

POLICY NUMBER: Policy #2/0039/R10

POLICY TITLE: Practitioner Credentialing Overview

POLICY STATEMENT: To define those practitioners that require credentialing and recredentialing, to describe the general credentialing process and to describe the decision making process.

*****Effective/Review/Approval dates reflect those of Policy #2/0030/R3 – Practitioner Credentialing, Recredentialing and Hearing Policy & Procedure.*****

EFFECTIVE DATE: 3/93

REVIEW DATE: 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

STATUS: Existing policy

APPROVAL COMMITTEE/DATE: Credentialing Committee Annual Review: 12/3/97, 12/2/98, 11/3/99, 12/6/00, 8/1/01, 9/4/02, 9/3/03, 8/4/04

Revisions: 5/5/99; 8/4/99, 11/3/99, 12/6/00, 8/1/01, 10/2/02, 6/4/03, 7/2/03, 9/3/03, 4/14/04, 8/4/04, 1/5/05, 3/5/05, 2/1/06, 7/12/06, 11/7/07, 12/5/07, 2/4/09

DISTRIBUTION/SECURITY: All staff/No security required

AUTHOR(S): Credentialing Committee

BACKGROUND: Priority Health developed a Credentialing Policy to ensure that contracted 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 DESCRIPTION:

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 and periodically recredential each practitioner in its network in accordance with its credentialing and recredentialing 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, 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 annually-

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, certified registered nurse anesthetists, psychologists, social workers and counselors. It will include all practitioners who have an independent relationship with Priority Health or are listed in Priority Health's provider directory, 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 Appendix. 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 DataSource (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, Quality Integration 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) Exclusion from the Medicare or Medicaid programs;
 - (iv) Cancellation of professional liability coverage; or
 - (v) 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. A current valid license to practice verified directly via the internet (www.cis.state.mi.us/pay/) with the State Licensing Board*;
 - 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 and all other current and past affiliations held within the previous five years, are verified directly by mail/fax/phone with a hospital questionnaire. The primary affiliation must be completed prior to presentation to the Credentialing Committee or the practitioner must provide an “admission coverage” letter indicating arrangements for inpatient admissions at a participating hospital by other participating providers. The Credentialing Department will follow up with any hospital that initially verifies a physician has Temporary membership/privileges until status is advanced to a final membership/privilege category or any non-primary affiliations that are still pending at the time of Credentialing Committee review. Priority Health will reserve the right to obtain all past hospital affiliation verifications. Any discrepancy in final membership/privilege outcome will require re-review by the Credentialing Committee;
 - c. Drug enforcement agency (DEA) registration, as applicable, verified directly via the internet (www.deanumber.com) 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 submit a copy of the DEA certificate when it becomes available;
 - d. Graduation from medical or professional school verified by one of the following in order of preference: 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 in order of preference: 1) the ABMS/AOA listings for those practitioners who are board certified and greater than one-year post training, or 2) training questionnaire mailed/faxed directly to, or verbal verification from, the training program for those non-board certified or less than one-year post training, or 3) other valid primary source;

Practitioners who completed the residency or fellowship requirements for their particular specialty within 12 months prior to the credentialing decision may be eligible for Provisional Credentialing. Refer to Section D.
 - f. Current, adequate malpractice insurance verified by attaining a copy of the current liability face sheet from the practitioner (coverage must be in effect at the time of the credentialing decision);
 - g. Professional liability claims and insurance history will be verified by querying the NPDB to ensure at least 5 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 Podiatric Surgery, American Board of Podiatric Orthopedics and Primary Podiatric Medicine, American Board of Oral Surgery, or American Board of Sleep Medicine as applicable*;
- j. Professional references (as outlined in the Michigan Association Standard Practitioner Application, CAQH application and/or the Practitioner Specific Acceptance Criteria) are contacted by mail or fax to complete a reference questionnaire under the following circumstances: 1) when no hospital affiliations are maintained, 2) when practitioner has not been at the same practice for the most recent five year period (excluding those less than five years post training), 3) when Priority Health believes it beneficial to obtain due to other information obtained during the verification process, or 4) one reference will be obtained on those applicants less than five years post training from their program director. When Priority Health seeks references under item 3, Priority Health reserves the right to use references 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 Manager or Senior Manager or the Chief Medical Officer or physician staff responsible for credentialing.

