



**Children's Hospital and Health System  
Children's Community Health Plan  
Policy and Procedure**

This policy applies to the following entity(s):

- |  |  |
|--|--|
| <input type="checkbox"/> CHW – Milwaukee                         | <input type="checkbox"/> CHW - Fox Valley                            |
| <input type="checkbox"/> CHHS Foundation                         | <input type="checkbox"/> CHW - Surgicenter                           |
| <input type="checkbox"/> CHW – Community Services Division       | <input checked="" type="checkbox"/> Children's Community Health Plan |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group                  |
| <input type="checkbox"/> Children's Medical Group - Urgent Care  | <input type="checkbox"/> CHHS Corporate Departments                  |

**SUBJECT: Credentialing and Recredentialing Policy**

**INCLUDED PRODUCT(S):**

**Medicaid**

BadgerCare Plus

Care4Kids Program

**Commercial**

Together with CCHP

**Marketplace**

Together with CCHP

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**Purpose**

This policy outlines Children’s Community Health Plan’s (CCHP) process for Credentialing and Recredentialing of Practitioners and Organizational Providers for inclusion in CCHP’s Network.

**Definitions**

“**Applicant**” means the Practitioner or Organizational Provider seeking to become credentialed or recredentialed to participate in CCHP's Network.

“**Credentialing**” is the process of assessing and validating the applicable criteria and qualifications of a Practitioner or Organizational Provider for participation in the CCHP Health Plan.

“**Credentialing Authority**” means the National Committee for Quality Assurance (“NCQA”), the Centers for Medicare and Medicaid Services (“CMS”), as applicable, and any other federal or state authority.

“**Credentialing Committee**” is a subcommittee of the Quality Oversight Committee that uses a peer review process to evaluate and make recommendations regarding credentialing decisions.

“**Committee Members**” means members of the Credentialing Committee appointed by the QOC and which includes Network participating health care professionals, such as physicians, allied health providers, and other medical and surgical specialties to provide advice and expertise for credentialing decisions.

“**Covered Persons**” means individuals who have insurance through CCHP.

“**Credentialing Verification Organization**” means an organization that conducts primary-source verification of practitioner credentials for other organizations. The NCQA CVO Certification program evaluates CVO management of many aspects of its credentials verification operations, as well as the process it uses for continuous improvement of services.

**“Material Restriction”** means any limitation or limiting condition imposed on a Practitioner’s ability to practice medicine.

**“Medical Director”** means the licensed physician appointed by CCHP to serve as the Chair of the Credentialing Committee and fulfill various duties related to CCHP administration.

**“Mental Health Organizational Providers”** means inpatient, residential, and ambulatory facilities, which provide mental health services to Covered Persons.

**“Organizational Providers”** includes an institution or organization that provides services, such as a hospital, residential treatment center, home health agency or rehabilitation facility.

**“Practitioner”** is a licensed or certified professional who provides medical care or behavioral healthcare services.

**“Primary Source Verification”** means verification of credentialing information directly from the entity (e.g., state licensing board) that conferred or issued the original credential.

**“Quality Oversight Committee”** refers to the committee delegated the authority by the CCHP Board of Directors to implement, oversee and make final decisions regarding CCHP credentialing functions. The QOC may delegate to the Credentialing Committee the responsibility for selection, credentialing, recredentialing, and related administration of the credentialing process.

**“Recredentialing”** is the process of re-assessing and validating the applicable qualifications of a Practitioner or Organizational Provider to allow for participation in CCHP's Network.

### **Scope of Credentialing**

CCHP credentials the following **Practitioners**:

- Medical doctors and Doctors of osteopathic medicine;
- Doctors of podiatry;
- Oral Surgeons;
- Psychiatrists;
- Chiropractors;
- Nurse Practitioners;
- Certified Registered Nurse Midwives
- Audiologists;
- Psychologists;

- The following behavioral health providers: Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Clinical Nurse Specialists

CCHP credentials the following **Organizational Providers**:

- Hospitals;
- Skilled nursing facilities;
- Home health agencies;
- Free-standing surgical centers; and
- Behavioral health facilities that provide mental health and/or substance abuse treatment in an inpatient, residential or ambulatory setting.

### **Credentialing Committee**

The Credentialing Committee is responsible for reviewing the credentials of Practitioners and Organizational Providers and making decisions whether to accept, retain, deny or terminate a Practitioner and Organizational Provider's participation in CCHP's Network.

