Policy Number: n00198
Title: Credentialing Process
Abstract Purpose:
The purpose of credentialing is to provide a thorough review of physicians and other licensed practitioners or certified practitioners to ensure that prospective plan practitioners are qualified by education and experience and reflect commitment to high quality, cost effective medical care for participation in Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS).

Policy Detail:

POLICY:
The purpose of credentialing is to provide a thorough review of physicians and other licensed or certified practitioners to ensure that prospective plan practitioners are qualified by education and experience and reflect commitment to high quality, cost effective medical care for participation in NHP/NHIC/NHAS. Credentialing is conducted in a manner that does not discriminate on the basis of race, ethnicity, ethnic/national identity, gender, age, religion, sex, sexual orientation or the type of procedure or patient in which the practitioner specializes or serves. A complete review will be conducted on every file that is denied by the credentials committee to ensure that the denial was non-discriminatory. The Medical Director or Designated physician will appoint a peer to review the denial to ensure that the decision was made in a non-discriminatory manner. The specific steps that the organization uses to prevent and monitor discriminatory practices are as follows: Upon credentialing and/or recredentialing, the Medical Director or Designated Physician attests that the file review was conducted in a non-discriminatory manner and makes a recommendation to the Centralized Credentials Committee. The results of such review will be reported back to the Credentials Committee by the Medical Director or Designated Physician. Practitioners shall be notified within 60 calendar days of the committee’s credentialing decision. Practitioners have the right, upon request, to be informed of the status of their credentialing application. In situations where there is a question regarding any primary source verification findings or if requested by the Credentialing Committee, additional investigation or review may be initiated. This policy applies to all practitioners including PPO practitioners when applicable (see related document Network Health Plan/Network Health Insurance Corporation PPO “When Applicable” Definition). This policy is consistent with NHP/NHIC/NHAS’s mission, vision and values.

I. Scope:
A. NHP/NHIC/NHAS will credential practitioners who have an independent relationship with the Plan. An independent relationship exists when NHP/
NHIC/NHAS selects and directs its members to see a specific practitioner or group of practitioners. Practitioners to which credentialing applies include:

- Doctor of Medicine (M.D.); Doctor of Osteopathic Medicine (D.O.); Doctor of Dental Science (D.D.S.) who provide care under the medical benefit program; Oral Surgeons; Doctor of Podiatric Medicine (D.P.M.); Doctor of Chiropractic (D.C.); and Doctor of Optometry (O.D.).
- Behavioral Health care practitioners to include Psychiatrists and Physicians who are certified in Addiction Medicine; doctoral and/or master’s level Psychologists (PhD, PsyD) who are state certified or state licensed; master’s level Clinical Social Workers who are state certified or state licensed; master’s level Clinical Nurse Specialists or Psychiatric Nurse Practitioners who are nationally or state certified or state licensed; and other Behavioral Health Care Specialists who are licensed, certified, or registered by the state to practice independently.
- Speech, Language, Physical and Occupational Therapist working in an autism in home service
- Nurse Practitioners and Physicians Assistants, who provide direct patient care and make referrals to specialists or have prescriptive duties.
- APNP and Midwives, who are licensed, certified or registered by the state to practice independently.
- Urgent care physicians and anesthesiologist who work outside the hospital setting.
- Genetic Counselors
- Audiologist
- Anesthesiologists with pain management
- Locum Tenens who have an independent relationship with the organization must be credentialed if they serve in this capacity for more than ninety (90) calendar days.

B. NHIC/NHAS does not credential practitioners who practice exclusively within the in-patient hospital setting or within free standing facilities (e.g. surgical centers) who provide care for NHIC/NHAS members only as a result of the member being directed to the hospital/facility. Practitioners to which credentialing does not apply includes:

- Anesthesiologists without Pain Management Practice
- Assistant Surgeon
- Athletic Trainers
- Critical Care
- Dieticians
- Emergency Medicine
- Hospital based urgent care
- Hospitalists
- Locum Tenens-If they serve in this capacity for less than ninety (90) calendar days
- Medical Toxicology
- Neonatologist
- Nuclear Medicine
- Nutritionist
- Occupational Therapists-except those working in an autism in home service
- Physical Therapists
- Speech/Language Therapists-except those working in an autism in home service
C. NHP/NHIC/NHAS maintains the right to do an assessment of need on any given prospective practitioner requesting participation. This is based on number of practitioners per member, geographic location, and services provided.

