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## CHAPTER 7– PRACTITIONER CREDENTIALING

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### CREDENTIALING REQUIREMENTS

CHNCT's credentialing process is designed to ensure that only practitioners meeting CHNCT's standards are permitted to participate in CHNCT's provider network. CHNCT credentials all independent practitioners who provide care to its members including: physicians, physician's assistants, nurse practitioners, nurse midwives, osteopaths, etc. Practitioners who provide care to members incidentally and solely through an affiliation with a facility such as a hospital or surgi-center are not directly credentialed by CHNCT, but are instead credentialed by the facility itself. There is a process for notifying a practitioner of any information obtained during the credentialing process that varies from the information provided to CHNCT by the practitioner, and practitioners have a right to review and correct information submitted in support of their credentialing applications, except for information that is peer review protected. All credentialing information is maintained by CHNCT in a strictly confidential manner. Practitioners are re-credentialed every 36 months to maintain their participation status in CHNCT's network. Furthermore, PCPs must demonstrate evidence of the following in order to maintain credentialing approval status with CHNCT:

1. Current hospital privileges (CHNCT is required to list attestation questions pertaining to any history of loss or limitation of privileges)
2. A valid Drug Enforcement Agency (DEA) certification;
3. Current malpractice insurance coverage (minimum \$1 million);

All participating practitioners must have a valid Connecticut State License to practice medicine.

### ***Credentialing Committee***

The Credentialing Committee is responsible for general oversight of CHNCT's practitioner credentialing and re-credentialing processes. It is charged by CHNCT's Quality Improvement Committee with the responsibility and authority to periodically review and approve CHNCT's credentialing and re-credentialing policies and procedures. This charge includes responsibility for reviewing criteria for participation of practitioners in CHNCT's provider network. The Committee has final authority for the approval of candidates for initial credentialing as well as for re-credentialing of network practitioners. Reports on its determinations and actions are submitted to the Quality Improvement Committee as well as to CHNCT's Board of Directors. The Committee conducts peer reviews of candidates who: do not meet minimal criteria for network participation; have malpractice claims histories and/or license sanctions; and those who are brought to the Committee's attention for review of reported clinical performance or service deficiencies. The Committee has the authority to deny an initial or recredentialing application and recommend termination from CHNCT's network, including those in the network through subcontractor agreements. The Committee reviews appeals from those against whom it has levied sanctions or taken adverse actions.

### DELEGATED CREDENTIALING

CHNCT may formally delegate credentialing activities to subcontractors, hospitals, and provider organizations with which it contracts. In these arrangements, CHNCT remains responsible for assuring its members that the same standards for participation are maintained throughout its practitioner network, and CHNCT retains the right to approve, suspend or terminate any practitioners, providers and sites of care. Prior to formal delegation taking place, CHNCT performs a pre-delegation evaluation of the potential delegated entity's ability to carry out credentialing and re-credentialing activities in accordance with CHNCT's minimum standards and criteria. Any

facilities or provider groups wishing to pursue a delegation contract with CHNCT should contact CHNCT's Provider Relations Department.

## **PROVIDER OFFICE SITE VISITS: REQUIRED FOR PRIMARY CARE PROVIDERS, PRIMARY CARE DENTISTS AND OB/GYN PROVIDERS**

Because most patient care is rendered in practitioners' offices, FQHC's and CHC's, CHNCT has a process for ensuring that the offices of all PCP's and OB/GYN's meet CHNCT's office site standards. The initial credentialing process triggers a site visit to assess the quality of the facility within which the care is provided. This review of the facility ensures the physical accessibility of the space, adequacy of the examination and waiting areas, and the adequacy of appointments and for medical/treatment record-keeping practices at each site.

## **APPEAL PROCESS FOR LIMITATIONS/SUSPENSIONS/TERMINATIONS**

Ensuring that the network cultivates providers who deliver high-quality health services is our continuing concern. Based on contractual obligations, we use a variety of techniques to monitor provider performance and develop quality-of-care indicators. Among the indicators to be applied are:

- **Member Comments and Complaints:** We closely monitor the activities associated with member complaints and grievances, quality assurance and utilization management review as they relate to specific provider performance. The reports of these activities are used to trigger separate actions and inquiries about performance.
- **Office Site Reviews:** We undertake a variety of site assessments as part of our quality assurance activities and provider services activities. The results of these reviews are made part of the file of performance factors and indicators assessed during the re-credentialing process.
- **Compliance With Access Standards:** We conduct special surveys to assess the degree of compliance with access standards. Member comments and complaints may trigger special reviews with respect to specific providers. The results of these reviews are considered in the re-credentialing process.

CHNCT acts immediately to terminate any provider from participation in the network upon notification from any source that the provider has been terminated or suspended from participation in the Medicaid or Medicare program, the practitioner's license has been revoked, or the practitioner has been convicted of a criminal act. In addition, we suspend providers who fail to complete re-credentialing requirements in a timely manner or fail to provide certification of malpractice coverage on a timely basis.