

Subject: Credentialing

Objective:

- I. To ensure that Tuality Health Alliance (THA) uses a well-defined credentialing and re-credentialing process for evaluating and selecting licensed independent practitioners.
- II. To ensure that all practitioners meet criteria and requirements according to the National Committee for Quality Assurance (NCQA), and Centers for Medicare and Medicaid Services (CMS).

Definition:

- I. Credentialing is the review of qualifications and other relevant information pertaining to a health care practitioner seeking appointment with THA.
- II. Practitioners identified as falling within the scope and authority of this policy are:

Doctors of Medicine (MD)	Physician Assistants (PA)
Doctors of Osteopathic Medicine (DO)	Clinical psychologists (PhD/PsyD)*
Audiologists (AuD)	Chiropractor (DC)
Doctors of Podiatric Medicine (DPM)	Optometrist (OD)
Nurse Practitioners (NP)	Naturopathic Doctor (ND)
Certified Nurse Midwife (CNM)	Speech Pathologist (MA)
Clinical Nurse Specialist (CNS)	Physical Therapist (PT)
Licensed Social Worker (LCSW)*	Occupational Therapy (OT)
	Licensed Doulas
	Licensed Nurse Anesthetist (CRNA)

*must work within a THA member clinic

Policy:

- I. Only licensed practitioners who are professionally competent and who continuously meet the credentials, standards, and requirements established in the THA policies and procedures are selected and retained to provide health care services for THA members. THA credentials practitioners according to NCQA and CMS – see *Attachment B*.
- II. As part of the THA Quality Management Program, all participating practitioners must successfully complete an initial credentialing process and/or recredentialing process, as applicable.

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- a. Initial Credentialing

THA conducts a comprehensive review and verification of credentialing for each licensed practitioner prior to his/her participation with THA. Initial credentialing incorporates a ninety (90) day credentialing period from the receipt of a completed application to the date that THA approves or rejects the practitioner applicant.
 - b. Recredentialing

THA conducts a comprehensive review and verification of credentialing for each licensed practitioner no more than every three (3) years following the practitioner's previous credentialing or recredentialing period.
- III. Credentialing of Member and Ancillary Practitioners

On behalf of THA, Tuality Healthcare (THC) Medical Staff Office (MSO) performs the initial credentialing and subsequent recredentialing processes for Member and Ancillary providers, including elements within *Attachment B: Primary Source Verification*. THC MSO may utilize a credentialing verification organization (CVO), to perform designated credentialing functions.

IV. Credentialing Application

Criteria on what constitutes a complete application are listed in *Attachment A: Criteria for Complete Application for Credentialing/Participation in Tuality Health Alliance*.

- a. The completed application forms must be signed and dated within 180 days of the THA credentialing decision.
- b. Credentialing processes include an on-site office visit in accordance with *THA Policy X-5: Site Reviews*. On-site visits are completed by THA staff and communicated to the THC MSO.
- c. THA does not accept practitioners who are ineligible due to opting out of Medicare/Medicaid, or who are sanctioned on the Medicare Exclusion list as captured on the System for Award Management (SAM) and/or the Office of Inspector General (OIG) sanction list.

VI. Confidentiality of Credentialing Files

All information obtained through the credentialing process is considered confidential. Credentialing files are maintained as confidential documents, protected under Oregon statutes, for the purpose of conducting education, evaluation, professional credentialing and quality management activities. THA maintains credentialing files separate from the THC credentialing files. All credentialing files are restricted to the appropriate staff.

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- a. All credentialing staff and members of the THA Quality Management Committee (as described below) are required to sign confidentiality statements on a yearly basis.
 - b. Auditors are required to sign confidentiality statements prior to credentialing audits.
- VII. The applicant practitioners are given the opportunity to review and correct information used in recredentialing process at any time during the recredentialing process.
- VIII. The applicant practitioner has the right, upon request, to be informed of the status of his/her recredentialing application.
- IX. Credentialing Decision Making: The THA Quality Management Committee
THA Quality Management Committee (QMC), with THA Board oversight, has the ultimate responsibility for initial credentialing and recredentialing decisions. THA QMC is made up of THA participating practitioners and THA Board members; THA QMC makes credentialing decisions through a peer-review process.
- A. As a member of the THA QMC, the THA Medical Director is directly involved in the credentialing program and is authorized to make credentialing decisions on “expedited credentialing” files. Expedited credentialing is available to practitioners with complete, clean applications, who are identified as having no exceptions to the credentialing criteria. The Medical Director’s signature date is the credentialing date.
- B. If a practitioner’s file does not meet expedited credentialing criteria listed above, the final review, approval or denial, will be completed by the THA QMC. Practitioners who do not meet criteria for expedited credentialing may have:
- 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, loss of clinical privileges, loss of professional liability insurance coverage, or loss of 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 of THA;
 - 4. Current illegal drug use;
 - 5. Not meeting adequate professional experience, education, and training