D. All prospective plan practitioners must successfully complete the credentialing process before contract is executed. NHP/NHIC/NHAS will not allow provisional or temporary credentialing of practitioners on the basis of incomplete credentials verification.

E. Only credentialed practitioners are included in the NHP/NHIC/NHAS Provider Directory. No practitioner who falls within the scope of NHP/NHIC/NHAS’s credentialing will be listed individually by name in NHP/NHIC/NHAS’s Directory unless they have been credentialed for their specialty or subspecialty of practice. All listings in provider directories and other member materials shall be consistent with credentialing data, including education, training, certification, and specialty. Processes to ensure consistency include:

1. Require an application and signature completed via handwritten or electronic documentation. Faced, digital, electronic, scanned or photocopied signatures are acceptable. Signature stamps are not acceptable. 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 makers, fountain pens and signature stamps may not be used.

2. Obtaining complete information related to education, training, and board certification for each specialty or subspecialty in which the practitioner intends to practice.

3. Auditing the accuracy of credentialing information in the Echo database, which is the source of provider directory information.

F. NHP/NHIC/NHAS reserves the right to delegate credentialing and/or recredentialing activities as outlined in the Delegation and Oversight Policy and Procedure. Current credentialing/recredentialing delegated activities are outlined in Description Of Delegation Activities. (See related document.)

II. Credentialing Data Collection and Primary Source Verification:

A. Rural Wisconsin Health Cooperative (RWHC), a primary source central verification office collects credentialing data and conducts primary source verification, and as such is strictly a data gathering and verification resource for NHP/NHIC/NHAS. The credentialing application and verification process is outlined in the Credentials Information Collection/Coordination/Dissemination policy and procedure (http://policy.networkhealth.com). Completed credentialing applications and verified data are forwarded to the NHP/NHIC/NHAS credentialing department for assessment and are considered by the Medical Director or Designated Physician and/or the Credentials Committee. Information and verification is to be no more than 180 calendar days old at the time of review and decision by the Medical Director or Designated Physician and/or 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.

IV. Confidentiality:
A. All credentialing information received and all credential files, minutes, reports and any other material used to determine a credentialing decision is confidential and stored in a secure area in the credentialing department. Disclosure of such information will not be granted unless consent for release of information has been signed by the applicant.

V. Office Site Visit/Medical Recordkeeping Practices:
A. Office site visits/medical recordkeeping practices are completed on all practitioners on a complaint basis within 60 (sixty) calendar days of the complaint being filed. (See Policy Site Visit and Medical Recordkeeping Practices.)

VI. Practitioner Notification:
A. The credentialing application includes a statement that notifies the practitioner of his/her right to review information obtained by the Credentialing Department to evaluate their credentialing application. This evaluation includes information obtained by any outside primary source (e.g., malpractice insurance carriers, state licensing boards). A practitioner is not allowed to review references or recommendations or other information that is peer review protected.
B. The credentialing application also notifies the practitioner of his/her right to correct erroneous information obtained from other sources that varies substantially from that provided by the practitioner, e.g. actions on a license, malpractice claims history or board certification decisions. Practitioners are informed of their right to request the status of their application. Request for information on the status of the application should be made through the Credentialing Department e-mail or phone. This right is found on the attestation page of the application. The Credentialing Department will notify the practitioner by e-mail or phone call within ten (10) calendar days of receipt of information and this notification will be documented in the practitioner's credentials file. The Credentialing Department is not required to reveal the source of information if the information is not obtained to meet the requirements of the credentialing verification requirements or if disclosure is prohibited by law. The practitioner will be given ten (10) days to correct erroneous information submitted by another party. Corrections and/or additional information to the application must be submitted in writing to the Credentialing Department or mail to NHP/NHIC/NHAS Credentialing Department, 1570 Midway Place, Menasha, WI 54952 and the receipt of such will be documented and retained in the practitioner's credentials file. The Credentialing Coordinators will communicate via e-mail to schedule arrangements with practitioner either electronically, fax, mail or in person in the Credentialing Department.