A Medical Director serves as the Committee Chairperson. The Credentialing Committee will meet the 3<sup>rd</sup> Thursday of every month unless otherwise determined by the Committee Chairperson. The presence of a majority of voting Credentialing Committee members constitutes a quorum. The Medical Director or a designee will chair the Credentialing Committee and serve as a voting member. The Credentialing Committee will include the Director of Health Plan Clinical Services and at least seven (7) Practitioners. The Committee is composed of participating Network Practitioners and includes Practitioners who practice in the specialty type that most frequently provides services to Covered Persons. The Medical Director may appoint Practitioners whose expertise is deemed appropriate for the efficient and effective functioning of the Credentialing Committee.

The Credentialing Committee will access various specialists for consultation, as needed to review an Applicant's credentials. Credentialing Committee members shall disclose and abstain from voting on a Practitioner if the member (i) believes there is a conflict of interest, such as direct economic competition with the Practitioner; or (ii) feels his or her judgment might otherwise be compromised. A Credentialing Committee member will also disclose if he or she has been professionally involved with the Practitioner. Determinations to deny an Applicant's participation, or terminate a Practitioner from participation in CCHP's Network, requires a majority vote of the voting members of the Credentialing Committee in attendance.

All information obtained during the credentialing and recredentialing process is strictly confidential and privileged. All Credentialing Committee meeting minutes and Practitioner and Organizational Provider credentialing files shall be securely stored and only accessible

appropriately authorized staff. Documents and information in these files may not be reproduced or distributed, except for credentialing and quality review purposes.

### **Non-Discrimination.**

CCHP conducts all Practitioner and Organizational Provider Credentialing and Recredentialing in a non-discriminatory manner and takes steps to monitor for and prevent discriminatory practices. CCHP does not make credentialing decisions in any way based upon the Applicant's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures or types of patients the Practitioner Applicant specializes in. CCHP ensures non-discrimination by having credentialing committee members sign an affirmative statement that all decisions are made in a non-discriminatory manner. CCHP conducts periodic audits of Practitioner and Organizational Provider complaints to determine if there are any complaints alleging discrimination and reports the findings to the QOC.

### **CCHP Credentialing and Recredentialing Criteria**

#### **Initial Credentialing**

Each Practitioner Applicant must submit a standardized application for review when applying for initial participation in CCHP's Network. If the Applicant meets CCHP screening criteria, the credentialing process will commence.

CCHP will verify those elements related to an Applicant's legal authority to practice, relevant training, experience and competency from the primary source, where applicable, during the credentialing process. All verifications must be current and verified within sixty (60) calendar days from the date of the signature on the application/attestation. During the credentialing process, CCHP will review the verification elements shown in "*Criteria for Selecting Practitioners*" unless otherwise required by applicable regulatory or accrediting bodies.

#### **Recredentialing**

The recredentialing process incorporates re-verification and the identification of changes in a Practitioner's licensure, sanctions, certification, health status and/or quality and performance information (including, but not limited to, malpractice experience, sanction history, hospital privilege related or other actions) that may reflect, as applicable, on the Practitioner's professional conduct and competence. This information is reviewed in order to assess whether Practitioners continue to meet CCHP credentialing standards.

Recredentialing of Practitioners occurs every three (3) years unless otherwise required by regulatory or accrediting bodies or a shorter term as determined by the Credentialing Committee. Credentialing terms of less than three (3) years are not considered an action or determination that triggers appeals rights. Each Practitioner applying for continued participation in CCHP's Network must submit all required supporting documentation.

## **Organizational Provider Credentialing and Recredentialing**

Organizational Provider Applicants must submit a standardized application for review when applying for initial participation in CCHP's Network. If the Applicant meets pertinent CCHP screening criteria, the credentialing process will commence. In addition to the licensure and other eligibility criteria for Organizational Providers, as described in detail below, all Organizational Providers are required to maintain accreditation by an appropriate, recognized accrediting body or, in the absence of such accreditation, CCHP may evaluate the most recent site survey by Medicare or applicable Wisconsin oversight agency performed within the past 36 months for a given Organizational Provider. During the credentialing process, CCHP will review the verification elements shown in "*Criteria for Selecting Providers*" unless otherwise required by applicable regulatory or accrediting bodies.

Recredentialing of Organizational Providers occurs every three (3) years unless otherwise required by regulatory or accrediting bodies. Each Organizational Provider applying for continued participation in CCHP's Network must submit all required supporting documentation.

