

**Greater Oregon Behavioral Health, Inc.**  
**Policies and Procedures**



**200.31.02 - Practitioner Credentialing and  
Recredentialing Process**

Version: 2

Status: Approved

**\*Interim Practitioner Credentialing and Recredentialing Process**

**Citations:** OAR 410-141-3120 (3) (a)

**1.0 Definitions**

Clean files are practitioner files, which meet all criteria described below.

**2.0 Policy**

Each practitioner on GOBHI's panel shall meet the criteria established by GOBHI for participation on the practitioner panel.

**3.0 Procedures**

3.1 **Eligible Practitioners:** The behavioral health practitioner disciplines eligible for participation on GOBHI's panel are:

- 3.1.1 Psychiatrists and other physicians;
- 3.1.2 Doctoral or master's level licensed clinical psychologists;
- 3.1.3 Doctoral or master's level licensed clinical social workers;
- 3.1.4 Doctoral or master's level psychiatric nurse practitioners;
- 3.1.5 Doctoral or master's level licensed professional counselors;
- 3.1.6 Doctoral or master's level licensed marriage and family therapists; or
- 3.1.7 Other behavioral health practitioners who are licensed, certified, or registered by the state to practice independently as required on a case-by-case basis.

3.2 **Eligibility Criteria:** All practitioners must meet GOBHI's eligibility criteria for initial credentialing and for recredentialing. Practitioners are approved for membership when they substantially meet all of GOBHI's criteria and have no adverse findings or professional performance issues deemed unacceptable.

These criteria are:

- 3.2.1 Current, valid, and unrestricted license to practice in the state in which he or she will treat GOBHI members.
- 3.2.2 For prescribing practitioners:
  - 3.2.2.1 Current and unrestricted drug enforcement administration (DEA) registration, or
  - 3.2.2.2 Current and unrestricted state controlled dangerous substance certificate (CDS), or

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- 3.2.2.3 If a prescribing practitioner does not prescribe medications, he or she must submit a written description of a formal arrangement for medication prescription for his or her patients should any of them require medication.
- 3.2.3 Graduation from medical school or professional school.
- 3.2.4 For physicians: Completion of residency program approved by the Accreditation Council for Graduate Medical Education (ACGME).
- 3.2.5 For non-physicians:
  - 3.2.5.1 Completion of residency or post-graduate training, as appropriate to the discipline.
  - 3.2.5.2 Completion of education and training appropriate to the state license, certification, or registration.
- 3.2.6 Evidence of current professional liability insurance coverage in the amount of no less than \$1 million per incident, \$3 million aggregate, or equivalent protection..
- 3.2.7 For practitioners with hospital privileges:
  - 3.2.7.1 Clinical privileges in good standing at the facility designated by the practitioner as the primary admitting facility.
  - 3.2.7.2 If a practitioner does not have admitting privileges, he or she must submit a written description of a formal arrangement for inpatient coverage for his or her patients should any of them require hospitalization.
- 3.3 GOBHI shall evaluate the credentials of practitioners prior to their participation on the practitioner panel and every three years thereafter.
- 3.4 GOBHI accepts both the Oregon Practitioner Credentialing Application and the Oregon Practitioner Recredentialing Application as required by OAR 410-141-3120 (3) (a).
- 3.5 The credentialing team sends the applicant the following documents:
  - 3.5.1 A cover letter, which provides information about the application process.
  - 3.5.2 The Oregon Practitioner Credentialing / Recredentialing Application, if not already completed.
  - 3.5.3 Credentialing and recredentialing application addendum.
- 3.6 Any documents, which are not received electronically, are date stamped upon receipt in the credentialing department. Documents, which are received or acquired electronically, have an electronic date stamp.
- 3.7 Staff conducting the credentialing:
  - 3.7.1 Enter the practitioner's data into the credentialing tracking log.
  - 3.7.2 Establish the practitioner's file by inserting all documents in an individual electronic file.
  - 3.7.3 Initiate the internal Credentialing Checklist.

