

CVO Frequently Asked Questions

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Who do I contact with questions about CVO credentialing?

You can e-mail us at UPH_CVO@unitypoint.org

We have a Provider Assistance Line available from 7:00am-5:00pm CST: **(515) 241-7977**

You can access our website for tip sheets and other resources <https://www.unitypoint.org/cvo>

How long will the CVO credentialing process take?

The CVO asks for a minimum of 90 days to process your application. The process may be completed in a shorter or longer timeframe based on the completeness of the application submitted and/or the complexity of the application. You can check status using the [CAT](#).

To ensure your application is processed as quickly as possible please make certain you have provided all requested information and documents as part of your application in the portal and be responsive to requests from the CVO for more information or clarification. Call our Provider Assistance Line if you need guidance completing your application.



Can I check status of my application online?

Using the Credentialing Application Tracker (CAT) to check status of your submitted application is the quickest way to get an update on your application and is a self-service tool. You can access it on the CVO's [ServiceNow](#) home page. Simply enter a provider's NPI for a high-level view of where they are in the credentialing, privileging, and payer enrollment process. This tool provides information regarding the status of your references, hospital information, and other aspects of the process.

How do I request and receive an initial credentialing application?

Please request your application online using our Service Now ticketing system: [Credentials Verification Office Portal \(unitypoint.service-now.com/cvo\)](#)

See our Tip Sheet here: [New Provider Request Tip Sheet](#)

Please be prepared with information such as the full Healthcare Provider name, NPI, IL and/or IA licensure*, the Delegate Credentialing Contact name/phone/e-mail if applicable, office locations (clinical/billing/mailing), and Hospital(s) where privileges are being requested for, if applicable.

*You can submit your request for a credentialing application with a pending IL and/or IA licensure if you provide an explanation for the omission (i.e., state licensure application in process). The CVO can begin processing your application, but it will not be considered complete until all required information has been received.

You may receive correspondence from our Credentialing or Medimore PHO Team Members for more information to process your ServiceNow request, please respond to these requests timely so that we can send an application to you as quickly as possible.

The CVO will then send the Healthcare Provider, and if applicable the Delegate Credentialing Contact, two (2) emails within 5-7 business days. The e-mails will contain the login information and a link to our online portals. Your application can only be completed using this online portal.

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](#)

The UnityPoint Health CVO will be requiring background checks for all Healthcare Providers seeking Hospital Privileges and PHO Medimore enrollment. Your welcome email will also include a link to PreCheck, Inc. The Applicant must follow the link and complete their online disclosure and authorization form:
[PreCheck Online Authorization Form](#)



What should I have on hand when I fill out my initial credentialing application?

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 we only request the past ten years of.

A delegate may assist you in preparing your recredentialing information, but the delegate may not complete disclosure questions, the delineation of privileges form, nor sign and submit the recredentialing application on your behalf. You are required to sign into the Provider Portal to review all information, complete the disclosure questions, sign, and submit the application.

See our Tip Sheet here: [Initial Credentialing Application Portal Tip Sheet](#)

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
NOTE: You will need a digital copy of your current malpractice insurance face sheet(s) 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
- Peer References and their e-mail address
 - *If you have graduated from a Residency or Fellowship within the last 12 months please include your Training Program Director as a Reference*
- Be prepared to answer questions regarding your professional history such as non-renewed Hospital privileges, financial investments/relationships, malpractice claims filed, criminal history, health, and vaccine status, etc.

Documents:

- A PDF copy of your Current Malpractice Insurance Certificate(s)
- A digital JPEG copy of a recent professional photo (Initial Privileges only)
- A digital PDF copy of a United States government-issued ID (initial Privileges only)



How will I receive my recredentialing application?

The CVO will send the Healthcare Provider, and if applicable the Delegate Credentialing Contact, two (2) emails 3 months prior to your recredentialing due date. The e-mails will contain the login information and a link to our online portals. Your application can only be completed using this online portal.

Online information will be pre-populated so it should take you no more than 30 minutes to complete your request.

