

## Policy and Procedure

**Title:** Credentialing and Re-credentialing Process  
**Responsible Party:** Chief Medical Officer  
**Div/Dept/Serv Area:** Medical Operations/Administration  
**Number:** MED.ADM.025 **Date of Issue:** 7/1994  
 Formerly MED.MED.ADM.025 (01/20)

### PURPOSE:

To document the Credentialing and Re-credentialing process for evaluating and selecting licensed practitioners to provide care for the members of Group Health Cooperative of South Central Wisconsin (GHC-SCW) and the monitoring of quality of care related complaints and adverse events involving all GHC-SCW providers. Refer to policy **MED.ADM.073** for credentialing for Organizational Provider (facility) definitions and processes.

### DEFINITIONS:

**HC-MSA:** Healthcare Credentialing and Medical Staff Administrator  
**CCC:** Credentialing and Contracting Coordinator  
**CMO:** Chief Medical Officer  
**PRCC:** Peer Review and Credentialing Committee  
**CARE Committee:** Complaints, Access, Review and Adverse Events Committee  
**Clean Credential Files:** Clean credential files are credentialing or recredentialing files that meet all established credentialing criteria without any identified concerns.  
**Adverse Event:** An event in which care resulted in an undesirable clinical outcome-an outcome not caused by underlying disease-that caused significant pain or suffering, prolonged the patient stay, caused permanent patient harm, required life-saving intervention, or contributed to death.  
**Quality of Care:** The degree to which health services increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

### POLICY:

GHC-SCW ensures that all employed and contracted practitioners meet minimum standards related to licensure, education, and board certification, if board certification is applicable and required for the position. Credentialing is completed prior to practitioners providing care to GHC-SCW members. Practitioners will not be included in directories or Member Services resources until credentialing is verified and approved.

## PRACTITIONER CREDENTIALING GUIDELINES

### 1. Types of Practitioners Credentialed by GHC-SCW

- a. **Medical Practitioners requiring credentialing and recredentialing include:** Medical Doctors (MD), Doctor of Osteopathic Medicine (DOs), Oral Surgeons (DDS or DMD), Doctors of Podiatric Medicine (DPM), Doctor of Chiropractic (DC), Advanced Practice Nurse Prescribers (APNP), Physician Assistants (PAs), Doctor of Optometry (OD), Physical Therapists (PT), Occupational Therapists (OT), Speech Pathologists (SLP), Registered Dietitians (CD), Certified Nurse Midwives (LM or CNM). Locum Tenens and Telehealth.

|               |      |       |       |      |      |       |      |      |      |       |      |      |
|---------------|------|-------|-------|------|------|-------|------|------|------|-------|------|------|
| Revision Date | 3/95 | 1/97  | 5/97  | 2/98 | 3/99 | 2/00  | 2/01 | 7/02 | 7/03 | 4/26  |      |      |
| Review Date   | 1/04 | 1/05  | 1/07  | 2/08 | 1/09 | 12/09 | 2/11 | 1/12 | 9/13 | 11/14 | 6/15 | 1/17 |
|               | 1/20 | 07/22 | 10/24 | 4/26 |      |       |      |      |      |       |      |      |

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- b. **Behavioral Health Practitioners requiring credentialing and recredentialing include:** physicians and psychiatrists (MD or DO), masters or doctorate level psychologists who are state licensed (PhD or PsyD) licensed, Advanced Practice Nurse Prescribers (APNP), masters or doctorate level Social Workers (APSW, LISW and LCSW), Marriage & Family Therapists (LFMT and MFT-IT), Professional Counselors (LPC, LPC-IT), and licensed Substance Abuse Counselors (CSAC, SAC, SAC-IT ) and Behavior Analysts (BA, BCBA) who are certified to practice independently. Note: Psychologists with temporary licenses are considered in-training until such time as they get their regular license. Other providers with temporary, regular (not in training) licenses are considered to be fully licensed for credentialing purposes.
- c. **Practitioners who do not require credentialing:**
- 1) Practitioners who practice exclusively in an inpatient setting such as a hospital or other inpatient or residential treatment facility.
  - 2) Practitioners who practice exclusively in free-standing facilities that members are directed to for care or services.
  - 3) Any of the following practitioner types:
    - Lactation Consultant RN
    - Registered Nurses
    - Audiologists
    - Genetic counselors
    - Interpreters
    - Nutritionists
    - Assistants, e.g. Physical Therapy Assistant (PTA), Occupational Therapy Assistant (OTA), etc.

