

# Children's Hospital and Health System Children's Community Health Plan Policy and Procedure

This policy applies to the following entity(s):

- |  |  |
|--|--|
| <input type="checkbox"/> CHW – Milwaukee                         | <input type="checkbox"/> CHW - Fox Valley                            |
| <input type="checkbox"/> CHHS Foundation                         | <input type="checkbox"/> CHW - Surgicenter                           |
| <input type="checkbox"/> CHW – Community Services Division       | <input checked="" type="checkbox"/> Children's Community Health Plan |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group                  |
| <input type="checkbox"/> Children's Medical Group - Urgent Care  | <input type="checkbox"/> CHHS Corporate Departments                  |

## Credentialing and Recredentialing Policy

### SUBJECT: Credentialing and Recredentialing of Practitioner and Organizational Providers

#### INCLUDED PRODUCT(S):

##### Medicaid

BadgerCare Plus

Care4Kids Program

##### Commercial

Together with CCHP

##### Marketplace

Together with CCHP

#### PURPOSE:

Children's Community Health Plan (CCHP) is committed to ensuring the quality of providers/practitioners that serve our members. Credentialing assists CCHP in evaluating a practitioner's education, training, work history, licensure, and regulatory compliance record and malpractice history before allowing that practitioner to participate or continue in our network

#### Definitions

- Applicant – the Practitioner or Organizational Provider seeking to become credentialed or recertified to participate in CCHP's network
- Credentialing – the process of assessing and validating the applicable criteria and qualifications of a Practitioner or Organizational Provider for participation in the CCHP network
- Credentialing Authority – the National Committee for Quality Assurance (NCQA); the Centers for Medicare and Medicaid Services (CMS) as applicable, and any other federal or state authority
- Credentialing Committee – a subcommittee of the Quality Oversight Committee (QOC) that uses a peer review process to evaluate and make recommendations regarding credentialing decisions
- Covered Persons – individuals who have insurance through CCHP
- Credentialing Verification Organization – an organization that conducts primary source verification of practitioner credentials for other organizations. The NCQA CVO Certification program evaluates CVO management of many aspects of its credentials verification operations, as well as the process it uses for continuous improvement of services
- Material Restrictions – any limitation or limiting condition imposed on a Practitioner's ability to practice medicine

Effective: 2/1/06

Reviewed:

Revised: 9/26/19

Policy Owner: Provider Relations/Credentialing Manager

- Licensed Independent Practitioner (LIP) -any health care professional who is permitted by law to practice independently within the scope of the individual's license or certification, and includes but is not limited to audiologists (AUDs), certified nurse midwives (CNMs), certified registered nurse anesthetist (CRNAs), medical doctors (MDs), doctors of osteopathy (DOs), oral surgeons (DDS or DMD), chiropractors (DCs), doctors of podiatric medicine (DPMs), psychiatrists (MDs), psychologists (PsyD or PhD), nurse practitioners (NP or APNP), allied behavioral health practitioners (CSAC, LPC, LCSW, LMFT) and all other non-physician practitioners who are licensed, certified or registered by the state to practice independently (without direction or supervision), have an independent relationship with CCHP and provide care under a Benefit Plan
- Chief Medical Officer – the licensed physician appointed by CCHP to serve as the Chair of Credentialing Committee and fulfill various duties related to CCHP administration
- Medical Director – the licensed physician appointed by CCHP to serve as a member of the Credentialing Committee and fulfill various duties related to CCHP administration
- Behavioral Health Organizational Providers – inpatient, residential, and ambulatory facilities, which provide Behavioral Health services to Covered Persons
- Organizational Providers – an institution or organization that provides services such as hospitals, home health agencies, skilled nursing facilities, free-standing surgical centers, and Behavioral health facilities that provide Behavioral Health and/or substance abuse treatment in an inpatient, residential or ambulatory setting (CCHP only organizationally credentials County ambulatory agencies and medication assisted treatment centers)
- Practitioner – a licensed or certified professional who provides medical care or behavioral healthcare services
- Primary Source Verification – verification of credentialing information directly from the entity (e.g. state licensing board) that conferred or issued the original credential
- Quality Oversight Committee (QOC) – the committee delegated the authority by the CCHP Board of Directors to implement, oversee, and make final decisions regarding CCHP credentialing functions. The QOC may delegate to the Credentialing Committee the responsibility for selection, credentialing, recredentialing and related administration of the credentialing process
- Recredentialing – the process of re-assessing and validating the applicable qualifications of a Practitioner or Organizational Provider to allow for participation in CCHP's network

## **POLICY:**

### **Credentialing Committee**

The Credentialing Committee is responsible for reviewing the credentials of Practitioner and Organization Providers and making decisions whether to accept, retain, deny or terminate a Practitioner and Organizational Provider's participation in CCHP's network.

The Chief Medical Officer (CMO) serves as the committee chairperson. The Credentialing Committee will meet the 3<sup>rd</sup> Thursday of every month unless otherwise determined by the committee chair. The presence of a simple majority of voting members constitutes a quorum. The voting members of the Credentialing Committee include the CMO, CCHP Medical Directors, and at least seven (7) practitioners representing CCHP's participating network. The CMO may appoint additional voting members, network practitioners or otherwise, whose expertise is deemed appropriate for the efficient and effective functioning of the Credentialing Committee. The committee shall also include the Executive Director of Health Plan Clinical Services and the Executive Director of Health Plan Operations as non-voting members. Their role is to represent the interests of CCHP's clinical, quality, and provider contracting functions as well as health plan operations.

