

# 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 and Recredentialing Policy and Procedure

### SUBJECT: Credentialing and Recredentialing of Practitioners

**INCLUDED PRODUCT(S):**

**Medicaid**

BadgerCare Plus

Care4Kids Program

**Individual and Family**

Commercial

Marketplace

**PURPOSE OR DESCRIPTION:**

Chorus Community Health Plans (CCHP) is committed to ensuring the quality of providers/practitioners that serve our members. Credentialing assists CCHP in evaluating a practitioner's education, training, work history, licensure, and regulatory compliance record and malpractice history before allowing that practitioner to participate or continue in its network

**Table of Contents**

<b>Definitions</b>	page 2
<b>Credentialing Committee</b>	page 3
<b>Non-Discrimination</b>	page 3
<b>Scope of Credentialing</b>	page 3
<b>Initial Credentialing</b>	page 4
Conditions to be eligible	page 4
Information to submit	page 4
Criteria to be credentialed	page 6
Verification	page 8
Practitioner clean file criteria	page 12
<b>Recredentialing</b>	page 12
Conditions to be eligible	page 12
Information to submit	page 13
Criteria to be recredentialed	page 14
Verification	page 16
Practitioner clean file criteria	page 19

## Procedures and Processes

Credentialing/Recredentialing Process page 20

Additional Processes for Recredentialing page 21

## Appendices

Appendices A-D page 22

## **DEFINITIONS:**

- **Applicant** – the Practitioner seeking to become credentialed or recredentialed to participate in CCHP's network
- **Credentialing** – the process of assessing and validating the applicable criteria and qualifications of a Practitioner for participation in the CCHP network
- **Credentialing Authority** – the National Committee for Quality Assurance (NCQA); the Centers for Medicare and Medicaid Services (CMS) as applicable, and any other federal or state authority
- **Credentialing Committee** – a subcommittee of the Quality Oversight Committee (QOC) that uses a peer review process to evaluate and make recommendations regarding credentialing decisions
- **Covered Persons** – individuals who have insurance through CCHP
- **Material Restrictions** – any limitation or limiting condition imposed on a Practitioner's ability to practice medicine
- **Licensed Independent Practitioner (LIP)** -any health care professional who is permitted by law to practice independently within the scope of the individual's license or certification, and includes but is not limited to audiologists (AUDs), certified nurse midwives (CNMs), certified registered nurse anesthetist (CRNAs), medical doctors (MDs), doctors of osteopathy (DOs), oral surgeons (DDS or DMD), chiropractors (DCs), doctors of podiatric medicine (DPMs), psychiatrists (MDs), psychologists (PsyD or PhD), nurse practitioners (NP or APNP), allied behavioral health practitioners (CSAC, LPC, LCSW, LMFT) and all other non- physician practitioners who are licensed, certified or registered by the state to practice independently (without direction or supervision), have an independent relationship with CCHP and provide care under a Benefit Plan
- **Chief Medical Officer** – the licensed physician appointed by CCHP to serve as the Chair of Credentialing Committee and fulfill various duties related to CCHP administration
- **Medical Director** – the licensed physician appointed by CCHP to serve as a member of the Credentialing Committee and fulfill various duties related to CCHP administration
- **Practitioner** – a licensed or certified professional who provides medical care or behavioral healthcare services
- **Primary Source Verification** – verification of credentialing information directly from the entity (e.g. state licensing board) that conferred or issued the original credential
- **Quality Oversight Committee (QOC)** – the committee delegated the authority by the CCHP Board of Directors to implement, oversee, and make final decisions regarding CCHP credentialing functions. The QOC may delegate to the Credentialing Committee the responsibility for selection, credentialing, recredentialing and related administration of the credentialing process
- **Recredentialing** – the process of re-assessing and validating the applicable qualifications of a Practitioner to allow for participation in CCHP's network

## **POLICY:**

### **Credentialing Committee**

The Credentialing Committee is responsible for reviewing the credentials of Practitioners and making decisions whether to accept, retain, deny or terminate a Practitioner's participation in CCHP's network.

The Associate Chief Medical Officer (ACMO) serves as the committee chairperson. The Credentialing Committee will meet the 3<sup>rd</sup> Thursday of every month unless otherwise determined by the committee chair. The presence of at least half (50%) of the voting members constitutes a quorum. Meetings and decisions must be made in real time (including virtual or web conferencing); email voting is not permitted. The Credentialing Committee will consist of at least seven (7) voting members including the CMO, CCHP Medical Directors, and participating

practitioners representing CCHP's network who are external to the organization. The CMO may appoint additional voting members, network practitioners or otherwise, whose expertise is deemed appropriate for the efficient and effective functioning of the Credentialing Committee. A key role of the committee is to review the credentials for practitioners who do not meet CCHP's criteria for participation, giving thoughtful consideration to this information to determine whether to credential (or recredential) the practitioner.

The Credentialing Committee will consult with various specialists, as needed to review an applicant's credentials. Credentialing Committee members shall disclose and abstain from voting on a Practitioner if the member:

- Believes there is a conflict of interest
- Feels his/her judgment might otherwise be compromised

A committee member will also disclose if he/she has been professionally involved with the Practitioner. Determinations to deny an applicant's participation, or terminate a practitioner from participation in CCHP's network, requires a majority vote of the voting members of the Credentialing Committee in attendance.

All information obtained during the credentialing and recredentialing process is strictly confidential and privileged. All Credentialing Committee meeting minutes and Practitioner and Organizational Provider credentialing files shall be securely stored on a network server and only accessible by authorized credentialing staff and Medical Directors in an electronic file. Documents and information in these files may not be reproduced or distributed, except for credentialing and quality review purposes.

### **Non-Discrimination**

CCHP conducts all Practitioner and Organizational Provider credentialing and recredentialing in a non-discriminatory manner and takes steps to monitor for and prevent discriminatory practices. CCHP does not make credentialing decisions in any way based upon an applicant's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures or types of patients (e.g. insurance coverage) the Practitioner applicant specializes in. CCHP ensures non-discrimination by having the Credentialing Committee members sign an affirmative statement that all decisions are made in a non-discriminatory manner. CCHP conducts annual audits to monitor the credentialing and recredentialing processes for discriminatory practices. This audit consists of a review of Practitioner and Organizational Provider complaints to determine if there are any complaints alleging discrimination and reports any findings to the Quality Oversight Committee (QOC).

### **Scope of Credentialing**

CCHP Credentials the following practitioners:

- Medical Doctors and doctors of osteopathic medicine
- Doctors of podiatry
- Optometrist
- Oral surgeons
- Telemedicine providers
- Chiropractors
- Nurse practitioners
- Certified registered nurse midwives
- Audiologists
- Behavioral health providers as follows:
  - Psychiatrists
  - Psychologists (Doctoral or Master's-level)
  - Licensed marriage and family therapists
  - Licensed clinical social workers

- Licensed professional counselors
- Clinical nurse specialists / psychiatric nurse practitioners
- Clinical substance abuse counselors / Addiction medicine specialists

CCHP does not permit practitioners to provide care to members until they are fully credentialed. CCHP and its delegates may credential Locum Tenens practitioners. CCHP verifies delegate's provisional credentialing policies and procedures which apply to practitioners working less than 60 calendar days. Full credentialing is required if these practitioners work 60 calendar days or more. CCHP's provisional credentialing process includes verification of license, MPDB and obtaining a signed release from the practitioner.

