

Great Rivers Behavioral Health Organization

Policy Title:	Credentialing Practitioner	Policy No. 6014
Category:	Credentialing	Date Adopted: 03/08/2019
Reference:	HCA Contract with Great Rivers Behavioral Health WAC 246-341-0515 NCQA Accreditation guidelines Title IV of Public Law 99-660, Health Care Quality Improvement Act of 1986 State and Federal credentialing requirements	

Policy:

- 1.1. Great Rivers Behavioral Health Organization (Great Rivers) strives to assure that the Great Rivers care network consists of quality practitioners who meet clearly defined criteria and standards. It is the objective of Great Rivers care to provide superior health care to the community.
- 1.2. The decision to accept or deny a credentialing applicant is based upon primary and secondary source verifications, recommendation of peer practitioners/providers and additional information as required.
- 1.3. Great Rivers has established criteria and the sources used to verify these criteria for the evaluation and selection of practitioners for participation in the Great Rivers network.
- 1.4. Great Rivers defines the criteria that are applied to applicants for initial participation, recredentialing and ongoing participation in the Great Rivers network
- 1.5. Great Rivers Members will not be referred and/or assigned to a practitioner until the credentialing process has been completed and accepted.
- 1.6. To remain eligible for participation practitioners must continue to satisfy all applicable requirements for participation as stated herein and in all other documentations provided by Great Rivers.
- 1.7. The following types of practitioners are to be credentialed:
 - 1.7.1. Psychiatrists and other physicians.
 - 1.7.2. Addiction medicine specialists.
 - 1.7.3. Doctoral or master's-level psychologists who are state certified or licensed.
 - 1.7.4. Master's-level clinical social workers who are state certified or licensed.
 - 1.7.5. Master's-level clinical nurse specialists or psychiatric nurse practitioners who are nationally or state certified or licensed.
 - 1.7.6. Other behavioral healthcare specialists who are licensed, certified or registered by the state to practice independently.
- 1.8. The information gathered is confidential and disclosure is limited to parties who are legally permitted to have access to the information under state and federal law.
- 1.9. Great Rivers will maintain a Provider Directory for individuals credentialed by Great Rivers.
 - 1.9.1. Great Rivers Credentialing Department will ensure that information from the credentialing application accepted is consistent with the Provider Directory.
- 1.10. Great Rivers' Credentialing Committee retains the right to approve new practitioners and terminate practitioners based on requirements in this policy.

Procedure:

2.1. Credentialing Application.

- 2.1.1. At the time of initial credentialing and recredentialing, the practitioner must complete a credentialing application designed to provide Great Rivers with information necessary to perform a comprehensive review of the practitioner's credentials. The application must be completed in its entirety.
- 2.1.2. Credentialing Application is submitted to Great Rivers in an electronic form that provides detail information that is necessary for communicating with Practitioner and Provider, identifying practitioner, processing applications and Provider Directory.
- 2.1.3. In support of Washington State Senate Bill 5346 (An act relating to establishing streamlined and uniform administrative services for payors and providers), Great Rivers requires communication of provider data materials using one of the two centralized single source to enter your provider data for purposes of credentialing:
 - 2.1.3.1. OneHealthPort (OHP) hosts the [ProviderSource](#)
 - 2.1.3.2. Council for Affordable Quality Healthcare ([CAQH](#))
- 2.1.4. When using OHP or CAQH, the following information to be supplied
 - 2.1.4.1. [Washington Practitioner Application and Release of Information Form](#) (Signed and dated within the last 120 days from submission)
 - 2.1.4.2. Documents to upload to CAQH or OHP:
 - 2.1.4.2.1. Copy of Declaration Page of Professional Liability Policy
 - 2.1.4.2.2. Copy DEA Controlled Substance Registration (Current Year)
 - 2.1.4.2.3. Board Certification Certificate (If applicable)
 - 2.1.4.2.4. Education Certificate for Foreign Medical Graduates - ECFMG (If applicable)
 - 2.1.4.2.5. For practitioners with federal tort coverage, the application need not contain the current amount of malpractice insurance coverage. Practitioner files that include a copy of the federal tort letter or an attestation from the practitioner of federal tort coverage are acceptable.
- 2.1.5. The practitioner must attest that their application is complete and correct within 180 calendar days of the credentialing decision. Attestations must include signature and date attestation signed. The attestation must include:
 - 2.1.5.1. Reason for any inability to perform the essential functions of the position, with or without accommodation
 - 2.1.5.2. Lack of present illegal drug use
 - 2.1.5.2.1. An inquiry regarding illegal drug use and inability to perform essential functions may vary. Practitioners may use language other than "drug" to attest they are not presently using illegal substances. Great Rivers may accept more general or extensive language to query practitioners about impairments; language does not have to refer exclusively to the present, or only to illegal substances.
 - 2.1.5.3. History of loss of license and felony convictions –
 - 2.1.5.3.1. Initial credential, attest includes any information from the time became licensed.