## **2. Credentialing Application**

GHC-SCW requires practitioners to complete an application and attest to its correctness and completeness within 180 days. Attested CAQH applications are acceptable in lieu of the GHC-SCW application. Electronic and scanned written or printed signatures are acceptable. The following must be addressed:

- Inability to perform essential functions
- Current Illegal drug use
- History of loss of license
- History of felony convictions
- Limitation of privileges or disciplinary actions
- Practitioner race, ethnicity and language
- Current malpractice coverage
- Signature attesting to the correctness and completeness of the application must be within 120 calendar days.

GHC-SCW's credentialing application includes voluntary fields to enter preferred pronouns, race, ethnicity and language, and a statement that GHC-SCW does not penalize the practitioner if this information is not provided on the application. To comply with WI Medicaid requirements, the

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application includes a field which asks the practitioner to approve the publication of race and ethnicity in the GHC-SCW online or print provider directory.

The application also documents work history, which may also be provided by submission of a current CV or resume or email with work history details.

If the information provided on a practitioner's application differs from the verified primary source information (e.g. the practitioner claims to have a type of license they do not possess), the HC-MSA or CCC will document the discrepancy accordingly. If necessary, the practitioner or their representative will be contacted for clarification. The application itself is not modified. Instead, any clarifications or corrections are documented in the supporting materials. Minor typographical errors or omissions do not require correction by the practitioner. For example, if a practitioner omits their board certification or makes a typographical error in their license number, verified documentation of the correct license or board certification will be considered sufficient. This policy ensures that all discrepancies are handled consistently and transparently, while maintaining the integrity of the original application and supporting documentation.

### **3. Credentialing Timeliness**

Once a fully executed and effective contract is in place between GHC-SCW and the facility, the credentialing process for each practitioner must be completed within 90 days of receiving documentation. Credentialing must be finalized before the practitioner is permitted to provide services to GHC-SCW members.

### **4. Criteria for Credentialing and Recredentialing**

The following criteria must be present when applicable to a practitioner's license:

- a. Signed application as described above.
- b. License. Note: Each eligible practitioner must hold a valid, current, unrestricted license in the State of Wisconsin. If a license is limited, review by the PRCC is required.
- c. DEA. Note: DEA eligible practitioners (MD, DO, APNP, PA-C, OD, DPM, etc.) must hold a valid, current DEA. Should a practitioner be eligible for a DEA and does not have one or if a practitioner's DEA is pending, the practitioner must provide an explanation and have a written plan that indicates how their patients will be prescribed medications that require a DEA, documented in the credentialing file
- d. Education and Board Certification. GHC-SCW verifies the highest of the three levels of education and training obtained by the practitioner as appropriate:
  - Board certification
  - Residency
  - Graduation from medical school or professional school.
  - Fellowship must be documented if the practitioner's fellowship is communicated to members via the GHC-SCW online directory.

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GHC-SCW may rely on the state licensing agency, specialty board, or registry if it performs primary source verification of practitioner education and training. Each year, GHC-SCW will obtain written confirmation from the Wisconsin Department of Safety and Professional Services, verifying that it conducts primary source verification. Alternatively, a printed and dated screenshot from the agency's website stating that it performs such verification may be used. If the state does not issue a specific education verification document, a copy of the relevant state statute confirming that education is verified at the time of licensure may be accepted.

Education does not need to be verified for recredentialing.

