

General Credentialing Criteria

With exceptions as noted, the criteria below apply to all practitioner types and represent the minimum criteria required to meet MVP credentialing requirements.

1. A completed CAQH online application, which contains a signed and current attestation statement and release, is required for initial credentialing and at recredentialing. A signature stamp is not acceptable.

The CAQH credentialing and recredentialing application contains a current and signed attestation regarding:

- Reasons for any inability to perform the essential functions of the position, with or without accommodation;
- Lack of present illegal drug use;
- History of loss of license and felony convictions;
- History of loss or limitation of privileges or disciplinary activity;
- Current malpractice insurance coverage; and
- The correctness and completeness of the application.

Applicants must be able to perform the essential functions of the position, with reasonable accommodation, and be free of present illegal drug use. Applicants with a history of license limitations, sanctions, felony convictions, loss or limitations of privileges or disciplinary actions will be requested to submit, in writing, specific information prior to review by the Credentials Committee.

Applicants, at minimum, must possess an active license and registration for each state in which they are providing services to MVP members. Providers with the specialty type of physician (except Diagnostic Radiologists and Pathologists), Oral Surgeons, Podiatrists, Independent Nurse Practitioners, Advanced Practice Nurse Practitioners and Certified Nurse Midwives are required to have a DEA certificate for each state where they are seeing MVP members.

2. Applicant is obliged to provide MVP with information sufficiently detailed to render an opinion regarding any adverse action taken by a State or Federal agency, another Institution such as the New York State Education Department (NYSED), New York State Office of Professional Medical Conduct (OPMC), US Office of Personnel Management (OPM), or any other applicable regulatory or professional body or any other items on the application as requested by MVP.



3. MVP will obtain a minimum of a six year work history from each applicant and review gaps of six months or more with the practitioner. Gaps of six months to one year may be explained via telephone and documented on the CV or application. Any gaps in work history of greater than one (1) year must be fully documented in writing and signed by the applicant or may be explained on the CV, the CAQH application, or via a direct email from the applicant.
4. Credentialing staff will conduct the following verifications prior to the Committee's decision. Those indicated with an asterisk will not be performed more than 180 days prior to the Credentials Committee's decision. Verifications include, but are not limited to:
 - A. License Status and registration;*
 - B. License Sanction Activity;*
 - C. Federal and State Sanction Activity;*
 - D. Education and completion of a recognized and accredited residency and/or fellowship, if applicable for specialty
 - E. Board certification status, if applicable;*
 - F. DEA certificate for each state where the practitioner is treating MVP members, if applicable for provider type;*
 - G. Participation in Medicare;*
 - H. Proof of malpractice coverage in the minimum coverage amounts of \$1 million per incident and \$3 million aggregate;
 - I. Information relating to malpractice cases, pending or settled;*
 - J. Unrestricted, active clinical privileges at an MVP participating hospital or other continuity of care arrangement in keeping with MVP criteria, if applicable for specialty;*
 - K. Federal National Practitioner Identification Number (NPI number);*
 - L. Valid Social Security number*