

Subject: Recredentialing Verification

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Objective:

- I. To ensure that Tuality Health Alliance (THA) providers have the legal authority and relevant training and experience to provide quality care.
- II. To ensure that THA conducts verification of credentials within the specified time limits and through information verified from primary sources, unless otherwise indicated.
- III. To ensure that THA identifies changes that have occurred since the last credentialing which may affect the care provided to members.

Policy:

- I. The scope of THA's recredentialing policy includes THA Full, Associate, Preferred or Extended Contracted and Ancillary Practitioners.
- II. THA's policy is for "zero tolerance" of licensing restrictions as a result of unprofessional conduct described in Oregon ORS 677.188 and 677.190.
- III. THA practitioners will be recredentialled maintaining compliance with National Committee on Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) standards. THA will utilize the 3 year URAC recredentialing standard for guidelines. Exceptions to the 3 year recredentialing cycle may occur under the following circumstances:
 - A. If the practitioner is on active military assignment
 - B. If the practitioner is on maternity leave or sabbatical
 - C. The contract between the practitioner and THA remains in place and THA will recredential the practitioner upon his or her return. The reason for the delay must be documented in the practitioner's file.
 - D. THA will verify that the practitioner who returns from military duty, maternity leave or sabbatical has a valid license to practice before he/she resumes seeing patients.
 - E. THA will complete the recredentialing process within 60 calendar days of when the practitioner resumes seeing patients.

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- IV. The Oregon Practitioner Recredentialing Application is the approved application used for recredentialing and completes primary source verification for the following criteria.

- V. License Verification
 - A. Verification Time Limit: 180 days

 - B. THA verifies valid and current licensure or certification from the state through a query to the appropriate Oregon State Board or certification agency via telephone verification or website if primary source verification is an approved method of the site.

- VI. A current, valid Oregon DEA, if applicable
 - A. Verification Time Limit: None

 - B. For practitioners who prescribe medications, the DEA or CDS certificate must be effective at the time of the recredentialing decision, verified through one of the following methods:
 - 1. A copy of the DEA or CDS certificate
 - 2. Documented visual inspection of the original certificate
 - 3. Confirmation with the DEA or CDS Agency
 - 4. Entry in the National Technical Information Service (NTIS) database
 - 5. Entry in the American Medical Assoc (AMA) Practitioner Master File
 - 6. Confirmation with the state pharmaceutical licensing agency where applicable

 - C. THA may recredential a practitioner whose DEA certificate is pending provided there is a practitioner with a valid DEA who will write all prescriptions requiring a DEA number for the prescribing practitioner until a valid DEA certificate has been received.

- VII. Board Certification, if applicable
 - A. Verification Time Limit: within 180 calendar days prior to recredentialing decision;
 - 1. Document expiration date
 - 2. If lifetime certification status, this must be documented in the practitioner's credentialing file and verified within 180 days as well.

 - B. AOA Official Osteopathic Practitioner Profile Report of AOA

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Practitioner Master File.
Or

- C. The appropriate specialty board of the American Board of Medical Specialties.
 - D. Failure to pass the board examination after three (3) attempts within 5 years may result in a recommendation for termination based on lack of compliance with credentialing criteria.
- VIII. History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the provider.
Verification Time Limit: 180 days
Confirmation of the past five years of history of professional liability settlements via NPDB query.
- IX. The application includes a current and signed attestation and addresses the following:
- A. Reasons for any inability to perform the essential functions of the position, with or without accommodation.
 - B. Lack of present illegal drug use.
 - C. History of loss of license or felony convictions.
 - D. History of loss or limitation of privileges or disciplinary action.
 - E. Current professional liability insurance coverage - Should include the dates and amount of current professional liability insurance coverage.
 - F. The correctness and completeness of the application.
 - G. Verification Time Limit: 180 days
- X. Sanction Information
- A. Verification Time Limit: 180 days
 - B. State sanctions, restrictions on licensure and/or limitations on scope of practice within the most recent five-year period through the data source.
 - 1. Written verification must come from the National Practitioner Data Bank (NPDB), Healthcare Integrity and Protection

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- Databank (HIPDB), Federation of State Medical Boards (FSMB) or appropriate state certification or accreditation agencies
 2. Must be from the most recent, cumulative report released by the approved source as well as all subsequent periodic updates
 - C. Medicare and Medicaid sanctions or exclusions by one of the following NCQA/URAC approved Primary sources:
 1. NPDB
 2. Cumulative Sanctions Report
 3. State Medicaid agency or intermediary
 4. Medicare intermediary –Noridian exclusion listing
 5. Office of Inspector General (OIG) –List of Excluded Individuals and Entities
 6. Excluded Parties List System (EPLS).
- XI. THA evaluates all recredentialing candidates for continuing participation, corrective action/improvement or termination.
- XII. Additional recredentialing criteria which have been forwarded by THA's Quality Management Council (QMC) are reviewed with respect to utilization, quality, access and administrative concerns. This process provides an opportunity for informative and educational feedback to the providers.
- XIII. Ultimate authority and responsibility for the oversight of the recredentialing process resides with the THA Board.
- XIV. A practitioner/provider may be reappointed at any time during the recredentialing cycle as determined by the THA QMC.
- XV. Practitioners/providers are given the opportunity to review and correct information used in the recredentialing process at any time during the recredentialing process.
- XVI. In the event that information obtained during the recredentialing process varies substantially from the information provided as part of the application process, a THA Medical Director will contact the applicant for clarification.
- XVII. The practitioner/provider has the right upon request to be informed of the status of their recredentialing application.

- XVIII. Recredentialing information is provided to the QMC for review to determine if the practitioner/provider meets the established criteria. If yes, the practitioner/provider will be recredentialed according to policy.
- XIX. Recredentialing is conducted in a manner that is non-discriminatory, as discussed in THA Policy X-1 Overview of Credentialing Policies and practitioner/providers are notified of the decision within 10 business days.
- XX. All THA QMC discussions relating to review of the practitioner/provider's file are held in closed session and considered confidential.
- XXI. All information obtained in the recredentialing process is considered confidential and will be maintained as such according to the THA Confidentiality policy.
- A. THA will maintain a credentialing file separate from the hospital credential file for each individual provider.
 - B. Credentials files are maintained in locked file cabinets with restricted access.
 - C. All credentialing staff and auditors are required to sign a confidentiality and non-discriminatory statement.
 - D. Credentialing files are not to be left unattended in open office areas.

Refer to: THA Policy VII-4 Confidentiality Policy
THA Policy X-1 Credentialing
THA Policy X-5 Site Review Policy
THA Policy X-8 Delegation of Credentialing / Recredentialing Policy
NCQA CR 7 Recredentialing Verification
URAC P-CR-13 Credentialing Determination Notification
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THA Plan Director

THA Medical Director