VII. Approval Process:
A. The decision to accept a practitioner is based on the information available, including but not limited to, the information gathered through a completed
application and the verification of all collected information. Credentialing criteria is used to establish consistent, clear objectives for the credentialing of prospective practitioners. The following criteria are prerequisites for consideration by the Credentials Committee for participation as a practitioner of NHP/NHIC/NHAS:

1. General Credentialing Criteria:
   a. To be credentialed, and recredentialed within NHP/NHIC/NHAS for a specialty/subspecialty, all physicians, podiatrists, dentists and other practitioners must meet one of the following:
      i. Must have obtained board certification within 5 years of residency completion. Current board certifications are recognized if awarded by the following: ABMS, AOA, American Board of Podiatric Surgery, or Dental Specialty Certifying Board OR if within 5 years post residency the applicant must meet the criteria for admission to the examination of such a certifying board in the specialty or subspecialty in which the practitioner intends to practice.
      • -Or-
      i. Documented satisfactory training/experience equivalent or equal to board certification or documented years of quality service in the specialty or subspecialty, per review at Credentials Committee and affirmed by a ¾ majority vote of Credentials Committee practitioners who are present at the meeting.

I. Additional Credentialing Criteria for Physicians (M.D. and D.O.):
   A. Must hold a current, valid, unencumbered license to practice Medicine and Surgery in the State of Wisconsin. A license is unencumbered if it has not been subject of any adverse action, including but not limited to probation, suspension, revocation, imposition of conditions such as supervision of periodic reporting, restrictions on nature or scope of practice, or public or private censure.
   B. Must hold a current, unrestricted Federal Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) certificate if applicable and with a state of Wisconsin address or an explanation why the practitioner does not prescribe medications and must provide arrangements for the practitioner’s patients who need prescriptions for medications requiring DEA and CDS certification. An applicant with a pending DEA or CDS certificate may be credentialed provided that the applicant provides a written statement signed by a contracted NHP practitioner with a valid DEA or CDS certificate indicating that he/she will sign-off on all prescriptions requiring a DEA number until the applicant’s DEA or CDS certificate is finalized.
   C. Must hold current malpractice coverage in which coverage pertains to area of practice or profession and meets the minimum limit requirement as specified by the Wisconsin Department of Safety and Professional Services. Must be current with Wisconsin Patient Compensation Fund assessments. 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. New practitioners to the State of Wisconsin and who otherwise meet all other credentialing criteria may receive a ninety (90) calendar day grace period
from start date to become current with their Wisconsin Patient Compensation Fund assessments. Failure to become current with the Wisconsin Patient Compensation Fund within the time period specified may result in termination.

D. 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 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.

E. 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 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.

E. Must hold current permanent or temporary admitting privileges, in good standing and with appropriate/approved inpatient coverage arrangement; or must show evidence that the applicant does not require hospital privileges in order to deliver satisfactory professional services, e.g., practicing in immediate care service only or inpatient radiologist. If practitioner has not obtained plan hospital privileges and practitioner may potentially have the need to admit patients, the practitioner must have a written formal inpatient coverage arrangement agreed by contracted NHP/NHIC/NHAS practitioner(s). The inpatient coverage arrangement must be approved by the NHP/NHIC/NHAS Medical Director or Designated Physician.

F. 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 evidences that history of loss or limitation of privileges does not demonstrate probable future substandard professional performance.

G. Must demonstrate a minimum of five (5) years appropriate work history with acceptable explanations of any break in professional training and/or experience. Any work history gap of six months or more needs to be explained by the practitioner. Any gap that exceeds one year must be clarified in writing. Explanation of work history gaps must show evidence that this history does not demonstrate probable future substandard professional performance, conduct or business practices.

H. Practitioners participating in the NHP/NHIC/NHAS Medicare Advantage product are prohibited from voluntarily opting out of Medicare participation.

I. 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:

1. being placed on probation, reprimanded, fined or having medical practice restricted by any agency that disciplines practitioners
2. Medicare or Medicaid reprimand, censure, disqualification, suspension
3. conviction of or indictment for a felony in the case of such history, must show evidence that this history does not demonstrate probable future substandard professional performance or probable future unacceptable business practices

J. 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 ultimately meet the standards should there be a complaint filed.

