

	PROCEDURE	No.11402-A	
	Provider Credentialing/ Re-credentialing and Privileging	Applies To:	UNMMG

1.0 Overview/Contents:

Consistent with the UNMMG’s Policy, No. 11402 Provider Credentialing/Re-Credentialing and Privileging, this procedure provides guidance regarding the following:

- A.** Adhering to Timelines
- B.** Adhering to Credentialing Confidentiality
- C.** Verifying Credentialing
- D.** Monitoring and Communicating Ongoing Credentialing Requirements
- E.** Educating the Provider of Their Rights
- F.** Ensuring Re-Credentialing Requirements are Met
- G.** Appealing a Denial or Limited Credentials Decision
- H.** Delegation of Credentialing
- I.** Monitoring of CVO
- J.** Privileging
- K.** Board Certification Exception.

2.0 Definitions

- A. Administrative Credentialing.** Administrative Credentialing is the process of assessing and confirming the qualifications of a licensed or certified health care provider who is involved in the oversight of patient care, peer review, and clinical operations.
- B. Credentialing.** Credentialing is the process of assessing and confirming the qualifications of a licensed or certified health care provider that provides patient care.
- C. Privileging.** Privileging is the process where as specific scope and content of patient care services, i.e., clinical privileges are authorized for a healthcare provider by the UNMMG Board of Directors (BoD) based upon evaluation of the individual’s credentials and performance.
- D. Re-Credentialing.** Is the process that occurs at least every three (3) years in which credentialed providers are required to undergo the process of re-assessing and re-confirming their qualifications.
- E. Re-appointment.** Is the process that occurs at least every three (3) years in which privileged providers are required to renew clinical privileges.

- F. Clean File** - A credentialing file in which all information meets UNMMG's established credentialing/re-credentialing criteria. The Chairperson reports "Clean File" activity to the Credentialing Work Group by presenting a list of approved providers.
- G. Unclean File** - A credentialing application under consideration that does not meet UNMMG's established credentialing/re-credentialing criteria.
- H. CACTUS**- An internal credentialing software package for provider management.
- I. Providers**-Physicians, dentists, doctoral level clinical psychologists, Advanced Practice Nurses, Clinical Nurse Specialist, Certified Nurse Practitioners, Certified Nurse Midwife, Clinical Nurse Specialist, Physician Assistant-Certified, Pharmacists Clinicians, Doctors of Oriental Medicine and Doctors of Chiropractic
- J. Other Healthcare Professionals (OHP)**- Healthcare workers requiring credentialing not identified as a provider to include but not limited to Licensed Clinical Social Worker (LCSW), Licensed Dietician (LD) Licensed Massage Therapist (LMT), Licensed Marriage and Family Therapist (LMFT) Nutritionists (LN), Licensed Professional Clinical Counselor (LPCC), Occupational Therapist (OT), Physical Therapist (PT), and Registered Pharmacist (RPH)

3.0 Procedures:

A. Adhering to Timelines

Ensure provider applications are completed in a timely manner as follows:

1. Ensure application is reviewed and noted as complete within three (3) business days of receipt from Credentialing Verification Office (CVO). If not complete, notify the provider or Credentialing Enrollment Liaison, in writing, of missing items.

NOTE: All documentation and verification processes must be completed within 180 days of application being signed unless otherwise noted. After 180 days the practitioner will re-sign and date the original application.

2. Once Primary Source Verification is completed on an Administrative Credentialing and Credentialing file, the file is submitted to the Director of Credentialing to determine if the application is considered "Clean" or "Unclean".
 - If the file is considered "Clean", the application is given to the Chair Person of the Credentialing Work Group to review and approve. The date the Chair Person approves the file will be considered the credentialing approval date.
 - If "Unclean" the application is forwarded to the Credentialing Work Group for review and final recommendation.
3. Once Primary Source Verification is completed on a Privileging file, the file is presented to the Clinic Medical Director for review, approval and sign-off of requested privileges. The File is then presented to the Credentialing Work Group for review and final recommendation.
4. Unclean Files and Privilege requests are reviewed by the Credentialing Work Group.
5. Clean File list and the Credentialing Work Groups recommendations are advanced to the Practice Oversight Committee for review and final recommendation.