The Credentialing Committee will access various specialists for consultation, as needed to review an applicant's credentials. Credentialing Committee members shall disclose and abstain from voting on a Practitioner if the member:

- Believes there is a conflict of interest
- Feels his/her judgment might otherwise be compromised

A committee member will also disclose if he/she has been professionally involved with the Practitioner. Determinations to deny and applicant's participation, or terminate a practitioner from participation in CCHP's network, requires a majority vote of the voting members of the Credentialing Committee in attendance.

All information obtained during the credentialing and recredentialing process is strictly confidential and privileged. All Credentialing Committee meeting minutes and Practitioner and Organizational Provider credentialing files shall be securely stored and only accessible by credentialing staff, in locked file cabinets. Documents and information in these files may not be reproduced or distributed, except for credentialing and quality review purposes.

## **Non-Discrimination**

CCHP conducts all Practitioner and Organizational Provider credentialing and recredentialing in a non-discriminatory manner and takes steps to monitor for and prevent discriminatory practices. CCHP does not make credentialing decisions in any way based upon an applicant's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures or types of patients the Practitioner applicant specializes in. CCHP ensures non-discrimination by having the Credentialing Committee members sign an affirmative statement that all decisions are made in a non-discriminatory manner. CCHP conducts periodic audits of Practitioner and Organizational Provider complaints to determine if there are any complaints alleging discrimination and reports the findings to the QOC.

## **PRACTITIONERS**

### Scope of Credentialing

CCHP Credentials the following practitioners:

- Medical Doctors and doctors of osteopathic medicine
- Doctors of podiatry
- Oral surgeons
- Psychiatrists
- Chiropractors
- Nurse practitioners
- Certified registered nurse midwives
- Certified nurse anesthetists
- Audiologists
- Psychologists
- Behavioral health providers as follows:
  - Licensed marriage and family therapists
  - Licensed clinical social workers
  - Licensed professional counselors
  - Clinical nurse specialists
  - Clinical substance abuse counselors

Effective: 2/1/06

Reviewed:

Revised: 9/26/19

Policy Owner: Provider Relations/Credentialing Manager

## **Initial Credentialing**

Each practitioner applicant must register with the Council for Affordable Quality Healthcare (CAQH) to submit an application for review when applying for initial participation in CCHP's network. If the applicant meets CCHP screening criteria, the credentialing process will commence.

CCHP will verify those elements related to an applicant's legal authority to practice, relevant training, experience and competency from the primary source where applicable, during the credentialing process. All verifications must be current and verified within ninety (90) calendar days from the date the application is deemed complete to begin processing. During the credentialing process, CCHP will review the verification elements shown in Credentialing Criteria for Practitioners unless otherwise required by applicable regulatory or accrediting bodies.

### **Criteria to Submit an Application**

CCHP requires practitioners who submit an application to meet three criteria in order for the credentialing application to be processed:

- An active and unrestricted license without limitations or sanctions from the state(s) in which they practice
- Cannot be excluded from participating in Medicare or Medicaid programs (lack of sanctions or debarment) where such participation is required
- No prior denials or termination from participation by CCHP (for reasons other than network need) within the previous 24 months.

If the applicant fails to meet these criteria, CCHP will not process the application further. The applicant may reapply when they meet all of the eligibility criteria.

### **Credentialing Criteria for Practitioners**

Initial applicants must submit the following information in order to be considered for participation:

1. A release granting CCHP permission to review the records of and to contact any professional society, hospital, insurance company, present or past employer, professional peer, clinical instructor, or other person, entity, institution, or organization that does or has records or professional information about the applicant
2. A release from legal liability for any such person, entity, institution, or organization that provides information as part of the application process
3. Information on the type of professional license(s) or certification(s) held, state issued, certification and/or license number, effective date, and date of expiration
4. Current Drug Enforcement Agency (DEA) and/or Controlled Dangerous Substance Certificate (CDS) in each state where applicant intends to practice, if applicable
5. Professional liability claims history that resulted in settlements or judgments paid by or on behalf of the applicant, and history of liability insurance coverage, including any refusals or denials to cover applicant or cancellations of coverage
6. Educational history and degrees received relevant to applicant's area of practice, licensure, or certification, including dates of receipt. Not required at the time of recredentialing unless it has changed and impacts the LIP's specialty

Effective: 2/1/06

Reviewed:

Revised: 9/26/19

Policy Owner: Provider Relations/Credentialing Manager

The required medical or professional education and training are as follows:

- a. MDs and DOs must graduate from medical school and successfully complete a residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), or the American Osteopathic Association (AOA) in the specialty in which the applicant will be practicing
- b. Alternative to residency programs, MDs and DOs meeting any one of the following criteria will be viewed as meeting the residency program requirement:
  - i. Training which met the requirements in place at the time it was completed in a specialty field prior to the availability of board certifications in that clinical specialty or subspecialty OR
  - ii. CCHP will take into consideration the successful completion of equivalent accredited training programs, in the specialty in which the applicant will be practicing. The determination of whether such programs are equivalent or not are at the sole discretion of CCHP
- c. Doctors of Chiropractic Medicine (DC) must graduate from a chiropractic school
- d. Doctors of Dental Surgery (DDS) or Doctors of Medicine in Dentistry (DMD) must graduate from dental school
- e. Doctors of Podiatric Medicine (DPM) must graduate from podiatry school and successfully complete a hospital residency program
- f. All advanced practice practitioners (e.g. nurse practitioner, nurse midwife, etc.) must graduate from an accredited professional school and successfully complete a training program.

