

N05566

## Credentials Information Collection, Coordination and Dissemination Process

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### **Abstract Purpose:**

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

#### **Policy Detail:**

1. Application process:
  - A. A request for an application packet will be forward 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 via the Credentialing software, ECHO.
    1. The application packet will include:
      - a. Welcome Letter, including a link to the applicable NHP/NHIC/NHAS Policies and Procedures.
      - b. Application form.
      - c. Criminal Background Check Form.
  - 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 regard 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
      - 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.
  8. Expressly authorizes 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).
  9. Signifies that the applicant agrees to be bound by the current NHP/NHIC/NHAS policies and procedures in regard to the application for Network Health Plan participation.
  10. Attests to the correctness and completion of the application.
- C. The applicant must submit the following to the NHP Credentialing Department via email, fax, or mail:
1. A completed application or copy of CAQH Provider Data Summary  
Application will be deemed incomplete if information or documentation requested 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.
  2. A signed and dated release/attestation form. Application is incomplete without signature and date.
  3. 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.
  4. 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.
  5. Information on education, training, work history, hospital affiliations and health status.

6. 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.

a) 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.

7. Criminal Background Check Form.

D. All credentialing files received by either email, fax or paper copy through the US mail, reports and any other material used shall be treated in a confidential manner at all times and are scanned stored in a secure electronic site in the credentialing department. Disclosure of such information shall be limited to NHP/NHIC/NHAS. All other requests will require consent for release of information by the applicant. All materials/primary source verifications are performed and reviewed by the credentialing staff for appropriateness and processing per primary source guidelines. Upon receipt of any documents, the Credentialing staff will date stamp with an electronic stamp and initial all items as they are received. All credentialing information is tracked within the providers electronic credentialing file via ECHO’s electronic checklist. All information added to ECHO/provider file is reviewed and signed off on by another credentialing staff for accuracy before the file may progress.

II. Verification Process

Primary verification is obtained from the following:

<b>Criteria for Verification</b>	<b>Source</b>	<b>Provider type</b>	<b>Time</b>	<b>When required</b>
<p><b><u>Application</u></b> Practitioner must submit a complete credentialing application, typewritten or completed in non-erasable ink. Application must include all required attachments. The attestation and release must be signed and dated by the practitioner. Signature stamps are not acceptable.</p>	<ul style="list-style-type: none"> <li>• Every section of the application is complete or designated N/A</li> <li>• Every question is answered, and answers are legible.</li> <li>• The attestation is signed and dated by the practitioner</li> </ul>	All Credentialed practitioners	180 Calendar Days	Initial & Recredentialing

<p>Must show absence of history of any professional disciplinary action or sanctions by federal, state and local authorities, including each jurisdiction in which the practitioner practices or previously practiced, to include, but not limited to:</p> <ul style="list-style-type: none"> <li>• Being placed on probation, reprimanded, fined or having medical practice restricted by any agency that disciplines practitioners</li> <li>• Medicare or Medicaid reprimand, censure, disqualification, suspension, conviction or indictment for a felony in the case of such history</li> <li>• must show evidence that this history does not demonstrate probable future substandard professional performance or probable future unacceptable business practices</li> </ul> <p>All practitioners must demonstrate appropriate office and medical recordkeeping standards acceptable to Network Health Plan/Network Health Insurance Corporation or must show evidence of compliance to action plan to improve office sites and/or medical/treatment recordkeeping practices and to</p>	<ul style="list-style-type: none"> <li>• All required attachments are present</li> <li>• A detailed written response is included for every yes answer on the professional questions</li> </ul>			
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<p>ultimately meet the standards should there be a complaint filed. Practitioners must show absence of a chemical dependency or substance abuse problem that might adversely affect practitioner's ability to competently and safely perform the essential functions of a practitioner in the same area of practice and applicant shows absence of physical or mental condition that may impair the practitioner's ability to practice within the full scope of licensure and qualifications or may pose a risk of harm to patients.</p>				
<p><b><u>Malpractice Insurance</u></b> Practitioner must have and maintain professional malpractice liability insurance with limits that meet NHP and the WI Department of Licensing criteria. For practitioners with federal tort coverage, the application does need to contain the current amount of malpractice insurance coverage. Practitioner files that include a copy of the federal tort letter or an attestation from the practitioner of federal tort coverage will be included in the practitioners file.</p>	<p>A copy of the insurance certificate showing:</p> <ul style="list-style-type: none"> <li>• The type of coverage is professional liability insurance</li> <li>• Dates of coverage (must be currently in effect)</li> <li>• Amounts of coverage</li> <li>• Either the specific practitioner name or the name of the group in which the practitioner works</li> </ul>	<p>All practitioner types</p>	<p>Must be in effect at the time of decision and verified within 180 Calendar Days</p>	<p>Initial &amp; Recredentialing</p>
<p><b><u>License</u></b> Practitioner must hold an active, current valid license to practice in their specialty in WI.</p>	<p>Current, valid licensure is verified directly with the appropriate state licensing or certification agency.</p> <ul style="list-style-type: none"> <li>• On-line directly with Licensing Board or appropriate state agency</li> </ul> <p>The verification must indicate:</p>	<p>All practitioner types</p>	<p>Must be in effect at the time of decision and verified within 180 Calendar Days</p>	<p>Initial &amp; Recredentialing</p>