- 2.1.5.3.2. Initial credential, attest to any felony convictions since their initial licensure.
 - 2.1.5.3.3. Recredential, attest to any loss of license since the last credentialing cycle.
 - 2.1.5.3.4. Recredential, attest to any felony convictions since the last credentialing cycle.
 - 2.1.5.4. History of all past and present issues regarding loss or limitation of clinical privileges at all facilities or organizations with which a practitioner has had privileges.
 - 2.1.5.4.1. Initial Credential, attest to any loss or limitation or privileges or disciplinary actions since their initial licensure.
 - 2.1.5.4.2. Recredential, attest to any loss or limitation since the last credentialing cycle.
 - 2.1.5.5. Current malpractice insurance coverage amount (even if the amount is \$0) and the date when coverage expires.
 - 2.1.5.6. The correctness and completeness of the application
 - 2.1.6. If the application and attestation must be updated, only the practitioner may attest to the update; a staff member may not.
 - 2.1.7. Faxed, digital, electronic, scanned or photocopied signatures are acceptable. Signature stamps are not acceptable unless the practitioner is physically impaired and the disability is documented in the practitioner's file.
 - 2.1.8. If the practitioner attestation exceeds 180 days before the credentialing decision, the practitioner must attest that the information on the application remains correct and complete, but does not need to complete another application.
- 2.2. Criteria for Practitioner in the Great Rivers Network. Practitioners must meet the following criteria to be eligible to participate in the Great Rivers network. If the practitioner fails to provide proof of meeting these criteria, the credentialing application will be deemed incomplete and it will result in an administrative denial or termination from the Great Rivers network. Practitioners who fail to provide proof of meeting these criteria do not have the right to submit an appeal.
- 2.2.1. Practitioner must practice, or plan to practice within 90 calendar days, within the area served by Great Rivers.
 - 2.2.2. Practitioner must have a current, valid license to practice in their specialty in every state in which they will provide care for Great Rivers Members.
 - 2.2.3. Practitioner must have current professional malpractice liability coverage with limits that meet Great Rivers criteria specifically outlined in Addendum A of this policy.
 - 2.2.3.1. Great Rivers may obtain a copy of the insurance face sheet from the malpractice carrier in lieu of collecting the information in the application.
 - 2.2.4. If applicable to the specialty, practitioner must have a current and unrestricted federal Drug Enforcement Agency (DEA) certificate and Controlled Substance Certification or Registration.
 - 2.2.5. Physicians (MDs, DOs) will only be credentialed in an area of practice in which they have adequate training as outlined below. Therefore, they must confine their practice to their credentialed area of practice when providing service to Great Rivers Members. Adequate training must be demonstrated by one of the following:
 - 2.2.6. Current Board Certification by a board recognized by the American Board of Medical Specialties in the credentialed area of practice,