6. The Practice Oversight Committee submits final recommendations to the BoD for final approval.
7. If decision is not made within 90 days of the CVO determining the application is complete, UNMMG Credentialing Office will send written notification to the applicant(s) regarding the status of the credentialing application. Notification will include the following information:

STATUS	REPORTING ACTION
Closure of Application	Written notification application is closed. Letter will include why application was closed. Reasons may include, but are not limited to: <ul style="list-style-type: none"> • not all information or verifications required have been received. • date sensitive information has expired. • not meeting required elements for credentialing/privileging.
Hold	Written notification that application is on hold. Letter will include: <ul style="list-style-type: none"> • Length of pending status • UNMMG's credentialing contact person's name, address and telephone number

B. Adhering to Credentialing Confidentiality

Ensure the integrity and confidentiality of credentialing by:

- ✓ Maintaining signed confidentiality agreement.
- ✓ Ensuring unauthorized access and/or modification of credentialing files are protected within a secured location with limited accessibility by approved staff.
- ✓ Limiting reproduction or distributions of documents except what is allowed for confidential peer review, investigations of fraud cases, or re-credentialing purposes **ONLY**.

Statutory Reference

All minutes, reports, recommendations, communications, and actions are covered by N.M. Stat. Ann. §41-9-2 et seq., and N.M. Stat. Ann. §59A-46-27. All individuals and committees who act pursuant to this policy are deemed to be "professional review bodies" as defined in State and Federal Law, including but not limited to the Health Care Quality Improvement Act of 1986.

Note: Any action resulting in a breach of confidentiality, falsification or modification of provider specific information may be grounds for immediate termination of the employee or the contractor/vendor relationship.

C. Verifying Credentialing

Primary Source Verification (PSV) of all required elements may be delegated to the CVO by contractual arrangement or completed by the UNMMGs Credentialing Office. All UNMMG Providers and OHPs are required to complete a credentialing application and have an NPI number prior to completing application.

1. Required elements must be present and verified within specified time period as outlined in the charts below.
2. Ensure all items verified orally, written, or on the internet are dated and initialed/signed by the appropriate staff to provide evidence of review.

Criteria	Exceptions	Requirement	Primary Source Verification
Proof of Identity	None		Government issued photo identification and Photo ID form completed by Health System employee (in person)
Signed Attestation & Release of Information	None	Correctness and completeness of application	Not required
Unrestricted State License to Practice in Specialty	None	Valid current or temporary unrestricted license	New Mexico Medical Board or professional state licensing agencies Department of Professional Regulations or Federation of State Medical Boards State Board of Podiatry State Board of Optometry State Board of Nursing State Department of Health State Board of Psychologists
Unrestricted controlled substance certificate (DEA) State Controlled Substance Certification	<ul style="list-style-type: none"> • ATCs • AuDs • DOMs • GCs • LCSWs • LDs • LISWs • LMFTs • LMTs 	Valid current DEA with a New Mexico address.	DEA certificate and verification of the DEA number or NTIS

