Navigating the CVO ServiceNow Website

General Information

ServiceNow is the request ticketing system that the Credentials Verification Office (CVO) utilizes to manage incoming requests regarding new applications, change in privileges, change in practice, resignations/terminations, etc.

You will need to login in order to access the ServiceNow request system.

You can access the Credentials Verification Office (CVO) ServiceNow request website using this URL: https://unitypoint.service-now.com/cvo

Or you can start from the Credentials Verification Office (CVO) website: https://www.unitypoint.org/CVO

At the top of the page, there are inter-page links for main topics. Select SERVICE NOW TICKET REQUEST.
Requesting an Account/Account Access

Internal users (UPH/UPC users) will use their computer credentials (i.e.: EPIC, MSOW)

Please pay special attention to the password reset information on this page. For assistance with your password or access issues with ServiceNow please contact the IT Help Desk at:

1 (800) 681-2060

External users will need to request an account if it is their first time accessing service now

NOTE: If you do not yet have a user account, you can request one using the self-registration form. User registration requests are only monitored during standard working hours, Monday – Friday.

Please use the External Non-UPH Users Password Reset link if you need to reset your password. For further assistance with your password or access issues with ServiceNow please contact the IT Help Desk at:

1 (800) 681-2060
Account Registration Fields

![User Registration Request - Created](image)

Please provide some basic information so we can process your account request.

- **First name**: [ ]
- **Last name**: [ ]
- **Email**: [ ]
- **Business Phone**: [ ]
- **Mobile Phone**: [ ]
- **Clinic Name**: [ ]
- **Reason for Requesting Access**: [ ]
- **Account type**: CVO

[Submit]
The CVO ServiceNow Home Page

Upon login you will be taken to the CVO ServiceNow Home Page where you will see a few options.
Link for ServiceNow Request submission

Select the “Click Here to Submit Credentials Verification Office Service Requests” to open the service now request system

This is the option you will select when submitting a new request to the CVO. There are selections for:

- **Initial Application Request or Additional Hospital Location** – to be used when you/your Provider are requesting Privileges at a new Hospital.
- **Additional Hospital Privileges** – to be used when you/your Provider are requesting additional Privileges at a Hospital that Privileges are already held at. For example, when you receive additional training to perform a new procedure.
- **Additional Clinic or Billing Location** – to be used when you need to update your clinical practice locations and/or billing address.
- **Practitioner/Provider Name Change** – to be used when you/your Provider have a legal name change.
- **Practitioner/Provider Termination** – to be used when you/your Provider needs to resign their Hospital Privileges and/or PHO participation.
- **Other CVO/PHO Questions or Concerns** – to be used for various purposes such as updating a Telemedicine Provider Home Address, updating a Delegated Credentialing Contact, and general questions/concerns.
The Credentialing Application Tracker

You can search the NPI to check status on your application process once you have submitted a portal application.

![Credentialing Application Tracker]

For initial and recredentialing applications. Version 2.0 implemented March 2022 provides more detailed information on progress with primary source verifications.

My Open and Closed Requested Items

You can see your open CVO ServiceNow requests here, you can view them to check status and/or add additional information or make updates to existing requests such as a start date change. You can also view and re-open closed requests.

![My Open Requested Items]

RITM1247446
3m ago • CVO: Practitioner/Provider Fact Sheet
• RITM1247446

![My Closed Requested Items]
Click on the request ID to view more details, in this example it is “RITM1247446” – you will be taken to the Practitioner/Provider Fact Sheet that summarizes all of the information you provided in your request.
If you need to add additional information or attachments you can do that here.

Type in your message/updates and/or upload an attachment here and it will be added to your ServiceNow request:

You can also add attachments and expedite your request at the bottom of the page.
Review CVO and UPH Hospital Bylaws, Policies, and Waivers

Links to Bylaws, Policies, and Waivers related to the CVO and UPH Hospital where privileges are requested

Review Bylaws, Waivers and Policies

Click here to review bylaws or waivers for the hospital where privileges are requested or review UPH system policies

