Data Supplement 3, Provider Credentialing, Report Form

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| --- | --- | --- | --- | --- |
|  | Med/Surg facility | MH/SUD Facility | Med/Surg Practitioner | MH/SUD Practitioner |
| Mean number of days from first submission of an application to the later of the effective date or date of execution of contract |  |  |  |  |
| Median number of days from first submission of an application to the later of the effective date or date of execution of contract |  |  |  |  |
| Percentage of providers that submitted an initial application, but withdrew or failed to complete the credentialing process by not responding |  |  |  |  |
| Percentage of providers that completed the process and executed a contract |  |  |  |  |
| Percentage of providers that submitted an initial application or request for application that were rejected due to a full network |  |  |  |  |
| Percentage of providers that submitted an initial application or request for application that were notified that the carrier would not proceed with the application |  |  |  |  |