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Owner: Lora Dooley: Medical
Service Manager
Policy Area: Provider Network-
Credentialing and
Impaneling

References:

Provider Network Practitioner Credentialing

POLICY:

It is the policy of the Milwaukee County Behavioral Health Division to request, obtain, and verify the credentials, qualifications, character and ability of each physician, advanced practice nurse and licensed psychologist seeking to participate in the BHD Provider Network-Community Access to Recovery Services (CARS) and Wraparound Milwaukee and to require each physician, advanced practice nurse and licensed psychologist that receives approval to participate in the network, to complete the recredentialing process at least every thirty six months.

The BHD Provider Network Credentialing Committee shall evaluate all applications to ensure that each applicant meets minimum participation standards and that all services applicant is seeking to perform are within the scope of the applicant's license, training, experience, competence and ability. Physicians, advanced practice nurses and licensed psychologists shall be credentialed in accordance with mechanisms specified in the **BHD Provider Network Credentialing Program**. All applications for participation shall be subject to approval by the Provider Network Credentialing Committee.

Each applicant shall attest that all information submitted for the credentialing process is accurate and complete and shall agree to report immediately any change in status of the information maintained in the credentials file. If any submitted items differ from documentation disclosed through the verification process, the Credentialing Committee Chair or credentialing staff, when so designated shall consult with the practitioner to resolve discrepancies.

SCOPE:

CARS and Wraparound Milwaukee Provider Network Participants

- All physicians (medical and osteopathic)
- All licensed psychologists that have completed a doctoral program in clinical or counseling psychology
- All advanced practice nurses

PURPOSE:

To ensure that each physician, advanced practice nurse and licensed psychologist seeking to participate as a practitioner either independently or with one or more authorized Network Provider Groups is properly credentialed, competent and able to perform the diagnostic, therapeutic, assessment and/or clinical

procedures and services he or she is offering.

To ensure that all practitioners applying for recredentialing have maintained current competence relevant to the services they perform.

To ensure that all practitioners approved maintain current professional licensure and all other required registrations and certifications relevant to their specialization and practice.

To provide credentialing services to practitioners in a professional and timely manner and ensure efficient and standardized methods for processing information.

To ensure that confidentiality of personal and protected information is maintained.

To ensure essential legal, professional, regulatory and accreditation requirements are met.

To provide the Provider Network Credentialing Committee with the necessary information on which to formulate decisions and recommendations concerning each practitioner's initial or continued network participation.

PROCEDURE:

CREDENTIALING – NEW APPLICANT

Under the authority and direction of the BHD Provider Network Credentialing Committee, the Provider Network credentialing staff will provide to all prospective network participants the applicable credentialing application forms and list of required supporting credentials, essential documentation, and a copy of the *Provider Network Credentialing Program* or provide electronic link to such documents.

1. Applicants shall be required to submit the fully completed application along with supporting documents to the Provider Network credentialing department. Required forms shall include the following:
 - a. **Universal Application and Instructions:** content shall include but not be limited to, information on any active or inactive licenses, DEA registrations (as applicable), medical/professional education and training, Board/specialty eligibility/certification, professional affiliations and work history, military service, health status and past and present liability coverage, freedom from illegal drug use and reasons for inability to perform the essential functions of the position.
 - b. **Disclosure Questionnaire Form:** applicant disclosures and attestation shall include, but not be limited to, challenges to any professional license or registration; voluntary and involuntary relinquishment of any license or registration; voluntary and involuntary termination or denial of medical staff/professional staff membership, privileges or employment; voluntary or involuntary limitation, reduction or loss of clinical privileges; malpractice history; Medicare, Medicaid, CLIA or other sanctions/exclusions; felony, serious or gross misdemeanor charges and convictions; history of chemical dependency, alcohol or substance abuse.
 - c. **Consent for the Release of Information, to Criminal and Caregiver Background Checks and Attestation** as to the truthfulness and accuracy of the application submission.
 - d. **Professional Reference Contact List**
 - e. **Wisconsin Caregiver Background Information Disclosure Form**
2. **CREDENTIALS AND DOCUMENTATION:** Applicants shall be required to provide credentials and documentation that support the application statements. Required credentials and supporting documentation shall include the following:

- a. Evidence of current unrestricted Wisconsin Medical/Professional Licensure
- b. Other Current State Medical/Professional Licensure, when applicable (i.e., tele-medical practice requires license where patient is located AND where provider is located)
- c. Current Drug Enforcement Administration (DEA) Registration (as applicable)
- d. Curriculum Vitae OR detailed work history of not less than five (5) years on the Universal Application
- e. Current Malpractice Coverage (copy of facesheet or certificate of insurance of coverage showing amount of coverage, period of coverage and company name, in accordance with contract and state mandated minimums)
- f. Current Specialty Certification (advanced practice nurses)
- g. Documentation of Physician Collaboration Arrangement (advanced practice nurses only)
- h. Primary office location and clinic hours

RE-CREDENTIALING

The recredentialing process shall take place at least every thirty-six (36) months for each physician, advanced practice nurse and licensed psychologist approved for Provider Network participation.