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- 3.7.4 Conduct primary source verification of credentials as described below.
- 3.7.5 Complete the Credentialing Checklist including the date of review of each item and the name of the reviewer.
  
- 3.8 Credentialing staff review the practitioner's application and all supporting documents for completeness, signature, and date.
  - 3.8.1 Incomplete applications are returned to the applicant for completion.
  - 3.8.2 Practitioners are required to respond to requests for information and send completed documents to the staff conducting the credentialing within fifteen (15) business days of receipt of the application by GOBHI.
  - 3.8.3 If a practitioner does not comply with this requirement, the assigned credentialing staff will send a letter to the practitioner informing them that the credentialing process will be halted unless he or she requests an extension. A copy of the letter is retained in the practitioner's electronic file.
  
- 3.9 Practitioner credentials are verified using one of the methods identified below for each credential. Verification must occur within the timeframes specified below. Information, which is outside of the timeframes, must be re-verified prior to a credentialing decision.
  
- 3.10 GOBHI verifies that the practitioner has an active, unrestricted professional license to practice in all states in which he or she will treat GOBHI's members as follows:
  - 3.10.1 The verification source must be the state professional licensing agency for the state in which the practitioner intends to treat GOBHI members.
  - 3.10.2 Verification must occur within the 180 calendar day period directly preceding the credentialing decision.
  
- 3.11 GOBHI verifies Drug Enforcement Administration (DEA) registration for all practitioners with prescribing ability in the state in which they treat GOBHI's members as follows:
  - 3.11.1 Any one of the following sources is acceptable:
    - 3.11.1.1 A copy of the current DEA registration.
    - 3.11.1.2 The National Technical Information Service (NTIS) database.
    - 3.11.1.3 The appropriate state pharmaceutical licensing agency, where applicable.
    - 3.11.1.4 For physicians only:
      - 3.11.1.4.1** American Medical Association (AMA) Physician Masterfile.
      - 3.11.1.4.2** American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report.
      - 3.11.1.4.3** AOA Physician Masterfile.

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- 3.11.2 For practitioners that may prescribe Buprenorphine, verification of active DATA waiver is required.
- 3.11.3 Verification must occur prior to the credentialing decision.
- 3.12 GOBHI verifies Controlled Dangerous Substance (CDS) certificate for all practitioners with prescribing ability in the state in which they treat GOBHI's members as follows:
  - 3.12.1 Either of the following sources is acceptable:
    - 3.12.1.1 A copy of the current CDS certificate.
    - 3.12.1.2 The National Technical Information Service (NTIS) database.
    - 3.12.1.3 The appropriate state pharmaceutical licensing agency, where applicable.
  - 3.12.2 Verification must occur prior to the credentialing decision.
- 3.13 For all practitioners who are qualified to write prescriptions who do not have a valid DEA registration and/or a CDS certification:
  - 3.13.1 Credentialing staff note the absence of a valid DEA registration and/or CDS certification in the practitioner's electronic file.
  - 3.13.2 GOBHI arranges for another practitioner to fill prescriptions as necessary.
- 3.14 GOBHI verifies the highest of the following three levels of education and training obtained by the practitioner as appropriate:
  - 3.14.1 Board certification.
  - 3.14.2 Residency.
  - 3.14.3 Graduation from medical or professional school.
- 3.15 Board certification:
  - 3.15.1 For physicians, any one of the following sources is acceptable:
    - 3.15.1.1 The American Board of Medical Specialties (ABMS).
    - 3.15.1.2 The AMA Physician Masterfile.
    - 3.15.1.3 The AOA Official Osteopathic Physician Profile Report.
    - 3.15.1.4 AOA Physician Master File.
    - 3.15.1.5 The American Board of Psychiatry and Neurology.
    - 3.15.1.6 The American Society of Addictions Medicine.
  - 3.15.2 For non-physicians, either of the following sources is acceptable:
    - 3.15.2.1 The appropriate specialty board.
    - 3.15.2.2 The state professional licensing agency, if the agency conducts primary source verification of board certification.
  - 3.15.3 GOBHI documents the expiration date of the board certification within the practitioner's file.
    - 3.15.3.1 If the practitioner's board certification does not expire GOBHI:



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- 3.17.3 Verification of graduation from medical or professional school is required only at initial credentialing.
- 3.18 GOBHI verifies work history as follows:
  - 3.18.1 Any one of the following sources is acceptable:
    - 3.18.1.1 A copy of the practitioner's resume or curriculum vitae (CV).
    - 3.18.1.2 Documentation of work history in the application.
  - 3.18.2 A minimum of five years of relevant work history is required if the practitioner has at least five years of work history, otherwise the time frame starts at initial licensure date.
  - 3.18.3 Gaps in the past five years of work history, which exceed two months, require clarification. If there is a work history gap of:
    - 3.18.3.1 More than two months and less than 12 months, the practitioner may provide verbal or written clarification.
      - 3.18.3.1.1** The results of any verbal communication are documented in the practitioner's file including the date the information is obtained and the name of the individual obtaining the information.
      - 3.18.3.1.2** Written responses are placed in the practitioner's file along with documentation of the date the response was received and the name of the individual receiving the response.
    - 3.18.3.2 One year or more, the practitioner must provide written clarification.
      - 3.18.3.2.1** Written responses are placed in the practitioner's file along with documentation of the date the response was received and the name of the individual receiving the response.
  - 3.18.4 Verification must occur within the 365 calendar day period directly preceding the credentialing decision.
  - 3.18.5 Verification of work history is not required at recredentialing.
- 3.19 GOBHI obtains information about professional liability (malpractice) insurance coverage by obtaining and viewing the professional liability (malpractice) insurance coverage face sheet.
- 3.20 GOBHI verifies malpractice history as follows:
  - 3.20.1 Malpractice history is verified via the National Practitioner Databank (NPDB).
  - 3.20.2 At least the past five years of history of malpractice settlements is obtained.

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- 3.20.3 Verification must occur within the 180 calendar day period directly preceding the credentialing decision.
- 3.21 GOBHI obtains information about Medicare and Medicaid sanctions from both of the following sources for each practitioner:
  - 3.21.1 The National Practitioner Databank (NPDB).
  - 3.21.2 The List of Excluded Individuals and Entities, maintained by OIG and available online.
- 3.22 GOBHI obtains information about exclusions from the System of Aware Management (SAM) for all practitioners using the exclusion search maintained by the federal government and available online.
- 3.23 GOBHI obtains information about sanctions, restrictions or limitations on a practitioner's professional license via the National Practitioner Databank (NPDB).
- 3.24 GOBHI obtains information about clinical privileges for physicians through attestation by the practitioner regarding current privileges and any history of loss or limitation of clinical privileges or disciplinary action(s).
- 3.25 GOBHI obtains and annually updates a written confirmation directly from the state licensing agency affirming that the agency conducts primary source verification of professional school graduation and training.
- 3.26 Staff conducting credentialing send all practitioners a cover letter along with the initial credentialing packet and with the recredentialing packet. The cover letter notifies practitioners about their right to:
  - 3.26.1 Review information submitted to support their credentialing application including the:
    - 3.26.1.1 Time frame for reviewing information.
    - 3.26.1.2 Name and telephone number of the staff conducting the credentialing to contact to make arrangements to review the information.
  - 3.26.2 Correct erroneous information including the:
    - 3.26.2.1 Time frame for changes.
    - 3.26.2.2 Format for submitting corrections.
    - 3.26.2.3 Person to whom corrections must be submitted.
  - 3.26.3 Obtain information about the status of their credentialing or recredentialing application including the name and telephone number of the person to contact and the process for responding to such requests.
- 3.27 A Practitioner may obtain a copy of his or her file.
  - 3.27.1.1 The request must be in writing.