GHC-SCW uses the following sources to verify board certification:

- Directly from the appropriate specialty board (advanced practice and allied practitioners – e.g. National Nurses Credentialing Center, National Board for Certification in Occupational Therapy, etc.)
  - For physicians (MD, DO) American Board of Medical Specialties (ABMS) thru CertiFACTS (<https://certifacts.abms.org/Login.aspx>) on-line or the American Osteopathic Board.
- e. Malpractice History. Malpractice history includes history of professional liability claims that resulted in settlement or judgement paid on behalf of the practitioner as continuously queried by the NPDB.
- f. Work History. A minimum of 5 years work history is documented on the credentialing application, CV, or other written documentation. Gaps of 6 months or more must include an explanation. If the practitioner has fewer than 5 years of work history, the time frame starts at the initial licensure date. This is not required for recredentialing.
- g. Medicare and Medicaid Sanctions and Exclusions. Exclusions and sanctions imposed by Medicare, OIG, and SAM.gov are queried utilizing the Streamline Verify software subscription. Verification is documented upon initial credentialing and recredentialing and is run monthly for all contracted practitioners.
- h. WI Medicaid. WI Medicaid is not included as a source queried with in the Streamline Verify software. WI Medicaid payment restrictions are queried directly on the Forward Health website.
- i. Medicare Opt Out. A Medicare Opt Out query is performed for all practitioners at the time of credentialing and recredentialing. Practitioners who voluntarily opt out of Medicare are queried at the time of credentialing and recredentialing, and the GHC-SCW provider data management system is marked accordingly.
- j. Insurance. Each practitioner must provide a copy of their current malpractice or professional liability insurance coverage. The document must list the practitioner by name or be in a letter or roster accompanying the contracted facility's certificate of insurance.

## **5. Source Verification**

GHC-SCW uses a credentialing checklist to document verification of all required elements for credentialing and recredentialing. These checklists contain the verification date, signature, or initials of the person performing the primary source verification and report date when applicable. A credentialing

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file includes a copy of the CMO's email approval (if a clean file), the date of PRCC review, an electronic signature, electronic stamp or unique identifier to document verification to demonstrate that the information was entered by the signatory. This process identifies the individual verifying the information, verification date, and the data source and report date, if applicable.

Primary source verification is performed in each of the following areas during the credentialing process:

| Credentials                                            | Verification Time Limit         | Source                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Application questions answered and signatures provided | 180 days                        | GHC-SCW credentialing application or copy of CAQH documentation including recent attestation                                                                                                                                                                           |
| License                                                | 120 days                        | Verification is done directly with the WI Department of Safety Professional Services online at <a href="https://license.wi.gov/s/license-lookup">https://license.wi.gov/s/license-lookup</a> or the appropriate state licensure site, if covered by a license compact. |
| DEA Certificate                                        | Prior to credentialing decision | Verification is done directly on the DEA website at <a href="https://apps.deadiversion.usdoj.gov/RDA/">https://apps.deadiversion.usdoj.gov/RDA/</a> or by viewing the DEA certificate or photocopy of the certificate                                                  |
| Education and Training                                 | Prior to credentialing decision | The WI Department of Safety and Professional services verifies education at the time of licensure. The state Primary Source Verification letter serves as documentation.                                                                                               |
| Board Certification                                    | Prior to credentialing decision | Verification completed directly from the appropriate specialty board                                                                                                                                                                                                   |
| Malpractice History                                    | 120 days                        | Malpractice history is documented through continuous queries of the National Practitioner Data Bank (NPDB).                                                                                                                                                            |
| Work History                                           | 180 Days                        | A minimum of 5 years' work history is documented on the credentialing application, CV, or other written documentation.                                                                                                                                                 |
| Medicare and Medicaid Sanctions and Exclusions         | 120 days                        | Medicare, OIG, SAM and certain state Medicaid exclusions are verified via an initial query utilizing Streamline Verify with monthly queries of all contracted practitioners                                                                                            |
| Wisconsin Medicaid payment restriction documentation   | 120 days                        | WI Medicaid payment restrictions are verified by querying <a href="https://www.ForwardHealth.wi.gov">https://www.ForwardHealth.wi.gov</a> .                                                                                                                            |
| Medicare Opt Out                                       | 120 days                        | Provider Opt-Out Affidavits are verified by querying                                                                                                                                                                                                                   |

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|                                              |                                 |                                                                                                                                                       |
|----------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                              |                                 | <a href="https://sata.cms.gov/tools/provider-opt-out-affidavits-look-up-tool">https://sata.cms.gov/tools/provider-opt-out-affidavits-look-up-tool</a> |
| Malpractice/Professional Liability Insurance | Prior to credentialing decision | A copy of current liability insurance with the practitioner's name or accompanying roster or letter                                                   |

## **6. Credentialing Documentation Process**

Credentialing verification for all practitioners employed and/or contracted by GHC-SCW, is performed by the HC-MSA or CCC to ensure data integrity, unless the practitioner is covered by a delegated agreement. The HC-MSA and CCC are the only individuals, aside from the CMO, authorized to correct missing or inaccurate information identified during the credentialing process. The CMO may delegate credentialing tasks to other GHC-SCW staff members when needed.