## **Initial Credentialing**

Each practitioner applicant must register with the Council for Affordable Quality Healthcare (CAQH) to submit an application for review when applying for initial participation in CCHP's network. If the applicant meets CCHP's criteria to process an application, the credentialing procedure will commence.

CCHP or their contracted Credentialing Verification Organization will verify those elements related to an applicant's legal authority to practice, relevant training, experience and competency from the primary source where applicable or other CQA-accepted source, during the credentialing process. All verifications must be current and verified within ninety (90) calendar days from the date the application is deemed complete to begin processing. During the credentialing process, CCHP will review the verification elements shown in Credentialing Criteria unless otherwise required by applicable regulatory or accrediting bodies.

### ***Conditions required to be eligible for initial application to be processed:***

CCHP establishes a process for credentialing decisions and outlines the criteria used to evaluate practitioners to assess their competency in providing care to members. Credentialing standards are reviewed and authorized by the Credentialing Committee, medical director, or designated peer review entity.

CCHP requires practitioners to meet the following criteria in order for the initial credentialing application to be processed:

1. An active and unrestricted license without limitations or sanctions from the state(s) in which they currently practice
2. Cannot be excluded from participating in Medicare or Medicaid programs (lack of sanctions or debarment) where such participation is required
3. No prior denial of a completed application for credentialing with CCHP within the preceding 24 months.
4. No prior terminations of credentials or network participation by CCHP or any delegated credentialing organization within the preceding 24 months. Exceptions to this include:
  - Terminated because left employment with a network organization
  - Terminated because employer/practice group left CCHP network
  - Terminated because failed to submit a completed recredentialing application by deadline (see "Additional Processes for Recredentialing" section D)

Applicant must submit validated documentation that their termination from a delegated credentialing organization meets above exclusion criteria.

If the applicant fails to meet these criteria, CCHP will not process the application further. The applicant may reapply when they meet all of the criteria.

**Information/documentation that must be submitted in order for application to be complete and reviewed:**

Initial applicants must submit the following information in order to be considered for credentialing:

1. Completed application which includes all following items listed in this “Information/documentation that must be submitted in order for application to be reviewed” section and a signed statement providing attestation to the completeness and accuracy of the information provided in the application, which may be in an electronic format. The application includes optional fields to enter race, ethnicity and language and includes a statement confirming the organization does not discriminate based on an applicant’s race, ethnicity or language.
2. A signed release granting CCHP permission to review the records of and to contact any professional society, hospital, insurance company, present or past employer, professional peer, clinical instructor, or other person, entity, institution, or organization that does or has records or professional information about the applicant
3. A signed release from legal liability for any such person, entity, institution, or organization that provides information as part of the application process
4. Current unrestricted Drug Enforcement Agency (DEA) and/or Controlled Dangerous Substance Certificate (CDS) in each state where applicant intends to practice, (if qualified to write prescriptions). If no current DEA registration, a CCHP DEA Registration Attestation Form that is satisfactorily completed as determined by the Chair of the CCHP Credentialing Committee or a CCHP Medical Director.
5. For any practitioner who provides inpatient care, the names of all hospitals where they hold privileges
6. Professional liability claims history that resulted in settlements or judgments paid by or on behalf of the applicant, and history of liability insurance coverage, including any refusals or denials to cover applicant or cancellations of coverage
7. History with applicable dates of education and degrees received relevant to applicant’s area of practice including appropriate professional schools, residency training programs, or other specialty training programs appropriate for the scope of practice for which credentials are requested
8. List of all professional licenses ever received in any state, whether current or inactive, including any challenges, restrictions, conditions, limitations, or other disciplinary action taken against such license or voluntary relinquishment of such licensure
9. Information on the type of professional license(s) or certification(s) held, state issued, certification and/or license number, effective date, and date of expiration
10. Medicaid Provider number (if providing Medicaid services).
11. A five year employment history, including periods of self-employment and the business names used during this time, and a history of voluntary or involuntary terminations from employment, professional disciplinary action or other sanction by a managed care plan, hospital, or other health care delivery setting, medical review board, licensing board, or other administrative body or government agency
12. Current Health Care liability policy, including the name of insurer, policy number, expiration date and coverage limits (even if \$0). Practitioners with federal tort coverage must submit a copy of their federal tort letter, or a signed attestation that they have federal tort coverage (per Wisconsin statutes unless otherwise mandated)
13. Disclosure and explanation of limitations on ability to perform essential functions of the position with or without accommodation

14. Disclosure and explanation of any loss of license or any loss or limitations of privileges or disciplinary activity
15. Disclosure of current alcohol or other substance abuse
16. Disclosure and explanation of any convictions or pleas of no contest to a felony or misdemeanor (except for minor traffic violations)
17. Disclosure and explanation of any history of medical staff membership or clinical privilege restrictions
18. For nurse practitioners, copy of a signed collaborating physician agreement as required by Wisconsin state statutes
19. Any other documents or information that CCHP determines are necessary for it to effectively and or efficiently review applicant's qualifications

***Criteria required to be credentialed:***

The following criteria must be met in order for a practitioner to become credentialed with CCHP for the initial credentialing.

1. Applicant meets all eligibility requirements listed in section titled "Conditions required to be eligible for application to be processed"
2. Completed application which includes all following items listed in "Information/documentation that must be submitted in order for application to be reviewed" section and a signed statement providing attestation to the completeness and accuracy of the information provided in the application, which may be in an electronic format
3. A signed release granting CCHP permission to review the records of and to contact any professional society, hospital, insurance company, present or past employer, professional peer, clinical instructor, or other person, entity, institution, or organization that does or has records or professional information about the applicant
4. A signed release from legal liability for any such person, entity, institution, or organization that provides information as part of the application process
5. An active and unrestricted license without limitations or sanctions from Wisconsin and any other state(s) in which they currently practice
6. Possession of a Current Drug Enforcement Agency (DEA) and/or Controlled Dangerous Substance Certificate (CDS) with no restrictions or limitations from each state where applicant intends to practice, (if qualified to write prescriptions), or submission of a CCHP DEA Registration Attestation Form that is satisfactorily completed as determined by the Chair of the CCHP Credentialing Committee or a CCHP Medical Director.
7. For any practitioner who provides inpatient care, the applicant must have privileges at each hospital where they practice
8. Credentialing Committee acknowledgement and determination that any professional liability claims that resulted in settlements or judgments paid by or on behalf of the applicant, and/or previous refusals or denials to cover applicant or cancellations of coverage by insurer does not disqualify applicant from being credentialed
9. Educational degrees relevant to applicant's area of practice:
  - a. The required medical or professional education and training for Non-Behavioral Health practitioners are as follows:
    - i. Doctors of Medicine (MDs) and Doctors of Osteopathic Medicine (DOs) must have graduated from medical school and successfully completed a residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), or the American Osteopathic Association (AOA) in the specialty in which the applicant will be practicing

