UnityPoint Health
Credentials Verification Office
Initial Credentialing Application Portal Tip Sheet

Welcome to UnityPoint Health!

The UnityPoint Health Credentials Verification Office (CVO) will send the applicant the online portal application invites via e-mail based on the onboarding request received via Service Now.

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 hospital membership/privileges are being requested or if the request is only for 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

The CVO will send the applicant, and if applicable the Delegate Credentialing Contact, two (2) emails. The e-mails and logins for the Practitioner and Delegate Credentialing Contacts are NOT interchangeable.

One e-mail will contain the portal link and information regarding credentialing requirements and a link to our background check authorization.

The UnityPoint Health CVO will be requiring background checks for all providers seeking Privileges and PHO membership. The Applicant must follow the link to PreCheck, Inc. and complete their online disclosure and authorization form:
https://weborder.precheck.net/Release/release1.aspx?clno=12344
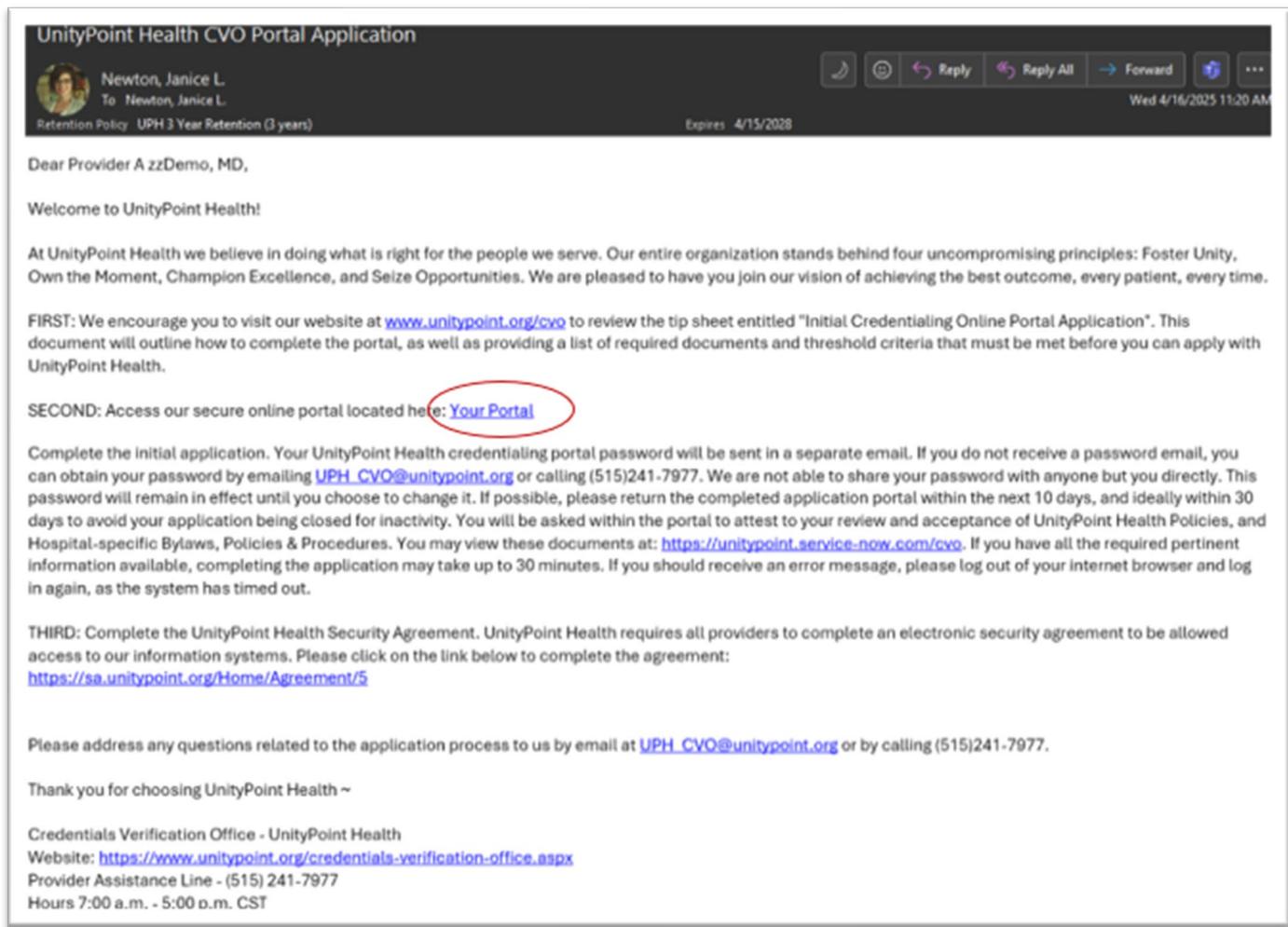
The second email will provide you the password to be used for your portal.

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.

