Practitioner Credentialing Overview Policy

This Policy is Applicable to the following sites:
Priority Health

Applicability Limited to: N/A

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Functional Area: Credentialing

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1. Purpose

To define those practitioners that require credentialing, to describe the general credentialing process, and to describe the decision-making process.

Priority Health developed a Credentialing Policy to ensure that credentialed practitioners, as defined in this policy, meet the criteria and qualifications set forth by Priority Health. Formerly part of Policy #2/0030/R3 – Practitioner Credentialing, Recredentialing and Hearing Policy & Procedure.

Policy
It is Priority Health's policy to exercise reasonable care in selecting, reviewing, and periodically evaluating the physicians and other licensed healthcare practitioners included in Priority Health's provider network. Priority Health will initially credential each practitioner in its network in accordance with its credentialing policies.

Credentialing is the initial process through which Priority Health determines whether or not to grant network membership to a practitioner. Priority Health will collect, review, and verify specific information regarding each applicant and determine whether the applicant meets the specific criteria set forth for such practitioners and approves or denies a practitioner's application for membership in Priority Health's provider network. The initial credentialing process will be completed in a timely manner (within 180 days) to ensure verification elements are current.

Priority Health will not consider a practitioner's gender, race, religion, creed, national origin, age, and sexual orientation, types of procedures or types of patients the practitioner specializes in or any other criteria lacking professional or business justification in determining whether the practitioner may participate in the Priority Health provider network. In selecting these practitioners, Priority Health will not discriminate, in terms of participation, reimbursement, or indemnification, against any health care professional who is acting within the scope of his or her license or certification under State law, solely on the basis of the license or certification. If Priority Health declines to include a given provider or group of providers in its network, we will furnish written notice to the effected provider(s) of the reason for the decision. All members of the Priority Health Credentialing Committee will sign a confidentiality and non-discrimination statement.

Priority Health Managed Benefits, Inc., and Priority Health Government Programs, Inc., corporations related to Priority Health, also relies on Priority Health's credentialing and recredentialing process to determine which practitioners serve within its network.

A. Application of Policy

This credentialing policy shall apply to, at a minimum, physicians, dentists, podiatrists, chiropractors, optometrists, physician assistants, nurse practitioners, certified nurse midwives, psychologists, social workers and counselors. It will include all practitioners who have an independent relationship with Priority Health, practitioners who see members outside the inpatient hospital setting or outside ambulatory freestanding facilities, practitioners who are hospital-based but who see Priority Health members as a result of their independent relationship with Priority Health, and dentists who provide services covered by Priority Health's medical benefits.

B. Criteria

1. Applicants for Priority Health's provider network must submit a completed application including a signed and dated attestation***** and release of information form to Priority Health and fulfill all acceptance criteria that are part of the criteria for participation in the Priority Health network attached in the appropriate practitioner-specific Appendices. Additionally, the applicant must agree to allow Priority Health to submit personal data, i.e. name, date of birth, license number, or other required identifier, via a secure, electronic transmission to the Council for Affordable Quality Healthcare (CAQH) and authorize Priority Health access to the data supplied by the applicant on the Universal Credentialing Data Source (UCD) online application. The application also requires the applicant to disclose information about Health Status and any history of issues with licensure or privileges that may require additional follow-up. The signed attestation asserts that the practitioner has completed the application in good faith. The applicant will complete a credentialing process, during which the Credentialing Committee will assess the applicant. Only after the Credentialing Committee has determined that the applicant satisfactorily fulfills all criteria might the applicant be offered a provider contract.

2. Priority Health's practitioners must continuously fulfill all continued participation criteria for his/her practitioner-specific criteria.