The following are exceptions for specific Behavioral Health practitioners:

1. Licensed Clinical Social Workers (LCSW) or other master level social work license types:
  - a. Master or doctoral degree in social work with emphasis in clinical social work from a program accredited by the Council on Social Work Education
2. Clinical Psychologists:
  - a. Doctoral degree in clinical, counseling psychology or equivalent field of study from an institution accredited by the American Psychological Association (APA)
  - b. Education and/or training deemed equivalent by the Credentialing Committee for a practitioner with a doctoral degree not from an APA accredited institution but who is listed in the National Register of Health Service Providers in Psychology or is a Diplomat of the American Board of Professional Psychology. The determination of whether such programs are equivalent or not are at the sole discretion of CCHP
3. Licensed Professional Counselors
  - a. Master's or doctoral degree in counseling, marital and family therapy, psychology, counseling psychology, counseling with an emphasis in marriage, family and child counseling or an allied mental field
4. Clinical Nurse Specialist (Psychiatry)
  - a. Master's degree in nursing with specialization in adult or child/adolescent psychiatric and Behavioral Health nursing

- b. Registered Nurse license and any additional licensures as an Advanced Practice Nurse/Certified Nurse Specialist/Adult Psychiatric Nursing
7. Listing of degrees or certification received from appropriate professional schools, residency training programs, or other specialty training programs appropriate for the type of participation sought, if applicable. Not required at the time of recredentialing unless it has changed and impacts the LIPs specialty
8. List of professional licenses received, whether current or expired, and licensing history, including any challenges, restrictions, conditions, limitations, or other disciplinary action taken against such license or voluntary relinquishment of such licensure
9. Current certifications, where such certification is required, for participation in Medicare, Medicaid or other federal programs and certification history for such participation, including restrictions, conditions, or other disciplinary actions
10. A five year employment history, including periods of self-employment and the business names used during this time, and a history of voluntary or involuntary terminations from employment, professional disciplinary action or other sanction by a managed care plan, hospital, or other health care delivery setting, medical review board, licensing board, or other administrative body or government agency
11. Completed application, including a signed statement, which may be in an electronic format, providing information and attesting to
12. Current professional liability policy, including the name of insurer, policy number, expiration date and coverage limits (even if \$0). Practitioners with federal tort coverage must submit a copy of their federal tort letter, or a signed attestation that they have federal tort coverage
13. Limitations on ability to perform essential functions of the position with or without accommodation
14. History of loss of license or any loss or limitations of privileges or disciplinary activity
15. Absence of current, substance abuse or active alcoholism
16. No felony convictions or pleas of no contest to a felony that the Credentialing Committee deems would make the applicant inappropriate for inclusion in CCHP's network
17. Completeness and accuracy of the information provided in the application
18. Authorization to allow CCHP to conduct a review, satisfactory to CCHP, of the applicant's practice including office visits, staff interviews, and medical record keeping assessments, in accordance with Credentialing Authority
19. Any other documents or information that CCHP determines are necessary for it to effectively and or efficiently review applicant's qualifications
  - a. i.e. collaborating physician form for nurse practitioners
20. No current medical staff membership or clinical privilege restrictions

## **Verification**

The credentialing criteria must be verified and approved within 90 days from the date the application is deemed complete to be eligible to become a participating practitioner.

1. No prior denials or terminations. At the discretion of CCHP, the applicant must not have been denied participation by CCHP (for reasons other than network need) within the preceding 24 months
2. No affirmative responses to disclosure questions on credentialing application. Provide details on all affirmative responses to disclosure questions, which are

reviewed by the CMO and at their discretion, may be reviewed by the Credentialing Committee for a determination of LIP's acceptance into CCHP network

3. Other credentialing requirements such as WDSPS if the practitioner is not board certified as required by credentialing authorities

