
Credentialing Process

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Credentialing / Recredentialing Criteria

1. The practitioner must hold a current, valid and unrestricted license to practice in the state in which they intend to provide services. Any license actions will be reviewed by the Credentialing Committee. The determination that a licensure action is significant enough to deny participation will be made by the Credentialing Committee.
2. Prescribers: The practitioner must hold a valid, unrestricted DEA registration or provide evidence satisfactory to the FHW Credentialing Committee that his/her practice does not require such registration. Any actions against a practitioner's DEA, including but not limited to, denial, restriction, suspension or termination, will be reviewed by the FHW Credentialing Committee. Participation may be denied and shall be at the discretion of the FHW Credentialing Committee.
3. The practitioner must maintain, as applicable, admitting privileges at a FHW contracted hospital. The practitioner must be credentialed by the designated hospital according to the New York Public Health Law.
 - A. If the practitioner does not have admitting hospital privileges, the practitioner must provide adequate information regarding inpatient coverage arrangements or an explanation regarding lack of admitting privileges.
 - B. If the practitioner has had any past actions against hospital privileges, including, but not limited to, revocation, limitation, suspension or other type of specific disciplinary action, the issues will be reviewed by the Credentialing Committee. The determination that previous actions are significant enough to disqualify a practitioner for participation will be made by the FHW Credentialing Committee.
4. The practitioner must hold malpractice coverage of \$1,000,000 per occurrence and \$3,000,000 aggregate. Limits of professional liability insurance less than these amounts will be reviewed on a case by case basis by FHW. The practitioner must have no record of cancellation or suspension of professional liability insurance, or must provide evidence satisfactory to the FHW Credentialing Committee, that such a record is not indicative of substandard care. The practitioner must furnish FHW with a malpractice face sheet.
5. The Practitioner's history will be reviewed by FHW to ensure the practitioner meets all NCQA and CMS standards. If the practitioner participates with Medicare/Medicaid, then the participation must be valid and unrestricted with no history of sanction activity or exclusion from participation. In addition, the practitioner must not have opted out of the Medicare program. If a sanction exists or has existed for non-payment of a student loan, the practitioner may be eligible for participation if the practitioner has satisfied all obligations of the student loan. This will be reviewed by the FHW Credentialing Committee.
6. The practitioner's participation with insurance carriers, managed care organizations and other healthcare entities are reviewed by the FHW Credentialing Committee. Issues reviewed include, but are not limited to, actions on license, registration or certification, including suspension, revocation, probation, consent orders, or other terms and conditions, etc.; investigations by licensing boards, regulatory body, professional associations; loss or

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limitation of clinical privileges or professional staff membership at any healthcare entity; professional liability actions; matters associated with OIG or state Medicaid sanctions, exclusions; any investigation associated with potential fraud, waste, or abuse.

7. The practitioner's criminal and civil history is reviewed by the FHW Credentialing Committee. Practitioner's history includes: convicted of, pled guilty to, or pled "no contest" to any state or federal felony or misdemeanor (excluding minor traffic violations), fraud, act of violence, child abuse, or sexual offenses. Review factors considered shall include, but are not limited to, the relationship of the matter to qualifications, functions, duties as healthcare professional, current license status and/or history of professional sanctions, etc.
8. The practitioner must attest to lack of present or recent illegal drug use.
9. The practitioner does not demonstrate any reason for any inability to perform the essential functions of the position, with or without accommodation.
10. The practitioner agrees to abide by all policies and procedures of FHW as consistent with moral, ethical and professional standards of behavior. The practitioner agrees to adhere to generally recognized standards of medical and professional ethics.
11. Practitioners are required to have formal training in the area of their practice. Practitioners will limit their practice to areas in which they have received adequate training and which are within the scope of their practice.

FHW shall maintain an appropriate percentage of board certified PCPs and specialty physicians consistent with the community average.

Practitioners are encouraged to meet the conditions for board certification as described below.

Physicians who are not yet board certified will be required to achieve board certification within the timeframe established by their respective boards or within five (5) years of completion of their residency or fellowship program. Any currently credentialed physician who is not board certified and who completed a residency or fellowship prior to 1987 will be grandfathered into the network.

FHW may waive board certification requirements at the discretion of the Credentialing Committee for access issues, extenuating circumstances.

Board Certification/Recertification Requirement and Verification

Practitioner attests to board certification status on practitioner application. The Credentials Associate performs primary source verification from NCQA acceptable sources. Oral and Internet verification requires signature or initials of the FHW Credentials staff verifying the credential and the date verified. Written verification may be in the form of a letter or documented review of cumulative reports released by the primary sources of credentialing data. The latest version of cumulative reports must be in use.

