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Objective:

- I. To ensure that Tuality Health Alliance (THA) uses a well defined credentialing and recredentialing process for evaluating and selecting licensed independent practitioners and providers to THA members. Practitioners identified as falling within the scope and authority and action of this policy are M.D.s/D.O.s who are Full and Associate THA members as well as Nurse Practitioners, Physician Assistants and Nurse Anesthetists who are Associate members and ancillary contracted practitioners or providers.
- II. To ensure that all practitioners meet specific criteria and requirements that meets or exceeds standards of the National Committee for Quality Assurance (NCQA), the Utilization Review Accreditation Commission (URAC) and the Center for Medicare and Medicaid Services (CMS) and specific health plan criteria.

Policy:

- I. Credentialing is the review of qualifications and other relevant information pertaining to a health care professional (practitioner/provider) who seeks appointment, contract, or participation with THA.
- II. Only licensed practitioners who are professionally competent and continuously meet the credentials, standards, and requirements established in Tuality Health Alliance Credentialing and Recredentialing policies and procedures are selected and retained to provide health care services to THA members.
- III. As part of THA's Quality Management Program for THA, all practitioners must successfully complete an initial credentialing and regular recredentialing process.
 - A. The initial credentialing process incorporates a 90 day credentialing period from the receipt of a completed application to the date THA approves or rejects the applicant.
 - B. The date on which the applicant is approved for Tuality Healthcare (THC) medical staff privileges by the THC Board is considered the receipt date of the Oregon Practitioners Credentialing Application for THA Full and Associate Members.
- IV. On behalf of THA, Tuality Healthcare Medical Staff Coordinators perform the initial credential and recredentialing verification processes for practitioners who are THA Full and Associate members.
- V. The THA Administrative Coordinator or designated staff performs the initial

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credential and recredentialing verification processes for ancillary practitioners/providers who are defined as preferred or extended physicians, podiatrists, nurse practitioners, other licensed independent contractors or providers.

- VI. THA does not credential practitioners who are ineligible due to opting out of Medicare/Medicaid or are found on the Office of Inspector General sanction list or the Excluded Parties List System.
- VII. THA requires a current, valid and unrestricted appropriate Oregon license or certification to practice. THA's policy is for "zero tolerance" of licensing restrictions as a result of unprofessional conduct described in Oregon ORS 677.188, 677.190.
- VIII. THA's credentialing and recredentialing process is conducted in a non-discriminatory manner. THA does not make credentialing and recredentialing decisions based on an applicant's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures (e.g., abortions) or patients (e.g., Medicaid) in which the provider specializes.
 - A. THA reviews and monitors practitioner/provider complaints quarterly to ensure that no concerns alleging discrimination exist.
 - B. Members of the THA Quality Management Committee (QMC) sign annual confidentiality and nondisclosure affirmative statements saying they will make credentialing or recredentialing decisions in a nondiscriminatory manner.
 - C. THA staff may conduct periodic audits of credentialing files to ensure practitioners are not discriminated against.
- IX. These criteria are reviewed at least annually and revised as needed by THA's peer review committee, the QMC.
- X. THA conducts a comprehensive review and verification of credentialing for each licensed, independent practitioner/provider prior to participation with THA and at least every three years thereafter.
- XI. THA credentials physicians, physician assistants, nurse practitioners and nurse anesthetists according to Medicare, Medicaid, NCQA standards, URAC standards and specific Health plan criteria. See Attachment A-Criteria
- XII. Tuality Community Hospital (TCH) Medical Staff Office (MSO) Coordinators perform some of the designated credentialing activities such as primary source verification and the National Provider Data Bank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query.
 - A. TCH MSO Coordinators may utilize a Credentialing Verification Organization

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(CVO), CredentialsOnLine, to perform some of the designated credentialing functions on behalf of TCH and THA.

