TheHealthPlan

Chapter 12

Credentialing and Data Management

Credentialing

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

Practitioners wishing to provide services to THP Medicare Advantage members must enroll with CMS prior to rendering services.

Practitioners participating in THP's practitioner network must comply with all applicable federal, state, and/or local law, rules, regulations, and standards, including but not limited to licensure, certification, accreditation, and registration requirements. It is the practitioner's responsibility to ensure they meet all legal and regulatory requirements with which the practitioner must comply.

Failure to comply may result in corrective action by THP, including but not limited to contract termination, termination of other rights and/or privileges, and/or claim denials or recoupments. ,

THP follows an established process to credential practitioners. Information submitted to THP as part of the credentialing process is verified in accordance with the procedures listed below. Applicants and their practices are evaluated based on certification standards developed and approved by THP's Professional Review Committee (PRC). Credentialing and recredentialing are conducted in a fair and non-discriminatory manner. THP does not discriminate regarding network participation or reimbursement against any practitioner acting within the scope of their license or certification.

For Mountain Health Trust (MHT) practitioner credentialing, THP shall utilize the standard credentialing application form prescribed by the WV Offices of the Insurance Commissioner, in collaboration with The Council for Affordable Quality Healthcare (CAQH). THP may not require the practitioner to provide any information in addition to the information required by the standard form. This does not include requests for clarification, the completion of missing or incomplete information, or the submission of supporting documentation related to the information submitted on the credentialing application. Practitioner credentialing applications, renewals, documents and supporting materials submitted by practitioners must be submitted electronically.

Initial Credentialing

The initial credentialing process requires the completion of The Council for Affordable Quality Healthcare's (CAQH) online application and the completion of primary source verifications by THP, and if applicable, an onsite office site visit. Practitioners must authorize THP to access CAQH data to facilitate the credentialing process.

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 practitioner has joined an office location that has previously had a THP site visit completed:

- Primary Care Practitioner (PCP)
- Behavioral health practitioners
- High volume/high impact specialties

Recredentialing

THP recredentials practitioners according to the credentialing requirements 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 issues 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

Practitioners have the right to review information submitted in support of the credentialing/ recredentialing application. To request a review, please contact THP at 1.800.624.6961. Upon request, THP will provide a copy, sent by certified mail, of the credentialing application and primary source verification documents received during the most recent credentialing or recredentialing cycle. Practitioners will not have access to protected peer information, references, or recommendations as part of the review process.

Right to Correct Erroneous Information

Practitioners have the right to correct erroneous information. Omissions, inconsistencies, or erroneous information discovered during the primary source verification processes will require further investigation to determine if one (1) 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 pdq@healthplan.org.

If written response is not received within fifteen (15) calendar days, a credentialing representative will contact the practitioner 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 required information is received, the practitioner will be notified via email, fax, or telephone. THP will document receipt of the corrected information in the practitioner's credentialing or recredentialing file. The information along with the practitioner's explanation will be taken to the medical director and/or blinded and presented to the PRC. The committee will determine the following actions: acceptance, acceptance with restrictions, or rejection.

Right to be Informed of Credentialing Status

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

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

Practitioners may request their application status by contacting THP at 1.800.624.6961. A response will be provided via phone or e-mail with the 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:

- 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 Professional Review Committee
- Privileges at a THP participating hospital
- Board-certification 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 a fully executed group provider agreement
- Office site visit, as applicable
- Active and current state medical license(s) for each state(s) the practitioner practices
- Sufficient information concerning any malpractice history
- NPI number
    - CMS made it their goal to increase the accuracy of provider directories and is requesting that practitioners review their demographic information in the National Plan and Provider Enumeration System (NPPES) registry and make necessary corrections to the data and attest to the accuracy
- 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 Practitioners:

- 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 Facilities:

- Ambulance
- Hearing Aid Dispenser
- Right From the Start (RFTS)
- Free Standing Imaging
- Ambulatory Surgery Centers (ASC) – must be accredited
- Dialysis Center
- Federally Qualified Health Centers (FQHC)*
- Rural health clinic (RHC)*
- Home Health (HH)
- Infusion Therapy– must be accredited
- Hospital – must be accredited
    - Critical Access Hospital (CAH)
    - Long Term Acute Care Hospital (LTAC)
- Outpatient physical therapy
- Skilled Nursing facilities (SNF)
- Behavioral health*– must be accredited
- Durable Medical Equipment (DME) – must be accredited and possess a surety bond; if applicable

*THP requires credentialing of all independently licensed 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. Practitioners unable to obtain these forms electronically should contact THP at 1.800.624.6961 to request email or certified mail delivery.

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

Notification of acceptance and/or rejection of credentialing will be sent within thirty (30) calendar days of the credentialing decision.

Mountain Health Trust (WV Medicaid and CHIP): In accordance with WV Code §9-5-34, upon receipt of an practitioner's clean and complete initial credentialing or recredentialing application, THP shall make a determination within sixty (60) calendars days. THP may request a one-time extension of up to thirty (30) calendar days deemed a substantive quality or safety concern in the course of credentialing/recredentialing that requires further investigation. Extension justification must be submitted and approved by the WV Bureau for Medical Services, with notice issued to the practitioner that such extension is also warranted.

Practitioner Data Changes

Practitioners should submit the following data changes to THP no less than forty-five (45) calendars 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 e.g., change of location or location closure
- Practitioner Demographic Change e.g., name change
- Practitioner Terminations
- Remittance (Pay to) Address

Submit completed form(s) to Provider Data Quality (PDQ) at pdq@healthplan.org.