1. Alternative to residency programs, MDs and DOs meeting any one of the following criteria will be viewed as meeting the residency program requirement:
    - a. Training which met the requirements in place at the time it was completed in a specialty field prior to the availability of board certifications in that clinical specialty or subspecialty OR
    - b. CCHP will take into consideration the successful completion of equivalent accredited training programs, in the specialty in which the applicant will be practicing. The determination of whether such programs are equivalent or not are at the sole discretion of CCHP Credentialing Committee
  - ii. Doctors of Chiropractic Medicine (DC) must have graduated from a chiropractic school
  - iii. Doctors of Dental Surgery (DDS) or Doctors of Medicine in Dentistry (DMD) must have graduated from dental school
  - iv. Doctors of Podiatric Medicine (DPM) must have graduated from podiatry school and successfully complete a hospital residency program
  - v. All advanced practice practitioners (APPs) (e.g. nurse practitioner, nurse mid-wife, etc.) must have graduated from an accredited professional school and successfully complete a training program.
- b. The following are requirements for specific Behavioral Health practitioners:
- i. Licensed Clinical Social Workers (LCSW) or other master level social work license types:
    - a. Master or doctoral degree in social work with emphasis in clinical social work from a program accredited by the Council on Social Work Education
  - ii. Clinical Psychologists (PhD or PsyD):
    - a. Doctoral degree in clinical, counseling psychology or equivalent field of study from an institution accredited by the American Psychological Association (APA)
    - b. Education and/or training deemed equivalent by the Credentialing Committee for a practitioner with a doctoral degree not from an APA accredited institution but who is listed in the National Register of Health Service Providers in Psychology or is a Diplomat of the American Board of Professional Psychology. The determination of whether such programs are equivalent or not are at the sole discretion of CCHP
  - iii. Licensed Professional Counselors (LPC):
    - a. Master's or doctoral degree in counseling, marital and family therapy, psychology, counseling psychology, counseling with an emphasis in marriage, family and child counseling or an allied mental field
  - iv. Clinical Substance Abuse Counselor (CSAC):
    - a. Associate's Degree or higher in a behavioral science field
  - v. Clinical Nurse Specialist (Psychiatry) (CNS):
    - a. Master's degree in nursing with specialization in adult or child/adolescent psychiatric and Behavioral Health nursing

- b. Registered Nurse license and any additional licensures as an Advanced Practice Nurse/Certified Nurse Specialist/Adult Psychiatric Nursing
10. Credentialing Committee acknowledgement and determination that any challenges, restrictions, conditions, limitations, or other disciplinary action taken against a professional license, or voluntary relinquishment of such license issued in any state does not disqualify applicant from being credentialed
11. Applicant is a Medicaid Provider with an active Medicaid Provider Number without sanctions if providing Medicaid services within the CCHP Network
12. Credentialing Committee acknowledgement and determination that any unexplained gaps in work history greater than 90 days, restricted hospital privileges, or other disciplinary action by a managed care plan, hospital, or other health care delivery setting, medical review board, licensing board, or other administrative body or government agency does not disqualify applicant from being credentialed
13. Current Health Care liability insurance coverage of not less than \$1,000,000 per occurrence and \$3,000,000 in the general aggregate with an insurer licensed to provide medical malpractice insurance in Wisconsin. Alternatively, documentation of a similar financial coverage commitment with additional coverage by the Wisconsin Injured Patients and Families Compensation Fund when required is acceptable. Of note, the pertinent network contract may require coverage that exceeds the minimum level described above (per Wisconsin statute 655.23(4)(b)2a,b)
14. Credentialing Committee acknowledgement and determination that any limitations on ability to perform essential functions of the position does not disqualify applicant from being credentialed
15. Credentialing Committee acknowledgement and determination that any previous loss of license, loss or limitations of privileges, or disciplinary activity does not disqualify applicant from being credentialed
16. Absence of current alcohol or other substance abuse
17. Credentialing Committee acknowledgement and determination that any previous felony or misdemeanor convictions or pleas of no contest to a felony or misdemeanor does not disqualify applicant from being credentialed
18. Credentialing Committee acknowledgement and determination that any medical staff membership or clinical privilege restrictions, limitations, or other disciplinary actions does not disqualify applicant from being credentialed
19. For nurse practitioners, a signed collaborating physician agreement as required by Wisconsin state statutes
20. Credentialing Committee acknowledgement and determination that any other documents or information that CCHP determines are necessary for it to effectively and or efficiently review applicant's qualifications does not disqualify applicant from being credentialed

***Verification of materials by credentialing team and/or CVO:***

The credentialing criteria must be verified and approved prior to credentialing expiration date and within the verification time limits.

Verification Time Limit = Length of time for which a primary source verification is valid. If the applicant is not credentialed or recredentialed within the time limit, the primary source must be verified again. The applicant must be approved for credentialing within this time limit. If not the primary source must be re-verified.

Information verified through the application is valid for 180 days from date the applicant attests to application information.

CCHP CREDENTIALING VERIFICATION TABLE		Applies To				
Item	Primary Source	Verification Time Limit	Applicable Practitioner	Initial Cred	Recred	Ongoing monitoring
License	<p>1. WI Dept. of Safety &amp; Professional Services  <a href="https://app.wi.gov/licensesearch">https://app.wi.gov/licensesearch</a>  <i>current, valid unrestricted licensure or certification in all states where the applicant provides care to CCHP members</i></p> <p>2. State Licensing website for any other state in which applicant holds an active license</p>	*120 days	All Practitioners	X	X	
DEA	<p>Copy of DEA registered in the state practicing in or confirming with  <a href="https://apps.dea.diversion.usdoj.gov/RDA/">https://apps.dea.diversion.usdoj.gov/RDA/</a></p> <p><i>Applicant must have a current, valid DEA registration in each state where the Applicant intends to practice within CCHP network; or a CCHP DEA Registration Attestation Form that is satisfactorily completed as determined by the Chair of the CCHP Credentialing Committee or a CCHP Medical Director.</i></p>	Effective at time of credentialing	MD, DO, DMD, DPM, NP, DDS	X	X	
Education/ Training	<p>Primary source verification report from Wisconsin Department of Safety &amp; Professional Services verifying that graduation from medical or other professional school is verified from primary source as part of the licensing process</p> <p><i>CCHP obtains written confirmation of primary source verification from the primary source at least annually</i></p> <p><i>CCHP verifies the highest of the following three levels of education and training obtained by the practitioner as appropriate:</i></p> <ol style="list-style-type: none"> <li>1. Board certification.</li> <li>2. Residency. <ul style="list-style-type: none"> <li>• Using the state licensing board</li> </ul> </li> <li>3. Graduation from medical or professional school. <ul style="list-style-type: none"> <li>• using the state licensing board</li> </ul> </li> </ol>	Prior to credentialing committee meeting	All applicable practitioners	X		
Board Certification	<p>Direct Connect Select (ABMS) via Symplr Payer System, AOA Profile <a href="https://aoaprofiles.org/">https://aoaprofiles.org/</a>; ANCC <a href="https://ebiz.nursingworld.org/">https://ebiz.nursingworld.org/</a>; AANP <a href="https://www.aanpcert.org/verification/select">https://www.aanpcert.org/verification/select</a>; PNCB <a href="https://www.pncb.org/verification">https://www.pncb.org/verification</a></p> <p><i>CCHP does not require board certification; however, we verify current certification status of practitioners who state that they are board certified. Verification of board certification must be completed prior to the decision date and the expiration date documented in the credentialing file.</i></p>	*120 days	MD, DO, DMD, DPM, NP	X	X	
Work History	Work history is not verified from a primary source but is reviewed from the application	*120 days	All practitioners	X		