The process for documenting information and activities in the credentialing file includes:

- Initial and date electronic stamps by the verifier on the first page of each document.
- Initial and date checklist, including the source and date of verification.
- **For clean credentialing files** – add a copy of the email and signature from the CMO or designee approving the credentialing, with corresponding email approval date.
- **For unclean files** – reference the date the Peer Review and Credentialing Committee (PRCC) approved the credentialing, so that the appropriate meeting minutes may be referenced.
- A final review date and initials of the verifier documenting all documents in the credentialing file were final and approved.

## **7. Information Integrity and Oversight**

Reference MED.ADM.071 Credentialing Integrity and Oversight policy.

## **8. Provisional Credentialing**

One-time provisional credentialing may be completed for practitioners applying for the first time. Provisional credentialing requires a current, valid license, an NPDB query, and a signed application. Practitioners may hold a provisional status for no longer than 60 calendar days, and they may not be listed in the Provider Directory. Provisional credentialing follows the same approval process as standard credentialing.

## **9. Oversight and Decision Making**

The GHC-SCW Board of Directors, through the President and CEO, delegates responsibility for practitioner credentialing to the CMO. The CMO approves clean credentialing files via email, and all such approvals are reported to the PRCC in the monthly meeting agenda.

The PRCC reviews and approves credentialing or recredentialing files that do not meet established credentialing criteria, thresholds or have concerns such as malpractice settlements, sanctions, pending claims, sanctions, complaints, etc. Concerns identified in credentialing files which were previously approved by the PRCC, do not need to be re-reviewed by the PRCC at the time of recredentialing.

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The PRCC is chaired by the CMO or their licensed practitioner designee. Members of the committee are GHC-SCW staff model practitioners who provide advice and expertise for credentialing decisions. Reference **ADM.COM.001 Peer Review and Credentialing Committee Charter**.

The PRCC makes credentialing and re-credentialing decisions based solely on the verified information provided on the practitioner's application, as verified in accompanying documents or primary source verifications.

#### **10. Recredentialing Cycle Length**

All credentialed providers are re-credentialed at a minimum of every three years. The 3-year recredentialing cycle begins on the date of the previous credentialing decision to the month, not to the day. Practitioners may be recredentialed within 30 calendar days of missing the deadline. If recredentialing is not completed within those 30 calendar days, the organization must repeat the initial credentialing process. Practitioners will be administratively terminated if the recredentialing is not completed within the above-stated time frame.

The following items must be present and verified: current license, DEA (if applicable), board certification (if applicable), malpractice insurance coverage, and NPDB query, OIG and other sanction queries. The processes followed and verification sources used for re-credentialing are identical to the initial credentialing criteria outlined above.

The re-credentialing cycle length may be extended beyond 3 years if the practitioner is on active military assignment, on medical leave or on sabbatical. The recredentialing must be completed within 60 calendar days of the practitioner's return to practice.

#### **11. Non-Discrimination**

GHC-SCW does not discriminate against an applicant, nor make credentialing decisions based on an applicant's race, ethnicity, gender, age, sexual orientation, or the patient population (e.g. Medicaid) in which the practitioner may specialize. All members of the PRCC are required to sign an annual affirmative statement that they will make decisions in a non-discriminatory manner. GHC-SCW prevents discrimination against credentialing and re-credentialing by maintaining a heterogeneous PRCC.

To ensure nondiscriminatory credentialing and recredentialing, the CMO or the PRCC Chairperson reviews all denied credentialing files. The reviewer must be a PRCC member who did not chair the meeting in which the application was denied. The results of this review are forwarded to the PRCC and documented in meeting minutes.