| <b>VERIFICATION TABLE</b> |   |  |  |  |                              |
|---------------------------|---|--|--|--|------------------------------|
| <b>Item</b>               | <b>Primary Source</b>   | <b>Verifi-<br/>cation<br/>Time<br/>Limit</b> | <b>Appli-<br/>cable<br/>Practi-<br/>tioner</b> | <b>Applies To</b>                            |                              |
|                           |   |  |  | <b>Initial<br/>Creden-<br/>tialin-<br/>g</b> | <b>Recrede-<br/>ntialing</b> |
| License                   | WI Dept. of Safety & Professional Licensing<br><a href="https://app.wi.gov/licensesearch">https://app.wi.gov/licensesearch</a><br><i>current, valid unrestricted licensure or certification in all states where the applicant provides care to CCHP members. Any findings that results in sanctions or restrictions on the LIP from any state licensing authority results in closing the Applicant's credentialing file.</i>  | 180 days                                     | All Practitioners                              | X  | X                            |
| DEA                       | Copy of DEA registered in the state practicing in or confirming with National Technical Information Services (NTIS)<br><a href="https://apps.dea diversion.usdoj.gov/webforms/jsp/register/common/renewalAppLogin.jsp">https://apps.dea diversion.usdoj.gov/webforms/jsp/register/common/renewalAppLogin.jsp</a><br><br><i>Applicant must have a current, valid DEA in each state where the Applicant intends to practice; or if the Applicant has a pending DEA application, an agreement with a Participating LIP with a valid DEA certificate in each state where the Applicant intends to practice to write prescriptions for the Applicant with the pending DEA application.</i>                                   | Effective at time of credentialing           | MD, DO, DMD, DPM, NP, DDS                      | X  | X                            |
| Education /Training       | Annual letter from Wisconsin Department of Regulation and Licensing verifying that graduation from medical or other professional school is verified from primary source as part of the licensing process<br><br><i>CCHP verifies the highest of the following three levels of education and training obtained by the practitioner as appropriate:</i><br><ol style="list-style-type: none"><li>1. Board certification.</li><li>2. Residency.</li><li>3. Graduation from medical or professional school.</li></ol> <ul style="list-style-type: none"><li>• using the state licensing agency,</li></ul> <i>CCHP obtains written confirmation of primary source verification from the primary source at least annually</i> | 180 days                                     | All applicable practitioners                   | X  | NA                           |
| Board Certification       | CertiFACTS (ABMS)<br><a href="https://certifacts.abms.org/Login.aspx">https://certifacts.abms.org/Login.aspx</a> , AOA Profile<br><a href="https://aoaprofiles.org/">https://aoaprofiles.org/</a> ; ANCC<br><a href="https://ebiz.nursingworld.org/">https://ebiz.nursingworld.org/</a><br><br><i>CCHP does not require board certification; however, we verify current certification status of practitioners who state</i>   | 180 days                                     | MD, DO, DMD, DPM, NP                           | X  | X                            |

Effective: 2/1/06  
 Reviewed:  
 Revised: 9/26/19  
 Policy Owner: Provider Relations/Credentialing Manager

|   |   |          |                   |   |    |
|---|---|----------|-------------------|---|----|
|   | <i>that they are board certified Verification of Board Certification must be completed prior to the decision date</i>   |          |                   |   |    |
| Work History  | Work history is not verified from a primary source but is reviewed from the application<br><br><i>CCHP obtains a five-year work history. Gaps longer than ninety days, must be explained by the practitioner in writing and found acceptable by the Credentialing Committee</i>   | 180 days | All practitioners | X | NA |
| Malpractice History   | National Practitioner Databank (NPDB)<br><a href="https://iqrns.npdb.hrsa.gov">https://iqrns.npdb.hrsa.gov</a><br><br><i>CCHP obtains confirmation of the past five years of malpractice settlement. CCHP queries the NPDB. Any Practitioner with a malpractice history exceeding an established threshold is referred to the Credentialing Committee for review **see Clean File Criteria #11</i>  | 180 days | All practitioners | X | X  |
| Reasons for inability to perform                                      | Application   | 180 days | All practitioners | X | X  |
| Lack of present illegal drug use                                      | Application   | 180 days | All practitioners | X | X  |
| History of loss of license and felony convictions                     | Application   | 180 days | All practitioners | X | X  |
| History of loss or limitations of privileges or disciplinary activity | Application and NPDB /Continuous query<br><a href="https://iqrns.npdb.hrsa.gov">https://iqrns.npdb.hrsa.gov</a><br><br><i>For MDs, DOs, DPMs, &amp; NPs who provide inpatient care, the Applicant must have unrestricted hospital clinical privileges. The Applicant shall list the hospitals where it has privileges on the application. Some clinical specialties may function exclusively in the outpatient setting, and the Credentialing Committee may at its discretion deem hospital clinical privileges not relevant to these specialties. These Applicants may be requested to identify their plan for coverage of inpatient care.</i> | 180 days | All practitioners | X | X  |
| Current malpractice coverage  | Application and copy of current insurance certificate<br><br><i>Current professional liability insurance of not less than \$1,000,000 per occurrence and \$3,000,000 in the general aggregate with an insurer licensed to provide medical malpractice insurance in Wisconsin, or show similar financial commitments made through an appropriate Wisconsin approved alternative, as determined by CCHP and appropriate secondary coverage by the Wisconsin Injured Patients and Families Compensation Fund. The pertinent Network Agreement may require coverage that exceeds the minimum level described above.</i>                             | 180 days | All practitioners | X | X  |