CCHP CREDENTIALING VERIFICATION TABLE				Applies To		
Item	Primary Source	Verification Time Limit	Applicable Practitioner	Initial Cred	Recred	Ongoing monitoring
	<i>CCHP obtains the most recent five-year work history including the beginning and ending month and year for each employment position. Gaps longer than ninety days, must be explained by the practitioner in writing and found acceptable by the Credentialing Committee</i>					
Malpractice History	<p>1. National Practitioner Databank (NPDB)  <a href="https://iqrs.npdb.hrsa.gov">https://iqrs.npdb.hrsa.gov</a>  <i>CCHP obtains confirmation of the past five years of malpractice settlement. CCHP.</i></p> <p>2. Application  <i>History reported by applicant of any professional liability actions</i></p>	*120 days	All practitioners	X	X	
Reasons for inability to perform essential functions	Application	*180 days	All practitioners	X	X	
Absence of current alcohol or illegal substance abuse	Application	*180 days	All practitioners	X	X	
History of loss of license	Application	*180 days	All practitioners	X	X	
History of felony convictions	Application	*180 days	All practitioners	X	X	
History of loss or limitations of privileges or disciplinary activity	<p>1. National Practitioner Data Bank (NPDB)  <a href="https://iqrs.npdb.hrsa.gov">https://iqrs.npdb.hrsa.gov</a></p> <p>2. <a href="#">Application</a></p>	*180 days	All practitioners	X	X	
Current malpractice coverage with required limits	<p>1. Application</p> <p>2. Copy of current insurance certificate</p>	*120 days	All practitioners	X	X	
Practitioner race, ethnicity and language	Application questions and disclosure statement indicating this information is voluntary and CCHP does not discriminate or base credentialing decisions on these factors.	*120 days	All practitioners	X	X	
Applicant's attestation of correct and complete application	Application	*120 days	All practitioners	X	X	

CCHP CREDENTIALING VERIFICATION TABLE				Applies To		
Item	Primary Source	Verification Time Limit	Applicable Practitioner	Initial Cred	Recred	Ongoing monitoring
History of any State sanctions, restrictions on licensure, and/or limitations on scope of practice	1. WI Dept. of Safety & Professional Services <a href="https://license.wi.gov/s/license-lookup">https://license.wi.gov/s/license-lookup</a> ; 2. State Licensing website for any other state in which applicant holds an active license or has provided care in the most recent 5-year period.  3. National Practitioner Data Bank (NPDB) <a href="https://iqrs.npdb.hrsa.gov">https://iqrs.npdb.hrsa.gov</a>	*120 days or as they are identified	All practitioners	X	X	X
History of any Medicare or Medicaid sanctions	1. State Medicaid Agency for each state in which the practitioner is providing care to CCHP members <b>and*</b> 2. National Practitioner Data Bank (NPDB) <a href="https://iqrs.npdb.hrsa.gov">https://iqrs.npdb.hrsa.gov</a> ;  <i>*State Medicaid Agency review is only required for Medicaid sanctions (not Medicare).</i>	*120 days or as they are identified	All practitioners	X	X	X
History of any Medicare or Medicaid exclusions	1. State Medicaid Agency for each state in which the practitioner is providing care to CCHP members <b>and*</b> 2. Office of Inspector General (OIG) via Streamline Verify <a href="https://app.streamlineverify.com/">https://app.streamlineverify.com/</a>  <i>*State Medicaid Agency review is only required for Medicaid exclusions (not Medicare).</i>	*120 days or as they are identified	All practitioners	X	X	X

\*by end of last business day within 120 calendar days from date application signed and attested to by applicant for files processed on or after July 1, 2025. Files processed before July 1, 2025 were subject to a 180 day verification time limit.

CVO VERIFICATION TABLE				Applies To		
Item	Primary Source	Verification Time Limit	Applicable Practitioner	Initial Cred	Recred	Ongoing monitoring
License	State Licensing website for any state in which applicant holds an active license	*120 days	All Practitioners	X	X	
DEA	<ul style="list-style-type: none"> <li>• DEA or CDS agency.</li> <li>• DEA or CDS certificate.</li> <li>• Documented visual inspection of the original certificate.</li> <li>• Confirmation with the American Medical Association (AMA) Physician Masterfile(DEA only).</li> <li>• American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or Physician Masterfile (DEA only).</li> </ul>	Effective at time of credentialing	All practitioners who prescribe medications currently in each state where they provide care to members	X	X	
Education/ Training	<ul style="list-style-type: none"> <li>• The primary source</li> <li>• The state licensing agency, specialty board or registry, if it performs primary source verification.</li> <li>• Sealed transcripts, if the organization provides evidence that it inspected the contents of</li> <li>• the envelope and confirmed that the practitioner completed (graduated from) the</li> </ul>	Prior to credentialing committee meeting	All applicable practitioners	X		

<b>CVO VERIFICATION TABLE</b>						
<b>Item</b>	<b>Primary Source</b>	<b>Verification Time Limit</b>	<b>Applicable Practitioner</b>	<b>Applies To</b>		
				<b>Initial Cred</b>	<b>Recred</b>	<b>Ongoing monitoring</b>
	<ul style="list-style-type: none"> <li>• appropriate training program.</li> <li>• AMA Physician Masterfile. (For MD's only)</li> <li>• American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or</li> <li>• AOA Physician Master File. (For DO's Only)</li> <li>• Educational Commission for Foreign Medical Graduates (ECFMG) for international medical</li> <li>• graduates licensed after 1986.</li> </ul>					
Board Certification	Certifying board website for specialty	*120 days	All practitioners	X	X	
Work History	<ul style="list-style-type: none"> <li>• Application</li> <li>• Curriculum vitae (CV)</li> </ul>	*120 days	All practitioners	X		
Malpractice History	<ul style="list-style-type: none"> <li>• Directly from the malpractice carrier</li> <li>• National Practitioner Databank (NPDB)</li> </ul>	*120 days	All practitioners	X	X	
Reasons for inability to perform essential functions of position	<ul style="list-style-type: none"> <li>• CAQH Application</li> <li>• Client Application</li> </ul>	*180 days	All practitioners	X	X	
Lack of present illegal drug abuse	<ul style="list-style-type: none"> <li>• CAQH Application</li> <li>• Client Application</li> </ul>	*180 days	All practitioners	X	X	
History of loss of license	<ul style="list-style-type: none"> <li>• CAQH Application</li> <li>• Client Application</li> </ul>	*180 days	All practitioners	X	X	
History of felony convictions	<ul style="list-style-type: none"> <li>• CAQH Application</li> <li>• Client Application</li> </ul>	*180 days	All practitioners	X	X	
History of loss or limitations of privileges or disciplinary activity	<ul style="list-style-type: none"> <li>• CAQH Application</li> <li>• Client Application</li> </ul>	*180 days	All practitioners	X	X	
Current malpractice coverage with required limits	<ul style="list-style-type: none"> <li>• CAQH Application</li> <li>• Client Application</li> </ul>	*180 days	All practitioners	X	X	
Practitioner race, ethnicity and language	<ul style="list-style-type: none"> <li>• CAQH Application</li> <li>• Client Application</li> </ul>	*180 days	All practitioners	X	X	
Current and signed attestation confirming the correctness and completeness of the application	<ul style="list-style-type: none"> <li>• CAQH Application</li> <li>• Client Application</li> </ul>	*180 days	All practitioners	X	X	
History of any State sanctions, restrictions on licensure, and/or limitations on scope of practice	<ul style="list-style-type: none"> <li>• NPDB for all practitioner types</li> <li>• For the most recent 5-year period available through any of the following sources: <ul style="list-style-type: none"> <li>○ Physicians: <ul style="list-style-type: none"> <li>▪ Appropriate state agencies.</li> <li>▪ Federation of State Medical Boards (FSMB).</li> </ul> </li> <li>○ Chiropractors: <ul style="list-style-type: none"> <li>▪ State Board of Chiropractic Examiners.</li> <li>▪ Federation of Chiropractic Licensing Boards' Chiropractic Information</li> </ul> </li> </ul> </li> </ul>	*120 days or as they are identified	All practitioners	X	X	X