UnityPoint Health Practitioner Portal Password

Retention Policy   UPH 3 Year Retention (3 years)   Expires   4/15/2028

Wed 4/16/2025 11:20 AM

Dear Provider A zzDemo, MD:

The password for your UnityPoint Health Provider Application Portal is: 3lucA78l

This password is unique to you and should not be shared with others. If you have any questions or need assistance, please contact the CVO at UPH_CVO@unitypoint.org

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

Credentialing Information to have on hand and Threshold Eligibility Criteria

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 an initial application, the CVO requests all of your information **dating back to Medical School**, with the exception of malpractice insurance carrier information which has shorter timeframes defined below.

Information:
- Your NPI number
- ECFMG number, if applicable
- Current and prior state license number(s), effective and expiration date(s)
- Current and prior DEA number(s) and expiration date(s)
- Current and prior Controlled Substance Registration number(s) and expiration date(s)
- Current and prior malpractice insurance policy(ies) information including carrier name, policy number, effective and expiration date, per incident and aggregate amount
    - Illinois application will request all current and previous insurance history in the past 10 years.
    - Iowa application will request all current and previous insurance in the past 5 years.
    - These timelines begin at completion of medical education and training, unless there is employment during training.
  NOTE: You will need a digital copy of your <u>current</u> malpractice insurance face sheet as it will be required to be uploaded on the portal.
- 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 <u>PDF</u> copy of your Current Malpractice Insurance Certificate(s)
- A digital <u>JPEG</u> copy of a recent professional photo (Privileges only)
- A digital <u>PDF</u> copy of a United States government-issued ID (Privileges only)
- COVID-19 vaccination information (Privileges only)

UnityPoint Health

The **UnityPoint Health Credentialing and Privileging Policy** outlines the Qualifications and Conditions to be eligible for initial appointment and clinical privileges in **Section 2.A.1 Threshold Eligibility Criteria**

ARTICLE 2

QUALIFICATIONS, CONDITIONS, AND RESPONSIBILITIES

2.A. QUALIFICATIONS

2.A.1. Threshold Eligibility Criteria:

(a) To be eligible for consideration by a Board Credentials Committee for initial appointment, reappointment, and for any clinical privileges requested, an individual must demonstrate satisfaction of all of the following threshold eligibility criteria, as applicable, unless waived as provided in this Policy:

(1) have a current, unrestricted license to practice in the state where the Hospital is located that is not subject to any restrictions, conditions, or probationary terms and have never had a license to practice in any jurisdiction denied, revoked, restricted or suspended by any state licensing agency;

(2) not currently be under investigation by any federal or state agency or healthcare facility for reasons related to:

(i) controlled substances;
(ii) illegal drugs;
(iii) insurance or health care fraud (including Medicare, Medicaid or other federal or state governmental or private third-party payer fraud or program abuse);
(iv) violent acts;
(v) sexual misconduct;
(vi) moral turpitude; or
(vii) child or elder abuse;

(3) have a current, unrestricted DEA registration and the appropriate state controlled substance license, with an office address in the state where patients will be seen, and have never had a DEA registration or state controlled substance license denied, revoked, or suspended;

(4) have current, valid professional liability insurance coverage, with a company approved to do business in the state where the Hospital is located, or through a program of self-insurance or a combination of self-insurance and commercial insurance, in an amount approved by the Board Credentials Committee;

(5) have current, government-issued photographic identification which verifies the individual's identity;

(6) have successfully completed the following professional training requirements:

(i) a residency and, if applicable, fellowship training program approved by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, The Royal College of Physicians and Surgeons of Canada, or The College of Family Physicians of Canada, in the specialty in which the applicant seeks clinical privileges;

(ii) a dental or an oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation of the American Dental Association;

(iii) a podiatric surgical residency program accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association; or

(iv)   for members of the Advanced Practice Provider Staff or Clinical Psychologists, have satisfied the applicable training requirements as established by the Hospital;

(7)   satisfy the following board certification requirements :

(i)   are certified in their primary area of practice at the Hospital by an approved board as defined in this Policy; or

(ii)   are within five (5) years of completion of residency or fellowship training and achieve board certification in their primary area of practice within five (5) years from the date of completion of their residency or fellowship training; and such individual must also

(iii)   maintain board certification in their primary area of practice at the Hospital on a continuous basis, and satisfy all requirements of the relevant specialty/subspecialty board necessary to do so;

(8)   satisfy the following professional practice and experience requirements:

(i)   demonstrate recent clinical activity in their primary area of practice during the last two (2) years;

(ii)   have never had staff appointment, clinical privileges, or status as a participating provider denied, revoked, suspended for more than 30 days, or terminated by any health care facility, including the Hospital, or health plan for reasons related to clinical competence or professional conduct;

(iii)   have never resigned staff appointment or relinquished clinical privileges during an investigation or in exchange for not conducting such an investigation at any health care facility, including any UnityPoint Health Hospital;