1. Approximately four (4) months prior to expiration of current credentialing period, each credentialed practitioner shall be sent notice that they need to make application for recredentialing. Notification shall state that request for recredentialing must be made by a specified date and will generally require submission not less than 90 days prior to current credentialing approval expiration. All necessary recredentialing forms and requirements will be sent with the notification and shall include the following:
 - a. **Universal Application for Recredentialing and Instructions:** content shall include but not be limited to, information on any active licenses, DEA registrations (as applicable), changes to medical/professional education and training since previous approval, Board eligibility/Specialty certification, current professional affiliations, health status, current and recent liability coverage, freedom from illegal drug use and reasons for inability to perform the essential functions of the position.
 - b. **Disclosure Questionnaire Form:** applicant disclosures and attestation shall include, but not be limited to, challenges to any professional license or registration; voluntary and involuntary relinquishment of any license or registration; voluntary and involuntary termination or denial of medical staff/professional staff membership, privileges or employment; voluntary or involuntary limitation, reduction or loss of clinical privileges; malpractice history; Medicare, Medicaid, CLIA or other sanctions/exclusions; felony, serious or gross misdemeanor charges and convictions; history of chemical dependency, alcohol or substance abuse.
 - c. **Consent for the Release of Information, to Criminal and Caregiver Background Checks and Attestation** as to the truthfulness and accuracy of the application submission.
 - d. **Wisconsin Caregiver Background Information Disclosure Form**
2. **CREDENTIALS AND DOCUMENTATION:** Applicants shall be required to provide credentials and documentation that support the application statements. Required credentials and supporting documentation shall include the following:
 - a. Current Malpractice Coverage (copy of facesheet or certificate of insurance of coverage showing amount of coverage, period of coverage and company name, in accordance with contract and state mandated minimums)

- b. Current Specialty Certification (advanced practice nurses)
- c. Documentation of Physician Collaboration Arrangement (advanced practice nurses only)
- d. Primary office location and clinic hours

PROCESSING AND VERIFICATION

The Provider Network credentialing staff shall be responsible for providing oversight and direction to credentialing operations and for monitoring the *Provider Network Credentialing Program* for compliance with State and Federal requirements. Credentialing staff shall maintain credentialing files on each practitioner approved to participate in the network, shall implement and maintain databases necessary to meet standards set forth for the Credentialing Program, and shall be responsible for assuring application completeness and obtaining Credentialing Committee Chair approvals, when permissible, or ensuring timely presentation to the Credentialing Committee for consideration, when required. The National Committee for Quality Assurance and National Association Medical Staff Services "Ideal Credentialing Standards: Best Practice Criteria" shall be the bases for performing an evidence-based evaluation of each applicant. The credentialing process shall be objective, systematic and without discrimination or bias.

1. Upon receipt of application and request for network participation, Provider Network credentialing staff shall review the application for completeness, including attachments or written explanations, perform a gap analysis, review for any irregularities on questions about practice issues, legal matters or health status and make a preliminary assessment as to whether the applicant satisfies all threshold criteria for BHD Provider Network participation.
2. The application must be complete and submitted in entirety. Applicants that fail to return complete applications or fail to meet threshold criteria shall be notified that their application cannot be processed, as submitted.
 - a. If it is found that any submitted items differ from documentation disclosed through the verification process, credentialing staff shall notify the applicant to provide opportunity to resolve discrepancies. The applicant has the burden of producing adequate information, in a timely manner, and for resolving any doubts about information and statements made.
 - b. For initial applications, applicant shall be given a time limited opportunity to submit additional information. If after the time limit, the application remains incomplete, does not meet threshold criteria, or applicant makes no attempt to resolve a discrepancy(s), applicant shall be notified that the application will not be processed.
 - c. Procedural rights as set forth in the *Provider Network Credentialing Program* shall not apply to an applicant that fails to submit a complete application, makes no attempt to resolve a discrepancy(s) or fails to obtain the required Wisconsin medical/professional license or falls under any automatic exclusion requirements.
3. If the request for recredentialing is not received from a network participant by the date specified, a second request shall be made.
4. If the request for recredentialing is not received by the date specified in the second request, a third request shall be made. The third and final request shall be sent by mail, e-mail or fax, and shall include notification that:
 1. "The applicant has three business days in which to submit a completed application for recredentialing and meet all other requirements, as specified in the initial recredentialing notice."

