SUBJECT: NON-PHYSICIAN HEALTHCARE PRACTITIONER RECREDENTIALING	EFFECTIVE DATE: 1/01
SECTION: CREDENTIALING	
POLICY NUMBER: CR-02A	
Applies to all products administered by the Plan except when changed by contract	

Policy Statement: The Plan is responsible for assuring the provision of accessible, cost efficient, high quality care to its members. To assist the plan to meet this goal, the Credentialing Committee reviews the credentials of all practitioners who apply for participation. The Credentialing Committee is a committee of community practitioners, Divisional Medical Directors, and other such members as the plan may appoint, who as a peer group make decisions on practitioner applications.

This policy applies to all Non-Physician Healthcare Practitioners ("Practitioners"), for which the plan has credentialing responsibility, including but not limited to:

- Applied Behavioral Analysts
- Acupuncturist
- Audiologist
- Certified Diabetic Educators
- Chiropractors
- Dentists *(including dentists specializing in oral maxillofacial surgery)*
- Enterostomal Therapists
- Genetic Counselors
- Marriage & Family Therapists
- Massage Therapists
- Mental Health Counselors
- Midwifes
- Occupational Therapists
- Optometrists
- Pharmacists
- Physical Therapists
- Podiatrists
- Psychologists
- Psychiatric Nurse Practitioners
- Social Workers
- Speech & Language Pathologists
- Women's Health Nurse Practitioners

The Plan does not make recredentialing decisions based solely on the applicant's race, ethnic/national identity, gender, age, sexual orientation, the types of procedures or types of patients in which the practitioner specializes. The Plan reserves the right to request proof of identity and personal interviews during the recredentialing process. The Plan does not discriminate against practitioners who serve high risk populations or who specialize in treating costly conditions.

The practitioner has the burden of providing complete information sufficiently detailed for Credentialing Committee to act. The practitioner has the right upon request to be informed of the status of their application. The method of communication used by the practitioner will determine the method of response (e.g. a phone inquiry will receive a response by phone, a letter inquiry will receive a response by letter). The Plan will share current status, date of the next committee meeting, as well as identify the missing items necessary to complete the file for presentation to the Credentialing Committee.

Practitioners may be recredentialed at any time, but in no circumstance longer than a three-year period.

Process:

1. CRITERIA

The Plan will notify the practitioner prior to the practitioner's recredential date. All practitioners must complete the recredential application in its entirety, for review. If any information is missing, the practitioner is notified by telephone or in writing to request the missing information. A completed application consists of at least the following copies of all documents, where applicable:

A. APPLICATION – The application must be approved by the Plan. All applications, attachments, waivers and releases must be updated by the applicant within 180 days of presentation to the Corporate Credentialing Committee. If application is not finished within 180 days it will be considered incomplete.

B. MEET SPECIALTY REQUIREMENTS – Please refer to attachments for specific requirements for each specialty.

C. TRAINING – Accredited training must meet the current minimum requirements as defined by the practitioner's specialty board.

D. MALPRACTICE INSURANCE - New York State Practitioners must possess, and maintain at all times amounts of at least $1 million per occurrence and $3 million common aggregate applicable to the practitioner's specialty/subspecialty, or as otherwise specified by the Plan. For Practitioners who practice in a state other than New York State, the applicant must document the existence of professional liability coverage meeting the minimum required in his/her state.

The proof of Malpractice Insurance must include:

1. Name the practitioner
2. The limits of liability.
3. Effective date and expiration date.

The Plan will act immediately when it learns of a lapsed or expired certificate. The Plan reserves the right to deny or revoke the credentials of a practitioner who does not have the appropriate malpractice insurance.

E. STATE LICENSE CERTIFICATE – Practitioner must possess, and maintain at all times, a valid State license and current registration to practice as a physician. Practitioner's with a limited or restricted license generally do not meet the Plan's criteria for credentialing. A practitioner with a limited or restricted license(s) who request their application be considered as exceptions shall provide proof to the Credentialing Committee that they exceed the qualifications for membership in professional competence and good character.

F. DEA CERTIFICATE – Practitioners must possess, and maintain at all times, a valid Drug Enforcement Agency (DEA) Certificate, if applicable for their specialty. The plan will act immediately when it learns of a lapsed or expired certificate. Institutional DEAs and DEA exceptions may be considered on request.

G. FACILITY PRIVILEGES – Practitioners are expected to be in good standing with a plan affiliated Article 28 or 40 facility, if applicable, except as permitted by Credentialing Policy CR-16. Practitioners

are required, by contract, to notify the plan of any changes in their privilege status. All practitioners are obliged to provide for the continuous care of their patients.

