

CREDENTIALING SERVICE AGREEMENT

This Agreement is entered into this 1st day of July, 2016, by and between the Rural Wisconsin Health Cooperative, hereinafter referred to in this Agreement as "Cooperative", located at 880 Independence Lane, Sauk City, Wisconsin, a cooperative organized under Chapter 185 of the Wisconsin statutes for the purpose of maintaining and improving rural health care and Care Wisconsin, hereinafter referred to in this Agreement as "Client", located at 1617 Sherman Ave., PO Box 14017, Madison, WI.

WHEREAS, the Client wishes to engage the Cooperative as its credentialing agent to provide certain credentialing services to assist the Client in the appointment and/or reappointment of any physician, osteopath, chiropractor, dentist, podiatrist, optometrist, allied and/or behavioral health professional ("Practitioner"). The Cooperative's ability to obtain accurate information is necessarily limited to the information maintained by each primary source or within the practitioner's application.

WHEREAS, the Cooperative desires to provide certain credentialing services as requested by the Client.

NOW, THEREFORE, in consideration of the foregoing recitals, the mutual covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby covenant and agree as follows:

A. RESPONSIBILITIES OF THE COOPERATIVE

1. To provide a Credentialing Service that meets the standards set forth by The Joint Commission, the National Committee for Quality Assurance, applicable state and federal codes, statutes, and case law, and as set forth in Attachments 2, 3 and 4 which are incorporated herein by reference.
2. To provide Client with file status reports (website, email, or verbal) on all credentialing activity.
3. To certify that the information transmitted to the Client accurately presents the information obtained by the Cooperative. The Cooperative shall not summarize, analyze, editorialize, or offer conclusions regarding the results or significance of such information.
4. To maintain a complete file for each Practitioner. The file will consist of those items described in Attachment 4 which is incorporated herein by reference. A copy of the file will be available to Client upon completion.

The Cooperative will house all files via perpetual electronic storage which shall include a routine backup system and off-site storage. The stored

image of the file will serve as the original. Client or its authorized representative may have access to the files housed by the Cooperative upon reasonable notice to the Cooperative for auditing purposes. The Client must give the Cooperative at least a three (3) business day's notice of Client's desire to view electronic files.

5. The Cooperative will monitor all active licenses for loss or limitation, state sanctions, restrictions and/or limitations in the scope of practice on an ongoing basis for all active files. The Cooperative will also monitor Medicare and Medicaid sanctions on an ongoing basis for all active files. The Cooperative's ability to obtain accurate information is necessarily limited to the information maintained by each primary source or within the practitioner's application. Upon discovery, the Cooperative will disclose to the client, any disciplinary actions taken against its practitioners.
6. To maintain a process for continuous quality monitoring and improvement which will include measurable indicators, quarterly and annual reports. The annual plan and all reports will be shared with the Client.
7. To maintain all information and files in a confidential manner during the period of this Agreement and following termination of this Agreement.
8. To release information and/or files only upon receipt of written or verbal authorization by the Practitioner.
9. To maintain business liability insurance of not less than [REDACTED] per claim and [REDACTED] in the aggregate. Such insurance shall insure Cooperative and its employees and agents against any liability, including liability for bodily injury, which may arise from performance of services under this Agreement. Cooperative agrees to provide satisfactory evidence of such insurance upon request. Cooperative shall provide Client prompt written notice of any reduction or cancellation in any of its liability coverage.
10. To refrain from any subcontracting or subdelegating any of its responsibilities under this Agreement or any portion of it without prior written approval of Client.

B. RESPONSIBILITIES OF THE CLIENT

1. To have responsibility for reviewing and analyzing the credentials information gathered by the Cooperative and submitted to the Client.
2. To have sole responsibility for decisions regarding the significance of the information generated or verified by the Cooperative and the Practitioner's status with the Client.