- B. Documentation of primary source verification may include the actual copies of credentialing information. A detailed checklist is acceptable when signed/initialed and dated. Signatures or initials must be written in ink that is not erasable. Electronic verification is acceptable but must be initialed and dated in ink. Faxed, digital, electronic, scanned or photocopied signatures are acceptable.
 - 1. Oral or verbal verification received by THA or THC Medical Staff personnel must date, sign or initial and note the credentials verified.
 - 2. Written verification in the form of a letter or cumulative report uses the date of the official document, not the receipt date to assess performance against timeliness requirements. THA or THC Medical Staff personnel who verified the credentials must sign or initial the verification. Where applicable, the organization must obtain the latest cumulative report and periodic updates released by the approved source. THA or THC Medical Staff personnel must note the date of the report query and volume in the practitioner's file.
 - 3. For internet or electronic verification THA or THC Medical Staff personnel uses the date generated by the source when the information is retrieved. If the source report does not generate a date, THA uses the date noted in the credentialing file by the organization staff person who verified the credentials. The personnel verifying the credentials must sign or initial the verification.
At times, THA staff uses an electronic signature or unique electronic identifier to document verification. This 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 when applicable.

- XIII. The QMC has the responsibility for initial credentialing and recredentialing decisions with THA Board oversight.
 - A. The QMC uses a peer-review process to make recommendations regarding credentialing decisions.

 - B. The QMC includes a range of participating practitioners from THA's physician members and THA Board members representing the community.

 - C. The QMC receives and reviews the credentials of practitioners being credentialed or recredentialed, including those practitioners who do not meet THA's established criteria. The QMC thoughtfully considers the credentialing information before making recommendations about a practitioner's ability to

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deliver care. The decision is documented in the meeting minutes.

- D. The QMC may approve, defer, modify or deny participation with THA for initial applicant practitioners based on specific criteria contained in Attachment A.
 - E. The QMC may approve or defer suspension or termination of practitioners or recredentialing candidates based on specific criteria contained in Attachment A at least every three years.
 - F. The QMC may evaluate reinstatement of practitioners whose licenses have been suspended and then reinstated by licensing bodies.
- XIV. QMC Decision Making Process- Review of the Credentialing /Recredentialing file
- A. The THA Medical Director is directly involved in the credentialing program.
 - B. The THA Medical Director is authorized to make provisional credentialing decisions of a level 1 practitioner/provider identified as having no exceptions in the credentialing criteria.
 - 1. The Medical Director's signature date is the credentialing date.
 - 2. The QMC has the right to review any file of any practitioner whether the practitioner meets Level 1 criteria or not.
 - 3. The file is processed for final approval and "start date" when the professional liability insurance face sheet is in force.
 - 4. Final approval lies with the THA QMC and must be completed within 60 days of initial provisional level 1 credentialing.
 - C. The QMC must review the files of those practitioners who do not meet THA criteria for level 1 credentialing. These may include but are not limited to adverse findings, member complaints, or quality of care issues.
 - 1. History of adverse licensure action or government program participation activity
 - 2. History of disciplinary action by any professional review body including loss or limitation of medical staff membership, clinical privileges, professional liability insurance coverage or health plan participation
 - 3. Physical or mental impairment that adversely affects or could adversely affect the practitioner's ability to carry out the scope of his or her duties on behalf to THA, with or without accommodation
 - 4. Current illegal drug use
 - 5. Not meeting adequate professional experience, education and training in the requested area of practice
 - 6. History of malpractice occurrences within the past five years which exceed three separate events resulting in payment(s) on behalf of the practitioner; or a single event resulting in payment(s) exceeding

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practitioner must submit a copy of the Oregon Practitioner Re-Credentialing Application, a signed release of information and an updated Attestation Statement. The application form includes a statement by the applicant consistent with current Medicare, Medicaid, URAC and NCQA guidelines regarding:

1. Reasons for any inability to perform the essential functions of the position with or without accommodation;
 2. Lack of present illegal drug use;
 3. History of loss of license and felony convictions; and
 4. History of loss or limitation of privileges or disciplinary activity.
 5. Current malpractice insurance coverage
 6. The correctness and completeness of the application
- B. The application and attestation must be signed and dated within 180 calendar days of the credentialing decision.
- C. THA will use documents completed by the THC Medical Staff Coordinators who perform primary source verification of the following:
1. A current, valid and unrestricted Oregon state license to practice;
 2. The Oregon State Board of Medical Examiners most current cumulative report listing all practitioners holding a valid, current and unrestricted license to practice may be used
 3. Clinical privileges in good standing at TCH as confirmed by the TCH Medical Staff Coordinators or
 - a. Inpatient Covering Plan or
 - b. Inpatient Covering Plan utilizing Hospitalists or
 - c. Is part of a medical group that provides inpatient coverage
 4. A copy of the current valid Oregon DEA certificate, if applicable or primary source verification is acceptable;
 5. Graduation from medical school and completion of a residency program (note: verification written/verbal of highest level attained by contacting residency program);
 - a. Graduation from Medical School verification either written or oral confirmation from the medical school or
 - i. Entry in the AMA Physician Master File or
 - ii. Entry in the AOA Official Osteopathic Physician
 - iii. The Oregon Medical Board (OMB) obtains primary source verification of the medical school education, including date of graduation, of its medical (MD), osteopathic (DO) and podiatric physician (DPM) licensees, as well as the post-graduate

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education completed at time of licensure unless the OMB notes they utilized an expedited method for verification of education.

- b. Profile Report or AOA Physician Master File or
 - c. Confirmation from the Educational Commission for Foreign Medical Graduates for international medical graduates
 - d. For nurse practitioners or nurse anesthetists, graduation from appropriate school and verification either written or oral confirmation from the school
 - e. Primary source verification of fellowship via board certification or program is completed as above.
- 6. Board certification if the provider states they are board certified on the application; verification must be primary source verified.
 - 7. Work history: At least a five year work history from primary sources or curriculum vitae provided by the physician with no unexplained gaps greater than two months.
 - 8. THA must obtain a copy of the current professional liability insurance coverage that show dates and amount of coverage. All practitioners with privileges designated and approved by the Medical Staff, regardless of classification must at all times maintain full force and effect professional medical liability insurance as defined in ORS 441.825 in an amount not less than \$1,000,000 per occurrence, \$3,000,000 aggregate or \$2,000,000 per occurrence, \$2,000,000 aggregate, combined single limit.
- XVII. THA will request information from the National Provider Data Bank (NPDB)/ Healthcare Integrity and Protection Databank (HIPDB)..
The NPDB is the primary source verification for professional malpractice claims history, covering the most recent five years. This includes previous sanction by Medicare or Medicaid.
- A. If there is a sanction; it will be noted on the query form from the NPDB.
 - B. The review of information regarding state sanction restrictions and limitations on all licenses held should cover the most recent 5-year period.
- XVIII. The review of information regarding Medicare and Medicaid sanctions or exclusions should cover the most recent 5-year period. THA does not credential practitioners/providers that are on the Medicare Exclusion list, the Excluded Parties List or the HHS OIG sanction list.
- XIX. Practitioners/providers have the right to review submitted credentialing information, correct erroneous information, to be informed of the status of their credentialing or recredentialing application and to be notified of these rights.

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- A. When TCH Medical Staff office identifies erroneous information on a credentialing application, TCH Medical Staff Coordinators will notify the physician, nurse practitioner or nurse anesthetist within five (5) business days either verbally or in writing and provide an opportunity to correct the erroneous information.
- B. This information may come from any outside source such as professional liability insurance carrier, state licensing boards, board-certification decisions etc. This information does not include peer review protected information or other information protected by state or federal law, references or recommendations.
- C. THA or THC is not required to reveal the source of information if the information is not obtained to meet organization credentialing verification requirements or if the law prohibits disclosure.
- D. The practitioner/provider has up to fifteen (15) business days to correct erroneous information from date of notification. This information will be kept in the credentialing file.
- E. Correction of erroneous information may be submitted either in writing or orally.
- F. Corrected information is submitted to the Medical Staff Office at Tuality Community Hospital.
- G. Corrected information provided by email is printed off, dated, and initialed when placed in the file. Verbal corrected information is documented on the verification form with date, and initials. The information needs to include the details of the conversation, the name of the person providing the information, and the name or initials of the THA or THC staff person documenting the conversation.
- H. Practitioners/providers are notified of their rights that are enclosed with the THA Credentialing applications. These rights are outlined in the THA Membership Application.
- XX. Practitioners/providers have the right upon request to be informed on the status of their credentialing application by contacting the THA Administrative Coordinator or the THC Medical Staff Coordinator. These requests may be submitted either by telephone or in writing. Response to requests will be provided to the practitioner/provider within 10 business days of the request and documented in the credentials file. Status information is limited to the following:
 - A. Not received

