

Objective:

- I. To ensure that Tuality Health Alliance (THA) practitioners/providers have the legal authority and relevant training and experience to provide quality care.
- II. To ensure that THA conducts verification of state licensure and other credentialing information within the specified time limits and utilizes primary source verification unless otherwise indicated.

Policy:

- I. As part of THA's Quality Management Program, all practitioners must successfully complete an initial Oregon Practitioner Credentialing Application.
 - 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 medical staff privileges by the Tuality Healthcare Board is considered the receipt date of the Oregon Practitioner Credentialing Application for THA Full and Associate Members and ends on the date THA approves or rejects the complete application or 90 days after THA receives the complete application, whichever is earlier.
 - C. Complete application means a provider's application to THA to become a credentialed provider includes:
 1. Proof that the provider is licensed by a health professional regulatory board as defined in ORS 676.160
 2. Proof of current registration with the Drug Enforcement Administration of the United States Department of Justice, if applicable to the provider's practice
 3. Proof that the provider is covered by a professional liability insurance policy or certification meeting the health insurer's requirements.
- II. License or Certification Verification
 - A. Verification Time Limit: 180 days
 - B. For THA Full and Associate members, THC Medical Staff Coordinators verifies valid and current licensure through a query of the appropriate licensing division of the Oregon State Board or the certification agency. Primary source verification is completed online or via telephone and must be in effect at the

time of the credentialing decision.

- C. For preferred and extended contracted providers, license verification is verified the same as the above by the THA Administrative Coordinator or designated staff.

III. Initial Primary Source Verification

- A. A current, valid Oregon DEA, if applicable
 - 1. Verification Time Limit: 180 days
 - 2. Must be effective at the time of the credentialing decision
 - 3. A copy of the Oregon DEA from the provider, date stamp and initial the copy upon receipt
 - 4. THA may credential a provider whose Oregon DEA certificate is pending provided there is a provider with a valid Oregon DEA who will write all prescriptions requiring an Oregon DEA number for the prescribing provider until the provider has a valid Oregon DEA certificate.

- B. Education and Training
 - 1. Verification Time Limit: None
 - 2. THA verifies the highest of the three levels of education and training obtained.
 - a. Graduation from medical or professional school
 - b. Residency or fellowship, if appropriate
 - c. Board certification, if appropriate
 - 3. Verification of board certification fully meets this requirement
 - 4. For providers not board certified, verification of completion of Medical School and residency or other professional school fully meets this requirement.
 - a. Confirmation from the residency training program
 - b. Confirmation from the medical school
 - c. Confirmation from the Educational Commission for Foreign Medical Graduates for international medical graduates licensed after 1986.
 - d. Entry in the AMA Physician Master File
 - e. Entry in the American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or AOA Physician Master File
 - f. Entry in a podiatry specialty board master file
 - g. Confirmation from the state licensing agency
 - h. Submission of sealed transcripts with an unbroken institution seal
 - i. Federation Credentials Verification Service (FCVS) for closed residency programs

- C. Board Certification: Required by various health plans, therefore required by THA for Full and Associate THA Members. Board Certification is not required for Preferred or Extended Contracted providers.
1. Verification Time Limit: 180 days
 2. ABMS Official Directory of Board Certified Medical Specialists.
 - a. Acceptable ABMS sources are products or services specifically designated by the ABMS as Official ABMS Display Agents,
 - b. Directly from the ABMS and its member boards (not an agent or licensee, where a dated certificate of primary source authenticity has been provided
 3. American Medical Association (AMA) Master Profile
 4. AOA Official Osteopathic Physician Profile Report of AOA Physician Master File.
 5. The appropriate specialty board
 6. The appropriate Oregon licensing agency
 7. Physicians who apply for panel membership on or after June 2000 must be certified as recognized by the ABMS or the AOA at the time of initial credentialing and/or recredentialing. Physicians who are not board certified and have completed an approved residency program prior to 1980 may be exempt from this requirement, provided that all other credentialing criteria are met.
 8. Participating status may be granted to a physician who has completed an accredited residency program and has applied to take the certification examination. It is expected that board certification is obtained within four (4) years of becoming qualified to take the examinations and maintained thereafter.
 9. Upon obtaining board certification status, physicians must maintain their board certification status in order to maintain their medical staff membership and privileges at Tuality Healthcare. Should recertification not be maintained, the Physician shall retake their board recertification examination minimally on an annual basis and obtain recertification within two years. If board certification is not re-attained within this period it is considered a voluntary resignation from THA and not eligible for a hearing or appeal.
- D. Work history
1. Verification Time Limit: 180 days
 2. A minimum of five years relevant work history through the provider's application or curriculum vitae. Relevant experience includes work as a health professional.
 3. If the practitioner has practiced fewer than five years from the date of verification of work history, it begins with the initial licensure. This must include the beginning and ending month and year for each position in

4. the practitioner's employment experience.
 4. Gaps of two months or greater need to be reviewed and clarified, either verbally or in writing, greater than one year requires it to be verified in writing.
 5. All work histories provided in initial credentialing files are to be initialed and dated by the reviewer within 180 days of presentation to the QMC.
- E. History of professional liability claims that resulted in settlements or judgments paid on behalf of the practitioner
1. Verification Time Limit: 180 days
 2. Written confirmation of the past five years of history of malpractice settlements from the malpractice carrier or must query the NPDB.
 3. CredentialsOnLine acting Credentialing Verification Organization (CVO),
 - a. THA requires a dated and signed or initialed note by the Tuality Healthcare (THC) Medical Staff Coordinator who verified the credentials.
 - b. The latest cumulative report and periodic updates released by the approved source.
 - c. THC Medical Staff Coordinator must note the date of the report query in the provider's file.
 - d. THA uses the date of the official document (date on the letter or report), not the receipt date, to determine compliance with timeliness requirements.
- IV. Prior to initial credentialing queries are completed from the Medicare Part B Opt-Out list, the Office of Inspector General Sanction list (OIG_HHS) or the Excluded Parties List System to ensure providers are not excluded from Medicare participation.

Refer to: THA Policy X-5 Site Review
THA Policy X-6 Practitioner Appeal Rights
THA Policy X-8 Delegation of Credentialing/Recredentialing
THA Policy X-10 Medical Director Role and Responsibilities
NCQA CR 3 Initial Credentialing Verification
URAC P-CR-5 Credentialing Application
OAR 410-141-0120

Formulated: February 1994
Revised: April 1995
January 1996
August 1996
February 1999
April 1999
August 1999
June 2000
December 2001
November 2002
November 2003
July 2004
July 2006
September 2007
September 2008
September 2009
August 2010
June 2011

THA Plan Director

THA Medical Director