Yamhill Community Care
POLICY AND PROCEDURE

POLICY NUMBER: QA-002	**TITLE:** Credentialing Process
DEPARTMENT: Quality Assurance	**APPROVED BY:** President/CEO
EFFECTIVE DATE: 11/18/2016	**REVISION DATE:** 11/23/2021
REVIEW DATES: 10/19/2017, 07/30/2019, 08/01/2020,	
APPLIES TO: Yamhill Community Care, Providers and Subcontractors	

DEFINITIONS:

Practitioner/Provider	A person who is licensed pursuant to Oregon state law to engage in the provision of health care services within the scope of their license or certification. An individual, facility, institution, corporate entity, or other organization which supplies or provides for the supply of services, goods or supplies to covered individuals pursuant to a contract, including but not limited to a provider enrollment agreement. A provider does not include billing providers as used in the Division of Medical Assistance (DMAP) general rules. DMAP billing providers are defined in these rules as agents, except for DMAP billing providers that are clinics
Practitioner/Provider Types	Healthcare Professionals, Allied Health Professionals, Behavioral Health Professionals, Dental Health Professionals, Peer Support Professionals, Traditional Health Worker & Non-Emergent Medical Transportation Professionals
Credentialing/ Recredentialing	A standardized process of inquiry undertaken to validate specific information that confirms a health care practitioner's identity, background, education, competency, and qualifications related to a specific set of established standards or criteria for providers who have requested participation or re-participation with Yamhill Community Care.
Credentialing Period	The period beginning on the date a health insurer receives a complete application and ending on the date the health insurer approves or rejects the complete application or 90 days after the health insurer receives the complete application, whichever is earlier.
Licensed Independent Practitioner	Licensed Independent Practitioner's, who are certified, registered, and/or licensed by a recognized Federal, Oregon State, Washington State, or Idaho State Board to operate independent of supervision in the delivery of services to enrolled members.

National Practitioner Data Bank	A federally mandated agency that is the repository of information about settled malpractice suits and adverse acts, sanctions, or restrictions against the practice privileges of a physician.
National Committee for Quality Assurance (NCQA)	An independent non-profit organization that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.
Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE)	Office of Inspector General (OIG) has the authority to exclude individuals and entities from Federally funded health care programs and maintains the List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties.
Primary Source Verification	The process by which the organization verifies credentialing information directly from the entity that originally conferred or issued the credentialing element to the provider.
Specialist Providers	Any Provider not acting as a primary care provider who has clinical training in a specified area. Medical specialist are doctors who have completed advanced education and clinical training in a specific area of medicine.
Subcontractor	An individual or entity that has a contract with an MCE that relates directly or indirectly to the performance of the MCE's obligations under its contract with the State. A Participating Provider is not a Subcontractor solely by virtue of having entered into a Participating Provider agreement with an MCE.
System For Award Management (SAM)	A dataset of individuals and entities that are sanctioned or excluded from doing business under a federal contract.
Telemedicine	Use of medical information, exchanged from one site to another, via telephonic or electronic communications, to improve a patient's health status.
Traditional Health Worker (THW)	Umbrella term for frontline public health workers who work in a community or clinic under the direction of a licensed health provider. The five types of Traditional Health Workers: Birth Doula, Personal Health Navigator, Peer Support Specialists, Peer Wellness Specialist and Community Health Workers.

POLICY:

Yamhill Community Care (YCCO) and subcontractors comply with all applicable federal, state, contractual rules and regulations.

This policy establishes guidelines for all aspects of the credentialing process for acute, primary, behavioral, substance use disorders, and long-term service and supports (LTSS) providers including the delegation of any of the credentialing process activities including provider selection and retention. YCCO ensures that all practitioners/providers have the legal authority and appropriate training, certification, license, and experience to provide care to members prior to participation with the coordinated care organization and that the process will be followed for all licensures and by any entities that perform the process on YCCO's request or behalf.