### **Eligibility Criteria for Practitioners:**

1. Initial Applicants must submit the following information in order to be considered for participation: A release granting CCHP permission to review the records of and to contact any professional society, hospital, insurance company, present or past employer, professional peer, clinical instructor, or other person, entity, institution, or organization that does or has records or professional information about the Applicant.
2. A release from legal liability for any such person, entity, institution, or organization that provides information as part of the Application process.
3. The Application must include information on the type of professional license(s) or certification(s) held, state where issued, certification and/or license number, effective date, and date of expiration.
4. Applicants must provide current Drug Enforcement Agency (DEA) and/or Controlled Dangerous Substance Certificate (CDS) in each state where the Applicant intends to practice, if applicable.
5. A professional liability claims history that resulted in settlements or judgments paid by or on behalf of the Applicant, and history of liability insurance coverage, including any refusals or denials to cover Applicant or cancellations of coverage.
6. Educational history and degrees received relevant to the Applicant's area of practice, licensure, or certification, including dates of receipt. Not required at the time of recredentialing unless it has changed and impacts the LIP's specialty.

- 7.** A listing of degrees or certifications received from appropriate professional schools, residency training programs, or other specialty training programs appropriate for the type of participation sought, if applicable. Not required at the time of recredentialing unless it has changed and impacts the LIPs specialty.
- 8.** A listing of professional licenses received, whether current or expired, and licensing history, including any challenges, restrictions, conditions, limitations, or other disciplinary action taken against such license or voluntary relinquishment of such licensure.
- 9.** Current certifications, where such certification is required, for participation in Medicare, Medicaid or other federal programs and certification history for such participation, including restrictions, conditions, or other disciplinary actions.
- 10.** A five-year employment history, including periods of self-employment and the business names used during this time, and a history of voluntary or involuntary terminations from employment, professional disciplinary action or other sanction by a managed care plan, hospital, other health care delivery setting, medical review board, licensing board, or other administrative body or government agency.
- 11.** A completed Application, including a signed statement, which may be in an electronic format, providing information and attesting to:
- 12.** Applicant's current professional liability policy, including the name of the insurer, policy number, expiration date and coverage limits (even if \$0); Practitioners with federal tort coverage must submit a copy of their federal tort letter, or a signed attestation that they have federal tort coverage.
- 13.** Limitations on ability to perform essential functions of the position with or without accommodation.
- 14.** History of loss of license or any loss or limitations of privileges or disciplinary activity.
- 15.** Absence of current, substance abuse use or active alcoholism.
- 16.** No felony convictions or pleas of no contest to a felony that the Credentialing Committee deems would make the applicant inappropriate for inclusion in CCHP's network.
- 17.** Completeness and accuracy of the information provided in the Application.
- 18.** Authorization to allow CCHP to conduct a review, satisfactory to CCHP, of the Applicant's practice including office visits, staff interviews, and medical record-keeping assessments, in accordance with Credentialing Authority.

19. Any other documents or information that CCHP determines are necessary for it to effectively and/or efficiently review the Applicant's qualifications.
20. No current medical staff membership or clinical privilege restrictions.

The following Credentialing Criteria must be verified and approved within 60 days of the date of the signature on the Attestation form, to be eligible to become a Participating Practitioner.

The required medical or profession education and training are:

1. Medical Doctors (MD's) and Doctors of Osteopathic Medicine (DO's) must graduate from medical school and successfully complete a residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), or the American Osteopathic Association (AOA) in the specialty in which the applicant will be practicing.
2. Alternatives to Residency Programs. As alternatives, MDs and DOs meeting any one of the following criteria will be viewed as meeting the residency program requirement:
  - a. Training which met the requirements in place at the time it was completed in a specialty field prior to the availability of board certifications in that clinical specialty or subspecialty; or
  - b. CCHP will take into consideration the successful completion of equivalent accredited training programs, in the specialty in which the applicant will be practicing. The determination of whether such programs are equivalent or not is at the sole discretion of CCHP.
3. Doctors of Chiropractic Medicine (DC) must graduate from a chiropractic school;
4. Doctors of Dental Surgery (DDS) or Doctor of Medicine in Dentistry (DMD) must graduate from dental school;
5. Doctors of Podiatric Medicine (DPM) must graduate from podiatry school and successfully complete a hospital residency program.
6. All advanced practice practitioners (e.g. nurse practitioner, nurse mid-wife, etc.) must graduate from an accredited professional school and successfully complete a training program.
7. If Applicant indicates board certification, CCHP Primary Source Verifies board certification from the most current edition of an NCQA-accepted source, but need not Primary Source Verify each level of education and training if the certifying board



has already Primary Source Verified it. If the Applicant is not board certified, then Primary Source Verification of the highest level of education listed on the Application is required, except that each level of education must be Primary Source verified for dentists.