	<ul style="list-style-type: none"> <li>• the scope/type of license</li> <li>• the date of original licensure</li> <li>• expiration date</li> <li>• status of license</li> <li>• If there have been or currently are any disciplinary action or sanctions on the license.</li> </ul>			
<p><b><u>DEA/CDS</u></b> Practitioner must hold a current, valid, unrestricted Drug Enforcement Agency (DEA). Practitioner must have a DEA in every state where the practitioner provides care to NHP members. If provider doesn't have a DEA, a coverage arrangement will be documented.</p>	<p>Online using the DEA Diversion site: <a href="https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp">https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp</a></p>	All practitioner types that have DEA	Must be in effect at time of decision and verified within 180 calendar days	Initial & Recredentialing
<p><b><u>Education</u></b> Practitioner must have graduated from an accredited school with a degree required to practice in their specialty.</p>	<p>The highest level of education is primary source verified through one of the following methods, except for providers verified by the Wisconsin Department of Safety and Professional Services (Department), which conducts primary source verification for internship, residency, and professional education at the time of initial licensure:</p> <ul style="list-style-type: none"> <li>• Primary source verification of Board Certification by accessing the ABMS website. This verification must indicate the education has been specifically verified.</li> </ul>	All practitioner types	Must be verified within 180 calendar days.	Initial

	<p>The American Medical Association (AMA) Physician Master File. This verification must indicate the education has been verified.</p> <ul style="list-style-type: none"> <li>• The American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or AOA Physician Master File. This verification must indicate the education has specifically been verified.</li> <li>• Confirmation directly from the accredited school. This verification must include the type of education, the date started, date completed and if the practitioner graduated from the program.</li> <li>• Educational Commission for Foreign Medical Graduates (ECFMG) for international medical graduates licensed after 1986</li> <li>• Student</li> </ul>			
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<p><b><u>Residency Training</u></b>  Practitioner must have satisfactorily completed a residency program from a training program accredited by The Accreditation Council for Graduate Medical Education (ACGME) in the specialty in</p>	<p>Residency Training is primary source verified by one of the following methods:</p> <ul style="list-style-type: none"> <li>• Primary source verification of Board Certification in the</li> </ul>	<p>MD's, DO's, DPM's, Oral Surgeons, DDS (if applicable)</p>	<p>Must be verified within 180 calendar days.</p>	<p>Initial</p>
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<p>which they are practicing. Verification of the residency is always required as described in the Board Certification section below.</p>	<p>same specialty of the Residency Training program (as outlined in the Board Certification section).</p> <ul style="list-style-type: none"> <li>• The American Medical Association (AMA) Physician Master File. This verification must indicate the training has specifically been verified.</li> <li>• The American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or AOA Physician Master File. This verification must indicate the training has specifically been verified.</li> <li>• Confirmation directly from the accredited training program. This verification must include the type of training program, specialty of training, the date started, date completed and if the program was successfully completed.</li> </ul>			
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	<ul style="list-style-type: none"> <li>• For Closed Residency Programs, residency completion can be verified through the Federation of State Medical Boards Federation Credentials Verification Service (FCVS).</li> </ul>			
<p><b><u>Fellowship Training</u></b> If the practitioner has not completed a Residency program in the specialty in which they are practicing, they must have completed a fellowship program in the specialty in which they are practicing.</p>	<p>Fellowship Training is primary source verified by one of the following methods:</p> <ul style="list-style-type: none"> <li>• Primary source verification of Board Certification in the same specialty of the Fellowship Training program (as outlined in the Board Certification section of this policy).</li> <li>• The American Medical Association (AMA) Physician Master File. This verification must indicate the training has specifically been verified.</li> <li>• The American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or AOA Physician Master File. This verification must</li> </ul>	MD's, DO's, DPM's	Must be verified within 180 calendar days.	Initial