H. CONFIDENTIAL INFORMATION QUESTIONNAIRE – Practitioners must certify the practitioner's history since the last recredential date of pending and/or resolved:

1) (S)he is free of any conditions, which could impact his/her ability to deliver the care for which they are credentialed (e.g.: physical and mental capacity impairments, including substance abuse)
2) History of charges or conviction of a crime
3) History of pending or resolved Medicare or Medicaid Sanctions
4) History of loss, limitation, or restriction of licensure in any jurisdiction
5) History of loss or limitation of DEA
6) History of loss or limitation of hospital privileges
7) History of revocation or limitation of privileges, membership, association, employment or participation status in any hospital, health care facility, or managed care organization
8) History of any professional disciplinary actions
9) History of pending or resolved medical malpractice claims history
10) Signed attestation statement verifying correctness/completeness of the application.

I. SITE REVIEW – Practitioners may undergo a Site Review. Please refer to Credentialing Policy #CR-18.

J. 24 HOUR COVERAGE – All credentialed practitioners in procedural specialties are obligated to provide for the continuous care of their patients through on-call coverage arrangements with other participating Plan practitioners of the same or similar specialties.

K. CONTINUING EDUCATION CREDITS – Practitioners may be required to submit continuing education credit hours per year, to coincide with the recredentialing date. Please refer to each individual specialty criteria for the number of credit hours required per specialty. Credit hours do not always equal credits earned. Therefore, it is imperative that the practitioner assure that their documentation clearly documents credits earned.

2. **CREDENTIALING PROCEDURE**

A. The Plan will:
   a. Prepare and mail a request for a completed recredential application.
   b. Collect and review incoming applications.
   c. Call or send written reminder after two weeks.

**A completed application for Credential and Recredential purposes includes: a complete and accurate CAQH application, re-attested to within the last 90 days, including all supporting documentation including, but not limited to malpractice insurance certificate, continuity of care arrangements that meet Plan criteria for specialty, explanation of any affirmative responses including malpractice suits. The practitioner is obliged to provide the Plan with information sufficiently detailed to render an opinion regarding any affirmative response. In addition, all verifications from third party source as listed under Section B. below*

B. Once a completed application is available, the Plan will:
   a. Review the recredential application for completeness.
   b. Perform primary source verification of:

      1) State Licensure - Verify that the applicant has a valid and current license to practice in all states where the practitioner provides care to members. License verifications are queried directly from the State licensing or certification agency. (ie. New York State Department of Education, Office of Professional Licensing) The licensing agency validates active licensure and may advise of any disciplinary action taken against the applicant's license. If there has been any disciplinary action, the Plan requests the report from the appropriate state. applicant's license.
      2) Specialty Board Certification – Verify board certification at the primary source (i.e. ABPS, ABPOPPM, ABOMS, National Board of Chiropractic Examiners and/or American or International Chiropractic Board of Specialties).
      3) Malpractice Insurance – verify active coverage.
      4) National Practitioner Data Bank – Obtain a National Practitioner Data Bank (NPDB) inquiry. In the event the insurance carrier provides information which differs from NPDB, the practitioner will be contacted by Credentialing Staff and is obliged to explain or resolve the discrepancy.
      5) New York State Department of Education – The Office of Professional Discipline (OPD) releases reports of practitioners who have been professionally disciplined. The report details the effective date of the disciplinary action, nature of misconduct and action taken. Additionally, the Federation of Chiropractic Licensing Board (e.g.: CINBAD) is also verified for chiropractors.
      6) Medicare/Medicaid Disciplinary Action (CMS) – Review the Medicare/Medicaid Sanction and Reinstatement Report via the NPDB for previous sanction activity by Medicare/Medicaid.
      7) Office of Foreign Assets Control (OFAC) - Review OFAC's Sanction Lists to confirm that the Applicant is not on any of those lists. Appearance on any of the lists will result in immediate denial of the application.
      8) DEA Certificate – Verify the active, current DEA Certificate. Practitioners who do not maintain a DEA certificate must request an exception. Exceptions are considered for practitioners who will not prescribe narcotics in their practice.
      9) Social Security Death Master File (DMF) – Validate the applicants Social Security number is not listed on DMF list.
      10) National Plan and Provider Enumeration System (NPPES) – Validate NPI number of the applicant.

   c. Site review – Any practitioners may be required to undergo a site review at the time of recredentialing. These site reviews are conducted by the plan staff. Refer to Credentialing Policy # CR-18
   d . Identify Discrepancies – If the information obtained from any source differs substantially from what the practitioner provided, the practitioner is notified in writing by the Plan within 10 business days of discovering the discrepancy. The practitioner must respond within 10 business days to the Plan with a written explanation of the discrepancy.

