



Binder:	<u>Credentialing Committee</u>		
Policy Number			
& Title:	<u>QM.CRD.17 Practitioner Recredentialing</u>		
		Original	
Author:	<u>Edward Hirsch, MD</u>	Date:	<u>7/22/98</u>
		Revision	
Replaces:	<u>Physician/Appointment</u>	Date(s):	<u>7/28/99, 5/24/00, 2/16/01, 2/8/02, 10/18/02, 4/4/03, 7/23/03 4/28/05; 8/25/05, 3/15/06,3/08</u>
Approval:	<i>Rafael P. Delacruz</i> M.D.	Title:	VP & Chief Medical Officer

POLICY

OSF HealthPlans will use the recredentialing process to make decisions regarding a practitioner's continued participation in the OSF HealthPlans Network. The recredentialing process will be conducted in accordance with the timelines mandated by the Illinois Health Care Professional Credentials Data Collection Act [410 ILCS 517] for physicians, and within 36 months of last credentialing for all other practitioners. Note: all references to “days” are expressly defined as Calendar Days.

PURPOSE

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

PROCEDURE

1. OSF HealthPlans will require, at a minimum, evidence of the following be provided by the practitioner applicants:
 - A. Completed State of Illinois Health Care Professional Recredentialing 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
 - B. Completed OSFHP Attestation Form validating the correctness and completeness of the application.
 - C. Completed OSFHP Release of Information Form

- D. Copy of appropriate credentials:
- i. Current unrestricted and unencumbered professional license to practice in the State of their practice. *NOTE:* ODs are required to have a therapeutic level license to contract with OSFHP
 - ii. Current Federal DEA certificate (if applicable) (TPA and DPA certified.)
 - iii. Current unrestricted and unencumbered 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 (if TIN has changed since last credentialing instance).
 - vi. New/renewed Board Certification.
2. OSF HealthPlans will verify/conduct the following:
- A. Board certification (if applicable). Source: Certifacts On-Line Verification Program, AOA Official Profile Report, Royal College of Physicians and Surgeons (for Canadian boards), ABOMS (oral surgeons), American Board of Pain Medicine, or applicable podiatric board.
 - B. Hospital privileges (if applicable). Source: Hospital Medical Staff Office or Hospital maintained verification website..
 - C. State licensure. If disciplinary action is discovered which has occurred within the recommended review time limits, the practitioner will be reviewed according to the Ongoing Monitoring of Sanctions and Complaints policy (QM.CRD.15). Source: Illinois Department of Professional Regulation's License Look-Up web site.
 - D. 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).
 - E. Verification of the Medicare Opt-out and the Medicare/Medicaid sanctions lists will be conducted within 6 months prior to the recredentialing date.
3. The following additional items will be collected and/or reviewed on practitioners at the time of recredentialing:
- A. Member Complaints as reported on a quarterly basis to the Credentialing Committee (see policy QM.CRD.15 – Ongoing Monitoring of Sanctions and Complaints).
 - B. Information from Quality Improvement Activities (PCPs and Specialists). The Credentialing Specialist will mark the file for specific committee review only if the physician is non-compliant in the measure and has another issue to be reviewed (i.e. a member complaint, malpractice case, etc.).
4. Upon Completion of Above:
- A. The Credentialing Specialist will submit the practitioner's recredentialing file to the Credentialing Committee for review within 180 days of the date the application was signed by the provider
 - B. The Credentialing Committee will make the final decision based on the information provided.
 - C. The practitioner will be notified of the Credentialing 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.