

**POLICY NUMBER:** Policy #2/0040/R8

**POLICY TITLE:** Practitioner Recredentialing Overview & Performance Monitoring

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**POLICY STATEMENT:** To describe the general recredentialing process, the decision making process and the process to review information from quality improvement activities.

**\*\*Effective/Review/Approval dates reflect those of Policy #2/0030/R3 – Practitioner Credentialing, Recredentialing and Hearing Policy & Procedure and Procedure #2/5009/RO – Recredentialing Compliance with Thresholds.\*\***

**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, 12/01 revisions, 9/02 annual review, 10/02 revisions, 6/03 revisions, 9/03 revisions & annual review, 4/04 revisions, 8/04 revisions and annual review, 1/5/05 revisions, 2/1/06 revisions

**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, 12/5/01, 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, 12/5/01, 10/02, 6/4/03, 9/3/03, 4/14/04, 8/4/04, 1/5/05, 2/1/06

**DISTRIBUTION/SECURITY:** All staff/No security required

**AUTHOR(S):** Credentialing Committee

**BACKGROUND:** Formerly part of Policy #2/0030/R3 – Practitioner Credentialing, Recredentialing and Hearing Policy & Procedure and replacement of Procedure #2/5009/RO – Recredentialing Compliance with Thresholds.

### **POLICY DESCRIPTION:**

Recredentialing is the process through which Priority Health updates and verifies all pertinent information, reviews the practitioner's performance and examines the clinical competence of the practitioner. It is Priority Health's policy to include in the recredentialing process, an objective reappraisal of a practitioner's experience with Priority Health since the most recent recredentialing or credentialing decision. This evaluation will include information about member complaints; quality reviews, including under- and over utilization issues, and results from any QI activities.

It is Priority Health's policy to recredential every practitioner at least every third year. The recredentialing process will be initiated 6 months prior to the end of the practitioner's three year period and 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 continue his/her participation in the Priority Health provider network. Priority Health Credentialing Committee will review an annual report of all recredentialing applications recredentialed with "Special Circumstances". "Special Circumstances", as logged in Cactus credentialing software, includes participants whose participation was recredentialed with any stipulations other than full 3 years unrestricted (i.e. 1-year review, proctoring type requirements, special document submission, etc.) The annual report submitted to Credentialing Committee will include information regarding ethnicity, age, and gender, to ensure that recredentialing files are being reviewed in a non-discriminatory manner.

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

## **A. Application of Policy**

This recredentialing 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**

Practitioners due for recredentialing will be sent a recredentialing application six (6) months prior to their renewal date. Practitioners for renewal to Priority Health's provider network must submit a completed Priority Health recredentialing application or a CAQH application including a signed and dated attestation\* and release of information form to Priority Health and continue to fulfill all acceptance/continued participation criteria that are part of the criteria for participation as defined 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 applicant on the Universal Credentialing DataSource (UCD) online application. The recredentialing application also requires the applicant to disclose information about Health Status and any history of issues with licensure or privileges that may have occurred since the most recent credentialing or recredentialing decision and that may require additional follow-up. The signed Attestation asserts that the practitioner has completed the recredentialing application in good faith. The practitioner will complete a recredentialing process, during which the Credentialing Committee will assess the practitioner. Only after the Credentialing Committee has determined that the practitioner satisfactorily fulfills all criteria might the practitioner's status be renewed.

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

## **C. Recredentialing Process**

1. Throughout the recredentialing process, the practitioner is responsible for:
  - a. Responding to requests for information made by 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 recredentialing 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 internet ([www.cis.state.mi.us/pay/](http://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, etc.) at all hospitals with which the practitioner has a current affiliation, verified directly by mail/fax/phone with a hospital questionnaire;
  - c. drug enforcement agency registration, as applicable, verified by obtaining a copy from the practitioner (certificate must be in effect at the time of the credentialing decision);
  - d. 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);
  - e. professional liability claims and insurance history will be verified by querying the NPDB\*. A liability questionnaire may be mailed/faxed directly to carrier(s) as desired by Priority Health and/or the Credentialing Committee;
  - f. 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, will be done only if the practitioner's board certification has expired and been renewed or is new since the practitioner's last credentialing.\*
3. Credentialing staff will gather additional information from primary sources relating to the 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. 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 designee. The CMO or 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 or designee is available to the Credentialing staff at any time for issues of concern regarding recredentialing applicants.