      In addition, the practitioner has the right to correct erroneous information submitted by another party. The practitioner must notify the Plan in writing within 10 business days of discovering

the erroneous information. The Plan will include the explanation and/or correction as part of the practitioner's application when it is presented to the Credentialing Committee for review and recommendation.

e. Right to Review - The practitioner has the right to review information obtained by the plan to evaluate their application including information for the primary areas identified in B. 1 - 10.
f. Review practitioner file for Practitioner Monitoring Report.
g. Present completed practitioner recredentialing application to a Medical Director for recommendation.
h. Prepare and mail the Credentialing Committee agenda one week prior to the scheduled meeting.
i. The Plan is responsible for maintaining the confidentiality of practitioner-specific information related to the credentialing process in accordance with applicable law. All information obtained in the credentialing process is confidential. All newly hired credentialing staff members are instructed on the importance of keeping the practitioner's information confidential and secure, during on-boarding. All Credentialing materials and practitioner files are maintained in secure, electronic files. In the event paper copies are generated, they are placed in locked bins, shredded and disposed of securely.

3. REVIEW ACTIONS

A Divisional Medical Director will:

a. Review each practitioner's entire recredentialing packet, inclusive of the source verification work sheet of each practitioner.
b. Identify candidates requiring further review of consideration by the Credentialing Committee.
c. Make a recommendation. If the recommendation is adverse to the applicant, the recommendation and reasons shall be stated in writing.

4. APPROVAL PROCESS

Credentialing Committee will:

a. Review the recommendations made by the Medical Director and discuss any issues that have been identified by the Medical Director as requiring further review.
b. Make a determination on each application.
c. If the determination is adverse to the practitioner, the reason for the adverse determination shall be stated in writing and included with the notice to the practitioner.

5. NOTIFICATION PROCESS

A. Credentialing Staff shall:

Notify the individual practitioner and/or IPA(s)/Delivery System(s) if applicable of the credentialing decision made by the committee within 30 days.

All approved practitioner criteria such as education, training, and designated specialty are added to the credentialing data base. This information is available to download for the practitioner directory, web site and member materials to ensure the information published is consistent with the information obtained in the credentialing process.

6. NONCOMPLIANCE

Practitioners must provide their completed recredential application in time for full review and verification and no less than four months prior to the expiration date of current privileges. The plan staff issues reminder letters before the expected date of return. For those practitioners who do not provide a recredential application or provide an incomplete recredential application, they will be issued a certified letter advising them that they have to complete the recredentials application within the specified timeframe, otherwise their ability to treat plan members may expire.

7. SANCTIONED PRACTITIONER PROCESS

The Plan is prohibited from including in its network any practitioner who:

a. Has, over the previous five (5) year period, been sanctioned or prohibited from participation in Federal health care programs under either Section 1128 or Section 1128A of the Social Security Act; or
b. Has had his or her license suspended by the New York State Education Department or the State office of Professional Discipline.
c. Is included on any of OFAC's sanction lists.

Practitioners who fall into either of these categories will not be permitted to participate with the Plan. Pursuant to the primary source verification steps outlined earlier in this policy, the Plan shall confirm during the recredentialing process that practitioners applying to continue to participate in the network do not fall into either of these categories. On an ongoing basis, the Plan shall review its practitioner network on a monthly basis to identify practitioners that require exclusion on this basis.

Please note that a practitioner whose license is subject to a stayed suspension will be individually evaluated by the Plan. The reason for the stay or license restriction will be considered as part of the overall credentialing or recredentialing process, and may contribute to a decision to propose termination of the practitioner's participation with the Plan.

Note: Except as required by law, the Plan Credentialing Committee reserves the right to grant exceptions to this policy for the good of the community.

Cross Reference:
For Non-Physician Healthcare Practitioner Initial Credentialing refer to #CR-01A
For Facility Privileges refer to #CR-16
For On-Site Program refer to #CR-18.
For Board Certification of New Physicians and Osteopathics refer to #CR-22
Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-2 Dated 5/99, BlueCross BlueShield of Central New York HMO-CNY Corporate Policy # Non Physician Appointments/ Reappointments, BlueCross BlueShield of Utica/Watertown HMOBlue Policy # CR-III

Committee Approvals:

Corporate Credentialing Committee: 6/16/03, 6/20/05, 6/20/07, 10/15/08, 7/09, 11/17/10, 3/16/11, 2/15/12, 6/19/13 MT/GC, 10/16/13 Pharm, 4/16/14 CMS rev , 11/19/14 ABA, 9/16/15 LMHC & PsychNP; 6/21/2017 LMFT, revised WHNP 1/17/2018; 6/19/2019 rev;

Excellus Credentialing Committee: 6/25/01, 9/24/01, 3/14/02, 9/17/02
MCOCC: 11/3/00, 4/9/01
HCBMC: 12/7/00