

## **CREDENTIALING AND RECREDENTIALING**

The minimum requirements for credentialing include:

- A. **Written Policies and Procedures.** The Contractor must have written policies and procedures for the credentialing process, which must include Contractor's:
  - 1. Initial credentialing, certifying and appointing of individual and facility-based providers and subsequent recredentialing, recertifying and reappointment of providers;
  - 2. Initial and on-going inspection to each potential high-volume provider's office or facility;
  - 3. Disciplinary action plans, such as reducing, suspending, or terminating the provider's right to provide specific services, including an appeal procedure, and
  - 4. Source of the information (e.g., private organization, State board, or other public agency).
- B. **Oversight by Governing Body.** The governing body, or the group or individual to which the governing body has formally delegated the credentialing function, must have reviewed and approved the credentialing policies and procedures.
- C. **Credentialing Entity.** The Contractor must designate a credentialing committee or other peer review body that must make recommendations regarding credentialing decisions.
- D. **Scope.** The Contractor must identify those providers who fall under its scope of authority and action, including all providers of client care who are in Contractor's provider network or whose service to enrollees is otherwise anticipated, regardless of licensure status.
- E. **Process.** The initial credentialing process for all providers must include completion of a formal application to provide services. The Contractor must obtain and review verification of the following information, at a minimum:
  - 1. Current licensure, certification, or registration with the state and federal government, as required by applicable state and federal Laws;
  - 2. Educational history;
  - 3. Work history;
  - 4. Prior or pending malpractice litigation;
  - 5. Professional liability claims history;
  - 6. Criminal convictions;
  - 7. Client complaints received by facilities or state agency;
  - 8. Any disciplinary action initiated against the provider by state board or other agency;

9. Any curtailing, suspension, or termination of staff privileges at any medical or treatment facility or program;
10. Any sanctions imposed by an insurance company or CMS, including sanctions relating to the provider's participation in Medicaid or Medicare programs;
11. Evidence of adequate malpractice or liability insurance;
12. For physicians, information on the practitioner from the National Practitioner's Data Bank and the following: current and valid license from the Texas Board of Medical Examiners; current and valid Drug Enforcement Administration (DEA) certificate, and evidence of graduation from medical school and completion of residency, or board eligibility/certification, if applicable;
13. History, education, and ability to provide services to covered lives;
14. History or previous training in providing the covered services;
15. A statement by the applicant regarding:
  - a. Any physical or behavioral health problems that may affect the provider's ability to provide services;
  - b. History and current status of licensure and felony convictions.
  - c. History and current status of privileges, including limitations, or disciplinary actions by the appropriate licensing agency or facilities, and
  - d. An attestation to the correctness and completeness of the application;

The initial credentialing process must also include an initial on-site visit to each potential high-volume provider's office or facility. This visit must be documented and must include a structured review of the site and medical record-keeping practices to ensure conformance with the NorthSTAR Contract and with other regulations applicable to the type of service being provided.

- F. Re-credentialing. The process for the periodic re-verification of clinical credentials (e.g., re-credentialing, reappointment, or recertification) must be described in the Contractor's policies and procedures. The minimum requirements for re-credentialing must include:
1. Evidence that the re-credentialing and re-authorization of competency procedures are implemented at least every two years;
  2. Periodic review of information from the National Practitioner Data Bank, along with Contractor's own performance data, on all physicians, to decide whether to renew the participating physician's agreement;
  3. At a minimum, the re-credentialing, recertification or reappointment process is organized to verify current standing on the applicable items listed in section E above;
  4. Review of data from:

- a. Enrollee complaints;
  - b. Results of quality reviews;
  - c. Utilization management, including provider profiles;
  - d. Enrollee satisfaction surveys; and
  - e. Re-verification of hospital/facility privileges and current licensure.
- G. Delegation of Credentialing Activities. If the Contractor delegates credentialing, including re-credentialing, recertification, or reappointment, there must be a written description of the delegated activities, and the delegate's accountability for these activities. There must also be evidence that the delegate accomplished the credentialing activities. The Contractor must monitor the effectiveness of the delegate's credentialing and reappointment or recertification process.
- H. Retention of Credentialing Authority. The Contractor must retain the right to approve new providers and to terminate or suspend individual providers or facilities. The Contractor must have policies and procedures for the suspension, reduction or termination of practitioner privileges.
- I. Reporting Requirement. There must be a mechanism for, and evidence of implementation of, the reporting of serious quality deficiencies resulting in suspension or termination of a practitioner to the appropriate authorities. The Contractor must implement and maintain policies and procedures for disciplinary actions, including reducing, suspending, or terminating a practitioner's privileges.
- J. Appeals Process. The Contractor must have a provider appeal process to appeal the Contractor's decision to reduce, suspend or terminate a practitioner's privileges with Contractor.