

Chapter 11

Credentialing





Credentialing

The Health Plan (THP) is National Committee for Quality Assurance (NCQA) accredited and is required to comply with NCQA standards. In addition, THP is required to comply with the states of West Virginia and Ohio, West Virginia Mountain Health Trust (MHT) and Centers for Medicare and Medicaid Services (CMS) credentialing guidelines. For practitioners to provide services to THP MHT members they must enroll with Medicaid Management Information System (MMIS), the state of West Virginia's fiscal agent, prior to providing service(s).

THP requires providers to comply with the requirements of all applicable federal, state, and/or local law, rules, regulations, and standards, including but not limited to licensure, certification, accreditation, and/or registration requirements. It is the provider's responsibility to determine the legal requirements with which the provider must comply. THP reserves the right to take any action it deems appropriate, including but not limited to termination of a provider's contract, termination of other rights and/or privileges for a provider, denial of claims submitted by a provider, and/or recouping payments previously made to a provider, for a provider's failure to comply with applicable law, rules, regulations, and standards.

An established process is followed to credential practitioners. Information submitted to THP as part of the credentialing process is verified as outlined below. Applicants and their practices are reviewed using certification standards developed and approved by THP's practitioner committee. THP's credentialing and recredentialing is conducted in a nondiscriminatory manner. THP does not discriminate regarding network participation or reimbursement against any practitioner who is acting within the scope of their license or certification.

Initial Credentialing

- The initial credentialing process includes completion of The Council for Affordable Quality Healthcare's (CAQH) online application with primary source verifications, and if applicable, an onsite office site survey. Physicians and Practitioners must authorize THP to access data.
- Primary source verification of (but not limited to):
 - Active Licensure in state where services are provided
 - Clinical Privileges at a participating THP hospital
 - Active DEA in the state where services are provided
 - Five-year work history
 - National Practitioner Data Bank (NPDB)
 - Board certification(s)
 - Medical education and training
- An on-site office site survey will be completed on the following provider types who service THP Commercial and/or MHT members (unless the provider has joined an office that has previously completed a THP site survey):
 - Primary Care Practitioners (PCP)
 - Obstetrics/Gynecology (OB/GYN)
 - Durable medical equipment (DME) (if they are not enrolled with Medicare)
 - Behavioral health providers
 - High volume/high impact specialties



Recredentialing

THP recredentials practitioners according to the guidelines set forth by NCQA, the states of West Virginia and Ohio, West Virginia Mountain Health Trust (MHT) and CMS. THP also reviews quality of care and member complaints at the time of recredentialing. Practitioners are credentialed at least every 36 months.

Practitioner's Credentialing and Recredentialing Rights

Right to Review Credentialing/Recredentialing Information

The practitioner has the right to review information submitted in support of the credentialing/recredentialing application. If you wish to review the information, please call THP Credentialing Department at 1.740.699.6279. Within 30 days of the request, THP will send, by certified mail, a copy of the credentialing application and primary source verification documents received during the most recent credentialing/recredentialing cycle. The practitioner will not have access to protected peer information, references, or recommendations.

Right to Correct Erroneous Information

The practitioner can correct erroneous information. Any omissions, inconsistencies, or erroneous information that is discovered during primary source verification processes will require further investigation to determine if one or more of the following actions is needed:

- Submit to THP Medical Director for review
- Request additional information, in writing, from the practitioner. Corrections can be submitted to pdq@healthplan.org.

If no written response is received within 15 calendar days, a credentialing representative will contact the office via email or phone. If no response is received after the additional 15 days, the file will become inactive, and the practitioner will be notified by letter.

Once all information is received, the practitioner will be notified via email, fax, or telephone. THP documents receipt of corrected information in the practitioner's credentialing/recredentialing file. The information will be taken to the medical director and/or blinded and taken to the Credentials Committee, along with the explanation from the practitioner, for the committee's acceptance, acceptance with restrictions, or rejection.