(iv)   have never had an application for appointment or clinical privileges not processed, nor had appointment or privileges administratively relinquished, at the Hospital or any of its affiliates, due to an omission or misrepresentation;

(v)   have never been terminated from a post-graduate training program for reasons related to clinical competence or professional conduct (residency or fellowship for physicians or a similarly equivalent program for other categories of practitioners), nor resigned from such a program during an investigation or in exchange for the program not conducting an investigation;

(vi)   not currently be under any criminal investigation or indictment and have not, within the last ten years, been convicted of, or entered a plea of guilty or no contest to, any felony, or to any misdemeanor related to:

    a)   controlled substances;
    b)   illegal drugs;
    c)   insurance or health care fraud or abuse;
    d)   violent acts;
    e)   sexual misconduct;
    f)   moral turpitude; or
    g)   child or elder abuse; and

(vii)   have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program;

(9)   satisfy the following Hospital practice requirements:

(i)   meet any current or future eligibility requirements that are applicable to the clinical privileges being sought or granted;

UnityPoint Health

(ii)   if applying for privileges in an area that is covered by an exclusive contract or arrangement, meet the specific requirements set forth in that contract;

(iii)   have an appropriate coverage arrangement with another member with appropriate specialty-specific privileges to the extent required by a Hospital as determined by the Board Credentials Committee and the Hospital's Medical Executive Committee, for those times when the individual will be unavailable;

(iv)   document compliance with all applicable training, educational and practice protocols that may be adopted by the Medical Executive Committee and required by the Board Credentials Committee, including, but not limited to, those involving electronic medical records, computerized practitioner order entry, privacy and security of protected health information, infection prevention, and patient safety;

(v)   agree to fulfill all responsibilities regarding emergency call for their specialty;

(vi)   not be applying for privileges in an area that is closed pursuant to a Board Credentials Committee staff development plan;

(vii)   document compliance with health screening requirements (i.e., TB testing, mandatory flu vaccines, and infectious agent exposures); excluding telemedicine providers who will not provide any in-person services at Hospital; and

(10)   if seeking to practice as an advanced practice provider, have a written agreement or other relationship document with a supervising/collaborating physician if required by applicable law or Hospital policy, and if so required, in a form which meets any requirements of state law and Hospital policy.

(b)   An individual who does not satisfy an eligibility criterion set forth in this Section may request that it be waived.

(c)   In order to be eligible for continued appointment and privileges, members must demonstrate satisfaction of the above threshold eligibility criteria, as applicable, on an ongoing basis.

UnityPoint Health

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.

> Your session has timed out. Please close the Practitioner Portal browser window.

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.

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

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.

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.

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

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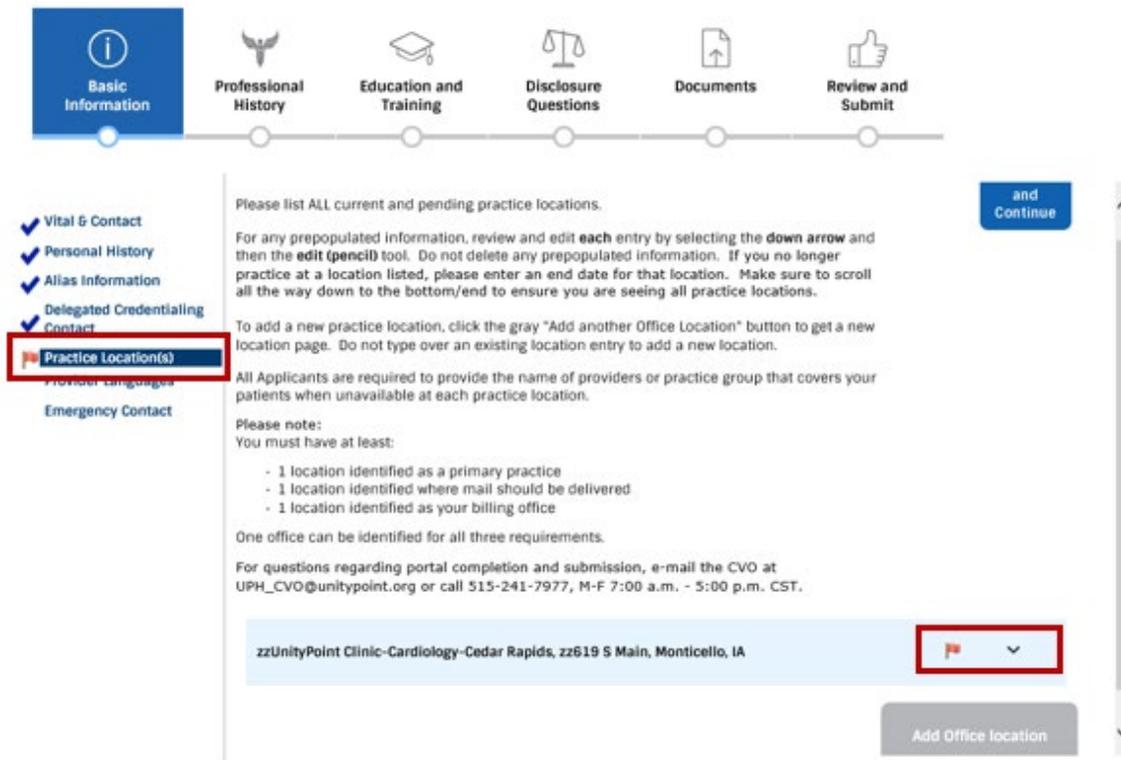
Additional tips have been added throughout the system. They are identified with the italics symbol