- 2.2.7. Successful completion of a training program accredited by the Accreditation Council for Graduate Medical Education (ACGME), or the Royal College of Physicians and Surgeons of Canada.
- 2.2.8. Practitioners (MD/DO) who are not Board Certified as described in section 5a above and have not completed an accredited Residency program are only eligible to be considered for participation as a General Practitioner in the Great Rivers network. To be eligible as a General Practitioner, the practitioner must have maintained a primary care practice in good standing for a minimum of the most recent five years without any gaps in work history.
- 2.2.9. At the time of initial application, the practitioner must not have any pending or open investigations from any state or governmental professional disciplinary body. This would include Statement of Charges, Notice of Proposed Disciplinary Action or the equivalent.
- 2.2.10. Practitioner must not be currently excluded, expelled or suspended from any state or federally funded program including but not limited to the Medicare or Medicaid programs.
- 2.2.11. Practitioner must not have been convicted of a felony or pled guilty to a felony for a healthcare related crime including but not limited to healthcare fraud, patient abuse and the unlawful manufacture distribution or dispensing of a controlled substance.
- 2.2.12. Physician Assistants and Nurse Practitioners who are not licensed to practice independently but are required to be credentialed as described in the policy above must have a practice plan with a supervising physician approved by the state licensing agency. The supervising physician must be contracted and credentialed with Great Rivers.
- 2.2.13. Physicians (MD, DO), Primary Care Practitioners, and/or those practitioners dictated by state law, must have admitting privileges in their specialty or have a plan for hospital admission by using a Hospital Inpatient Team or having an arrangement with a credentialed Great Rivers participating practitioner that has the ability to admit Great Rivers patients to a hospital. Practitioners practicing exclusively on a consultative basis are not required to have admitting hospital privileges. Physicians practicing in Rehabilitation, Psychiatry, do not require admitting privileges.
- 2.2.14. Physicians, and Primary Care Practitioners must have a plan for shared call coverage that includes 24-hours a day, seven days per week and 365 days per year. The covering practitioner(s) must be qualified to assess over the phone if a patient should immediately seek medical attention or if the patient can wait to be seen on the next business day. Physicians practicing in Rehabilitation are not required to have 24-hour coverage.
- 2.2.15. Great Rivers may determine, in its sole discretion, that a practitioner is not eligible to apply for network participation if the practitioner is an employee of a practitioner or an employee of a company owned in whole or in part by a practitioner, who has been denied or terminated from network participation by Great Rivers, who is currently in the Fair Hearing Process, or who is under investigation by Great Rivers. Great Rivers also may determine, in its sole discretion that a practitioner cannot continue network participation if the practitioner is an employee of a practitioner or an employee of a company owned in whole or in part by a practitioner, who has been denied or terminated from network participation by Great Rivers. For purposes of this criteria, a company is "owned" by a practitioner when the practitioner has a majority financial interest in the company, through shares or other means.
- 2.2.16. Practitioners denied by the Credentialing Committee are not eligible to reapply until one year after the date of denial by the Credentialing Committee.
- 2.2.17. At the time of reapplication, practitioner must meet all criteria for participation outlined above.

- 2.2.18. Practitioners terminated by the Credentialing Committee are not eligible to reapply until five years after the date of termination by the Credentialing Committee. At the time of reapplication, practitioner must meet all criteria for participation as outlined above.
- 2.2.19. Practitioners denied or terminated administratively as described throughout this policy are eligible to reapply for participation anytime as long as the practitioner meets all criteria for participation above.

2.3. Burden of Proof. The practitioner shall have the burden of producing adequate information to prove he/she meets all criteria for initial participation and continued participation in the Great Rivers network. This includes but is not limited to proper evaluation of their experience, background, training, demonstrated ability and ability to perform as a practitioner without limitation, including physical and mental health status as allowed by law, and the burden of resolving any doubts about these or any other qualifications to participate in the Great Rivers network. If the practitioner fails to provide this information, the credentialing application will be deemed incomplete and it will result in an administrative denial or termination from the Great Rivers network. Practitioners who fail to provide this burden of proof do not have the right to submit an appeal.

2.4. Verification

- 2.4.1. Primary source verification – Primary Source Verification. By definition, primary source verification is verification from the original source of a **specific credential (education, training, licensure)** to determine the accuracy of the qualifications of an individual health care practitioner.
- 2.4.2. Within 180 calendar days Great Rivers will ensure that verification of the following elements has been completed:

2.4.2.1. DEA or CDS Certificates – verification will be conducted through DEA or CDS agency, DEA or CDS certificate, documented visual inspection of the original DEA or CDS certificate, confirmation with the National Technical Information Service (NTIS), confirmation with the American Medical Association (AMA) Physician Masterfile (DEA only), confirmation from the state pharmaceutical licensing agency, if applicable.