3. To the use of the Cooperative's credentialing forms and to abide by all Cooperative copyright notations.
4. To promptly remit payment to the Cooperative at the rates listed on Attachment 1 which is incorporated herein by reference. Payments shall be due and payable within 30 days of the invoice date. Late payment fee of 1.5% per month/18% per annum shall be invoiced on all balances not paid within 30 days from the date of the invoice.
 - a. Consulting services regarding the credentialing process are available at the request and expense of the Client. Any charges related to consulting services regarding credentialing will be discussed prior to the service being provided.
 - b. Rates will become effective on the effective date of this Agreement. Thereafter, the rates will be reviewed and adjusted annually on the anniversary date(s) of this Agreement.
5. To maintain confidentiality of files by limiting access to only the internal staff involved in making necessary decisions regarding the Practitioner pursuant to the Health Care Quality Improvement Act of 1986 (Public Law 99-660) and State Statutes 146.37 and 146.38.
6. To refrain from releasing and/or copying a Practitioner file or any information contained in a Practitioner file, for other than internal use or for Client and related audits.
7. Non-Indemnification. Each party will be responsible for its own acts or omissions and any and all claims, liabilities, injuries, suits, and demands and expenses of all kinds which may result in or arise out of any alleged malfeasance or neglect caused or alleged to have been caused by that party, its employees or non-physician agents, in the performance or omission of any act or responsibility of that party under this Agreement. In the event that a claim is made against both parties, it is the intent of both parties to cooperate in the defense of said claim and to cause their insurers to do likewise. However, both parties shall have the right to take any and all actions they believe necessary to protect their interest. Neither party will be required to indemnify or hold the other party harmless.

C. MISCELLANEOUS TERMS

1. Term and Termination. This Agreement shall be in effect for one (1) year and shall be automatically renewed at the end of the first year and each subsequent year unless terminated as hereinafter provided. Either party may terminate this Agreement at any time within the first year and/or subsequent years (with or without cause) by providing at least ninety (90) days advance written notice of the termination date to the other party. The termination shall be effective upon the expiration of the ninety (90) days.

Such termination shall have no effect upon the rights and obligations resulting from any services provided prior to the effective date of the termination.

2. **Non-discrimination.** Neither the Client nor the Cooperative shall discriminate on the basis of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era or any other category protected by law.
3. **Legal Status.** None of the provisions of this Agreement are intended to create nor shall be deemed or construed to create an agency, partnership, joint venture, quasi corporation, or any other relationship between the parties other than that of the independent parties contracting hereunder solely for the purpose of implementing the provisions of this Agreement. No party hereto nor any of its employees is, or, by reason of the provision hereof, shall be deemed to be the agent, employee or representative of the other party.
4. **Assignment.** Neither party may assign this Agreement without the prior written consent of the other party, and such consent shall not be unreasonably withheld. No such consent will be required for assignment to an entity owned by or under common control with assignor. In the event that this Agreement is assigned by either one of the parties with the above-referenced consent, then the assigning party shall remain fully responsible for compliance with all of the terms of this Agreement. In the event that this Agreement is assigned by either one of the parties with the above-referenced consent, then this Agreement shall be binding upon and shall inure to the benefit of the parties hereto, and their respective successors and assigns.
5. **Notices.** Any notice or demand required under this Agreement shall be in writing. All notices or demands shall be 1) personally served, 2) sent by certified mail, return receipt requested, postage prepaid, or 3) sent by a recognized overnight carrier which provides proof of receipt and shall be sent to the addresses below. Either party may change the address to which notices are sent by sending written notice of such change of address to the other party.

Rural Wisconsin Health Cooperative
880 Independence Lane
Sauk City, WI 53583

Care Wisconsin
1617 Sherman Ave., PO Box 14017
Madison, WI 53708-0017

6. **Waiver of Breach.** The waiver by either party of a breach or violation of any provision of this Agreement will not be deemed a waiver of any subsequent breach of the same or a different provision.
7. **Headings.** The headings of sections and subsections of this Agreement are for reference only and shall not affect in any way the meaning or interpretation of this Agreement.

8. Severability. In the event that a provision of this Agreement is held to be invalid or unenforceable, the balance of this Agreement shall remain in full force and effect.
9. Amendments. No amendments to this Agreement shall be effective unless made in writing and signed by both parties.
10. Construction of Agreement. The parties assume joint responsibility for the form and composition of this Agreement. No provision of this Agreement shall be construed for or against either party because that party or that party's legal representative drafted this Agreement.
11. Proprietary Rights. Both parties reserve the right to control the use of any of their symbols, trademarks, computer programs and service marks presently existing or hereafter established. Both parties agree they will not use such computer programs, work, symbols, trademarks, service marks, or other devices of the other in advertising, promotional materials or otherwise and will not advertise or display such devices without the prior written consent of the other party. In addition, both parties further agree that any such signs, displays, literature, computer programs or material furnished to the other shall remain the property of the other party and shall be returned upon demand or the termination of the Agreement.

