
Credentialing Process

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

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

Policy Detail:

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

I. Scope:

- A. NHP/NHIC/NHAS will credential practitioners who have an independent relationship with the Plan. An independent relationship exists when NHP/NHIC/NHAS selects and directs its members to see a specific practitioner or group of practitioners. Practitioners to which credentialing applies include:
1. Doctor of Medicine (M.D.); Doctor of Osteopathic Medicine (D.O.); Doctor of Dental Science (D.D.S.) who provide care under the medical benefit program; Oral Surgeons; Doctor of Podiatric Medicine (D.P.M.); Doctor of Chiropractic (D.C.); and Doctor of Optometry (O.D.).
 2. Behavioral Health care practitioners to include Psychiatrists and Physicians who are certified in Addiction Medicine; doctoral and/or master's level Psychologists (PhD, PsyD) who are state certified or state licensed; master's level Clinical Social Workers who are state certified or state licensed; master's level Clinical Nurse Specialists or Psychiatric Nurse Practitioners who are nationally or state certified or state licensed; and other Behavioral Health Care Specialists who are licensed, certified, or registered by the state to practice independently.
 3. Speech, Language, Physical and Occupational Therapist working in an autism in home service
 4. Nurse Practitioners and Physicians Assistants, who provide direct patient care and make referrals to specialists or have prescriptive duties.
 5. APNP and Midwives, who are licensed, certified or registered by the state to practice independently.
 6. Urgent care physicians and anesthesiologist who work outside the hospital setting.
 7. Genetic Counselors
 8. Audiologist
 9. Anesthesiologists with pain management
 10. Locum Tenens who have an independent relationship with the organization must be credentialed if they serve in this capacity for more than ninety (90) calendar days.
 11. Telemedicine providers
 12. Rental Networks
 13. Acupuncturists
- B. NHP/NHIC/NHAS does not credential practitioners who practice exclusively within the in-patient hospital setting or within free standing facilities (e.g. surgical centers) who provide care for NHP/NHIC/NHAS members only as a result of the member being directed to the hospital/facility. Practitioners to which credentialing does not apply includes:
1. Anesthesiologists without Pain Management Practice
 2. Assistant Surgeon
 3. Athletic Trainers

4. Critical Care
 5. Dieticians
 6. Emergency Medicine
 7. Hospital based urgent care
 8. Hospitalists
 9. Locum Tenens-If they serve in this capacity for less than ninety (90) calendar days
 10. Medical Toxicology
 11. Neonatologist
 12. Nuclear Medicine
 13. Nutritionist
 14. Occupational Therapists-except those working in an autism in home service
 15. Physical Therapists
 16. Speech/Language Therapists-except those working in an autism in home service
 17. Pathologists
 18. Radiologists
 19. Radiation-Oncology
 20. Radiology-Vascular interventional
 21. RN/Surgical Techs in specialty practices
 22. Para-Professional working in an autism in home service
- C. NHP/NHIC/NHAS maintains the right to do an assessment of need on any given prospective practitioner requesting participation. This is based on number of practitioners per member, geographic location, and services provided.
- D. All prospective plan practitioners must successfully complete the credentialing process before contract is executed. NHP/NHIC/NHAS will not allow provisional or temporary credentialing of practitioners. Credentialing applications will be returned to the NHP/NHIC Credentialing Department no later than 90 days of receipt of initial application.
- E. If there is a break in Credentialing that is thirty (30) days or greater, or if the provider leaves one contract and starts with another contracted group thirty (30) days or greater, the provider shall be required to begin the Credentialing process again.
- F. Only credentialed practitioners are included in the NHP/NHIC/NHAS Provider Directory. No practitioner who falls within the scope of NHP/NHIC/NHAS's credentialing will be listed individually by name in NHP/NHIC/NHAS's Directory unless they have been credentialed for their specialty or subspecialty of practice. All listings in provider directories and other member materials shall be consistent with credentialing data, including education, training, certification, and specialty. Processes to ensure consistency include:
1. Require a completed application and signature completed via handwritten or electronic documentation. Obtaining complete information related to education, training, and board certification for each specialty or subspecialty in which the practitioner intends to practice.
 2. Auditing the accuracy of credentialing information in the Echo database, which is the source of provider directory information.