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

the CVO

NOTE: A Delegate Credentialer (office personnel who assist with credentialing applications) can ASSIST with the completion of the application but ONLY THE PRACTITIONER IS ALLOWED TO SUBMIT THE COMPLETED FORM AND PRIVILEGES. The Delegate will receive a separate portal invitation to complete their work.

For questions regarding packet completion and submission, email the CVO at UPH_CVO@unitypoint.org

Prior submitted applications

UPH ReCredentialing & Privileges Portal 2022 - Complete
Submitted: 5/19/2022 ⌄

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.

PRACTITIONER IS ALLOWED TO SUBMIT THE COMPLETED FORM AND PRIVILEGES. The Delegate will receive a separate portal invitation to complete their work.

For questions regarding packet completion and submission, email the CVO at UPH_CVO@unitypoint.org

Not the application you were looking for?
Choose another active application here: ⌄

UnityPoint Health

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

My Home

Welcome, Provider zzDemo, MD!

Your Current Application:

CVO IA Initial Medimore 1/1/2025

Status: 11% Complete

(i)	**Basic Information**		Continue
⚕	**Professional History**	0%	Continue
🎓	**Education and Training**	0%	Continue
⚖	**Disclosure Questions**	0%	Continue
📄	**Documents**	0%	Continue

UnityPoint Health

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.

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

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 closer to their practice start date, 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.

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

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

1. In the LAST FIVE (5) YEARS have you and/or a member of your family purchased or made an investment in (other than securities of a publicly traded company) or otherwise have a business interest in any clinical laboratory, diagnostic or testing center, hospital, surgicenter, and/or other business dealing with the provision of ancillary health services, equipment or supplies?

* ⦿ Yes   ◯ No

If yes, please explain, including full business name * `test test`

UnityPoint Health

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

Alias Information

Please list other names by which you have been known in the section below. If no Alias then 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.

Save and Continue

Vital & Contact
Personal History
Alias Information
Delegated Credentialing Contact
Practice Location(s)
Provider Languages

zzMario zzLuigi

Alias Type	Preferred Name		DELETE EDIT
First, Middle, Last Name Alias	zzMario	zzLuigi	
Explain Name Change	Nickname		

Add an Alias

UnityPoint Health

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.

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

UnityPoint Health

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 must be listed on an initial 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 if any have populated. 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.*

Check/Confirm applicable designation: Primary ☑ Additional ☐ Secondary ☐ Tertiary ☐ Billing ☑ Mailing ☑
i *i* *i* *i*

Beginning practice date at This Location: * * 4/17/2025

Are You Still Practicing at This Location? * ◉ Yes ○ No

Search Our Table for Office: [　　　　　　　　　　] ▾ *i*

Reminder: For a NEW location add, please add via the gray 'Add' button on main page.

Office name * [　　　　　　　　　　　　　　] *i*

Address 1 * [zz1000 W Lincoln Way ST]

Address 2 [　　　　　　　　　　　　　　]

City * [Jefferson] State * [IA ▾] Zip * [50129-1645] County [Greene] Cancel

Phone # * [(515)965-6839] Fax # [(515)207-8384]

Specialty you practice at this location * [Dermatology]

Will you be performing telemedicine services from this location? * ○ Yes ◉ No

Office Administrator Name [　　　　　　　　　　]

Provider Type: PCP ☐ PCP Back Up ☐ Specialist ☐ Hospitalist ☐

Are you currently accepting new patients at this location? ◉ Yes ○ No

List location in Directory? ◉ Yes ○ No

List Physician(s)/practitioner(s) who provide coverage for patients when you are not available. This could be an individual provider or a group/clinic name.

Last Name, First Name, MI, Degree * [Dr. Princess Peach] *i* Specialty [　　　]

Last Name, First Name, MI, Degree [　　　　　　　　　　] Specialty [　　　]

Last Name, First Name, MI, Degree [　　　　　　　　　　] Specialty [　　　]

Billing Tax ID [00-0000000] *i* Group Billing NPI [6666666666] *i*

If an Advanced Practice Provider (APP) (e.g. ARNP, PT, LISW, etc), please provide supervising/collaborationg physician(s) below, if applicable. *

Last Name, First Name, MI, Degree [Dr. Princess Peach] Specialty [　　　]

Last Name, First Name, MI, Degree [　　　　　　　　　　] Specialty [　　　] Cancel

Office Hours

Add Office Hours

UnityPoint Health

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.

