

Pro Care Health Plan, Inc. (Pro Care)	
	<i>Health Care Management/Credentialing</i>
	Policy & Procedure
Subject: Process for Making Credentialing and Recredentialing Decisions	Line of Business: [X] Medicaid
Effective Date: 02/01/06	Document Number: CR-07-714
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I. **SCOPE:**

This document describes the internal Pro Care Health Plan, Inc. (Pro Care) process for making credentialing and recredentialing decisions.

II. **POLICY:**

Pro Care will maintain this procedure to be compliant with contractual and accreditation standards.

III. **OPERATIONAL DEFINITIONS:**

None

IV. **PROCEDURE:**

A. **Credentialing**

The Credentialing Specialist or designee will perform the following tasks:

1. Review the application for completeness with regards to:
 - a) History of education and professional training, including board certification status (if applicable)
 - b) Current State Licensure as well as licensure in all other jurisdictions
 - c) Evidence of DEA License
 - d) Proof of Liability Insurance
 - e) Professional Liability Claims History
 - f) History of sanctions or adverse actions
 - g) History of loss or limitation of privileges or disciplinary action
 - h) Hospital affiliations
 - i) Reasons for inability to perform as a practitioner, with or without reasonable accommodations (mental, physical or substance abuse problems)
 - j) Lack of drug use
 - k) History of loss of license and felony conviction
 - l) Attestation to the completeness and correctness of the application
2. Verify practitioner's Michigan license to practice, Michigan controlled substance license and malpractice insurance through various primary sources.

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3. Verify practitioners DEA License and Hospital Affiliations
4. To the extent possible, Pro Care will obtain information about a Provider's Managing Employee(s) for purposes of debarment and criminal conviction. For these purposes, a Managing employee is considered a CEO, CFO, COO or Executive Director.
5. Documents evidence of board certification or board eligibility from application. Verifies board certification by requesting a Physician Profile from the American Medical Association (AMA), American Osteopathic Association (AOA) or querying the appropriate board.
6. Queries the National Practitioner Data Bank and the Health Integrity Protection Data Bank for malpractice claims history and sanction information.
7. Perform Facility Site/Medical Record Review (if applicable)
8. Contact the practitioner if application or supporting documents are missing or incomplete.
9. If there is a discrepancy in the information received versus the practitioner's application, a letter is sent to the practitioner to give the practitioner an opportunity to correct any erroneous information. The response from the provider must be in letter format to the Credentialing Specialist explaining the discrepancy.
 - a) A practitioner has up to 30 days after notification to submit supplemental or corrected information to Pro Care and request a reconsideration of the credentialing verification process;
 - b) If the applicant does not submit the additional information after three attempts by the Credentialing Specialist, the application will be considered null and void and the credentialing application will become inactive.
10. Utilize the Michigan Department of Consumer and Industry Services website for additional verification if there is any adverse activity against the license in question.
 - a. If there is an adverse action against a practitioner's license, the Credentialing Specialist will contact the Freedom of Information Act Director for the State of

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Michigan requesting details regarding the sanction. All information received will be reviewed by the Credentialing Specialist and Medical Director.

11. Review reports by the HHS/Office of Inspector General and EPLS (Excluded Parties List System) for any Medicare/Medicaid sanction/exclusion activity or potential fraud and abuse. Any adverse action regarding a provider found on these reports will be reviewed by the Credentialing Specialist and Medical Director.
12. Confirm the applicant's graduation from a professional education program or medical school through the AMA Physician Master Profile, AOA Physician Profile or State Board of Licensing.
13. Verify hospital staff privileges with the primary admitting facility or website.
14. Forward completed files to the Contracts/Credentialing Committee for review and approval.

Once the Contracts/Credentialing Committee has approved a provider into the network, a Welcome Letter/Kit is mailed to the provider within 10 business days.

15. Processing "Clean" Applications

- a. A "Clean" credentialing application can be submitted to the Medical Director for approval prior to submission to the Contracts and Credentialing Committee. A "Clean" credentialing application consists of a completed credentialing application with signed attestation and consent, all supporting documents and verifications with no professional review actions or malpractice claims (pending or settled) within the previous 5 years.

16. For Incomplete Credentialing Application

- a. The Credentialing Specialist or designee will notify the applicant by fax of any missing information or supporting documents that must be received in order for the credentialing process to commence.
- b. During the initial credentialing process, the Credentialing Specialist will make three attempts over a 60-90 day period to obtain the information.

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- c. Failure to submit the information after the third attempt will be considered a voluntary withdrawal of the Credentialing application and will result in the provider not being kept in Pro Care's network.

B. Recredentialing

All providers who contract with Pro Care are reviewed and evaluated against standard recredentialing criteria by the Credentialing Department every three years. A provider is responsible for notifying the Credentialing Specialist and/or Provider Services of any changes in the information contained in his/her application within 30 days of such change in writing or via fax.