Both parties acknowledge that, by virtue of their performance of their obligations hereunder, they may have access to proprietary or confidential information of the other party. Both parties agree to maintain in confidence and not disclose to any person or entity any information regarding the other party which could reasonably be considered proprietary or confidential by the disclosing party. Both parties acknowledge that the disclosing party shall at all times remain the owner of all proprietary or confidential information disclosed to the other party.

Should either party exercise its right to terminate this Agreement pursuant to section C.1, each party shall, within thirty (30) days of the effective date of the termination of the Agreement, return to the other party all proprietary and/or confidential information in its possession and in the possession of the party's employees or agents.

12. Non-exclusivity. This Agreement is non-exclusive to both parties. Nothing herein shall prohibit either party from entering into similar agreements with other parties.
13. Governing Law & Venue. The validity, enforceability and interpretation of this Agreement shall be determined and governed by the laws of the State of Wisconsin except as otherwise required by applicable conflicts of law principles, statutes and regulations. Any dispute arising out of this Agreement shall be resolved in Dane County Circuit Court, State of Wisconsin.

- 14. Entire Contract. This Agreement supersedes and replaces all agreements previously entered into between the Cooperative and the Facility relating to this subject matter. This Agreement constitutes the entire contract between the Cooperative and the Client regarding the services covered under this Agreement. Any agreements, promises, negotiations, or representations not expressly set forth in this Agreement are of no force or effect. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be the original.
- 15. Binding Authority. The undersigned represent that they are authorized to bind their respective party to the terms of this Agreement.

IN WITNESS WHEREOF, the parties have hereunder set their hands and seals the day and year first above written.

Rural Wisconsin Health Cooperative:

Care Wisconsin:

By: Bonnie Laffey

By: Dustin Crowley

Title: Director of Programs & Services

Title: Senior VP, Government Affairs

ATTACHMENT 1
CREDENTIALING SERVICE
EFFECTIVE JULY 1, 2016, THROUGH JUNE 30, 2017

This is an attachment to the Credentialing Service Agreement between the Rural Wisconsin Health Cooperative and Care Wisconsin, Madison, WI, dated July 1, 2016.

Annual Subscription Fee: [REDACTED] plus

[REDACTED] per appointment file

[REDACTED] per reappointment file

- 1) Requires use of Cooperative's application and application process
- 2) Applies to all disciplines, MD, DO, DC, DDS, DPM, OD, Allied and Behavioral Health Professionals
- 3) Includes primary source verifications to comply with The Joint Commission and all eleven elements required by NCQA
- 4) File updates and/or ongoing monitoring (e.g., license, DEA, malpractice, sanctions and/or other disciplinary actions) for a two-year period for all active files. The annual subscription fee must be paid annually to maintain receipt of updates and ongoing monitoring
- 5) Applies to all applications received and processed (primary source verifications completed and/or sent) and declined by client or practitioner

Criminal Background Checks:

Criminal background checks will be included in the credentials file upon client request. There is no additional fee for criminal background checks done for Wisconsin. Fees incurred for any other states for criminal background checks will be invoiced to the client.

Additional Service Values:

- * All rates are inclusive; no additional fees for querying the NPDB, state medical examining boards, medical specialty boards or other entities
- * Files contain only documents requested by Client
- * No additional charge for expedited files
- * No additional charge for applications sent but not processed at the request of Client or Practitioner
- * No minimum monthly charge or volume guarantee required
- * Cooperative guarantees a complete file; no additional charge when multiple requests are needed to complete a file
- * Average turn-around time is 35-40 calendar days from receipt of an application
- * Data available electronically
- * Phone consultation relevant to general credentialing issues including survey preparation at no additional charge
- * Access to secure CVO Website

CREDENTIALS VERIFICATION SERVICE

Rural Wisconsin Health Cooperative's (RWHC's) or "Cooperative's" credentialing process for appointments complies with current Joint Commission, NCQA, and state survey standards. The target for completion of all appointments is 60 days from receipt of the application.

Please note that items preceded by an asterisk (*) are not typically applicable to managed care organizations.