8. Verification of Board Certification must be completed prior to the decision date.
9. Verification of postgraduate education or training not listed in (1) above. CCHP Primary Source Verifies any postgraduate education or training disclosed in the Application and not considered in (1) above if relevant to LIP's scope of practice (e.g., Fellowship). Verification and approval within accordance of the time frame as specified by Credentialing Authority from the Application Date to the Decision Date is not required for this element however verification must be completed prior to the decision date.
10. Current licensure or certification. CCHP Primary Source Verifies that the Applicant maintains current, valid unrestricted licensure or certification in all states where the applicant provides care to CCHP members. Any findings that results in sanctions or restrictions on the LIP from any state licensing authority results in closing the Applicant's credentialing file. Time limit for verification is 180 calendar days.
11. A valid Drug Enforcement Agency DEA Certificate, unless the Applicant's practice does not require it, the Applicant must have a current, valid DEA in each state where the Applicant intends to practice; or if the Applicant has a pending DEA application, an agreement with a Participating LIP with a valid DEA certificate in each state where the Applicant intends to practice to write prescriptions for the Applicant with the pending DEA application. CCHP verifies that the Applicant meets this requirement by obtaining a copy of the Applicant's DEA in each state where the Applicant intends to practice, visually inspecting the certificate, or confirming with NTIS that the certificate is in force at the Decision Date. Verification of the element must be complete prior to the Decision Date.
12. Medicare/Medicaid program participation eligibility. The Applicant must not be ineligible, excluded, or debarred from participation in the Medicare and/or Medicaid and related state and federal programs, or terminated for cause from Medicare or any state's Medicaid or CHIP program and must be without any sanctions levied by the Office of Inspector General (OIG), the General Services Administration (GSA), System for Award Management (SAM), Social Security Death Master File (SSDMF) or other disciplinary action by any federal or state entities identified by CMS. CCHP verifies reported sanction information from an NCQA-accepted source.

13. Work History. CCHP obtains a five-year work history. Gaps longer than sixty days, must be explained by the practitioner in writing and found acceptable by the Credentialing Committee.
14. Insurance or state-approved alternative. CCHP requires a copy of the Applicant's current Certificate of Coverage or may allow the Applicant's attestation coverage that exceeds the minimum established by this Credentialing Policy. Current professional liability insurance of not less than \$1,000,000 per occurrence and \$3,000,000 in the general aggregate with an insurer licensed to provide medical malpractice insurance in Wisconsin, or show similar financial commitments made through an appropriate Wisconsin approved alternative, as determined by CCHP and appropriate secondary coverage by the Wisconsin Injured Patients and Families Compensation Fund. The pertinent Network Agreement may require coverage that exceeds the minimum level described above.
15. Malpractice History. CCHP must obtain written confirmation of history of malpractice settlements from the malpractice carrier or must query the NPDB. Any Practitioner with a malpractice history exceeding an established threshold is referred to the Credentialing Committee for review.
16. No prior denials or terminations. At the discretion of CCHP, the Applicant must not have been denied participation (for reasons other than Network need) by CCHP within the preceding 24 months.
17. Hospital Clinical Privileges. For MDs and DOs who provide inpatient care, the Applicant must have unrestricted hospital clinical privileges at a hospital accredited by the one of the following: The Joint Commission (TJC), Healthcare Facilities Accreditation Program (HFAP) or the National Integrated Accreditation for Healthcare Organizations (NIAHO/DNV), or a hospital previously approved by CCHP. The Applicant shall list the hospitals where it has privileges on the application. Some clinical specialties may function exclusively in the outpatient setting, and the Credentialing Committee may at its discretion deem hospital clinical privileges not relevant to these specialties. These Applicants may be requested to identify their plan for coverage of inpatient care.
18. Other Credentialing requirements such as WDSPS if the practitioner is not board certified as required by Credentialing Authorities.
19. No affirmative responses to Disclosure Questions on Credentialing Application. Applicant is required to provide details on all affirmative responses to Disclosure Questions on the Credentialing Application, which are reviewed by the Medical Director and at the discretion of the Medical Director, may be reviewed by Credentialing Committee for a determination of LIP's acceptance into CCHP Network.