CVO VERIFICATION TABLE				Applies To		
Item	Primary Source	Verification Time Limit	Applicable Practitioner	Initial Cred	Recred	Ongoing monitoring
	Network-Board Action Databank (CIN-BAD). ○ Oral surgeons: ▪ State Board of Dental Examiners or State Medical Board. ○ Podiatrists: ▪ State Board of Podiatric Examiners. ▪ Federation of Podiatric Medical Boards. ○ Other nonphysician health care professionals: ▪ State licensure or certification board. ▪ Appropriate state agency.					
History of any Medicare or Medicaid sanctions	<ul style="list-style-type: none"> <li>• Federal Employees Health Benefits Plan (FEHB) Program department record, published by the Office of Personnel Management, Office of the Inspector General</li> <li>• AMA Physician Master File</li> <li>• National Practitioner Data Bank (NPDB)</li> <li>• Federation of State Medical Boards (FSMB)</li> <li>• System for Award Management (SAM.gov)</li> </ul>	*120 days or as they are identified	All practitioners	X	X	X
History of any Medicare or Medicaid exclusions	<ul style="list-style-type: none"> <li>• The State Medicaid Agency</li> <li>• List of Excluded Individuals and Entities (maintained by OIG)</li> <li>• Medicare Exclusion Database</li> </ul>	*120 days or as they are identified	All practitioners	X	X	X

***Practitioner clean file criteria for initial credentialing:***

To qualify as a practitioner “clean file” the following criteria must be met:

1. Current active license(s) and no orders/sanctions or limitations/restrictions by any state licensing board.
2. No sanctions, exclusions, or debarment by Medicare/Medicaid (Office of Inspector General)
3. Current active DEA registration with no restrictions or limitations (if qualified to write prescriptions), or a CCHP DEA Registration Attestation Form that is satisfactorily completed as determined by the Chair of the CCHP Credentialing Committee or a CCHP Medical Director.
4. Current professional liability insurance that meets CCHP coverage standards (see #11 under Criteria to be Credentialed)
5. Applicants who provide inpatient care have privileges at each hospital where they practice
6. No history of sanctions, privilege restrictions, as a result of disciplinary actions by any hospital/healthcare privileging entity
7. No adverse actions or disciplinary activity by any other health plan
8. No unexplained gaps in work history greater than 90 days
9. Absence of current alcohol or other substance abuse
10. No limitations on ability to perform essential functions of the position
11. No felony or misdemeanor convictions or pleas of no contest to a felony or misdemeanors (except minor traffic violations)
12. No professional liability actions (pending, settled, arbitrated, mediated, or litigated)
13. No adverse findings on NPDB
14. Education and training meet the requirements under section “Criteria For Initial Credentialing”
15. No other miscellaneous concerns related to credentialing,

If these criteria are met the file may be deemed clean by a Medical Director. A clean file does not require detailed review by the Credentialing Committee. If these criteria are not met the file does require detailed review by the Credentialing Committee

## **Recredentialing**

The recredentialing process incorporates re-verification and the identification of changes in a practitioner's licensure, sanctions, certification, health status and/or quality and performance information (including but not limited to, malpractice experience, sanction history, hospital privilege related or other actions) that may reflect, as applicable, on the practitioner's professional conduct and competence. This information is reviewed in order to assess whether practitioners continue to meet CCHP credentialing standards.

Recredentialing of practitioners occurs every three years unless otherwise required by regulatory or accrediting bodies or a shorter term as determined by the Credentialing Committee. Credentialing terms of less than three years are not considered an action of determination that triggers appeals rights. Each practitioner applying for continued participation in CCHP's network must submit all required supporting documentation.

### ***Conditions required to be eligible for recredentialing application to be processed:***

CCHP requires practitioners to meet the following conditions in order for the recredentialing application to be processed:

1. An active license from the state(s) in which they currently practice
  - Any limitations that were placed while credentialed with CCHP do not disqualify applicant's eligibility to apply for recredentialing
2. Cannot be excluded from participating in Medicare or Medicaid programs (lack of sanctions or debarment) where such participation is required

If these conditions are not met, CCHP will not process the recredentialing application further

### ***Information/documentation that must be submitted in order for application to be complete and reviewed:***

CCHP requires practitioners to submit the following materials for review by the credentialing committee. Applicants must submit the following information in order to be considered for recredentialing:

1. Completed application which includes all following items listed in "Information/documentation that must be submitted in order for application to be reviewed" section and a signed statement providing attestation to the completeness and accuracy of the information provided in the application, which may be in an electronic format
2. A signed release granting CCHP permission to review the records of and to contact any professional society, hospital, insurance company, present or past employer, professional peer, clinical instructor, or other person, entity, institution, or organization that does or has records or professional information about the applicant
3. A signed release from legal liability for any such person, entity, institution, or organization that provides information as part of the application process
4. Current Drug Enforcement Agency (DEA) and/or Controlled Dangerous Substance Certificate (CDS) in each state where applicant intends to practice, (if qualified to write prescriptions). If no current DEA registration, a written

- statement that the applicant does not intend to prescribe medications or a statement that a DEA registration has been applied for and a completed CCHP DEA waiver form indicating the qualified practitioner who will prescribe for the applicant
5. For any practitioner who provides inpatient care, the names of all hospitals where they hold privileges.
  6. New (since last credentialing cycle) professional liability claims or new information from previous claims that resulted in settlements or judgments paid by or on behalf of the applicant
  7. Any new (since last credentialing cycle) education and degrees received relevant to applicant's area of practice with applicable dates
  8. List of all current professional licenses in each state where they currently practice, including any new (since last credentialing cycle) challenges, restrictions, conditions, limitations, or other disciplinary action taken against such license or voluntary relinquishment of such licensure
  9. Any additional certifications or special license designations relevant to area of practice
  10. Medicaid provider number (if providing Medicaid services)
  11. Disclosure and explanation of restrictions, conditions, or other disciplinary actions
  12. Current Health Care liability policy, including the name of insurer, policy number, expiration date and coverage limits (even if \$0). Practitioners with federal tort coverage must submit a copy of their federal tort letter, or a signed attestation that they have federal tort coverage (per Wisconsin statutes unless otherwise mandated)
  13. Disclosure and explanation of limitations on ability to perform essential functions of the position with or without accommodation (since last credentialing cycle)
  14. Disclosure and explanation of any loss of license or any loss or limitations of privileges or disciplinary activity (since last credentialing cycle)
  15. Disclosure of current alcohol or other substance abuse
  16. Disclosure and explanation of any convictions or pleas of no contest felony or misdemeanor (except minor traffic violations) since last credentialing cycle.
  17. Disclosure and explanation of any history of medical staff membership or clinical privilege restrictions (since last credentialing cycle)
  18. Any other documents or information that CCHP determines are necessary for it to effectively and or efficiently review applicant's qualifications
    - For Nurse Practitioners copy of a signed collaborating physician agreement

***Criteria required to be recredentialed:***

The following criteria must be met for a practitioner to become recredentialed with CCHP

1. Completed application which includes all following items listed in "Information/documentation that must be submitted in order for application to be reviewed" section including a signed statement providing attestation to the completeness and accuracy of the information provided in the application, which may be in an electronic format
2. A signed release granting CCHP permission to review the records of and to contact any professional society, hospital, insurance company, present or past employer, professional peer, clinical instructor, or other person, entity, institution, or organization that does or has records or professional information about the applicant
3. A signed release from legal liability for any such person, entity, institution, or organization that provides information as part of the application process
4. An active and unrestricted license from Wisconsin and any other state(s) in which they currently practice. For limitations and sanctions that have occurred