***** Attestation signature must be no more than 180 days old at the time of the credentialing decision.

C. The Credentialing Process

1. Throughout the credentialing process, the applicant or practitioner is responsible for:

   a. Responding to requests for information made by Credentialing Staff, the Credentialing Committee, or the Board of Directors; and

   b. Keeping Priority Health informed of any changes in his or her status relative to the criteria. For example, a practitioner should notify the Committee regarding any:

      (i) Judgment, settlement, or compromise in a professional liability action;

      (ii) Action limiting or suspending the practitioner's license to practice a profession, or his or her authority to prescribe medication;

      (iii) Federal Indictments where the practitioner has been named;.

      (iv) Exclusion from the Medicare or Medicaid programs;

      (v) Cancellation of professional liability coverage; or

(vi) Loss or significant curtailment of clinical privileges at a licensed hospital.

2. Credentialing staff will review the application for completeness and verify certain information with its primary source. This includes, but is not limited to, information regarding:

   a. Physicians must hold valid, current medical licenses/required certifications issued by the State(s) in which they conduct their medical practice verified directly with the primary source;

   b. Clinical privileges in good standing, as applicable, (this includes all membership and privilege status categories of Active, Courtesy, Provisional, Temporary, etc.) at the participating hospital designated by the practitioner as the primary admitting facility. Verification/Confirmation of the primary affiliation must be completed prior to presentation to the Credentialing Committee or the practitioner must provide an "admission coverage" information indicating arrangements for inpatient admissions at a participating hospital by other participating providers. Priority Health will reserve the right to obtain all past/current hospital affiliation verifications;

   c. Drug enforcement agency (DEA) registration, as applicable, verified directly via the internet with the National Technical Information Service (NTIS). If the DEA certificate is pending, the practitioner must document in writing which practitioner will write all prescriptions requiring a DEA number until the practitioner has a valid DEA certificate. The practitioner must alert Priority Health when the DEA certificate becomes available;

   d. Graduation from medical or professional school verified by one of the following: 1) by the American Board of Medical Specialists (ABMS) or American Osteopathic Association (AOA) listings (if practitioner is board certified), or 2) current state licensure, or 3) other valid primary source;

   e. Successful completion of training appropriate for practitioner status being requested verified by one of the following: 1) the ABMS/AOA listings for those practitioners who are board certified, or 2) training questionnaire or verbal verification from the training program, or 3) other valid primary source;

   f. Current, adequate malpractice insurance as attested to on the CAQH application or by obtaining a copy of the current liability face sheet from the practitioner.

   g. Professional liability claims and insurance history will be verified by querying the NPDB to ensure at least 10 years of historical claims information*****. A liability questionnaire may be mailed/faxed directly to carrier(s) as desired by Priority Health and/or the Credentialing Committee;

   h. Work history***** (a minimum of 5 years) will be validated from primary source as desired by Priority Health and/or the Credentialing Committee and any gaps exceeding 6 months will be clarified. Gaps exceeding 1 year will be clarified in writing;

   i. Board certification* verified directly with the ABMS, AOA, American Board of Foot and Ankle Surgery (ABFAS) (formerly known as American Board of Podiatric Surgery), American Board of Podiatric Medicine (formerly known as American

Board of Podiatric Orthopedics and Primary Podiatric Medicine), American Board of Oral and Maxillofacial Surgery, American Board of Sleep Medicine, American Academy of Hospice and Palliative Medicine, or American Board of Addiction Medicine (or American Society of Addiction Medicine if certified prior to 2009);

i. Professional references (as outlined in the CAQH application and/or the Practitioner Specific Acceptance Criteria) may be contacted to complete a reference questionnaire, including, but not necessarily limited to, the following circumstances: 1) practitioner answers "yes" to a disclosure questions on the application; or 2) when Priority Health believes it beneficial to obtain additional information due to other information obtained/identified during the verification process. When seeking reference(s), Priority Health reserves the right to use reference(s) in addition to those identified in the application as deemed appropriate to the situation, such as a Department Chairman, former partner, medical director of physician group, etc., as determined by the Credentialing Supervisor or Manager or the Chief Medical Officer or physician staff responsible for credentialing.