1. REQUEST AND APPLICATION PROCESS

Client Procedure: The client provides RWHC with the following documentation via fax, mail or e-mail:

- a. Practitioner's name, mailing address, office name, telephone number and specialty
- *b. Privilege Delineation, Job Description or Scope of Practice (as applicable)

RWHC Procedure: RWHC will forward an application packet to the practitioner. Three letters of request shall be made in an effort to obtain the application. The first request is mailed within 7 calendar days of the Client's request, the second request is made 14 calendar days after the first request and the third request is made 7 calendar days after the second request. If the application is not received, the client will receive written documentation of the attempts 7 calendar days after the third request and the file will be inactivated.

Upon receipt, the application will be reviewed for legibility, completeness, signature, and date. Faxed, digital, electronic, scanned or photocopied signatures are acceptable.

RWHC will assure that all questions on the application are answered yes/no and as applicable, that an explanation accompanies all yes responses. An exception is the essential function question; an explanation for the response yes with accommodation or no must be obtained by the facility. A response of yes with accommodation or no to the essential function question will be identified on the file cover sheet to alert the facility.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.01.01.01 EP 26 & 27. MS.06.01.03 EP 1, 4 & 6, MS.06.01.05 EP 1, 4, 6, & 9

NCQA, July 2016 HP Standards & Guidelines, CR 3, C:1-6

2. VERIFICATION BY RWHC

For all primary source verifications, and/or other items needed to complete the file, RWHC will send two letters of request and make two telephone requests in an effort to obtain the verification. The first request is mailed within 7 calendar days of receiving the application, the second request is made 14 calendar days after the first request and the third request is made 7 calendar days after the second request. The fourth request is made 7 calendar days after the third request. If there is no response to the requests, the client will receive written documentation of attempts within the credentials file.

*A. Privilege List

Procedure: As requested by client, the practitioner completes a privilege delineation form provided by the hospital or RWHC. Completeness and legibility of the form will be reviewed.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.01.01.01 EP 26 & 27, MS.06.01.05 EP 4

B. Professional/Medical License/Sanctions

Procedure: RWHC will verify all licenses listed on the application. Primary source verification is obtained directly from the appropriate state licensing agency. If applicable, documentation of sanctions/discipline will be included with the file.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 1, 2 & 4

NCQA, July 2016 HP Standards & Guidelines, CR 3, A:1, CR 3, B:1 & CR 6, A:2

C. DEA/CDS Certificate (if applicable)

DEA:

Procedure: Primary source verification is obtained from the NTIS database, which is updated monthly. If NTIS does not reflect a current DEA, a copy of the renewed certificate is requested from the practitioner.

CDS:

Procedure: As requested by client, primary source verification is obtained by contacting the state that issued the certificate.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 1 & 2

NCQA, July 2016 HP Standards & Guidelines, CR 3, A:2

D. Current Certification

Board Certification:

Physicians (MDs and DOs):

Procedure: Boards recognized by the American Board of Medical Specialties (ABMS) will be verified. Primary source verification is obtained from the internet source, Board Certified Docs. If the practitioner is not listed, RWHC will contact the Board for primary source verification.

Physicians (DOs):

Procedure: American Osteopathic Association (AOA) Board Certification will be verified. Primary source verification of an AOA Board is obtained using their on-line Osteopathic Profile Report.

Dentists:

Procedure: American Board of Oral & Maxillofacial Surgery (ABOMS) Board Certification will be verified. Primary source verification of an ABOMS Board is obtained directly from ABOMS.

Alcohol & Other Drug Abuse:

Procedure: Boards that are recognized by the International Certification & Reciprocity Consortium Member Board will be verified. Primary source verification is obtained directly from the Board.

Nursing:

Procedure: American College of Nurse-Midwives (ACNM), American Nurse Credentialing Center (ANCC), American Association of Nurse Anesthetists (AANA) and Pediatric Nursing Certification Board (PNCB) will be verified. Primary source verification is obtained directly from the Board.

Physician Assistants:

Procedure: National Commission Certification of Physician Assistants (NCCPA) Board Certification will be verified. Primary source verification of is obtained directly from NCCPA.

Podiatrists:

Procedure: American Board of Podiatric Surgery Board Certification will be verified. Primary source verification is obtained by locating the provider in the most recent annual American Board of Podiatric Surgery Board Directory. If the practitioner is not listed in the Directory, RWHC will contact the Board for primary source verification.

If a provider states that certification is obtained from the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM), primary source verification is obtained directly from ABPOPPM.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 2

NCQA, July 2016 HP Standards & Guidelines, CR 3, A:4

E. Current Malpractice Insurance Coverage

Procedure: The application is reviewed to verify that it includes the dates and amount of the practitioner's current malpractice insurance, and a copy of the insurance face sheet will be included in the file.

