



Credentialing/Recredentialing Standards

ICE Annual Conference

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Presenters:

Angela Ross and Sallye Marcus



Introduction

- Biographies
 - Angela Ross, Aetna Health Plan
 - Sallye Marcus, Anthem Blue Cross
- What is ICE?
- Presentation Agenda/Goals
 - 2009 vs 2010 NCQA Standards
 - Audit Scenarios – Game Show
 - Desk Top Audit
 - Initial vs Recredentialing



2009 vs 2010 NCQA Standards

- Review changes between the 2009 and 2010 NCQA Standards

- Discussion/Questions

Game Show

- Delegation
- Audit Preparation



Desk Audit Process

- Policies and Procedures
 - CR 1 Policies & Procedures
 - Copy of relevant policies & procedures
 - CR 2 Credentialing Committee
 - Committee roster
 - Minutes (12 months prior to audit month)
 - CR 6 Practitioner Office Site Quality
 - Complaint tracking log
 - Copy of audits conducted
 - Follow-up documentation

Desk Audit Process

- Policies and Procedures (continued)
 - CR 9 Ongoing Monitoring
(12 months, 1st page of report with signature/initials and date)
 - Medicare/Medicaid
 - Limitations on licensure (all disciplines)
 - Complaints and adverse events
 - Medicare Opt Out
 - Medi-Cal suspended and ineligible provider report

Desk Audit Process

- Policies and Procedures (continued)
 - CR 10 Notification to Authorities and Practitioner Appeal Rights
 - Evidence of Reporting
 - Evidence of appeal process
 - CR 11 Assessment of Organizational Provider (Spreadsheet or selected files to review)
 - Assessment of medical providers
 - Assessment of behavioral provider
 - Medicare documentation of non accredited surgical centers

Desk Audit Process

- Policies and Procedures (continued)
 - CR 12 Delegation
 - Agreements with delegates
 - List of delegates with contract effective date and/or NCQA certification expiration
 - Evidence of pre-delegation evaluation
 - Evidence of annual file audit
 - Evidence of annual evaluation
 - Evidence of reporting (1st page of report submitted, with date received, for the past year or signoff on reports received and reviewed)
 - Evidence of opportunities for improvement



Desk Audit Process

- Policies and Procedures (continued)
 - CR 13 Identification of HIV/AIDS Specialists (DMHC)
 - Evidence of implementation
 - Distribution of findings



Desk Audit Process

- File Review
 - Submit the following information for the 10 initials and 10 recredential files selected by the Health Plan.
 - **NOTE:** Additional files will be requested if there is a deficiency or additional elements are required for the review.

Desk Audit Process

- Initial File Review
 - Following documentation is required for each file:
 1. Check List with Approval
 2. License Verification
 3. Copy of DEA or Verification
 4. Work History
 5. Education and Training Verification
 6. Board Certification Verification, as applicable
 7. Hospital Admitting Privileges, if applicable (PSV is not required)



Desk Audit Process

- Initial File Review (continued)
 - Following documentation is required for each file:
 8. State Sanctions or Restriction on Licensure Verification
 9. Medicare/Medicaid Sanction Verification
 10. Medicare Opt-Out review (**CMS**)
 11. Submit evidence via checklist or other documentation that indicates review of information from the most recent Northern & Southern California Opt-Out Physician Report
 12. Application with all pertinent information for the audit, must include attestation and release at a minimum

Desk Audit Process

- Recredentialing File Review
 - Following documentation is required for each file:
 1. Recredential Check List with Approval
 2. Check List or other documentation of Prior Approval
 3. License Verification
 4. Copy of DEA or Verification
 5. Board Certification Verification, as applicable
 6. Hospital admitting privileges, if applicable, otherwise send documentation of coverage (Primary source is not required)

Desk Audit Process

- **Recredentialing File Review** (continued)
 - Following documentation is required for each file:
 7. State Sanctions or Restriction on Licensure Verification
 8. Medicare/Medicaid Sanction Verification
 9. Medicare Opt-Out review
 10. Submit evidence via checklist or other documentation that indicates review of information from the most recent Northern & Southern California Opt-Out Physician Report
 11. Performance Monitoring Documentation (May be on check list)



Desk Audit Process

- **Recredentialing File Review** (continued)
- Following documentation is required for each file:
 12. Submit evidence via checklist or other documentation that indicates review of information from the most recent Northern & Southern California Opt-Out Physician Report
 13. Application with all pertinent information for the audit, must include attestation and release at a minimum

Desk Audit Process

- How are files submitted:
 - Please use one of the following methods when submitting documents to insure proper delivery, as the email server may reject an email if it is too large (email attachments cannot exceed 10 GB):
 - Compress the documents using WinZip (preferred method)
 - Break-up the documents throughout several emails to reduce the size of the emails
 - Mail or ship the documents to the address listed at the bottom of this email
 - Fax the documents to [insert fax #]



Desk Audit Process

- Additional Information
 - **PLEASE ANSWER THE QUESTIONS BELOW AND RETURN WITH THE DOCUMENTS LISTED ABOVE:**
 1. Has your organization received any complaints regarding site location in the last 12 months?
 - a. If yes, has your threshold been met and a site audit was conducted?
 - b. Did the practitioner require a corrective actions and follow-up?



Desk Audit Process

- Additional Information (continued)
- **PLEASE ANSWER THE QUESTIONS BELOW AND RETURN WITH THE DOCUMENTS LISTED ABOVE:**
 2. Has your organization sanctioned or disciplined any providers in the last 12 months?
 - a. If yes, have any practitioners gone through an appeal process
 - b. If yes, have you had to report to appropriate authorities



Credentialing vs Recredentialing

- Credentialing: The process by which the organization reviews and evaluates qualifications of licensed independent practitioners to provide services to its members.
- Recredentialing: Practitioners must go through the recredentialing process within 36 months after the date of the previous credentialing decision.
 - 36 months cycle begins with the date of the initial credentialing decision (cycle is counted to the month, not day)



Credentialing vs Recredentialing

- Terminated Practitioners
 - Initially credential practitioner if break in service is more than 30 calendar days



Credentialing vs Recredentialing

- Active Military Assignment, Maternity Leave, Sabbatical
 - May recredential the practitioner upon his/her return
 - At a minimum, the entity must verify that the practitioner has a valid license to practice prior to seeing patients
 - Practitioner must be completely recredentialled within 60 days of returning

Credentialing vs Recredentialing

- MSO Credentialing/Recredentialing
 - If a group terminates a contract with a MSO and the MSO releases all credentialing/recredentialing files to the group or newly contracted MSO, the group/MSO must recredential the practitioners in a timely manner.
 - If a group terminates a contract with a MSO and the MSO does not release all credentialing/recredentialing files to the group or newly contracted MSO, the group/MSO can initially credential the practitioners within the first 60 days of the new contract.