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Credentialing/Recredentialing Process

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

The purpose of credentialing and recredentialing is to provide a comprehensive and rigorous process 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 Third Party Administrator/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS).

Policy Detail:

Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS) has a well-defined credentialing/recredentialing process for evaluating and selecting licensed independent practitioners to provide care to its members. Credentialing/Recredentialing is conducted in a manner that does not discriminate on the basis of race, ethnicity, ethic/national identity, gender, age, religion, sex, sexual orientation, patient's insurance coverage (e.g., Medicaid) 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 pro-active steps that the organization uses to protect, prevent, and annually monitor discriminatory practices are as follows: Upon credentialing, 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. To prevent discrimination, an annual review of all credentialing decisions is conducted by the Manager of Provider Integration to help prevent discrimination. The annual review incudes, but not limited to:

1. Maintaining a heterogeneous Credentialing Committee membership and requiring for those responsible for credentialing decisions to sign a statement affirming that they do not discriminate.
2. Periodic audits of credentialing files (in-process, denied and approved files) that suggest potential discriminatory practice in selecting practitioners.
3. Annual audits of practitioner complaints for evidence of alleged discrimination.

4. Tracks and identifies discrimination in credentialing and recredentialing processes.

Practitioners shall be notified within 30 calendar days of the committee's credentialing decision. Practitioners have the right, upon request, to be informed of the status of their credentialing application. Review of information to evaluate continued participation of practitioners is ongoing and periodic. In situations where there is a question regarding any primary source verification or quality issue 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 NHP/NHIC/NH TPA/NHAS PPO "When Applicable" Definition). This policy is consistent with NHP/NHIC/NH TPA/NHAS's mission, vision, and values. All credentialed NHP/NHIC/NH TPA/NHAS practitioners as identified in the Credentialing Process must successfully complete the recredentialing process within a 36-month timeframe for a continued contract as an NHP/NHIC/NH TPA/NHAS practitioner. however, practitioners whose credentialing required special consideration by the Credentials Committee are required to be reevaluated on an annual basis (every 12 months) or as determined by the Credentials Committee. (*See Range of Actions to Improve Performance/Altering the Conditions of Participation*).

All credentialing/recredentialing applications will be returned to the NHP/NHIC Credentialing Department no later than 90 days of receipt of application. Only practitioners who are currently credentialed are included in the NHP/NHIC/NH TPA/NHAS Provider Directory. Education, training, and certification relevant to each specialty/subspecialty in which a practitioner desires to practice will be assessed with each recredentialing cycle. NHP/NHIC/NH TPA/NHAS verifies completion of fellowship if the practitioner's fellowship program or completion of fellowship is communicated to members (e.g., in a directory, newsletter; by member services staff).If a practitioner desires to change his/her specialty/ subspecialty between recredentialing cycles, this change will need to be presented to the Credentialing Committee for approval. No practitioner will be listed individually by name in NHP/NHIC/NH TPA/NHAS's Directory unless they have been approved by the committee 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, board certification, and specialty. Processes to ensure consistency include:
(a) obtaining complete information regarding education, training, board certification, and specialty for each specialty or subspecialty in which the practitioner intends to practice,
(b) auditing the accuracy of credentialing information in the Echo/QNXT database, which is the source of provider directory information.

Procedure Detail:

I. PROCEDURE:

A. NHP/NHIC/NH TPA/NHAS will credential practitioners in the following settings:

- Practitioners are licensed, certified, or registered by the state to practice independently (without direction or supervision).
- Practitioners have an independent relationship with NHP/NHIC/NHAS. – An independent relationship exists when NHP/NHIC/NHAS directs members to see a specific practitioner or group of practitioners, including all practitioners' members can select as primary care practitioners.
- Practitioners provide care to members under NHP/NHIC/NHAS's medical benefits.