Effective: 2/1/06  
Reviewed:  
Revised: 9/26/19  
Policy Owner: Provider Relations/Credentialing Manager



|   |   |                                    |                   |   |   |
|---|---|------------------------------------|-------------------|---|---|
| Correct and complete application  | Application   | 180 days                           | All practitioners | X | X |
| State sanctions, restrictions on licensure, and/or limitations on scope of practice | WI Dept. of Safety & Professional Licensing<br><a href="https://app.wi.gov/licensesearch">https://app.wi.gov/licensesearch</a> ; NPDB/Continuous query<br><a href="https://iqrs.npdb.hrsa.gov">https://iqrs.npdb.hrsa.gov</a>   | 180 days or as they are identified | All practitioners | X | X |
| Medicare/Medicaid sanctions   | NPDB/Continuous query <a href="https://iqrs.npdb.hrsa.gov">https://iqrs.npdb.hrsa.gov</a> ;<br>OIG, (Streamline verify) <a href="https://app.streamlineverify.com/">https://app.streamlineverify.com/</a><br><br><i>The Applicant must not be ineligible, excluded, or debarred from participation in the Medicare and/or Medicaid and related state and federal programs, or terminated for cause from Medicare or any state's Medicaid or CHIP program and must be without any sanctions levied by the Office of Inspector General (OIG), the General Services Administration (GSA), System for Award Management (SAM), Social Security Death Master File (SSDMF) or other disciplinary action by any federal or state entities identified by CMS..</i> | 180 days or as they are identified | All practitioners | X | X |

### CCHP Recredentialing Criteria

#### **Recredentialing Credentialing**

The recredentialing process incorporates re-verification and the identification of changes in a practitioner's licensure, sanctions, certification, health status and/or quality and performance information (including but not limited to, malpractice experience, sanction history, hospital privilege related or other actions) that may reflect, as applicable, on the practitioner's professional conduct and competence. This information is reviewed in order to assess whether practitioners continue to meet CCHP credentialing standards.

Recredentialing of practitioners occurs every three years unless otherwise required by regulatory or accrediting bodies or a shorter term as determined by the Credentialing Committee. Credentialing terms of less than three years are not considered an action of determination that triggers appeals rights. Each practitioner applying for continued participation in CCHP's network must submit all required supporting documentation.

#### **Recredentialing Criteria for Practitioners**

Recredentialing applicants must provide and/or will be primary source verified the following information:

1. A complete recredentialing application and required supplemental information/attachments without material omissions or misrepresentations
2. Signed and dated attestation, consent and release
3. Current, valid , unrestricted license to practice in each state in which the practitioner provides care to covered persons

4. No current federal sanction and no new history of federal sanctions (per OIG reports or on NPDB report)
5. Current DEA and/or state controlled substance certification without history of or current restrictions if applicable
6. Current professional liability policy, including the name of insurer, policy number, expiration date and coverage limits (even if \$0). Practitioners with federal tort coverage must submit a copy of their federal tort letter, or a signed attestation that they have federal tort coverage
7. No current hospital membership or privilege restrictions and no new (since prior credentialing review) history of hospital membership or privilege restrictions, OR for practitioners in a specialty defined as requiring hospital privileges who practice solely in the outpatient setting there exists a defined referral relationship with a network provider who provides inpatient care to covered persons needing hospitalization
8. No new (since previous credentialing review) history of criminal/felony convictions, including a plea of no contest
9. No impairment or other condition which would negatively impact the ability to perform essential functions in their professional field
10. No new (since previous credentialing review) history of or current use of illegal drugs or alcoholism
11. Malpractice case history reviewed since the last Credentialing Committee review, if no new cases are identified since last review, malpractice history will be reviewed as meeting criteria, if new malpractice history is present, then a minimum of last five years of malpractice history is evaluated and criteria consistent with initial credentialing is used
12. No new (since previous credentialing review) involuntary terminations from another health plan
13. No QA/PI data or other patient care related performance data, including complaints, above set thresholds

### **Verification**

The credentialing criteria must be verified and approved prior to recredentialing expiration date and must be done within 180 days of attestation.

1. No prior denials or terminations. At the discretion of CCHP, the applicant must not have been denied participation (for reasons other than network need) by CCHP within the preceding 24 months.
2. No affirmative responses to disclosure questions on credentialing application. Provide details on all affirmative responses to disclosure questions, which are reviewed by the CMO and at their discretion, may be reviewed by the Credentialing Committee for a determination of LIP's acceptance into CCHP network
3. Other credentialing requirements such as WDSPPS if the practitioner is not board certified as required by credentialing authorities

\*\*\* refer to Verification grid\*\*\*

### **Practitioner Clean file Criteria Initial and Recredentialing**

To qualify as a practitioner "clean file" the following criteria must be met:

1. Current active license with no restrictions or limitations. During any time period in which the practitioner's license is suspended, CCHP will initiate immediate action to terminate the provider from the network

Effective: 2/1/06  
 Reviewed:  
 Revised: 9/26/19  
 Policy Owner: Provider Relations/Credentialing Manager

