HONORHEALTH™

A GUIDE TO CREDENTIALING

Information and Questions You May Have About the Credentialing Process

HONORHEALTH MEDICAL STAFF & CVO

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The Application Request Form can be printed from our website for your convenience at

https://www.honorhealth.com/physician-resources/credentialing.

INTRODUCTION TO CREDENTIALING

Thank you for your interest in the HonorHealth Network! This booklet is intended to acquaint you with the HonorHealth Network's credentialing process and requirements. Credentialing exists to serve patients by enabling the medical staffs, NOAH, ACO and hospital(s) to appoint only highly qualified providers. Credentialing is a required activity governed by state and federal regulatory requirements, accreditation standards and hospital bylaws.

Credentialing is designed to permit the gathering of comprehensive information involving your background. This information includes, but is not limited to; verification of your education, training, experience, licensure, malpractice history, criminal actions and peer references.

Providing evidence that demonstrates you are qualified for appointment, membership and/or privileges *is your responsibility as the applicant*, as is producing any and all information requested by HonorHealth that is necessary to evaluate whether you meet our criteria and standards. This applies to Physician's (DO & MD), Dentist's (DDS & DMD), Ancillary (PhD's, PsYD & DPM's), Allied Health (NP, PA, CRNA, CP, RNFA, CFA, & ST), and Delegation Only (OD, DC, LCSW, LCP) providers.

The HonorHealth Network has an in-house Credentialing Verification Office (CVO) that processes hospital, Medical Group NOAH and ACO credentialing, as well as Payor Enrollment services. Applications are sent via an online software link (AppCentral). The software provides pending documentation reminders every five (5) days until the link is complete.

The CVO goal is to send providers an update every two weeks. It is important to note that all applicants are important and are due the same level of attention. With such a large network it can be challenging to respond to every applicant on a daily basis. We do want you to know that if you are not receiving your updates or have an urgent need, please reach out to us. Our contact information can be found on our website and at the end of this pamphlet.

In the event of a delay in obtaining required documentation, your assistance may be required. Under these circumstances, a delay in processing your application may be encountered. **Should you fail to adequately respond to a request for information or assistance, HonorHealth will deem your application incomplete and voluntarily withdrawn**.

CREDENTIALING DO'S AND DON'TS:

_DO_ return your completed application _promptly_; be sure to include all requested fees and copies of documents.

_DO_ print legibly or have your form(s) typed; remember to sign and date all documents.

_DO_ complete ALL sections of the application _completely_. **PROVIDE CONTACT PERSONS, PHONE NUMBERS, FAX NUMBERS (OR EMAIL ADDRESS, IF AVAILABLE). THIS WILL HELP EXPEDITE THE CREDENTIALING PROCESS!**

_DO_ account for ALL time periods; provide names, addresses and phone numbers of individuals who are able to verify any gap in your training or practice history.

_DO_ call contact persons and references to request they complete and return the forms as soon as possible.

DON'T omit important information on the application. This will only delay the process**.**

DON'T forget that **YOU** have the sole responsibility of producing adequate and complete information!

Credentialing/Payor Enrollment helpful hints

For your ease of completing the online application process sent to you from AppCentral, it is very helpful and time saving if you have the information noted below available before you log into the application link.

1) Updated Browser: The AppCentral link works best with an updated browser. The application should be completed using a computer and not your phone or an apple computer, since these devices are not compatible.
2) Current CV to include: education/employment/staff affiliations/gaps in month/year format from completion of Medical/Professional School to present. Nurses must include from completion of Nursing School to present.
3) Medical & Post grad information to include dates in month/year format and address phone/fax. Program director name and contact info must be included, if completed in the last 5 years.
4) Malpractice information; including name & contact of carrier (not agent) for the past 10 yrs.
   - All court documents of malpractice claims in past 10 years to include allegations/status/outcome
5) AZ license # & AZ DEA #, as well as all other State license #'s held or applied for since completion of Medical School.
   - Any and all license/DEA investigations to include allegations and outcomes
6) Employment entity names, dates of employment and contact information for the past 10 years.
7) All staff/privilege affiliations and contact information for Medical or Allied Health Staff for the past 10 years.
8) If past or present Military experience, please provide DD214.
9) Board certification information to include dates of certification, recertification and expiration.
10) Time gaps over 90 days, require the name and contact of someone that can verify such information.
11) 4 peer reference names of providers with like training and knowledge of your past 2 years of practice to include address/phone/fax and email.
12) Copy of Current TB test results
13) Copy of Current Flu vaccine proof
14) CMEs for the last 2 years to show date attended, name of course, and hours received.
15) If you're applying for payor enrollment;
   - Your Medicare & Medicaid #'s
   - Your individual NPI # & ECFMG # (if applicable)
   - Your CAQH # and log-in information

