



CORPORATE POLICY & PROCEDURE

	Policy Name: Re-Credentialing Procedure
Department: Credentialing	Policy Number: CR11
Version: 7	Creation Date: 10/24/1996
Revised Date: 5/23/19, 11/1/19, 6/10/21, 2/17/22	Review Date:
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	
Signature:	
DocuSigned by: <i>Douglas Carr, M.D.</i>	3/7/2022
Approved By: F. Douglas Carr, M.D., Chief Medical Officer	Date: 3/4/2022
Approved By: Credentialing Committee	Date: 3/4/2022

POLICY STATEMENT

Umpqua Health Alliance (UHA) through Umpqua Health Network's (UHN) Credentialing Committee is committed to timely processing of providers reapplying for network participation. In order to meet contractual and State and Federal regulations UHN re-credentials its providers at least every three (3) years (not to exceed 36 months to the day) in accordance with Oregon Administrative Rule (OAR) 410-141-3510 and the Coordinated Care Organization (CCO) Contract.

PURPOSE

The purpose of this policy is to outline the procedure UHN utilizes to re-credential a participating provider, including acute, primary, dental, behavioral, substance use disorders, long term services and supports (LTSS), telemedicine providers and facilities used to deliver covered services who are currently enrolled through UHN and have been deemed eligible to reapply.

RESPONSIBILITY

Credentialing Department
 Credentialing Committee

DEFINITIONS

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

National Practitioner Data Bank (NPDB): A database of confidential information created by Congress and run by the U.S. Department of HHS. The information provided allows qualified organizations to run a query on a provider applying for network participation. The query will provide insight into but not limited to the following: adverse action, sanctions, and previous performance issues.

Primary Source: The entity that originally conferred or issued a credential.

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



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Re-Credential: The process of reviewing and verifying a provider credentials still meets UHN's credentialing criteria.

Sanctions: Action taken against a provider in cases of fraud, waste, abuse, or violation of contractual requirements.

PROCEDURES

Required Documentation

1. The re-credentialing application shall include all information necessary to update and re-evaluate the qualifications of the provider.
 - a. A provider must submit a completed current Oregon Practitioner Re-Credentialing Application (OPRA).
 - b. Current documentation qualifying the provider to the appropriate scope of practice must accompany the application:
 - i. Current Curriculum Vitae (CV).
 - ii. Oregon State professional licenses.
 - iii. Current unrestricted Federal Drug Enforcement Agency (DEA) certificate, *if applicable*.
 - iv. Current professional liability insurance certificate.
 - v. Current hospital admit plan.
 1. Must be included if provider does not have admitting privileges at a local facility.
 - vi. Continuing Medical Education (CME).
 1. Must include recent two (2) years of completed CME certifications.
 - c. Provide evidence of completing annual cultural competency continuing education. .
2. Signed and dated OPRA attestation page.
3. Signed and dated OPRA's Authorization and Release of Information page.
4. Signed Seclusion and Restraint Attestation and policy, *if applicable*.
5. Provider must specifically address:
 - a. Any yes response to OPRA attestation questions.
 - b. Reasons for any inability to perform the essential functions of the position with or without accommodation.
 - c. Any present illegal drug use.
 - d. History of loss of license and/or felony convictions.
 - e. History of loss or limitations of privileges or disciplinary activity.
 - f. Correctness and completeness of the application.
 - g. Any claims against the provider's malpractice insurance, *if any*.



