|  |  |
| --- | --- |
| **Contractor:** |  |
| **Reporting Quarter:** |  | **Date of submission:** |  |
| **Individual submitting report:** |  | **Contact telephone number:** |  |

**Provider Credentialing**

**Initial Credentialing: *Include data for all health providers, including oral health providers, who have completed initial credentialing within the quarter.***

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| --- | --- | --- | --- | --- | --- |
| **Category** | **Number of new applications received** | **Number of providers credentialed within the reported quarter** | **Shortest time****for****determination** | **Longest time****for****determination** | **Average time****for****determination** |
| **Temporary/Provisional Credentialing** |  |  |  |  |  |
| **Individual Provider Credentialing** |  |  |  |  |  |
| **Organizational Provider Credentialing** |  |  |  |  |  |

**Percent Completion: *Credentialing files processed during the quarter that meet the timeframes divided by the total number of files processed during the quarter.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Credentialing** | **MPS** | **Total # Processed** | **14 Days** | **60 Days** | **3 Years** |
| **Temporary/Provisional Credentialing of Individual and Organizational Providers** | 100% within 14 days |  |  | n/a | n/a |
| **Initial Credentialing of Individual Providers** | 100% within 60 days |  | n/a |  | n/a |
| **Initial Credentialing of Organizational Providers** | 100% within 60 days |  | n/a |  | n/a |

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| --- | --- | --- | --- | --- | --- | --- |
| **Credentialing Load Times** | **MPS** | **Total # through Committee** | **% loaded within 30 DAYS** | **Shortest time to load provider ID in****claims system** | **Longest time to load provider ID in****claims system** | **Average length of time to load provider ID into claims system** |
| **Temporary/Provisional** | 95% within 30 days from date of Credentialing Committee approval |  |  |  |  |  |
| **Individual Providers** |  |  |  |  |  |
| **Organizational Providers** |  |  |  |  |  |

**Recredentialing: *Include data for all health providers, including oral health providers, who went through the recredentialing process within the quarter.***

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| --- | --- | --- | --- |
| **Category** | **Total number of providers who went through recedrentialing process**  | **number of providers who were approved for recedrentialing** | **percent of Providers recredentialed within three years** |
| **Individual Provider recredentialing** |  |  |  |
| **Organizational Provider Recrdentialing** |  |  |  |

**Comments *(include description for areas of non-compliance and corrective actions taken)***

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