1. Completed Recredentialing Application

- a) The following information is collected at reappointment:
- i. Any information that has changed since the practitioner/provider was last credentialed must be updated on the pre-printed recredentialing profile (information that will not change does not require modification i.e., graduation from medical school, residency training, lifetime board certification unless additional training took place).
 - ii. Receipt of the practitioner/provider's statements if the following has occurred:
 - o Disciplinary activity;
 - o Any criminal or felony convictions
 - o Any physical or mental health problems that affected or impaired the practitioner's ability to practice
 - iii. Verification of any updated information through AMA Physician Master Profile or the AOA Physician Profile
 - iv. Written explanations regarding any sanction activity, malpractice judgments/settlements, restriction of privileges, etc that have occurred since last credentialed
 - v. Signed attestation as to the accuracy and completeness of the information provided on the reappointment application.
 - vi. A copy of current Michigan license to practice

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- vii. A copy of a current valid Controlled Substance and DEA certificates (if applicable)
 - viii. A copy of a current malpractice insurance liability certificate, with a minimum coverage of \$100,000/\$300,000.
 - ix. Quality of Care /Quality of Service issues from Member Services and Quality Improvement
 - x. Any Member complaints
 - xi. Any physical or mental health problems that may affect or impair the practitioner's current ability to practice
 - xii. Specialty board certification status, if applicable
- b) A Recredentialing checklist will be completed documenting the receipt of required information.
- i. Dates of expiration of licenses (medical, pharmacy and DEA);
 - ii. Expiration of malpractice insurance and amount of coverage;
 - iii. Curriculum Vitae;
 - iv. Board certificate(s) or eligibility status with expiration date;
 - v. Any additional malpractice liability activity.
- c) A printout of the following actions (if any) will be placed in the appropriate area of the credentialing applicant's file:
- i. Licensing action from the Michigan Department of Consumer and Industry Services website. Any adverse information will prompt the Credentialing Specialist or designee to contact the Michigan Freedom of Information Officer to obtain information about any actions taken against a practitioner's licensure.

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- ii. Any sanction activity by the federal government in the Medicare and Medicaid Cumulative Sanction Report will be noted

- d) Facility Site Reviews will be conducted on a random basis for participating providers to ensure offices are kept clean and safe for members. If Pro Care receives a complaint from a member stating that a provider's office is unclean, unaccessible, inadequate waiting room/examination room space, etc., the Credentialing Specialist and/or Provider Services Representative will immediately schedule an appointment to visit the site. If complaints are found to be true, the provider will be given a corrective action plan to correct any deficiencies. A subsequent site review will be scheduled at 6-month intervals to monitor the physician's office.

- e) Medical Record Reviews will be conducted for providers in the recredentialing process. A minimum of three medical records will be reviewed by the Credentialing Specialist for all Primary Care physicians.

- f) All "clean" recredentialing files will be submitted to the Medical Director for review and approval prior to submission to Contracts & Credentialing Committee. All the completed files will be submitted to the Credentialing Committee for approval.

- g) After recredentialing application has been approved, a Welcome Back letter is mailed to the provider within 10 business days advising him/her of committee's decision to reappoint them.

2. Incomplete Recredentialing Application

- i. The Credentialing Specialist will notify the applicant by fax of any missing information or supporting documents not received with the recredentialing profile. The recredentialing process will not commence until all documents are received.

- ii. The Credentialing Specialist will make three attempts over a 60-90 day period to obtain any missing information.
 - i. Failure to submit the information after the third attempt will be considered a voluntary withdrawal of the Recredentialing application and will result in the provider being removed from Pro Care's network.

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C. Credentialing of Institutional and Ancillary Health Providers

Pro Care's credentialing process also involves collecting and verifying information (i.e., licensure, certificate of accreditation, liability coverage, etc.) on institutional and ancillary health providers. Once credentialed, it is the provider's responsibility to notify Pro Care's Credentialing Department in writing via fax or mail of any changes in the status of any criteria listed in this section:

1. Any institutional and/or ancillary health provider interested in participating in the Pro Care network must submit a completed and signed Pro Care Application, an Attestation stating that the information on the application is true and correct to the best of their knowledge and a Release of Information allowing Pro Care's Credentialing staff to evaluate the applicant's professional training, experience, professional conduct and judgment.
2. In addition, all health providers must submit and provide proof of any other certifications required by law as applicable to the particular health provider, including but not limited to:
 - Copy of certification by the Clinical Laboratory Improvement Act (CLIA) (for laboratory health professionals);
 - Copy of certification to register laboratory as Medical Waste Producer (for laboratory health professionals);
 - Copy of certification by DHHS (for home health care health professionals);
 - Copy of certificate of accreditation by JCAHO (for home health care health professionals);
 - Copy of State controlled Substance license (for pharmacy health professionals);
 - Copy of State of Michigan license to practice as a pharmacist (for pharmacy health professionals);
 - Description of inpatient & outpatient services and emergency triage code status (for hospital health professionals);

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- JCAHO certification (for hospital health care professionals);
- Copy of certification of accreditation (other institutional health professionals).

3. *For Incomplete Credentialing Application*

- d. The Credentialing Specialist or designee will notify the applicant by fax, any missing information or supporting documents that is must be received before the credentialing process can commence.
- e. The Credentialing Specialist or designee will make three attempts over a 60-90 day period to obtain the information.
- f. Failure to submit the information after the third attempt will be considered a voluntary withdrawal of the Credentialing application and will result in the provider being removed from the Pro Care network.

V. **MATERIALS:**

- Credentialing Application Packet
- Recredentialing Application Packet
- Letters
 - 'Incomplete' letter
 - '2nd request' letter
 - Letter – 'failed'

VI. **REPORTING/RECORDS:**

- Executive Report to Contract and Credentialing Committee