



Credentialing Program Description

Policy Update 4/3/2024



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Purpose

The Credentialing Program of CorVel Corporation shall be comprehensive to ensure that its practitioners and organizational providers meet the standards of professional licensure and certification. The process enables CorVel to recruit and retain a quality network of practitioners and ensure ongoing access to care. It consistently and periodically assesses and evaluates a practitioner's or organizational provider's ability to deliver quality care between credentialing and recredentialing cycles. The Credentialing Program enables CorVel to ensure that all practitioners and organizational providers are in compliance with CorVel policies and procedures, and any other applicable regulatory and/or accreditation entity's requirements and/or standards.

Scope

The scope of the Credentialing Program is comprehensive and includes practitioners that have an unrestricted, current and valid license and a National Provider Identification (NPI) Number. Practitioners and organizational providers who are responsible for direct care of patients will be credentialed as outlined in this document.

This Credentialing Program Description sets forth minimum standards only. Local and/or Regional CorVel offices may have additional contracting requirements that practitioners and organizational providers must comply with in order to be part of the CorVel network. Please contact your local CorVel office for details.

Credentialing Program's Core Indicators and Goals

- Timely processing of applications
- Safety of patients and quality of care
- Access to care

The CorVel Credentialing Program Description is reviewed and updated at least annually.

Definitions

The acronyms, phrases, words and terms used in this document shall have the following meanings unless the context specifically states otherwise:

1. **Ambulatory Surgical Center (ASC):** Medicare defines ASC as a distinct entity that operates exclusively for the purpose of furnishing outpatient surgical services to patients. Each ASC must be certified as meeting the requirements for an ASC and must enter into a participating provider agreement with the Centers for Medicare & Medicaid Services (CMS). An ASC can either be:
 - a. Independent (not part of a provider of services or any other facility)
 - b. Operated by a hospital (under the common ownership, licensure, or control of a hospital). To be covered as an ASC operated by a hospital, the facility:
 - i. Elects the coverage and is covered as such unless CMS determines that there is good cause to do otherwise
 - ii. Is a separately identifiable entity that is physically, administratively, and financially independent and distinct from other operations of the hospital, with costs for the ASC treated as a non-reimbursable cost center on the hospital's cost report
 - iii. Meets all requirements regarding health and safety and agrees to the assignment, coverage, and payment rules applied to independent ASCs
 - iv. Is surveyed and approved as complying with the conditions for coverage for ASCs
2. **CAQH:** Council for Affordable Quality Healthcare; Manages the Universal Credentialing Initiative by which a practitioner can submit a single application to one central database to meet the needs of all of the health plans and Networks participating in the CAQH effort.
3. **Clean Practitioner or Provider:** A practitioner or provider who fully meets the standards, guidelines, and/or criteria for network participation which are described in this policy.
4. **CMS:** Centers for Medicare and Medicaid Services headquartered in Baltimore, MD; Under the direction and oversight of the U.S. Department of Health and Human Services; Social Security Act, Titles 18, 19 and 21.
5. **Credentialing Process:** Includes, for the purposes of this document, both the credentialing and recredentialing of independently licensed practitioners and/or organizational providers; initial credentialing is conducted prior to a practitioner or provider being presented to the

National Credentialing and Quality Control Committee for approval; recredentialing is conducted within three (3) years of the initial credentialing process.

6. **Delegated Credentialing:** Occurs when the credentialing functions of a managed care organization, practitioner network, or other organization have been outsourced or contracted out to be performed by another capable organization.
7. **Dual Credentialing:** A practitioner (typically an internal medicine practitioner) or provider who is educated and medically trained to provide medical care in two specialties (i.e., internal medicine and gastroenterology, etc.)
8. **Dual Contracting:** A practitioner that is contracted directly with CorVel and also with a contracted delegated entity.
9. **High-Volume:** Fifty (50) or more members on a participating practitioner's or provider's panel.
10. **Independent relationship:** Exists when the organization selects and directs its members/patients to see a specific practitioner, provider or group of practitioners or organizational providers, including all practitioners whom members can select as primary care practitioners (PCP).
11. **Licensed independent practitioner (LIP):** A practitioner who does not work under the auspices or authority of another practitioner or provider.
12. **Locum Tenens:** A Latin phrase that means "to hold the place of, to substitute for," In layman's terms, it means a temporary and/or covering practitioner.
13. **Nationally Recognized Accrediting Entity/Body:** An organization that sets national standards specifically governing healthcare quality assurance processes, utilization review, practitioner credentialing, as well as other areas covered in this document and provides accreditation to managed care health insurance plans pursuant to national standards. The following entities are examples of nationally recognized accrediting entities/bodies:

- **JCAHO:** Joint Commission on Accreditation of Healthcare Organizations

- **NCQA:** National Committee for Quality Assurance; an accrediting body overseeing a variety of health plan functions and ensures quality.
14. **Network Practitioner:** Accredited and/or verified person who has entered into a contractual agreement with CorVel to provide healthcare services to its members and follow all established plan policies and procedures.
 15. **Organizational Providers:** Medical Organizational providers include: hospitals, home health agencies including infusion services providers, durable medical equipment companies, skilled nursing facilities, free standing surgical centers (of any type), laser surgery centers, urological surgery centers, dental surgery centers, cardiac surgery centers, orthopedic surgery centers, free-standing hospice centers and rehabilitation facilities. Behavioral health organizational providers include: Inpatient, residential, and ambulatory mental health facilities.
 16. **Office of the Inspector General (OIG):** The Health and Human Services Office of Inspector General is responsible for excluding individuals and maintaining a sanctions list that identifies those practitioners and providers who have participated or engaged in certain impermissible, inappropriate, or illegal conduct including, but not limited to fraudulent billing and misrepresentation of credentials. The OIG's List of Excluded Individuals and Entities (LEIE) provides information on all individuals and entities currently excluded from participation in the Medicare, Medicaid, and all other Federal health care programs.
 17. **Primary Source Verification:** The original source of a specific credential that can verify the accuracy of a qualification reported by an individual health care practitioner/provider. Examples include medical schools, graduate medical education programs, Board Certification organizations, and state medical boards.

Authority and Responsibility for Credentialing

The National Credentialing and Quality Control Committee accepts the responsibility of administering the Credentialing Program and having oversight of operational activities, which include making the final decision, (i.e., approve, table, or deny) on all practitioners and organizational providers, regarding participation in the network.

Purpose

The Credentialing Program of CorVel Corporation shall be comprehensive to ensure that its practitioners and organizational providers meet the standards of professional licensure and certification. The process enables CorVel to recruit and retain a quality network of practitioners and organizational providers and ensure ongoing access to care. CorVel also periodically assesses and evaluates a practitioner's or organizational provider's ability to deliver quality care between credentialing and recredentialing cycles.

The Credentialing Program enables CorVel to ensure that all practitioners and organizational providers are in compliance with the National Committee for Quality Assurance (NCQA) standards and CorVel policies and procedures.