\* Verification Time Limit: 180 days

#### **D. Credentialing Committee Review and Decision Process**

1. In the case of a practitioner being recredentialed, the recredentialing checklist and Ongoing Monitoring Summary Report will include the results from malpractice activity, sanction activity, disciplinary action, member complaints, inpatient quality management codes and specific inquiries regarding practitioners' quality of care and any other information reflecting on the effectiveness or efficiency of practitioner's work with Priority Health's members and Managed Benefits' participants. The recredentialing checklist will also contain the results of all primary source verified elements described in Section C., 2 & 3 above.
2. Those practitioners who meet all practitioner specific criteria and the following requirements: 1) no new malpractice activity or negative actions by a carrier; 2) no new disciplinary actions, including revocation, suspension, denial, or reductions regarding licensure, hospital privileges or memberships, membership in a medical society or organization, or membership in another HMO/PPO; 3) no new felony convictions; 4) no new information in the National Practitioner Data Bank; and, 5) no quality issues, do not require individual review by the Credentialing Committee. These files will be reviewed by the CMO or physician staff designee to confirm the file is a "no review" file. The CMO or designee will sign off on a complete list of "no review" files as complete and approved. This list, signed by the CMO or designee, will be presented to the Credentialing Committee for their information.
3. The Credentialing Committee will review those individual files that do not meet the requirements as defined in item 2. The Credentialing Committee will take into consideration results of primary source verification, information about a practitioner's health status, information about any loss or limitation of privileges or disciplinary action, and information included on the Ongoing Monitoring Summary Report (if applicable). After review by the Credentialing Committee, the Committee will either:
  - a. Recommend that the practitioner be approved;
  - b. Recommend that the practitioner be approved with a contingency;
  - c. Recommend that the practitioner **not** be approved; or
  - d. Defer a decision regarding the practitioner's status pending further investigation.

If the Committee:

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

- c. Recommends denial of the practitioner's recredentialing application for continued membership in Priority Health's provider network, Priority Health denies the participation 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 continued participation criteria that are not related to professional competence or conduct, the practitioner is not afforded the right to the Practitioner Appeal process.
  - d. Defers its recommendation, the Committee will undertake further investigation, reconsider the practitioner's file, and make a final decision within 90 days.
4. 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.
  5. The Quality Integration Committee and the Board of Directors will review all decisions made by the Credentialing Committee regarding practitioners.
  6. All practitioners will receive written notice within 60 calendar days after the Credentialing Committee has rendered a final decision.

#### **F. Corrective Action for Recredentialing Decisions with Contingencies**

The Credentialing Committee will determine the appropriate method, if any, of intervention based on all results from the primary source verification elements and any results from the Ongoing Monitoring Summary Report. Action plans may then be implemented under the direction of any of the following: Senior Manager or Credentialing Manager, Chief Medical Officer, Director of Corporate QI, or Director of Network Management. The following are possible courses of action available to the Credentialing Committee:

1. Notification and education with the practitioner or office staff. Common issues at this step would include office identified concerns, member complaints, clinical concerns, and malpractice litigation.
2. A written response to the issue/concern is requested from the practitioner. Common issues at this step would include office identified concerns, member complaints, clinical concerns, and malpractice litigation.
3. A recredentialing time frame less than the standard three (3) year period will be imposed based on the issue/concern and its level of severity. The early recredentialing will include a focused review and evaluation of the issue/concern. Priority Health's Legal department would be notified of all decisions and actions taken at this step.
4. The following actions may be initiated if there are still concerns after implementation of an action item from steps 1-3 or may be initiated as a first step of action based on the issue/concern and level of severity:
  - a. PCP is closed to new members
  - b. Referrals to a Specialist are restricted
  - c. PCP may no longer be eligible for the Physician Incentive PlanCommon issues at this level would include quality (including malpractice and licensure issues) or service concerns. Priority Health's Legal department would be notified of all actions taken at this step.
5. Termination of the practitioner (refer to Disciplinary Action & Practitioner Appeal Policy). Priority Health's Legal department would be notified of any termination.

Any action taken will be documented in writing by the responsible party and/or department and maintained in the practitioner's confidential credentialing file. Documentation of follow up and tracking of all activity to monitor and improve practitioner performance will be done in one of the following ways: the Cactus credentialing system, Facets inquiry or with signed documentation in the practitioner file, by the party assigned responsibility for follow up and it will be maintained by the Credentialing staff.

## **G. Policy Review**

Priority Health's Practitioner Recredentialing Overview & Performance Monitoring Policy will be reviewed at least biennially and revised as needed.

### **SUPPORTING DOCUMENTATION:**

- Practitioner Specific Criteria
- NCQA Standard CR 1, CR 2, CR 7, CR 8, CR9

**OPERATIONAL AREAS IMPACTED:** Credentialing

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