APPCENTRAL ONLINE LINK PROCESS

After submitting the Application Request Form to the CVO via the HonorHealthCVO@honorhealth.com email, you will receive an email from AppCentral, as well as an email from our onboarding team that includes instructions. AppCentral is a web-based service which allows the hospital to conduct provider activities over the internet. Every document involved in a provider appointment process may be passed between the application and the organization via AppCentral without mailing any hardcopies. You will have the capability to complete and submit all documents related to an application process via AppCentral, note that in order for us to process your application quickly; best practice is to submit your application in AppCentral no later than two weeks from receipt.

You will be invited to create an AppCentral account since HonorHealth (Deer Valley Medical Center, John C Lincoln Medical Center, Scottsdale Osborn Medical Center, Scottsdale Shea Medical Center, Scottsdale Thompson Peak Medical Center, outpatient surgical centers, clinics and accountable care organization) are currently associated with AppCentral to direct, control, and maintain its applicant applications for initial and documentation.

The following guidelines should help you understand the online process better:

1) Invitation Email - To begin the process you will receive an invitation email from AppCentral@Cactussoftware.com with a subject line: Your initial application with HonorHealth is ready. Within the email is a hyperlink that once you click on it will bring you to the sign in screen for the AppCentral web-based service where you'll be asked to sign up and create a new account.
2) Create New Account Screen - you must provide the required (*) information (one-time only). When creating your AppCentral Account, the AppCentral software asks you to create a unique User and Password. The User ID and Password will be required to access your account. NOTE: When creating your password you must create a "strong password" or the system will not create your account.
3) This link is unique to you and your application. Your designated contact person can be added to receive copies of the notices generated by the system and the onboarding team, but cannot be issued a unique login. The link can only have one login. It will be up to you how much you want them to assist with.
4) The unique email, date of birth and social security number used to create the link cannot be changed once you open the link. If these data elements are changed it will cause errors in the link. The errors can include such issues as no access to your documents, a break in the connection to your process in our software that allows us to import your data, and merger with other applications that may have a similar email address. When these errors occur, please reach out to us immediately and we'll terminate the process. A new link will need to be sent and this requires the process to start over at step 1.

5) Upon opening the link you will see a list of documents that require your attention. The documents fall into three categories;
   a. **Fill Out & Submit** – the application is the only fill out and submit document. Please complete the application in its entirety and upload all requested supporting documents (ie. CV, TB, FLU, MMR, COI). Once you have completed all sections, please submit.
   b. **Read Document** – these documents are part of the required orientation process. You need to open, read and close these documents.
   c. **Print & Fax** - these documents need to be printed, completed in their entirety (including signed and dated) and fax into AppCentral using the unique fax cover printed with each document. Each document should be faxed singly and include any supporting information noted on the form (ie. Malpractice case information). The fax cover sheets are bar-coded and the system files that document in the system based on the bar-code.
6) During the process AppCentral will send reminders for those items that are outstanding. If you faxed and document into AppCentral and subsequently received a reminder email, please log in and ensure the document was received. There are situations where the fax contains some form of disruption in the transmission and AppCentral does not receive or cannot read your fax. It is best practice to always log into AppCentral and confirm the receipt of your faxes.
7) The onboarding team reviews the online application and supporting document submissions to make sure they're complete and all the information requested is provided. This is a very important step and requires great attention to detail. If an application is incomplete, it delays the start of the credentialing process. Occasionally the CVO has to return some the application or documentation to you for corrections or further edits. This editing process may also be conducted completely within AppCentral before the final submission of the document to the CVO for processing.
   a. Return of a print & fax document will include a note regarding the missing element. An email will also be generated by AppCentral letting know that a document was returned and why.
   b. Return of the application will include a note regarding the missing element, as well as yellow highlighting in the fields that are missing needed information. An email will also be generated by AppCentral letting know that the application was returned and why.
8) Once the application and all supporting documentation are accepted, your online link will be closed and the data imported into our system. You will no longer have access to the link.
9) The onboarding team will complete the closure of the link and assign your application to a Credentialing Specialist (CS). You will receive an email informing you of the change in your process and the name of the CS processing your application. The entire CVO team uses a shared email address (honorhealthcvo@honorhealth.com) and you can email them at any time with questions or concerns relating to your process. You can also reach out to the team via the main phone (623-683-4462).