## **Criteria for Selecting Practitioners:**

### **Criteria to Submit an Application**

CCHP requires Practitioners who submit an application to meet three criteria in order for the credentialing application to be processed:

1. Applicants must have an active and unrestricted license without limitations or sanctions from the state(s) in which they practice.
2. Applicants cannot be excluded from participating in Medicare or Medicaid programs (lack of sanctions or debarment).
3. No prior denials or termination. The applicant must not have been denied participation (for reasons other than network need) by CCHP within the previous 24 months.

If the Applicant fails to meet these criteria, CCHP will not process the application further. An Applicant may reapply when he/she meets all of the eligibility criteria.

Recredentialing Applicants must provide and/or will be primary source verified the following information:

1. A complete recredentialing application and required supplemental information/attachments without material omissions or misrepresentations.
2. A signed and dated attestation, consent and release.
3. Current, valid, unrestricted license to practice in each state in which the Practitioner provides care to Covered Persons.
4. No current federal sanction and no new history of federal sanctions (per OIG and OPM Reports or on NPDB report)
5. Current DEA and/or state controlled substance certification without history of or current restrictions if applicable.

6. Current professional liability insurance of not less than \$1,000,000 per occurrence and \$3,000,000 in the general aggregate with an insurer licensed to provide medical malpractice insurance in Wisconsin, or show similar financial commitments made through an appropriate Wisconsin approved alternative, as determined by CCHP and appropriate secondary coverage by the Wisconsin Injured Patients and Families Compensation Fund. The pertinent Network Agreement may require coverage that exceeds the minimum level described above
7. No current hospital membership or privilege restrictions and no new (since prior credentialing review) history of hospital membership or privilege restrictions; OR for Practitioners in a specialty defined as requiring hospital privileges who practice solely in the outpatient setting there exists a defined referral relationship with a Network Provider of similar specialty at a Network Organizational Provider who provides inpatient care to Covered Persons needing hospitalization
8. No new (since previous credentialing review) history of or current use of illegal drugs or alcoholism
9. No impairment or other condition which would negatively impact the ability to perform the essential functions in their professional field
10. No new (since previous credentialing review) history of criminal/felony convictions, including a plea of no contest
11. Malpractice case history reviewed since the last Credentialing Committee review; if no new cases are identified since last review, malpractice history will be reviewed as meeting criteria; if new malpractice history is present, then a minimum of last five years of malpractice history is evaluated and criteria consistent with initial credentialing is used
12. No new (since previous credentialing review) involuntary terminations from an HMO or PPO
13. No QA/PI data or other patient care related performance data, including complaints, above set thresholds.

B. The following are exception criteria for specific practitioners:

1. Licensed Clinical Social Workers (LCSW) or other master level social work license types:
  - a. Master or doctoral degree in social work with emphasis in clinical social work from a program accredited by the Council on Social Work Education.

2. Clinical Psychologists:
  - a. Doctoral degree in clinical, counseling psychology or equivalent field of study from an institution accredited by the APA.
  - b. Education and/or training deemed equivalent by the Credentialing Committee for a Practitioner with a doctoral degree not from an APA accredited institution but who is listed in the National Register of Health Service Providers in Psychology or is a Diplomat of the American Board of Professional Psychology.
3. Licensed Professional Counselors
  - a. Master's or doctoral degree in counseling, marital and family therapy, psychology, counseling psychology, counseling with an emphasis in marriage, family and child counseling or an allied mental field.
4. Clinical Nurse Specialists (Psychiatry)
  - a. Master's degree in nursing with specialization in adult or child/adolescent psychiatric and mental health nursing.
  - b. Registered Nurse license and any additional licensure as an Advanced Practice Nurse/Certified Nurse Specialist/Adult Psychiatric Nursing.
  - c. Certification by the American Nurses Association (ANA) in psychiatric nursing.

**Organizational Provider Eligibility Criteria:**

All Organizational Providers must be accredited by an appropriate, recognized accrediting body or in the absence of such accreditation, CCHP may evaluate the most recent site survey by Medicare or the appropriate state oversight agency performed within the past 36 months. Non-accredited Organizational Providers are subject to individual review by the Credentialing Committee and will be considered for Covered Individual access need only when the Credentialing Committee review indicates compliance with CCHP standards and there are no federal or state-level deficiencies or sanctions that would adversely affect quality of care or patient safety.

**A. General Criteria for Organizational Providers:**

1. Valid, current and unrestricted license to operate in Wisconsin. The license must be in good standing with no sanctions.
2. Valid and current Medicare and Medicaid certification.