#### **12. Notification**

The HC-MSA or CCC will notify practitioners in writing of credentialing decisions (acceptance, denial or if additional information is needed to process the application or re-application) within 30 calendar days of the PRCC or CMO decision. Practitioners are not notified of recredentialing approvals but are notified of re-credentialing denials.

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GHC-SCW will maintain electronic copies of credentialing and re-credentialing files for all practitioners that are not delegated for no less than a six (6) year period to ensure the current credentialing and previous credentialing cycle are available. Credentialing files documented on paper need not be kept for:

1. Practitioners whose initial credentialing has been repeated
2. Practitioners whose provider type is no longer requires credentialing (e.g. PTA, OTA)
3. Practitioners who work for a facility that does not require individual credentialing (e.g. residential treatment program)
4. Practitioners who no longer work at a GHC-SCW contracted facility.

### **13. Confidentiality**

The information obtained in the credentialing process is confidential. Access to information obtained throughout the credentialing process is carefully monitored and will not be released to outside parties without permission of the practitioner involved or by legal responsibility, including the Health Care Quality Improvement Act of 1986.

Credentialing files can only be accessed by the HC-MSA, CCC and the CMO. The Senior Medical Director and the credentialing committee members may be granted access for review. Credentialing files are stored in secure electronic format or on paper, as indicated in **MED.ADM.071**. An individual practitioner may read information contained in their file upon request in the presence of the HC-MSA or CCC. Appointments to view files can be made by contacting the HC-MSA or CCC by phone or email.

### **14. Practitioner Rights**

Practitioner Rights are included in the credentialing applications.

#### **a. Right to Review**

Practitioners have the right to review information submitted in support of their credentialing applications, except for references, recommendations or other peer-review protected content. If any information obtained during the credentialing or re-credentialing process significantly differs from what the practitioner provided, the HC-MSA or CCC will notify the practitioner in writing within 10 days of identifying the discrepancy.

#### **b. Right to Correct Errors**

Practitioners have the right to correct erroneous information and may submit written corrections to the HC-MSA or CCC within 30 days. The HC-MSA or CCC will respond within seven (7) calendar days of receiving corrections, by phone, email or U.S. mail.

#### **c. Right to be Informed of Application Status**

Practitioners have the right to be informed of the status of their credentialing or recredentialing applications upon request to the HC-MSA or CCC. A response regarding the status of the application will be provided by phone, email or U.S. mail within seven (7) calendar days.

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**d. Right to be Notified**

Practitioners have the right to receive notification of the above rights and are notified of the initial credentialing and recredentialing application, in addition to a letter accompanying the application.

**15. Facility Changes, Termination and Reinstatement**

If a practitioner is terminated from a contracted provider, their credentialing status remains current for up to 30 days. If the practitioner becomes affiliated with another GHC-SCW network provider within that timeframe, initial credentialing is not required again. However, current insurance documentation must be maintained in the practitioner's credentialing file. If the break in network participation with a contracted provider is more than 30 days, that practitioner will be required to complete the initial credentialing process.

**16. GHC-SCW Directories and Membership Materials**

Provider directory information is located in GHC-SCW's provider data management system called ProviderHub. The information is maintained by the GHC-SCW Provider Data Specialist. ProviderHub is the source for information presented in the GHC-SCW online directory, member materials and printed provider directories. The HC-MSA, CCC, Provider Data Specialist, and Enterprise Solutions Architect may update ProviderHub with changes in provider credentials or credentialing status.

GHC-SCW verifies provider data integrity prior to publication. The Provider Data Specialist performs outreach to vendors on a schedule driven by No Surprises Act regulations.

**17. Ongoing Monitoring and Intervention of Sanctions, Exclusions, Complaints and Adverse Events**

GHC-SCW conducts ongoing monitoring and review of sanctions, exclusions, quality of care complaints and adverse events between credentialing cycles for all states in which the provider is licensed and takes appropriate action when identifying occurrences of poor quality, as needed.

**a. Medicare and Medicaid Sanctions and Exclusions**

The HC-MSA receives notifications of Medicare and Medicaid Sanctions and Exclusions from the NPDB Proactive Disclosure Service (PDS) of enrolled non-delegated practitioners as soon as it is posted.