- G. NHP/NHIC/NHAS reserves the right to delegate credentialing and/or recredentialing activities as outlined in the Delegation and Oversight Policy and Procedure.
- II. **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/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 180 calendar days old at the time of review decision by the Medical Director and or Designated Physician and/or Credentials Committee.
- III. **Documentation Process:**
- A. Actual copies of credentialing information are kept within the file or electronically.
 - B. The name of the source used, the date of verification, the signature or initials of the person who verified the information and the report date, if applicable, are included on a detailed/signed checklist to be kept in the file or electronically.
 - C. An electronic signature or unique electronic identifier of staff is used to document verification. The electronic signature or unique identifier can only be entered by the signatory. The system identifies the individual verifying the information, the date of verification, the source and the report date, if applicable.
- IV. **Confidentiality:**
- A. All credentialing information is received either by email, fax 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. 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.
- V. **Office Site Visit/Medical Recordkeeping Practices:**
- A. Office site visits/medical recordkeeping practices are completed on all practitioners on a complaint basis within 60 (sixty) calendar days of the complaint being filed. (See Policy Site Visit and Medical Recordkeeping Practices.)
- VI. **Practitioner Notification:**
- A. The credentialing application includes a statement that notifies the practitioner of his/her right to review information obtained by the Credentialing Department to evaluate their credentialing application. This evaluation includes

information obtained by any outside primary source (e.g., malpractice insurance carriers, state licensing boards). A practitioner is not allowed to review references or recommendations or other information that is peer review protected.

- B. The credentialing application also notifies the practitioner of his/her right to correct erroneous information obtained from other sources that varies substantially from that provided by the practitioner, e.g. actions on a license, malpractice claims history or board certification decisions. Practitioners are informed of their right to request the status of their application. Request for information on the status of the application should be made through the Credentialing Department e-mail or phone. This right is found on the attestation page of the application. The Credentialing Department will notify the practitioner by e-mail or phone call within ten (10) calendar days of receipt of information and this notification will be documented in the practitioner's credentials file. The Credentialing Department is not required to reveal the source of information if the information is not obtained to meet the requirements of the credentialing verification requirements or if disclosure is prohibited by law. The practitioner will be given ten (10) days to correct erroneous information submitted by another party. Corrections and/or additional information to the application must be submitted in writing to the Credentialing Department to NHP/NHIC/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.

VII. **Approval Process:**

The decision to accept a practitioner is based on the information available, including but not limited to, the information gathered through a completed application and the verification of all collected information. Credentialing criteria is used to establish consistent, clear objectives for the credentialing of prospective practitioners. 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.

A. The following criteria are prerequisites for consideration by the Credentials Committee for participation as a practitioner of NHP/NHIC/NHAS:

1. General Credentialing Criteria:

a. To be credentialed, and recredentialed within NHP/NHIC/NHAS for a specialty/subspecialty, all physicians, podiatrists, dentists and other practitioners must meet one of the following:

- Must meet educational and training qualifications to sit for the applicable Board exam and have obtained Board Certification within the time allotted by the American Board of Medical Specialties (ABMS), AOA (American Osteopathic Association), American Board of Podiatric Medicine, American Board of Foot & Ankle Surgery (ABFAS) or Dental Specialty Certifying Board.

OR

b. An individual without Board Certification but with equivalent training, demonstrated competence, and continuing education in their primary specialty who demonstrates to Network Health's satisfaction that: a) he/she is an essential community provider as defined by Network Health; and b) he/she has the requisite training and experience in their primary specialty to provide medical services; and c) he/she has current and sufficient CME credit hours comparable to those of his/her peers who are Board Certified in a corresponding specialty. For purposes of this policy, an "Essential Community Provider" or "ECP" shall be defined as a provider that serves predominantly low income, medically underserved individuals, or serves in an area that lacks sufficient access or availability based on Network Health criteria. In making the determination that a provider is an ECP, which determination shall be made in Network's sole discretion, Network shall consider FPPE/OPPE data and any other data Network considers necessary or appropriate to make such determination. It is the responsibility of the applicant to provide or authorize the provision of the most current FPPE/OPPE data to Network Health Credentials Committee upon request.

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/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/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.
4. 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).

B. The NHP/NHIC/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.)

C. The application and supporting documents must be kept as a permanent record in the Credentialing Department. The credentialing files on a participating practitioner are retained throughout the time-period that the contract with NHP/NHIC/NHAS remains effective. They are kept for a minimum of ten years after the date of contract termination. The identity of rejected applicants will also be retained.

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

Related Policies:

[n05566 Credentials Information Collection, Coordination, and Dissemination](#)

[n00259 Credentials Committee Membership Responsibility](#)

[n00261 Fair Hearing and Appellate Review Process](#)

Related Documents:

- [Network Health Plan PPO Definitions.pdf](#)
[NHIC Development Medicare Opt Out Process.pdf](#)

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<p>Revision Reason: 05/23/2017 – Updated Board Certification requirements, in plan hospital verbiage. 05/24/2018 – Updated approval process verbiage 04/18/2019 – Annual update 12/02/2019 – Link in the policy was removed because it was directed to a Ministry site. 07/06/2020 - Removed process language and confirmed it was in dissemination procedures for both Credentialing and Recredentialing 10/01/2020-Added Acupuncturists to providers that require Credentialing. 1/7/2021-Added requirement that CME’s need to be in primary specialty as well as updating for 2022 NCQA standard requirements</p>		