APPLICATION PROCESS

As an applicant, you might wonder how long it generally takes the CVO to process an application. The following guidelines should help you understand the application process better:

1)   HonorHealth has one Medical Staff with one application.

2)   HonorHealth has one team that includes, but is not limited to onboarding, network CVO, Payor enrollment, Medical Staff Services, on-call scheduling, badging, EMR training scheduling, e-prescribing enrollment, data management for Physician and Allied Health data as the source of truth for HonorHealth. The goal is to obtain the correct information needed at the time of your application to for processing throughout all required areas.

3)   Once the application and all supporting documentation are accepted, your process will be assigned to a Credentialing Specialist and your verification process will begin. On average the verification process *may* take between 30-60 days and is dependent on many factors (ex: complete and/or correct contact information, immediate response regarding additional information needed, timely return of peer reference(s) and/or verification(s) by outside sources…. etc.). This does not mean the application cannot return to the incomplete status, if information is discovered as part of the verification process that must be clarified. Verification requests are sent directly to the "primary source" and must be returned directly to the CVO. Variances in documentation are identified and "flagged" for review based on criteria described on the following page. If verifications are not returned in a timely manner this may slow the process.

4)   At the time the verification process is deemed complete the clinical review for the approval will begin. On average this process *may* take 30-45 days. The process depends heavily on meeting schedules, your responsiveness (as needed), and any additional unanticipated concerns. Please be aware that at any time during the process additional information or verification(s) may be requested in support of your application and could prolong your processing.

Our website; https://www.honorhealth.com/physician-resources/credentialing contains a list of qualifications that you should review to ensure you meet Medical staff qualifications.

At any time during the process, if you have questions please email them to HonorHealthCVO@honorhealth.com so that we can route your request to the key team member for a prompt and appropriate response. You can also reach out to the team via the main phone (623-683-4462).

PROCESSED APPLICATIONS ARE CLASSIFIED AS FOLLOWS:

The following criteria define a CATEGORY I application:
- Satisfactory references;
- No disciplinary actions;
- No licensure restrictions;
- CME related to privileges requested;
- No record of malpractice payments within the past ten (10) years or currently pending claims; **and**
- Applicant meets all criteria for privileges requested and have provided documentation of training and/or expertise (requests for privileges will be deferred if documentation of training/experience is not provided).

The following criteria define a CATEGORY II application:
- References from peers and/or affiliations suggest potential or minor problems (i.e. difficulty in interpersonal relations, minor patient care issues, etc.);
- No more than two (2) malpractice claims made during the past ten (10) years that are either currently pending claims or claims upon which a payment has been made, either due to a judgment or settlement. Individual claim payments may not exceed $1,000,000;
- Open investigation or non-disciplinary action by a state licensure board or Medicare;
- Privileges requested vary from those typically requested by other practitioners in the same specialty;
- Delinquent for Medical Records leading to suspension more than five (5) times during the past two (2) years; **Or**
- Chronic or recurring illness, mental or physical disability that may affect your ability to perform privileges requested

The following criteria define a CATEGORY III application. (Mandatory interview by Credentials Committee if two (2) or more of the following actions apply:
- Sanctions or Disciplinary action taken by a state licensure board, Federal Drug Enforcement Agency or Medicare;
- Any investigation or conviction of a felony or a misdemeanor within the past fifteen (15) years (traffic, Animal Control, or Game and Fish violations are excluded with the exception of drug or alcohol related charges);
- Clinical privileges revoked, diminished or otherwise altered within the past fifteen (15) years by another health care entity or organization;
- Denial of insurance coverage by a professional liability carrier or non-renewal of insurance coverage (except where carrier no longer writes professional liability insurance);
- Applicant has practiced without insurance at any time during the last ten (10) yrs.;
- More than two (2) malpractice claims made during the past ten (10) years that are either currently pending claims or claims upon which a single payment has been made either due to a judgment or settlement for an amount in excess of $1,000.000;
- References from peers and/or hospital affiliations that suggest potential significant problems (i.e. fair or less ratings; difficulty in interpersonal relations, etc.);
- More than three (3) medical practice affiliations within the past five years.