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- in the requested area of practice;
 - 6. Prior filed, dismissed, closed, withdrawn, and/or settled malpractice claim; and/or
 - 7. Information from ongoing monitoring of Quality Improvement activities and member complaints.
- C. THA QMC credentialing decision making process may take place in the form of real-time or virtual meeting (e.g. through video or Web conferencing); meetings may not be conducted through e-mail alone.
- D. All THA QMC discussions relating to review of the applicant's file are held in closed session and considered confidential.
- E. THA QMC may approve, defer, modify, or deny initial credentialing or re credentialing with THA based on all information provided and obtained during the credentialing process. At reappointment, additional review of a providers utilization, access, quality and administrative relationship with THA will be taken into consideration.
- F. THA QMC may grant appointments for a period of no more than three years.
- G. All credentialing decisions are documented in the THA QMC meeting minutes.
- H. Applicant practitioners are notified of the initial or recredentialing decision, in writing, within thirty (30) business days.
- X. THA credentialing and recredentialing processes are conducted in a non-discriminatory manner. Credentialing and recredentialing decisions are not made 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 practitioner specializes. In selecting practitioners, THA will not discriminate, in terms of participation, reimbursement, or indemnification, against any health care professional who is acting within the scope of his or her license or certification under State law.
- THA monitors and prevents discriminatory credentialing through the following processes:
- a. Members of the THA QMC sign annual confidentiality and nondisclosure affirmative statements, agreeing to make credentialing or recredentialing decisions in a nondiscriminatory manner.
 - b. THA staff may conduct annual audits of credentialing files to ensure that

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- practitioners are not discriminated against.
- XI. Practitioner applicants have the right to review submitted credentialing information, to correct erroneous information, to be informed of the status of their credentialing or recredentialing application, and to be notified of these rights.
- a. Practitioners have the right, upon request, to be informed on the status of their credentialing application by contacting the THA Provider's Relations or the THC MSO. These requests may be submitted either by telephone or in writing. Response to requests will be provided to the applicant within ten (10) business days of the request. Application status information is limited to the following:
 1. Not received;
 2. Returned, incomplete;
 3. In process;
 4. Ready, awaiting THA Medical Director or THA QMC review;
 5. Denied; or
 6. Approved
 - b. When the THC MSO or THA Provider Relations identifies erroneous information within a credentialing application, staff will notify the applicant. Notification may be given verbally or in writing. Correction of erroneous information may be submitted either verbally or in writing to the THC MSO. Corrected information that is provided by email will be printed, dated, and initialed by the receiving staff member, and then placed in the applicant file. Verbally corrected information is documented on the verification form with date, and initialed by the receiving staff member; the documented information needs to include the details of the conversation, and the name of the person providing the information.
 - c. In the event that information obtained during the credentialing process varies substantially from the information provided as part of the application process, the THA Medical Director will contact the applicant for clarification of the discrepancy. If unable to be reached by phone, the THA Medical Director will request a follow up in writing via a certified letter. The credentialing process will stop until clarification is received. If the practitioner does not respond within thirty (30) days, this will be considered a voluntary withdrawal of the application.
 - d. Practitioners are notified of their rights as these rights are enclosed within the THA Credentialing Application(s).
- X. Applicant practitioners are notified in writing of the credentialing decision to

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approve or deny appointment to the THA practitioner panel within thirty (30) business days of the THA Medical Director or THA QMC decision.

- XI. In the event that the applicant is denied appointment, he/she may reapply no sooner than twelve (12) months from the date of the denial.

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ATTACHMENT A

Criteria for Complete Application for Credentialing/Participation in Tuality Health Alliance