B. 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 or medical/dental benefit programs; 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.
- 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 Provisional credentialing is required if these practitioners work less than 60 calendar days. – Full credentialing is required if these practitioners work 60 calendar days or more.
- Telemedicine providers
- Rental Networks that are part of NHP/NHIC/NHAS's primary network, and NHP/NHIC/NH TPA/NHAS has members who reside in the rental network area. – specifically, for out-of-area care, and members may see only those practitioners, or are given an incentive to see rental network practitioners
- PPO network: – If an organization contracts with a PPO network to provide health services to members who need care outside its service area, and if it encourages members to obtain care from that network, when they are outside the network, NCQA considers this to be an independent relationship if:
    - Information about the network is included in member materials or on an ID card that directs members to the network (e.g., network name, phone number, logo), or
- There are incentives for members to see the PPO's practitioners. In this type of contractual arrangement, NHP/NHIC/NHAS must credential the practitioners or delegate credentialing to the PPO networks.
- Acupuncturists

C. NHP/NHIC/NH TPA/NHAS credentialing does not apply to:

- Practitioners who practice exclusively in an inpatient setting and provide care for organization members only because members are directed to the hospital or another inpatient setting.
- Practitioners who practice exclusively in free-standing facilities and provide care for organization members only because members are directed to the facility.
- Pharmacists who work for a pharmacy benefits management (PBM) organization to which NHP/NHIC/NHAS delegates utilization management (UM) functions.
- Covering practitioners (e.g., locum tenens) who do not have an independent relationship with NHP/NHIC/NHAS are outside NCQA's scope of credentialing.

- Practitioners who do not provide care for members (e.g., board-certified consultants who may provide a professional opinion to the treating practitioner).
- Rental network practitioners who provide out-of-area care only, and members are not required or given an incentive to seek care from them.

D. 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
    - Pathologists
    - Radiologists
    - Radiation-Oncology
    - Radiology- Interventional
    - RN/Surgical Techs in specialty practices
    - Para-Professional working in an autism in home service

E. NHP/NHIC/NH TPA/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.

F. All prospective plan practitioners must successfully complete the credentialing process before contract is executed. NHP/NHIC/NH TPA/NHAS will not allow provisional or temporary credentialing of practitioners. Credentialing applications will be returned to the NHP/NHIC Credentialing Department no later than 90 days of receipt of initial application.

G. NHP/NHIC/NHAS initially credentials a practitioner again if the break in network participation is more than 30 calendar days.

H. Practitioner directory listings and other materials are consistent with credentialing data, including education, training, board certification, and specialty. Credentialing policies and procedures specifies that NHP/NHIC/NHAS verifies completion of fellowship if the practitioner's fellowship program or completion of fellowship is communicated to members (e.g., in a directory, newsletter; by member services staff). Note: Verification of fellowship does not meet the intent of verifying the highest level of education and training.

I. Require a completed application and signature completed via faxed, digital, electronic, scanned, photocopied, handwritten or electronic documentation. Signature stamps are only acceptable if the practitioner is physically impaired, and the disability is documented in the practitioners credentialing file. Obtaining complete information related to education, training, and board certification for each specialty or subspecialty

in which the practitioner intends to practice.

J. Auditing the accuracy of credentialing information in the Echo database, which is the source of provider directory information. NHP/NHIC/NH TPA/NHAS reserves the right to delegate credentialing and/or recredentialing activities as outlined in the Delegation and Oversight Policy and Procedure.

Credentialing and Recredentialing Criteria

To be Credentialed and Recredentialed with NHP/NHIC/NH TPA/NHAS for a specialty/subspecialty, all physicians, podiatrists, dentists, and other practitioners must meet one of the following:

A. 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, American Board of Foot & Ankle Surgery (ABFAS) or Dental Specialty Certifying Board, American Academy of Nurse Practitioners, American Nurses Credentialing Center, National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties, Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses), Oncology Nurses Certification Corporation f. AACN Certification Corporation, National Board on Certification of Hospice and Palliative Nurses, Nurses Portfolio Credentialing Commission (NPCC) 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-

   - Documented satisfactory training/experience equivalent or equal to board certification or documented years of quality service in the specialty or subspecialty, 3 Peer References to be obtained by the Credentialing Department, and proof of CME for review by Credentials Committee and affirmed by a ¾ majority vote of Credentials Committee practitioners who are present at the meeting.

