



CORPORATE POLICY & PROCEDURE

	Policy Name: CR6 - Initial Credentialing Process
Department: Credentialing	Policy Number: CR6
Version: 7	Creation Date: 10/24/1996
Revised Date: 6/18/19, 10/31/19, 6/10/21, 2/9/22	
Line of Business: <input type="checkbox"/> All	
<input checked="" type="checkbox"/> Umpqua Health Alliance	<input type="checkbox"/> Umpqua Health Management
<input type="checkbox"/> Umpqua Health - Newton Creek	<input checked="" type="checkbox"/> Umpqua Health Network
Approved By: F. Douglas Carr, MD (Chief Medical Officer)	Date: 03/04/2022
Approved By: Credentialing Committee	Date: 03/04/2022

POLICY STATEMENT

Umpqua Health Alliance (UHA) through Umpqua Health Network (UHN) shall, in accordance with Oregon Administrative Rule (OAR) 410-141-3510, and in accordance with Coordinated Care Organization (CCO) Contract require all providers to complete initial credentialing prior to participation pursuant to Patient Protection and Affordable Care Act (PPACA) Section 6402, 42 Code of Federal Regulation (CFR) §§ 438.214, 455.400 through 455.470 (excluding § 455.460). This process includes completion of the initial Oregon Practitioner Credentialing Application (OPCA), primary sources verification of specific elements as delineated in this policy, followed by review and decision by the Credentialing Committee (CR5 - Credentialing Committee).

PURPOSE

To provide a procedure for the Credentialing Department and Credentialing Committee to collect evidence of credentials, screen the credentials, report credentialed information of participating providers including acute, primary, dental, behavioral, substance use disorders, long term services and supports (LTSS), telemedicine providers and facilities used to deliver covered services. This process helps lead to early detection of incomplete/lack of education or training in practitioner’s scope of stated practice.

RESPONSIBILITY

Credentialing Department
 Credentialing Committee

DEFINITIONS

Curriculum Vitae (CV): Overview of a provider’s education, qualifications, and previous experience.

National Committee for Quality Assurance (NCQA): An independent nonprofit organization that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.

National Practitioner Data Bank (NPDB): A database of confidential information created by Congress and run by the U.S. Department of Health and Human Services (HHS). The information provided allows qualified organizations to run a query on a provider applying for



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network participation. The query will provide insight into but not limited to the following: adverse action, sanctions, and previous performance issues.

Primary Source Verification: Verification of credentialing information directly from the entity (e.g., state licensing board) that conferred or issued the original credential.

PROCEDURES

Credentialing of a Provider

1. The Provider Network Department protocol is to inform the provider that, if they are new medical professionals in their first area of practice, they will follow the direction of obtaining the proper DMAP and Medicare numbers in order to proceed with the credentialing process.
2. A current Oregon Practitioner Credentialing Application (OPCA) must be fully completed and accompanied by supporting documentation provided by the provider requesting network participation prior to initiating the credentialing process.
 - a. A signed attestation must accompany the OPCA.
 - b. A signed Authorization and Release of Information must accompany the OPCA.
 - i. The Authorization and Release of Information form allows UHN to conduct its primary source verification.
3. Applicant must include a current copy of the provider's CV with the OPCA.
4. UHN will obtain a signed authorization from applicant to conduct a criminal background check.
5. Primary source verification, as followed in CR3, Element A of the NCQA guidelines, is completed by the Credentialing Department and may be written, electronic or oral. Oral verification requires a dated signed note in the credentialing file by the staff completing the verification. The notation must state who verified the item and how it was verified.
6. UHN shall maintain records documenting academic credentials, training received, licenses or certifications of staff and facilities used, and reports from the NPDB (CR4 - Oversight of Credentialing Files).
7. Primary Source Verification elements must be verified within 180 days prior to the Credentialing Committee's decision.
8. UHA shall apply the same credentialing and enrollment criteria required of providers enrolling with OHA as Fee for Service Providers.
9. Telemedicine provider requirements shall be consistent with policies PN13 and PN14
10. The following items will be verified by primary sources unless otherwise noted:
 - a. Provider information.
 - b. Specialty information.
 - c. Board certification, *if applicable*.
 - i. Board certification is currently not required by UHA.