3. Must not be currently debarred or excluded from participation in any of the following programs: Medicare, Medicaid or FEHBP.
4. General/comprehensive liability insurance as well as errors and omissions (malpractice) insurance of not less than \$1,000,000 per occurrence and \$3,000,000 in the general aggregate with an insurer licensed to provide medical malpractice insurance in Wisconsin, or show similar financial commitments made through an appropriate Wisconsin approved alternative, as determined by CCHP and appropriate secondary coverage by the Wisconsin Injured Patients and Families Compensation Fund. The pertinent Network Agreement may require coverage that exceeds the minimum level described above.
5. Accredited Organizational Providers must provide proof of current accreditation status conducted during the previous three (3) year period and active federal or state licensure as applicable. CCHP will accept accreditation results from:

AAAHC - Accreditation Association for Ambulatory Health Care.

ABCOP - American Board for Certification on Orthotics and Prosthetics.

ACR - American College of Radiology.

AOA - American Osteopathic Association.

CAP - College of American Pathologists.

CARF - Commission on Accreditation of Rehabilitation Facilities.

CHAPS - Community Health Accreditation Program.

CCAC - Continuing Care Accreditation Commission.

CLIA - Clinical Laboratory Improvement Amendment certification. Please note: Certification required not just CLIA license.

COLA - Commission on Office Laboratory Accreditation.

TJC - The Joint Commission.

NCQA - National Committee for Quality Assurance.

If not appropriately accredited, Organizational Provider must submit a copy of its CMS or state site survey for review by the Credentialing Committee to determine if CCHP's quality and certification criteria standards have been met.

### **Practitioner Clean File Criteria**

To qualify as a Practitioner "clean file" the following criteria must be met:

- A. Current active license with no restrictions or limitations. During any time period in which the Practitioner’s license is suspended, CCHP will initiate immediate action to terminate the provider from the Network.
- B. No sanctions (license, Medicare or Medicaid).
- C. Current active DEA with no restrictions or limitations (if applicable).
- D. Current professional liability insurance of not less than \$1,000,000 per occurrence and \$3,000,000 in the general aggregate with an insurer licensed to provide medical malpractice insurance in Wisconsin, or show similar financial commitments made through an appropriate Wisconsin approved alternative, as determined by CCHP and appropriate secondary coverage by the Wisconsin Injured Patients and Families Compensation Fund. The pertinent Network Agreement may require coverage that exceeds the minimum level described above.
- E. Current full hospital admitting privileges, without material restrictions, conditions or other disciplinary actions, at a CCHP participating Network hospital, or arrangements with a participating Practitioner to admit and provide hospital coverage to covered persons at a CCHP participating Network hospital, if CCHP determines that Applicant’s practice requires such privileges.
- F. No unexplained gaps in work history greater than sixty days.
- G. Lack of present, illegal drug use.
- H. Ability to perform the essential functions of the position, with or without accommodation.
- I. No felony or misdemeanor convictions.
- J. No professional liability settlements within five (5) years for initial Credentialing and three (3) years for Recredentialing.
- K. No adverse findings on NPDB.
- L. No restricted hospital privileges or other disciplinary activity.
- M. No adverse actions or disciplinary activity by another health plan.
- N. Practitioner must be Board Certified or Board Eligible in specialty of practice. If not Board Eligible, Practitioner must have no adverse events within the past five (5) years and be in practice greater than ten (10) years.
- O. A Practitioner’s eligibility for Board Certification is defined by no fewer than three (3) years and no more than seven (7) years following the successful completion of accredited training. This follows the American Board of Medical Specialties (ABMS) Board Eligibility Policy.
- P. Minimum credentialing guidelines met for education and training if Board Certification not available for specialty.
- Q. No miscellaneous credentialing red flags, to include but not limited to, interruption of training and history of liability coverage canceled for any reason or frequent changes in insurers.

**Organizational Provider Clean File Criteria**

To qualify as an Organizational Provider “clean file” the following criteria must be met:

- A. Current active license appropriate for facility type, if applicable, with no restriction, limitation, or disciplinary action by any federal or state entities identified by CMS or State Medical or Pharmacy Boards.
- B. Unrestricted and non-probationary Medicare/Medicaid participation.
- C. No sanctions (license, Medicare, Medicaid, Office of Inspector General (OIG) or the General Services Administration (GSA) or other).
- D. Current general/comprehensive liability and malpractice insurance coverage for at least the limits established by CCHP for each facility type.
- E. Not ineligible, excluded or debarred from participation in the Medicare and/or Medicaid and related state and federal programs, or terminated for cause from Medicare or any state's Medicaid or CHIP program.
- F. Current accreditation by an accrediting entity recognized by CCHP for type of facility.