PROCESS:

Credential Verification:

All new provider applicants should complete the Oregon Practitioner Credentialing Application (OPCA) including Attachment A and Release of Information Form. For licensed independent practitioners, YCCO ensures that a standard process is followed for verifying credentials (primary source verification) and is done in accordance to recognized standards with approved organizations, educational institutions, and licensing boards. At minimum:

- Current/Valid State License
- Education & Training including Board Certification; to verify current standing or if provider has become board certified (as applicable)
- Work History; minimum of 5 years, gaps not to exceed 2 months and date span must be in the month/year format
- Malpractice History; covers most recent 5-year period
- Criminal Background Check
- National Practitioner Databank (NPDB)
- Current/Valid DEA if applicable
- Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) specific to healthcare programs
- U.S. Government Services Administration System for Award Management (SAM) specific to parties excluded from federal contracts
- Information on sanctions, restrictions on licensure and limitations on scope of practice for the most recent 5-year period, available through data source, in all states in which applicant was licensed; or any reports filed with the NPDB
- Active clinical privileges at a participating hospital, or an arrangement with another participating provider who has privileges
- Current, adequate malpractice insurance ($1,000,000 per claim and $3,000,000 aggregate) and history of any liability claims paid on behalf of the provider must be present at the time of committee approval
- Current attestation must be signed and dated by applicant and include reasons for any inability to perform essential functions of the position; lack of present illegal drug use; history of loss of license and/or felony convictions; history of loss or limitation of privileges or disciplinary activity; signed and dated consent for impairment history records as applicable
- Consultation of OHA's Provider Enrollment file for Providers designated as high-risk or moderate providers required to undergo fingerprint-based background checks and site visit within the previous 5 years
- Background checks and OIG exclusion verification for Traditional Health Workers Education, experience, competence, and adequate supervision for providers not required to be licensed or certified by a State of Oregon board or licensing agency per OAR 410-180-0326.
- Accreditation by nationally recognized organizations if a program or facility is not required to be licensed or certified by a State of Oregon board or licensing agency, e.g., Council on Accredited Rehabilitation Facilities or The Joint Commission

Please note that if participating providers are not required to be licensed or certified by a State of Oregon board or licensing agency, then such participating providers must either (1) Meet the definitions for qualified mental health associate (QMHA) or qualified mental health professional (QMHP) and must not be permitted to provide services without the supervision of a licensed medical practitioner or (2) If not meeting either the definitions of a QMHP or QMHA, have the education, experience, and competence necessary to perform the specified assigned duties as per 42 CFR § 438.214(e)

Telemedicine Credentialing
Referring and evaluating providers must be licensed to practice medicine with the state of Oregon or within contiguous are of Oregon and must be enrolled as a Division of Medical Assistance Programs (Division) provider.

Recredentialing Verification
All recredentialing applicants should complete the Oregon Practitioner Recredentialing Application (OPRA) including Attachment A and Release of Information Form. The process is consistent with initial credentialing requirements.

SAM & OIG LEIE Screening
YCCO screens all providers against SAM and OIG LEIE during the credentialing process Additionally, providers are screened at least monthly to ensure they have not been excluded from participating in federal health care programs. Additional information on this process is located in QA-001 Exclusion Screening Policy and Procedure.

Credentialing Decisions and Notification:
Non-Discrimination
YCCO will not make credentialing or recredentialing decision based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation, the types of procedures or types of patients the provider specializes in. YCCO will monitor the provider complaints to ensure that no concerns regarding discrimination exist. The process in the selection and retention of network provider does not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

YCCO will not discriminate in the participation, indemnification or reimbursement of any provider who is acting within their license or certification under applicable state law, solely of the basis of the license or certification.

- The above may not be interpreted to:
  - Require YCCO to contract with providers beyond the number necessary to meet the needs of the enrollees;
  - Prevent YCCO from using different reimbursement amounts for different specialties or for different providers of the same specialty; or
  - Prevent YCCO from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to its members.

Decisions
All files satisfactorily passing the primary source verification will be forwarded to the credentialing committee which includes the medical director for determination of plan participation. Should the provider not meet the established thresholds the medical director will seek advice and expertise from participating providers on the determination. In the event that YCCO assumes the credentialing and recredentialing functions a Credentialing Committee with be formed or the functions absorbed by the appropriate committee.

