



Recredentialing

Section	Policy Number	Effective Date	Annual Review
Credentialing	CR-02	05/29/2024	05/29/2024

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 providers, for which Foresight has credentialing responsibility, including but not limited to:

- | | | |
|------------------------------|---------------------------------|-----------------------------|
| Medical Doctors | Doctors of Osteopathic Medicine | Nurse Practitioners |
| Marriage & Family Therapists | Mental Health Counselors | Certified Nurse Specialists |
| Psychologists | Social Workers | Registered Dietitians |
| Professional Counselors | Physician Assistants | |

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 must be recredentialed within a maximum of 36 months. Except if the provider is on active military assignment, maternity/medical leave or sabbatical, then recredentialing must be completed within 60 calendar days of when practice is resumed.

If the provider at the time of recredentialing is on LOA/ELOA, the provider must keep the required credentialing elements current. This includes providing current license registration, malpractice coverage, and DEA certificate (if applicable). If the provider fails to renew credentials, the provider may be terminated in accordance with administrative policies. Foresight Credentialing Staff will continue to monitor the provider as part of the Ongoing Monitoring process.

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



Related Policy or Procedure:

1. QA 01-Provider Quality Policy
2. Leveling Criteria

Process:

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.

1. **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.
2. **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.
3. **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.
 - 3.1. Name of the provider.
 - 3.2. Limits of liability.
 - 3.3. Effective date and expiration date.
4. **State License:**
Providers must possess, and maintain at all times, a valid State license and current registration to practice in their required specialty. Providers with restricted or limited licenses generally do not meet Foresight's criteria for credentialing. A 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.
5. **DEA Certificate:**
Providers must possess, and maintain at all times, a valid Drug Enforcement Agency (DEA) Certificate, if applicable for their specialty.
6. **Confidential Information Questionnaire:**
Providers must certify the provider's history since the last approval date of pending and/or resolved, those who fail to provide proof that they meet or maintain the below criteria may be subject to denial of credentials at Foresight's discretion:
 - 6.1. 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)
 - 6.2. History of charges or conviction of a crime
 - 6.3. History of pending or resolved Medicare or Medicaid sanctions
 - 6.4. History of loss, limitation, or restriction of licensure in any jurisdiction
 - 6.5. History of loss or limitation of DEA
 - 6.6. History of loss or limitation of hospital privileges
 - 6.7. History of revocation or limitation of privileges, membership, association, employment, or participation status in any hospital, health care facility, or managed care organization
 - 6.8. History of any professional disciplinary actions
 - 6.9. History of pending or resolved medical malpractice claims history
 - 6.10. Signed attestation statement verifying the correctness and completeness of the application.



Procedure:

Foresight will:

1. Notify the provider in writing to request that the provider reviews and updates their CAQH application as needed
2. Collect and review incoming applications
3. Within 14 days of receipt of their recredentialing application, notify the provider of the application status in writing; via email. The notice shall indicate if the application is complete or incomplete.
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, and 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.
 - 3.1. 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
 - 3.2. Call or send a written reminder after 2 weeks if the missing information or supporting documentation is not received
4. Once the completed application is available, perform primary source verifications of:
 - 4.1. State Licensure:

Verify that the provider has a valid and current license to practice in all states where the provider provides services to members in addition to any current and historical state licensure information from any jurisdiction. 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 applicant's license. If there has been disciplinary action, Foresight requests the report from the appropriate state.
 - 4.2. 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.
 - 4.3. Specialty Board Certification:

Verify board certification from the primary source (e.g. ABMS, AOA).
 - 4.4. National Practitioner Data Bank (NPDB):

Query the NPDB to identify any reports of malpractice settlements, adverse actions, or sanctions imposed by any state or federal governing bodies.
 - 4.5. 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 provider will be denied if a current exclusion from any of these sources is reported.
 - 4.6. Medicaid Verification:

Review Medi-Cal ORP Validation Lookup tool inputting the provider's NPI to verify that the applicant is eligible to participate in Medi-Cal (California Medicaid).
 - 4.7. Medicare Opt-Out Verification:



- Review CMS Opt-Out list to confirm the applicant has not opted out of Medicare.
- 4.8. Office of Foreign Assets Control (OFAC):
Review OFAC's Sanction List to confirm the applicant is not on any of those lists. Appearance on any of the lists will result in immediate denial of the application.
 - 4.9. 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.
 - 4.10. 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 applicant will be denied immediately if a debarment from this source is identified.
 - 4.11. Social Security Death Master File (DMF):
Validate the provider's Social Security number is not listed on the DMF list.
 - 4.12. National Plan and Provider Enumeration System (NPPES):
Validate NPI number of the applicant.

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.

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 applicant's information confidential and secure, during onboarding. All credentialing materials and provider files are maintained in secure electronic files.

Review Actions

The Medical Director or designee shall:

1. Review each provider's recredentialing packet.
2. Determine whether the provider meets Foresight's requirements of a Clean File as defined by the Leveling Criteria.
3. Present providers requiring further review of consideration by the Credentialing Committee.

Approval Process

The Credentialing Committee shall:

1. Review and approve all providers who were determined by Foresight to meet the Clean File criteria.
2. Review all recommendations made by the Medical Director and discuss any issues that have been identified by the Medical Director as requiring further review.
3. Review provider files for Quality Issues, Grievances, and/or Member Complaints. These are documented appropriately following the QA 01-Provider Quality Policy.



4. Make a decision regarding the providers within 90 days of receiving the completed application. If the decision is adverse to the provider, the reasons for the adverse decision shall be stated in writing and included with the notice to the provider.

Notification Process

Foresight shall:

1. Notify the provider of the credentialing decision made by the Credentialing Committee within 10 calendar days.

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.

Sanctioned Provider Process

Foresight shall once again confirm at recredentialing that providers applying to participate do not fall into either of these categories. Foresight reviews 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 denial/termination of the provider's participation with Foresight.

Applicants falling into any of these categories will not be permitted to participate with Foresight.

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



Review Reason	Comments	Reviewed By	Reviewed On	Approved By	Approved On
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
Policy Update	State specific requirements	Gwendolyn Mucino Martinez	05/25/2023	Credentials Committee	05/31/2023
Policy Update	All jurisdictions, quality policy referenced, and notification process updated	Gwendolyn Mucino Martinez	07/21/2023	Credentials Committee	07/26/2023
Annual Review	N/A	Gwendolyn Mucino Martinez	11/29/2023	Credentials Committee	11/29/2023
Policy Update, Annual Review	Combined recredentialing policies for physicians and non-physicians. Exceptions to recredentialing cycle. Added specifics to if a provider is on LOA/ELOA at the time of recredentialing.	Gwendolyn Mucino Martinez, Jes Molina, and Ashleigh Fisher	5/24/2024	Credentials Committee	05/29/2024