- I. Current, valid, unrestricted license by the appropriate Board to practice in the State of Oregon.
- II. Completion of the Oregon Practitioner Credentialing/Recredentialing Application submitted, along with attestation of correctness and completeness of the application.
- III. Current, valid Drug Enforcement Agency (DEA) certificate in the state of Oregon, if applicable.
- IV. Graduation from the appropriate medical/professional school and completion of residency, if applicable.
- V. For MD/DO/ND/DPM: Board Certification within five (5) years of residency/fellowship completion for practicing specialty by a nationally recognized Board. If an initial MD/DO/ND/DPM applicant has not obtained board certification within five (5) years of the date of completion of the residency/fellowship program and has maintained eligibility for Board Certification, then an application by the MD/DO/ND/DPM may be considered to be given an extension of time by the THA QMC to obtain board certification. Such consideration would be based on THA needs at the time, appropriate justification by the applicant for an extension, and documentation showing this physician has been practicing this specialty within the last year. Eligible individuals who have been granted an exception as noted above shall be granted no more than a (2) two year extension. If board certification is not attained/re-attained within this period it is considered a voluntary resignation from THA.
- VI. Physicians, Nurse Practitioners, and Physician Assistants who apply for membership on or after June 2000 must be certified as recognized by the approved Boards at time of initial credentialing or recredentialing.
- VII. For initial credentialing, complete employment history for the most recent five (5) years, with no unexplained gaps greater than two months. For recredentialing, complete employment history for the most recent three (3) years, with no unexplained gaps greater than two months.

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- VIII. Provide evidence, insurance declaration page, of current dates and amount of professional liability/malpractice insurance coverage in an amount not less than \$1,000,000 per occurrence and \$3,000,000 aggregate.
- IX. History of all filed, closed, withdrawn, dismissed, and/or settled malpractice claims.
- X. Attestation of adequate physical and mental health status.
- XI. Attestation and explanation of any prior criminal violations (felony or misdemeanor).
- XII. Attestation regarding use of any illegal drugs.
- XIII. Attestation of history with respect to State and Federal licensing agencies, medical staff membership and/or clinical privileges; disciplinary actions, Medicare/Medicaid sanctions, or any other actions reasonably related to his or her professional judgment, competence and clinical/technical performance.
- XIV. Active Division of Medical Assistant Program/Medicaid number.
- XV. Signed Practitioner Right to Review Credentials Information document.
- XVI. Signed Authorization to Obtain and Release of Information document.
- XVII. Evidence of Tuality Healthcare Admitting privileges or Admit Plan.
- XVIII. Signed Tuality Health Alliance Code of Conduct.
- XIX. Completed Tuality Health Alliance Demographic form.
- XX. Current W9.
- XXI. Clinical call coverage details.
- XXII. THA Members Only – Signed Membership Criteria and Signed Membership Agreement.
- XXIII. THA Ancillary Only – Signed Ancillary contract.

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ATTACHMENT B: PRIMARY SOURCE VERIFICATION

Credential	Verification Time Limit	Verification Source	Initial Credentialing	Recredentialing
Education: In accordance with NCQA standards, the highest of three levels of education and training will be verified. The three levels are defined as follows: a. Graduation from medical or professional school b. Residency, as appropriate c. Board Certification, if appropriate	None	Correspondence with schools, AMA Physician Profile; AOA Official Osteopathic Physician Profile Report/Masterfile; FCVS for closed residence programs; Oregon Medical Board; Oregon State Board of Nursing	Yes – documentation of phone calls with or completion of verification form from schools; reports from the AMA or AOA database; a dated print out from the Oregon Medical Board or Oregon Board of Nursing.	Not applicable
Current valid license to practice in the State of Oregon	MSO:180 days CVO: 120 days	PSV identified by the appropriate licensing board	Yes	Yes
Membership status at Tuality Community Hospital OR Inpatient Covering Plan OR Inpatient Covering Plan utilizing Hospitalists	180 days	Tuality Healthcare Medical Staff Office or NAMSS PASS	Yes	Yes
Valid Oregon Drug Enforcement Agency Certificate	Must be in effect at time of decision and verified within 180 days	Copy of DEA certificate showing expiration date	Yes	Yes

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Board Certification, if applicable	180 days	PSV identified by the appropriate board	Yes	Yes
Work history, with explanation of all gaps of two months or greater	MSO:180 days CVO: 120 days	Validation of work history on application or CV	Yes – previous 5 years	Yes – previous 3 years
Current Professional Liability Insurance	180 days	Copy of current malpractice insurance declarations page	Yes	Yes
History of professional liability claims that resulted in settlements or judgments	180 days	5 year history either through malpractice carrier or NPDB	Yes	Yes
National Practitioner Database (NPDB) Query	180 days	National Practitioner Data Bank	Yes	Yes
State sanctions, restrictions on licensure and/or limitations of scope of practice. Covers most recent 5 year period in all states where the practitioner has practiced	180 days	Query applicable State licensing boards and NPDB	Yes	Yes
Medicare/Medicaid sanctions history	180 days	Online query of NPDB and/or Office of the Inspector General database and/or System for Award Management database	Yes	Yes

References: 42 CFR 422.204(b)(2)(iii)
 NCQA Credentialing Standards
 CMS Credentialing Standards
 OAR 410-141-0120
 Health Share of Oregon – Tuality Health Alliance Contract

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