The CorVel Credentialing and Recredentialing standards, contained in this official guidance document, for types of practitioners and organizational providers shall be reviewed by clinical peers, as required, that are members of the CorVel National Credentialing and Quality Control Committee. The process of peer review is established, as evidenced in this document, when considering employing or contracting with a practitioner or organizational provider who may not meet CorVel's established credentialing standards.

National Credentialing and Quality Control Committee Structure and Activities

1. Composition:

The Chairperson of the National Credentialing and Quality Control Committee is responsible for the oversight and operation of the Credentialing Program. The Chairperson of the National Credentialing and Quality Control Committee will establish, implement, monitor, and revise policies and procedures for CorVel credentialing and re-credentialing annually, and must sign and date the Credentialing Program Description each year.

The Committee is a peer-review physician body that includes participating practitioners, spanning a range of specialties, including primary care (i.e., family practice, internal medicine, pediatrics, general medicine, obstetrics/gynecology, geriatrics, etc.) and specialty care. Allied health representatives specializing in rehabilitation therapy (physical, occupational, speech, language), audiology, orthotics, prosthetics, social work, non-physician mental health (psychologist), etc. may be appointed to serve as non-voting members, on an ad-hoc basis.

2. Responsibilities/Duties:

The Committee shall be responsible for the initial credentialing and recredentialing process of all providers to whom this policy applies. The Committee's purpose is to monitor all credentialing activities and delegated credentialing arrangements, to include, but not be limited to:

- Receive and review the credentials of all practitioners and organizational providers being credentialed or recredentialed who are not "Clean Practitioners". Review practitioner or organizational provider credentials and give thoughtful consideration to the credentialing elements before making recommendations about a practitioner's or organizational provider's ability to deliver care;
- Report to the appropriate regulatory authorities, as required;
- Annual Review of the Credentialing Program Description;
- Review and give thoughtful consideration to all recommendations for quality issues that are referred by local or regional committees and/or CorVel staff;

The National Credentialing and Quality Control Committee Chairperson or his/her designee may review and sign off on a list of the names of clean practitioners and organizational providers who fully meet the established criteria before, between, and after each Committee meeting. Copies of these lists are kept on a secure server with password-required access along with the meeting minutes for each Committee meeting.

Local and/or regional CorVel offices may have additional quality assurance or other committees which are also responsible for quality assurance and contracting determinations. In these situations, the local committee may make its own quality, contracting and/or

network participation determinations and communicate its recommendation to the National Credentialing and Quality Control Committee for final review.

3. Quorum:

A quorum (majority of voting members) shall be satisfactory for the valid transaction of business by the Committee, which meets at least monthly and/or as deemed necessary by the Chairperson. The Committee action may be implemented in the absence of a face-to-face or other type meeting if consent in writing, setting forth the action, is obtained. Non-voting members include the Credentialing Manager, and any other CorVel staff in attendance.

4. Minutes and Reports:

Complete and accurate minutes will be prepared and maintained for each meeting. Minutes will reflect the name of the Committee, the date and duration of the meeting, the members present and absent, and the names of guests or other representatives. The minutes will reflect decisions and recommendations, the status of activities in progress, and the implementation status of recommendations, when appropriate. Applicable reports and substantiating data will be appended for reporting purposes.

The Committee will be responsible for reviewing minutes for their accuracy. Minutes shall be securely retained electronically.

5. Confidentiality/Security Policy:

It is the policy and procedure of CorVel to consider all credentialing documents received from the practitioner, all primary source verifications, and any other information or documentation retained as a result of the credentialing process as confidential. The mechanisms to ensure the confidentiality of information collected in this process are as follows:

- a. Access to credentialing documents will be restricted to: (1) The practitioner or organizational provider being credentialed, pursuant to the requirements outlined in this document below titled "Practitioner Rights" (2) Committee Members, and (3) CorVel Credentialing/Rec credentialing Staff. Other departments with access to the database in order to facilitate contract and/or other administrative duties will have limited access to view credentialing and demographic data, excluding primary source verifications, the NPDB and sanction documents, and will have no access to edit any practitioner specific data that is not tied to the practice locations.
- b. The limited number of staff with access to the credentialing database is required to have individual user names and passcodes to access credentialing

related information. Passwords are known only by the user, and can only be reset by the administrator.

- c. All documents attached to practitioners/providers receive a system generated attach date and attached by stamp. This information cannot be modified. The data verification elements are entered in separate fields by the credentialing staff and become part of the system audit trail upon saving. The credentialing and recredentialing staff, along with the system Administrators are the only users with access to edit these fields. The audit trail cannot be modified by any user or administrator.
- d. Verification documents collected outside of the credentialing database are required to have the verifier's name and date/time stamp prior to attaching the document. When attached, the aforementioned document attach date and user stamp are system generated.
- e. Verifications that are system generated receive a system generated attach date and show a default date and user stamp. This information becomes part of the system audit trail.
- f. Data imported from CAQH is managed and maintained only by a Database Administrator. This data sharing tool is managed in a secure external server with secure FTP settings. Data elements are restricted to the external tool import and all imported fields and data are saved to a report. All fields in the database that are changed by this import function are marked as such in the "source" field and the administrator's name is system generated. All edits also become part of the system's audit trail and cannot be modified.
- g. The database administrators are the gatekeepers of adding and deleting users, as well as assigning user settings. No user can access the security setting functions to make any edits or changes, nor can they add or delete users. Each user is assigned a role during setup, and each role has specific security settings according to that role's functions in the database. Only one role per user is assigned. Each role has appropriate add/delete/edit settings specific to that user's department and/or job function. The role of ViewOnly has no editing capabilities.
- h. Active users are reviewed at least quarterly to ensure that inactive users/employees have been appropriately de-activated. Changes to roles and departmental responsibilities are also reviewed at that time. Proof of these reviews are maintained in a secure file.
- i. Each department is responsible for auditing their processes at least quarterly. The departmental measurements must include an audit of the lesser of 5% or 30 completed records to ensure that protocols and data requirements are being met. These audit results will be kept in a secure file folder for reference.

6. Conflict of Interest:

No person may participate in the review and evaluation of any professional practitioner or organizational provider, as applicable, who is a close family member or with whom s/he has

NATIONAL CREDENTIALING AND QUALITY CONTROL COMMITTEE STRUCTURE AND ACTIVITIES

been in a group practice, professional corporation, partnership, corporation, limited liability company or similar entity whose primary activity is the practice of medicine or where judgment may be compromised, as determined by the National Credentialing and Quality Control Committee. The Chairperson of the National Credentialing and Quality Control Committee shall have the authority to excuse a voting member from the National Credentialing and Quality Control Committee in the presence of a conflict of interest.

The Credentialing Program: Practitioners

Scope of Credentialing

The scope of the Credentialing Program is comprehensive and includes directly contracted practitioners that have an unrestricted, current and valid license and a National Provider Identification (NPI) Number. All licensed practitioners and groups of practitioners who provide care to individuals that access CorVel's network are credentialed, except as discussed below. Practitioners who are certified or registered by the state to practice independently are also credentialed, except as discussed below.