K. 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. (See related policy Range of Actions to Improve Performance/Altering the Conditions of Participation)

L. Absence of falsification of the application or material omission of information requested in the application.

M. Specific criteria for prospective practitioners other than M.D.’s and D.O.’s are listed as Specific Credentialing Criteria to this policy. (See related document.)

N. The application, attestation and primary source verification information is to be no more than 180 calendar days old at time of the credentialing decision. If application/attestation becomes older than 180 calendar days, the application is to be returned to the applicant for any updates and a new attestation form is to be signed and dated by the applicant attesting the application is correct and complete. If primary source verification becomes older than 180 calendar days, the information will be re-verified by the primary source. State license, DEA certificate, and malpractice insurance policy must be current at time of credentialing decision.

O. Once the complete credentialing application and primary source information has been assessed against the established criteria, the application and file is forwarded to the NHP/NHIC/NHAS Medical Director or Designated Physician for review. The Medical Director or Designated Physician will review the file and determine whether it meets credentialing criteria, and is considered a "clean" file (no issues identified), and recommend the applicant’s approval as a clean file with the signature of the Medical Director or Designated Physician considered the credentialing decision date. If the review of the file is determined to be a file which contains issues, i.e., lawsuits, criminal history, negative educational/affiliation verifications, etc, the file will then be presented to the Credentials Committee at the next scheduled meeting or to pend recommendation for further review and discussion by the Credentials Committee.

P. A summary of all applications will be presented at the Credentials Committee meeting. Any credential files of practitioners will be made available and can be reviewed upon request at the Credentials Committee meeting. The Credentials Committee may accept the recommendations made by the NHP/NHIC/NHAS Medical Director or Designated Physician or pend for further review and discussion. The final credentialing decision to approve or deny the applicant will be made by the Credentials Committee and shall be documented in the applicant's file and the Credentials Committee meeting minutes.

Q. The Credentialing Department will notify the applicant of the credentialing decision by letter. If an applicant is rejected, if, and only if, for reasons related to quality of care, competence or professional conduct, Credentialing Department will inform applicant of his/her right to an appellate review and may be required to report such findings to the State of Wisconsin Department of Safety and Professional Services, the National Practitioner Data Bank and/or the Healthcare Integrity and Protection Data Bank. (See related policy Fair Hearing and Appellate Review Process, Reporting to Proper Authorities).

R. Board of Directors has delegated accountability for credentialing/recredentialing decisions to the Credentials Committee, the Credentials Committee reports to the Quality Management Committee. In the case of an appeal, the Board of Directors makes the final decision. The Medical Director is ultimately accountable for the credentialing program and serves as a member of the Credentials Committee. The Medical Director reports through the Quality Management Committee to the Board of Directors.
on all credentialing activities. (See related policy Credentials Committee
Membership & Responsibility.)
S. The application and supporting documents must be kept as a permanent
record in the Credentialing Department. The credentialing files on a
participating practitioner are retained throughout the time period that the
contract with NHP/NHIC/NHAS remains effective. They are kept for a
minimum of ten years after the date of contract termination. The identity of
rejected applicants will also be retained.

Regulatory Body:
NCQA
CMS

Regulatory Reason:

• CR 1
• PRO 1.41, 1.43, 1.49 42 CFR 422.202 (a) & (d) PR01.49 42 CFR 422.202 (a) & (d)
  Manual Ch. 6 Sections 30 & 60.4 DG01 42 CFR 422.504 (i) Manual Ch. 11 Section
  110.2 PR01 42 CFR 422.202 (a) and (d) Manual Ch. 6 Sections 30 & 60.4

Policy Entity:
NHP/NHIC/NHAS

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NHP Operations

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Network Health Values:

Attached Files:
NHP_NHIC_SPECIFIC_CREDENTIALING_CRITERIA2011.doc
Network_Health_Plan_PPO_Definitions.pdf
**Related Policies:**

- Credentials Committee Membership & Responsibility
- Fair Hearing and Appellate Review Process
- Range of Actions to Improve Performance/Altering the Conditions of Participation
- Site Visit and Medical Record Keeping Practices