B. Additional Credentialing and Recredentialing Criteria:
   1. Must hold a current, valid, unencumbered license to practice in the State of Wisconsin. A license is unencumbered if it has not been subject to any adverse action, including but not limited to probation, suspension, revocation, imposition of conditions such as supervision of periodic reporting, restrictions of nature of scope of practice, or public, or private censure.
   2. Must hold a valid Federal Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) certificate, if applicable. The DEA or CDS should have a State of Wisconsin Address. For practitioners who are DEA- or CDS-eligible who do not have a DEA or CDS certificate, NHP/NHIC/NH TPA/NHAS requires documentation of the practitioner's lack of DEA/CDS certificate and the name of a designated alternate prescriber. NHP/NHIC/NH TPA/NHAS is not required to arrange an alternate prescriber. If the practitioner states in writing that they do not prescribe controlled substances and that in their professional judgment, the patients receiving their care do not require controlled substances, they are therefore not required to have a DEA/CDS certificate but must describe their process for handling instances when a patient requires a

controlled substance. The organization includes the practitioner's statement and process description in the credentialing file.

3. 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 Regulations and Licensing. Must be current with Wisconsin Patient Compensation Fund assessments.
4. Must show absence of a history of professional liability claims including, but not limited to; lawsuits, arbitration, settlements, or judgments; or must show evidence that history of professional liability claims does not demonstrate probable future substandard professional performance.
5. 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.
6. Must hold current clinical privileges, in good standing, at an in-plan hospital; or must show evidence that the applicant does not require hospital privileges in order to deliver satisfactory professional services. Specialists (MDs, DOs and DPMs) may not have hospital privileges. Documentation must be noted in the file as to the reason for not having privileges (e.g., a note stating that they do not admit as they only see patients in an outpatient setting is sufficient). Allied health professionals (non-physicians i.e., Chiropractors, Optometrists) will not be required to have hospital privileges and documentation in the file is not required for these types of Practitioners.
7. Must show absence of a history of loss or limitation of privileges or disciplinary activity by a hospital or other health care facility or, must show evidence that history of loss or limitation of privileges does not demonstrate probable future substandard professional performance.
8. Must show absence of a history of any professional disciplinary action or sanctions by federal, state, and local authorities, or, must show evidence that professional disciplinary action or sanctions by federal, state, and local authorities does not demonstrate probable future substandard professional performance. This should include each jurisdiction in which the practitioner practices or previously practiced including, but not limited to:
    a. Being placed on probation, reprimanded, fined, or having medical practice restricted by any agency that disciplines practitioners.
    b. Medicare or Medicaid reprimand, censure, disqualification, suspension, or have voluntarily opted out.
    c. 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.
9. 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 practitioner 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 Range of Actions to Improve Performance/Altering the Conditions of Participation*)
10. The absence of falsification of the Credentialing or rcredentialing application or material omission of information requested in the application.
11. The application, attestation and primary source verification information is to be no more than 120 calendar days old at time of the recredentialing decision. If

application/attestation becomes older than 120 calendar days, the application is to be returned to the practitioner for any updates and a new attestation form is to be signed and dated by the practitioner attesting that the application is correct and complete. If primary source verification becomes older than 120 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 recredentialing decision.

Initial Credentialing Data Collection and Primary Source Verification:

A. The credentialing application and verification process is outlined in the Credentials Information Collection/Coordination/Dissemination Procedure. Completed credentialing applications and verified data are forwarded to the NHP/NHIC/NH TPA/NHAS credentialing department for assessment and are considered by the Medical Director or Designated Physician and/or the Credentials Committee. Information and verifications are to be no more than 120 calendar days (applies to files processed by the organization or its delegate(s) on or after July 1, 2025.) 180 calendar days applies to files processed by the organization or its delegate(s) prior to July 1, 2025.

B. Initial Credentialing Documentation Process:
    1. Actual copies of credentialing information are kept within the file or electronically.
    2. 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.
    3. 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.