Upon review and evaluation of the application and supporting documentation by Department Chairman (or Designee) and the Credentials Committee Chairman a determination is made, if necessary to:
- Reassign as Category I; Previously addressed issues with no trends or areas of concern
- Reassign as Category II; No trends or areas of concern
- Reassign to Category III; Areas of concern requiring committee review and discussion
  - Request additional documentation/information; or
  - Defer to next regularly scheduled meeting for discussion.

ANSWERS TO FREQUENTLY ASKED QUESTIONS (FAQ):

1) **Why does the credentialing process take so long?** After doing a robust process improvement review, we discovered that more than 90% of the applications processed took longer than necessary due to submission of an incomplete application or delayed response to requested supplemental information. In most cases this lead to the applicant's perception that the application was already in process. The CVO cannot process an application that does not contain adequate/correct information. It is important to note that the process does not begin until all information requested in the online link is submitted to the satisfaction of HonorHealth. It is equally important for submission of accurate and complete information to expedite the process.

2) **What is delaying my application?** As part of our process improvement we reviewed application delays. We want to assure you that the CVO does their best to process applications expeditiously. When we uncover an issue with our process, we accept responsibility and correct the concern to the best of our ability. Our process improvement review has shown that most applications delays were attributed to lack of requested information in the application or difficulty verifying information provided in the application. The best way to ensure that an application is processed in a timely manner is to provide complete and accurate information.

3) **Do the number of places of employment/affiliations affect the process?** Yes, providers that have worked as a locum, tele-radiologist or have more than ten places of employment/affiliations do require more verifications. These files can take longer to process, as there can be an increased level of difficulty obtaining the verifications.

4) **Some of the application questions are personal, particularly those about health status. Does HonorHealth have a right to ask me these questions?** HonorHealth has the right and obligation to ask such questions. Regulatory standards require we ensure that a provider is able to safely and effectively engage in patient care.

5) **What happens if I forget, omit or falsify information on my application?** The application may be rendered incomplete and not be processed. Automatic termination of the application process may result, if the Hospital and Medical Staff determine that the falsification or omission was intentional. We are required to thoroughly verify all information submitted as part of your application. To ensure this problem is avoided, please be as candid as possible. Mistakes happen and if you realize after submission that you may have submitted incorrect information, please email the CVO with the correction.

6) **Can I request Temporary or Interim privileges?** Regulatory standards limit the circumstances under which temporary or interim privileges are granted. Temporary Privileges may only be granted if there is a significant patient care need for such privileges. Category I files may be granted Interim Privileges, if there is deemed a need for such privileges. Temporary or interim privileges can only considered if all necessary information concerning the applicant's education, training, experience and competence has been gathered and verified. Temporary or interim privileges *may not* be granted simply to accommodate the provider or because the verifications are not being returned in a timely manner. **** Category III applications are NOT eligible for temporary/interim privileges.**

7) **Who should I contact with questions I have about the credentialing process?** Please contact the Network CVO at 623-683-4462 or by email to HonorHealthCVO@honorehealth.com.

TOP 3 EXAMPLES FOR CREDENTIALING DELAYS:

1) Verification Delays – There can be multiple reasons for verification delays, such as incorrect information or non-responsiveness from verification source. This is the top reason for application delays. 76% of the applications processed with incorrect information have led to a clean application taking on average 120 days to process. Some of the primary issues are;
   a. Peers were contacted and unaware of the applicant using them.
   b. Incorrect contact information was given.
   c. Only fax number or email provided and no response.

2) Non-responsive Applicant –The 2nd longest delay is non-responsive applicants. When attempts are made to obtain clarification of information or missing documents from an applicant, it's critical for them to respond in a timely manner. It has been revealed through process review that 43% of the applications processed are delayed due to a non-responsive applicant. This has led to an average turnaround time of 102 days for processing of those applications. Some of the primary issues are;
   a. Provider does not realize the importance of responding and is not aware that the process not moving forward.
   b. Information submitted late still has to be verified.
   c. Regulatory and credentialing governance require documents and verifications to be no older than 6 months at the time of the Board decision. This often requires discontinuance of the process or resigning of all documents, as well as verifications being re-verified.