UnityPoint Health

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.

List Physician(s)/practitioner(s) who provide coverage for patients when you are not available. This could be an individual provider or a group/clinic name.

Last Name, First Name, MI, Degree *	Dr. Princess Peach	*i*	Specialty	
Last Name, First Name, MI, Degree			Specialty	
Last Name, First Name, MI, Degree			Specialty	

Supervising/Collaborating Physicians, APP only:

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

If an Advanced Practice Provider (APP) (e.g. ARNP, PT, LISW, etc), please provide supervising/collaborationg physician(s) below, if applicable. *   Cancel

| Last Name, First Name, MI, Degree | Dr. Princess Peach | Specialty | |
| Last Name, First Name, MI, Degree | | Specialty | |

UnityPoint Health

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"

Emergency Contact –

Iowa based providers will be asked to supply their emergency contact.

Professional History Section

Basic Information | **Professional History** | **Education and Training** | **Disclosure Questions** | **Documents** | **Review and Submit**

Questions Regarding State License, DEA, CSA

Licensure, Registrations and Certification Information

Admitting Privileges

Healthcare Organization Affiliations

Employment History

Malpractice Insurance

Malpractice Insurance Additional Questions

Peer References

Professional History

You must provide ALL pending, current and inactive information throughout this section.

For any prepopulated information, review and edit **each** entry by selecting the **down arrow** and then the **edit (pencil)** tool. Do not delete any prepopulated information.

Continue

UnityPoint Health

Questions Regarding State License, DEA, CSA

You will be asked to confirm you hold current licensure and if you have any pending Iowa and/or Illinois licensure based on where you will be practicing.

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

Licensure, Registrations, and Certification Information -

All current, pending, and prior 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 and review licenses, registrations, and certifications
- All current and prior licenses within the requested time period 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.
- 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

Licensure, Registrations and Certification Information

You must provide ALL pending, current and inactive items in this section. Add pending, current and inactive licenses, registrations and certifications by clicking the gray button below. Select the item to add from the drop down box.

The following are **required**, as applicable:

· State Medical License
· DEA Registration
· Controlled Substance Certificate
· ECFMG

For any prepopulated information, review and edit **each** entry by selecting the **down arrow** and then the **edit (pencil)** tool. Do not delete any prepopulated information.

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.

Navigation items:
Questions Regarding State License, DEA, CSA
Licensure, Registrations and Certification Information
Admitting Privileges
Healthcare Organization Affiliations
Employment History
Malpractice Insurance
Malpractice Insurance Additional Questions
Peer References

State License, IA

DEA Registration, IA

Controlled Substance, IA

Save and Continue

Add Additional Licensure From List

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 Iowa State License

I do not have Iowa State License – Explain in previous list item.

Add IL State License

I do not have an IL State License

UnityPoint Health

Add DEA Number

I do not have a DEA
Registration – Explain in
previous list item

**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**

UnityPoint Health

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

Licensure, Registrations and Certification Information

Save and Continue

You must provide ALL pending, current and inactive items in this section. Add pending, current and inactive licenses, registrations and certifications by clicking the gray button below. Select the item to add from the drop down box.

The following are **required**, as applicable:

- State Medical License
- DEA Registration
- Controlled Substance Certificate
- ECFMG

For any prepopulated information, review and edit **each** entry by selecting the **down arrow** and then the **edit (pencil)** tool. Do not delete any prepopulated information.

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

Licensure/Registration/Certification [▾]

ID Number * [   ] If ID Number not applicable, enter NA; if pending enter Pending.

State * [▾] *i* Issue Date [   ] Expiration Date [   ] *i*

Licensure/Registration/Certification [▴]
*
ACLS (Advanced Cardiac Life Support)
Additional Registration/Certificate
ID Number * [   ] ALSO (Advanced Life Support in Obstetrics) e, enter NA; if pending enter Pending.
APLS (Advanced Pediatric Life Support)
State * [▾] *i* ARLS (Advanced Radiology Life Support) biration Date [   ] *i*
ATLS (Advanced Trauma Life Support)
BCLS (Basic Cardiac Life Support)
BTLS (Basic Trauma Life Support)
Controlled Substance
DEA Registration
More...

UnityPoint Health

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

below. Select the item to add from the drop down box.

The following are **required**, as applicable:

- State Medical License
- DEA Registration
- Controlled Substance Certificate
- ECFMG

For any prepopulated information, review and edit **each** entry by selecting the **down arrow** and then the **edit (pencil)** tool. Do not delete any prepopulated information.

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.

State License, NY

Licensure/Registration/Certification State License

ID Number 000000   If ID Number not applicable, enter NA; if pending enter Pending.

