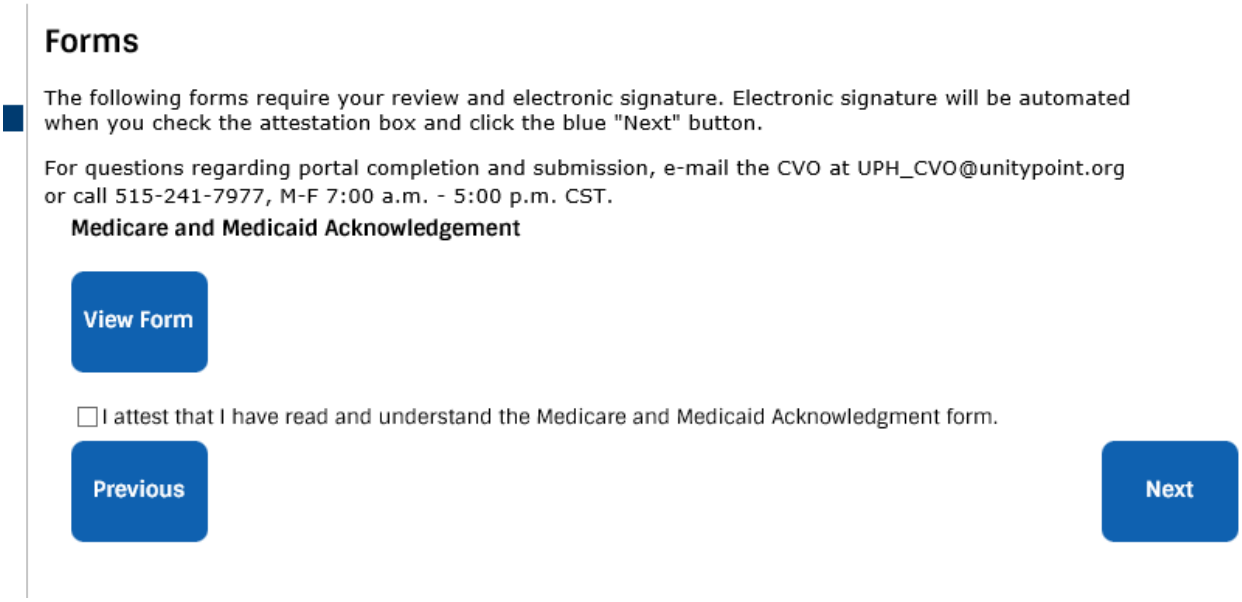
As soon as you hit the submission button on your application your electronic signatures will be populated on the forms.

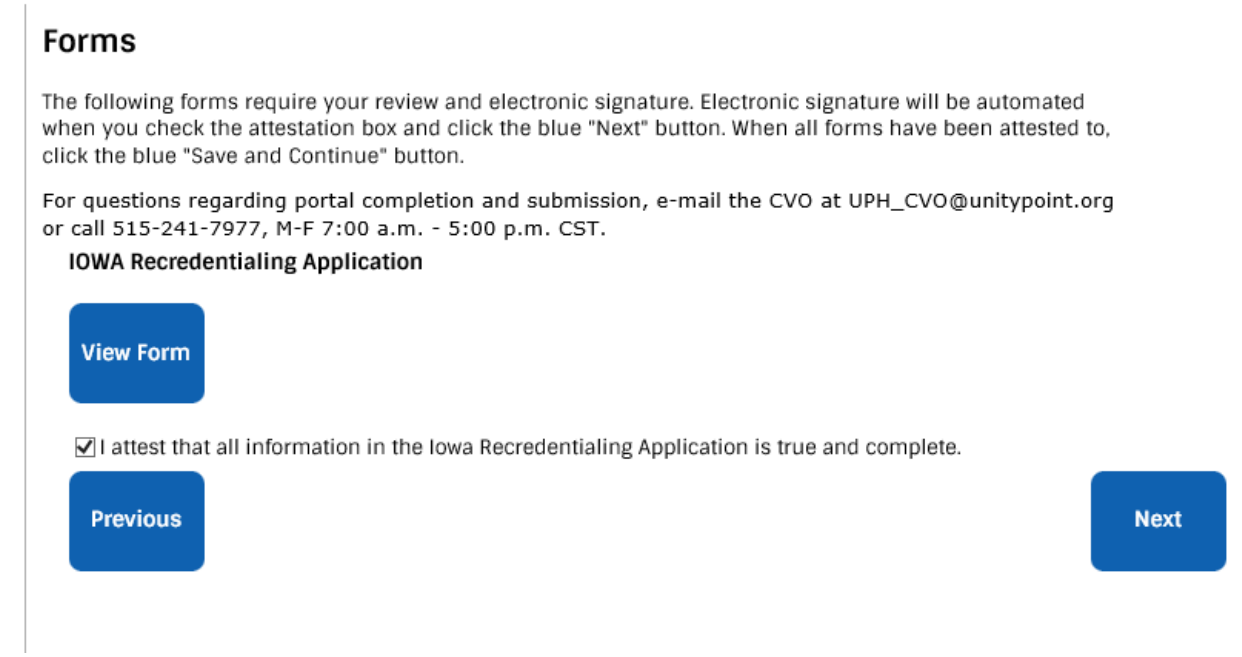
Examples of some of the forms you may be asked to sign:




Forms
The following forms require your review and electronic signature. Electronic signature will be automated when you check the attestation box and click the blue "Next" button.
For questions regarding portal completion and submission, e-mail the CVO at UPH_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.
UPH Security Agreement
View Form
I attest that I have read and understand the UPH Security Agreement.
Previous
Next


Forms
The following forms require your review and electronic signature. Electronic signature will be automated when you check the attestation box and click the blue "Next" button.
For questions regarding portal completion and submission, e-mail the CVO at UPH_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.
Consent and Release
View Form
I attest that I have read and understand the Consent and Release form.
Previous
Next

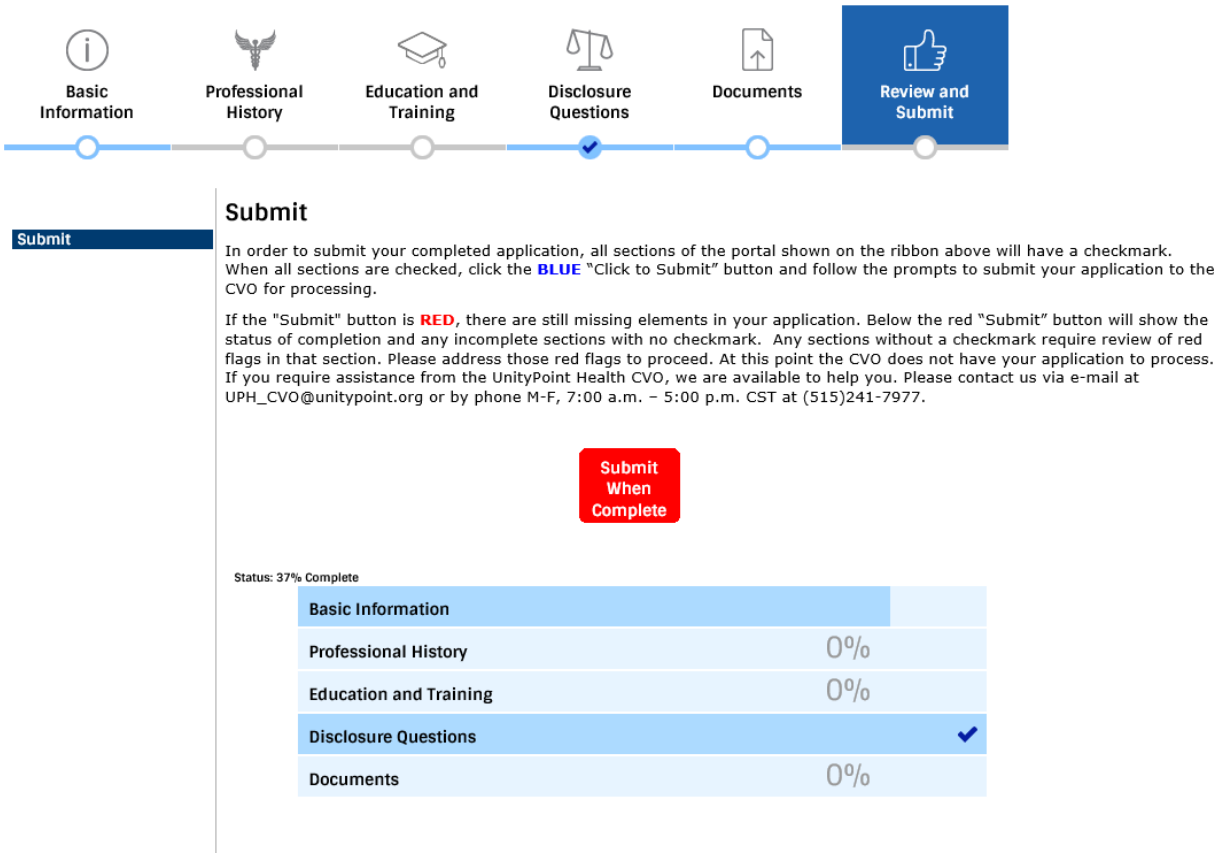

Forms
The following forms require your review and electronic signature. Electronic signature will be automated when you check the attestation box and click the blue "Next" button.
For questions regarding portal completion and submission, e-mail the CVO at UPH_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.
Medicare and Medicaid Acknowledgement
View Form
I attest that I have read and understand the Medicare and Medicaid Acknowledgment form.
Previous
Next