Please note the following key details:

- There are no CVO fees for recredentialing.
- All UPH providers will have a permanent recredentialing date, with one cycle for all UPH facilities where the provider is in practice. Moving forward, recredentialing cycles will be dependent on your birth month and year.
- Your recredentialing may be for less than a full 24 months, to ensure that you do not go past the two-year window required by our accrediting bodies. The CVO uses date reports to assure that no provider is missed.
- Your recredentialing date will be the same regardless of which facility you will practice at, or when you joined that facility.
- Once your reappointment is finalized, you will receive notification from the UPH affiliate's Medical Staff Services and/or PHO/Medimore, as applicable. There will be additional clarifying instructions provided in individual emails to all recredentialing providers.

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](#)



What should I have on hand when I fill out my recredentialing application?

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

For recredentialing applications, the CVO requests all of your information within the past 2 years for Iowa only Applicants and 4 years for Illinois Applicants, if anything has been previously supplied to the CVO it should be prepopulated in your portal application for you.

A delegate may assist you in preparing your recredentialing information, but the delegate may not complete disclosure questions, the delineation of privileges form, nor sign and submit the recredentialing application on your behalf. You are required to sign into the Provider Portal to review all information, complete the disclosure questions, sign, and submit the application.

See our Tip Sheet here: [Recredentialing Application Portal Tip Sheet](#)

Information:

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

Documents:

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



What is a Credentials Verification Office(CVO)?

The UnityPoint Health Credentials Verification Office (CVO) gathers data and verifies the credentials of doctors and other healthcare providers. It is a single point of contact for providers to submit applications and information. The CVO verifies all information submitted to ensure patient safety, and shares credentialing verification information with the Physician Hospital Organization (PHO) for credentialing for payor enrollment, and Medical Staff Services (MSS) for credentialing for medical staff membership and/or hospital privileges.

The CVO is provider-centric (i.e., easy to access and use), safety- focused (i.e., properly vets our providers), and efficient (i.e., allows us to get information to and from MSS and payor enrollment as quickly as possible).

What is PHO Payor Enrollment with Medimore, Inc?

Medimore, Inc. is the Physician Hospital Organization (PHO) was established to offer payor enrollment and network management services to the Practitioners of UnityPoint Health, and other Practitioners in our community.

The PHO may need to request additional information specifically related to your payor enrollment. Please work directly with the PHO Personnel regarding their requests.

Practitioners who enroll in the PHO can also be a part of the UnityPoint Health Accountable Care Organization. ACO's are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high-quality care to their Medicare and Medicaid Services (CMS) patients. You can read more about the ACO here:

[UnityPoint Accountable Care, L.C. \(ACO\)](#)

What is the difference between Credentialing and Hospital Privileging and Payor Enrollment?

Credentialing is "the process of assessing and confirming the license or certification, education, training, and other qualifications or a licensed or certified healthcare practitioner." Which means credentialing comes first when you are requesting privileges at a Hospital or enrollment in the Medimore PHO. The CVO collects your application and performs the review and primary source verification portion of your application processing and then shares the complete application with the Hospital Medical Staff Services and the Medimore PHO.

Hospital Privileging is "the process of authorizing a health care practitioner's specific scope and content of patient care services." Which means the Hospital Medical Staff Services will review your completed application and send through appropriate committee review to determine which patient care services you will be authorized to hold privileges for within their Hospital.

Payor Enrollment is "the process of requesting participation in a health insurance network as a medical provider." Which means the PHO will review your completed application and submit it to the contracted payors within the PHO to request participation in their insurance network which allows you to file claims and receive payment.



What is a Primary Source Verification(PSV)?

The CVO follows a verification process that entails obtaining credentialing information directly from the entity that originally issued the credential to the healthcare provider. This means the CVO contacts your Medical School and Training Programs, State Licensure Boards, Employers, Malpractice Carriers, etc. directly to obtain confirmation from them that the information supplied on your application is correct.

The CVO may request clarification or correction to your application if there are significant discrepancies in the information provided on your application compared to what is received from the Primary Source.

To ensure your application processes as quickly as possible please list the correct dates and information, as well as provide necessary contact information for Training Programs, Employers, Malpractice Carriers, etc.

What else may be needed from me to complete Hospital Privileging?

The Medical Staff Services (MSS) may request additional information, documents, and additional paperwork be completed specifically related to your privileges or medical staff membership request. Please work directly with the MSS Personnel regarding their requests.