State NY *i* Issue Date 1/1/2000   Expiration Date 1/1/2000 *i*

DELETE   EDIT

State License, AL

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

UnityPoint Health

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
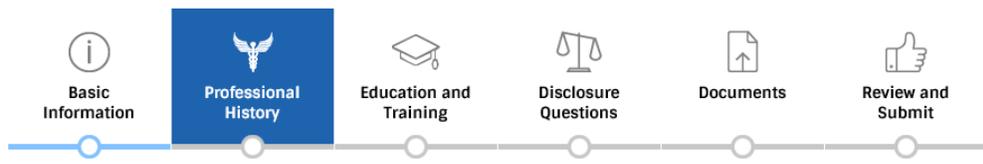
Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

Sample of screen when answer is "Yes"

Admitting Privileges

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.

Save and Continue

* Indicates a required field

Do you have hospital admitting privileges? * ⦿ Yes ◯ No

Click blue "Save and Continue" button

Sample of screen when answer is "No"

Admitting Privileges

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.

Save and Continue

* Indicates a required field

Do you have hospital admitting privileges? * ◯ Yes ⦿ No

Provide Name of Admitting Physician or Group (Enter N/A if you are a Therapist, Counselor, Social Worker or SLP)

* [   ]

DIRECT PATIENT CARE PROVIDERS - Participation in the UPH-Medimore PHO requires either hospital admitting privileges or a documented patient care arrangement for hospital admitting of your patients.

Click blue "Save and Continue" button

UnityPoint Health

Healthcare Organization Affiliations -

You must enter all hospital and ambulatory surgery center affiliations – 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.

Cancel
* Indicates a required field

Healthcare Affilation Status Type * Current Healthcare Affiliation ⌄ *i*

Organization Lookup ⌄ *i*

Organization Name * zzTesting Hospital

Address DO NOT USE!!! Suite #

City City of Testing State NY ⌄ Zip

Phone # Fax #

Membership Status * Active ⌄

Start Date at Hospital (mm/dd/yyyy) * 01/24/2024 *i*

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

Membership Status * Inactive ⌄

Start Date at Hospital (mm/dd/yyyy) * 01/24/2024 *i* End Date at Hospital (mm/dd/yyyy) *

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

Any Limitations in Your Area of Specialty at this Hospital? * ○ Yes ○ No

UnityPoint Health

Employment History -

You are REQUIRED to list all employment engagements since completion of Medical School.

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. 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:

<u>Employer with multiple clinic locations</u>

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.

<u>Locum Employer</u>

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.

UnityPoint Health

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

Select Option: * Work History

Company Name/Gap Explanation: * Mario Bros

Address * 123 Sunshine BLVD   Suite #

City * Mushroom Kingdoor   State * IA   Zip * 61265

Phone # (000)000-0000   Fax # (000)000-0000

Position held _____   Primary Activity _____

Currently Employed? * * ○ Yes ○ No
i

From Date * 10/1/2022

Verification Contact Information:

Name _____   *i* Title _____

Phone _____

E-mail janice.newton@unitypoint.org

Cancel

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

Currently Employed? * * ○ Yes ⊙ No
i

From Date * 10/1/2022   Thru Date * _____

UnityPoint Health

Current and Past Insurance Carriers –

All current and prior malpractice insurance carriers must be entered for the timeframes requested on your portal application. For insurances that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.

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

We do not require copies of prior certificates of insurance but if you have copies or are able to obtain those it may expedite the credentialing process.

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"

Due to the various employing entities within UPH the CVO will request the appropriate Self Insured Policy you will be covered under and request the Certificate upon receipt of the portal application.

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:

Malpractice Insurance Additional Questions -

Malpractice Insurance Additional Questions

Provide the appropriate response below then click "Save and Continue."

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.

Licensure, Registrations and Certification Information ✔

Admitting Privileges ✔

Healthcare Organization Affiliations ✔

Employment History ✔

Malpractice Insurance ✔

Malpractice Insurance Additional Questions

Peer References

Save and Continue

* Indicates a required field

Do you have any privileges or procedures excluded or restricted under your current policy? * ● Yes ○ No

Name of Carrier(s) restriction is with: *

What are the restrictions? *

UnityPoint Health

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.

- Recent Residency/Fellowship graduates (in the past 12 months) – you MUST list your training director

Peer References

Please list the names of five (5) individuals who have personal knowledge (within the past 24 months) of your current clinical abilities, ethical character and interpersonal skills and who would be willing to provide this information upon request. If peers do not meet this criteria, you may be asked to provide additional peers.

PEER REQUIREMENTS:
1 - Peer from your specialty and same discipline (physician to physician, dentist to dentist, ARNP to ARNP etc.)
2 - If training was completed in the past 12 months, one peer MUST be the training director.

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

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

UnityPoint Health

Education and Training Section

You will add your medical education and training program information, we do not need Pre-Med or High School information.