For pending DEA certificates, Great Rivers may credential a practitioner whose DEA certificate is pending if there is a written coverage plan for a Great Rivers credentialed practitioner who is DEA certified to prescribe for the practitioner. The same process would apply for an individual who is not seeking a DEA certificate

2.4.2.2. Work History

- 2.4.2.2.1. OHP and CAQH obtains a minimum of the most recent five years of relevant work history as a health professional, this can be identified through the practitioner's application or Curriculum Vitae (CV). For practitioners with fewer than five years of work history, the time frame starts at the initial licensure date.
- 2.4.2.2.2. Practitioner must provide on the application or CV the beginning and end month and year for each position of the practitioner's employment experience, unless the practitioner has had continuous employment for five years or more with no gaps. In these situations, stating the year suffices.
- 2.4.2.2.3. For gaps in work history, Great Rivers credentialing department will document its review of the practitioners work history and any gaps on the application, CV or checklist. The reviewing credentialing department member will initial the work history section on the checklist when this has been completed.

2.4.2.2.4. For gaps in employment that exceeds six months or longer, the practitioner clarifies the gap in writing.

2.4.2.3. Malpractice History

2.4.2.3.1. Great Rivers will obtain confirmation of the past five years of history of malpractice settlements from the malpractice carrier or queries from the National Practitioner Databank (NPDB). The five-year period may include residency or fellowship years. Great Rivers will not obtain confirmation from the carrier for practitioners who had a hospital insurance policy during a residency or fellowship.

2.4.3. Prior to credentialing decision, Great Rivers will ensure that verification of the following elements has been completed:

2.4.3.1. Education and Training –Great Rivers verifies the highest of the following three levels of education and training obtained by the practitioner as appropriate:

2.4.3.1.1. Board certification

2.4.3.1.1.1. Great Rivers will document the expiration date of the Board certification in the credentialing file. If a practitioner has a “lifetime” certification status and there is no expiration date for certification, Great Rivers verifies that board certification is current and documents the date of verification.

2.4.3.1.2. Residency

2.4.3.1.2.1. AMA Physician Masterfile

2.4.3.1.2.2. Educational Commission for Foreign Medical Graduates (ECFMG) for international medical graduates licensed after 1986.

2.4.3.1.2.3. FCVS for closed residency programs

2.4.3.1.3. Graduation from medical or professional school

2.4.3.1.3.1. AMA Physician Masterfile

2.4.3.1.3.2. Educational Commission for Foreign Medical Graduates (ECFMG) for international medical graduates licensed after 1986.

2.4.3.1.4. Great Rivers uses the following to verify education and training

2.4.3.1.4.1. Primary source verification from education or training entity

2.4.3.1.4.2. State licensing agency, specialty board or registry, if it performs primary source verification. Great Rivers will maintain a file that demonstrates the State licensing agencies process for primary source verification.

2.4.3.1.4.3. Sealed transcripts. Great Rivers would inspect the contents of the sealed transcripts and confirm the practitioner completed (graduated from) the appropriate training program.