3) Malpractice/Disciplinary Actions – To ensure the Medical Staff and Board of Directors make well informed objective evidence based decisions, it is important for them to have the appropriate information regarding any malpractice history or disciplinary actions. Process review has uncovered that 40% of the Category II or III applicants do not provide the required documents/information, such as court documents or a provider explanation. This has led to on average 140 days of processing for these applications. Some primary issues are;
   a. Misconception by applicants that dismissed or pending malpractice claims do not require documentation.
   b. Disciplinary actions taken during Medical School or Residency require a written explanation from applicant.
   c. Interviews are required when the applicant's documentation is lacking substance or unclear.

Sample Timeline for Submission and Processing of an Application

If you have an expected start date of August 1, the following would be the ideal timeline. This would be if all information requested is submitted and there are no barriers to timely processing.
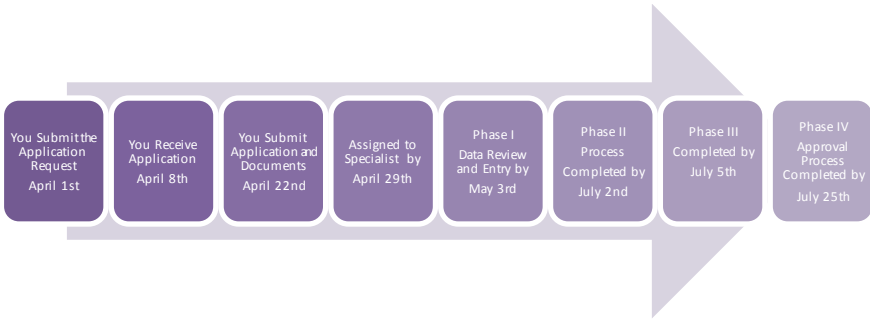
As you can see the regulated 6 month window that an application has before it expires, leaves little room for issues. A robust process improvement review has documented that the average turnaround time for a clean file with a responsive applicant and no verification issues can be as short as 60 days from start of Phase I to appointment date. This is not a guarantee, but merely a suggestion that the longer the lead time the more likely the process will be completed in the needed timeframe.
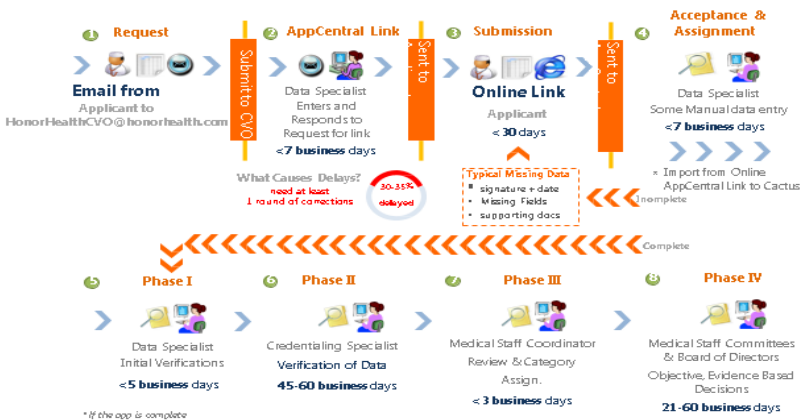
Please note that these are established expectations of the Medical Staff and Board of Directors for "typical" timeframes. These timeframes are in no way guaranteed.

HonorHealth Medical Staff Services Phone Tree

NETWORK DIRECTOR MEDICAL STAFF SERVICES & CVO

Dawn Miller, CPCS, CPMSM

Cell (518) 892-6670 | Email: Dawn.Miller@honorhealth.com

Onboarding (Initial App Requests) & Orientation		Database Analyst	Call Schedules
Onboarding (AppCentral) & Orientation **Rachel Johnson** MS Coordinator (480)324-7137	Onboarding (AppCentral) & Orientation **TBD** MS Coordinator TBD	Cactus TBD DB Analyst TBD	Call Schedules **Espy Murosky** MS Coordinator (623)879-3846