CVO Resources

Links to resources such as the CVO webpage, our FAQ, and Tip Sheets

Credentials Verification Office Resources

Credential Verification Office Website

CVO FAQs

Watch a Demo Video

Review a Tip Sheet
Initial Application Request or Additional Hospital Location

First Steps and Information to have on hand

1. The first and most crucial step to submitting a Request is to have the information needed on hand.
   a. NPI
   b. Full Name of the Provider (First/Middle Initial/Last)
   c. Provider's Credentials/Degree (ex: MD, ARNP, etc)
   d. Provider's Last four (4) SSN
   e. Provider's Date of Birth
   f. Provider's Gender
   g. Provider's Phone Number
   h. Provider's E-mail
   i. Delegate Credentialing Contact Name and E-Mail if applicable
   j. Requested Start Date
   k. Illinois and/or Iowa License Number(s)
   l. Be prepared to answer the following questions:
      i. Is this Practitioner/Provider currently completing their residency? – if YES you will need the estimated completion date
      ii. Is this Practitioner/Provider currently completing their fellowship? – if YES you will need the estimated completion date
      iii. Is this Practitioner/Provider's current medical license under any current sanctions or probation in the state where the provider will provide service? – if YES you will need to provide an explanation
      iv. Has this Practitioner/Provider worked for UnityPoint Health or any of its affiliates in the past? – if YES you will need to provide more information
   m. Clinic Practice Location(s) such as all clinical locations where patients are seen, mailing address, and billing address as applicable
   n. Hospital(s) that privileges are being requested for if applicable
   o. Supporting Documents as needed, ex: CV, additional information, copy of licensure, etc.
      i. **NOTE:** Please ensure your supporting documents are PDF, Word, and Excel format. PNG/JPEG/other image types will not load in the Service Now ticketing system and cannot be viewed.

Submitting a Request

1. Once you have confirmed you have the correct information for your request, go to the CVO ServiceNow site (you may need to login):
   
   **Https://unitypoint.service-now.com/cvo**
   
   Select the Click Here to Submit Credentials Verification Office Service Requests
2. From the options listed you will select “Initial Application Request or Additional Hospital Location” and then the “Next” button.
3. Complete all of the required fields
In the Start Date field enter the contract or clinic start date. This will auto-populate to 90 days in the future, you can adjust the date field as needed.

The recommended timeframe to allow for CVO processing, Medical Staff membership/privileging approval and/or payer enrollment is 90-120 days.

- Provider start dates should be between 90-120 days out from the date you are entering this SN ticket.
- **If this is a UPH billing provider and the start date is sooner than the 90 day window, claim denials and write-offs may occur.**
  - The requestor should be making the Regional Hiring Director aware of this risk for validation of accurate start date.
- If this date changes after submission, you will need to resubmit a new request or update your existing open request.

Enter the Illinois and/or Iowa licensure numbers, if your licensure is pending please indicate that. We may be able to begin application processing if your licensure has not yet been issued but credentialing cannot be completed with the CVO without an active license in the appropriate state.
Answer the questions appropriately and provide date(s) and explanations as needed

1. Is this Practitioner/Provider currently completing their residency? – if YES you will need the estimated completion date
2. Is this Practitioner/Provider currently completing their fellowship? – if YES you will need the estimated completion date
3. Is this Practitioner/Provider's current medical license under any current sanctions or probation in the state where the provider will provide service? – if YES you will need to provide an explanation
4. Has this Practitioner/Provider worked for UnityPoint Health or any of its affiliates in the past? – if YES you will need to provide more information

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this Practitioner/Provider currently completing their residency?</td>
<td>Yes</td>
</tr>
<tr>
<td>Date residency will be complete</td>
<td>MM-DD-YYYY</td>
</tr>
<tr>
<td>Is this Practitioner/Provider currently completing their fellowship?</td>
<td>Yes</td>
</tr>
<tr>
<td>Date fellowship will be complete</td>
<td>MM-DD-YYYY</td>
</tr>
<tr>
<td>Is this Practitioner/Provider's current medical license under any</td>
<td>Yes</td>
</tr>
<tr>
<td>current sanctions or probation in the state where the provider will</td>
<td></td>
</tr>
<tr>
<td>provide service?</td>
<td></td>
</tr>
<tr>
<td>Please provide additional information on any current sanctions or</td>
<td></td>
</tr>
<tr>
<td>probation for this practitioner/provider.</td>
<td></td>
</tr>
<tr>
<td>Has this Practitioner/Provider worked for UnityPoint Health or any of</td>
<td>Yes</td>
</tr>
<tr>
<td>its affiliates in the past?</td>
<td></td>
</tr>
<tr>
<td>Please provide additional information regarding previous employment</td>
<td></td>
</tr>
<tr>
<td>with UnityPoint Health or its affiliates.</td>
<td></td>
</tr>
</tbody>
</table>
At the bottom of the page, there are two areas, one for “Clinic Practice” and one for “Hospital”. Select the “Add” button and enter all the Clinics the provider will work at and all the Hospitals the provider will need privileges for.
For each **Clinic**, please enter the location by selecting “Add”

- **For NEW practitioner/providers:** Start with the practitioner/provider’s primary location and **list all clinic practice locations**.
- **For EXISTING practitioner/providers:** Only list the clinics you are requesting be added to the practitioner/provider’s profile.
- **For UPH Hospital based practitioners (ex. Hospitalist, Emergency Provider, etc);** you must list your hospital-based clinic/department.
- If billing is going to be needed, the office MUST be listed here.
- **Direct Patient Care Offices** – You must list a backup provider/group identified for EACH practice location

You will receive a pop-up window (screenshot on the following page) allowing you to search for an existing location or add one as needed.

Established practice locations can be found by typing in the clinic practice name, street address, city, or zip code. You may search on a “wildcard” basis by using an asterisk (*). (For example, you may enter “*urgent care” to see all locations with “urgent care” in the name.)