Practitioners who will be credentialed and reviewed on an ongoing monitoring basis include:

- a. Practitioners who have an independent relationship with CorVel at an outpatient setting. An independent relationship exists when CorVel practitioners or group of practitioners specifically see patients. An independent relationship is not synonymous with an independent contract. NCQA does not require the organization to credential some practitioners with whom it holds independent contracts;
- b. Practitioners who see members outside the inpatient hospital setting or outside freestanding, ambulatory facilities;
- c. Practitioners who are licensed, certified or registered by the state to practice independently (without direction or supervision).
- d. Hospital based practitioners who have an independent relationship with CorVel and practice in an outpatient setting:
 - i. Anesthesiologists with pain-management practices
 - ii. Cardiologists
 - iii. University faculty who are hospital based and who also have private practices
- e. Dentists:
 - i. Endodontists
 - ii. Oral surgeons
 - iii. Periodontists
- f. Non-physician practitioners who may have an independent relationship with CorVel:
 - i. Behavioral health practitioners
 - ii. Nurse practitioners
 - iii. Physician assistants

- iv. Nurse midwives
 - v. Optometrists
 - vi. Chiropractors
 - vii. Physical therapists
 - viii. Occupational therapists
 - ix. Speech and language therapists
- g. Rental networks and/or affiliates.

Types of practitioners monitored during the year to ensure ongoing compliance as defined in the section titled “Ongoing Monitoring” in this document:

- a. Medical practitioners:
 - i. Medical doctors (MD)
 - ii. Osteopaths (DO)
 - iii. Dentists (DDS/DMD)
 - iv. Chiropractors (DC)
 - v. Podiatrists (DPM)
 - vi. Nurse Practitioners (NP, PNP, ANP)
 - vii. Physician Assistants

- b. Behavioral health practitioners:
 - i. Psychiatrists and other physicians
 - ii. Addiction medicine specialists
 - iii. Doctoral or master's-level psychologists who are state certified or licensed
 - iv. Master's-level clinical social workers who are state certified or licensed
 - v. Master's-level clinical nurse specialists or psychiatric nurse practitioners who are nationally or state certified or licensed
 - vi. Other behavioral healthcare specialists who are licensed, certified or registered by the state to practice independently

Additional types of practitioners, not listed above, may also be credentialed and subject to the same policies and procedures, as those listed in this document, to ensure ongoing quality.

Practitioners who do not need to be credentialed:

- a. Practitioners who practice exclusively within free-standing facilities that are credentialed as organizational providers, and who provide care only as a result of patients being directed to the facility, and do not provide direct patient care.

- b. Pharmacists

- c. Practitioners who are subject to credentialing under CorVel’s Delegated Credentialing program as described in the section titled “Delegated Credentialing”. These providers may include those who are credentialed by hospitals, surgical centers, or other facilities that have direct contractual relationships with CorVel.
- d. Covering practitioners (e.g., locum tenens)
- e. Practitioners who do not provide care for patients in a treatment setting (e.g., board-certified consultants)
- f. Practitioners who practice under the direct supervision of a practicing MD or DO, and do not bill under their own license or contract (e.g. Physicians in training e.g. Residents; and PAs and NPs in New York state). Practitioners who fall under this category will not be directly contracted with any CorVel line of business.
- g. Practitioners who practice exclusively within the inpatient setting and do not provide direct patient care (if any of the providers listed below do provide direct patient care, they will be credentialed):
 - i. Pathologists
 - ii. Diagnostic Radiologists
 - iii. Anesthesiologists who are not practicing pain management
 - iv. Neonatologists
 - v. Perinatologists
 - vi. Emergency room physicians
 - vii. Hospitalists
 - viii. Telemedicine mental health consultants
- h. Practitioners who practice exclusively within free-standing facilities in which practitioners may practice exclusively and provide care under the CorVel contract only as a result of the patient being directed to the facility:
 - i. Mammography centers
 - ii. Surgicenters
 - iii. Ambulatory behavioral healthcare facilities
 - iv. Radiology centers
- i. Practitioners who practice exclusively within Ambulatory behavioral health care facilities and do not provide direct patient care:
 - i. Psychiatric and addiction disorder clinics

Standards of Participation: Practitioners

Professional Criteria:

CorVel accepts professional practitioners into its network at its sole discretion based on the need for professional practitioners in certain specialties, geographic areas, or similar considerations.

Each professional practitioner must meet minimum standards for participation in CorVel's Network. These guidelines are intended to comply with CorVel policies.

As noted above, this Credentialing Program Description sets forth minimum standards only. Local and/or Regional CorVel offices may have additional quality, and/or contracting requirements that providers must comply with in order to be part of the CorVel network.

Minimum Standards for Participation include all of the following criteria:

- a. Current and valid professional licensure to practice in a state in which CorVel conducts business, and must be licensed in the state in which he/she practices;
- b. Current and valid Federal DEA Certificate or CDS certificate for practitioners with the authority to write prescriptions, as applicable, for practice. When a practitioner waives his/her prescriptive authority, or has restricted prescriptive authority, the DEA Form must be completed. (See ATTACHMENT 2: DEA FORM);
- c. Board certification in a recognized practice specialty. In lieu of Board Certification, the practitioner must have relevant education (Residency) in his/her practicing specialty;
- d. Current clinical privileges at a participating hospital, if applicable, or evidence of coverage/transfer arrangement with a privileged participating practitioner or admission arrangements with a hospitalist group is acceptable;
- e. Practitioner shall maintain a professional malpractice liability insurance policy insuring Practitioner/Provider and Practitioner/Provider's employees and agents with coverage limits in accordance with applicable state insurance requirements;
- f. A complete application. If the practitioner participates with CAQH, s/he must grant CorVel access to the application. If the practitioner does not participate with CAQH, s/he must submit a full CorVel paper application. Any practitioner must attest to at least the following:
 - i. Reasons for inability to perform the essential functions of the position.

- ii. Lack of present illegal drug use which might adversely affect judgment or competence, so as to substantially impede the practitioner's ability to perform the essential functions of his/her practice/profession.
- iii. History of loss of license and felony convictions. A conviction within the meaning of this section includes a plea or verdict of guilty or a plea of nolo contendere.
- iv. History of loss or limitation of privileges or disciplinary actions.
- v. Current malpractice insurance coverage, even if that amount is \$0, and includes coverage dates.
- vi. Current and signed attestation confirming the correctness and completeness of the application.