GHC-SCW's Compliance Department uploads a file of all GHC-SCW employed, contracted and non-delegated practitioners to Streamline Verify-a cloud -based solution that monitors OIG, SAM, and other state sanctions or exclusions or licensure limitations on a monthly basis. Matches for GHC-SCW employed practitioners are confirmed by the Compliance Department staff while matches for contracted practitioners are verified by the HC-MSA or CCC utilizing the Streamline Verify cloud-based solution.

If a potential match cannot be confirmed using Social Security Number, Date of Birth, NPI number or information from the sanctioning entity, the practitioner's work history from the past 5 years is reviewed to determine if a match is likely. Sanctions are verified in the state(s) the provider currently

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practices or has been licensed to care for members within the most recent five-year period. If the provider was licensed in multiple states during that time, all relevant states must be included in the query.

Additionally, data for all providers submitting claims is compared monthly against Wisconsin sanctions or exclusions. If a network practitioner is flagged, the Compliance and Program Integrity Supervisor will notify the HC-MSA or CCC, who will then confirm or disaffirm the match.

If a GHC-SCW credentialed practitioner appears in any sanction report, they are required to submit an explanation to the HC-MSA who will then add the concern to the agenda for the PRCC to review. The PRCC reviews the information and relevant sanctions at its next meeting. If a corrective action plan or loss of privileges is deemed necessary, the CMO communicates the decision to the practitioner or their contracted provider organization. Practitioners may appeal the decision in accordance with ADM.COM.001.

Delegated facilities are required to report relevant information to GHC-SCW, including sanctions, disciplinary actions and any performance improvement activities related to their practitioners.

GHC-SCW does not employ or contract with providers debarred or excluded in federal health care programs under either Section 1128 or Section 1128A of the Social Security Act.

#### **b. Wisconsin State Licensing and Examining Board**

GHC-SCW keeps the license expiration date in ProviderHub. In Wisconsin, “like” professional licenses expire on the same date (e.g. all MD and DO licenses are issued for a period of two years and expire on October 31.) At the time a given professional license is scheduled for renewal, the HC-MSA or CCC will verify the license renewal online at <https://license.wi.gov/s/license-lookup> and update ProviderHub with the new expiration date. The licenses of practitioners licensed to practice in Wisconsin through a compact licensure agreement (e.g. PsyPact), must be primary source verified in the home state. The state legislation accepting the home state license in lieu of state licensure should be kept in the practitioner’s credentialing file.

The HC-MSA also receive notification of sanctions and license terminations or relinquishments from the NPDB Proactive Disclosure Service (PDS) of enrolled practitioners as soon as it is posted. Within 30 calendar days of a new alert, the HC-MSA or CCC will request an explanation from the affected practitioner. The PRCC reviews the information and relevant sanctions at their next scheduled meeting. If PRCC determines that a corrective action or loss of privileges is necessary, the CMO or designee will notify the practitioner or contracted provider organization. The practitioner may appeal this action as outlined in ADM.COM.001.

If an NPDB indicates a loss of license outside of the normal renewal cycle or if a license expires and is not renewed, the HC-MSA or CCC will update ProviderHub with the license termination date, expire the credentialing record, notify the provider and GHC-SCW claims.

#### **c. Quality of Care Complaints**

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Quality of Care related complaints involving GHC-SCW network practitioners are received and documented by GHC-SCW Member Services according to policy MS.MS.003. Complaints are managed according to policy MS.MS.004 and reviewed in the following manner:

Quality of Care related complaints involving **GHC-SCW employed practitioners** are shared with the HC-MSA, CMO and appropriate clinical leadership staff upon receipt. Upon direction from the appropriate clinical leadership, the HC-MSA will elevate these complaints to the PRCC for review and investigation. Reference ADM.COM.001 Peer Review and Credentialing Committee Charter.