C. Confidentiality
    1. All credentialing information is received either by fax, digital, electronic, scanned, or paper copy through the US mail and all credential files, minutes, reports, and any other material used to determine a credentialing decision is confidential and scanned stored in a secure electronic site in the credentialing department, except as required by law. Disclosure of such information will not be granted unless consent for release of information has been signed by the applicant. All materials/primary source verifications are performed and reviewed by the credentialing staff for appropriateness and processing per primary source guidelines. Upon receipt of any documents, the Credentialing staff will date stamp with an electronic stamp and initial all items as they are received. All information added to the credentialing software/provider file is reviewed and signed off on by another credentialing coordinator for accuracy before the file may progress.

D. Office Site Visit/Medical Recordkeeping Practices:
    1. 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.)

E. Practitioner Notification:
    1. 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.
    2. 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 to NHP/NHIC/NH TPA/NHAS Credentialing Department, 1570 Midway Place, Menasha, WI 54952 or via email. The receipt of such will be documented and retained in the practitioner's credentials file. The Credentialing staff will communicate via e-mail to schedule arrangements with practitioner either electronically, fax, mail or in person.

F. Initial Credentialing Approval Process
    1. The decision to accept a practitioner is based on an assessment of the practitioner’s ability to deliver care and 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. Network Health recognizes that its physician advisors may be employed by health care systems and that, in their capacity as employees of those systems, our physician advisors may have access to proprietary information that is confidential or proprietary to those third-party entities (e.g., hospital and provider systems). It is Network Health’s policy not to access or use information in the possession of our physician advisors that is confidential or proprietary to a third party. In this context, confidential and proprietary information belonging to a third party includes any information about the business and operations of such entity that is not public knowledge, that is viewed as the property of the entity (system) employing the physician and would not be known to the physician advisor were it not for the fact that the physician advisor was employed by that system. This includes, for example, information about the particulars of a peer review process, issues about other physicians who are or have been employed by the system (malpractice settlements, discipline, and the like), or operational deficiencies experienced by the system. Information which is generally available to the public other than as a result of improper disclosure, lawfully obtained from a third party by the

physician advisor, known to the physician prior to his or her employment by the system or independently developed without using any of the system's confidential information is generally not considered to be confidential information owned by a third party. While Network Health cannot prevent a physician-advisor from using such information to formulate his or her own opinions or recommendations, this information may not be shared with any other committee members, Network Health employees, or any other persons not legally authorized to possess that information. Any questions on this should be directed to Network Health's General Counsel.

2. Once the complete credentialing application and primary source information has been assessed against the established criteria, the application/file is then forwarded to the NHP/NHIC/NH TPA/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.
3. 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/NH TPA/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.
    i. 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 and the National Practitioner Data Bank. (See related policy Fair Hearing and Appellate Review Process, Reporting to Proper Authorities).
4. The NHP/NHIC/NH TPA/NHAS 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.)
5. 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/NH TPA/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.

Recredentialing Data Collection and Primary Source Verification:

A. The recredentialing application and verification process is outlined in the Credentials/Recredentials Information Collection/Coordination/Dissemination Procedure. Completed applications and verified data are forwarded to the NHP/NHIC/NH TPA/NHAS Credentialing Department for assessment and are considered by the Medical Director or Designated Physician and/or the Credentials Committee. Information and verifications are to be no more than 120 calendar days (applies to files processed by the organization or its delegate(s) on or after July 1, 2025.) 180 calendar days applies to files processed by the organization or its delegate(s) prior to July 1, 2025.

B. Reredentialing Documentation Process:
    1. Actual copies of credentialing information are kept within the file or electronically.
    2. 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.
    3. 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.

C. Confidentiality
    1. All credentialing information is received either by fax, digital, electronic, scanned, or paper copy through the US mail and all credential files, minutes, reports, and any other material used to determine a credentialing decision is confidential and scanned stored in a secure electronic site in the credentialing department, except as required by law. Disclosure of such information will not be granted unless consent for release of information has been signed by the applicant. All materials/primary source verifications are performed and reviewed by the credentialing staff for appropriateness and processing per primary source guidelines. Upon receipt of any documents, the Credentialing staff will date stamp with an electronic stamp and initial all items as they are received. All information added to the credentialing software/provider file is reviewed and signed off on by another credentialing coordinator for accuracy before the file may progress.

D. Office Site Visit/Medical Recordkeeping Practices:
    1. 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.)

E. Practitioner Notification:
    1. The application includes a statement that notifies the practitioner of his/her right to review information obtained by the Credentialing Department to evaluate their 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.

