



<b>Binder:</b>	<b>Credentialing</b>
<b>Policy</b>	
<b>No./Title:</b>	<b>QM.CRD.31 Clean File Criteria</b>
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<b>Credentialing Specialist II</b>	<b>Original</b>
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<b>Approval:</b>	<i>Rafael P. Delacruz M.D.</i>
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## POLICY

It is the purpose of this policy to show what is reviewed on an Illinois Health Care Professional Credentialing and Business Data Gathering Form and all required attachments to determine if a provider file is Clean or With No Issues, and how it is handled by the Credentialing Specialist.

## PURPOSE

To outline the process of a file submitted for either Initial Credentialing or Recredentialing that is determined by Credentialing Specialist to be Clean or A File With No Issues.

## PROCEDURE

1. Completed application received.
2. No "YES" answers to pages 19,20,21 for Initial Application
3. No "YES" answers to pages 12,13,14 for Recred. Application  
This is the area of the application that would require the provider to tell
  - A. Adverse or Other Actions
  - B. Professional Liability Actions
  - C. Liability Insurance
  - D. Criminal Actions
  - E. Medical Condition
  - F. Chemical Substances or Alcohol Abuse
  - G. Investments
4. Clean NPDB report or nothing reported in passed 3 years since provider had Been previously credentialed
5. No gap in work history of 1 year or more.
6. Clean State of Illinois license check on the <http://www.idfpr.com/dpr/licenselookup/default.asp> website.
7. OIG website verified and nothing found <http://exclusions.oig.hhs.gov/search.aspx>

8. Verified hospital privileges received and accurate.
9. Residency and/or Fellowship verified if not Board Certified.
10. Highest level of education verified if no residency.

When file is reviewed and all information provided is verified with no issues in any of the above stated areas, the file is said to be CLEAN or With No Issues. It is placed in CM APPROVE category and set with the next scheduled credentialing committee date. The committee reviews the list of CLEAN or With No Issue files as a group and they are then voted on to “approve all”. This approval is documented in that months Credentialing Committee Minutes. Once the minutes are reviewed by Associate Medical Director they are signed and dated and presented for approval at the next months Credentialing Committee meeting. The completed copy of the minutes are kept in a binder with all information that was reviewed at that months meeting.