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| SUBJECT: PHYSICIAN RE-CREDENTIALING SECTION: CREDENTIALING POLICY NUMBER: CR-02 | EFFECTIVE DATE: 11/16/2022 |
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Policy Statement: Foresight is responsible for ensuring the provision of accessible, cost efficient, high quality care to its client’s members. To assist Foresight to meet this goal, the Credentialing Committee reviews the credentials of all providers at intervals not exceeding 36 months to assure the provider continues to meet all credentialing criteria. The Credentialing Committee is a committee of credentialed providers, Medical Director and other members that may be appointed by Foresight, who as a peer group make decisions on provider applications.

This policy applies to all Physicians, for which Foresight has credentialing responsibility, including but not limited to, Medical Doctors (MD) and Doctors of Osteopathic Medicine (DO).

Foresight does not make recredentialing decisions based solely on the provider’s race, ethnic/national identity, gender, age, sexual orientation, the types of services or types of members in which the provider specializes. Foresight reserves the right to require proof of identity during the recredentialing process. Foresight does not discriminate against providers who serve high-risk populations.

The provider has the burden of providing complete and accurate information sufficiently detailed for the Credentialing Committee to act. Providers will not be able to provide services to members until he/she has received approval from the Credentialing Committee in writing; until such time, the provider is not a member of the network.

The provider has the right upon request to be informed of the status of their application for recredentialing.

The method of communication by the provider will determine the method of response (e.g. a phone inquiry will receive a response by phone, a letter inquiry will receive a response by letter). Foresight will share current status, date of the next committee meeting, as well as identify the missing items necessary to complete the file for presentation to the Credentialing Committee.

Providers may be recredentialed at any time, but in no circumstance longer than a 36 month period.

Process:

1. Criteria

Foresight will notify the provider 180 days prior to the provider’s recredential due date. All providers must complete the recredentialing application in its entirety, for review. Foresight will notify the provider by telephone or in writing to request the missing information needed for completion.

Application - All providers must be approved by Foresight. All application attachments, waivers and releases must be updated by the provider and attested at least 180 days prior to presentation to the Credentialing Committee. Any application and attestation dated greater than 180 days would be considered incomplete and will not be presented to the Credentialing Committee.

Training - Foresight requires all providers to notify Foresight of additional training/certification since their last credentialing approval date. Accredited training must meet the current, minimum requirements as defined by the provider’s specialty board and criteria requirements of Foresight.

Malpractice Insurance - Foresight shall provide all providers with malpractice insurance coverage as part of the credentialing process. The coverage will be maintained at all times in amounts of at least \$1 million per occurrence and \$3 million common aggregate, or as otherwise specified by Foresight.

The provided proof of malpractice insurance shall include:

- Name of the provider.



- Limits of liability.
- Effective date and expiration date.

State License - provider must possess, and maintain at all times, a valid State license and current registration to practice in their requested specialty. Providers with restricted or limited licenses generally do not meet Foresight's criteria for credentialing. An provider with a limited or restricted license who requests their application be considered as an exception shall provide proof to the Credentialing Committee that they exceed the qualifications for approval in professional competence and good character.

DEA Certificate - providers must possess, and maintain at all times, a valid Drug Enforcement Agency (DEA) Certificate, if applicable for their specialty.

Confidential Information Questionnaire - Providers must certify the provider's history since the last approval date of pending and/or resolved:

- Lack of conditions, which could impact his/her ability to deliver care for which they are credentialed (e.g. physical and/or mental capacity impairments, including substance abuse)
- History of charges or conviction of a crime
- History of pending or resolved Medicare or Medicaid sanctions
- History of loss, limitation, or restriction of licensure in any jurisdiction
- History of loss or limitation of DEA
- History of loss or limitation of hospital privileges
- History of revocation or limitation of privileges, membership, association, employment or participation status in any hospital, health care facility, or managed care organization
- History of any professional disciplinary actions
- History of pending or resolved medical malpractice claims history
- Signed attestation statement verifying correctness and completeness of the application.

Providers who fail to provide proof that they meet or maintain any of the above criteria may be subject to denial of credentials at Foresight's discretion.

2. Recredentialing Procedure

Foresight will:

- Notify the provider in writing to request that the provider reviews and updates their CAQH application as needed
- Collect and review incoming applications
- Notify the applicant within 5 days of receipt of their recredentialing application of the application status in writing; via email. The notice shall indicate if the application is complete or incomplete.
 - If the application has been deemed incomplete, the notice shall identify the missing or incomplete elements of the application. The notice to the applicant shall include a complete and detailed description of all of the information or supporting documentation required and the name, address and telephone number of a person who serves as the applicant's point of contact for completing the credentialing application process
- Call or send a written reminder after 2 weeks if the missing information or supporting documentation is not received

** A completed application for credentialing and recredentialing purposes includes: a complete and accurate CAQH application, re-attested within the last 90 days, including all supporting documentation including, but not limited to explanation of any affirmative responses including malpractice suits, an explanation of any work history gaps over 6 months. The provider is obliged to provide Foresight with information sufficiently detailed to render an opinion regarding any affirmative response. In addition, all verifications from third party sources are listed below.*

Once the completed application is available, Foresight will:

- Review the application for completeness



- Perform primary source verification of:
 - **State Licensure** - Verify that the provider has a valid and current license to practice in all states where the provider provides services to members. License verifications are queried directly from the State licensing or certification agency. The licensing agency validates active licensure and may advise of any disciplinary action taken against the provider's license. If there has been disciplinary action, Foresight requests the report from the appropriate state.
 - **Education and Training** - Verify accredited training programs for the specialty, if applicable. Verification of education and/or training shall be performed during recredentialing if the provider has completed education and/or training since the last credentialing cycle, if the education and/or training verification was not performed during the last credentialing cycle and/or if the provider's board certification lapses. Sources used may include, but not limited to the National Student Clearinghouse, AMA or AOA.
 - **Specialty Board Certification** - Verify board certification from the primary source (e.g. ABMS, AOA).
 - **National Practitioner Data Bank** - Query the National Practitioner Data Bank (NPDB) to identify any reports of malpractice settlements, adverse actions or sanctions imposed by any state or federal governing bodies.
 - **Medicare/Medicaid Disciplinary Action** - In addition to reviewing the NPDB for previous sanction activity by Medicare and/or Medicaid, Foresight will query the Office of Inspector General (OIG), applicable State Medicaid Agency(ies) and the System for Award Management (SAM/EPLS) for program exclusions. The application may be rescinded if an exclusion from any of these sources is reported.
 - **Medicare Opt-Out Verification** - Review CMS Opt-Out list to confirm the applicant has not opted out of Medicare.
 - **Office of Foreign Assets Control** - Review OFAC's Sanction List to confirm the provider is not on any of those lists. Appearance on any of the lists will result in immediate denial of the application.
 - **US Department of State Terrorist Exclusion List** - Review US DoS TEL to confirm the provider is not on any of those lists. Appearance on any of the lists will result in immediate denial of the application.
 - **DEA Certificate** - Verify the active, current DEA Certificate, if applicable or required. Primary source verification can be conducted by obtaining a copy of the DEA Certificate. The provider will be denied immediately if a debarment from this source is identified.
 - **Social Security Death Master File (DMF)** - Validate the provider's Social Security number is not listed on the DMF list.
 - **National Plan and Provider Enumeration System (NPPES)** - Validate NPI number of the provider.
 - **Work History** - Work history for the prior five years of professional activity must be detailed and all gaps greater than 6 months must be explained. The provider may be obliged to provide the means to verify any or all of the time period for any gaps the Credentialing Committee wants explained.

- Identify Discrepancies

If the information obtained from any source differs substantially from what the provider provided, the provider is notified in writing by Foresight within 5 business days of discovering the discrepancy. The provider must respond within 10 business days to Foresight with a written explanation of the discrepancy.

In addition, the provider has the right to correct information submitted by another party. The provider must notify Foresight in writing within 10 business days of discovering what they believe to be incorrect information.



Foresight will include the explanation and/or correction as part of the provider's application when it is presented to the Credentialing Committee for review and recommendation.

- Right to Review

The provider has the right to review information obtained by Foresight to evaluate their application including information obtained via primary source verification.

- Review provider file for Quality Issues, Grievances and/or Member Complaints.

- Confidentiality

Foresight is responsible for maintaining the confidentiality of provider-specific information related to the credentialing process in accordance with applicable laws and regulations. All information obtained in the credentialing process is confidential. All newly hired credentialing staff members are instructed on the importance of keeping the provider's information confidential and secure, during onboarding. All credentialing materials and provider files are maintained in secure electronic files.

3. Review Actions

The Medical Director or designee shall:

- Review each provider's recredentialing packet, inclusive of the information obtained through the verification worksheet of each provider.
- Determine whether the provider meets Foresight's requirements of a Clean File as defined by the Leveling Criteria.
- Present providers requiring further review of consideration by the Credentialing Committee.

4. Approval Process

The Credentialing Committee shall:

- Review and approve all providers who were determined by Foresight to meet the Clean File criteria.
- Review all recommendations made by the Medical Director or designee and discuss any issues that have been identified by the Medical Director or designee as requiring further review.
- Make a determination regarding the providers within 90 days of receiving the completed application. If the determination is adverse to the provider, the reasons for the adverse determination shall be stated in writing and included with the notice to the provider.

5. Notification Process

Foresight shall:

- Notify the provider of the credentialing decision made by the Credentialing Committee within 15 days.

6. Noncompliance

Providers must provide their completed recredentialing application in time for full review and verification and no less than 2 months prior to the expiration date of their current credentialing cycle. Foresight issues reminder letters before the expected date of return. For those providers who do not provide a recredentialing application or provide an incomplete recredentialing application, they will be issued a certified letter advising them that they have to complete the recredentialing application within the specified timeframe, otherwise their ability to service members may expire.

7. Sanctioned Provider Process

Foresight is prohibited from including in its network any provider who:

- Is currently sanctioned or prohibited from participation in Federal health care programs under either Section 1128 or Section 1128A of the Social Security Act; or
- Has a current licensure suspension by any State licensing board; or
- Is included on any of OFAC's sanction lists.



Providers who fall into either of these categories will not be permitted to participate with Foresight. Pursuant to the primary source verification steps outlined in this policy, Foresight shall confirm during the recredentialing process that providers applying to continue to participate in the network do not fall into either of these categories. On an ongoing basis, Foresight shall review its provider network on a monthly basis to identify providers that require exclusion on this basis.

A provider whose license is subject to a licensure action/restriction will be individually evaluated by Foresight and the Credentialing Committee. The reason for the licensure action/restriction will be considered as part of the overall recredentialing process, and may contribute to a decision to propose termination of the provider's participation with Foresight.

Note: *Except as required by law, the Credentialing Committee reserves the right to grant exceptions to this policy.*

| Review Reason | Comments | Reviewed By | Reviewed On | Approved By | Approved On |
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| New Policy Format | N/A | Victoria Alvarez | 11/19/2021 | Credentials Committee | 11/19/2021 |
| Policy Update | State specific requirements | Victoria Alvarez | 09/27/2022 | Credentials Committee | 09/28/2022 |
| Policy Update | Verification of education and training | Victoria Alvarez | 11/16/2022 | Credentials Committee | 11/16/2022 |