Additional Exclusion Criteria:

- a. CorVel, upon receipt of valid information from a verifiable and reliable source, will exclude from participation, in CorVel's Network, all practitioners that may fall in any of the following categories.
 - i. Entities, which could be excluded under § 1128(b)(8), as amended, of the Social Security Act are entities in which a person who is an officer, director, or agent or managing employee of the entity, or a person who has direct or indirect ownership or controlling interest of five (5) percent or more in the entity has been convicted of any of the following crimes:
 - Program related crimes, i.e., any criminal offense related to the delivery of an item or service under any Medicare, Medicaid, or other State health care program (as provided in § 1128(a)(1) of the Act, as amended);
 - Patient abuse, i.e., a criminal offense relating to abuse or neglect of a patient in connection with the delivery of a health care item or service (as provided in § 1128(a)(2) of the Act, as amended); Fraud, i.e., a State or Federal crime involving fraud, theft, embezzlement, breach of fiduciary
 - ii. Practitioners who appear on the Office of Inspector General exclusions report.
 - iii. Practitioners who do not provide additional information related to attestation responses upon request, within 30 days of written request.

Business Administrative Criteria:

- a. Professional practitioner(s)'s area of specialty must fill a network need as determined by CorVel. CorVel reserves the right to deny participation, on a case-by-case basis, if the need does not exist for a particular specialty and if such action is deemed in the best interest of the network.

Initial Credentialing: Practitioners

Process and Requirements

CorVel performs credentialing review of all practitioners prior to being admitted into any CorVel network. The intent of the process is to validate and/or confirm credentials information related to a prospective or participating practitioner by contacting the primary source of the issuing credential directly. The initial credentialing process shall not exceed 180 calendar days.

Each practitioner must submit a legible and completed application, consent form that is signed and dated, a signed and dated CorVel Practitioner Agreement and all other required documentation. The following information is obtained and verified according to the standards and utilizing the sources listed under Initial Credentialing in Table A:

- a. Completed and accurate CorVel or CAQH application, which includes all disclosure questions listed above and a current and signed attestation. Misrepresentation provided on any application submission may be grounds for denied or terminated participation in the CorVel Network;
- b. Copy of the current and valid license or license number for the participating practitioner;
- c. Copy of the current and valid DEA or CDS Certificate, if applicable;
- d. Copy of the medical malpractice policy face sheet, or completed liability information section on the application, to include policy number, effective dates of coverage, and coverage amounts;
- e. Copy of the board certificate or highest level of education; proof of education, training and competency in specialty for which practitioner is seeking participation status in the CorVel network. (Fellowship does not meet the criteria for education.);
- f. Copy of the current Curriculum Vitae (CV), or detailed work history which must include month/year (Gaps or interruptions in work history 6 months or greater must be explained). CV or work history must cover the previous five years;
- g. Quality measures (may include recredentialing site visit);
- h. Primary Source Verification of associated credentialing documentation;
- i. Practitioner explanation upon request of any adverse actions or affirmative answers to any of the application disclosure questions, and including 1) Any limitation in ability to perform the functions of the position, with or without

accommodation; 2) History of loss of license and/or felony convictions; 3) History of loss or limitation of privileges or disciplinary activity; and 4) Any malpractice history, either reported or non-reported to the NPDB or other regulatory bodies which have resulted in settlement or adverse judgment. Practitioner must respond within 30 days of written request.

To meet verification standards, all credentials must be valid at the time of the National Credentialing and Quality Control Committee's decision per Table A below and the specific time limits as set forth by CMS, NCQA, CorVel and any other applicable regulatory and/or accreditation entities:

Table A:

Primary Source Information:	Acceptable Sources:
<ul style="list-style-type: none"> <input type="checkbox"/> Credential: License <input type="checkbox"/> Time Frame for Verification Process: 180 calendar days* <p>Must confirm that practitioners hold a valid, current state license or certification, which must be in effect at the time of the Committee's decision; must verify licenses or certification as applicable in each state where practitioners provide care for plan members; <u>verification must come directly from the state licensing or certification agency</u>; if the plan uses the Internet to verify state licensure or certification, the Web site must be from the appropriate state licensing agency.</p> <p>Copy of verification must be signed and dated by verifier (electronic signature/date is acceptable)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> State Agency

Primary Source Information:	Acceptable Sources:
<ul style="list-style-type: none"> <input type="checkbox"/> Credential: DEA or CDS Certificate <input type="checkbox"/> Time Frame for Verification Process: 180 calendar days * <p>Must be effective at the time of the credentialing decision; must be verified in each state in which the practitioner cares for plan members.</p> <p>Copy of verification must be signed and dated by verifier (electronic signature/date is acceptable)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A copy of the DEA or CDS certificate <input type="checkbox"/> Documented visual inspection of the original certificate <input type="checkbox"/> Confirmation with the DEA or CDS Agency <input type="checkbox"/> Entry in the National Technical Information Service (NTIS) database <input type="checkbox"/> Entry in the American Medical Association (AMA) Physician Master File <input type="checkbox"/> Confirmation from the state pharmaceutical licensing agency where applicable
<ul style="list-style-type: none"> <input type="checkbox"/> Credential: Education and Training <input type="checkbox"/> Time Frame for Verification Process: None for graduation from medical or professional school and/or completion of residency. <p>The organization must verify the highest of the three levels of education and training obtained by the practitioner.</p> <ol style="list-style-type: none"> a. Graduation from medical or professional school b. Residency, if appropriate c. Board certification, if appropriate <p>Printout from state licensing agency's Web site: The plan may use a dated printout of the licensing agency's Web site in lieu of a letter or other written notice as long as the site states that the agency verifies education and training with primary sources and indicates that this information is current; NCQA does not require the plan to obtain written confirmation from the licensing board if there is a state statute that requires the licensing board to obtain verification of education and training directly from the</p>	<p>Graduation from medical school (MD, DO):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical School <input type="checkbox"/> AMA Physician Master File <input type="checkbox"/> American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or AOA <input type="checkbox"/> Educational Commission for Foreign Medical Graduates (ECFMG) for international medical graduates licensed after 1986. <input type="checkbox"/> Association of schools of the health professional, if the association performs primary source verification. At least annually, the organization must obtain written confirmation from the association that it performs primary source verification. <input type="checkbox"/> State licensing agency, if the state agency performs primary-source verification.

Primary Source Information:	Acceptable Sources:
<p>institution; the plan must include a copy of the relevant state statute as proof.</p> <p>Note: If a practitioner’s education has not changed during the recredentialing cycle, the previous education verification will stand and not be re-verified.</p> <p>Copy of verification must be signed and dated by verifier (electronic signature/date is acceptable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Credential: Board Certification <input type="checkbox"/> Time Frame for Verification Process: 180 calendar days* <p>The practitioner is not required to be board certified for network participation, but if practitioner lists certification on the application, it must be verified. If practitioner is board certified,</p>	<p>At least annually, the organization must obtain written confirmation from the state-licensing agency that it performs primary source verification.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sealed transcripts: If a practitioner submits transcripts to the organization that are in the institution’s sealed envelope with an unbroken institution seal, NCQA accepts this as primary-source verification if the organization provides evidence that it inspected the contents of the envelope and confirmed that transcript shows that the practitioner completed (graduated from) the appropriate training program. <p>Note: If the practitioner states that education and training were completed through the AMA's Fifth Pathway program, the organization must confirm it through primary-source verification from the AMA. Please refer to the applicable NCQA standards required for non-doctors of medicine and osteopathy. (MD, DO) board certification</p> <ul style="list-style-type: none"> <input type="checkbox"/> ABMS or its member boards, or an official ABMS Display Agent, where a dated certificate of primary-source authenticity has been provided. <input type="checkbox"/> AMA Physician Master File.