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- 3.27.1.2 Staff conducting the credentialing will send a copy of a practitioner's file to him or her within ten (10) business days of receipt of the written request for the file. This file when mailed will be sealed in an envelope marked confidential.
  - 3.27.1.2.1** NPDB information is not included.
  - 3.27.1.2.2** Peer review information is not included.
- 3.28 Staff conducting credentialing review all of the documents and information provided by the practitioner as part of the credentialing and recredentialing processes.
  - 3.28.1 Additional information or documents may be requested from the practitioner.
  - 3.28.2 The practitioner is contacted to clarify unclear information.
    - 3.28.2.1 Any verbal clarification provided by the practitioner is documented in the practitioner's file along with the date and name of the individual obtaining the information.
    - 3.28.2.2 Additional information or documents provided by the practitioner are placed in the practitioner's file. Any documents which are not received electronically are date stamped upon receipt in the credentialing department. Documents which are received or acquired electronically have an electronic date stamp.
    - 3.28.2.3 Credentialing staff contact the practitioner by telephone, e-mail, or mail about any information obtained during credentialing or recredentialing activities that varies substantially from the information provided by the practitioner.
    - 3.28.2.4 A copy of the documents with different information may be provided to the practitioner except that peer reference documents and NPDB information is not provided to the practitioner.
    - 3.28.2.5 The practitioner may amend any erroneous information.
    - 3.28.2.6 Any verbal clarification provided by the practitioner is documented in the practitioner's file along with the date and name of the individual obtaining the clarification.
- 3.29 Practitioners are informed in writing of the initial credentialing or recredentialing decision within sixty (60) calendar days of the decision.
  - 3.29.1 If approved for credentialing or recredentialing, the practitioner is notified of the decision and the effective date for participation.
  - 3.29.2 If denied, the practitioner is notified of the reason(s) for denial of panel membership and provided appeal information, if applicable.
  - 3.29.3 If pended, the notification letter describes the reason(s) for pending. Typically, additional information is requested and the practitioner is given



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time limits to reply along with information about the person to contact to send a written response.

- 3.30 Staff conducting credentialing enter the date of the credentialing decision into the credentialing tracker.
  
- 3.31 Practitioner files meeting criteria (clean files):
  - 3.31.1 Practitioners meeting clean file criteria can be approved by the physician responsible for credentialing.
    - 3.31.1.1 Evidence of review and approval by the physician responsible for credentialing is documented with a hand-written signature on the credentialing checklist.
  - 3.31.2 A practitioner file is considered to be a “clean file” when:
    - 3.31.2.1 Eligibility criteria are met without exception.
    - 3.31.2.2 All requested information is present.
    - 3.31.2.3 No discrepancies exist in the information provided by the practitioner and the information received from verification sources.
    - 3.31.2.4 There is no documentation by the practitioner of any inability to perform the essential functions of the position, with or without accommodation.
    - 3.31.2.5 The practitioner affirms lack of present illegal drug use.
    - 3.31.2.6 There is no history of loss of professional license or felony convictions.
    - 3.31.2.7 There is no history of loss or limitation of privileges or disciplinary action(s).
    - 3.31.2.8 There is no history of malpractice settlements.
    - 3.31.2.9 There are no unexplained work gaps of six (6) months to twelve (12) months in the past five (5) years.
    - 3.31.2.10 There are no work gaps of twelve (12) months or more in the past five (5) years.
    - 3.31.2.11 There have never been any action(s) against the practitioner’s professional license.
    - 3.31.2.12 There has never been any Medicare or Medicaid sanction activity.
    - 3.31.2.13 There are no negative reports from credentials verification sources or monitoring agencies.
    - 3.31.2.14 There are no substantiated adverse events involving the practitioner.
    - 3.31.2.15 There are no affirmative responses on the Attestation page of the Oregon Practitioner Credentialing Application.

