

Chapter 11

Credentialing





Credentialing

The Health Plan (THP) is National Committee for Quality Assurance (NCQA) accredited and is required to comply with NCQA standards. In addition, THP is required to comply with the states of West Virginia and Ohio, West Virginia Mountain Health Trust (MHT) and Centers for Medicare and Medicaid Services (CMS) credentialing guidelines. For practitioners to provide services to THP MHT members they must enroll with Medicaid Management Information System (MMIS), the state of West Virginia's fiscal agent, prior to providing service(s).

THP requires practitioners to comply with the requirements of all applicable federal, state, and/or local law, rules, regulations, and standards, including but not limited to licensure, certification, accreditation, and/or registration requirements. It is the practitioner's responsibility to determine the legal requirements with which the practitioner must comply. THP reserves the right to take any action it deems appropriate, including but not limited to termination of a practitioner's contract, termination of other rights and/or privileges for a practitioner, denial of claims submitted by a practitioner, and/or recouping payments previously made to a practitioner, for a practitioner's failure to comply with applicable law, rules, regulations, and standards.

An established process is followed to credential practitioners. Information submitted to THP as part of the credentialing process is verified as outlined below. Applicants and their practices are reviewed using certification standards developed and approved by THP's practitioner committee. THP's credentialing and recredentialing is conducted in a non-discriminatory manner. THP does not discriminate regarding network participation or reimbursement against any practitioner who is acting within the scope of their license or certification.

Initial Credentialing

- The initial credentialing process includes completion of The Council for Affordable Quality Healthcare's (CAQH) online application with primary source verifications, and if applicable, an onsite office site visit. Practitioners must authorize THP to access CAQH data.
- Primary source verification of (but not limited to):
 - Active Licensure in state where services are provided
 - Clinical Privileges at a participating THP hospital
 - Active DEA in the state where services are provided
 - Five-year work history
 - National Practitioner Data Bank (NPDB)
 - Board certification(s)
 - Medical education and training
- An on-site office site visit will be completed on the following practitioner types who service THP Commercial and/or MHT members (unless the provider has joined an office that has previously completed a THP site visit):
 - Primary Care Providers (PCP)
 - Obstetrics/Gynecology (OB/GYN)
 - Behavioral health providers
 - High volume/high impact specialties



Recredentialing

THP recredentials practitioners according to the guidelines set forth by NCQA, the states of West Virginia and Ohio, West Virginia Mountain Health Trust (MHT) and CMS. THP also reviews quality of care and member complaints at the time of recredentialing. Practitioners are credentialed at least every 36 months.

Practitioner's Credentialing and Recredentialing Rights

Right to Review Credentialing/Recredentialing Information

The practitioner has the right to review information submitted in support of the credentialing/recredentialing application. If you wish to review the information, please call THP Credentialing Department at 1.800.624.6961. Within thirty (30) days of the request, THP will send, by certified mail, a copy of the credentialing application and primary source verification documents received during the most recent credentialing/recredentialing cycle. The practitioner will not have access to protected peer information, references, or recommendations.

Right to Correct Erroneous Information

The practitioner can correct erroneous information. Any omissions, inconsistencies, or erroneous information that is discovered during primary source verification processes will require further investigation to determine if one or more of the following actions is needed:

- Submit to THP Medical Director for review
 - Request additional information, in writing, from the practitioner. Corrections can be submitted to THP Provider Data Quality (PDQ) team at pda@healthplan.org.

If written response is not received within fifteen (15) calendar days, a credentialing representative will contact the office via email or phone. If response is not received after the additional fifteen (15) days, the file will become inactive, and the practitioner will be notified by letter.

Once all information is received, the practitioner will be notified via email, fax, or telephone. THP documents receipt of corrected information in the practitioner's credentialing/recredentialing file. The information will be taken to the medical director and/or blinded and taken to the Credentials Committee, along with the explanation from the practitioner, for the committee's acceptance, acceptance with restrictions, or rejection.