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Primary Source Verification

1. Is completed by qualified UHN staff or its delegate, and may be written, electronic, or oral.
2. Oral verification requires a dated, signed note in the credentialing file stating who verified the item, and how it was verified.
3. Elements must be verified within 180 days prior to the Credentialing Committee's decision.
4. The following databases are queried, all adverse information reported, *if any*, will be evaluated:
 - a. NPDB;
 - b. Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE);
 - c. System for Award Management (SAM); and
 - d. Oregon Licensing Boards.
5. The following items will be verified by primary sources unless so noted:
 - a. All current State licenses, registrations and/or certificates held in any state verified, current and unrestricted;
 - i. State licenses will be verified through the state licensing boards of the state licensed in.
 1. UHN will not refer members to or use providers who do not have a valid license or certification required by applicable law.
 2. 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 Oregon Health Authority (OHA) is notified immediately through Administrative Notice of such circumstances.
 - ii. If a provider (whether employees or subcontractors) are not required to be licensed or certified by a State of Oregon board or licensing agency, UHN shall document, certify, and report in the Delivery System Network (DSN) Provider Report required under Exhibit G of the CCO Contract, the date of the provider's education, experience, competence, and supervision are adequate to permit performance of such provider's specific assigned duties.
 1. If a provider is not required to be licensed or certified by a State of Oregon board or licensing agency the applicant must meet requirements, qualification and competencies required for re-credentialing outlined in CR19 – Traditional Health Worker Requirements or CR20 – Non-Licensed Provider Qualifications and Competencies and complete the re-credentialing process outlined in CR16 - Non-Licensed Provider Credentialing and Re- Credentialing Process.



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- a. Applicant must meet the definition for either Traditional Health Worker QMHA or QMHP.
2. 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.
- b. Clinical privileges in good standing at the facility(s) designated by the provider as the primary admitting facility, *if applicable*.
- c. 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.
 - i. If UHN has no admit plan on file, one will be requested.
- d. Malpractice insurance.
 - i. Current malpractice coverage must be at a minimum of \$1 million per occurrence and \$3 million aggregate.
 - ii. A certificate of insurance face sheet provided directly from the insurance carrier requires no verification.
 - iii. Federal Tort letter indicating the insurance effective and expiration dates (the future effective date is acceptable).
- e. Malpractice history.
 - i. There can be no pattern of excessive suits over a five (5) year period based on incident date.
 - ii. Is verified through the NPDB or the malpractice company.
 1. If NPDB query or claims history provided by the insurance carrier shows malpractice history, the provider must submit relevant documentation with the OPRA. The provider's OPRA will not proceed through the re-credentialing process until required documentation is submitted to the Credentialing Department.
 - a. All case histories will be submitted to the Credentialing Committee for review.
 - b. If history is deemed acceptable, the credentialing process will continue.
 - c. If history is deemed not acceptable, the committee will determine the most suitable way to analyze and review claims history before the OPRA is accepted or rejected.
- f. Federal Drug Enforcement Agency (DEA) certificate must be current and unrestricted or a provider may hold a Controlled Dangerous Substances (CDS)



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certificate. Current copy of certificate must be included with the OPRA, UHN will allow a verification print out form the DEA website if one is not submitted with the OPRA.

- g. 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).
 - i. 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 Centers for Medicare and Medicaid Services (CMS) or who are subject to exclusion for any lawful conviction by a court for which the provider could be excluded under 42 Code of Federal Regulation (CFR) §§ 1001,101 or 455.3(b).
 - ii. UHN will not employ or contract with providers excluded from participation in Federal health care programs under 42 CFR § 438, 214(d).
- i. Board Certification.
 - i. If a provider indicates board certification not previously submitted during the initial credentialing process, it will be verified.
 - ii. Board certification is not required.
- j. Call coverage arrangement for the provider.
 - i. If a provider indicates there is call coverage, documentation must be submitted with the OPRA.
- k. If UHA or UHN knows of or has reason to know that a provider has been convicted of a felony or misdemeanor related to a crime, or violation of Federal or State laws under Medicare, Medicaid, or Title XIX (including a plea of “nolo contendere”), UHN will notify UHA who will immediately provide such information to OHA via Administrative Notice.

Provider Notification

1. Upon completion of the re-credentialing process and decision from the Credentialing Committee, the provider will be notified in writing of approval and or denial via mail, email, or fax within (10) ten business days of the Credentialing Committee decision.
 - a. Once UHN’s Credentialing Committee has reviewed/approved a provider, the provider will be invited to re-credential again in three (3) years (not to exceed 36 months).
2. Telemedicine provider requirements regarding licensing and provider billing and requirements shall be consistent with policy PN13 – Telehealth/Telemedicine.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Credentialing	N/A	N/A	N/A	N/A