2. No sanctions (license Medicare or Medicaid)
3. Current active DEA with no restrictions or limitations (if applicable)
4. Current professional liability insurance of not less than \$1,000,000 per occurrence and \$3,000,000 in the general aggregate with an insurer licensed to provide medical malpractice insurance in Wisconsin, or show similar financial commitments made through an appropriate Wisconsin approved alternative, as determined by CCHP and appropriate secondary coverage by the Wisconsin Injured Patients and Families Compensation Fund. The pertinent network agreement may require coverage that exceeds the minimum level described above
5. Current full hospital admitting privileges, without material restrictions, conditions, or other disciplinary actions, at a CCHP participating network hospital, or arrangements with a participating practitioner to admit and provide hospital coverage to covered persons at CCHP participating network hospital, if CCHP determines that applicant's practice requires such privileges
6. No unexplained gaps in work history greater than ninety days
7. Lack of present, illegal drug use
8. Ability to perform the essential functions of the position with or without accommodations
9. No felony or misdemeanor convictions
10. No professional liability settlements within five years for initial credential and three years for recredentialing
11. No adverse findings on NPDB other than malpractice reports from greater than five years, before the application, for initial credential and three years for recredentialing
12. No restricted hospital privileges or other disciplinary activity
13. No adverse actions or disciplinary activity by another health plan
14. Practitioner must be board certified or board eligible in specialty of practice. If not board eligible, practitioner must have no adverse events within the past five years and be in practice greater than ten years
15. Practitioner's eligibility for board certification is defined by no fewer than three years and no more than seven years following the successful completion of accredited training. This follows the ABMS board eligibility policy
16. Minimum credentialing guidelines met for education and training if board certification not available for specialty
17. No miscellaneous credentialing red flags, to include but not limited to, interruption of training and history of liability coverage canceled for any reason or frequent changes in insurers

If these criteria are not met the file will be considered "unclean" and will be reviewed by the Credentialing Committee.

## **ORGANIZATIONAL PROVIDERS**

### *Scope of Credentialing*

- Hospitals
- Skilled nursing facilities
- Home Health Agencies
- Free standing surgical centers
- Behavioral health facilities that provide behavioral health and/or substance abuse treatment in an inpatient, residential or ambulatory setting

## **Initial and Recredentialing Organizational Credentialing**

Organizational provider applicants must submit a standardized application for review when applying for initial participation in CCHP's network. If the applicant meets pertinent CCHP screening criteria, the credentialing process will commence. In addition to licensure and other eligibility criteria for organizational providers, as described in detail below, all organizational providers are required to maintain accreditation by an appropriate, recognized accrediting body or, in absence of such accreditation, CCHP may evaluate the most recent site survey by Medicare or applicable Wisconsin oversight agency performed within the past 36 months for a given organizational provider. During the recredentialing process, CCHP will review the verification elements shown in "Criteria for Selecting Providers" unless otherwise required by applicable regulatory or accrediting bodies.

Recredentialing of organizational providers occurs every three years unless otherwise required by regulatory or accrediting bodies. Each organizational provider applying for continued participation in CCHP's network must submit all required supporting documentation.

### **Organizational Provider Eligibility Criteria**

All organizational providers must be accredited by an appropriate, recognized accrediting body or in the absence of such accreditation, CCHP may evaluate the most recent site survey by Medicare or the appropriate state oversight agency performed within the past 36 months. Non-accredited organizational providers are subject to individual review by the Credentialing Committee and will be considered for covered individual access need, only when the Credentialing Committee review indicates compliance with CCHP standards and there are no federal or state level deficiencies or sanctions that would adversely quality of care or patient safety.

#### **Credentialing/Recredentialing Criteria for Organizational Providers**

1. Valid, current and unrestricted license or certification to operate in Wisconsin. The license must be in good standing with no sanctions
2. Valid and current Medicare and Medicaid certification
3. Must not be currently debarred or excluded from participation in Medicare or Medicaid
4. General/comprehensive liability insurance as well as errors and omissions (malpractice) of not less than \$1,000,000 per occurrence and \$3,000,000 in the general aggregate with an insurer licensed to provide medical malpractice insurance in Wisconsin, or show similar financial commitments made through an appropriate Wisconsin approved alternative, as determined by CCHP and appropriate secondary coverage by the Wisconsin Injured Patients and Families Compensation Fund. The pertinent network agreement may require coverage that exceeds the minimum level described above
5. Accredited organizational providers must provide proof of current accreditation status conducted during the previous three year period and active federal or state licensure as applicable. CCHP will accept accreditation results from:
  - AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities
  - AAAHC – Accreditation Association for Ambulatory Health Care
  - ACHC – Accreditation Commission for Health Care
  - CARF/CCAC – Commission on Accreditation of Rehabilitation Facilities/Continuing Care Accreditation Commission
  - CHAP – Community Health Accreditation Program

Effective: 2/1/06

Reviewed:

Revised: 9/26/19

Policy Owner: Provider Relations/Credentialing Manager

- CCAC - Continuing Care Accreditation Commission
- CIHQ – Center for Improvement in Healthcare Quality
- COA – Council on Accreditation
- COLA – Commission on Office Accreditation
- HFAP – Healthcare Facilities Accreditation Program
- NCQA – National Committee for Quality Assurance
- NIAHO/DNV – GL – National Integrated Accreditation for Healthcare/Det Norske Veritas and Germanischer Lloyd
- TJC – The Joint Commission
- Other – CMS Division of Quality Assurance

### **Confirmation and Clean File Criteria of Organizational Providers**

1. Current, active license appropriate for facility type, if applicable, with no restriction, limitation, or disciplinary action by any federal or state entities identified by CMS or State Medical or Pharmacy boards
2. Unrestricted and non-probationary Medicare/Medicaid participation
3. No sanctions (license, Medicare, Medicaid, OIG or other)
4. Current general/comprehensive liability and malpractice insurance coverage for at least the limits established by CCHP for each facility type
5. Not ineligible, excluded, or debarred from participating in Medicare and/or Medicaid and related state and federal programs, or terminated for cause from Medicare or any state’s Medicaid or CHIP program
6. Current accreditation by an accrediting entity recognized by CCHP for type of facility
  - a. If not appropriately accredited, organizational provider must submit a copy of its CMS or state survey for review by the Credentialing Staff to determine if CCHP’s quality and certification criteria standards have been met