PRCC will evaluate the complaint and review the practitioner's history of complaints against the five-year tracking log to identify any trends and make recommendations for any corrective action and/or revocation of privileges if warranted. Should a corrective action or a revocation of privileges be warranted, the CMO or designee will communicate the decision to the practitioner. Practitioners may appeal this action in accordance with ADM.COM.001. If no formal corrective action is needed, PRCC will communicate any recommendation specific to the case reviewed that may be helpful in avoiding future complaints with the practitioner. If no quality of care or documentation concern is found by the PRCC, the HC-MSA will notify the practitioner of this decision. The HC-MSA documents all cases discussed by the PRCC in the five-year rolling log. Information in the log will include practitioner name, member number of the patient involved, quality of care complaint details, PRCC recommendation, and the resolution.

PRCC reviews the Quality of Care Complaint rolling log every six months, at a minimum, to identify any concerning trends. If trends are identified, the committee may conduct additional chart reviews as necessary.

Quality of Care complaints relating to **GHC-SCW network practitioners who are not employed by GHC-SCW** are documented by GHC-SCW Member Services staff according to policy MS.MS.003 and managed according to policy MS.MS.004. Members are directed to share their quality of care complaint with the Provider Organization where the practitioner is employed, for appropriate investigation and management according to their contract with GHC-SCW. Reports of these complaints are added to a five-year tracking log and shared with the CARE Committee to evaluate trends every six months, at a minimum. Any follow-up that is required will be handled by the CMO as necessary. When concerning trends are identified, the CMO will determine if a corrective action is warranted and communicate directly with the Provider Organization.

All contracted organizations are expected to investigate member complaints according to the Member Grievances section of their contract with GHC-SCW and have their own policies and procedures. If a delegation agreement is in place with the Provider Organization, relevant policies related to complaints are reviewed as part of the credentialing delegation annual review.

#### **d. Adverse Events**

GHC-SCW collects and reviews monthly sanction notifications reported through Streamline Verify cloud-based solution for employed practitioners and all credentialed practitioners who are not part of a delegated agreement. These credentialed practitioners are also enrolled in NPDB continuous query as part of the GHC-SCW credentialing process. If a confirmed alert is identified through either one of

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these services, the HC-MSA will submit the concern to the PRCC for review within 30 days after receiving the new alert.

Adverse Events may also be identified by various areas within the organization including (but not limited to):

- GHC-SCW Clinical Staff
- GHC-SCW Leadership
- GHC-SCW Care Management
- GHC-SCW Member Services
- GHC-SCW Membership
- GHC-SCW Network Providers

Adverse Event concerns related to the care of GHC-SCW employed practitioners are reviewed by the PRCC for evaluation and entered in the 5 Year Rolling Case Log as Adverse Events. This log is reviewed by PRCC monthly, to identify trends. If it is determined that corrective action, loss/limitation of privileges, is warranted, the CMO communicates the decision to the practitioner, who may appeal as outlined in ADM.COM.001. To maintain confidentiality, specific information from PRCC is not shared with outside committees. PRCC may share de-duplicated and de-identified aggregate reports of Adverse Events with the CARE Committee to ensure complete numerical reporting.

Adverse Events involving services provided at a facility outside of GHC-SCW clinics, by a practitioner who is not employed by GHC-SCW will be tracked through a CRM in the Epic Tapestry system by Member Services and reported to the CARE Committee to identify trends. The CARE Committee will log the name of the practitioner involved, date of incident, member number and the details of the report into the adverse event tracking log. Resolution of those adverse events is the responsibility of the contracted provider organization. Any adverse event requiring disciplinary action or revocation of licensure is managed by the Provider Organization in accordance with their contract with GHC-SCW. Decisions about whether to follow up on reports of adverse events will be documented in the adverse event tracking log that is managed by the CARE Committee, as well as outcomes. To maintain confidentiality, specific information from the CARE Committee is not shared with outside committees. The CARE Committee may share de-duplicated and de-identified aggregate reports of Adverse Events with the PRCC to ensure complete numerical reporting.

The GHC-SCW CARE Committee reviews adverse events and evaluates for trends every month. Adverse events involving non-GHC employed practitioners are the responsibility of the contracted provider and/or the delegate to resolve, report, and appropriately act in accordance with their contract with GHC-SCW. When losses of licensure, corrective actions or limitation of privileges are warranted the contracted provider is required to notify GHC-SCW within 30 days.