	<p>indicate the training has specifically been verified.</p> <ul style="list-style-type: none"> <li>• Confirmation directly from the accredited training program. This verification must include the type of training program, specialty of training, the date started, date completed and if the program was successfully completed.</li> </ul>			
<p><b><u>Board Certification</u></b>  Board certification in the specialty in which the practitioner is practicing is preferred. Initial applicants who are not Board Certified may be considered for participation if they demonstrate they have equivalent training and competence in their specialty or is an Essential Community Provider (ECP) as defined by Network Health. NHP recognizes Board Certification only from the following Boards:</p> <ul style="list-style-type: none"> <li>• American Board of Medical Specialties (ABMS)</li> <li>• American Osteopathic Association (AOA)</li> <li>• American Board of Podiatric Medicine</li> <li>• American Board of Foot &amp; Ankle Surgery</li> <li>• National Certification Commission for Physician Assistants</li> </ul>	<p>Board Certification is primary source verified through one of the following:</p> <ul style="list-style-type: none"> <li>• ABMS display agent, where a dated certificate of primary-source authenticity has been provided (as applicable)</li> <li>• AMA Physician Master File profile (as applicable)</li> <li>• AOA Official Osteopathic Physician Profile Report or AOA Physician Master File (as applicable).</li> <li>• Confirmation directly from the board. This verification must include the specialty of the certification(s), the original certification</li> </ul>	<p>MD's, DO's, DPM's, APNP's, PA's, DDS (if applicable)</p>	<p>Must be verified within 180 calendar days.</p>	<p>Initial &amp; Recredentialing</p>

<ul style="list-style-type: none"> <li>• American Academy of Nurse Practitioners</li> <li>• American Nurse Credentialing Center</li> <li>• Applicable Dental Specialty Certifying Board</li> </ul>	<p>date, and the expiration date.</p> <ul style="list-style-type: none"> <li>• On-line from the American Board of Podiatric Medicine</li> <li>• American Board of Foot &amp; Ankle Surgery</li> <li>• National Certification Commission for Physician Assistants (NCCPA)</li> <li>• American Academy of Nurse Practitioners (AANP)</li> <li>• American Nurse Credentialing Center</li> <li>• Applicable Dental Specialty Board</li> </ul>			
<p><b><u>Non-Board Certified Practitioners with Completed Training</u></b> Residency trained practitioners who are completing a course of training in preparation for final certification exam must remain in good standing with the specialty board and complete and pass the board certification exam on time as scheduled.</p>	<p>Documentation included in Credentialing file</p>	<p>MD's, DO's, DPM's, DDS (if applicable)</p>	<p>Must be verified within 180 calendar days.</p>	<p>Initial</p>
<p><b><u>Malpractice History</u></b> Practitioner must supply a full history of malpractice and professional liability claims history. Must show absence of a history of professional liability claims including, but not limited to, lawsuits, arbitrations, settlements or judgments, or must show evidence that history of professional liability claims does not demonstrate probable future substandard professional performance. Must show</p>	<p>Supplied by practitioner. Also found upon NPDB query.</p>	<p>All practitioner types</p>	<p>Must be verified within 180 calendar days.</p>	<p>Initial &amp; Recredentialing</p>