### **Ongoing Sanction Monitoring**

CCHP has an ongoing monitoring program for the purpose of monitoring complaints, adverse events and quality of care issues. CCHP credentialing staff perform ongoing monitoring to help ensure continued compliance with credentialing standards and to assess for occurrences that may reflect issues of substandard professional conduct and competence. To achieve this, the credentialing department reviews periodic listings/reports within 30 calendar days of the time they are made available from the various sources including, but not limited to, the following:

- A. Office of Inspector General (OIG)
- B. Federal Medicare/Medicaid Reports
- C. State Licensing Boards/Agencies
- D. Covered persons/practitioner and organization provider patient/customer service departments
- E. CCHP Quality Department (including data regarding complaints of both a clinical and non-clinical nature, reports of adverse clinical events and outcomes, and satisfaction data, as available)
- F. Other internal and affiliated CCHP departments
- G. Any other verified information received from appropriate sources when a practitioner or organizational provider within the scope of credentialing has been identified by these sources, criteria will be used to assess the appropriate response including but not limited to: review by the chairperson of the Credentialing Committee, review by the CCHP CMO, referral to the Credentialing Committee, or termination. CCHP will report

practitioners or organizational providers to the appropriate authorities as required by applicable law.

### **Data Audits**

- A. Practitioner information, including education, training, certification and specialty listings in practitioner directories and other materials for members will be consistent with the practitioner information verified at the time of credentialing/recredentialing
- B. On a quarterly basis, ten percent of approved files are reviewed for accuracy between the online directory and credentialing system

### **Confidentiality of Credentialing Files**

Ongoing access to credentialing files and related information is restricted to authorized personnel only including CCHP credentialing staff. Physical files with documents are only accessible to credentialing associates, credentialing specialist, credentialing manager, the CMO and other staff who oversee credentialing functions.

### **Rights of Practitioners with Respect to CCHP Credentials File**

Practitioners and applicants to CCHP network have certain rights with respect to their credentials:

- Each practitioner has the right to review and correct erroneous information in their credentialing application file and their electronic profile in CCHP's credentialing management system. The practitioner should send a written request to CCHP, specifying the format (photocopy of paper file, electronic profile run from the credentialing management system, or both). CCHP credentialing staff will then furnish the practitioner with a photocopy of their paper application file, and/or an electronic profile from the credentialing management system within ten business days. Proposed corrections should be submitted to CCHP by practitioners in writing within 30 days of receipt.
- Each practitioner is notified when information the practitioner has submitted on an application varies substantially from that received during verification process. CCHP credentialing staff will provide written notification to the practitioner and the practitioner will be given at least 30 days to respond and correct the discrepancy. The practitioner application file will be considered incomplete until the discrepancy is corrected. Once correction is received, the file will proceed through the application process as usual.
- Each practitioner has the right to request credentialing and recredentialing application status. The practitioner can contact the Credentialing department by phone or e-mail.

### **Notification to Authorities/Reporting Requirements**

When CCHP takes a professional review action with respect to a practitioner's participation in CCHP's network, CCHP may have or assume an obligation to report such to the National Practitioner Data Bank (NPDB). Once CCHP receives a verification of the NPDB report, the verification report will be sent to the applicable licensing board. CCHP will comply with all state and federal regulations with regard to the reporting of adverse actions or recommendations relating to professional conduct and competence. These reports will be made to the appropriate, designated agencies or authorities.

## **Appeal Right/Process**

CCHP has established policies and procedures related to CCHP's monitoring, investigation and formal appeal process, if applicable, when CCHP makes determinations regarding practitioner and organizational provider eligibility and continued participation in CCHP's network. See policy entitled Practitioner Suspension, Termination and Appeal Rights.

## **Credentialing System Controls**

- A. Primary Source Verification (PSV)
  - a. Receive
    - i. Electronically credentialing staff queries the applicable verification site
  - b. Store
    - i. Information is printed to hard copy and placed in practitioner file and stored into locked file cabinet
  - c. Review
    - i. Reviewed by credentialing staff and CMO in hard copy
  - d. Track & date
    - i. Credentialing staff utilizes a checklist to track PSVs and initial and date each verified form
- B. Tracking Modification
  - a. Credentialing staff will initial and date on application when modified
  - b. Modifications are made manually to the file
  - c. When e-mail confirmation is available from practitioner the credentialing staff will attach into the file
  - d. If application is not complete the credentialing staff will reach out to the practitioner for additional information and modify per direction of practitioner
  - e. When checking Medicaid certification number the credentialing staff will edit the application after checking Forward Health if the number was submitted incorrectly
- C. Authorization to modify
  - a. Credentialing specialist/associate and CMO have authority to access, modify and delete information when circumstances for modification are deemed appropriate such as:
    - i. Discrepancies are identified by practitioner, credentialing staff, or CMO
- D. Securing Information
  - a. Credentialing staff only, have access to the locked file cabinets where practitioner files are stored. The credentialing specialist keeps the key for the locked storage cabinets
- E. Credentialing Process Audit
  - a. Quarterly the credentialing specialist will choose a random sample of credentialed practitioner files that were completed in that quarter. The sample will be 5% from each credentialing associate.

