

# Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- |  |   |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee                         | <input type="checkbox"/> CHW - Fox Valley                         |
| <input type="checkbox"/> CHHS Foundation                         | <input type="checkbox"/> CHW - Surgicenter                        |
| <input type="checkbox"/> CHW – Community Services Division       | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group               |
| <input type="checkbox"/> Children's Medical Group - Urgent Care  | <input type="checkbox"/> CHHS Corporate Departments               |

## Credentialing Program

### SUBJECT: Credentialing Program

#### INCLUDED PRODUCT(S):

##### Medicaid

BadgerCare Plus

Care4Kids Program

##### Individual and Family

Commercial

Marketplace

#### PURPOSE OR DESCRIPTION:

To ensure the quality and safety of care to its members Chorus Community Health Plans (CCHP) monitors for sanctions, tracks complaints, adverse events and quality issues against practitioners throughout the 36 month time frame between formal credentialing and will report to appropriate authorities when necessary. Only professionally competent practitioners who continuously meet the qualifications and standards established by CCHP shall be allowed to provide services to CCHP members. In addition CCHP ensures that provider demographic data is accurate and the confidentiality of practitioners is protected. CCHP shares the practitioner rights with the practitioner.

#### DEFINITIONS:

None

#### POLICY:

##### A. Confidentiality and Applicant Rights

- a. Confidentiality of Applicant Information
  - i. All credentialing information is privileged and confidential and credentialing processes are protected by Peer Review privilege. CCHP maintains mechanisms to appropriately limit review and ensure confidentiality of credentialing information, except as otherwise provided by law. All Credentialing Committee members are required to sign CCHP's Confidentiality Statement on an annual basis. CCHP also contractually requires delegated entities to maintain the confidentiality of credentialing information
- b. Applicant Rights
  - i. Applicants have the right to review certain information submitted in connection with their Credentialing and Recredentialing Application, including information received from any primary source, and to submit information to correct erroneous information that was obtained by CCHP. The practitioner should send a written

Effective: (8/16/21)

Reviewed: (8/16/21; 1/10/22; 8/16/22; 11/15/22)

Revised: (1/10/22; 11/15/22)

Developed by: (Provider Relation/Contracting/Credentialing Manager)

request to CCHP, specifying the format (photocopy of paper file, electronic profile run from the credentialing management system, or both). CCHP credentialing staff will then furnish the practitioner with a photocopy of their paper application file, and/or an electronic profile from the credentialing management system within ten business days. Proposed corrections should be submitted in writing within 30 days of the review to a credentialing associate. The corrections submitted by the practitioner are included in the practitioner's credentialing file.

- ii. Applicants also have the right to obtain information about the status of their application upon request. The applicant can contact the Credentialing department by phone or e-mail.]
  - iii. CCHP collects information about languages, language services available through the practice and practitioner race/ethnicity through the CAQH application, however the information is voluntary and not required. Information is not used in the decision-making of credentialing or contracting a provider.
  - iv. Applicants can review information obtained from outside sources such as malpractice insurance carriers or state licensing boards CCHP does not allow an applicant to review personal or professional references, recommendations, or other information that is peer review protected.
  - v. Each practitioner is notified when information the practitioner has submitted on an application varies substantially from that received during verification process. CCHP credentialing staff will provide written notification to the practitioner and the practitioner will be given at least 30 days to respond and correct the discrepancy. The practitioner application file will be considered incomplete until the discrepancy is corrected. Once correction is received, the file will proceed through the application process as usual.
- c. Appeal Rights
- i. CCHP permits appeals from adverse credentialing decisions as described in the Practitioner Suspension, Termination and Appeal Rights Policy

#### **B. Notification to Authorities Reporting Requirements**

- a. When CCHP takes professional review action with respect to a practitioner's participation in CCHP's network, CCHP may have to assume an obligation to report such to the National Practitioner Bank (NPDB). Once CCHP receives a verification of the NPDB report, the verification report will be sent to the applicable licensing board.
- b. CCHP will comply with all state and federal regulations with regard to the reporting of adverse actions or recommendations relating to professional conduct and competence. These reports will be made to the appropriate, designated agencies or authorities.

#### **C. Ongoing Monitoring**

- a. CCHP has an ongoing monitoring program for the purpose of monitoring complaints, adverse events and quality of care issues. CCHP credentialing staff perform ongoing monitoring to help ensure continued compliance with credentialing standards and to assess for occurrences that may reflect issues of substandard professional conduct and competence. To achieve this, the credentialing department reviews periodic listings/reports within 30 calendar days of the time they are made available from the various sources including, but not limited to, the following:
  - i. Office of Inspector General (OIG)
  - ii. Federal Medicare/Medicaid Reports
  - iii. State Licensing Boards/Agencies
  - iv. Covered persons/practitioner and organization provider patient/customer service departments
  - v. CCHP Quality Department (including data regarding complaints of both a clinical and non-clinical nature, reports of adverse clinical events and outcomes, and satisfaction data, as available)
  - vi. Other internal and affiliated CCHP departments
    1. CCHP's Corporate Compliance Department monitors, on a monthly basis, the System for Award Management (SAM), List of Excluded Individuals/Entities (LEIE), and the Social Security Death Master files and reports any findings to CCHP for review
  - vii. Any other verified information received from appropriate sources when a practitioner or organizational provider within the scope of credentialing has been identified by these sources, criteria will be used to assess the appropriate

response including but not limited to: review by the chairperson of the Credentialing Committee, review by the CCHP CMO, referral to the Credentialing Committee, or termination. CCHP will report practitioners or organizational providers to the appropriate authorities as required by applicable law.