2. The 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 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 to NHP/NHIC/NH TPA/NHAS Credentialing Department, 1570 Midway Place, Menasha, WI 54952 or via email. The receipt of such will be documented and retained in the practitioner's credentials file. The Credentialing staff will communicate via e-mail to schedule arrangements with practitioner either electronically, fax, mail or in person.

F. Process for Ongoing Monitoring of Sanctions, Complaints, Adverse Events and Quality Issues:
    1. NHP/NHIC/NH TPA/NHAS monitors for sanctions and tracks complaints and quality issues against practitioners throughout the 36-month time frame between formal recredentialing. This is consistent with the NHP/NHIC/ NHAS's mission, vision, and values. This is done through monthly queries and reports from;
        i. the Office of the Inspector General
        ii. the State of Wisconsin Department of Safety and Professional Services
        iii. NHP/NHIC/NHAS's Complaint Database and Proactive Disclosure Service (PDS). This process is done on an automatic continuous monitoring basis with reports from the NPDB/HIPDB. This process means that as new information is received on an enrolled practitioner NHP/NHIC/NH TPA/NHAS's Medical Director or Designated Physician is alerted and appropriate action is taken in accordance with related NHP/NHIC/NH TPA/NHAS polices.
        iv. Monthly queries on the Medicare Opt Out website.
    2. Findings of sanctions are reported to the Credentials Committee or other designated peer review body at the next meeting after the identified occurrence. Significant quality of care issues is reviewed by the Peer Review Committee which submit biannual reports to the Credentialing Committee for review and discussion. The Credentialing Committee approve a corrective action plan as appropriate.

G. Recredentialing Approval Process
    1. The decision to retain or not retain a current practitioner is based on an assessment of the practitioner’s ability to deliver care and the information available, including but not limited to the information gathered through a

completed recredentialing application and the verification of all collected information. Sanctions, complaints, adverse events, and quality information are also used to evaluate the current practitioner. Recredentialing criteria is used to establish consistent, clear objectives for the recredentialing of current practitioners.

2. Network Health recognizes that its physician advisors may be employed by health care systems and that, in their capacity as employees of those systems, our physician advisors may have access to proprietary information that is confidential or proprietary to those third-party entities (e.g., hospital and provider systems). It is Network Health's policy not to access or use information in the possession of our physician advisors that is confidential or proprietary to a third party. In this context, confidential and proprietary information belonging to a third party includes any information about the business and operations of such entity that is not public knowledge, that is viewed as the property of the entity (system) employing the physician and would not be known to the physician advisor were it not for the fact that the physician advisor was employed by that system. This includes, for example, information about the particulars of a peer review process, issues about other physicians who are or have been employed by the system (malpractice settlements, discipline, and the like), or operational deficiencies experienced by the system. Information which is generally available to the public other than as a result of improper disclosure, lawfully obtained from a third party by the physician advisor, known to the physician prior to his or her employment by the system or independently developed without using any of the system's confidential information is generally not considered to be confidential information owned by a third party. While Network Health cannot prevent a physician-advisor from using such information to formulate his or her own opinions or recommendations, this information may not be shared with any other committee members, Network Health employees, or any other persons not legally authorized to possess that information. Any questions on this should be directed to Network Health's General Counsel.
3. Once the completed application and primary source information has been assessed against the established criteria, the application is then forwarded to the NHP/NHIC/NH TPA/NHAS Medical Director or Designated Physician for review. The Medical Director or Designated Physician will review the file and determine whether it meets 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.
4. A summary of all applications will be presented at the Credentials Committee meeting. Any 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/NH TPA/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.

5. The NHP/NHIC/NH TPA/NHAS 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.)
6. The Credentialing Department will notify the practitioner of the recredentialing decision by letter. If a practitioner is terminated for, if, and only if, reasons related to quality of care, competence, and professional conduct, NHP/NHIC/NH TPA/NHAS will inform the practitioner of his/her right to a fair hearing/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. (*See Range of Actions to Improve Performance/Altering the Conditions of Participation, Fair Hearing and Appellate Review Process, and Reporting to Proper Authorities*).
7. The application and supporting documents must be kept as a permanent record in the Credentialing Department. The file on a participating practitioner are retained throughout the time-period that the contract with NHP/NHIC/NH TPA/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.