The following items are requested by the MSS for practitioners requesting hospital privileges. They may be submitted with the portal application or sent to the CVO or MSS afterward via email.

- Current certifications (i.e., BLS, ACLS, ATLS, PALS, etc. as applicable to your specialty and the privileges you have requested) including expiration date.
 - NOTE: You will need a digital copy of your card if you choose to upload the image on the portal (or you may choose to e-mail it to the CVO or MSS directly).
- Question in the portal application: If you are completing this application during flu season (October 1 – March 31), have you received a flu vaccine for this season?
 - NOTE: If your answer is NO, the MSS will need to grant you an exemption and will contact you for more info



Who do I contact to request Additional Privileges?

To request additional privileges for a UnityPoint Health Hospital you are already affiliated with please submit a request using our Service Now ticketing system: [Credentials Verification Office Portal \(unitypoint.service-now.com/cvo\)](https://unitypoint.service-now.com/cvo)

The Medical Staff Services (MSS) may request additional information, documents, and additional paperwork be completed specifically related to your privileges request. Please work directly with the MSS Personnel regarding their requests.

Who do I contact about resignations, office location changes, name changes and other demographic updates, etc?

For any changes or updates to be made outside an application please submit a request using our Service Now ticketing system: [Credentials Verification Office Portal \(unitypoint.service-now.com/cvo\)](https://unitypoint.service-now.com/cvo)

Why does the CVO e-mail me about expiring licensure, boards, and malpractice insurance?

The UnityPoint Health CVO is able to monitor for expirations of licensure, board and national certifications, and malpractice insurance coverage. We will send you reminder notifications via e-mail to yourself and your delegate credentialing contact in advance of your expirations.

The emails and automated reminders are to ensure the credentialing file with the CVO is accurate and also allows for accuracy of information for the provider to review during their recredentialing or additional privileges applications.

UnityPoint does require up to date board certification, state, drug and pharmacy licensure, along with malpractice insurance coverage and the management of those documents are the responsibility of the provider. Those reminder emails are sent as a courtesy for upcoming renewals.

Please note that the CVO does not monitor the expiration of your CPR certifications (i.e., BLS, ACLS, ATLS, PALS, etc) and updates to your health status/vaccine records such as Flu shots. Please send those documents directly to your appropriate Medical Staff Services only as requested.

If you have any renewals that occur during application processing please contact the Credentialing Coordinator assigned to your application or the UPH_CVO@unitypoint.org inbox.



Why does UnityPoint Health need a CVO?

UnityPoint Health has standardized and unified our provider credentialing process, a key factor for continued success in the current healthcare environment.

The CVO has aligned the important work previously performed by team members in a variety of departments into one team, with the goal of reducing duplication of work. Our CVO team processes applications, obtains documents, and shares these records with all UPH Hospital facilities that participate in the CVO and with the PHO, streamlining our process for both providers and the organization.

Provider data is in the process of being standardized across the system, creating a 'source of truth' for credentialing and provider information. Maintaining current, verified data is as important as its confidential treatment.

This standardization and streamlining allows the CVO to use a centralized tracking system to identify and collaborate with providers on expired licenses, certifications, etc.

How is a CVO improving the experience for our providers?

With the establishment of a CVO, providers now have a point of contact within the CVO for processing their initial credentialing application or their recredentialing application. All information will be shared on a "need to know" basis maintaining confidentiality and with electronic processing for enhanced efficiency.

A CVO centralizes, standardizes, and streamlines the credentialing verification communication and overall workflow. This enhanced efficiency results in fewer applications to be completed by providers and reduced turnaround times for credentials verification, which in turn provides more efficient payor enrollment and credentialing for network management/billing, and credentialing for granting medical staff membership and privileges. It is now easier for our providers to work in multiple regions and via telehealth. In addition, the CVO will be monitoring expirations of licensure, boards, and insurance with reminder notifications going out to providers and their delegate.

The CVO has a [webpage](#). This page contains links for submitting requests directly to the CVO through a ServiceNow portal. It also contains resource documents and links to important websites for providers and their delegates to reference for enhanced customer service.

The goal is to make the entire credentialing experience customer-friendly and provider-centric for the CVO's internal and external customers.