2.4.3.1.4.4. Great Rivers will not use verification of fellowship to meet the education requirement.

2.5. Process of Making Credential Decision

2.5.1. All practitioners requesting initial participation with Great Rivers must complete a credentialing application.

- 2.5.2. To be eligible to submit an application, practitioners must meet all the criteria outlined above in the section titled "Criteria for Participation in the Great Rivers Network."
- 2.5.3. Practitioners may not provide care to Great Rivers members until the final decision is rendered by the Credentialing Committee or the Great Rivers Medical Director.
 - 2.5.3.1. Prior to March 23, 2019, Great Rivers utilized the DOH licensing and Great Rivers audit process to complete credentialing. For those credentialed through this process Great Rivers will accept the vetted credential by DOH for both practitioner and provider. As of March 23, 2019 practitioner/provider will be required to be credentialed in accordance with this policy based on the below timeline
 - 2.5.3.1.1. For Psychiatrists and other physicians and addiction medicine specialists, practitioner application is required to be submitted by March 31, 2019 to continue providing services for Great Rivers.
 - 2.5.3.1.2. For all other required certified or licensed individual that are in the Great Rivers, practitioner application is required to be submitted by May 31, 2019 to continue providing services for Great Rivers.
- 2.5.4. Great Rivers recredentials its practitioners at least every thirty-six (36) months. Approximately six months prior to the recredentialing due date, a request will be sent to the practitioner requesting completion of a recredentialing application.
- 2.5.5. During the initial and recredentialing application process, the practitioner must:
 - 2.5.5.1. Submit a completed application within the requested timeframe
 - 2.5.5.2. Attest to the application within the last 180 calendar days
 - 2.5.5.3. Provide Great Rivers adequate information to prove he/she meets all criteria for initial participation or continued participation in the Great Rivers network.
- 2.5.6. Once the application is received, Great Rivers will complete all the verifications as outlined in the attached Practitioner Criteria and Primary Source Verification Table. In order for the application to be deemed complete, the practitioner must produce adequate information to prove he/she meets all criteria for initial participation or continued participation in the Great Rivers network. All fields within the application must be completed, all required attachments must be included, detailed explanations must be provided to all affirmative answers on the attestation questions and any additional information requested by Great Rivers must be provided.
- 2.5.7. If the practitioner does not provide the information necessary to complete the application process in the time period requested, the application will be deemed incomplete and Great Rivers will discontinue processing of the application. This will result in an administrative denial or termination from the Great Rivers network. Practitioners who fail to provide proof of meeting criteria or fail to provide a complete credentialing application do not have the right to submit an appeal.
- 2.5.8. At the completion of the application and primary source verification process, each credentialing file is quality reviewed to ensure completeness. During this quality review process each credentialing file is assigned a level based on established guidelines.
 - 2.5.8.1. Credentialing files assigned a level 1 are considered clean credentialing files and the Medical Director(s) responsible for credentialing has the authority to review and approve them.
 - 2.5.8.2. Credentialing files assigned a level 2 are reviewed by the Great Rivers Credentialing Committee.
- 2.5.9. At each Credentialing Committee meeting, practitioner credentials files assigned a Level 2 are reviewed by the Credentialing Committee.

- 2.5.9.1. All of the issues are presented to all the Credentialing Committee members and then open discussion of the issues commences. Discussion is documented in meeting minutes and stored per policy 6017.
- 2.5.9.2. After the discussion, the Credentialing Committee votes for a final decision. The Credentialing Committee can approve, deny, terminate, approve on watch status, place on corrective action or defer their decision pending additional information.
- 2.5.9.3. Credentialing files assigned a level 1 and approved by the Medical Director will be listed for review by the credentialing committee.

2.6. Non-Discriminatory Credentialing and Recredentialing.

- 2.6.1. Great Rivers does not make credentialing and recredentialing decisions based on an applicant's race, ethnic/national identity, gender, gender identify, age, sexual orientation or patient types (e.g., Medicaid or Medicare) in which the practitioner specializes. This does not preclude Great Rivers from including in its network practitioners who meet certain demographic or specialty needs; for example, to meet cultural needs of members.
- 2.6.2. Great Rivers monitors credentialing decisions to prevent discrimination. Monitoring includes, but is not limited to:
 - 2.6.2.1. Maintaining a heterogeneous Credentialing Committee membership and requiring those responsible for credentialing decisions to sign a statement affirming that they do not discriminate.
 - 2.6.2.2. Periodic audits of credentialing files (in-process, denied and approved files) that suggest potential discriminatory practices in selecting practitioners.
 - 2.6.2.3. Review of grievance and complaint material, more than three grievances/complaints will require review by the credentialing committee.