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If the physician is not board certified, verification of highest level of training fully meets this requirement on initial credentialing.

Cause for Waiving Board Certification Requirements

FHW may waive board certification requirements at the discretion of the Credentialing Committee, for geo-access needs or other business reasons, provided that the physician meets all other requirements. Any currently credentialed physician who is not board certified and who completed a residency or fellowship prior to 1987 will be grandfathered into the network.

At the time of initial credentialing, the Credentialing Committee may grant a waiver to physicians (MD, DO) applying for participation who would otherwise be required to be ABMS or AOA board certified/eligible, if they meet each of the criteria of one of the following three pathways or, for psychiatrist, if they have completed a 3 year residency training program and training equivalent to board certification.

Pathway One:

1. Applicant has been appointed to, or currently serves in, an academic leadership position of significance. The applicant must currently hold a position as an:
 - a. ACGME or AOA Training Program Director, or a
 - b. Department or division chairperson in an FHW contracted hospital, or hold the
 - c. Rank of associate professor or higher in a medical school
2. Applicant must engage in sufficient clinical activity in his/her specialty to maintain clinical competency, and
3. Applicant must be of good character.
4. The credentialed applicant and the department chairman must notify FHW if the applicant's employment is terminated before the completion of two years.

Pathway Two:

1. Foreign-trained applicants, who do not meet the criteria of Pathway One, must meet each of the following criteria:
 - a. Have hospital based, full-time clinical employment in a leadership role at a major teaching hospital as defined by the Greater New York Hospital Association;
 - b. Hold an academic appointment in a major medical school;
 - c. Submit a letter, signed by the applicant's academic department chair, attesting that the applicant has:

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- Clinical training in his/her specialty currently comparable in duration and quality to that required by the American Board of Medical Specialties or the American Osteopathic Association, and;
 - Excellent clinical skills, and;
 - A unique academic skill set.
- 2. Applicant must engage in sufficient clinical activity in his/her specialty to maintain clinical competency, and;
- 3. Applicant must be of good character.
- 4. An applicant approved as an exception under Pathway Two may hold a New York Category I, Temporary I Faculty Appointment license.*
- 5. An applicant approved as an exception under Pathway Two will be decertified if his/her employment as described above terminates before the completion of two years.
- 6. The credentialed applicant and the department chairman must notify FHW if the applicant's employment is terminated before the completion of two years.

Pathway Three:

American Board of Pediatrics (ABP)

For all ABP diplomats who are initially certified in 2010 and beyond, as well as those whose certificate currently contains expiration date, annual primary source verification will be conducted on March 1st of each calendar year to ensure maintenance of current certification.

Permanent ABP certificate holders are not obligated to participate to maintain certification.

If, at the time of recredentialing, it is found that a physician has not maintained board certification, then documentation is obtained regarding the physician's plan to recertify. A physician who indicates intent to recertify is reviewed at the next scheduled biennial cycle. If a physician does not plan to recertify or does not recertify as per prior intent, an explanation is requested along with any pertinent documentation and this is brought to the Credentialing Committee for review.

A waiver may be granted for access issues, imminent retirement or extenuating circumstances with appropriate documentation and review by the Credentialing Committee. Imminent retirement shall be defined as an anticipated retirement date prior to the next biennial recredentialing cycle.

If the practitioner remains in practice at the time of the next biennial review after a retirement waiver, then review by the Credentialing Committee is required.

Decision Making Process

The credentialing staff will review all files against FHW's credentialing criteria to determine that the applicants applying for credentialing and recredentialing meet FHW's established criteria and are considered to be "clean". A roster of the applicants who meet all of FHW's criteria is forwarded to the Medical Director for review, approval and signature, attesting that they are complete, clean and approved for participation or continued participation.

The Credentialing Committee reviews the files of all practitioners, on initial credentialing and recredentialing, who do not meet FHW's established criteria, and makes recommendations regarding credentialing decisions.

The confidential minutes of each meeting are recorded and reflect the recommendations of the Committee and all relevant discussions pertaining to the recommendations.

The signature of the Medical Director or of the credentialing committee is considered the effective date.

Notification

All applicants are notified in writing within sixty (60) calendar days of the decision to accept or deny their application. A listing of all applicants who are accepted for participation and continued participation is forwarded to Provider Relations/Network Development for processing of contract execution. If denied, the practitioner is sent a denial letter explaining the reason(s) for the denial and their appellate rights, if applicable.

