

# Credentialing Information

## Overview

Credentialing of participating network providers used by our members is an essential part of our quality assurance efforts and as such, an essential part of our network business operations.

Our Credentialing Policy is available upon request to network providers by contacting Provider Relations and should be referred to for the most current requirements and processes.

- Each individual practitioner applying for participation in our network must have specific credentials documented, as well as verified, to create and maintain a quality provider network.
- Each individual practitioner is re-credentialed at least every 36 months, and must maintain specific credentials documented, as well as verified, to continue network participation.
- Upon request or nomination, providers are sent a Provider Application to complete and return, or will allow us access to their Committee for Affordable Quality Healthcare (CAQH) application.
- We have a comprehensive credentialing process which includes initial and re-credentialing. This helps assure that participating providers possess the professional credentials, including training, to provide patients and insured's / members an acceptable level of quality care.
- The credentialing process is periodically reviewed to assure that requirements of regulatory, licensing agencies, and industry standards.
- Once approved by the Credentialing Committee providers will be listed on our Directory of Participating Providers.
- We assure the standard is the same for each professional provider of their corresponding type (e.g. licensure).
- The Credentialing Committee agrees to abide by the principles of non-discrimination regarding race, color, creed, religious affiliation, marital status, sexual orientation, and disability status that does not affect the ability to provide quality services, safely and in accordance with professional standards and ethics, for all types of procedures that practitioner performs or the patients that practitioner services, or any other basis other than the material facts contained in the provider application and subsequent information obtained. Discriminatory factors are considered immaterial to the ability of a provider to meet the requirements for participation in the provider network.

## Participating Provider Requirements

Network providers must meet the following minimum requirements to be admitted to the provider network:

- Possess an active, current, valid license that is in good standing in the state(s) where the provider will render services;
- Be a graduate of an accredited school;
- Obtain and maintain appropriate malpractice coverage as required by the state(s) in which the provider is licensed to practice but never to be less than limits stated in their provider contract;
- Maintain an active, current, valid controlled substance certificate and DEA certificate,

- which is recommended but not required for board certified or board eligible orthodontists and pedodontists since controlled substances are not frequently used in the treatment of children,
- which is not required for optometrists;
- Must not currently have CMS sanctions or a repetitive history of such sanctions
- Must demonstrate the capacity to perform quality procedures. Incidents of malpractice reported by the provider do not preclude a provider from meeting the criteria established above if, in our professional opinion, the incidents reported do not suggest an impairment of the capacity of that provider to perform quality procedures and or do not demonstrate a trend toward a pattern of behavior.

Any provider who answers affirmatively to any of the questions and who does not provide adequate information regarding the matter will be contacted in order to obtain any necessary details and documentation. In order to be considered complete, the attestation must be signed and dated, and include detailed explanations to affirmative answers.

Failure of an applicant/provider to comply with the processes as out-lined may result in declination or termination from the network. Notice of declination/termination will be sent in writing, marked confidential, via certified mail/return receipt requested

### **Provider Rights**

- The right to review information obtained during credentialing process subject to applicable laws and excluding any peer review information;
- The right to request the status of their application at any time. This request may be made by contacting Provider Relations verbally or in writing. Status is defined as one of the following: (a) incomplete application (b) primary source verification, meaning the application information is currently being verified or (c) pending review, meaning the verification of information is completed but the file has not yet been reviewed by the Committee.
- The right to correct erroneous information obtained during the credentialing or re-credentialing process. The provider must respond, in writing, to Provider Relations within 30 days. The provider must explain the discrepancy, may correct any erroneous information, and may provide any proof that is available.
- The right to appeal a denial decision. The provider must respond in writing, to Provider Relations within 30 days of the decision date. The provider should include any additional information available.