



To: Hospital Credentialing Staff

From: HealthCare Administrative Solutions, Inc. (HCAS)

Subject: Hospital Roster Request Form

As you know, HealthCare Administrative Solutions, Inc. coordinates the credentialing activity on behalf of several of the state's health plans including Blue Cross Blue Shield of Massachusetts, Boston Medical Center HealthNet Plan, Fallon Health, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, Tufts Health Plan, and Tufts Health Plan – Network Health.

To streamline the process to add new physician applicants to health plans and ensure updated physician lists by hospital, HCAS is utilizing Aperture Credentialing, LLC to collect and verify hospital affiliations for healthcare providers in your area. To expedite this process and prevent your medical staff office from handling each of these requests individually, we request that you send an updated copy of your medical staff roster to Aperture Credentialing, LLC on a quarterly basis. If you have already sent your updated roster, please disregard this letter.

If your organization currently maintains a website for verification of hospital privileges, please provide the URL to Aperture Credentialing, LLC.

NCQA and AAHCC/URAC accept the use of hospital rosters as a valid primary source for verifying hospital affiliations if the roster is updated quarterly or at least every 6 months, and meets the following criteria:

1. The facility name must appear on all pages of the roster, or at least on the cover letter.
2. A cover letter should be addressed directly to Aperture Credentialing, LLC and state that all providers who appear on the roster have clinical privileges that are in good standing, to the best of your knowledge (or have met requirements of appointment or reappointment according to medical staff bylaws). The cover letter should also state that all providers have been credentialed according to Massachusetts regulation 243 CMR 3.05 of the Board of Registration in Medicine, if applicable.
3. The cover letter and the roster must be dated.
4. The roster should also include Staff Category and indicate which of the providers/categories have admitting rights at your facility.
5. Optional - Appointment and Reappointment Dates

The rosters are used for the sole purpose of verifying the provider's hospital standing for the health plans noted above. So that we do not send this request every quarter, if it is possible, please put Aperture Credentialing, LLC on your regular distribution mailing list.

Please forward the requested roster to:

Aperture Credentialing, LLC
Attn: Hospital Rosters
P.O. Box 221049
Louisville, KY 40252-1049

or email to:

rapidroster@aperturecvo.com

or fax to Aperture Credentialing, LLC at:
502-656-3500

Thank you very much for your time, and your consideration of this request.