You must include an explanation of any gaps in your medical training greater than 30 days.

Board Certifications/National Certifications -

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.

For certifications that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.

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.*
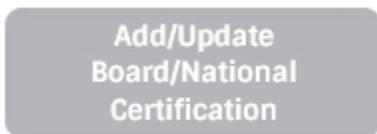
You will then be asked if your specialty offers certification, and if "Yes" you will be asked if you are Board certified

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.

Are you Board certified? * ● Yes   ○ No

Certifying Board Name [▾]

Issuing Entity Address (City and State) [   ]

Phone # [   ]   Fax # [   ]

Specialty Look Up [▾]

Board Certification Specialty * [   ]

Practicing this Specialty? * ○ Yes   ○ No

Lifetime Cert? * ○ Yes   ○ No

Certification Issued Date * [   ] 🔲

Certification Number: [   ] 𝒊 Year of Recertification (yyyy) [   ]

UnityPoint Health

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

Eligible/Admissible for Certification? *   ⦿ Yes   ◯ No

Please enter any scheduled or recently completed exam dates.

Board Name/Certificate Type * [_____]

Written Examination Scheduled [_____] 🗓 Written examination Completed [_____] 🗓

Oral Examination Scheduled [_____] 🗓 Oral Examination Completed [_____] 🗓

Admissibility Dates: From [_____] 🗓 To [_____] 🗓

Certification Exam Scheduled ☐

UnityPoint Health

Medical Education Timeline –

You will be prompted to provide the appropriate information starting with "Medical Education", then "Internship", "Residency", "Fellowship", and "Add an Education or Training". To add information, you will select the gray box. *If there is pre-populated information in your application your prompts may vary.*

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

Where did I attend a Fellowship Program?

I did not attend a Fellowship Program

Add an Education or Training

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

Medical Education Timeline

- Please list ALL applicable Medical Education, including internships, residencies, fellowships and/or clinical training. Include any programs started but not completed.
- For purposes of this application, "Medical education" includes Professional education for non-physicians.
- Educational gap explanations over 30 days

For any prepopulated information, review and edit **each** entry by selecting the **down arrow** and then the **edit (pencil)** tool. Do not delete any prepopulated information.

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

Save and Continue

Cancel
* Indicates a required field

Field	
Education Timeline Type: *	Medical Education
University Lookup	*i*
University Name *	
Address	Suite #
City, State, Zip	Country
Degree *	*i*
Program Director	*i*
Program Office E-mail Address	

Program Office Phone # [   ]   Program Office Fax # [   ]

From Date
(mm/dd/yyyy) * [   ]   Did you successfully complete this program?   * ○ Yes   ○ No

Was any of your training
extended beyond the   ○ Yes   ○ No
anticipated end date? *

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

Were you the subject of any disciplinary action during your attendance at this institution?   * ○ Yes   ● No

UnityPoint Health

Disclosure Question Section

These questions are required to be completed reflecting on your **history since Medical Education**. 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. <u>If the form is not completed, the CVO will return the application for completion and/or clarification, causing delays in processing.</u>

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.

<u>Iowa:</u>

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.

Do you have any Claims activity to report?   *   ⦿ Yes   ○ No

Which disclosure question is the explanation associated with? *   16

Description of Allegation or Action taken   [⌄]

Date of Incident   [ ]   🗓 Date of Claim or Suit filed   [ ] 🗓

Location of Incident   [ ]

Insurance Carrier Name   Insurance Company, Co

Insurance Carrier Address   [ ]

City   [ ]   State   [ ]   Zip Code   [ ]

Phone Number   [ ]   Fax Number   [ ]

Describe your involvement with the patient's care. Your narrative must include the following at a minimum: 1. Condition and diagnosis at time of incident, 2. Dates and description of treatment rendered, 3. Condition of patient subsequent to treatment

Insurance coverage was not renewed by insurance carrier due to x reason

Your Status: [⌄]

Claim Status: [⌄]

* Indicates a req

Save and Continue

Cancel

UnityPoint Health

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

UnityPoint Health

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.

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

Disclosure Forms

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.

Save and Continue

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:

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.

Save and Continue

* Indicates a required field

Field	
Form	Professional Liability Actions
Plaintiff's Name (Last, First, MI)	
If court case, Case Name & Case Number	
Your Involvement in the Care (Attending, Consulting, Etc.)	
Your Status in the Case	
Allegations, including Patient Outcome, if Available	
Date of Incident	Date Filed
Date Case Closed	
Resolution Case	
Amount Paid on Your Behalf (if any)	
Professional Liability Insurer Name (if one was involved)	

Cancel

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

UnityPoint Health

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 credentialed at hospitals for membership/privileges 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.