* Verification time limit: 180 days

3. Credentialing staff will gather additional information from primary sources relating to the applicant or practitioner to assess malpractice experience and/or sanction activity. The following sources will be consulted to obtain any history:
 - a. National Practitioner Data Bank* and Healthcare Integrity and Protection 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
 - d. Medicare Opt-out report at www.wpsic.com/medicare/provenroll/enroll.shtml. Any provider on the regional carrier website listed as opting out of Medicare participation will not be eligible to participate with PriorityMedicare 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.
 - e. Malpractice carriers (if deemed necessary by Priority Health and/or the Credentialing Committee);
4. If, during the verification and information gathering process, the Credentialing staff identifies any issues of concern, a Credentialing staff employee will consult with the Chief Medical Officer (CMO) or physician staff 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. Provisional Credentialing

1. Provisional credentialing may be considered for practitioners who completed the residency or fellowship requirements for their particular specialty within 12 months before the credentialing decision is made, and for whom verification of such training cannot be verified prior to the credentialing decision being made.
2. Provisional credentialing may be allowed under the following conditions:

- a. Credentialing Staff have conducted primary source verification via the internet (www.cis.state.mi.us/pay/) of a current, valid license to practice, prior to granting provisional status.
 - b. Credentialing Staff have obtained verification of a professional liability claims and insurance history by querying the NPDB to ensure at least 5 years of historical claims information, prior to granting provisional status. A liability questionnaire may be mailed/faxed directly to carrier(s) as desired by Priority Health and/or the Credentialing Committee.
 - c. The applicant for Priority Health's provider network has submitted a completed application including a signed and dated attestation.
 - d. Anticipated successful completion of training appropriate for practitioner status being requested, to conclude prior to a credentialing decision being made, must be verified by one of the following in order of preference: 1) training questionnaire mailed/faxed directly to the training program, or 2) verbal verification with the training program documented in the file.
 - e. The Priority Health Credentialing Committee bases the decision to provisionally credential a practitioner on the above information, along with all other elements of the credentialing process, which must be submitted or verified as indicated in Section C.
3. Provisional credentialing may be granted for a period not to exceed 60 calendar days.
 4. Successful completion of training appropriate for practitioner status being requested must be verified prior to the conclusion of the provisional credentialing status.
 5. The Credentialing Committee will review and reassess each application at the conclusion of the provisional credentialing status, to ensure successful completion of training has been verified and will follow the Committee Review and Decision Process described in Section E.

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 by signing off on the checklist. A "clean" file is defined as one in which all practitioner specific criterion are met and there is no malpractice history, no disciplinary action or sanction activity, or other negative information obtained during the verification process and, when applicable, a passing site visit score. 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. Additionally, site visit results will be reviewed and considered on those practitioners requiring a site visit.
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 denial of the practitioner's initial application for membership in Priority Health's provider network, Priority Health denies the applicant membership unless and until the Quality Integration Committee and Board of Directors reverse the decision of the Credentialing Committee. If the denial is based on reasons related to professional competence or conduct, the practitioner will be offered the right to a hearing in accordance with the Disciplinary Action & Practitioner Appeal Policy. If a practitioner is denied solely because (s)he does not meet established criteria that are not related to professional competence or conduct, the practitioner is not afforded the right to the Practitioner Appeal process.
 - c. 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, excluding members in the practitioner's specialty.
6. The Quality Integration Committee and 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.

F. Listing in Priority Health Directories

Priority Health produces hard copy directories and maintains an on-line interactive directory for member use. The hard copy directories are produced from data that is exported from the Credentialing department software, VisualCactus. The on-line directory is available at www.priority-health.com and is data from VisualCactus with a one day lag in changes. Provider information regarding education, training, certification and specialty are all verified with primary sources prior to practitioner approval (see section C. 2). Priority Health practitioner criteria 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 Diabetology and Sleep Medicine. Initial entry of data into VisualCactus, including education, training, certification and specialty(ies), is completed by a Credentialing team member and is audited prior to Credentialing Committee or CMO/physician staff designee review by one of the following: Credentialing Manager, Senior Manager or Cactus System Administrator. Following Credentialing Committee or CMO/physician staff designee approval, a practitioner will then be made effective and active and will appear the next day in the on-line directory and in the next scheduled printed directory.

G. Policy Review

Priority Health's Practitioner Credentialing Overview Policy will be reviewed at least biennially and revised as needed.

SUPPORTING DOCUMENTATION: 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 (10-01-03 edition)

OPERATIONAL AREAS IMPACTED: QI Outcomes – Credentialing

SPECIAL NOTES (I.E., PRODUCTS AFFECTED) This policy applies to all products.