5. If the applicant fails to submit a complete application by the day stated on the final written notice, she/he shall be deemed to have voluntarily resigned his/her network participation. The procedural rights set forth in the *Provider Network Credentialing Program* shall not apply to a voluntary resignation under this circumstance.
6. The Provider Network Staff shall oversee the process of gathering and verifying all relevant information and material, which supports the application for network participation. Evidence of an unusual pattern or an excessive number of professional liability actions resulting in final judgment against the applicant shall be evaluated. Documentation as to the applicant's health status shall be evaluated. Credentialing staff shall also be responsible for confirming that references, other appointments/work history including gaps of greater than 30 days, and other practitioner-specific data deemed pertinent has been received and evaluated. Evidence of the applicant's character, professional competence, qualifications, behavior and ethical standing shall be examined. This information may be contained in the application, references, and from other available sources that may have knowledge about the applicant's education, training, experience, current clinical competence, character and abilities. Information will be sought through the most appropriate and acceptable mechanisms, which may include written correspondence or documented verbal communications. Internet, e-mail and faxed communications are acceptable.
 1. The following shall be verified from the primary source or through another acceptable verification source, as identified within the *BHD Provider Network Credentialing Program*:
 - a. Highest level of education completed:
 1. Medical School/Professional School completion
 2. Internship/Residency/Fellowship/Post-doctoral Training
 3. Board Certification
 - b. Wisconsin Medical/Professional License(s)
 - c. Other State Medical/Professional License(s), as applicable
 - d. Drug Enforcement Administration (DEA) Registration
 - e. The following data banks shall be queried:
 1. National Practitioner Data Bank (NPDB-HIPDB)
 2. The Office of Inspector General-List of Excluded Individuals and Entities (OIG-LEIE)
 3. The System for Award Management (SAM)
 - f. Consistent with The National Committee for Quality Assurance (NCQA) standards, the following are considered to be approved alternate sources to primary source verification for education and training:
 1. The American Medical Association (AMA) Physician Masterfile
 2. The American Osteopathic Association (AOA) Physician Database
 3. The Education Council for Foreign Medical Graduates (ECFMG)
 4. American Board of Medical Specialties (ABMS) through the on-line data base (CertiFACTS)
 5. Federation of State Medical Boards (FSMB)
 6. National Student Clearinghouse
 - g. **Clinical competence, professionalism and character shall be evaluated through the**

following sources:

1. References with whom the practitioner has worked within the last 24 months (a minimum of 2 professional references shall be required for initial applications, which shall include at least one (1) from a discipline peer)
2. Wisconsin Caregiver and applicable Local, State and/or Federal Background Check Results
3. Malpractice Claims History – claims history for up to the past five (5) years shall be assessed on new applicants. Verification from current and previous carriers regarding settlements shall be obtained or the NPDB report shall be used as such verification. A listing of current carrier(s) and carriers from the past thirty-six (36) months shall be required for recredentialing evaluation.
4. Report on grievances and complaints shall be evaluated as part of the recredentialing process.
7. **For initial credentialing**, Credentialing staff shall red flag any concerns by making note/comment on the Application Review and Credentialing Verifications Report, including but not limited to, adverse NPDB queries, history of limited/restricted license(s), positive and/or excessive malpractice claims history, disciplinary actions by medical staff organizations, hospitals, state medical boards or professional societies, exclusions or sanctions, positive criminal background check results or any other notable finding(s) received. If there is any information contained in the application that requires verification that cannot be verified due to extraordinary circumstances, this shall be documented in the file and flagged for Credentialing Committee review. Consultation with the Credentialing Chair should take place prior to the meeting. Upon his/her approval, the file may then move through the evaluation process without this piece of documentation.
8. **For recredentialing**, Credentialing staff shall red flag any new concerns, since previous credentialing approval on the Application Review and Re-Credentialing Verifications Report, including but not limited to, adverse NPDB queries, limited/restricted licensure, positive malpractice claims (open or closed), disciplinary actions by medical staff organizations, hospitals, state medical boards or professional societies, sanctions, positive background check results or any other notable findings or changes, since previous approval. Historical items previously assessed by the Credentialing Committee shall be noted, as such.
9. Upon completion of the application processing, each application shall be presented to the BHD Provider Network Credentialing Committee for recommendations to approve or disapprove credentialing. Applications that meet "clean application" criteria may be approved by the Committee Chair (a Medical Director or his/her physician designee). Clean application criteria are listed in detail for both initial credentialing and for recredentialing within the *BHD Provider Network Credentialing Program*.
10. All required primary source verifications or queries for professional license, DEA, NPDB, OIG/SAM, and education/training/board certification shall be dated within 180 days of the date of practitioner's signed attestation or date of first primary source verification performed, whichever is first, when presented to the Credentialing Committee or Credentialing Chair. Any queries exceeding 180 days must be repeated, prior to presentation. If the practitioner's attestation exceeds 180 days, a newly signed attestation must be obtained prior to Credentialing Committee/Chair action.
 - a. The Credentialing Committee shall meet monthly, or as often as needed, to discuss applications for credentialing. Recommendations for approval consideration shall be based on review of the completed application.