2.7. Practitioner termination and reinstatement.

- 2.7.1. If a practitioner's credential is terminated and later it is determined to reinstate the practitioner, the practitioner must be initially credentialed prior to reinstatement if there is a break in service more than 30 calendar days. The credentialing factors that are no longer within the credentialing time limits and those that will not be effective at the time of the Credentialing Committee's review must be re-verified. The Credentialing Committee or medical director, as appropriate, must review all credentials and make a final determination prior to the practitioner's reentry into the network.
- 2.7.2. If a practitioner is given administrative termination for reasons beyond Great Rivers' control (e.g., the practitioner failed to provide complete credentialing information), and is then reinstated within 30 calendar days, Great Rivers may recredential the practitioner as long as there is clear documentation that the practitioner was terminated for reasons beyond Great Rivers' control and was recredentialled and reinstated within 30 calendar days of termination. Great Rivers must initially credential the practitioner if reinstatement is more than 30 calendar days after termination.
- 2.7.3. If Great Rivers is unable to recredential a practitioner within 36-months because the practitioner is on active military assignment, maternity leave or sabbatical; but the contract between Great Rivers and the practitioner remains in place, Great Rivers will recredential the practitioner upon his or her return. Great Rivers will document the reason for the delay in the practitioner's file. At a minimum, Great Rivers will verify that a practitioner who returns has a valid license to practice before he or she can resume seeing patients. Within 60 calendar days of notice when the practitioner resumes practice, Great Rivers will complete the recredentialing cycle.

2.7.4. If either party terminates the credential, and there is a break in service of more than 30 calendar days, Great Rivers will initially credential the practitioner before the practitioner rejoins the network.

2.8. Notification of discrepancies in credentialing information.

2.8.1. Great Rivers will notify the practitioner immediately in writing in the event that credentialing information obtained from other sources varies substantially from that provided by the practitioner. Examples include but are not limited to actions on a license, malpractice claims history or board certification decisions. Great Rivers is not required to reveal the source of information if the information is not obtained to meet organization credentialing verification requirements or if disclosure is prohibited by law. Please also refer to the section below titled Practitioners Right to Correct Erroneous Information.

2.9. Notification of Credentialing Decisions

2.9.1. A letter is sent to every practitioner with notification of the Credentialing Committee or Medical Director decision regarding their participation in the Great Rivers network. This notification is sent within two weeks of the decision. Copies of the letters are filed in the practitioner's credentials files. Under no circumstance will notifications letters be sent to the practitioners later than 60 calendar days from the decision.

2.10. Provider Directory.

2.10.1. Great Rivers maintains a list of network providers on its website that is updated monthly.

2.10.2. The Provider Directory to include names, locations, contact information, indication of non-English languages spoken by the provider and providers who are not accepting new enrollees.

2.10.3. If there are providers who are not under contract with the Great Rivers that can be accessed on a case by case basis, information on how to access these providers to be included.

2.10.4. Provider Directory available in paper form upon request.

2.11. Practitioners Rights to Review their Credentialing File

2.11.1. Practitioners have the right to review their credentials file at any time. Practitioners are notified of their right in a letter sent to them at the time the initial or recredentialing application is received.

2.11.2. The practitioner must notify the Credentialing Department and request an appointed time to review their file and allow up to seven calendar days to coordinate schedules.

2.11.2.1. A Medical Director or their designee and the Director responsible for Credentialing or the Quality Improvement Director will be present.

2.11.2.2. The practitioner has the right to review all information in the credentials file except peer references or recommendations protected by law from disclosure.

2.11.3. The only items in the file that may be copied by the practitioner are documents which the practitioner sent to Great Rivers (e.g., the application, the license and a copy of the DEA certificate). Practitioners may not copy documents that include pieces of information that are confidential in nature, such as the practitioner credentialing checklist, the responses from monitoring organizations (i.e. National Practitioner Data Bank, State Licensing Board), and verification of hospital privileges letters.

2.12. Practitioners Right to Correct Erroneous Information

2.12.1. Practitioners have the right to correct erroneous information in their credentials file. Practitioners are notified of their right in a letter sent to them at the time the initial or recredentialing application is received.