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- 3.32 Practitioner files not meeting criteria:
  - 3.32.1 A practitioner file not meeting criteria is any file, which does not meet all of the criteria listed above under “clean file” criteria.
  
- 3.33 Staff conducting the credentialing:
  - 3.33.1 Review practitioner files to determine if the practitioner’s file meets or does not meet criteria.
  - 3.33.2 Inform the physician responsible for credentialing of any practitioners who will be presented at the Credentialing Committee meeting who do not meet criteria so that he or she may review the files in advance.
  
- 3.34 The Credentialing Committee:
  - 3.34.1 Individually reviews the file of each Practitioner who does not fully meet GOBHI’s criteria and renders a decision. These files are automatically sent to the Credentialing Committee meeting.
  - 3.34.2 Decisions are pended when additional information or clarification is needed from the practitioner.
  - 3.34.3 Staff conducting credentialing contact the practitioner by telephone, mail or fax to request the additional information or clarification.
  - 3.34.4 New information is presented to the Credentialing Committee at the next scheduled meeting after receipt.
  - 3.34.5 The credentialing staff is informed of the decisions of the Credentialing Committee after the meeting. Staff conducting credentialing notify the practitioner of the Credentialing Committee's decision within 60 calendar days of the decision date.
  
- 3.35 GOBHI considers practitioner-specific data and information, including, but not limited to, that used for network development, credentialing, performance evaluation, quality assurance, quality improvement, compliance auditing and peer review confidential to the extent permitted by law.
  - 3.35.1 A practitioner’s name, professional degree, status as a member of GOBHI’s practitioner network, business address, business telephone number, and specialty(ies) or self-identified areas of special interest are not considered confidential when disclosed for legitimate business purposes.
  - 3.35.2 GOBHI collects data about a practitioner’s ability to communicate in languages other than English as part of the credentialing and recredentialing application addendum. Providing this information is voluntary. The addendum includes notice that for those practitioners choosing to provide this information, the information will be made available to members in GOBHI’s practitioner / provider directory.
  
- 3.36 GOBHI maintains practitioner files in a secured electronic format.
  - 3.36.1 Each practitioner has a unique file.

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- 3.36.2 Practitioner files contain all the documents required to complete the credentialing and/or recredentialing process and any related correspondence.
  - 3.36.3 Access to practitioner files is limited to those staff members who have a “need to know” such as credentialing staff, network management staff, quality management staff, etc.
  - 3.36.4 The computers of all staff members are protected with individual unique passwords. Passwords are not shared.
- 3.37 GOBHI ensures the accuracy of Practitioner information in member materials including:
- 3.37.1 Practitioner Directories.
  - 3.37.2 GOBHI’s website.
  - 3.37.3 Marketing materials, if any.
  - 3.37.4 Member Newsletters.
- 3.38 Specifically, any Practitioner qualification or credential information given to members must match that which is gathered during the credentialing and recredentialing processes. This includes practitioner:
- 3.38.1 Education and training.
  - 3.38.2 Board Certification.
  - 3.38.3 Specialty(ies).
- 3.39 Staff conducting credentialing confirm the accuracy of all Practitioner information submitted for credentialing and recredentialing as part of the verification process.
- 3.39.1 If any inconsistencies are identified during the credentialing and recredentialing processes, they are investigated and resolved.
  - 3.39.2 All actions are documented in the Practitioner’s file.
- 3.40 At each credentialing and recredentialing cycle, and whenever practitioners submit new information, staff conducting credentialing review the practitioner information in the online system. Information systems staff enter all practitioner information into an online system from which such data can be retrieved for use by other departments.
- 3.40.1 All data entries are reviewed by credentialing staff when the file is complete and prior to presentation to the physician responsible for credentialing or the Credentialing Committee.
  - 3.40.2 Credentialing staff:
    - 3.40.2.1 Cross checks the online information comparing the entry to the practitioner’s file.
    - 3.40.2.2 Sends request to information systems to correct any data entry errors.

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### 4.0 Compliance Criteria

N/A.