Forms
The following forms require your review and electronic signature. Electronic signature will be automated when you check the attestation box and click the blue "Next" button. When all forms have been attested to, click the blue "Save and Continue" button.
For questions regarding portal completion and submission, e-mail the CVO at UPH_CVO@unitypoint.org or call 515-241-7977, M-F 7:00 a.m. - 5:00 p.m. CST.
IOWA Recredentialing Application
View Form
I attest that all information in the Iowa Recredentialing Application is true and complete.
Previous
Next

Review and Submission Section

All portal sections must have a blue check mark underneath their headers.

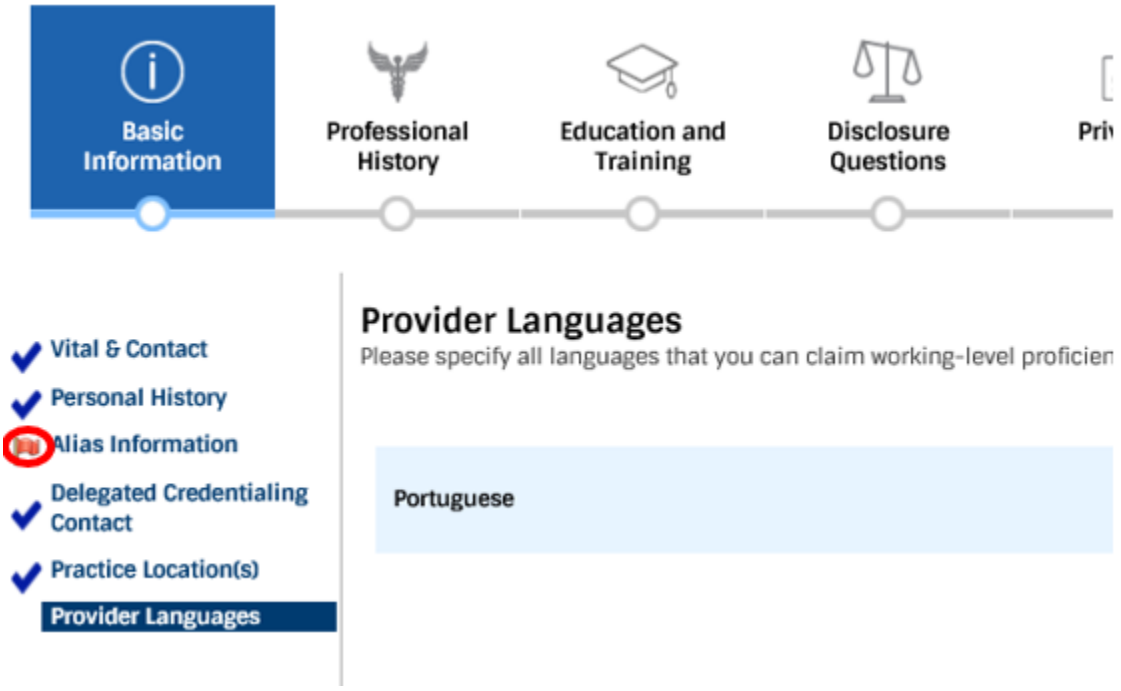
You must have all sections of the portal checked off in order for it the application to successfully submit.



If you see a missing checkmark, return to the section, and look for a Red Flag.

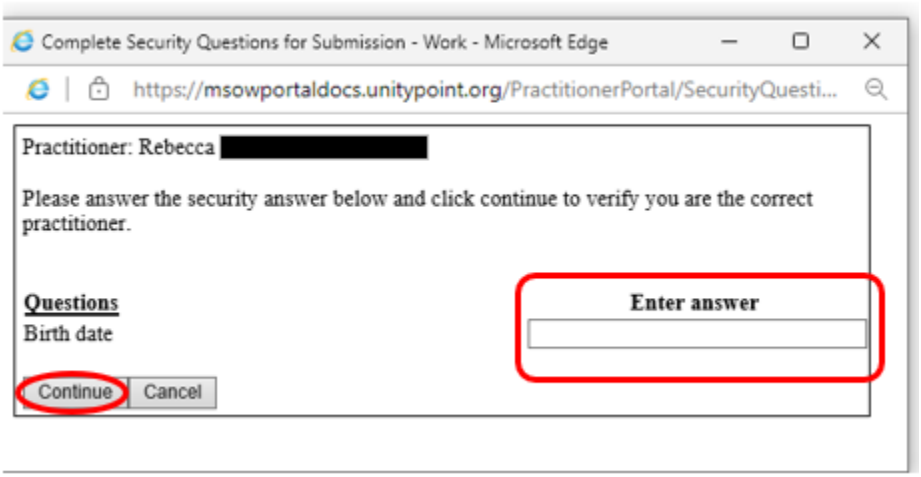
Below is an example of a portal that has two (2) sections that are not complete.