## **DELEGATED CREDENTIALING**

### **1. Pre-Delegation Assessment**

Any organization wishing to enter into a delegation agreement with GHC-SCW is required to complete a pre-delegation evaluation prior to executing the agreement. The pre-delegation evaluation is conducted by the HC-MSA or CCC and ensures the potential delegated entity has the capacity to meet

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NCQA requirements and any planned delegated activities. Pre-delegation evaluations are performed within 12 months before the delegation agreement is executed. Assessments include a review of the delegate's structure, credentialing policies, and any relationship they may have with an NCQA Certified Credentialing Verification Organization (CVO). Information obtained during the pre-delegation evaluation may help solidify the terms of the final written agreement.

The result of the pre-delegation evaluation is shared with the CMO via email for approval and shared with the PRCC at their next scheduled meeting.

## **2. Delegation Agreement**

A mutually agreed upon delegation agreement must be in place before delegated activities are performed. Upon successful completion of the pre-delegation evaluation, the delegation agreement will be executed with signatures of both parties. The agreement will describe:

- Delegated activities and responsibilities of both GHC-SCW and the delegate
- Semi-annual reporting requirements and the process required of the delegate
- Delegated or sub-delegated credentialing system, information integrity practices, and annual monitoring of compliance and reporting process
- The process for annual credentialing and recredentialing file audits against current NCQA standards
- The annual evaluation process of delegate performance, including the delegate or their CVO's information integrity audit which includes review of the delegate or sub-delegate credentialing audit of their credentialing systems for inappropriate documentation and updates to credentialing information.
- The process for corrective action plans, when or if needed
- Remedies if the delegate does not fulfill its obligations, including revocation of the agreement.

GHC-SCW retains the right to approve, suspend and terminate individual practitioners, providers and sites from its networks. GHC-SCW also reserves the right to not accept practitioners who are credentialed by the Provider into the network.

### **a. Termination of a Delegate**

If a delegated agreement is terminated, but the contract with the organization remains in place, GHC-SCW will obtain the relevant credentialing files from the previously delegated organization and continue the process begun by the delegate and recredential practitioners when they are due. If GHC-SCW is unable to obtain the appropriate credentialing files from the delegate, GHC-SCW will perform initial credentialing of each practitioner within 6 months of the delegate's termination date.

### **b. Delegate Monitoring Activities**

The HC-MSA or CCC conducts an annual review of the appropriate sections of the credentialing policies and procedures of all delegates who have executed delegation agreements in place for 12 months or more. Results of the annual review are reviewed by the CMO and provided to the PRCC

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and results documented in meeting minutes. The audit will include a review of the timeliness of decision making and a review of information integrity reporting from the delegate or CVO

The HC-MSA or CCC will also conduct annual credentialing and re-credentialing file audits to monitor the performance of any delegate not NCQA accredited using current NCQA review standards and the 8/30 sampling methodology.

NCQA recognizes Certified CVO's only for applications and primary source verifications for which organizations can claim automatic credit. Timeliness of practitioner recredentialing or credentialing will be audited by the HC-MSA or CCC to ensure NCQA timeliness standards are met by the delegate's credentialing committee.

If any deficiencies are noted during a delegate's audit, the HC-MSA or CCC will follow up with the delegate to obtain any information that may be missing. Upon direction provided by the CMO, a recommended corrective action plan will be sent to delegate by the HC-MSA or CCC within 30 days of the audit's completion. At a minimum, re-evaluation will be required over three consecutive quarters.

### **3. Initial Credentialing Criteria for Delegates**

The delegate's credentialing must follow NCQA standards and include the following:

- Signed applications including the NCQA required questions related to ability to perform the functions of the position, illegal drug use, felony convictions, license restrictions or suspensions, limitations of privileges, malpractice insurance, race, ethnicity and language and current attestation
- State license
- DEA, if applicable
- Education verification
- Board certification, if applicable
- Malpractice History (usually verified by NPDB)
- Work History
- Medicare and Medicaid Sanctions and Exclusions
- Medicare Opt Out
- WI Medicaid payment restrictions
- Insurance documentation

### **4. Recredentialing Criteria for Delegates**

Delegates must recredential all practitioners every three years at a minimum. All criteria required for initial credentialing (as listed above) except for work history and education verification, must be included in recredentialing files.