

I. **SCOPE:**

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

II. **POLICY:**

Pro Care's criteria for credentialing and recredentialing will be compliant with legal and accreditation standards.

III. **OPERATIONAL DEFINITIONS:**

None.

IV. **PROCEDURE:**

- A. Pro Care Health Plan, Inc. requires each provider or practitioner wishing to participate in its' network to complete an application for credentialing. Provider must complete a Michigan Association of Health Plans (MAHP) Standard Practitioner Application for Credentialing or any other Pro Care acceptable application with signed Attestation and Consent from Provider. In order to ensure that we have the most current information at all times, providers must notify Pro Care if there is a change in address or contents of his/her application. All changes should be sent to the attention of the Credentialing Specialist within 14 days of the change. The following supporting documentation should accompany the credentialing application:
1. Current Valid Michigan Professional License to Practice, Michigan Controlled Substance License and Michigan Drug Control License (if applicable)
  2. Current and Valid DEA License
  3. Any Professional Medical License held in States outside of Michigan.
  4. Curriculum Vitae
  5. Board Certification or Board Eligibility recognized by the following entities:
    - i. American Medical Association
    - ii. American Osteopathic Association
    - iii. American Board of Medical Specialists
    - iv. American Board of Podiatric Surgery

- v. American Council of Certified Podiatric Physicians and Surgeons (ACCPPS) (if applicable)
- 6. Medical School, Internship, Residency, Fellowship Certificates, graduation for medical or other appropriate school, completion of an American College Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) approved residency in the area of application
- 7. Copy of ECFMG Certificate (for Foreign Medical School Graduates)
- 8. Current Malpractice/Professional Liability Insurance Coverage Declaration Sheet with minimum limits of \$100,000/\$300,000
- 9. Disclosure of any Pending or settled claims within the last 5 years
- 10. W-9 Form
- 11. Federal Tax Deposit Form
- 12. Signed Attestation Statement
- 13. Signed Consent to Release Information
- 14. Roster listing all licensed staff (Ancillary Providers)
- 15. 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.
- 16. National Provider Identification Number
- 17. If not Board Certified:
  - i. Must be in active practice for at least 5 years
  - ii. Must be in good standing with the State Licensing Board
- B. Once application is received, the Credentialing Specialist or designee will review the application for the following items:
  - 1. A completed MAHP (Michigan Association of Health Plans) Credentialing Application or any other Pro Care acceptable application with signed Attestation and Consent from Provider.

2. Documented Work History (at least 5 years).
  3. Current admitting privileges at any participating hospital or an agreement with a physician to provide coverage for the provider's hospital admissions.
  4. Explanation for any gap in work history greater than 6 months.
  5. In addition, must disclose and provide explanation for any of the following:
    - i. History of loss, limitation or restriction of license or hospital privileges;
    - ii. Any disciplinary activity including history or any felony convictions;
    - iii. Any physical or mental health problems affecting current ability to practice,
    - iv. Professional liability claim history for the past five (5) years;
    - v. Signature attesting to the correctness and completeness of the application
    - vi. Any sanction by a government program or agency for any adverse or disciplinary actions, criminal or felony convictions or any case of fraud and abuse
- C. The Credentialing Specialist will conduct random facility site reviews for physicians applying for participation. A facility site review is also conducted by the Credentialing/Provider Services departments if a member has complained about lack of physical accessibility, physical appearance (unclean), inadequate waiting and examining room space in a provider's office. These site reviews are completed within 30 days of notification from the member. Additional facility site reviews will be conducted six months thereafter to monitor the physician's improvements. The facility site review will assess the following:
- i. Exterior (must be handicap accessible)
  - ii. Interior (must be handicap accessible)
  - iii. Radiology equipment
  - iv. Water Systems/Sinks
  - v. Laboratory/Blood Collection
  - vi. Sterilization/Disinfectant Equipment and Procedures
  - vii. Medications (Emergency/Scheduled/Narcotics)
  - viii. Equipment/Supplies Storage
  - ix. Waste Disposal/OSHA Guidelines
  - x. Medical Recordkeeping practices/storage
  - xi. Appointment Schedule (routine visits scheduled within 2-weeks and emergency appointments within 24-hours)

After the site review has been completed, the applicable criterion is scored. The provider 1 point for each criterion met and ½ point for each criterion partially met and 0

points for criterion not met. A provider must receive a score of 80% to pass the facility site review. If the provider receives a score less than 80%, a letter is sent to the provider indicating the deficiencies and a correction action plan is put in place. The provider is given thirty (30) days to correct the deficiencies. A follow-up site visit is conducted by Provider Services/Credentialing to ensure compliance. If a provider's office has been randomly selected for a facility site review and does not receive a passing score, that provider will not be submitted to the Credentialing Committee until he/she receives a passing score.

#### **D. Recredentialing**

1. It is the practice of Pro Care Health Plan that each practitioner will be recredentialled every 3-years (36 months) according to accreditation standards. The following supporting documents must be submitted with the Recredentialing Application:
  - i. Current Michigan Professional and Controlled Substance License
  - ii. Current DEA License
  - iii. Staff Roster Listing Licensed Personnel (Ancillary Providers)
  - iv. 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.
  - v. Current Malpractice Professional Liability Insurance Declaration with Minimum Limits of \$100,000/\$300,000
  - vi. Copy of any malpractice claims or settlements within last 5-years
  - vii. Any information that has changed since last credentialed/appointment
    - Office hours
    - Office location
    - Board certification
  - viii. Any professional review actions taken against the provider since last credentialed.

E. Once the Recredentialing Application is received by the Credentialing Specialist or designee, the following items are collected prior to presentation to the Contracts and Credentialing Committee for approval:

- i. Completed Recredentialing Application Form with Signed Attestation and Consent Form from Provider
- ii. Verification of all Michigan Licensures
- iii. Member Satisfaction Data/Complaints
- iv. Quality Data (Quality of Care or Quality of Service)

- v. AMA Physician Profile or AOA Physician Profile
- vi. National Practitioner Data Bank (checks for sanctions for Medicaid, Medicare, Fraud and Abuse, Licensing Boards, etc. Provide malpractice claims history and any pending or settled claim activity.
- vii. Verification of Hospital privileges.

V. **MATERIALS:**

- Recredentialing Packet
- Facility Site Review
- Medical Record Review

VI. **REPORTING/RECORDS:**

- None