3. Credentialing staff will gather additional information from primary sources relating to the applicant or practitioner to assess CHAMPS enrollment, malpractice experience and/or sanction activity. The following sources will be consulted to obtain any history:

a. National Practitioner Data Bank*****; (to include sanction activity by Medicare/Medicaid and malpractice claims payment information)

b. MDCH, Medical Services Administration Sanctioned Providers – All Provider Report*****;

c. Office of Inspector General Sanctioned Provider Exclusion Database (OIG)

d. Community Health Automated Medicaid Processing System (CHAMPS)

e. System for Award Management (SAM), formerly Excluded Parties List System (EPLS)

Medicare Opt-out report at www.wpsic.com/medicare/provenroll/enroll.shtml and/or http://www.cgsmedicare.com/ohb/enrollment/opt_out.html. Any provider on the regional carrier website listed as opting out of Medicare participation will not be eligible to participate with Priority Medicare product and will not be offered a Medicare contract. See Policy #2/0041 Ongoing Monitoring of Practitioner Sanctions and Complaints for details on ongoing monitoring of the Opt-out report.

f. Malpractice carriers (if deemed necessary by Priority Health and/or the Credentialing Committee);

4. If, during the verification and information gathering process, the Credentialing department identifies any issues of concern, Credentialing staff will consult with the Chief Medical Officer (CMO) or physician staff designee responsible for credentialing. The CMO or physician staff designee will provide guidance on further clarification, follow up or other necessary action to the Credentialing staff prior to presenting the file to the Credentialing Committee for review. The CMO and/or physician staff designee is available to the Credentialing staff at any time for issues of concern regarding new applicants.

D. Disaster Credentialing

1. Disaster Credentialing may be allowed under the following conditions:

    a. Local, state or national situation warrants the deployment of additional resources to care for Priority Health members.

2. The applicant must allow Priority Health access to their completed CAQH application to include a signed and dated attestation.

3. Upon notification from the provider that Disaster credentialing is needed, and access has been granted by the provider to the CAQH or other acceptable application, to include an attestation, the Credentialing Staff will conduct primary source verification via the internet for the following limited credentialing elements:

    a. NPI

    b. Licensure

    c. NPDB (for sanctions and exclusions only)

    d. OIG

    e. Medicare Opt Out

    f. Emergency and/or other Hospital Privileges (if applicable)

4. The Priority Health Credentialing Committee bases the decision to approve the Disaster Credentialing application for a practitioner on the above file elements following Section E. Credentialing Committee Review and Decision Process.

5. Disaster Credentialing may be granted for a period not to exceed 90 calendar days and are eligible for renewal should circumstance warrant.

6. Disaster recovery will be performed on providers wishing to continue participation or as deemed necessary by federal, state, and/or accreditation agencies. For these providers, Credentialing staff will perform verification of the remaining file elements in Section C, The Credentialing Process. This will be conducted as soon as possible following the approval of Disaster participation status and prior to the Disaster Credentialing period expiration date.

7. After verification and review of all credentialing elements, as described within this policy, Priority Health Credentialing Committee reserves the right to terminate any provider approved for Disaster participation status who does not meet Priority Health's Participation criteria or may grant approval for full participation status.

8. All providers who are approved for Disaster participation are afforded the rights as described in the Disciplinary Action and Practitioner Appeal Policy.

E. Credentialing Committee Review and Decision Process

1. All practitioner applications that are assessed by Credentialing staff and determined to be "clean" files will be presented to the CMO or physician staff designee responsible for credentialing for final determination of "clean" status. The CMO or physician staff

designee will review and approve the “clean” files upon distribution of either an electronic or hard copy signature list. A “clean” file is defined as one in which the practitioner has met all applicable practitioner specific appendices and the Priority Health Credentialing Clean File Criteria, which may be revised from time to time. Those files approved by the CMO or physician staff designee will be considered approved as of the date of their signature and Priority Health will execute the contract of the practitioner. Any practitioner file that is not determined to be a “clean” file will be presented to the Credentialing Committee for review and decision.