<p>absence of history of denial or cancellation of professional liability insurance or, must show evidence that history of denial or cancellation of professional liability insurance does not demonstrate probable future substandard professional performance.</p> <p>If there is an affirmative response to the related disclosure questions on the application, a detailed response is required from the practitioner. Documentation of malpractice and professional liability claims history is requested from the practitioner on the credentialing application.</p>				
<p><b><u>Work History</u></b> Practitioner must supply a minimum of 5 years of relevant work history on the application or curriculum vitae. If the practitioner has practiced fewer than 5 years from the date of Credentialing, the work history starts at the time of initial licensure. A gap exceeding six months will be reviewed and clarified in writing.</p>	<p>Verified by application or CV</p>	<p>All practitioner types</p>	<p>Must be verified within 180 calendar days.</p>	<p>Initial</p>
<p><b><u>State Sanctions, Restrictions on licensure or limitations on scope of practice</u></b> Practitioner must disclose a full history of all license actions including denials, revocations, terminations, suspension, restrictions, reductions, limitations, sanctions, probations and non-renewals. Practitioner must also disclose any history of voluntarily relinquishing, withdrawing, or failure to proceed with an</p>	<p>Verified directly with the appropriate state licensing or certification agency. The appropriate state agencies are queried directly for every practitioner and if there are any sanctions, restrictions or limitations, complete documentation regarding the action will be requested. The NPDB is also queried for every practitioner.</p>	<p>All practitioner types</p>	<p>Must be verified within 180 calendar days.</p>	<p>Initial and Recredentialing</p>

<p>application in order to avoid an adverse action or to preclude an investigation or while under investigation relating to professional competence or conduct. If there is an affirmative response to the related disclosure questions on the application, a detailed response is required from the practitioner.</p>				
<p><b><u>Medicare and Medicaid Sanctions</u></b> Practitioner must disclose all Medicare and Medicaid sanctions. If there is an affirmative response to the related disclosure questions on the application, a detailed response is required from the practitioner.</p>	<p>The NPDB is queried for every practitioner.</p>	<p>All practitioner types</p>	<p>Must be verified within 180 calendar days.</p>	<p>Initial and Recredentialing</p>
<p><b><u>Medicare Opt Out</u></b> Practitioners participating in the Medicare Advantage product are prohibited from voluntarily opting out of Medicare participation.</p>	<p>The Medicare Opt Out website is queried for every practitioner.</p>	<p>All practitioner types</p>	<p>Must be verified within 180 calendar days.</p>	<p>Initial and Recredentialing</p>
<p><b><u>Hospital Admitting privileges</u></b> Practitioners must have admitting privileges in good standing, or have a plan for hospital admission by using a Hospitalist or having an arrangement with a participating practitioner. Must show absence of history of loss or limitation of privileges or disciplinary activity by a hospital or other health care facility or must show evidence that history or loss or limitation of privileges does not demonstrate probable future substandard professional performance</p>	<p>The practitioner’s hospital privileges are verified by their attestation on the credentialing application stating one of the following using NAMSS Pass or by verification from the indicated hospital:</p> <ul style="list-style-type: none"> <li>• They have hospital admitting privileges</li> <li>• They use a Hospitalist</li> <li>• They have an arrangement with a participating practitioner to admit their patients for them.</li> </ul>	<p>MD’s, DO’s</p>	<p>Must be verified within 180 calendar days.</p>	<p>Initial and Recredentialing</p>

<b><u>Background Checks</u></b> Background Checks, including out of state criminal background check, results returned from applicable state agencies.	Applicable Background Check site to include WI Department of Justice and Moore	All practitioner types	Must be verified within 180 calendar days	Initial and Recredentialing
<b><u>Sex Offender Registry</u></b> Federal Sex Offender Registry is queried	<a href="https://www.nsopw.gov/">https://www.nsopw.gov/</a>	All practitioner types	Must be verified within 180 calendar days	Initial and Recredentialing
<b><u>Wisconsin Circuit Courts</u></b> Queried for any criminal or professional cases	<a href="https://wcca.wicourts.gov/">https://wcca.wicourts.gov/</a>	All practitioner types	Must be verified within 180 calendar days	Initial and Recredentialing