### **Credentialing Process**

- A. **Medical Director Review:**
  - a. The Medical Director conducts a preliminary review of all credentialing and Recredentialing application files.
  - b. The Medical Director documents approval of Clean Files, as described below, with his/her signature and date. Clean Files are presented to the Credentialing Committee for review.
  - c. If the Medical Director has questions about a file or it appears that the Applicant does not meet certain criteria, the Medical Director shall forward the application to the Credentialing Committee for recommendation, denial or deferral.
- B. **Credentialing Committee Review:**
  - a. The information provided to the Credentialing Committee shall include the Applicant's profile and documentation related to the issue(s) in question. If the file contains sufficient information that meets established eligibility criteria in the Credentialing Committee's discretion, the Committee may issue a vote to recommend enrollment of the Applicant and document such approval in the meeting minutes. If the Credentialing Committee denies an Applicant for failure to provide sufficient information, such discussions and vote are documented in the meeting minutes.
  - b. The Credentialing Committee may request further information from any persons or organizations, including the Applicant, in order to assist with the evaluation process. If the Applicant does not provide the requested information by the specified due date, the application or credentialing request will be closed. An application closed due to failure to provide requested information when due will not be considered a denial that triggers appeal rights.
  - c. The Credentialing Committee may approve, deny or defer an application for further review.
  - d. The Credentialing Committee shall review the Applicant's profile and documentation. If the Credentialing Committee determines that an Applicant meets established eligibility criteria, the Credentialing Committee may issue a vote to accept the Applicant and document such approval in the meeting minutes. If the Credentialing



Committee denies an Applicant for failure to provide sufficient information or otherwise meet specified criteria, such discussions and vote are documented in the meeting minutes. The Credentialing Committee may defer any matter to the Medical Director for further review.

- e. The Credentialing Committee may request further information from any persons or organizations, including the Applicant, in order to assist with the evaluation process. If the Applicant does not provide the requested information by the specified due date, the application or credentialing request will be closed. An application closed due to failure to provide requested information when due will not be considered a denial that triggers appeal rights
- C. Applicants are notified via signed letter from the Medical Director of the acceptance or denial of their Credentialing or Recredentialing request within thirty (30) days of the Credentialing Committee.
- D. CCHP will verify and approve or deny an application within 60 days from the date of receipt of the completed application. If CCHP requires additional information from the Applicant, CCHP shall send a written request to the Applicant. If the Applicant does not respond within the timeframe specified, the application will be deemed incomplete and closed with no further action. Such action does not trigger appeal rights.
- E. Acceptance of an Applicant into CCHP's Network is conditioned upon the Applicant's signature on the applicable Network Agreement ("Network Agreement"). Indication by the Credentialing Committee that the Applicant meets the Credentialing criteria does not create a contract between the Applicant and CCHP. The Applicant is not considered a Network Provider and is not entitled to treat Covered Persons or receive payment from CCHP until the Network Agreement is signed by both parties with a specified effective date.

### **Recredentialing Process**

- A. CCHP recredentials Practitioners and Organizational Providers at least every thirty-six (36) months to assure that the Practitioner or Organizational Provider is in good standing with state and federal regulatory bodies, has been reviewed and approved by an accrediting body (as applicable), and continues to meet CCHP participation and quality improvement requirements. CCHP's Provider Relations & Contracting Representative is responsible for notifying the credentialing staff of any potential contracts with Organizational Providers.
- B. CCHP will send notification via email, fax or by US postal service two (2) months prior to the Recredentialing due date to the Credentialing contact of the clinic/group or to the individual of an independent practice. CCHP will send a final notice one (1) month prior to the due date of the Recredentialing application. The notice will state that if the required information is not provided by the due date that the Applicant will be terminated from CCHP's Network effective on the due date of the re-credentialing. Applicants are informed at the time of termination that they are eligible to re-apply at any time.