UnityPoint Health

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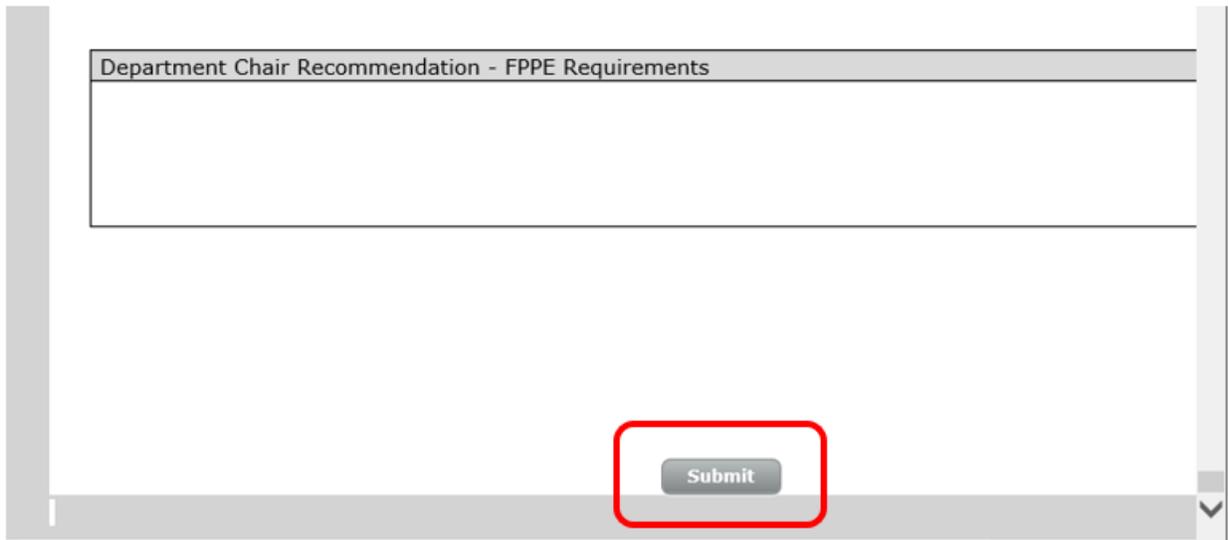
Once successfully submitted, the main Privilege Section screen changes to show you have requested the privileges with a date noted.

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.

The Red Asterisk* identifies required documents. IF you would like to upload additional documentation on the list, the CVO will save them in the credentialing system.

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

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

UnityPoint Health

Once uploaded, you can view or change the documents

Documents

- Documents below indicated by a red asterisk are required to be uploaded. All other documents are optional.

- **If you practice in the Sioux City or Fort Dodge regions,** you must include a copy of your certificates for Iowa license, DEA and Controlled Substance, and South Dakota license, DEA and Controlled Substance, if applicable.

- **UPH/UPC Employed Providers** - The CVO will obtain your malpractice insurance certificate. Please upload a blank PDF in the section below to bypass this required element.

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.

Practitioner Photo (passport sized head & *shoulders photo) in JPEG format	View Document	Change
*Current US Government Issued ID (Driver's License, Visa, Passport) in PDF or JPEG format	UPLOAD	
	View Document	Change
*Malpractice Insurance Certificate(s) showing coverage for work on behalf of UnityPoint in PDF format	UPLOAD	
	View Document	Change
State Medical License		

UnityPoint Health

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.

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

UnityPoint Health

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]

UnityPoint Health

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]

[Save and Continue]

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.

UnityPoint Health Initial Application

[View Form]

☐ I attest that all information in the UnityPoint Health Initial Application is true and complete.

[Previous]

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.
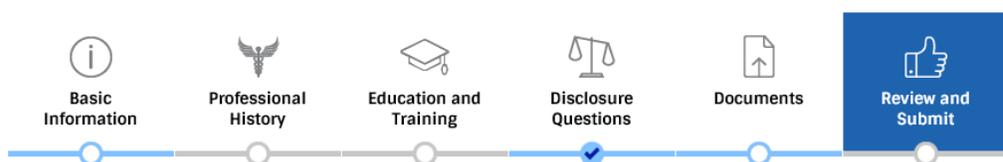
Submit

In order to submit your completed application, all sections of the portal shown on the ribbon above will have a checkmark. When all sections are checked, click the **BLUE** "Click to Submit" button and follow the prompts to submit your application to the CVO for processing.

If the "Submit" button is **RED**, there are still missing elements in your application. Below the red "Submit" button will show the status of completion and any incomplete sections with no checkmark. Any sections without a checkmark require review of red flags in that section. Please address those red flags to proceed. At this point the CVO does not have your application to process. If you require assistance from the UnityPoint Health CVO, we are available to help you. Please contact us via e-mail at UPH_CVO@unitypoint.org or by phone M-F, 7:00 a.m. – 5:00 p.m. CST at (515)241-7977.

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"

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

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

Credentials Verification Office
Initial Credentialing Tip Sheet – Updated June 2025

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)

UnityPoint Health