Right to be Informed of Credentialing Status

The practitioner can, upon request, be informed of the status of their credentialing or recredentialing application. The information that will be afforded to the practitioner includes one of the following:

- Application in process
- Application pending to the Credentials Committee
- In review by THP's medical director

The practitioner may request status by contacting THP Credentialing Department at 1.800.624.6961. The practitioner will be contacted by phone or e-mail with the response to their request for application status within five (5) business days of request.

Standards for Participation

To join THP's provider network, a practitioner must meet the standards of participation as developed by THP.

A practitioner must have the following credentials:

- Active Drug Enforcement Administration (DEA) certificate for each state(s) the practitioner practices if the scope of practice would warrant the practitioner to have a DEA
- Professional liability – minimum amount of \$1 million, any amount below minimum will be reviewed by the Credentials Committee
- Privileges at a THP participating hospital
- Board-certified or board eligible. If not board-certified or board-eligible, the practitioner must demonstrate appropriate training for specialty listed
- Partially executed and dated THP practitioner agreement or evidence of the intent to join under an a fully executed group provider agreement.
- Office site visit for primary care providers (PCP), OB/GYN, , and those providers designated by THP as a high-volume/high impact specialist who provides service to Commercial and/or Mountain Health Trust members.
- Active and current state medical license(s) for each state(s) the practitioner practices
- Sufficient information concerning any malpractice history
- NPI number
 - The Centers for Medicare and Medicaid (CMS) has made it their goal to increase the accuracy of provider directories and is requesting that providers review their demographic information in the National Plan and Provider Enumeration System (NPPES) registry and make necessary corrections to the data and then attest to the accuracy of the data
- Completed application with a current dated attestation
- Physician extenders practicing under a collaborative/supervising practitioner will be credentialed only if the collaborating/supervising practitioner is fully contracted and credentialed with THP.



THP Eligible Practitioner/Providers:

- Doctor of Medicine (MD)
- Doctor of Osteopathic Medicine (DO)
- Doctor of Podiatry (DPM)
- Doctor of Dental Surgery (DDS)
- Doctor of Chiropractic (DC)
- Audiologist (AUD)
- Certified nurse practitioner (CNP)
- Certified nurse midwife (CNM)
- Physician Assistant (PA)
- Independent physical therapist
- Optometrist (OD)
- Licensed psychologist
- Clinical licensed social worker (LICSW)
- Independent speech language pathologist
- Registered dietitian, diabetic educator, and nutritionist
- Licensed Professional Counselor (LPC)

THP Eligible Provider/Facilities THP:

- Ambulance provider
- Hearing Aid Dispensers
- Right From the Start (RFTS)
- Free Standing Imaging Facilities
- Ambulatory surgery centers (ASC) – must be accredited
- Dialysis Centers
- Federally qualified health centers (FQHC)*
- Rural health clinics (RHC)*
- Home health (HH)
- Infusion therapy providers – must be accredited
- Hospitals – must be accredited
 - Critical Access Hospitals
 - Long Term Acute Care Hospitals
- Outpatient physical therapy facilities
- Skilled nursing facilities (SNF)
- Behavioral health facilities – must be accredited
- Durable medical equipment (DME) – must be accredited and possess a surety bond; if applicable

THP requires credentialing of all independently licensed behavioral health practitioners including those practicing within a Licensed Behavioral Health Center (LBHC), Rural Health Clinic (RHC), and Federally Qualified Health Center (FQHC).

Ohio Ancillary Providers: Ancillary applications are located on the Ohio Department of Insurance's website. If the practitioner is unable to obtain these forms electronically, please contact the Provider Credentialing Team at 1.800.624.6961 and these forms will be sent to you via email or certified mail.



The agreement will not be executed by THP until the credentialing process has been completed and approved.

Notification of acceptance and or rejection will be sent within sixty (60) days of the credentialing decision. THP will complete the credentialing process within ninety (90) days of receipt of a complete application.

Provider Data Changes

Providers should submit the following data changes to THP no less than forty-five (45) calendar day in advance. THP's provider portal resource library at myplan.healthplan.org, contains the forms needed to make updates to the following:

- Practice updates i.e., moved or closed a location
- Provider updates i.e., name change
- Provider Terminations
- Remittance and/or Billing updates
- Submit completed form(s) to Provider Data Quality (PDQ) at pdq@healthplan.org.