Criteria	Exceptions	Requirement	Primary Source Verification
	<ul style="list-style-type: none"> • LNs • LPCCs • OTs • PhDs • PsyD • PTs • SLPs 		
State Controlled Substance Certification	Providers who do not prescribe controlled substances. e.g., Pathologists	Valid current state controlled substance certificate	New Mexico Regulation and Licensing Board
Medicare/ Medicaid Sanctions	None	Must have no history of sanctions, debarment, or exclusions by regulatory agencies, including Medicare/Medicaid	<p>Review last three years of sanctions information for each provider.</p> <ul style="list-style-type: none"> • State Medical Board • NPDB • OIG LEIE • General Service Administration- Excluded Parties List, Department of Health and Human Services
Medicare Opt Out	None	Provider may not opt out of Medicare/ Medicaid.	Verify by reviewing the CMS authorized Medicare Carrier's listing for respective state in which the provider renders service.
Malpractice Insurance Coverage	None	<p>All providers must carry professional liability coverage defined by New Mexico Patient Compensation Act.</p> <p>Policy must be current at the time of the Credentialing Workgroup.</p>	<p>UNM Legal Dept,- State Tort Claims Act certificate.</p> <p>Carriers - \$1m/3m or \$200/\$600 and participates in State Patient Compensation Fund</p>
Education	None	Graduation from accredited school appropriate to the provider type.	<p>Institution, professional school, authorized degree verification Agency, Education Commission for Foreign Medical Graduates, residency program, AMA physician Master File, or AOA official Osteopathic Physician Profile Report.</p> <p>NOTE: The highest level education and/or credentials attained must be verified.</p>

Criteria	Exceptions	Requirement	Primary Source Verification
Current curriculum vitae	None	Provide a minimum of 5 years relevant work history with month and year noted. Any gaps greater than 6 months must be explained in writing.	None
Professional Liabilities Claim History	None	History of professional liability suits, arbitration or settlements which do not raise a reasonable suspicion of future substandard professional conduct and/or competence, including any denials or refusals to cover the applicant or cancellations of coverage. Written explanation of cases within the past 5 years.	Applicant provided information, National Practitioners Data Bank, UNM Legal Department, Carriers and State Agencies.
Clinical Privileges	<ul style="list-style-type: none"> • Providers who elect not to have hospital privileges. (Voluntarily) • OHPs • Providers that are Administratively Credentialed 		Hospital verification
Discipline Action History	None	<p>No history of professional disciplinary actions or sanctions:</p> <ul style="list-style-type: none"> • Against the applicants' license • From participation in a state or federal healthcare programs • Clinical privileges 	NPDB, FSMB, and agency or state licensing board
Criminal History	None	No history of felony convictions.	Attestation
Chemical Dependency and Substance Abuse History	None	No history of chemical dependency/substance abuse.	Attestation

Criteria	Exceptions	Requirement	Primary Source Verification
Physical Performance Limitations	None	No Physical or mental health condition that may impair applicant's ability to perform their professional duties.	Attestation
Sex Offender	None	No history.	NSOPW
NPI Number	None	Valid NPI Number	NPPES
Peer References	None	Three peer references for Initial Credentialing and Two for re-credentialing.	None

Medical Doctors (MD)	See Section K	<p>Must be board certified.</p> <p>Must have 3 or more years of residency.</p> <p>Board Certification must be awarded by a board approved by the American Board of Medical Specialties (ABMS)</p>	ABMS, ABMS Board Certified Docs, ABMS CertiFACTS, or AMA physician Profile.
Doctor of Osteopathy (DO)	See Section K	<p>Must be board certified.</p> <p>Must meet MD requirements or have completed appropriate years of residency training in their stated specialty as specified by the American Osteopathic Association (AOA)</p> <p>Board Certification must be awarded by a board approved by the AOA.</p>	AOA or AMA Physician Profile
Physician Assistant (PA)	None	<p>Training from an accredited program recognized by the Commission on Accreditation of Allied Health Education Programs (CMHEP).</p> <p>Certified by National</p>	National Commission on Certification of Physician Assistants (NCCPA).