- while credentialed the Credentialing Committee has acknowledged and determined that they do not disqualify applicant from being recredentialed.
5. Possession of a Current Drug Enforcement Agency (DEA) and/or Controlled Dangerous Substance Certificate (CDS) with no restrictions or limitations from each state where applicant intends to practice (if qualified to write prescriptions). If no current DEA registration and the applicant's practice requires the ability to write prescriptions, Credentialing Committee acknowledgement and determination that there is a qualified designated practitioner who can write prescriptions for the applicant
  6. For any practitioner who provides inpatient care, the applicant must have privileges at each hospital where they practice.
  7. Credentialing Committee acknowledgement and determination that any professional liability claims that resulted in settlements or judgments paid by or on behalf of the applicant, and/or previous refusals or denials to cover applicant or cancellations of coverage by insurer does not disqualify applicant from being recredentialed
  8. Educational degrees relevant to applicant's area of practice:
  9. The required medical or professional education and training for Non-Behavioral Health practitioners are as follows:
  10. Doctors of Medicine (MDs) and Doctors of Osteopathic Medicine (DOs) must have graduated from medical school and successfully completed a residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), or the American Osteopathic Association (AOA) in the specialty in which the applicant will be practicing
  11. Alternative to residency programs, MDs and DOs meeting any one of the following criteria will be viewed as meeting the residency program requirement:
    - a. Training which met the requirements in place at the time it was completed in a specialty field prior to the availability of board certifications in that clinical specialty or subspecialty OR
    - b. CCHP will take into consideration the successful completion of equivalent accredited training programs, in the specialty in which the applicant will be practicing. The determination of whether such programs are equivalent or not are at the sole discretion of CCHP Credentialing Committee
  12. Doctors of Chiropractic Medicine (DC) must have graduated from a chiropractic school
  13. Doctors of Dental Surgery (DDS) or Doctors of Medicine in Dentistry (DMD) must have graduated from dental school
  14. Doctors of Podiatric Medicine (DPM) must have graduated from podiatry school and successfully complete a hospital residency program
  15. All advanced practice practitioners (APPs) (e.g. nurse practitioner, nurse midwife, etc.) must have graduated from an accredited professional school and successfully complete a training program.
  16. The following are requirements for specific Behavioral Health practitioners:
  17. Licensed Clinical Social Workers (LCSW) or other master level social work license types:
  18. Master or doctoral degree in social work with emphasis in clinical social work from a program accredited by the Council on Social Work Education
  19. Clinical Psychologists (PhD or PsyD):
  20. Doctoral degree in clinical, counseling psychology or equivalent field of study from an institution accredited by the American Psychological Association (APA)
  21. Education and/or training deemed equivalent by the Credentialing Committee for a practitioner with a doctoral degree not from an APA accredited institution

- but who is listed in the National Register of Health Service Providers in Psychology or is a Diplomate of the American Board of Professional Psychology. The determination of whether such programs are equivalent or not are at the sole discretion of CCHP
22. Licensed Professional Counselors (LPC):
  23. Master's or doctoral degree in counseling, marital and family therapy, psychology, counseling psychology, counseling with an emphasis in marriage, family and child counseling or an allied mental field
  24. Clinical Substance Abuse Counselor (CSAC):
  25. Associate's Degree or higher in a behavioral science field
  26. Clinical Nurse Specialist (Psychiatry) (CNS):
  27. Master's degree in nursing with specialization in adult or child/adolescent psychiatric and Behavioral Health nursing
  28. Registered Nurse license and any additional licensures as an Advanced Practice Nurse/Certified Nurse Specialist/Adult Psychiatric Nursing
  29. Credentialing Committee acknowledgement and determination that any challenges, restrictions, conditions, limitations, or other disciplinary action taken against a professional license, or voluntary relinquishment of such license issued in any state does not disqualify applicant from being recredentialed
  30. Applicant is a Medicaid Provider with an active Medicaid Provider Number without sanctions if providing Medicaid services within the CCHP Network
  31. Credentialing Committee acknowledgement and determination that any unexplained gaps in work history greater than 90 days, restricted hospital privileges, or other disciplinary action by a managed care plan, hospital, or other health care delivery setting, medical review board, licensing board, or other administrative body or government agency does not disqualify applicant from being recredentialed
  32. Current Health Care liability insurance coverage of not less than \$1,000,000 per occurrence and \$3,000,000 in the general aggregate with an insurer licensed to provide medical malpractice insurance in Wisconsin. Alternatively, documentation of a similar financial coverage commitment with additional coverage by the Wisconsin Injured Patients and Families Compensation Fund when required is acceptable. Of note, the pertinent network contract may require coverage that exceeds the minimum level described above (per Wisconsin statute 655.23(4)(b)2a,b)
  33. Credentialing Committee acknowledgement and determination that any limitations on ability to perform essential functions of the position does not disqualify applicant from being recredentialed
  34. Absence of current alcohol or other substance abuse
  35. Credentialing Committee acknowledgement and determination that any previous felony or misdemeanor convictions or pleas of no contest to a felony or misdemeanor does not disqualify applicant from being recredentialed
  36. Credentialing Committee acknowledgement and determination that any medical staff membership or clinical privilege restrictions, limitations, or other disciplinary actions does not disqualify applicant from being recredentialed
  37. Credentialing Committee acknowledgement and determination of any quality of care concerns identified by CCHP internal review processes do not disqualify applicant from being re-credentialed
  38. Credentialing Committee acknowledgement and determination that any other documents or information that CCHP has determined are necessary for it to effectively and or efficiently review applicant's qualifications does not disqualify applicant from being recredentialed
  39. Includes a signed collaborating physician agreement for Nurse Practitioners

### ***Verification of materials by credentialing team and/or CVO:***

The credentialing criteria must be verified and approved prior to recredentialing expiration date and within the verification time limits.

Verification Time Limit = The length of time for which a primary source verification is valid. If the applicant is not credentialed or recredentialed within the time limit, the primary source must be verified again. The applicant must be approved for credentialing within this time limit. If not the primary source must be re-verified.

Information verified through the application is valid for 180 days from date the applicant attests to application information.

### ***Practitioner clean file criteria for recredentialing:***

To qualify as a practitioner “clean file” the following criteria must be met:

1. Current active license(s) with no limitations/restrictions since the most recent credentialing cycle. If there are any ongoing limitations or restrictions, the Credentialing Committee has already acknowledged and determined they do not disqualify the applicant from maintaining credentialed status
2. No new sanctions or disciplinary actions by Medicare/Medicaid (Office of Inspector General) since last credentialing cycle
3. Current active DEA registration with no restrictions or limitations (if qualified to write prescriptions)
4. Current professional liability insurance that meets CCHP coverage standards (see #11 under Criteria to be Credentialed), or a CCHP DEA Registration Attestation Form that is satisfactorily completed as determined by the Chair of the CCHP Credentialing Committee or a CCHP Medical Director.
5. Applicants who provide inpatient care have privileges at each hospital where they practice
6. No new sanctions or privilege restrictions, as a result of disciplinary actions by any hospital/healthcare privileging entity that have not previously been acknowledged and reviewed by credentialing committee
7. No adverse actions or disciplinary activity by any other type of health plan that have not previously been acknowledged and reviewed by credentialing committee
8. Absence of current alcohol or other substance abuse
9. No limitations on ability to perform essential functions of the position
10. No new felony or misdemeanor convictions or pleas of no contest to a felony or misdemeanors (except minor traffic violations) that have not previously been acknowledged and reviewed by the Credentialing Committee
11. No professional liability actions (pending, settled, arbitrated, mediated, or litigated) that have not previously been acknowledged and reviewed by the Credentialing Committee
12. No adverse findings on NPDB that have not previously been acknowledged and reviewed by the Credentialing Committee
13. Any new degrees or certifications since last credentialing cycle meet the requirements under item #8 of “Criteria for Recredentialing”
14. No other miscellaneous concerns related to credentialing