Primary Source Information:	Acceptable Sources:
<p>verifying board certification fully meets standards for education and training.</p> <p>Verifies if applicable. Must be verified through one of the following sources: AMA, ABMS, ABA, AOA, AAMC.</p> <p>Copy of verification must be signed and dated by verifier (electronic signature/date is acceptable)</p>	<ul style="list-style-type: none"> ❑ AOA Official Osteopathic Physician Profile Report or AOA Physician Master File. ❑ Appropriate Specialty board State licensing agency, if the state agency performs primary-source verification of board status. At least annually, the organization must obtain written confirmation from the state-licensing agency that it performs primary-source verification.
<ul style="list-style-type: none"> ❑ Credential: Hospital Privileges (if applicable) ❑ Type of Privileging: Full, Active (or equivalent status) and Current at a participating CorVel hospital <p>Verification must be completed prior to presentation to CorVel’s National Credentialing and Quality Control Committee.</p>	<ul style="list-style-type: none"> ❑ Contact the hospital identified on the practitioner’s application and use the hospital roster, fax, or other mode to confirm privileges ❑ Completed section of Application ❑ Admitting arrangements with participating hospitalist group or arrangement for a participating covering practitioner is acceptable
<ul style="list-style-type: none"> ❑ Credential: State and Federal (Medicaid and Medicare Sanctions, Restrictions on Licensure or Limitations on scope of practice, Exclusions and limitation related to fraud and abuse and Opt In/Out status ❑ Time Frame for Verification Process: 180 calendar days* <p>The OIG and the Opt In/Opt Out listing must be queried for sanctions and limitations prior to presenting a practitioner to the Committee for review and a decision</p>	<p>Sources for Licensure Sanctions:</p> <p>Physicians:</p> <ul style="list-style-type: none"> ❑ Appropriate state agencies ❑ Federation of State Medical Boards (FSMB) ❑ Healthcare Integrity and Protection Databank (HIPDB) ❑ National Practitioner Databank (NPDB) <p>Nonphysician behavioral healthcare professionals:</p> <ul style="list-style-type: none"> ❑ Appropriate state agency ❑ HIPDB

Primary Source Information:	Acceptable Sources:
<p>Copy of verification must be signed and dated by verifier (electronic signature/date is acceptable)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> State licensure or certification board Sources for Medicare/ Medicaid Sanctions <input type="checkbox"/> AMA Physician Master File entry <input type="checkbox"/> Federal Employees Health Benefits Plan (FEHB) Program department record, published by the Office of Personnel Management, Office of the Inspector General <input type="checkbox"/> FSMB <input type="checkbox"/> SAM <input type="checkbox"/> List of Excluded Individuals and Entities (maintained by OIG), available over the Internet <input type="checkbox"/> Medicare and Medicaid Sanctions and Reinstatement Report, distributed to federally contracting organizations <input type="checkbox"/> NPDB <input type="checkbox"/> State Medicaid agency or intermediary and the Medicare intermediary <input type="checkbox"/> Trailblazers.com – Opt In/Opt Out Website
<ul style="list-style-type: none"> <input type="checkbox"/> Credential: Malpractice Insurance <input type="checkbox"/> Time Frame for Verification Process: 180 calendar days* <p>Obtain confirmation of the past five years of history of malpractice settlements; in some instances, the five-year period may include residency or fellowship years; CorVel does not need to obtain confirmation from the carrier for practitioners who had a hospital insurance policy during a residency or fellowship.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> National Practitioner Data Bank (full report or PDS query) <input type="checkbox"/> Malpractice Carrier

Primary Source Information:	Acceptable Sources:
<p>Copy of verification must be signed and dated by verifier (electronic signature/date is acceptable)</p>	
<p> <input type="checkbox"/> Credential: Work History <input type="checkbox"/> Time Frame for Verification Process: 180 calendar days* </p> <p>NCQA does not require primary-source verification of work history; the organization must obtain a minimum of five years of relevant work history through the practitioner's application or CV; relevant experience includes work as a health professional; if the practitioner has practiced fewer than five years from the date of verification of work history, it starts at the time of initial licensure; experience practicing as a nonphysician health professional (e.g., registered nurse, nurse practitioner, clinical social worker) within the five years should be included.</p> <p>A gap exceeding six months must be reviewed and clarified either verbally or in writing; a CV or application must include the beginning and ending month and year for each position in the practitioner's employment experience; if a practitioner has had continuous employment for five years or more, then there is no gap and no need to provide the month and year, if the year meets the intent; verbal communication must be appropriately documented in the credentialing file; <u>a gap in work history that exceeds six months must be clarified in writing.</u></p> <p>Copy of verification must be signed and dated by verifier (electronic signature/date is acceptable)</p>	<p> <input type="checkbox"/> CV Completed Work History section on application <input type="checkbox"/> Documented visual verification </p>

* 180 days begins calculating on the date of the practitioner's attestation, or the first signed PSV, whichever is first. The end of the calculation period is the date of the CorVel National Credentialing and Quality Control Committee decision.

Practitioners may submit their applications and/or information to the Center for Affordable Quality Healthcare (CAQH). All applications, whether CAQH or CorVel formatted, are stored electronically under each practitioner’s individual record in the credentialing database.

Primary Source Verification:

The CorVel credentialing staff, and any persons or entities to which CorVel delegates, will conduct primary source verification as required by the most current and applicable CMS, NCQA, CorVel and other CorVel adopted guidelines. CorVel accepts letters, telephone calls, faxes, computer printouts, and/or online viewing of information as acceptable sources of verification with appropriate reference documentation (i.e., the name of the person who provided verification, the date of the call, and the verifier’s name). The information must be accurate and current.

Verbal verifications documented in credentialing files are dated and signed by the credentialing staff member or delegate who receives the information-noting source and date. Written verifications are received in the form of letters or documented review of latest cumulative reports released by primary sources. Internet verifications may be obtained from any CMS, NCQA, and/or CorVel-approved web-site source.

The National Credentialing and Quality Control Committee’s final decision will be recorded both in the Committee minutes and on each practitioner’s electronic record (for all initial credentialing decisions, and any decisions made to deny a practitioner after s/he is in the network, the practitioner shall be notified, in writing, within 60 calendar days of the Committee’s decision). Upon completion of credentialing, the PPO and data management staff are informed of the approved status in order to facilitate contract completion and provider data management for inclusion into the provider directory.

Please Note: A practitioner will receive one of the following designations from the Committee:

A	Approved without reservation for three-year cycle. Provider will be re-credentialed in three years.
B	Approved follow up for one-year cycle. Provider will be re-credentialed in one year.
C	Tabled, until additional information has been obtained and reviewed
D	Not approved/Denied Participation

Regardless of designation, Providers still must comply with all credentialing requirements, and CorVel reserves the right to review the credentials of any Provider at any time.