2. For those files reviewed by the Credentialing Committee, they will take into consideration results of primary source verification and information regarding malpractice history or sanction activity as well as information about a practitioner’s health status and any history of loss or limitation of privileges or disciplinary activity, or other information which may be deemed relevant by Priority Health.

3. After review by the Credentialing Committee, the Committee will either:

   a. Recommend that the applicant be approved without conditions;

   b. Recommend that the applicant be approved with conditions;

   c. Recommend that the applicant **not** be approved; or

   d. Defer a decision regarding the applicant’s status pending further investigation.

4. If the Committee:

   a. Recommends approval of the practitioner, Priority Health will execute the contract of the practitioner

   b. Recommends approval of the practitioner with a condition, Priority Health will notify the practitioner and state the condition and requested follow up.

   c. Does not recommend the practitioner’s initial application for membership in Priority Health’s provider network, no contract will be executed unless the Medical Affairs Committee or Board of Directors reverses the decision of the Credentialing Committee. If the decision to not recommend is based on reasons related to quality, the practitioner will be offered the right to a hearing in accordance with the Disciplinary Action & Practitioner Appeal Policy. If a practitioner is not recommended solely because (s)he does not meet established criteria that are not related to quality, the practitioner is not afforded the right to the Practitioner Appeal process.

   d. Defers its recommendation, the Committee will undertake further investigation, reconsider the applicant’s file, and make a final decision within 90 days.

5. Any negative action to be taken against a practitioner by the Committee has to be approved by a majority of the members present.

6. The Medical Affairs Committee or the Board of Directors will review all decisions made by the Credentialing Committee regarding practitioners.

7. All practitioners will receive written notice within 60 calendar days after the Credentialing Committee has rendered a final decision.

E. Listing in Priority Health Directories

Priority Health produces hard copy directories (upon request) and maintains an on-line interactive directory for member use, which includes credentialed and non-credentialed providers. The hard copy directories are produced from data that is exported from the Provider Data Management software, eVips. The on-line directory is available at www.priorityhealth.com and is data included from, but not limited to, eVips with a one day lag in changes. Credentialed provider information regarding education, training, certification and specialty are all verified with primary sources prior to practitioner approval (see section C. 2). Priority Health's practitioner criterion requires that a practitioner only be listed in a specialty in which appropriate training has been completed and verified. Only ABMS and AOA specialties are recognized as approved specialties with the exception of Sleep Medicine and Hospice and Palliative Medicine. Initial entry of data into eVips, including education, training, certification and specialty(ies), is completed by Credentialing staff and is audited prior to Credentialing Committee, the CMO or physician staff designee. Following Credentialing Committee, CMO or physician staff designee approval, a practitioner is forwarded for enrollment into the Priority Health claims system. Once the enrollment process is complete, the practitioner will appear in the on-line directory.

***** Attestation and Verification time limit: 180 days

2. Revisions

12**/**98 annual review; 5/99 revisions; 8/99 revisions, 11/99 revisions & annual review, 12/00 revision & annual review, 8/01 revisions & annual review, 9/02 annual review, 10/02 revisions, 6/03 revisions, 7/03 revisions, 9/03 revisions & annual review, 4/14/04 revisions, 8/4/04 revisions, 1/5/05 revisions, 3/2/05 revisions, 2/1/06 revisions, 7/12/06 revisions, 11/7/07 revisions, 12/5/07, 2/4/09, CMS revisions 7/1/09; 7/2/10 revisions, 8/4/10 revisions, 12/7/11 revisions, 8/15/19, 4/1/20 Disaster Credentialing revisions

Priority Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

3. References

Practitioner Specific Criteria; Credentialing Grid; NCQA Standards CR 1; CR 3; CR 4; CR 5; CR 6; CFR Ch. IV 422.205 Provider antidiscrimination rules (2008 edition)
Medicare Managed Care Manual (Chapter 6: Relationship with Providers)
Credentialing Clean File Criteria

4. Policy Development and Approval

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5. Keywords
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