## **Procedure**

### **Practitioner Credentialing Process**

- A. Chief Medical Officer Review:
  - a. The CMO conducts a preliminary review of all credentialing and recredentialing application files
  - b. The CMO documents approval of "clean files, with his/her signature and date. Clean files are presented to the Credentialing Committee for review

- c. If the CMO has questions about a file or it appears that the applicant does not meet clean file criteria the CMO shall forward the application to the Credentialing Committee for recommendation, denial or deferral
- B. Credentialing Committee Review
  - a. The information provided to the Credentialing Committee shall include the applicant's profile and documentation related to the issue(s) in question. If the file contains sufficient information that meets established eligibility criteria in the Credentialing Committee's discretion, the committee may issue a vote to recommend enrollment of the applicant and document such approval in the meeting minutes. If the Credentialing Committee denies an applicant for failure to provide sufficient information, such discussions and vote are documented in the meeting minutes
  - b. The Credentialing Committee may request further information from any persons or organizations, including the applicant, in order to assist the evaluation process. If the applicant does not provide the requested information by specified due date, the application or credentialing request will be closed. An application closed due to failure to provide requested information when due will not be considered a denial that triggers appeal rights
  - c. The Credentialing Committee may approve, deny, or defer an application for further review
  - d. The Credentialing Committee shall review the applicant's profile and documentation. If the Credentialing Committee determines that an applicant meets established eligibility criteria, the Credentialing Committee may issue a vote to accept the applicant and document such approval in the meeting minutes. If the Credentialing Committee denies and applicant for failure to provide sufficient information or otherwise meet specified criteria, such discussions and vote are documented in the meeting minutes. The Credentialing Committee may defer any matter to the CMO for further review
  - e. The Credentialing Committee may request further information from any person or organizations, including the applicant, in order to assist with the evaluation process. If the applicant does not provide the requested information by the specified due date, the application or credentialing request is closed. An application closed due to failure to provide requested information when due will not be considered a denial that triggers appeal rights.
- C. Applicants are notified via signed letter from the CMO of the acceptance or denial of their credentialing or recredentialing request within 30 days of the Credentialing Committee
- D. CCHP will verify and approve or deny an application within 60 days from the date of receipt of the completed application. If CCHP requires additional information from the applicant, CCHP shall send a written request to the applicant. If the applicant does not respond within the timeframe specified, the application will deemed incomplete and closed with no further action. Such actions does not trigger appeal rights
- E. Acceptance of an applicant into CCHP's network is conditioned upon the applicant's signature on the applicable network agreement. Indication by the Credentialing Committee that the applicant meets the credentialing criteria does not create a contract between the applicant and CCHP. The applicant is not considered a network provider and is not entitled to treat covered persons or receive payment from CCHP until the network agreement is signed by both parties with a specified effective date.



## **Recredentialing Process for Practitioners**

- A. CCHP recredentials practitioners and organizational providers at least every 36 months to assure that the practitioner or organizational provider is in good standing with state and federal regulatory bodies, has been reviewed and approved by an accrediting body (as applicable), and continues to meet CCHP participation and quality improvement requirements. CCHP's Provider Relations & Contracting Representative is responsible for notifying the credentialing staff of any potential contracts with organizational providers
- B. CCHP will send notification via e-mail, fax or by US postal service two months prior to the recredentialing due date to the credentialing contact of the clinic/group. CCHP will send a final notice one month prior to the due date of the recredentialing application. The notice will state that if the required information is not provided by the due date that the applicant will be terminated from CCHP's network effective on the due date of the recredentialing applicants are informed at the time of termination that they are eligible to re-apply at any time.
- C. All terms, criteria requirements, and process set forth above, relating to initial credentialing shall apply to recredentialing unless otherwise stated in those sections
- D. In addition, the following information shall be provided at recredentialing:
  - a. The applicant will update CCHP with any changes in work history, current board certification and additional education
  - b. The applicant must have demonstrated compliance with all terms of the network agreement, specifically including completion of individual improvement plans requested by CCHP
  - c. A new attestation must be submitted within two months of recredentialing due date
- E. The applicant is required to complete the requested updates and send notification to such to credentialing staff by the specified due date
- F. Recredentialing applications or requests will be reviewed by the Credentialing Committee including but not limited to, the malpractice history of potential quality of care or service concerns found, the Credentialing Committee will conduct a thorough review of these findings. CCHP will verify current board certification and additional education, if applicable
- G. The Credentialing Committee has the authority to approve an applicant's participation in CCHP's network. If the Credentialing Committee is unable to approve a practitioner or organizational provider, it may deny participation in CCHP's network.

## **APPENDICES:**

## **CITATIONS AND REFERENCES:**

NCQA requirements: CR1 A,B,C; CR2 A; CR5 A; CR7 A,B,C  
CCHP Practitioner and Organizational Provider Suspension, Termination and Appeal Rights