After a practitioner has been credentialed, CorVel shall not prohibit or otherwise restrict any participating (or nonparticipating) practitioner, acting within the lawful scope of practice, from advising, or advocating on behalf of, a member who is a patient about:

- a. The patient's health status, medical care, or treatment options (including any alternative treatments that may be self-administered), including the provision of sufficient information to provide an opportunity for the patient to decide among all relevant treatment options
- b. The risks, benefits, and consequences of treatment or non-treatment
- c. The opportunity for the individual to refuse treatment and to express preferences about future treatment decisions.

Recredentialing: Practitioners

- a. CorVel recredentials all practitioners within three (3) years of their last credentialing or recredentialing date. The intent of the process is to identify any changes that may affect a practitioner's ability to perform the services that s/he is under contract to provide.

All initial credentialing requirements, detailed in the initial credentialing section above are applicable to the recredentialing process. All verification time frames, for the applicable credential, detailed in Table A are applicable to the recredentialing process.

Each practitioner must complete and sign the CorVel or CAQH Recredentialing Application that includes the professional questions and attestation that the information given is correct and gives CorVel the right to verify the information. The following information is obtained and verified according to the standards and utilizing the sources listed under Initial Credentialing:

- i. State licenses (unrestricted, current and valid)
 - ii. DEA/CDS certificate (if applicable; if DEA expires, the DEA Form must be completed)
 - iii. Additional Education, if applicable
 - iv. Board certification
 - v. Hospital affiliations/status of clinical privileges
 - vi. Malpractice coverage
 - vii. Sanction information
- b. The recredentialing process shall include performance-monitoring information. Sources of such information may include one or more of the following:
 - i. Grievances/complaints
 - ii. Patient and Practitioner/Provider satisfaction surveys
 - iii. Utilization Management
 - iv. Risk Management
 - v. Quality improvement activities, performance quality measures, quality deficiencies, and/or trending patterns
 - vi. Site Assessments
 - vii. Medical Record Keeping Practice/Treatment Assessments
 - c. Provider files which meet the threshold of three (3) or more grievances, complaints or quality issues within the credentialing cycle will be presented to the Credentialing Committee at the time of recredentialing.

Practitioner Rights:

a. To Correct Erroneous Information

This policy does not preclude the right of practitioners to review and correct erroneous information obtained to evaluate their credentialing application from outside primary sources to include, but not limited to, malpractice insurance carriers, state licensing boards, etc., with the exception of references, recommendations or other peer-review protected information, if applicable.

CorVel is not required to reveal the source of information if the information is not obtained to meet organizational credentialing verification requirements or if the law prohibits disclosure. For instance, if a CorVel client provides unsolicited information about a practitioner and CorVel uses that information during the credentialing process, CorVel is not required to reveal the source of that information.

Corvel will notify a practitioner of missing or erroneous information, with an opportunity to correct within 30 days of receipt of the notification. This notification will be sent in writing, via certified mail, fax, or email, and will include instructions regarding the type of information that is needed, how the practitioner can submit the correction, and to whom the correction should be submitted. The correspondence documents and efforts will be documented and tracked in the credentialing database.

b. To Review Information

CorVel ensures that practitioners can access their own information obtained by CorVel during the credentialing process and used to support their credentialing application. Practitioners shall be notified, in writing, of this right via one or more of the following methods:

- i. Applications
- ii. Contracts
- iii. Practitioner and/or Provider manuals
- iv. Mail
- v. Email
- vi. Fax
- vii. Website
- viii. Other Suitable Method

c. To Be Informed of Application Status

CorVel’s written policy is to notify a practitioner of his/her application status, upon request. The process allows for phone calls, emails, letters, or faxes from practitioners.

The Credentialing Department staff can advise the practitioner, once key information is verified, of the following information via phone or in writing, if requested by the practitioner:

- i. The date the application was received
- ii. The status of the application – pending for additional information, etc.
- iii. The date the application is tentatively scheduled to be presented to the Committee

Prior to disclosing any practitioner information via phone, as credentialing information is confidential, the following must be verified by the Credentialing staff and confirmed by the practitioner:

- i. Practitioner’s full name
- ii. Practitioner’s primary office location
- iii. Practitioner date of birth

d. To Be Notified of His/Her Rights

Each prospective and existing practitioner has the right to be notified of the aforementioned rights and will be notified via one of the methods listed under “Right to Review Information” described above.

File Retention

Credentialing files shall be retained for at least five years. Credentialing files are considered confidential and not subject to disclosure, except as provided herein or by law. Each practitioner has an electronic file in the credentialing database which is accessible via employee password. Electronic files are on a schedule for back up. File cabinets containing practitioner files shall be locked and/or secured after normal business hours. Offices containing practitioner files shall be secured, as practical or business appropriate, after normal business hours.

Reinstatement

If a practitioner is credentialed and leaves the network voluntarily or in such a way that CorVel has not terminated the practitioner for quality issues or any other adverse or egregious event, she/he may re-enter the network within thirty (30) calendar days. S/he must submit a written explanation to include activities during the absence and complete a recredentialing application. The practitioner will not have to go through the primary source verification process if all documents remained unrestricted, current and valid during the absence period. CorVel retains the right to recredential a practitioner in the event of a quality concern. The Chairperson of the National Credentialing and Quality Control Committee and/or the Committee retain the authority to approve or disapprove absences, on a case-by-case basis, regardless of the time frame absent from the network. CorVel retains the right to initially credential a practitioner/provider in the event:

- a. The practitioner/provider fails to respond to organizational request
- b. The safety of a member may be compromised and/or
- c. There is a business need.

Ongoing Monitoring

CorVel monitors practitioner sanctions, grievances/complaints and quality issues between credentialing cycles and takes appropriate action(s) against practitioners when it identifies occurrences of poor quality. CorVel acts on important quality and safety issues in a timely manner by reporting such occurrences at monthly credentialing meetings. If an occurrence requires urgent attention, the Chairperson of the National Credentialing and Quality Control Committee will address it immediately, engage the Committee if appropriate, and the appropriate action(s) shall be taken to ensure quality. On an ongoing monitoring basis, CorVel collects and takes appropriate interventions and/or actions by:

- a. **Collecting and reviewing Medicare and Medicaid sanctions**
CorVel will review sanction information within 90 calendar days of its release from the OIG Report Website.

- b. **Collecting and reviewing sanctions or limitations on licensure:**
CorVel will review sanction information within 90 calendar days of its release.

- c. **Collecting and reviewing grievances/complaints:**
 - i. Following CorVel's current protocols and procedures for gathering and reporting grievances and complaints, the NCC will receive such data from various sources within CorVel and review as follows.
 - ii. CorVel will review a provider file between credentialing cycles during the National Credentialing Committee if/when a provider meets the threshold of three (3) or more grievances within a 90 day period or at the request of a regional or state QA entity within CorVel.