If these criteria are met the file may be deemed clean by a Medical Director. A clean file does not require detailed review by the Credentialing Committee. If these criteria are not met the file does require detailed review by the Credentialing Committee

**PROCEDURE:**  
**Procedures and Processes**

***Practitioner credentialing and recredentialing process:***

- A. Credentialing Associate/Lead Credentialing Associate:
  - a. Conducts a preliminary review of all credentialing and recredentialing applicant files and determines whether a file meets this policy's clean file criteria or if there is an issue or concern that requires the Credentialing Committee's review
  - b. Designates an applicant file meets clean file criteria. If Primary Source Verification (PSV) was performed by CCHP's CVO, credentialing associates review the CVO verification checklist, red flag report, and a subset of PSV documents to confirm clean file criteria. The names of all these applicants are presented to the Credentialing Committee for final approval.
- B. Chief Medical Officer/Associate Chief Medical Officer/Medical Director:
  - a. May conduct a preliminary review of credentialing and recredentialing applicant files and determines whether a file meets this policy's clean file criteria or if there is an issue or concern that requires the Credentialing Committee's review.
- C. Credentialing Committee Review
  - a. Applicant clean files for initial credentialing:
    - i. The names of applicants whose files have been deemed clean are reviewed by the committee members.
    - ii. If a committee member has a question or concern with any of these applicants he/she will raise the issue for discussion. If necessary the entire applicant file is available for review by all committee members.
  - b. Applicant files with issues or concerns for initial credentialing:
    - i. The files of applicants with issues are reviewed one at a time by the Credentialing Committee. The credentials team includes a summary of the issue or concern in the meeting agenda. If requested by any committee member, the complete file is available for review.
    - ii. The Committee makes one of the following decisions:
      - 1. Approve the applicant for full (3 year) credentialing cycle
      - 2. Approve the applicant for less than a 3 year cycle.
      - 3. Request more information from applicant or other source (decision will be deferred until next meeting)
      - 4. Deny credentialing.
  - c. Applicant clean files for re-credentialing:
    - i. The names of applicants whose file has been deemed clean are reviewed by the committee members.
    - ii. If a committee member has a question or concern with any of these applicants he/she will raise the issue for discussion. If necessary the entire applicant file is available for review by all committee members.
  - d. Applicant files with issues or concerns for re-credentialing:
    - i. The file of applicants with issues are reviewed one at a time by the Credentialing Committee. The credentials team includes a summary of the issue or concern in the meeting agenda. If requested by any committee member, the complete file is available for review.
    - ii. The Committee makes one of the following decisions:
      - 1. Approve the applicant for full (3 year) credentialing cycle
      - 2. Approve the applicant for less than a 3 year cycle.
      - 3. Request more information from applicant or other source (decision will be deferred until next meeting)
      - 4. Deny credentialing.
  - e. Administrative terminations

- i. The names of applicants whose credentialing have been terminated for administrative reasons are reviewed by the committee members
    - ii. This included but is not limited to applicants who no longer need credentialing and applicants who have not returned recredentialing applications,
  - f. All decisions are considered effective on the date of the Credentialing Committee meeting.
  - g. Each decision is recorded in the Credentialing Committee meeting minutes. The minutes are formally approved at the next meeting.
  - h. Failure to provide requested information when due will not be considered a denial that triggers appeal rights.
- D. Applicants are notified via signed letter (Appendix A & D) from the CMO of the acceptance or denial of their credentialing or recredentialing request within 30 days of the Credentialing Committee decision
- E. CCHP will verify and approve or deny an application within 90 days from the date of receipt of the completed application.
- F. If CCHP requires additional information from the applicant, the applicant will be sent a written notification (email, fax or mail) requesting information be submitted to CCHP within 15 days from the date of the notification. Applicants are notified that a lack in response to requested information within the timeframe will result in the application being closed for initial credentialing applicants and termination for recredentialed applicants. If the information is not received by the end of those 15 days, a second notice is sent allowing an additional 15 days from the date of the second notification. If information is still not received at the end of the second 15 days the credentialing process will cease and the application will be closed.
- G. Successful credentialing by an applicant does not create a contract with CCHP. Acceptance of an applicant into CCHP's network is conditioned upon the applicant's or representative's signature on the applicable network agreement.

***Additional processes for recredentialing:***

- A. Applicant becomes eligible for recredentialing at the end of their current credentialing term. CCHP requires a practitioner be recredentialed every 36 months or sooner if their current credentialing term is less than 36 months.
- B. The applicant's current credentialing term ends the date of Credentialing Committee meeting.
- C. Applicant is notified they are eligible for recredentialing by the following:
  - a. The first letter (Appendix B) is sent via e-mail, fax or by US postal service to the applicant or representative at least 60 days before an applicant's current credentialing term expires
    - i. This letter notifies the applicant of the date the current credentialing term expires and request that renewal application be submitted within 3 weeks of the letter.
  - b. If no response to the first letter by the end of three weeks a second letter (Appendix C) is sent requesting application be submitted within one week of this letter.
    - i. The second letter will clearly state that if all the required information is not provided the applicant's credentialing term will expire.
    - ii. The letter reminds the applicant that ongoing credentialing is necessary to be part of CCHP's network
    - iii. The letter informs the applicants that if their current credentialing term expires they are eligible to re-apply at any time as an initial applicant
- D. If all of the required material is not received by the week before the Credentialing Committee meeting the applicant's credentialing will be terminated the day of the meeting.

### ***Additional Recredentialing Circumstances and Criteria***

- A. *Extending the Recredentialing Cycle Length:* CCHP will allow an extension beyond the 36-month timeframe for recredentialing if the practitioner meets one of the following: On active military assignment, medical leave or sabbatical. This information is documented in the practitioner's credentialing file and CCHP will recredential the practitioner within 60 calendar days of return to practice.
- B. *Administrative Terminations:* If required information for recredentialing is unavailable, the organization notifies the practitioner at least 30 calendar days prior to the deadline, stating that administrative termination may occur if the information is not provided. This notice is documented in the practitioner's credentialing file. If termination occurs due to missing information, the termination notice is also included in the file. If a practitioner is terminated for administrative reasons (e.g. failure to provide the necessary information for recredentialing), CCHP may reinstate the practitioner within 30 calendar days of termination. If reinstatement is greater than 30 calendar days after termination, the practitioner must undergo initial credentialing.
- C. *Termination of Delegate:* CCHP requires uninterrupted recredentialing at least every three years. If the organization can access the delegate's files, it will proceed with the delegate-initiated process and recredential practitioners as scheduled, without restarting initial credentialing. If files are unavailable, initial credentialing must be completed within six months of the delegate's termination.