Process Timeframes & Notifications
- Processing will be completed in accordance with ORS 743.918 (within 90 days upon receipt of a completed application).
- Application and Attestation date must be within 180 days of credentialing committee decision.
- Evidence of SAM & OIG LEIE query within 180 days of decision date.
- Provider notification within 60 calendar days of the credentialing committee decision date.
- Recredentialing will take place no less frequently than every 3 years.

Adverse Actions
When an individual or group of providers is declined participation in its network written notice of the reason for its decision per OAR 410-141-3510 is provided. Notification is made within 5 days of the determination by the Credentialing Committee with the reason for the decision. The Fair Hearing Process information will be provided at time of notification. Provider Rights are sent with the Fair Hearing material.

YCCO will not employ or contract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Act.

YCCO will decline to include individual or groups of providers in its provider network, it must give the affected providers written notice of the reason for its decision.

Providers that are declined a contract will receive information on the dispute resolution process, including the use of an independent third-party arbitrator, for a provider's termination, declination, or non-renewal of a provider contract per OAR 410-141-3560.

YCCO will terminate a provider contract immediately upon receipt of Legal Notice from the State that a provider is precluded from being enrolled as a Medicaid provider.

Provisional Contracts:
YCCO may execute provisional provider contracts pending the outcome of screening and enrollment with OHA, this contract may be for no longer than 120 days. The contract will terminate immediately if notified by OHA that the provider is precluded from being enrolled as a Medicaid provider. Notwithstanding the forgoing YCCO may not execute provisional provider contracts with moderate or high-risk providers who are required to undergo fingerprint-based background checks until the provider has been approved for enrollment by OHA. If provider has undergone a fingerprint-based background check as part of Medicare enrollment, this will be deemed to satisfy the requirement for OHA provider enrollment.

Provider Rights:
Providers have rights during the credentialing and recredentialing process including having a right to be informed (upon request) of the status of their application, a right to review non-protected information obtained during the credentialing or recredentialing process and the right to correct erroneous information. Providers will be informed of their provider rights, privacy and appeal rights and credentialing and recredentialing activities will be conducted in a non-discriminatory manner. Payment will be made to the provider during the credentialing period according to ORS 743.918.

Record Keeping:
Documents, drafts, records, and paperwork will be retained in accordance with the Record Retention Policy and Procedure, OAR 410-141-3520, and 42 CFR 455.410 through 42 CFR 455.470).

Additional Provider Requirements:

Seclusion and Restraint:
All contracted providers and facilities have policies and procedures or other documentation pertaining to use of seclusion and restraint. Review will take place of the use of seclusion and restraint in facilities licensed for its use and assess during the credentialing and recredentialing process if the organizations use is appropriate in accordance with 42 CFR Ch.IV Subpart C 438.100 (b) (2) (v)

Enrollee Rights to Clinical Records:

Providers and facilities are informed of and have an enrollee right to clinical records policy/procedure pertaining to the member's right to receive and request clinical records and the right to request amendment or correction in accordance with 42 CFR 438.100 (b) (2) (3); (d)

Provider Retention and Training:
YCCO provides training for CCO staff and participating providers and their staff regarding the delivery of covered services, applicable administrative rules, and the CCO's administrative policies.

YCCO provides Cultural Responsiveness and Implicit Bias training for CCO staff and the provider network which, at a minimum, includes:

a. Implicit bias/addressing structural barriers and systemic oppression;
b. Language access and use of health care interpreters;
c. Culturally and Linguistically Appropriate Services (CLAS) Standards;
d. Adverse childhood experiences/trauma informed care;
e. Uses of data to advance health equity; and
f. Universal access or accessibility in addition to ADA.

YCCO staff, participating providers and their staff will be trained in applicable contracting and credentialing State and Federal rules and regulations, as well as the YCCO Credentialing Process policy.

YCCO staff, participating providers and their staff will be trained in the following:

- The credentialing of providers;
- Delivery of covered services; and
- Sub-contracting with third parties

Training must include material relating to, as set forth in 42 CFR §§438.608(b) and 438.214(d):(i) the credentialing and enrollment of providers and subcontractors and (ii) the prohibition of employing, contracting, or otherwise being affiliated with (or any combination or all of the foregoing) with sanctioned individuals.

YCCO provides access to the YCCO Credentialing Process policy on the YCCO website and in Community Integration Management (CIM) system.

