Credentials Information Collection, Coordination and Dissemination

Values
Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:
The purpose of this policy is to provide guidance to the Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) Credentialing Department in fulfilling its responsibilities for collecting credentials of all licensed independent practitioners, dependent practitioners, and organizational providers.

Policy Detail:

I. Application Process:
A. A request for an application packet will be forwarded to the NHP/NHIC/NHAS Credentialing Department via Managed Care Contracting. NHP/NHIC/NHAS Credentialing Department will forward an application packet to the applicant within a timely manner.
   1. The application packet will include:
      a. Welcome Letter
      b. Application form.
      c. Criminal Background Check Form.
   2. NHP/NHIC/NHAS Credentialing Department will forward to a licensed independent practitioner, dependent practitioner, or organizational provider a link to the applicable NHP/NHIC/NHAS Policies and Procedures.
B. The applicant must sign the application via handwritten or electronic documentation. Electronic signatures must be generated from a secure site. Handwritten signatures will be recorded in black or blue non-erasable, non-water-soluble ink. Felt tip markers, fountain pens and signature stamps may not be used and in so doing:
   1. Signifies a willingness to appear for interviews in regards to the application.
2. Authorizes NHP/NHIC/NHAS representatives to consult with others who have been associated with the applicant and/or have information bearing on his or her competence and qualifications.

3. Consents to NHP/NHIC/NHAS representatives' inspection of all records and documents that may be material to an evaluation of the applicant's:
   a. Professional qualifications and competence
   b. Physical and mental health status, and
   c. Professional and ethical qualifications.

4. Releases from any liability all NHP/NHIC/NHAS representatives for their acts performed in connection with evaluation of credentials and qualifications.

5. Releases from any liability all individuals and organizations who in good faith and without malice provide information to NHP/NHIC/NHAS representatives - including otherwise privileged or confidential information - concerning the applicant's competence, professional ethics, character, physical and mental health, emotional stability and other qualifications for Network Health Plan participation.

6. Authorizes and consents to NHP/NHIC/NHAS representatives providing other hospitals, medical associations, licensing boards, and any organizations concerned with all licensed independent practitioners, dependent practitioners, and organization providers' performance and the quality and efficiency of patient care with any relevant information that the organizations may have, and releases NHP/NHIC/NHAS representatives from liability for so doing.

7. Understands and agrees that credentialing and peer review information related to their professional qualifications, character, and competence will be released and exchanged among NHP/NHIC/NHAS entities. Expressly authorize the sharing of such information between NHP/NHIC/NHAS, both with respect to information that exists today, and information obtained or created in the future (until such time as all licensed independent practitioners, dependent practitioners, and organizational providers revoke this consent).

8. Signifies that the applicant agrees to be bound by the current NHP/NHIC/NHAS policies and procedures, in regards to the application for Network Health Plan participation.

9. Attests to the correctness and completion of the application.

10. The applicant must provide the following:
    a. A completed application form. Application will be deemed incomplete if information or documentation requested by the application is not provided, if responses provided require further explanation, if details related to affirmative responses to disclosure questions are not provided, or if any document has
expired prior to making the decision to accept or not to accept an applicant.
b. A signed and dated release/attestation form. Application is incomplete without signature and date.
c. If available, a copy of the letter or certificate from the appropriate American Board of Medical Specialties specialty boards documenting board status - certified, recertified, or eligible, if applicable.
d. Copy of Federal DEA registration or CDS (Controlled Dangerous Substances) certificate in each state, which is current and effective, if applicant is to prescribe narcotics.
e. Information on education, training, work history, hospital affiliations and health status.
f. Copy of face sheet of current and valid professional liability insurance in which coverage pertains to area of practice or profession and meets the minimum limit requirement and completion of malpractice history questions on application form.
   1. For practitioners with federal tort coverage, the practitioner need not maintain the current amount of malpractice insurance coverage. Practitioner may include a copy of the federal tort letter or an attestation from the practitioner of federal tort coverage and completion of the malpractice history questions on the application form.
g. Criminal Background Check Form.