You can click into the section and a Red Flag will identify the item that is need further completion. Look for the red Asterisk fields in the sections.



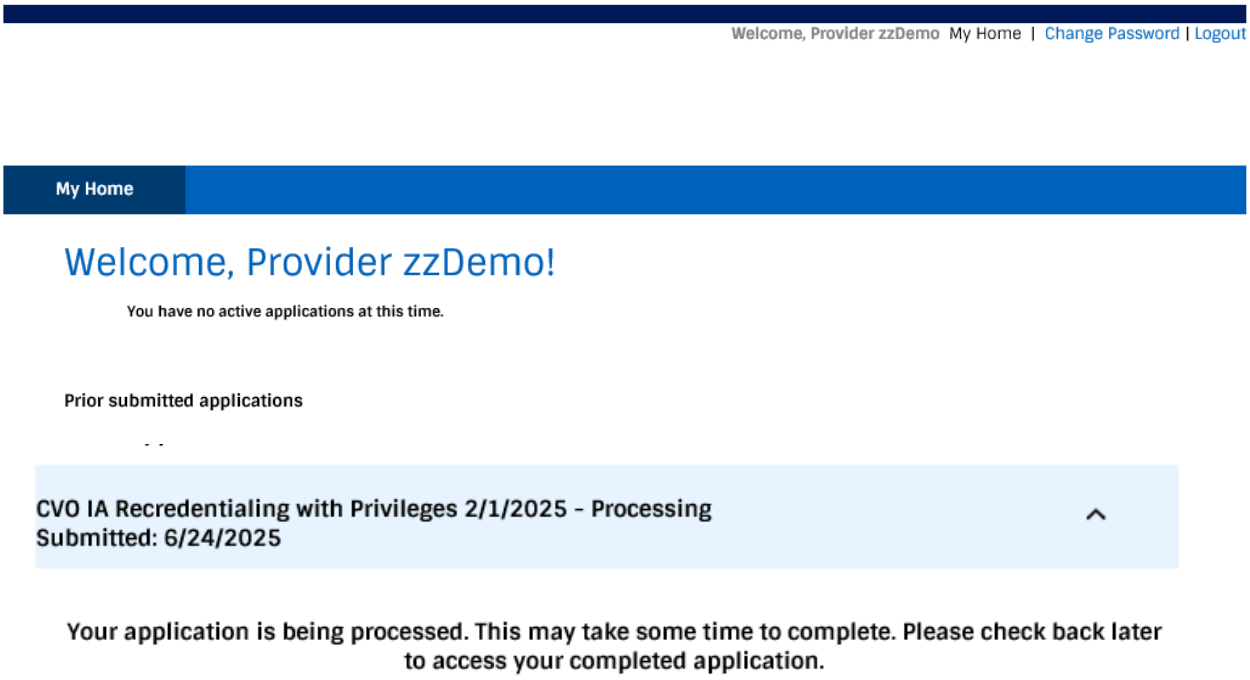
Once all fields are completed you will be able to submit your application, “Click to Submit”

You will be prompted to add your Date of Birth before the portal will fully submit. If you are using two (2) monitors, watch for this message to appear on your second screen.



Upon successful submission the main page of the portal will show a submission message.

NOTE: If the submission message notes a problem occurred, please reach out to the CVO, UPH_CVO@unitypoint.org



Next Steps

The application will then begin processing by the CVO. The Applicant will be contacted by a Credentialing Coordinator should anything additional be needed to process the application. The applicant may be asked to return to the portal for corrections on the application or they may be asked to provide those corrections via e-mail.

You can access the Portal to download a copy of your completed application once you have hit submit.

If you have any questions please contact the CVO:

UPH_CVO@unitypoint.org

Provider Assistance Line available from 7:00am-5:00pm CST: **515-241-7977**

https://www.unitypoint.org/cvo

You can check status of your application using the CAT (Credentialing Application Tracker) on the CVO service now website: Credentials Verification Office Portal (unitypoint.service-now.com)