- b. All recommendations made by the Credentialing Committee shall be documented within meeting minutes. Minutes shall reflect that meaningful discussion occurred.
 - c. All clean application approvals made by the Credentialing Chair shall be reported to the Credentialing Committee and documented within the minutes.
11. Recommendations for approval shall be for a period of not more than thirty-six (36) months. Credentialing approval may be approved for a lesser period when reservations are noted by any member of the Committee.
12. Credentialing approval shall become effective as of date of the Committee approval or by date of Chair approval, when acting on applications that do not require Committee review.

REVISED CLINICAL SERVICES / NETWORK PARTICIPATION

- 1. Approved BHD Provider Network practitioners may petition the Credentialing Committee to amend their current participation status, at any time.
- 2. The practitioner's request to amend his/her participation shall be examined in a manner consistent with assessing qualifications for initial credentialing approval specific to required education and training for the new service(s) requested.
- 3. Credentialing staff shall also re-verify or query the following when status amendment is under consideration:
 - a. Medical/Professional License(s)
 - b. NPDB
 - c. OIG Sanctions and Exclusion
- 4. The Credentialing Committee or Chair, when permissible, shall review each application for amendment following completion of the verification process by the credentialing staff.
- 5. Amendment requests shall be acted upon by the Credentialing Committee or Chair, within 30 days upon completion of the verification requirements for the new service(s) requested.
- 6. Recommendations to approve a petition to amend participation status and services shall be for the period remaining in the current credentialing approval period.

BACKGROUND CHECKS

The BHD Provider Network utilizes background checks as a verification element within the credentialing process. Any and all background check reports shall be marked confidential and will be stored and protected in the credentialing folder. All adverse information found on background checks shall be evaluated by the Credentialing Committee. A statement of explanation by the applicant shall be required for any criminal charges or convictions.

PROVIDER RIGHTS TO AMEND APPLICATION AND RECEIVE UPDATES

- 1. Applicants have the right to correct erroneous information obtained throughout the credentialing process. If any submitted items differ substantially from documentation disclosed through the verification process, the practitioner will be asked via written request (email or certified letter) to resolve this discrepancy and will be expected to do so within 10 business days of the request. Any and all corrections should be

submitted, in writing, to the Credentialing Committee for adequate review of revised documentation. Applicants that do not make reasonable attempts to resolve misstatements or omissions from the application or doubts about qualifications, credentials or current abilities when requested, may in the sole discretion of the Credentialing Committee be deemed a voluntary withdrawal of the application due to incompleteness and shall not be subject to appeal rights.

2. Applicants have the right to contact the Credentialing Committee at any time regarding the status of their application. All such requests will be responded to by the appropriate credentialing staff, within a reasonable period of time, not to exceed seven business days, in most instances.

CONFIDENTIALITY OF CREDENTIALING FILE INFORMATION

All credentialing information obtained and maintained by credentialing staff, on behalf of the Credentialing Committee, shall be considered confidential. Accordingly, appropriate measures to safe guard both hard copy files and electronically stored information shall be taken. Credentialing files shall be maintained in a double locked environment (room and file cabinet) or electronically with restricted and/or password protected access. The Credentialing Committee and credentialing staff shall be oriented to the importance of maintaining credentialing information confidentiality. Committee attendees shall sign an attestation to that affect at the start of each meeting. Confidentiality requirements shall be reviewed with Credentialing personnel annually.

Policy Information

A. **Gatekeeper/Owner**

The BHD Provider Network Credentialing Manager(s) shall be responsible for initiating review and revision of this policy. The Policy will reside in the BHD Provider Network-Credentialing and Impaneling section of the BHD Policy and Procedure e-Manual (PolicyStat).

B. **Distribution and Training Requirements**

The distribution and training requirements for this Policy will be handled through the PN Credentialing Department(s).

C. **Requirements For Review and Renewal**

This Policy will be reviewed and/or revised every three years or as required by change of regulation, law or practice.

REFERENCES:

NCQA 07/2018; Centers for Medicare/Medicaid; National Association Medical Staff Services "Ideal Credentialing Standards (05/2014)

Approved by action of the Provider Network Credentialing Committee, 11-21-2019

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	12/2/2019
	John Schneider: Executive Medical Director	12/2/2019
	Brian McBride: ExDir2 – Program Administrator	11/26/2019
	Amy Lorenz: Exdir1-Psychcrisissvdi	11/22/2019
Credentialing Chair	John Schneider: Executive Medical Director	11/22/2019
	Lora Dooley: Medical Service Manager	11/22/2019

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