### **APPENDICES:**

- Appendix A – Initial Credentialing Approval Letter
- Appendix B – Recredentialing Letter first notice
- Appendix C – Recredentialing Letter second (final) notice
- Appendix D – Recredentialing Approval Letter

### **CITATIONS AND REFERENCES:**

- NCQA Standards: Credentialing and Recredentialing
- Job Aide – Issue File Documentation
- Job Aide – NPDB Continuous Query Verify
- Job Aide – Recredential Process
- Job Aide – Types of Practitioners to Credential
- Symplr CVO – CRC2 – Verifying and Reporting Licensure
- Symplr CVO – CRC3 – Verifying and Reporting DEA or CDS
- Symplr CVO – CRC4 – Verifying and Reporting Education and Training
- Symplr CVO – CRC5 – Verifying and Reporting Board Certification
- Symplr CVO – CRD6 – Verifying and Reporting Work History
- Symplr CVO – CRC7- Verifying and Reporting Malpractice History
- Symplr CVO – CRC8 – Verifying and Reporting State Licensing Board Sanctions
- Symplr CVO – CRC9- Verifying and Reporting Medicare and Medicaid Sanctions and Exclusions
- Symplr CVO – CRC 10&11 – Processing and Contents of Application and Attestation

<b>Effective Date:</b> 02/01/2006	<b>Approval Date:</b> 8/5/2025	<b>Approving Committee</b> Quality Oversight Committee
<b>Policy Owner:</b> Jennifer Stewart	<b>Department Owner:</b> Credentialing	<b>Next Review Date</b> 8/2026
<b>Revision log</b>		
2/1/2006	New policy	
9/26/2019	Updated language	
8/16/2021	Annual review – minor formatting changes.	
8/16/2022	Annual review	
8/2023	Annual review	
8/2024	Annual review	
8/5/2025	Updates for 2025 NCQA Standards and Guidelines	
2/3/2026	Updated language for DEA	

Date

Appendix A

«First» «MI» «Last», «Title2»  
«Employer»  
«Address» «Address\_2»  
«City», «ST» «Zip»

Dear «Title» «Last»:

As part of the application/provider contracting process at Chorus Community Health Plans (CCHP), credentialing of all network practitioners is required and initially performed when first affiliating with CCHP. We are pleased to notify you that your application was reviewed and approved by our Credentialing Committee effective «**Approved\_Date**».

CCHP re-credentials network practitioners every three (3) years unless network participation is approved for a shorter period or circumstances warrant an earlier review. During your network participation, any changes in network qualifications, including but not limited to licensure, education, prescriptive authority, insurance status, or ability to safely perform in the capacity in which you are approved, please notify us in writing of these changes. Your re-credentialing date is set for «**RECREC\_DATE**». Forms will be sent approximately two (2) months prior to that date.

Please be reminded that you are not considered a participating network practitioner until the contracting process has been completed. If you are joining an existing group that is already contracted with CCHP, your participation will be effective the date you are informed that your credentialing application has been approved. Please contact our Credentialing department at [cchp-credentialing@chorushealthplans.org](mailto:cchp-credentialing@chorushealthplans.org) or (844) 229-2776 with any questions.

Thank you for your cooperation during the application process. We look forward to working with you in providing the best possible health care for our members.

Sincerely,

Chief Medical Officer

Date

Appendix B

«First» «MI» «Last» «TITLE2»  
«EMPLOYER»  
«ADDRESS» «ADDRESS\_2»  
«CITY», «STATE» «ZIP»

Dear «TITLE» «Last»:

Chorus Community Health Plans (CCHP) re-credentials our network practitioners every three (3) years unless network participation is approved for a shorter period or circumstances warrant an earlier review. CCHP is in the process of preparing your file for re-credentialing due «Recred\_Date» and have enclosed the following information for your review and update.

Please check off each item below to ensure all required information is returned.

**1. Please complete the following materials enclosed:**

- Review Recredentialing Application and make any necessary changes. **Initial and date in the upper right-hand corner of the Application.**
- Disclosure Questions (Please read and answer each question carefully.)
- Authorization, Attestation and Release Form (Please ensure that forms are completely filled out.)

**2. Please supply the following:**

- Copy of your current liability insurance face sheet
- Copy of your current Collaborative Agreement (for APNP's only)
- Indicate area of specialty and scope of practice in the "Specialty Practices at Location" and initial section

- 3. Please return all completed materials to CCHP by «Three week Due Date» via fax to 414-266-5797 or email to our credentialing inbox at [cchp-credentialing@chorushealthplans.org](mailto:cchp-credentialing@chorushealthplans.org). If you are no longer affiliated with the practice through whom you initially participated with CCHP, please return this letter noting the reason for termination and the termination date. **Any missing information will result in your application being returned to you as incomplete.** If the information is not returned by the above due date, your network participation will expire on «Committee Date». You will then be considered out-of-network with CCHP. This will result in an interruption of claim processing and payments for any services rendered until such time you acquire in-network status through the initial credentialing process.**

As a network participant going through re-credentialing, you have the right to request and review all information collected for evaluation that is not otherwise privileged, the right to check on the status of your application, and the right to correct any erroneous information.

If you have any questions or concerns, please do not hesitate to contact the CCHP credentialing team at (844) 229-2776 or email [cchp-credentialing@chorushealthplans.org](mailto:cchp-credentialing@chorushealthplans.org).

Sincerely,

Credentialing Associate

Date

Appendix C

«First» «MI» «Last» «TITLE2»  
«EMPLOYER»  
«ADDRESS» «ADDRESS\_2»  
«CITY», «STATE» «ZIP»

**Re: RE-CREDENTIALING INFORMATION – FINAL NOTICE**

Dear «TITLE» «Last»:

Please see the attached re-credentialing letter originally sent on < **Mail Date**>. The recredentialing application, along with a copy of liability insurance face sheet were due on <**Three week Due Date**>. To date, we have not received this information.

Please email the information noted above to our credentialing inbox at [cchp-credentialing@chorushealthplans.org](mailto:cchp-credentialing@chorushealthplans.org) or fax it to our Credentialing Department at **(414) 266-5797** no later than <**One week Return Date**>. Our Credentialing Committee meets on <**Committee Date**>, at which time your recredentialing must be completed. If unable to meet this deadline, your network participation will expire on <**Committee Date**>. You will then be considered out-of-network with CCHP. This will result in an interruption of claim processing and payments for any services rendered until such time you acquire in-network status through the initial credentialing process.

Please be advised that this is your **final notice**.

If you have any questions, please contact us at (844) 229-2776 or email us at [cchp-credentialing@chorushealthplans.org](mailto:cchp-credentialing@chorushealthplans.org).

Thank you for your prompt attention to this matter.

Sincerely,

Credentialing Associate

Attachments

Date

Appendix D

<First> <MI> <Last>, <Title>  
<Employer>  
<Address> <Address2>  
<City>, <ST> <Zip>

Dear <Title> <Last>:

Chorus Community Health Plans (CCHP) would like to take this opportunity to notify you that your re-credentialing process has been completed. CCHP is pleased to notify you that your application was reviewed and approved by our Credentialing Committee effective **<Approved\_Date>**.

CCHP re-credentials our network providers every three (3) years unless issues are identified that would require an earlier review. Within this 3 year period, if you have any changes in education, licensure, or ability to perform in the capacity in which you are approved, please notify us in writing of these changes. Please see your network participation agreement for more specific notification or update requirements. Your re-credentialing date is set for **<Recred Date>**. Forms will be sent approximately two (2) months prior to that date.

We thank you for your time and participation in this process. Please contact our Credentialing department at [cchp-credentialing@chorushealthplans.org](mailto:cchp-credentialing@chorushealthplans.org) or (844) 229-2776 with any questions you may have.

Sincerely,

Chief Medical Officer