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| Binder: | <u>Credentialings Committee</u> | | |
| Policy Number | | | |
| & Title: | <u>QM.CRD.16 Practitioner Initial Credentialing</u> | | |
| | | Original | |
| Author: | <u>Edward A. Hirsch, M.D.</u> | Date: | <u>5/27/98</u> |
| | | Revision | |
| Replaces: | <u>Physician Initial Credentialing</u> | Date(s): | <u>6/18/99, 5/24/00, 2/16/01, 4/26/02, 10/18/02, 4/4/03, 4/28/05; 8/25/05.....</u> |
| Approval: | | Title: | Chief Medical Director |
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POLICY

OSF HealthPlans (OSFHP) will use the credentialing process to make decisions regarding a practitioner’s participation in the Network. A “practitioner” is defined as a:

- Physician (M.D., D.O)
- Podiatrist (D.P.M.)
- Dentist/Oral Surgeon (D.D.S., D.M.D.) *providing services under the medical benefit*
- Optometrist (O.D.)
- Advanced Practice Nurse (APN)
- Physician Assistant,(P.A.)
- Psychologist (Ph.D, Psy.D.)
- Audiologist (M.A. or M.S)
- Speech-Language Pathologists (M.A. or M.S.)
- Social Worker
- Chiropractor (D.C.)
- Physical Therapist (P.T.)
- Occupational Therapist (O.T.)
- Counselor (L.C.P.C. or L.P.C.)

PURPOSE

To ensure that practitioners whose practices reflect commitment to high quality, cost-efficient medical care are selected for the Network.

PROCEDURE

1. OSF HealthPlans will require, at a minimum, the following be provided by the practitioner applying for participation:
 - A. Completed State of Illinois Health Care Professional Credentialing and Business Data Gathering Form and all required attachments (all sections of the form must be completed)

- i. Statement regarding reasons for any inability to perform the essential functions of the position, with or without accommodation
 - ii. Statement of lack of illegal drug use
 - iii. Statement of history of loss of license and felony convictions
 - iv. Statement of history of loss or limitation of privileges or disciplinary activity
 - v. Statement of professional liability claims history
 - vi. A minimum 5 year work history. If there are any gaps of 6-12 months, the Credentialing Specialist may obtain clarification via telephone with appropriate documentation, or in writing. For gaps of 1 year or more, must be clarified in writing.
- B. Completed OSFHP Attestation Form
- C. Completed OSFHP Release of Information Form
- D. Copy of appropriate credentials:
- i. Current professional license to practice in the State of their practice. *NOTE:* ODs are required to have a therapeutic level license to contract with OSFHP (TPA and DPA certified)
 - ii. Current Federal DEA certificate (if applicable)
 - iii. Current Controlled Substance License in the State of their practice (if applicable)
 - iv. Current professional liability insurance face sheet with effective date, expiration date and amount displayed per occurrence and in aggregate (minimum coverage \$1million/3million)
 - v. Current W-9 Form
 - vi. ECFMG Certificate (if applicable)
 - vii. Professional school verification , residency verification , fellowship verification , and board verification (as applicable) *Note:* OSFHP requires physicians to successfully complete clinical training in a residency and/or fellowship program in the same specialty he/she practices.
2. OSF HealthPlans will verify/conduct the following:
- A. Board certification (if applicable). Source: CertiFacts On-line Verification Program or the AOA Official Profile Report.
 - B. Residency and/or Fellowship if not board certified in specialty or sub-specialty (if applicable). Source: Residency or Fellowship training program.
 - C. Highest level of education if practitioner did not complete a Residency. Source: Educational Institution
 - D. Hospital privileges (if applicable). Source: Hospital Medical Staff Office or a hospital maintained verification website.
 - E. State licensure. If disciplinary action is discovered which has occurred within the recommended review time limits, the practitioner will be contacted and asked to furnish copies of the disciplinary report, corrective action plan, and letter from the IDPR confirming acceptance of the corrective action plan. Source for license verification: Illinois Department of Professional Regulation's License Look-Up web site.
 - F. Successful office site evaluation prior to credentialing (PCPs and OB/GYNs).
 - G. National Practitioner Data Bank (NPDB)/ Healthcare Integrity and Protection Data Bank (HIPDB) query. *NOTE:* If the query is not favorable, the practitioner will be reviewed according to the *Use of Practitioner Case Reviewers* policy (QM.CRD.25).
 - H. Medicare Opt-Out list and the Medicare/Medicaid Sanctions lists within 6 months prior to the credentialing date.

3. Upon Completion of Above:

- A. The Credentials Specialist will submit the practitioner's credentialing file to the Credentialing Committee for review.
- B. The Credentials Committee will make the final decision based on the information provided. Denials of initial applications are not appealable, therefore, NPDB reporting is not required.
- C. The practitioner will be notified of the Credentials Committee's decision within 60 calendar days of the committee's decision.

NOTE: Credentialing Specialist will communicate with the practitioner if the application is incomplete. All credentialing records are confidential and shall be maintained according to the Confidentiality Policy.