Credentialing Cost/Compliance Comparison Worksheet

	In-house (or) Current Outsource Service	KMS Credentialing
BUDGET		
Education/Training	$	
Software Purchase/Annual Tech Support Fees	$	
Hardware (i.e., office space, computer, fax, scanner, etc.)	$	
Contractual Fees, *(if currently outsourced)*	$	
Prepaid Expenses (i.e., postage, office supplies)	$	
Other (please list:)	$	
EXPENSES		
$ per initial application	$	*$*
$ per reappointment application	$	*$*
$ per AMA Profile Query	$	
$ per NPDB	$	
$ per Expedited Credentialing/Rush fees *(if currently outsourced)*	$	*$*
$ Other (please list:)	$	*$*
If Credentialing Services provided In-House:		
Total # FTEs *(Please circle: P/T or F/T)*		
If P/T, total number hrs worked per week		
Medical Staff Coordinator's yrs experience in credentialing field		
MEDICAL / AHP STAFF		
Current # of Medical/AHP staff members		
Total # of initial appointments processed prior year		
Total # of reappointments processed prior year		

FOR PRICE QUOTE
Call 512-799-9144 (OR) EMAIL
sales@kmscredentialing.com

TOTAL COSTS $ _____

QUALITY /COMPLIANCE AUDIT (pull a master file to audit)	In-house or Current Outsource Service	_KMS Credentialing_
Processing of reappointments are _timely_	☐ Yes ☐ No	☑ YES
Medical Degree/Internship/Residency/Fellowship, *verified*	☐ Yes ☐ No	☑ YES
All current and previous State Medical Licensures, *verified*	☐ Yes ☐ No	☑ YES
Board Certification(s), *verified*	☐ Yes ☐ No	☑ YES
Peer Reference(s) / Hospital(s) affiliations, *verified*	☐ Yes ☐ No	☑ YES
Previous practice/work history, *verified*	☐ Yes ☐ No	☑ YES
OIG/DOJ/Excluded Parties reports, *verified*	☐ Yes ☐ No	☑ YES
NPDB Query, at initial appt and every two yrs thereafter, *present in file*	☐ Yes ☐ No	☑ YES
Malpractice insurance /claims history prior 5 yrs, *verified*	☐ Yes ☐ No	☑ YES
Attestation questions answered 'yes' includes detailed summary provided by applicant to support answer, *present in file*	☐ Yes ☐ No	☑ YES
Current copy of License/DEA/Insurance *present in file*	☐ Yes ☐ No	☑ YES
Gaps following completion of training *identified and explained*	☐ Yes ☐ No	☑ YES
Evidence of health status (PPD Screening), *received/obtained*	☐ Yes ☐ No	☑ YES
Medicare Physician Acknowledgment signed statement present in file	☐ Yes ☐ No	☑ YES
Copy of Gov Issued Photo ID, *received and verified*	☐ Yes ☐ No	☑ YES
Documented CME hrs from initial thru most recent appt, *present in file*	☐ Yes ☐ No	☑ YES

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