Rationale: NCQA, July 2016 HP Standards & Guidelines, CR 3, C:5

F. Malpractice History

Procedure: As requested by client, the National Practitioner Data Bank is obtained to verify professional liability claims history.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1, MS.06.01.05 EP 7

NCQA, July 2016 HP Standards & Guidelines, CR 3, A:6

G. Professional/Medical Degree/Internship/Residency/Fellowship

Procedure: As required by client, professional/medical degrees, internships, residencies and/or fellowships will be verified. Primary source verification is obtained by receiving written or verbal verification. Primary source verification of foreign medical education will be obtained by receiving written verification from Education Council for Foreign Medical Graduates.

Documentation of all time gaps, six months or greater, will be included in the file. The practitioner provides a written explanation for time gaps greater than 12 months.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2

NCQA July 2016 HP Standards & Guidelines, CR 3, A:3

*H. Communicable Disease (Rubella, TB, Hep B)

Procedure: As requested by client, a copy of the immunization record, test or titer results will be obtained.

Rationale: State Code, CDC guideline and OSHA requirement

*I. Peer References

Procedure: As requested by client, three written professional peer references (same discipline or like privileges) will be obtained. For Physicians, a reference form will be sent to the chief of staff at the primary practice site.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2 & 8, MS.06.01.07 EP 1, MS.07.01.03 EP 1, 2, 3 & 4

J. Work History/Affiliations

Procedure: The application is reviewed to verify work history is complete from receipt of professional degree to present.

*For MCOs, the application is reviewed to verify that five (5) years of work history is reported or degree to present.

Documentation of all time gaps, six months or greater, will be included in the file. The practitioner provides a written explanation for time gaps greater than 12 months.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2 & 9

NCQA, July 2016 HP Standards & Guidelines, CR 3, A:5

*K. Hospital Privileges

Procedure: As requested by client, RWHC will obtain verification of hospital privileges during the past (5) five years. Primary source verification is obtained directly from the hospital. If there are no hospital privileges, employment verification is obtained.

*For MCOs, all current hospital affiliations are verified unless otherwise specified.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2 & 9

*L. Continuing Medical Education

Procedure: As requested by client, the application is reviewed to verify that the practitioner has completed the question regarding continuing medical education.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.12.01.01 EP 2 & 4

M. Medicare/Medicaid Sanctions

Procedure: RWHC will review the Cumulative Sanctions Report available over the Internet. If applicable, documentation of sanctions/disciplines will be incorporated into the file.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 9

NCQA, July 2016 HP Standards & Guidelines, CR 3, B:2 & CR 6, A:1

N. National Practitioner Data Bank
Healthcare Integrity And Protection Data Bank

Procedure: RWHC will query the appropriate data bank(s) by acting as the client's authorized agent. If client chooses to have RWHC act as the agent, an electronic request must be submitted to the Data Bank.

Rationale: Health Care Quality Improvement Act of 1986

The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.05 EP 7

NCQA, July 2016 HP Standards & Guidelines, CR 3, A:6, B:1, & B:2

3. ONGOING MONITORING OF LICENSES AND SANCTIONS

Procedure: RWHC will monitor, on an ongoing basis, all active licenses for loss or limitation, state sanctions, restrictions and/or limitations in the scope of practice for all active files. RWHC will monitor all active files for Medicare and Medicaid sanctions. All relevant findings will be reported to Clients upon discovery and incorporated into the credentials file.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.05 EP 1, 2 & 9

NCQA, July 2016 HP Standards & Guidelines, CR 6, A:1 & A:2

4. FILE UPDATES

Procedure: As requested by Client, RWHC will monitor all documents with expiration dates. This includes license of primary practice state, DEA, DPS, Malpractice, Board Certification, and TB. RWHC will obtain an update of the document and make it available to the Client.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 1 & 9

*5. CRIMINAL BACKGROUND CHECKS

Procedure: As requested by Client, RWHC will conduct in-state, out-of-state and military criminal background checks. A good faith effort will be made for all attempts however fingerprinting is not a component of the procedure.

Rationale: State requirement

CREDENTIALS VERIFICATION SERVICE

Rural Wisconsin Health Cooperative's (RWHC's) or "Cooperative's" credentialing process for reappointments complies with current Joint Commission, NCQA and state survey standards. The target for completion of all reappointments is 60 days from receipt of the application.