Participation Reinstatement of Practitioners Who Terminated With NHP/NHIC/ NH TPA/NHAS:

If a practitioner was successfully credentialed/recredentialed by NHP/ NHIC/NHAS, leaves NHP/NHIC/NH TPA/NHAS, and then NHP/NHIC/NH TPA/NHAS or the practitioner wants to reinstate participation in NHP/NHIC/NH TPA/NHAS, the following procedure will be conducted:

1. Practitioner will review and update most current application to include any additional training/work history and explanation of any gaps from time practitioner left NHP/NHIC/NH TPA/NHAS to present.
2. Practitioner will sign and date attestation form attesting that updated application is complete and correct. The Credentialing Department will ensure that all previously verified information is still correct and will re-verify any time limited information.
3. The complete application, attestation, and primary source information will be assessed against NHP/NHIC/NH TPA/NHAS recredentialing criteria and forwarded to the Credentials Committee Chairperson for review and recommendation.
4. A summary of the practitioner's reapplication will be presented to the Credentials Committee, along with the recommendation by the Chairperson. The Credentials Committee shall make the final decision on the practitioner's participation in NHP/NHIC/NH TPA/NHAS.

The practitioner must complete the above process before a contract is executed.

If leave extends beyond the next scheduled recredentialing cycle, the practitioner will need to complete a credentialing application and complete the credentialing process before a contract is executed.

If either party terminated the contract or there is a break in service of more than 30 calendar days, the organization must initially credential the practitioner.

If the practitioner cannot be recredentialed within 36-month timeframe because the practitioner is an active military assignment, maternity leave or a sabbatical, but the contract between

NHP/NHIC/NH TPA/NHAS and the practitioner remains in place, NHP/NHIC/NH TPA/NHAS may recredentialed the practitioner upon his or her return and will document the reason the delay in the practitioner's file. At a minimum, NHP/NHIC/NH TPA/NHAS will verify that a practitioner who returns from military assignment, maternity, or a sabbatical has a valid license to practice before he or she resumes seeing patients. Within 60 calendar days of when the practitioner resumes practice, NHP/NHIC/NH TPA/NHAS will complete the recredentialing cycle. On the other hand, if either party terminates the contract or there is a break in service of more than 30 calendar days, NHP/NHIC/NH TPA/NHAS will initially credential the practitioner before the practitioner rejoins the network. NHP/NHIC/NH TPA/NHAS will recredentialed the practitioner as long as it provides documentation that the practitioner was terminated for reason beyond its control and was recredentialed and reinstated within 30 calendar days of termination. NHP/NHIC/NH TPA/NHAS will initially credential the practitioner if reinstatement is more than 30 calendar days of termination.
If NHP/NHIC/NH TPA/NHAS terminates a practitioner for administrative reasons (e.g., the practitioner failed to provide complete credentialing information) and not for quality reasons, it may reinstate the practitioner within 30 calendar days of termination and is not required to perform initial credentialing. The organization performs initial credentialing if reinstatement is more than 30 calendar days after termination. If NHP/NHIC/NH TPA/NHAS organization does not have the necessary information for recredentialing, it informs the practitioner that this information is needed at least 30 calendar days before the recredentialing deadline and that without this information, the practitioner will be administratively terminated. NHP/NHIC/NH TPA/NHAS includes this notification in the practitioner's credentialing file. If the practitioner is subsequently terminated for lack of information, the termination notice should be in the practitioner's file.

Security Controls Section:
To ensure that Network Health has credentialing system controls in place for primary source verification, tracking and modification of credentialing information, authorized staff, security of the credentialing information and auditing of Network Health's credentialing process and procedures.