If you are unable to find a desired location, enter “Not Found” and enter the information in the last section.

To finalize the information for Clinics, click on the blue “Add” button on the pop-up and they will then show in your request.
### Add Location Pop-Up Window:

#### Add Row

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established practice locations can be found by typing in the clinic practice name, street address, city or zip code. Wildcard searches can also be executed by using an * (i.e., *urgent care to return all locations with urgent care in the name).</td>
</tr>
<tr>
<td>If you are unable to find the desired location enter Not Found.</td>
</tr>
<tr>
<td>For UPH Hospital based practitioners (ex. Hospitalist, Emergency Provider, etc), you must list your hospital based clinic / department.</td>
</tr>
<tr>
<td>If billing is going to be needed, the office MUST be listed here.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the provider need to have billing for this office location?</th>
</tr>
</thead>
<tbody>
<tr>
<td>-- None --</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this office an existing UnityPoint Health Epic department or does a new UnityPoint Health Epic department need built?</th>
</tr>
</thead>
<tbody>
<tr>
<td>-- None --</td>
</tr>
</tbody>
</table>

**Employment Status**

Select the proper employment status of the provider for the clinic location selected. If the practitioner/provider is NOT at a UPH clinic location, choose "Independent - Not UPH Employed" from the selections below.

| -- None -- |

<table>
<thead>
<tr>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select the expertise the provider will practice at the clinic location selected.</td>
</tr>
<tr>
<td><strong>If this provider is a telemedicine provider, choose the applicable specialty that begins with 'Telemedicine -'.</strong></td>
</tr>
</tbody>
</table>

| Patient Care Backup Provider/Group |

<table>
<thead>
<tr>
<th>Supervising Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARNP/PA providers must have a supervising physician identified. Enter the supervising physician at the clinic location selected.</td>
</tr>
</tbody>
</table>
For each **Hospital** you will need privileges for, please enter the location by selecting “Add”

- For UPH Hospital based practitioners (ex. Hospitalist, Emergency Provider, etc.); you must list your hospital-based clinic/department above in the Clinic section.
- Direct Patient Care Providers – You must list a backup provider/group for each hospital you are requesting privileges.

You will receive a pop-up window (screenshot on the following page) allowing you to search for the UPH Hospital you want to apply for privileges at.

**Select options from the dropdown selections for the Hospital.**

<table>
<thead>
<tr>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>-- None --</td>
</tr>
<tr>
<td>Anamosa, IA – UnityPoint Health – Jones Regional Medical Center</td>
</tr>
<tr>
<td>Bettendorf, IA – UnityPoint Health – Trinity Bettendorf</td>
</tr>
<tr>
<td>Cedar Rapids, IA – UnityPoint Health – St. Luke’s Hospital</td>
</tr>
<tr>
<td>Coralville, IA – UnityPoint Health – Iowa Health Care System</td>
</tr>
</tbody>
</table>

**Select options from the dropdown selections for the Privileges.**

- Please identify the specialty this practitioner/provider will be practicing at the hospital.

| Addiction Medicine |
| Adolescent Medicine |
| Aerospace Medicine |
| Allergy |
| Allergy and Immunology |
| Alternative Medicine |

To finalize the request for Hospital privileges, click on the blue “Add” button on the pop-up and they will then show in your request.
Add Hospital Pop-Up Window:

Add Row

- Hospital
  -- None --

- Is this hospital the primary practice hospital for the practitioner/provider?
  A practitioner/provider should only have 1 hospital identified as their primary practice hospital.
  -- None --

Direct Patient Care Backup Provider/Group

Supervising Physician
  ARNP/PA providers must have a supervising physician identified. Enter the supervising physician for the hospital selected.

- Seeking Hospital Privileges?
  -- None --

- Please identify the specialty this practitioner/provider will be practicing at the hospital.

Please identify an additional specialty this practitioner/provider will be practicing at the hospital.

Please identify an additional specialty this practitioner/provider will be practicing at the hospital.

[Button]: Cancel | Add
At the very bottom of the request form, you can add attachments.

4. Once complete, you will hit Next and will be taken to the page below where you can edit or submit your Request.

<table>
<thead>
<tr>
<th>Order Guide Details</th>
<th>Quantity</th>
<th>Price (ea.)</th>
<th>Recurring (ea.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVO: Practitioner/Provider Fact Sheet</td>
<td>1</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

[Image of the request form]
5. When you complete the request, you will receive immediate notification on the CVO ServiceNow website:

![Image showing ServiceNow portal]

You will also receive a confirming email from UnityPoint IT Help (unitypoint@service-now.com). It will look similar to the below:

![Image showing email confirmation]

After review of your initial application request by the CVO additional information may be requested and/or a “welcome” email will be sent to the provider (and delegate, if a delegate has been named) with a link to the provider portal for completion of the online application.