- 2.12.2. Great Rivers will notify the practitioner immediately in writing in the event that credentialing information obtained from other sources varies substantially from that provided by the practitioner. Examples include but are not limited to actions on a license or malpractice claims history. Great Rivers is not required to reveal the source of information if the information is not obtained to meet organization credentialing verification requirements or if disclosure is prohibited by law.
 - 2.12.2.1. The notification sent to the practitioner will detail the information in question and will include instructions to the practitioner indicating:
 - 2.12.2.2. Their requirement to submit a written response within 10 calendar days of receiving notification from Great Rivers.
 - 2.12.2.3. In their response, the practitioner must explain the discrepancy, may correct any erroneous information and may provide any proof that is available.
 - 2.12.2.4. The practitioner's response must be sent electronically using Great Rivers data submission form.
- 2.12.3. Upon receipt of notification from the practitioner, Great Rivers will document receipt of the information in the practitioners credentials file. Great Rivers will then re-verify the primary source information in dispute.
 - 2.12.3.1. If the primary source information has changed, correction will be made immediately to the practitioners credentials file. The practitioner will be notified in writing that the correction has been made to their credentials file.
 - 2.12.3.2. If the primary source information remains inconsistent with practitioners' notification, the Credentialing Department will notify the practitioner. The practitioner may then provide proof of correction by the primary source body to Great Rivers's Credentialing Department. The Credentialing Department will re-verify primary source information if such documentation is provided.
- 2.12.4. If the practitioner does not respond within 10 calendar days, their application processing will be discontinued and network participation will be denied.

2.13. Practitioners Right to be Informed of Application Status

- 2.13.1. Practitioners have a right, upon request, to be informed of the status of their application. Practitioners applying for initial participation are sent a letter when their application is received by Great Rivers and are notified of their right to be informed of the status of their application in this letter.
- 2.13.2. The practitioner can request to be informed of the status of their application by telephone, email or mail.
 - 2.13.2.1. Great Rivers will respond to the request within two working days.
 - 2.13.2.2. Great Rivers will record the response and method of responding in the credentialing file.
 - 2.13.2.3. Great Rivers may share with the practitioner where the application is in the credentialing process to include any missing information or information not yet verified.

2.14. Excluded Practitioners

- 2.14.1. Excluded practitioner means an individual practitioner, or an entity with an officer, director, agent, manager or individual who owns or has a controlling interest in the entity who has been: convicted of crimes as specified in section 1128 of the SSA, excluded from participation in the Medicare or Medicaid program, assessed a civil penalty under the

provisions of section 1128, or has a contractual relationship with an entity convicted of a crime specified in section 1128.

2.14.2. Pursuant to section 1128 of the SSA, Great Rivers and its subcontractors may not subcontract with an Excluded Practitioner/Person. Great Rivers and its subcontractors shall terminate subcontracts immediately when Great Rivers and its subcontractors become aware of such excluded practitioner/person or when Great Rivers and its subcontractors receive notice. Great Rivers and its subcontractors certify that neither it nor its member/practitioner is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where Great Rivers and its subcontractors are unable to certify any of the statements in this certification, Great Rivers and its subcontractors shall attach a written explanation to this Agreement.

2.15. Practitioners/Providers opting out of Medicare

2.15.1. If a practitioner opts out of Medicare, that practitioner/provider may not accept Federal reimbursement for a period of two (2) years.

2.15.2. Practitioners who are currently opted out of Medicare are not eligible to contract with Great Rivers for the Medicare line of business.

2.15.3. Practitioner's participating in Medicare must not be listed on the Medicare Opt-Out report.

2.15.3.1. Great Rivers reviews the quarterly opt out reports released from the appropriate Medicare financial intermediary showing all of the practitioners who have chosen to Opt-Out of Medicare. These reports are reviewed within 30 calendar days of their release.

2.15.3.2. If a physician or other practitioner opts out of Medicare, that physician or other practitioner may not accept Federal reimbursement for a period of 2 years.

2.16. Ongoing Monitoring of Sanctions and Interventions

2.16.1. Great Rivers monitors practitioner sanctions between recredentialing cycles for all practitioner types and takes appropriate action against practitioners when occurrences of poor quality is identified. Great Rivers reviews information within 30 calendar days of its release by the reporting entity.

2.16.2. For entities that do not report on a published sanction information schedule, Great Rivers will:

2.16.2.1. Document that the reporting entity does not release information on a set schedule

2.16.2.2. Will query this information at least every six months

Note: For entities that do not release sanction information reports, Great Rivers conducts individual queries on credentialing practitioners every 12 – 18 months.