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- B. Returned incomplete
 - C. In process
 - D. Ready and awaiting QMC review
 - E. Denied
 - F. Approved-Physicians, nurse practitioners and nurse anesthetists may not begin seeing THA members until he/she has received written notification from THA with the date they are considered active.
- XXI. In the event that information obtained during the credentialing process varies substantially from the information provided as part of the application process, the Medical Director will contact the applicant for clarification within 3 business days of identifying the discrepancy. The Medical Director will attempt to contact the provider by phone on two separate occasions. If clarification is not received at that time one follow up notification will be sent in writing via certified letter. The credentialing process will stop until clarification occurs. If the provider does not respond within 30 days, this will be considered a voluntary withdrawal of the application.
- XXII. All data should be current at the time the QMC makes its credentialing decision with THA Board oversight.
- XXIII. The Quality Management Committee:
- A. Reviews initial applications that are not eligible for provisional level 1 credentialing and determines if the applicant meets established criteria.
 - B. If the applicant meets criteria, the applicant will be credentialed according to policy.
 - C. There is the opportunity to give provisional credentials that may be reviewed within a year.
- XXIV. All QMC discussions relating to review of the practitioner's/provider's file are held in closed session and considered confidential.
- XXV. Final approval of the credentialing process rests with the QMC with oversight by the THA Board.
- XXVI. Practitioners/providers are notified in writing of the credentialing decision to approve or deny appointment to the THA panel within 10 business days.
- XXVII. Confidentiality of Credential Files
- A. All information obtained in the credentialing process is considered confidential and will be maintained as such according to the THA Confidentiality policy.
 - B. THA will maintain a credential file separate from the hospital credential file for

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each individual provider. Credentials files are maintained in locked file cabinets with restricted access.

1. Credential files are maintained as confidential documents protected under State of Oregon statutes for the purpose of conducting education, evaluation, professional credentialing and quality management activities.
2. All credentialing staff and auditors are required to sign a confidentiality statement.
3. Credentialing files are not to be left unattended in open office areas.

XXVIII. The initial credentialing and recredentialing process includes an on-site visit to the PCP's and the OB/Gyn's offices. On-site reviews are completed by THA staff. Site reviews are to be completed prior to credentialing, recredentialing or as a follow up to complaints that have exceeded threshold as described in THA Policy X-5 Office Site Quality Review.

XXIX. THA does not delegate credentialing for THA Full and Associate members. THA may choose to delegate the credentialing process for contracted practitioners or providers according to THA Policy and Procedure X-9 Delegation of Credentialing.

XXX. THA is delegated for credentialing by various health plans. Therefore, THA relies on the provider directories of the Health plans to provide materials to their members that are consistent with credentialing data, including education, training, certification and specialty.

XXXI. In the event THA denies credentialing, the physician, nurse practitioner or nurse anesthetist may reapply no sooner than 12 months from the date of the denial. THA reserves the right to review the physician, physician assistant, nurse practitioner or nurse anesthetist against all credentialing criteria at the time of reapplication.

XXXII. THA will provide health plans with practitioner profile information containing the necessary information for directories.

Refer to: THA Policy X-2 Initial Credentialing Verification
THA Policy X-3 Application and Attestation
THA Policy X-4 Initial Sanction Information
THA Policy X-5 Office Site Quality Review
THA Policy X-6 Recredentialing Verification
THA Policy X-7 Ongoing Monitoring
THA Policy X-8 Practitioner Appeal Rights
THA Policy X-9 Delegation of Credentialing/Recredentialing
THA Policy X-12 Level 1 Credentialing

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THA Plan Director

THA Medical Director