#### **D. Data Audits**

- a. Practitioner information, including education, training, certification and specialty listings in practitioner directories and other materials for members will be consistent with the practitioner information verified at the time of credentialing/recredentialing
- b. On a quarterly basis, ten percent of approved files are reviewed for accuracy between the online directory and credentialing system

#### **E. Credentialing System Controls**

- a. Primary Source Verification (PSV)
  - i. Receive
    1. Electronically credentialing lead specialist or associate queries the applicable verification site
  - ii. Store
    1. Information is downloaded and stored within the eVIPS credentialing system
  - iii. Review
    1. Reviewed by credentialing lead specialist or associate and Medical Directors once tasked to them via the eVIPS system
  - iv. Track & date
    1. Credentialing lead specialist or associate utilizes a checklist to track PSVs and initial and date each verified form within the eVIPS system (auto generated), where there is an audit trail
- b. Tracking Modification
  - i. CCHP does not modify practitioner application information submitted
    1. When a discrepancy in submitted information is found or not complete the practitioner is notified and asked to correct the missing information and resubmit.
  - ii. Credentialing associates or lead specialist may modify corrected information by archiving the old data and adding the newly provided information. Verification source may be modified from electronic to hard copy or e-mail, all saved in the electronic file.
  - iii. Any modifications made electronically to the file can be tracked via audit trail and are automatically date stamped and initialed by the system which is auto generated.
    1. audit history will track data source, who made the change, when the change was made, status history and audit details
  - iv. When e-mail confirmation is available from practitioner the credentialing lead specialist or associate will attach into the electronic file
  - v. Any information taken from the application or verification document to update the practitioner record within, between and after the credentialing cycles is considered appropriate
  - vi. The modifier will indicate in the notes how and why the modification was made.
- c. Authorization to modify
  - i. Credentialing lead specialist or associate and Medical Directors have authority to access, modify (as described above) and archive information when circumstances for modification are deemed appropriate such as:
  - ii. Discrepancies are identified by practitioner, credentialing lead specialist or associate, or Medical Director
  - iii. The credentialing lead specialist or associate and Medical Directors only have permissions set accordingly within the eVIPS system to allow modification
  - iv. Provider Data Management (PDM) specialists can modify practice location information, effective and term dates, expirables, added specialties, hospital affiliations, insurance information and demographic information.
  - v. Evips Senior Data Analyst & PDM Project Manager can modify specialties, add, delete or archive practice locations, modify effective and term dates

Effective: (8/16/21)

Reviewed: (8/16/21; 1/10/22; 8/16/22; 11/15/22)

Revised: (1/10/22; 11/15/22)

Developed by: (Provider Relation/Contracting/Credentialing Manager)

- d. Securing Information
  - i. Credentialing -lead specialist, associate and Medical Directors only, have access to the practitioner secure information within eVIPS. This access is controlled through permission settings by the eVIPS administrator
  - ii. The Credentialing lead, associates and Medical Directors have "Write" permission which allows them to alter and add data but not delete it. The eVIPS system is password protected, staff are not allowed to share or write down passwords. The password should be strong and unique to the eVIPS system. Passwords are unique to each user
  - iii. The passwords are monitored and overseen within the department by the eVIPS system administrator who removes access for any termed employees or where there is a change in responsibilities under the direction of the credentialing specialist.
  - iv. An account may be locked out of the system if incorrect log-in is attempted this would require the system administrator to unlock and reset.
- e. Monitoring Credentialing Process
  - i. Quarterly the lead credentialing specialist will run a Practitioner audit report including:
    - 1. Practitioner identifiers
    - 2. Credentialing associate assigned to at the time of the change
    - 3. When change was made
    - 4. Who made the change
    - 5. Application status at time of change
    - 6. Application status date at time of the change
    - 7. What changed
    - 8. Before value
    - 9. After value
  - ii. The report will be analyzed for compliance against this policy
    - 1. If modifications were made that did not meet policy follow up will be done with appropriate credentialing associate to develop a plan for compliance
      - a. Remedial training
      - b. Weekly monitoring for compliance for 9 months
      - c. If no further issues after 9 months exist associate will be removed from weekly monitoring.
      - d. If issues continue performance corrective action may ensue up to and including termination
    - 2. Documentation of monitoring outcome will be done at end of Practitioner audit report and presented to department manager and Quality Oversight Committee (QOC) quarterly.
  - iii. The credentialing specialist utilizes the eVIPS audit tool to maintain oversight of the files and reviews daily.

F. Credentialing System Controls Oversight

- a. Monitoring compliance with Credentialing controls, annually CCHP will report the following to QOC:
  - i. Identify all modifications to credentialing and recredentialing information that did not meet policy utilizing the Practitioner audit report
  - ii. Analyze all instances of modifications that did not meet policy for modification
  - iii. Take action on all findings and implement a quarterly monitoring process until improvement is demonstrated for one finding over three consecutive quarters.

**APPENDICES:**

None

**CITATIONS AND REFERENCES:**

Practitioner and Organizational Provider Suspension, Termination and Appeal Rights Policy  
 NCQA CR1 A, B, C; CR5

Effective: (8/16/21)

Reviewed: (8/16/21; 1/10/22; 8/16/22; 11/15/22)

Revised: (1/10/22; 11/15/22)

Developed by: (Provider Relation/Contracting/Credentialing Manager)

Approved By  
{QOC}  
Chorus Community Health Plans  
{1/10/22}

Effective: (8/16/21)  
Reviewed: (8/16/21; 1/10/22; 8/16/22; 11/15/22)  
Revised: (1/10/22; 11/15/22)  
Developed by: (Provider Relation/Contracting/Credentialing Manager)