Sub-Contracting:

1. If a subcontractor chooses to contract any or all of the credentialing or recredentialing functions the subcontractor provides YCCO with the following upon request:
    a. Written description of the subcontracted activities
    b. Documented audit prior to contracting
    c. Documented annual audits of contracted activities as well as subcontracted activities.

OVERSIGHT & COMPLIANCE:

YCCO will ensure processes to monitor credentialing by performing a review (audit) of the subcontractor. The audit process is based on the contractual agreement to which both organizations have agreed to which will include the following:

- Description of the contracted activities and responsibilities of the organization and the subcontractor.

- Requirement of semiannual reporting to the organization (at a minimum must include progress in conducting credentialing and recredentialing activities and on activities to improve performance.)
- Process by which the organization evaluates the subcontractor performance.
- Specifies that the organization retains the right to approve, suspend and terminate individual practitioner, providers, and sites, even if the organization contracts decision making.
- Describes the remedies available to the organization if the subcontractor does not fulfill its obligations, including revocation of the contractual agreement.
- Provisions for protected health information.

YCCO will utilize a credentialing audit tool based on the Oregon Credentialing Audit Tool and the Oregon Credentialing File Review Tool and will include the following:

- Review of policies and procedures
- Monitoring of Restraints and Seclusion during initial credentialing and again during recredentialing
- File review of initial credentialed practitioners and facilities
- File review of recredentialed practitioners and facilities
- Initial and ongoing monitoring of SAM and OIG LEIE, limitations of licensure, complaints, adverse events, and poor quality. This will include the initial report of individuals and organizations as well as a process for ongoing monitoring. Interventions for findings indicating complaints, adverse events, or poor quality.
- All audit findings will be reviewed by the appropriate YCCO committees and if applicable a corrective action plan will be constructed and monitored.

REFERENCES:

ORS 743B.454 1(b)
OAR 410-141-3510; 410-141-3560
42 CFR 438.12, 438.214, 438.230, 438.100; 455.400-470 (excluding 460), 42 CFR 455.3
CCO Contract, Exhibit B, Part 4, Section 5Section 1128 or 1128A of the Social Security Act
OHA's Provider Enrollment File and CMS Provider Types and Risk Categories document, available at www.oregon.gov/oha/hsd/ohp/pages/plan-tools.aspx

RELATED POLICIES & DOCUMENTS:

QA-001 Exclusion Screening
CMPL-014 Record Retention
QA-007 Subcontractor Oversight
ENR-003 Restraints and Seclusions
YCCO Credentialing Audit Tool
Oregon Credentialing File Review Tool

Log of Review/Revision

Date	Review/Revision	By Whom
11/18/2016	Credentialing requirements of various health care professionals added- Process A.	Ebenjamin, Quality Oversight Coordinator
11/18/2016	Approved	SMcCarthy, Director of Operations and Integration
04/06/2017	Policy Revised and Updated	JRoe, Quality Assurance Specialist
04/14/2017	Approved	BRajani, Medical Director
04/21/2017	Approved	SMcCarthy Interim Chief Executive Officer
10/19/2017	Policy revised, updated, and put into new format	Jroe, Quality Assurance Specialist

11/01/2017	Approved	BRajani, MD Medical Director SMcCarthy, PhD President/CEO
07/30/2019	Branding and reformatting to current policy template with additions and/or clarifications of current OAR, CFR, and OHA CCO Contract language.	JRoe, Quality Assurance Specialist
10/29/2019	Definition updates	JRoe, Quality Assurance Specialist
08/01/2020	Update to formatting bullets for policy clarification, OAR update and typo fix.	JRoe, Quality Assurance Specialist
5/6/2021	Update to include required language for external quality review	ALee, Sr. Contract/Compliance Analyst
5/12/2021	Approved	SMcCarthy, President/CEO
11/23/2021	Clarified screening requirements for providers identified by CMS as moderate or high risk	JHowell, FWA Program & Oversight Specialist
03/29/2022	Clarification of provider training to create clarity.	JRoe, Benefit Administration Supervisor
04/09/2022	Formatting and subcontractor clarification updates only, no content change	JRoe, Benefit Administration Supervisor