- d. **Collecting and reviewing information from identified adverse events:**
Please refer to the CorVel Quality Utilization Management Program.

Nondiscriminatory Practices

CorVel conducts its activities in a nondiscriminatory manner that does not include making decisions based solely on a prospective or existing practitioner's race, ethnic/national identity, gender, age, sexual orientation or types of procedures or patients in which the practitioner specializes.

In credentialing practitioners, CorVel shall not discriminate, in terms of participation, reimbursement, or indemnification, against any practitioner, prospective or existing, who is acting within the scope of his or her license or certification under state law, solely on the basis of the license or certification.

This prohibition does not preclude CorVel from refusing to grant participation to a practitioner if the network is sufficient.

If a practitioner or group of practitioners is declined network participation, the reason for shall be communicated in writing within 60 calendar days of the CorVel's final decision.

Credentialing Appeal Review Process

The Committee shall implement a mechanism to resolve disputes with participating practitioners, to the extent required by state law, regarding actions by the organization that relate to either: a participating practitioner's status within the network or any action by the organization related to a practitioner's professional competency or conduct. In the case of any practitioner for which the Committee makes an adverse decision and recommends rejection of the application, it shall distinguish between a recommendation based on the following:

- a. Business or Administrative
 - i. Not related to the practitioner's professional competence or professional conduct; can be a decision based on network need.
- b. Competence and Professional Conduct – Quality Related
 - i. As it affects or may affect the health and welfare of a patient
 - ii. Occurrences of this type, for physicians and non-physicians, may be reported to the appropriate regulatory body, and/or state licensing or sanctioning board.

CorVel shall review all available information and notify each practitioner, in writing, via certified mail of its decision on whether to decline, suspend, reduce or terminate network privileges. Where applicable, all practitioners adversely impacted shall receive instructions, in writing, on how to appeal a denied request for credentialing. Upon receipt of the committee decision, practitioners may submit appeals pertaining to Business or Administrative decisions for the

greater of 90 days or the state required time limit for appeals. Appeal rights will be available in all states where they are legally required. The appeal process, if applicable, will adhere to the applicable state's requirements.

Organizational Providers

- a. CorVel conducts initial assessments and re-assessments of organizational providers with which it intends to contract to evaluate and confirm that the organizational provider has met regulatory and quality requirements as set forth by CorVel policies and procedures, NCQA standards and any other applicable regulatory entities. Organizational providers will be re-assessed within three (3) years of the last assessment date.
- b. Each organizational provider must meet minimum standards for participation with CorVel. These guidelines are intended to comply with regulatory and accreditation standards established by the NCQA, CorVel and the laws of the any state in which CorVel conducts business. The CorVel standards for participation include:
 - i. A valid license to do business and operate in any state where CorVel conducts business. In lieu of a business license that may not be required in each state, the organization may provide a federal tax statement.
 - ii. Appropriate, as recognized by industry standard, professional liability insurance and comprehensive general liability insurance. If the organizational provider self-insures for medical malpractice insurance, then it must provide evidence of its established policy and adequacy of its funding arrangement and any reinsurance provisions.
 - iii. Current professional and business licenses, registrations, permits and certifications in good standing on all professional staff members, including certified nurses, and aides that may be called upon to deliver services, equipment and supplies.
 - iv. The provider is in good standing with State and Federal regulatory bodies; comply with all federal, state, local, city and county laws and regulations currently in effect or later enacted by these agencies as they relate to services rendered to members.
 - v. The provider has been reviewed and approved by an accrediting body (see the accrediting bodies table immediately below); and if not, a site assessment will be conducted initially and within every 3 years thereafter. The survey results will then be communicated to the organizational provider seeking a contractual agreement with CorVel.
 - vi. The Provider agrees to report changes in its licensure, certification, accreditation, ownership and location to CorVel within the timeframe specific in the CorVel contract.
- c. **Examples of Some of the Accrediting bodies accepted by CorVel:**

American Academy of Sleep Medicine	AASM
Accreditation Association for Ambulatory Health Care	AAAHC
Accreditation Commission for Health Care, Inc.	ACHC
American Association for Accreditation of Ambulatory Surgery Facilities, Inc.	AAAASF

American Board for Certification in Orthotics and Prosthetics	ABCOP
American College of Radiology	ACR
American Speech Language Hearing Association	ASLHA
Commission on Accreditation of Rehabilitation Facilities	CARF
Centers for Medicare and Medicaid Services Survey Dates/Results	CMS
Council on Accreditation for Children and Family Services, Inc.	COA
Department of Behavioral Health and Developmental Services Survey Dates/Results	DBHDS
Healthcare Facilities Accreditation Program	HFAP
The Compliance Team, Inc.- Exemplary Provider (DME, Prosthetics, Orthotics, Supplies, Pharmacy, Homecare, etc.)	TCTDMEPOS
National Association of Speech and Hearing Center	NASHC
Rehabilitation Facilities Community	CHAP
The Joint Commission	JCAHO
Det Norske Veritas Healthcare, Inc. (DNV) - Hospitals <ul style="list-style-type: none"> • Accreditation Program Name: National Integrated Accreditation for Healthcare Organizations (NIAHO) • Approved by CMS: 09-26-08 (per Federal Register) 	DNV Healthcare/ NIAHO
Board For Orthotist/Prosthetist Certification	BOC
Continuing Care Accreditation Commission (CARF-CCAC)	CCAC

d. Initial Assessment of Organizational Providers:

The organizational provider must submit a legible, complete and signed Master Agreement and Application. The associated CorVel Developer shall review the agreement for completeness.

CorVel verifies licensure and liability insurance and confirms organizational providers are in good standing with state and federal regulatory bodies and approved by an accrediting body.

Credential to be Verified	Verification Source
License for: Home Health Agencies Hospitals & Ambulatory Care Centers Skill Nursing Facilities	State Medical or Professional Licensing Board
Malpractice	Certificate of Insurance (COI) obtained directly from the organizational provider.
Medicare/Medicaid Certification	Certification letter obtained directly from the organizational provider; and primary verification of the OIG Exclusions listing
Accreditation	See the grid above.

e. Ongoing Assessment of Organizational Providers:

CorVel monitors state licensure sanctions and the OIG on a monthly basis.

f. Re-Assessment of Organizational Providers:

CorVel re-verifies organizational providers within three years of their last assessment date. The intent of the process is to identify any changes that may affect an organizational provider’s ability to perform the services they are under contract to provide, as well as validation of licensure and accreditation.

Organizational providers must complete and sign an “Organizational Provider Re-Assessment” Application or comparable documents. The following information is obtained and verified according to the process for initial credentialing:

- i. Licensure
- ii. Malpractice coverage
- iii. Medicare/Medicaid Certification
- iv. OIG
- v. Accreditation

g. Tracking:

Initial, ongoing and re-assessment outcomes of contracted organizational providers (medical and behavioral health) will be tracked and documented in a quarterly report that will include timeframes, dates and recredentialing due dates.