Criteria	Exceptions	Requirement	Primary Source Verification
		Commission on Certification of Physician Assistants.	
Nurse Practitioners (NP's)	NP's practicing prior to December 1985 are grandfathered in and are not required to have national certification.	<p>Must be a registered nurse with additional education through a master's degree or certificate program at an accredited school.</p> <p>Must have passed certifying examination through the American Nurses credentialing center, American academy of nurse practitioners, the national board of pediatric nurse practitioners or the National Certification Corporation.</p>	Certifying agency

NOTE: Providers and OHPs must inform the Credentialing Office of any changes in their Credentialing

D. Monitoring and Communicating Ongoing Credentialing Requirements

Complete the following tasks:

1. Monitor license limitations, sanctions, complaints and adverse events.
2. Notify state agencies and all appropriate authorities of credentialing denials.
3. Ensure communications and notifications between the provider and UNMMG Credentialing Office are communicated timely and properly.
4. Notify the provider regarding the following credentialing status/decisions within 60 Days of decision:

STATUS	DEFINITION
Approve – Unconditional	Fully Credentialed/Privileged with no stipulations
Approve – Conditional	Fully Credentialed/Privileged with stipulations
Pending	Further clarification or more information is needed
Denial	<p>Credentialing/Privileging has been denied due to one or more application issues.</p> <p>*Provider will be notified of the right to appeal and given information on how to appeal.</p>

Note: Reasons applications may be denied may include but are not limited to:

- Failure to disclose information or submittal of inaccurate, misleading or failure to disclose information
- Failure of applicant/provider to provide relevant information or release of information
- Current or past loss of significant restrictions to professional license and/or DEA license
- Conviction of one or more felonies
- Any criminal record that affects professional status, reputation or practice
- Current or past program exclusions or sanctions by Medicare /Medicaid or federal healthcare programs
 - Current chemical dependency or substance abuse
- High risk for discontinuity of care due to work history that is not easily explained
- Current physical or mental impairment conditions that restrict the ability to perform duties.

5. All recommendations determined by the Credentialing Work Group will be recorded in minutes taken by the Director of Credentialing or designee.
6. Prevent discriminatory practices by:
 - a. Review provider denials ensuring UNMMG has not discriminated against any provider and has upheld standards.
 - b. Maintain a heterogeneous credentialing work group.
 - c. Having all credentialing work group members sign a statement affirming they do not discriminate.

E. Educating the Provider of Their Rights

Verify the application packets contain a letter outlining the rights of the practitioner. The following information is outlined in the letter:

Provider Rights	Provider Communication Exercising Rights	Communication to Provider by UNMMG Credentialing Office
Right to review information	Written request for review	Telephone and/or written

Right to correct erroneous information (10 Business Days from date of Contact)	Written request and/or written response to UNMMG questions	Telephone and/or written notification of discrepancy of information by Credentialing
Right to be informed of application status	Telephone or written request for information	Telephone and/or written

F. Ensuring Re-Credentialing/ Re-Appointment Requirements are Met

Re-credentialing/Re-Appointments occur at least every 36 months. Begin the Re-Credentialing/Re-Appointment paperwork by:

1. CVO sending Re-Credentialing/Re-Appointment Application to the Provider or OHP 180 calendar days prior to due date.
2. Ensuring Provider or OHP completes the following:
 - Re-Credentialing/Re-Appointment application meeting all criteria listed on application.
 - Attestation stating correctness and completeness of application
3. Ensuring all primary source verification has been received from CVO and that the initial credentialing criteria has been met except for:
 - Photo ID
 - Work History
 - Education verification (unless a higher level of education is present)
4. Reviewing the following additional re-credentialing/re-appointment criteria:
 - Complaints
 - Ongoing monitoring of sanctions
 - Ongoing Professional Practice Evaluations

NOTE: If provider separates from UNMMG for more than 30 calendar days, credentialing will be completed as a new provider. Providers who miss re-credentialing cycle will not be able to see patients until they have completed credentialing as a new provider again.

G. Appealing a Denial or Limited Credentials Decision

Providers may appeal a denial or limited credentials decision by submitting a written letter of appeal within thirty (30) calendar days of decision.