2.16.3. Great Rivers subscribes to a sanctions alert service reviews the information within 30 calendar days of a new alert. Great Rivers will show evidence of its subscription to the sanctions alert service during the look-back period and reviews of the information within 30 calendar days of a new release

2.16.4. Medicare and Medicaid sanctions.

2.16.4.1. The United States Department of Health & Human Services (HHS), Office of Inspector General (OIG) Fraud Prevention and Detection Exclusions Program maintains a list of all excluded individuals and entities called the List of Excluded Individuals/entities (LEIE). OIG releases a report every month of individuals and entities that have been excluded from Medicare and Medicaid programs. Within 30 calendar days of its release, Great Rivers reviews the report

and if a Great Rivers network provider is found with a sanction, the practitioner's contract is terminated effective the same date the sanction was implemented. Other sources may be used:

- 2.16.4.1.1. State Medicaid agency or intermediary.
- 2.16.4.1.2. Medicare intermediary.
- 2.16.4.1.3. American Medical Association (AMA) Physician Master File entry.
- 2.16.4.1.4. Federal Employees Health Benefits (FEHB) Program Department Record, published by the Office of Personnel Management, Office of the Inspector General.
- 2.16.4.1.5. Medicare Exclusion Database.
- 2.16.4.1.6. Federation of State Medical Board (FSMB).
- 2.16.4.1.7. System for Award Management (SAM).
- 2.16.4.1.8. National Practitioner Data Bank (NPDB).

2.16.5. Sanctions or limitations on licensure

- 2.16.5.1. Great Rivers monitors for sanctions or limitations against licensure between credentialing cycles for all network practitioners. All practitioners with identified sanctions or limitations on license in the ongoing monitoring process will be immediately placed into the full credentialing process and will be recredentialed early. The practitioner must provide all necessary information to complete the recredentialed process within the requested time-frames or the practitioner will be administratively terminated from the network. The complete recredentialed file will be reviewed at the next scheduled Credentialing Committee meeting for a determination.
- 2.16.5.2. Great Rivers collects and reviews information from any of the following sources:
 - 2.16.5.2.1. Physicians:
 - 2.16.5.2.1.1. Appropriate state agencies.
 - 2.16.5.2.1.2. FSMB.
 - 2.16.5.2.1.3. NPDB.
 - 2.16.5.2.2. Nonphysician behavioral healthcare practitioners:
 - 2.16.5.2.2.1. Appropriate state agency.
 - 2.16.5.2.2.2. State licensure or certification board.
 - 2.16.5.2.2.3. NPDB.

2.16.6. Continuous Query (Proactive Disclosure Service)

- 2.16.6.1. Great Rivers registers all network practitioners with the NPDB Continuous Query program.
- 2.16.6.2. Great Rivers receives instant notification of all new NPDB reports against the enrolled providers.
 - 2.16.6.2.1. When a new report is received between recredentialed cycles, the practitioner will be immediately placed into the full credentialing process and will be recredentialed early.
 - 2.16.6.2.2. The practitioner must provide all necessary information to complete the recredentialed process within the requested time-frames or the practitioner will be administratively terminated from the network.

2.16.6.2.3. The complete recredentialing file will be reviewed at the next scheduled Credentialing Committee meeting for a determination.

2.16.7. Collecting and reviewing Complaints

2.16.7.1. Great Rivers investigates practitioner-specific member complaints upon their receipt and evaluates the practitioner's history of complaints, if applicable. Great Rivers will evaluate the history of complaints for all practitioners at least every six months.

2.16.8. Adverse events

2.16.8.1. Great Rivers monitors for adverse events at least every six months.

2.16.8.2. Great Rivers has limited monitoring of adverse events to primary care practitioners and high-volume behavioral healthcare practitioners for credentialing purposes.

2.16.8.3. Great Rivers utilizes our critical incident process for the review of adverse events, see policy 6011 Incident Reporting.

2.16.9. Implementing Interventions

2.16.9.1. Great Rivers will implement interventions based on its policies and procedures if there is evidence of poor quality that could affect the health and safety of its members.

POLICY SIGNATURE

Edna J. Fund, Chair
Great Rivers Governing Board

03/08/2019

Date