- C. All terms, criteria, requirements, and process set forth above, relating to initial Credentialing shall apply to Recredentialing unless otherwise stated in those Sections.
- D. In addition, the following information shall be provided at Recredentialing:
  - 1. The Applicant will update CCHP with any changes in work history, current Board Certification, and additional education.
  - 2. The Applicant must have demonstrated compliance with all terms of the Network Agreement, specifically including completion of Individual Improvement Plans requested by CCHP.
  - 3. A new attestation must be submitted within two (2) months prior to the Recredentialing date.
- E. The Applicant is required to complete the requested updates and send notification of such to Credentialing staff by the specified due date.
- F. Recredentialing applications or requests will be reviewed by the Credentialing Committee, including, but not limited to, the malpractice history and history of potential Quality of Care/Quality of Service concerns within the recredentialing cycle. If a history of malpractice claims and Quality of Care/Quality of Service concerns are found, the Credentialing Committee will conduct a thorough review of these findings. CCHP will verify current Board Certification and additional education, if applicable.
- G. The Credentialing Committee has the authority to approve an Applicant's participation in CCHP's Network. If the Credentialing Committee is unable to approve a Practitioner or Organizational Provider, it may deny participation in CCHP's Network.

### **Ongoing Sanction Monitoring**

CCHP has an ongoing monitoring program for the purpose of monitoring complaints, adverse events and quality of care issues. The CCHP credentialing personnel perform ongoing monitoring to help ensure continued compliance with credentialing standards and to assess for occurrences that may reflect issues of substandard professional conduct and competence. To achieve this, the credentialing department will review periodic listings/reports within thirty (30) calendar days of the time they are made available from the various sources including, but not limited to, the following:

- A. Office of the Inspector General (OIG)
- B. Federal Medicare/Medicaid Reports
- C. Office of Personnel Management (OPM)
- D. State licensing Boards/Agencies
- E. Covered Persons/Practitioner and Organizational Provider patient/customer service departments
- F. CCHP's Quality Dept. (including data regarding complaints of both a clinical and non-clinical nature, reports of adverse clinical events and outcomes, and satisfaction data, as available)
- G. Other internal and affiliated CCHP departments

- H. Any other verified information received from appropriate sources when a Practitioner or Organizational Providers within the scope of credentialing has been identified by these sources, criteria will be used to assess the appropriate response including but not limited to: review by the Chairperson of the Credentialing Committee, review by the CCHP Medical Director, referral to the Credentialing Committee, or termination. CCHP will report Practitioners or Organizational Providers to the appropriate authorities as required by applicable law.

## **Rights of Practitioners**

### **Confidentiality of Credentialing File**

Ongoing access to credentialing files and related information is restricted to authorized personnel only, including CCHP credentialing personnel. Physical files with documents are only accessible to Credentialing Staff, including Credentialing Coordinators, Credentialing Managers, the Medical Director and others who oversee credentialing functions.

### **Rights of Practitioners with Respect to CCHP Credentials File**

Practitioners and Applicants to CCHP's Network have certain rights with respect to their credentials:

- Each Practitioner has the right to review and correct erroneous information in their credentialing application file and their electronic profile in CCHP's credentialing management system. The Practitioner should send a written request to CCHP, specifying the format (photocopy of paper file, electronic profile run from the credentialing management system, or both). CCHP staff will then furnish the Practitioner with a photocopy of their paper application file, and/or an electronic profile from the credentialing management system within ten (10) business days. Proposed corrections should be submitted to CCHP by Practitioners in writing within thirty (30) day of receipt.
- Each Practitioner is notified when information the Practitioner has submitted on an application varies substantially from that received during the verification process. CCHP personnel will provide written notification to the Practitioner and the Practitioner will be given at least thirty (30) days to respond and correct the discrepancy. The Practitioner application file will be considered incomplete until the discrepancy is corrected. Once correction is received, the file will proceed through the application process as usual.
- Each Practitioner has the right to request credentialing and recredentialing application status.

### **Notification to Authorities/Reporting Requirements**

When CCHP takes a professional review action with respect to a Practitioner's participation in CCHP's Network, CCHP may have or assume an obligation to report such to the National

Practitioner Data Bank (NPDB). Once CCHP receives a verification of the NPDB report, the verification report will be sent to the applicable licensing board. CCHP will comply with all state and federal regulations with regard to the reporting of adverse actions or recommendations relating to professional conduct and competence. These reports will be made to the appropriate, designated agencies or authorities.

### **Appeal Rights/Process**

CCHP has established policies and procedures related to CCHP's monitoring, investigation and formal appeals process, if applicable, when CCHP makes determinations regarding Practitioner and Organizational Provider eligibility and continued participation in CCHP's Network. See Policy entitled *Practitioner Suspension, Termination and Appeal Rights*.