Right to be Informed of Credentialing Status

The practitioner can, upon request, be informed of the status of their credentialing or recredentialing application. The information that will be afforded to the practitioner includes one of the following:

- Application is still in process
- Application is pending to the Credentials Committee
- In review by THP's medical director

The practitioner may request status by contacting THP credentialing department at 1.740.699.6279 or via e-mail to pdq@healthplan.org. The practitioner will be contacted by phone or e-mail with the response to their request for application status within five business days of request.



Standards for Participation

To become a THP participating provider, a practitioner must meet the standards of participation as developed by THP. Practitioners cannot provide medical care to our members until they are fully credentialed.

A practitioner must have the following credentials:

- Drug Enforcement Administration (DEA) registration number if the scope of practice would warrant the practitioner to have a DEA
- Professional liability – minimum amount of \$1 million, any amount below minimum will be reviewed by the Credentials Committee
- Admitting privileges at a participating hospital
- Clear report from the National Practitioner Data Bank
- Board-certified or board eligible. If not board-certified or board-eligible, the practitioner must demonstrate appropriate training for specialty listed
- Signed and dated agreement
- Office site survey for primary care practitioners (PCP), OB/GYN, DME providers, and those providers designated by the plan as a high-volume/high impact specialist who provides service to WV Mountain Health Trust members.
- Proof of current medical license(s)
- Sufficient information concerning any malpractice actions
- NPI number
 - The Centers for Medicare and Medicaid (CMS) has made it their goal to increase the accuracy of provider directories and is requesting that providers review their demographic information in the National Plan and Provider Enumeration System (NPPES) registry and make necessary corrections to the data and then attest to the accuracy of the data
- Completed application with a current dated attestation

THP Eligible Practitioner/Providers:

- Doctor of Medicine (MD)
- Doctor of Osteopathic Medicine (DO)
- Doctor of Podiatry (DPM)
- Doctor of Dental Surgery (DDS)
- Doctor of Chiropractic (DC)
- Audiologist (AUD)
- Certified nurse practitioner (CNP)
- Certified nurse midwife (CNM)
- Physician Assistant (PA)
- Independent physical therapist
- Optometrist (OD)
- Licensed psychologist
- Clinical licensed social worker (LICSW)
- Independent speech language pathologist
- Registered dietitian, diabetic educator, and nutritionist
- Licensed Professional Counselor (LPC)

**THP Eligible Provider/Facilities THP:**

- Ambulance provider
- Hearing Aid Dispensers
- Right From the Start (RFTS)
- Free Standing Imaging Facilities
- Ambulatory surgery centers (ASC) – must be accredited
- Dialysis Centers
- Federally qualified health centers (FQHC)*
- Rural health clinics (RHC)*
- Home health (HH)
- Infusion therapy providers – must be accredited
- Hospitals – must be accredited
 - Critical Access Hospitals
 - Long Term Acute Care Hospitals
- Outpatient physical therapy facilities
- Skilled nursing facilities (SNF)
- Behavioral health facilities – must be accredited
- Durable medical equipment (DME) – must be accredited and possess a surety bond; if applicable

*THP requires credentialing of all independently licensed behavioral health providers including those practicing within a Licensed Behavioral Health Center (LBHC), Rural Health Clinic (RHC), and Federally Qualified Health Center (FQHC).

Providers and facilities must meet certain requirements to be participating with THP.

OH Ancillary Providers: Ancillary applications are located on the Ohio Department of Insurance's website. If the practitioner is unable to obtain these forms electronically, please contact the Provider Credentialing Team at 1.800.624.6961 and these forms will be sent to you via email or certified mail.

The agreement will not be executed on behalf of THP until the credentialing process has been completed and approved. Practitioners cannot provide services to THP members until they are fully credentialed.

Notification of acceptance and or rejection will be sent within 60 days of the credentialing decision. THP will complete the credentialing process within 90 days of receipt of the application or 180 days from the date of signature on the attestation statement of the application.

Provider Data Changes

Providers should submit the following data changes to THP no less than thirty (30) calendars day in advance.

- Practice updates i.e., moved or closed a location
- Provider updates i.e., name change
- Provider Terminations
- Remittance and/or Billing updates