Medical Staff Services (Privileges & Meetings)

Deer Valley	John C. Lincoln	Osborn	Shea	Thompson Peak
EM, Medicine (FM) & Radiology **Sally Fangman** MS Coordinator	EM, Medicine (FM) & Radiology **Patty Wallace** MS Coordinator	Anesthesia &, Surgery **Regina Brewer** Sr. MS Coordinator O & T	ObGyn, Urology, Network Peds & Path **Cynthia Locke** MS Coordinator	Anesthesia, Medicine (FM) Surgery **Anne Marie Cox** MS Coordinator
Anesthesia, Gyn, & Surgery **Jaime Morales** MS Coordinator	Anesthesia, Gyn, & Surgery **Angi Arnett, CPCS** Sr. MS Coordinator D & J	System EM, Medicine (FM) & ObGyn **Susan Breidel** MS Coordinator	Dental, OMF, Hospitalists Pulm CC, Neurosurgery, Ophth Ortho, Plastic, Podiatry, & Rad **Sheila Mckale** MS Coordinator	
		Bariatric, Breast, Gen (Peds), Vasc, Colon & Rec, CVT, ENT Surgery & Anesthesia **Kim Shimabukuro, CPMSM** Sr. MS Coordinator S		
		Medicine (FM) **Jennee Roberts** MS Coordinator		

HONORHEALTH FACILITIES

Deer Valley Medical Center	John C. Lincoln Medical Center	Osborn Medical Center	Shea Medical Center	Thompson Peak Medical Center
19829 North 27th Ave Phoenix, AZ 85027 Tel (623)879-5409 Fax (623)879-5369	250 East Dunlap Ave Phoenix, AZ 85020 Tel (602)870-6317 Fax (602)331-5725	7400 E Osborn Rd Scottsdale, AZ 85251 Tel (480)583-0535 Fax (480)882-4248	9003 E Shea Blvd. Scottsdale, AZ 85260 Tel (480)323-3070 Fax (480323-3134	7400 E. Thompson Peak Parkway Scottsdale, AZ 85255 Tel (480)324-7013 Fax (480)324-7010

CREDENTIALS VERIFICATION OFFICE

Sherry Sutherland, CPCS, Manager   Main Office (623) 683-4462 | Fax (623) 683-4963

Please note that all emails should be sent to the "HonorHealthCVO@honorhealth.com" email address.

Credentialing Team (Verification Process & Expirables)

PMR, Bariatric, Breast, Colorectal, Endocrine, General, Plastic, Trauma, & Vascular Surgery, Wound Care, Pain Mgt, Gastroenterology, & Sleep Med **Angela Smith** Credentialing Specialist	ObGyn, Pediatrics, Ped Surgery, Ped Urology, Urology **Shyla Sanford** Credentialing Specialist	Cardiology, CVT, Dermatology, Electrophysiology, Interventional Cardiology, Hem/Onc, Pathology, Radiology, & Radiation Oncology **Karla Mata** Credentialing Specialist	Hospitalists (IM/FM). Nephrology, Neurology, Neurosurgery, Psychology, Psychiatry, Pulmonary & Critical Care Med **Melissa Dangel**
Allergy & Immunology, Dental, Ophthalmology, (Ped) Orthopedic, Oral Maxillofacial, Otolaryngology, and Podiatry **Tina Chauvin** Credentialing Specialist	Anesthesia, Emergency Medicine, and Pediatric Emergency Medicine **Amy Ormond** Sr Credentialing Specialist	Endocrinology (RD), Geriatrics, Infectious Dis, Intl Med (FM & Med/Ped), Hospice & Palliative Care, Rheumatology, Urgent Care **Tommie Gary** Credentialing Specialist	

Payor Enrollment Team

Christina Kyman Sr. Enrollment Specialist Team & Delegation Oversight	Asya Logan Enrollment Specialist UC, NOAH & Surgical Specialists	Estela Martinez Enrollment Specialist Medicine Specialists	Ashley Selby Enrollment Specialist Primary Care Providers

Credentialing Database Team

Rosalinda Quimson Sr. Database Specialist	Liz Benner Database Specialist	Liz Cetroute Database Specialist	Celene Ramirez Database Specialist
Ginny Domeraski, Database Specialist (EMR)		Rosenda Baltazar, Database Specialist (EMR)	