III. Documentation Process:

- A. Actual copies of credentialing information are kept 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.
- D. Credentialing applications are received via mail, fax, or email. Digital/electronic documents are reviewed, electronically date stamped and initialed by credentialing staff, tracked via ECHO, and stored electronically. Any hard copy supporting documents are date stamped, initialed, and converted to digital documents and uploaded to the Credentialing drive. (CR 1.C.1)
- E. Any modifications made are tracked electronically by the credentialing database. ECHO tracks and records the time/date and the staff member who made the modification as well as why a modification was made. Audits will be conducted quarterly within the credentialing department to analyze all changes to receipt dates, decision notification dates, and instances of date changes that did not meet criteria including the reason for the change and actions taken. (CR 1.C.2)
- F. Only the Credentialing staff are authorized to access, modify, and delete information. Appropriate modifications or deletions are incidental updates to the original information submitted by the applicant. Primary source verifications may not be modified or deleted. Examples of appropriate modifications and deletions include entering more specific information

regarding names, addresses, phone numbers; adding additional verified hospital affiliations, work history, or insurance information, and correcting or entering more specific dates where the correct date is within 30 days of what applicant submitted. Verified date corrections of more than 30 days are entered but require additional credentialing review. (CR 1.C.3)

- G. Credentialing documents should only be accessed by authorized personnel, i.e. Credentialing Director, Manager or Credentialing Coordinators. The NHP Credentialing database is secured and accessible only by authorized staff and is password-protected with strong passwords that are required to be changed periodically with individual login/passwords unique to each individual. Staff should refrain from writing down passwords to keep them protected. The Manager of Provider Integration or database administrator will remove access immediately upon termination of any Credentialing staff as well as periodic security checks are performed via our IT department to prevent unauthorized access, changes to and release of credentialing information. The database is contracted through a license agreement as a hosted secure server. Limited view-only access is authorized for specific employed staff whose job responsibilities have a need for specific information. Should an incident occur where it was identified when policies and procedures for securing dates are not followed these incidents will be documented along with the outcome in the Credentialing Department. Level of access is approved by the Manager of Provider Integration or database administrator and is limited by control settings within the database. (CR.C.4)
- H. Each credentials file is audited by another Credentialing staff prior to review by the Medical Director, designee, or Credentials Committee. An electronic checklist is generated for each file to itemize each document or verification, including the date received, source, and reviewer name. (CR 1.C.5)

IV. Credentialing Process Audit (Add a new section):

NHP/NHIC uses the same audit methodology used on delegations to audit ourselves against all requirements on a yearly basis. Also, each provider file is audited by another Credentialing staff prior to review by the Medical Director, designee, or Credentials Committee. NHP/NHIC will use one of the following two auditing methods:

- audit either 5 percent or 50 of its practitioner files, whichever is less, to ensure that information is appropriately verified. At a minimum, the sample must include at least 8 credentialing files and 8 recredentialing files. If fewer than 8 practitioners were credentialed or recredentialled within the lookback period, NHP/NHIC must audit the universe of files rather than a sample

**or**

- The organization may use the NCQA “8/30 methodology” Audit will be documented on the file review spreadsheet along with date of audit and individuals conducting audit.

Audits will be conducted in the Credentialing department and oversight of the audit will be headed by the manager of the credentialing department.

**Regulatory Citations:**

None

**Related Policies:**

None

**Related Documents:**

None

<b>Origination Date:</b> 08/13/2015	<b>Approval Date:</b> 03/06/2025	<b>Next Review Date:</b> 03/01/2026
<b>Regulatory Body:</b> NCQA, CMS	<b>Approving Committee:</b> Credentialing Committee	<b>Policy Entity:</b> NHP/NHIC/NHAS
<b>Policy Owner:</b> Andrea Albright	<b>Department of Ownership:</b> Credentialing	<b>Revision Number:</b> 6
<b>Revision Reason:</b> 10/18/2016 – Updated to new policy owner. 10/06/2016 – Transferred to new policy template. 10/26/2017 – Annual review. 09/01/2019 – Annual review. 07/01/2020 - Added new NCQA requirements and added procedure instead of policy. 01/20/2021-Updated for 2022 NCQA requirements		