APPEAL INFORMATION

Appeals are reviewed by a separate credentialing peer-review body within thirty (30) days of the request with no members attending from the original credentialing workgroup. The separate credentialing peer review body will be appointed by the POC to include:

- A hearing officer who will be a credentialed/privileged UNMMG Provider and
- Two additional UNMMG credentialed/privileged Providers, one of which will practice the same specialty if available.

NOTE: If an appeal is not submitted within the 30 day timeline, the initial determination will stand. Please see additional information regarding appeal process in Professional Practice Evaluations Procedure Sections 8.0 thru 14.3

H. Delegation of Credentialing

1. UNMMG delegates primary source verification to a CVO. UNMMG is:
 - Accountable for all credentialing, re-credentialing, appointment and reappointment of providers/OHP's and
 - Retains the right to approve, disapprove, suspend and terminate individual providers.
2. The contracted CVO supplies all credentialing verification through Cactus.

I. Monitoring of CVO

UNMMG Credentialing Office monitors CVO as follows:

1. Verify the CVO has provided complete and accurate information for all applications via standardized checklist.
2. Ensure CVO meets all contractual obligations via monthly reports.
 - Corrective action plans may be requested to address non-compliance to predetermined requirements.
 - Performance improvement must occur within 60 days.
3. Noncompliance of the corrective action will be presented to the credentialing work group. Credentialing work group will determine actions up to de-delegation if applicable.

J. Privileging

Providers who provide care and supervision of their patients care within their area of professional competence in a UNMMG Clinic will be required to obtain privileges in addition to credentialing.

1. Complete applicable privilege set. Documentation as outlined on the clinical privilege description, should be submitted to support request

2. Request for clinical privileges shall be evaluated based on criteria outlined in the clinical privilege description and the provider's education, training, experience, current competence, and demonstrated ability to perform the privilege requested. The basis for privilege determination to be made in connection with periodic reappointment or otherwise shall include observed clinical performance and the documented results of quality improvement data. Privilege determination shall also be based in pertinent information concerning current clinical competency, obtained from all relevant sources, including other institutions and healthcare settings where a provider exercises clinical privileges.
3. All requests for clinical privileges shall be processed pursuant to the procedure for credentialing/re-credentialing in Section A.

K. Board Certification Exceptions

The following exceptions to the board certification requirement may be considered as part of the application:

- a. Pursuing Initial Board Certification: An exception may be made for a non-board certified provider applying for initial credentialing or appointment to UNMMG. Providers applying under this exception must have successfully completed education and training requirements for their intended board certification, and must provide either written documentation of active candidacy for initial certification or written attestation that they will take the Board examination (or other qualifying steps) at the next opportunity. This exception applies during the first six (6) years following completion of a residency or fellowship program and does not apply in the case of individuals who are no longer board eligible.

"Board Eligible" Providers must provide a documented plan to complete testing or other requirements within six (6) years of training completion and must update UNMMG Credentialing Office on status of their board eligibility and certification every 6 months until certification is obtained. Providers who are not board eligible or for whom board eligibility has lapsed will lose credentialing/appointment status until eligibility has been reinstated.

- b. UNMH Resident Fellow Exception: Providers who are Residents and Fellows may work so long as they meet the following conditions:
 - Completion of at least 2 years of training in the specialty for which they are placed;
 - Currently in training and in good standing with their residency/fellowship program;
 - Obtain permission of residency/fellowship director to moonlight;
- c. Other Exceptions: Requests for board certification exceptions not listed above may be considered at the discretion of the UNMMG Credentialing Work Group. Refusals to waive board certification not detailed above are not subject to appeal nor to any reporting requirements as any such applicants will not have met the criteria for application to UNMMG. Circumstances (such as personal health, alternative pathways to board eligibility, etc.) are highly individual. Unique situations may be considered by the UNMMG Credentialing Work Group in extraordinary circumstances but shall not serve as precedent for any other applicant. More stringent board recertification requirements may be required by specific clinical privileges and/or implemented as part of a focused professional practice evaluation plan.

4.0Reference AAAHC Credentialing Standards.