Practitioner Rights

- Practitioners have the right to review information submitted to support his/her credentialing application unless the disclosure of certain information or the source of information is prohibited by law, contract or agreement with the entity that provided the information to FHW. Practitioners may obtain this information upon written request to the Credentialing Department.
- Practitioners have the right to correct erroneous information submitted by another party for use in the credentialing process. Practitioners are notified of credentialing information received from other sources which varies substantially from the information submitted by the practitioner, and may impact the practitioner's participation status in the network. The practitioner has the right to correct incomplete, inaccurate, conflicting or erroneous credentialing information, upon written request to the Credentialing Department.
- Practitioners have the right to be informed of the status of the credentialing or recredentialing application upon request.

Practitioners are informed of their rights through the Provider Manual and on the credentialing / recredentialing application that requires a signature of completeness.

Hearings and Appeals

FHW makes policies and procedures available to practitioners at the time that the credentialing, upon request. The appellate process, along with all credentialing criteria, appears on the FHW website, as well as in the provider manual. In the event that an action is taken against a practitioner, a letter is sent by certified mail, along with this policy, so that the practitioner is fully apprised of his/her right to appeal.

Regular Review (“Administrative Review”)

The Committee shall notify the practitioner by certified mail of the credentialing action. Such notice shall state the reason for the action and shall notify the applicant that he/she may have the action reviewed by submitting additional written evidence, including statements by any relevant sources, to correct the record as it relates to the reasons for the action, within thirty (30) days of such notification.

The Committee shall appoint an impartial review official or a panel of impartial officials not in direct economic competition with the practitioner to conduct any further fact finding it deems necessary, using methods of its choice, during a thirty (30) calendar day period following the receipt of practitioner’s request for review of the decision. The impartial official or panel shall make a recommendation that it maintain or modify its initial decision. The practitioner shall be informed of the decision of the Committee within ten (10) business days of the decision. This decision shall be final.

Expanded Review

The FHW Credentialing Committee will use the following process when initiating action against the practitioner that affects the practitioner’s network participation status:

1. The FHW Credentialing Chairman shall, by certified mail, notify the practitioner that a decision has been reached to take action against the credentialing or recredentialing status of the practitioner. The FHW Credentialing Chairman shall provide the reasons for the proposed action in the letter, and shall notify the practitioner of the reason for the proposed action and of the right to request a hearing.
2. The notice shall inform the practitioner of practitioner’s right to appear, to be represented by an attorney or other person of the practitioner’s choice; and to present evidence determined to be relevant by the hearing panel...
3. The practitioner will have thirty (30) calendar days after receiving the notice to submit a written request for a hearing.

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4. Failure of the practitioner to request a hearing within the specified time period would constitute a complete waiver of rights to such a hearing and/or appellate review, and would allow the initial decision to stand.

Appeal Hearing

5. If the practitioner requests a hearing, the hearing shall be scheduled on a date no less than thirty (30) calendar days from the date of the notice of the request for a hearing. Written notification of the date, time and place of the hearing, shall be sent to the practitioner within fifteen (15) calendar days of practitioner's request for a hearing.
6. The composition of the Hearing Panel is described below.
7. Following the hearing, the Hearing Panel shall provide the practitioner a copy of its decision in writing by registered or certified mail within ten (10) calendar days including a statement of the basis for the decision. Also, a copy of its decision shall be provided to the FHW Executive Director. The decision of the Hearing Panel shall be considered final.
8. A decision to reduce, suspend or terminate participation for a period of longer than thirty (30) days is reported to the New York State Office of the Professions and the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank by the Credentials Manager as required by Reporting Statute or other authorities as appropriate.
9. In the event that the decision of denial stands, reapplication to FHW may not be considered for a one year period of time from the date on the letter notifying the practitioner of the decision of the Hearing Panel or at the discretion of the FHW Credentialing Committee.

Composition of the Hearing Panel for Expanded Review

The FHW Executive Director or designee shall appoint a panel of three (3) individuals, one of whom is a FHW Medical Director, who had not previously been involved in the case. The FHW Medical Director shall be designated the Chair. The other two (2) practitioners shall be similarly licensed practitioners (for example, an M.D. physician will review an M.D. physician) as the practitioner who initiated the appeal, neither of whom are in direct economic competition with the petitioner nor are partners in practice, who have not acted as accusers, investigators, or decision makers in the same matter being appealed. At least one (1) individual shall be practicing the same specialty as the petitioner.