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1. If a provider indicates certification is held, documentation must be submitted with the OPCA and verified by the appropriate medical board.
 2. A query will be conducted in the National Practitioner Databank (NPDB) on the provider to confirm the absence of sanctions or limitations on licensure from the appropriate licensing board.
- d. Other certifications held, *if applicable*.
- e. Call coverage arrangement for the provider.
- i. If a provider indicates there is call coverage, documentation must be submitted with the OPCA.
- f. Education (e.g. undergraduate, graduate, *if applicable*, medical/professional, residencies, fellowships, preceptorships, or other clinical training programs, *if applicable*).
- i. The provider must complete his/her graduation from accredited medical school. Successful completion of an accredited residency program is the minimum requirement for all physician applicants. Residency must be verified and applicable to their specialty if provider is not board certified.
 1. For physicians who are not board certified, a primary source verification of the highest level of education in the following areas will be completed:
 - a. Residency training program.
 - b. Fellowship training program.
 - c. Educational Commission for Foreign Medical Graduates (ECFMG) must be verified for foreign graduates.
 2. For non-physicians:
 - a. Graduate education.
 - b. Accredited medical education.
 - c. Clinical training.
- g. Postgraduate/internship, *if applicable*.
- h. Any Oregon State licenses, registrations and/or certificates held.
- i. State licenses will be verified through the Oregon State Medical Board of licensing or applicable license/certificate issuer.
 1. Provider will hold a current and unrestricted Oregon license or certification to practice within the acceptable “Scope of Practice” rules in Oregon.
 2. If a provider is not required to be licensed or certified by a State of Oregon board or licensing agency, then the provider will be credentialed as outlined in CR16 - Non-Licensed Provider Credentialing and Re-Credentialing Process:



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- a. Applicant must meet the definition for either:
 - i. Traditional Health Worker or
 - ii. QMHA or QMHP.
- b. Must not be permitted to provide services without the supervision of a licensed medical practitioner.
- 3. If programs or facilities are not required to be licensed or certified by a State of Oregon board or licensing agency, then UHN will obtain documentation from the program or facility that demonstrates accreditation by a nationally recognized organization recognized by the OHA for the services provided (e.g. Council on Accredited Rehabilitation Facilities (CARF), or The Joint Commission (TJC) where such accreditation is required by OHA rule to provide the specific service or program.
- 4. UHN will not refer UHA members to or use providers who do not have a valid license or certification required by applicable law.
 - a. If UHN knows or has reason to know that a provider’s license or certification is expired, has not been renewed, or is subject to sanction or administrative action, UHN must report such finding to UHA so that OHA is notified immediately through Administrative Notice of such circumstances.
 - ii. Federal Drug Enforcement Agency (DEA) certificate must be current and unrestricted, or a provider may hold a Controlled Dangerous Substances (CDS) certificate. Current copy of certificate must be included with OPCA. UHN will allow a verification print out from the DEA website if one is not submitted with the OPCA.
 - 1. Providers with pending DEA or CDS certificates may be approved. However, documentation including a copy of the provider Oregon State Medical License and DEA certification from the covering provider who will be writing the prescriptions is required, until the certificate is approved.
 - 2. Absence of physical, mental health or substance abuse problems that currently interfere with the ability to safely and competently practice with or without accommodation.
 - i. Absence of suspension or probation from professional medical societies or hospital privileges. In addition, the absence of valid justification of Medicare or Medicaid sanctions verified through the NPDB, the Office of Inspector General (OIG) and System for Award Management (SAM).



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- j. The NPDB is queried for every provider. All adverse information reported will be evaluated by the Credentialing Committee.
- k. Prior and current hospital affiliations, if applicable, must be in good standing at the facility(s) designated by the provider. If the provider does not have hospital clinical privileges, they must have a formalized inpatient coverage arrangement with another credentialed provider, or a hospital admit plan on file. If UHN has no admit plan on file one will be requested.
- l. Professional Practice or Work History must include a minimum of five (5) years employment history, if applicable, through the provider's OPCA.
 - i. Any lapses of more than two (2) months require an explanation from the provider either submitted on the OPCA or on a separate sheet of paper.
 - ii. A Curriculum Vitae (CV) will not be considered a sufficient substitution.
- m. Three (3) peer references must be provided.
 - i. Must include a peer with recent observation or is directly familiar with the provider's clinical skills and current competence.
 - ii. Relatives listed as a peer reference will not be accepted.
- n. Provider must maintain a log of Continuing Medical Education (CME).
 - i. Provider must submit a current CME log upon UHN's request.
- o. UHN requires current professional liability insurance coverage be held at a minimum of \$1 million per occurrence and \$3 million aggregate.
 - i. UHN will accept a professional liability coverage face sheet indicating the insurance effective date and expiration date.
 - 1. If face sheet comes directly from carrier, no verification is required.
 - ii. Federal Tort Letter as an addendum to the application, must indicate the insurance effective date and expiration date (the future effective date is acceptable).
 - iii. Malpractice history must not contain a pattern of excessive suits over a five (5) year period based on incident date.
 - 1. This will be verified through the NPDB or the malpractice insurance carrier.
 - 2. If there is claims history information on current or previous malpractice coverage derived from the NPDB or malpractice insurance carrier, the provider is required to submit relevant documentation pertaining to those claims with the OPCA to complete the credentialing process.
 - a. All malpractice claim history will be submitted to the Credentialing Committee for review.