Procedure:
Network Health receives primary source verification documents via USPS, secure email, NCQA approved verification website or fax. All primary source verification documents are electronically date-stamped upon receipt, electronically initialed by credentialing coordinator reviewing the document, electronically entered in the proprietary practitioner database, and stored in the credentialing/recredentialing practitioner's credentials electronic file. No paper files are maintained. Primary source verification documents are tracked via an electronic checklist that includes:

- the date the information was received; and
- the date the information was verified; and
- the name or initials of the credentialing coordinator who reviewed/verified the information.

The electronic checklist is stored in the credentialing/recredentialing practitioner's electronic credentialing file.

All modified primary source verification documents are electronically date-stamped upon receipt, initialed, or signed by the credentialing coordinator reviewing the document and notification of said modification is sent to the Director or Provider Integration for review and tracking for adequacy. A note is also placed in the notes section of the applicable provider/facility notes section.

Network Health's credentialing department staff are the only authorized staff with the ability to review, modify or delete any credentialing information.

The only time modification/deletion would be necessary is if the practitioner notifies Network Health of changes to the credentialing/recredentialing information, i.e., DEA, license or malpractice coverage expires/renews, a data entry error, duplicate profiles, work history or a change to the practice location.

Appropriate modifications/deletions would be necessary when corrected information was received from the practitioner to correct information with the practitioner's credentialing/recredentialing application, i.e., corrected SSN, corrected employment dates (work history), correction of school name or address, or when duplicate information exists with the practitioner's electronic credentialing file.

In the event information is modified or deleted, it will be tracked on the provider record that includes:

- the date the information was received to modify or delete credentialing/recredentialing information.
- the date the credentialing/recredentialing information was modified or deleted.
- an explanation about why the information was modified or deleted.
- the name or initials of staff who modified or deleted the information.
- if verbal verification occurs, note the person who they spoke with.

Inappropriate modifications to credentialing information include but are not limited to:

- Altering credentialing approval dates
- Altering dates on verifications
- Unauthorized deletion of provider files or documentation

The Network Health Credentialing Department staff has "read/write" access to Network Health's proprietary practitioner database, protecting the credentialing/recredentialing information from unauthorized modification and unauthorized release of credentialing information. All other staff has "read only" access. No other entities will have access to Network Health's credentialing/recredentialing information.

Network Health has a secure proprietary practitioner database where practitioner's credentialing/recredentialing electronic information is stored. The secure proprietary practitioner database is a password-protected electronic cloud-based system and only Network Health staff who need "read/write access" will be granted access by Network Health's IT staff via the approval of the Director of Provider Integration. Staff approved to access are required to:

- Use strong passwords.
- Avoid writing down passwords.
- Use different passwords for different accounts.
- Change passwords periodically.
- Changing or withdrawing passwords, including alerting appropriate staff who oversee computer security to change passwords when appropriate.

Network Health's Provider Integration Director audits quarterly the full universe of changes and any prior notified modifications shared from staff to ensure steps 1-4 are adhered to during the credentialing/recredentialing process. A log of any inappropriate deletions/modifications identified during the audit, will be kept along with resolution details. In the event issues are identified, Network Health's Director of Provider Integration will address the issue with

necessary staff for quick, timely resolution. Quarterly monitoring will occur to assess the effectiveness of the resolution until there are no issues identified for at least three consecutive quarters. Also, each provider file is audited by another Credentialing staff prior to review by the Medical Director, designee, or Credentials Committee.

Network Health's Director of Provider Integration will review job roles and current user access, semi-annually, to ensure system access is still appropriate for each roll.

Access to office after hours is limited to office staff and custodial staff. Custodial staff does not have keys to any electronic credentials to access computer systems.

Regulatory Citations:

CR 1 PRO 1.41, 1.43, 1.49 42 CRF 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

Related Policies:

n05566 Credentials Information Collection, Coordination, and Dissemination
n00259 Credentials Committee Membership Responsibility
n00261 Fair Hearing and Appellate Review Process
n00264 Range of Actions to Improve Performance/Altering the Conditions of Participation
n00257 Site Visit and Medical Record Keeping Practices

Related Documents:

Network_Health_Plan_PPO_Definitions.pdf
NHIC Development Medicare Opt Out Process.pdf

Origination Date:	Approval Date:	Next Review Date:
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NCQA,CMS	Credentialing Committee	NHP,NHIC,NH TPA/NHAS
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