11. All credential files, reports and any other material used shall be treated in a confidential manner at all times and are stored in a secure area in the NHP/NHIC/NHAS Credentialing Department or on a secure electronic site. Disclosure of such information shall be limited to NHP/NHIC/NHAS. All other requests will require consent for release of information by the applicant.

II. Verification Process:
   A. Primary verification is obtained from the following:
      1. Current, valid licensure and any disciplinary actions against licensure to be verified by the State of Wisconsin Department of Safety and Professional Services and, if applicable, any other licensure board in which applicant is licensed.
      2. Current, valid Drug Enforcement Agency certificate in each state, if to prescribe narcotics, to be verified by copy of DEA or CDS certificate in each. Controlled Dangerous Substances (CDS) certification is not required in Wisconsin.
3. Training will be verified by AMA profile, AOA profile, or from training institution; Completion of residency; State licensing agency, if the state agency performs primary source verification of completion of residency. At least annually, the organization must obtain written confirmation from the state licensing agency that it performs primary source verification of completion of residency.

4. Residency training program.
   i) The Federation Credentials Verification Services (FCVS) for closed residency programs.

5. Appropriate specialty board, if the board performs primary source verification of completion of residency. At least annually, the organization must obtain written confirmation from the specialty board that it performs primary source verification of completion of residency. The organization may use a dated printout of the board's Web site in lieu of a letter or other written notice as long as the site states that the board verifies education and training with primary sources and indicates that this information is current.

6. Board certification, current and expired, are to be verified by:
   i) ABMS for M.D.'s American Board of Medical Specialties or AOA Profile for D.O.'s.
   ii) American Board of Podiatric Orthopedics or the American Board of Podiatric Surgery for D.P.M.'s.
   iv) Recognition by the National Register for Ph.D.'s.
   v) American Nurses Credentialing Center or American Academy of Nurse Practitioners for Nurse Practitioners.
   vi) American College of Nurse Midwives for Certified Nurse Midwives.
   viii) Other board certifications indicated by the applicant shall be verified by the specialty board. (Board certification is not applicable for D.C.'s and O.D.'s.)

7. The applicant indicates current malpractice insurance by indicating on application form dates and amounts of
current coverage. Current, adequate malpractice insurance to be verified with a copy of the declaration page of the malpractice policy. A history of professional liability claims, including, but not limited to, lawsuits, arbitrations, settlements or judgments in the last five years to be verified by oral or written confirmation from the malpractice carrier or the National Practitioner Data Bank.

8. Response is required from the National Practitioner Data Bank (NPDB) which includes the Health Integrity Protection Data Bank (HIPDB) information.

9. Work history is obtained regarding practice affiliations.

10. Medicare/Medicaid sanctions history to be verified by the National Practitioner Data Bank.

11. Medicare/Medicaid query to insure they have not opted out of the Medicare/ Medicaid program.

12. Wisconsin criminal history background check results online at Wisconsin Criminal History Record check website.

13. Out of State criminal background check results returned from applicable state agencies.

14. Query National Practitioner Data Bank (NPDB) website for licensed independent practitioners, dependent practitioners and organizational providers who have been excluded from the OIG (Office of Inspector General), EPLS (Excluded Parties List System) and/or the GSA's (General Services Administration) list of parties excluded from federal procurement and non-procurement programs.

15. Query Sex Offender Registry.

16. Query the Wisconsin Circuit Court Access web site (CCAP).

17. Query Public Access to Court Electronic Records (PACER).

18. Information and verification to be no more than 180 days old before it is forwarded to the Centralized Credentials Committee.

III. Documentation Process:

A. Actual copies of credentialing information are kept within the file or electronically.

B. The name of the source used, the date of verification, the signature or initials of the person who verified the information and the report date, if applicable are included on a detailed/signed checklist to be kept in the file or electronically.
C. An electronic signature or unique electronic identifier of staff is used to document verification. The electronic signature or unique identifier can only be entered by the signatory. The system identifies the individual verifying the information, the date of verification, the source and the report date, if applicable.

**Regulatory Citations:**
None

**Related Policies:**
None

**Related Documents:**
None