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- b. If the claim history is deemed acceptable, the credentialing process will continue.
 - c. If deemed not acceptable, the Credentialing Committee will determine the most suitable way to analyze and review claims history before OPCA is accepted or denied.
 - p. UHN requires each provider to have a unique provider identification number (NPI) that is verified through National Plan and Provider Enumeration System (NPES).
 - i. NPI and taxonomy codes are reported to OHA in its DSN Provider Capacity Report (as required under Ex. G of this Contract) for purposes of Encounter Data submission, prior to submitting encounter data in connection with services by the provider and that complies with 42 U.S. Code (USC) 2320d-2(b).
 - q. Proof of enrollment as a Medicaid provider with the OHA.
 - i. UHA may execute provisional provider contracts pending the outcome of screening and enrollment with OHA, for no longer than 120 days. UHA will terminate the contract immediately if notified by OHA that the provider is precluded from being enrolled as a Medicaid Provider. Notwithstanding the foregoing, UHA may not execute provisional provider contracts with moderate or high-risk providers who are required to undergo fingerprint-based background checks until the provider has been approved for Enrollment by OHA.
 - 1. For providers or provider types designated by OHA as “moderate or “high-risk,” UHA, will not execute any contract with such providers unless the provider has been approved for enrollment by OHA. UHN will verify OHA’s Provider Enrollment files to confirm a provider’s enrollment with OHA.
<https://www.oregon.gov/oha/HSD/OHP/Pages/Plan-Tools.aspx>
 - 2. OHA is responsible for performing site visits for such “moderate” or “high” risk providers and for ensuring that such “high” risk providers have undergone a fingerprint-based background check.
 - 3. For a provider who is actively enrolled in Medicare and has undergone a fingerprint-based background check as part of Medicare enrollment, OHA deems this will be deemed to satisfy the provider to have satisfied the same background check requirement for OHA Provider Enrollment.
 - ii. UHN will not refer UHA members to or use providers who have been terminated from OHA or excluded as Medicare, CHIP, or Medicaid providers by CMS or who are subject to exclusion for any lawful



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conviction by a court for which the provider could be excluded under 42 CFR §§ 1001.101 or 455.3(b). UHN will not employ or contract with providers excluded from participation in Federal health care programs under 42 CFR § 438.214(d).

Required Documentation

1. Current CV.
2. Oregon State professional licenses/certifications.
3. DEA certificate, *if applicable*.
 - a. Must state current Oregon practice address.
 - i. If DEA certificate does not state a current practice address, verification a change of address request has been submitted will be confirmed.
 - ii. Upon receipt of update DEA, the provider must submit a copy to the Credentialing Department.
4. Board certification, *if applicable*.
5. Professional degree(s) or training program(s) certificate of completion.
6. Diploma or certification where medical school was completed in a foreign country, *if applicable*.
7. Professional liability insurance certificate.
 - a. Must provide proof of professional liability for the previous (5) five years.
 - b. Any history of claims made against professional liability, *if applicable*.
8. Hospital admit plan.
 - a. Must be included if provider does not have admitting privileges at a local facility.
9. Signed Seclusion and Restraint Attestation of QI01- Freedom of Seclusion and Restraint policy review, *if applicable*.
10. UHA Practitioner Questionnaire. Data provided in the questionnaire is used to aid members in selecting a health care provider. The questionnaire is not used to make credentialing decisions.
11. Provider must specifically address:
 - a. Reasons for any inability to perform the essential functions of the position with or without accommodation.
 - b. Lack of present illegal drug use.
 - c. History of loss of license and/or felony convictions.
 - d. History of loss or limitations of privileges or disciplinary activity.
 - e. Any gaps greater than 2 months in professional history.

Provider Notification

1. Upon completion of the credentialing process and decision from the Credentialing Committee, the provider will be notified in writing of approval and or denial via mail,



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secured email, or fax within (10) ten business days of the Credentialing Committee decision.

- a. Once UHN’s Credentialing Committee has reviewed/approved a provider, he or she is re-credentialed at least every three (3) years (not to exceed 36 months to the day). The re-credentialing form shall include all information necessary to update and re-evaluate the qualifications of the provider (OAR 410-141-3510) and CR11 – Re-Credentialing Procedure or CR16 – Non-Licensed Provider Credentialing and Re-Credentialing).

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Credentialing	NA	NA	NA	NA