Delegated Credentialing

- a. CorVel sometimes enters into delegated agreements with organizations to perform credentialing and recredentialing for prospective and existing CorVel practitioners. CorVel shall conduct a full audit prior to entering into a delegated agreement. The audit includes review of the entity's credentialing files, policies, and procedures, and reporting requirements. CorVel will ensure that:
 - i. Each delegated entity follows NCQA, CorVel and other required regulatory and accreditation requirements, as specified.
 - ii. At least semi-annual reporting and that the exchange of data is conducted in a timely, efficient, and effective manner.

CorVel retains the right of accountability and oversight for credentialing and recredentialing activities of practitioners (to include behavioral health), in all instances and even if CorVel delegates all or part of these activities. CorVel retains the right to make the final decision to approve, deny, suspend, or terminate a practitioner, provider, vendor, or sites in situations where it has or has not delegated decision-making. Annually, CorVel establishes and implements written procedures to ensure effectiveness.

Requirements and rights are reflected in the delegation agreements.

The following criteria must be met in order for CorVel to enter into a delegated agreement:

- i. The delegated entity shall provide CorVel data and information as requested per the delegated credentialing agreement.
- ii. The delegated entity shall provide documentation to CorVel describing how its data collection, information development, and verification process(es) are performed. (Policies & Procedures)
- iii. CorVel is provided sufficient, clear information on database functions that includes any limitations of information available from the delegated entity (for example, practitioners not included in the database); the time frame for delegated entity responses to requests for information; and a summary overview of quality control processes relating to data integrity, security, transmission accuracy, and technical specifications.
- iv. CorVel and delegated entity agree upon the format for the transmission of credentials information about an individual from the delegated entity.
- v. CorVel can easily discern what information transmitted by the delegated entity is from a primary source and what is not.
- vi. For information transmitted by the delegated entity that can go out of date (for example, licensure, board certification), the date the information was last updated from the primary source is provided by the delegated entity upon request.

- vii. The delegated entity certifies that the information transmitted to CorVel accurately presents the information obtained by the entity.
- viii. CorVel can discern whether the information transmitted by the delegated entity from a primary source is all of the primary source information in the agency's possession pertinent to a given item or, if not, where additional information can be obtained.
- ix. CorVel can engage the quality control processes of the delegated entity when necessary to resolve concerns about transmission errors, inconsistencies, or other data issues that may be identified from time to time.

CorVel ensures through an initial pre-delegation audit and annual delegated audits thereafter that the following standards are met:

- i. The credentialing information collected and maintained in the verification process is accurate, up-to-date and supported by documentation.
 - ii. The delegated entity utilizes designated equivalent sources, as detailed in the tables above.
 - iii. The delegated entity queries the NPDB for information on adverse clinical privilege action taken by a health care entity.
 - iv. CorVel obtains information regarding changes in a practitioner's credentialing status from the accredited hospital, or delegated entity to which it delegates credentialing.
- b. In the event that CorVel contracts with a delegated entity and the delegation arrangement includes the use of protected health information (PHI) by the delegate, the delegation agreement will include the following provisions to ensure that the information will remain protected:
- i. A list of the allowed uses of PHI
 - ii. A description of delegate safeguards to protect the information from inappropriate use or further disclosure
 - iii. A stipulation that the delegated entity will ensure that sub-delegates have similar safeguards
 - iv. A stipulation that the delegated entity will provide individuals with access to their PHI
 - v. A stipulation that the delegated entity will inform the organization if inappropriate uses of the information occur
 - vi. A stipulation that the delegated entity will ensure that PHI is returned, destroyed or protected if the delegation agreement ends.

Please note the following:

- i. If CorVel conducts an annual file audit of a delegated entity one year, it is not required to conduct an annual file audit the subsequent year if the delegated entity does not credential or recredential any practitioners before the next file audit is scheduled to occur. In this case, the delegated entity is required to submit proof that it did not credential or recredential any practitioners in between audit cycles. CorVel shall maintain and meet all other delegation oversight.
- ii. A practitioner can participate under a delegated agreement and also be credentialed by CorVel as a licensed independent practitioner. Please refer to the section on Dual Credentialing/Contracting below. These providers are referred to as “dually contracted” providers.

Dual Credentialing and Contracting

Dually Credentialed:

CorVel may grant dual credentialing to participating practitioners who wish to be credentialed in more than one specialty and can satisfactorily demonstrate the appropriate level of education and training in the specialties s/he wishes to practice. Proof of appropriate education and training must be provided to CorVel, and if not, there must be satisfactory evidence, as determined by CorVel, of experience and hours of practice in the desired specialties. These types of practitioners are considered “dually credentialed” practitioners. For example: An internal medicine doctor can act as a primary care physician and a specialist.

Dually Contracted:

A practitioner who is contracted directly with CorVel and also with a contracted delegated entity is a “dually contracted” practitioner. Dually contracted practitioners will be credentialed both by CorVel and by the delegated entity.



2024 Credentialing Program Description Signature Page

Effective Date: April 2, 2024

APPROVED BY:

A handwritten signature in black ink that reads 'Robert C. Blink, MD'.

4/03/24

Robert C. Blink, MD
CorVel National Credentialing and
Quality Control Committee Chairperson
or designee

Date

Original Date: June 2012

Review/Revised Date(s): April 3, 2024
October 16, 2022
August 5, 2021
July 21, 2020
December 19, 2019
December 20, 2018
December 20, 2017
August 24, 2016
December 15, 2015
July 11, 2014
December 18, 2013

Attachment 1: DEA/CDS/DPS Certificate Form

The CorVel Drug Enforcement Agency (DEA)/Controlled Drug Substance (CDS) Form serves as proof that the practitioner (noted below) does not hold a current and valid DEA/CDS Certificate and Number, issued by the Drug Enforcement Agency of the U.S. or the practitioner’s state agency.

This form allows providers to be credentialed or recertified, avoid suspension and possibly termination from the CorVel Network. The form must be completed in its entirety, signed and dated by the practitioner. By doing so, the practitioner attests that all information entered on this form is accurate, truthful and will be adhered to.

SECTION 1: To be completed by the provider

By initialing below, the provider agrees to the following:

1. I, _____, do not hold a valid and current DEA/CDS Number and Certificate in at least one jurisdiction in which I am contracted with CorVel.
2. I, _____, shall not write medical or other prescriptions for medications.
3. I, _____, shall notify and/or submit a copy of my valid and current DEA/CDS Certificate and Number to CorVel within five (5) business days of receipt and/or notification.

SECTION 2: Covering Practitioner Information - To be completed by the applicant practitioner:

During the period in which I agree not to write medical or other prescriptions, the following physician, who is a participating provider, shall write prescriptions on my behalf:

Name of Covering Provider: _____
 Address of Covering Provider: _____

 Phone Number of Covering Provider: _____

SECTION 3: To be completed by the practitioner

Printed Name of the Practitioner

Signature of Practitioner _____
Date

SECTION 4: Office Use Only - To be completed by CorVel

Printed Name of Verifier	Date	Practitioner internal record #