Please note that items preceded by an asterisk (*) are not typically applicable to managed care organizations.

1. REQUEST AND APPLICATION PROCESS

Client Procedure: RWHC presents a reappointment schedule to the client on monthly basis as applicable. The client verifies this reappointment schedule and returns it to RWHC via fax, mail, or e-mail. The client verifies that listed practitioners are active and provides a due date for the complete file. To assure all facility reappointments are completed based on the facility's schedule; the facility must provide a 120 day notice of pending reappointments.

RWHC Procedure: RWHC will forward an application packet to the practitioner. Three letters of request shall be made in an effort to obtain the application. The first request is mailed within 7 calendar days of the Client's request, the second request is made 14 calendar days after the first request and the third request is made 7 calendar days after the second request. If the application is not received, the client will receive written documentation of the attempts 7 calendar days after the third request. If the application is not received, the client will receive written documentation of attempts and the file will be inactivated.

Upon receipt, the application will be reviewed for legibility, completeness, signature, and date. Faxed, digital, electronic, scanned or photocopied signatures are acceptable.

RWHC will assure that all questions on the application are answered yes/no and as applicable, that an explanation accompanies all yes responses. An exception is the essential function question; an explanation for the response yes with accommodation or no must be obtained by the facility. A response of yes with accommodation or no to the essential function question will be identified on the file cover sheet to alert the facility.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.01.01.01 EP 26 & 27, MS.06.01.03 EP 1, 4 & 6, MS.06.01.05 EP 1, 4, 6, 9, & 12

NCQA, July 2016 HP Standards & Guidelines, CR 3, C:1-6

2. VERIFICATION BY RWHC

For all primary source verifications, and/or other items needed to complete the file, RWHC will send two letters of request and make two telephone requests in an effort to obtain the verification. The first request is mailed within 7 calendar days of receiving the application, the second request is made 14 calendar days after the first request and the third request is made 7 calendar days after the second request. The fourth request is made 7 calendar days after the third request. If there is no response to the requests, the client will receive written documentation of attempts within the credentials file.

*A. Privilege List

Procedure:

The client will direct RWHC to:

- Ask the practitioner to complete a new privilege delineation or
- Ask the practitioner review current privilege delineation

Completeness and legibility of the form will be reviewed.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.01.01.01 EP 26 & 27, MS.06.01.05 EP 4 & 12

B. Professional/Medical License/Sanctions

Procedure: RWHC will verify all licenses listed on the application. Primary source verification is obtained directly from the appropriate state licensing agency. If applicable, documentation of sanctions/discipline will be included with the file.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 1, 2 & 4

NCQA, July 2016 HP Standards & Guidelines, CR 3, A:1, CR 3, B:1 & CR 6, A:2

C. DEA/CDS Certificate (if applicable)

DEA:

Procedure: Primary source verification is obtained from the NTIS database, which is updated monthly. If NTIS does not reflect a current DEA, a copy of the renewed certificate is requested from the practitioner.

CDS:

Procedure: As requested by client, primary source verification is obtained by contacting the state that issued the certificate.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 1 & 2

NCQA, July 2016 HP Standards & Guidelines for, CR 3, A:2

D. Current Certification

Board Certification:

Physicians (MDs and DOs):

Procedure: Boards recognized by the American Board of Medical Specialties (ABMS) will be verified. Primary source verification is obtained from the internet source, Board Certified Docs. If the practitioner is not listed, RWHC will contact the Board for primary source verification.

Physicians (DOs):

Procedure: American Osteopathic Association (AOA) Board Certification will be verified. Primary source verification of an AOA Board is obtained using their on-line Osteopathic Profile Report.

Dentists:

Procedure: American Board of Oral & Maxillofacial Surgery (ABOMS) Board Certification will be verified. Primary source verification is obtained directly from ABOMS.

Alcohol & Other Drug Abuse:

Procedure: Boards that are recognized by the International Certification & Reciprocity Consortium Member Board will be verified. Primary source verification is obtained directly from the Board.

Nursing:

Procedure: American College of Nurse-Midwives (ACNM), American Nurse Credentialing Center (ANCC), American Association of Nurse Anesthetists (AANA) and Pediatric Nursing Certification Board (PNCB) will be verified. Primary source verification is obtained directly from the Board.

Physician Assistants:

Procedure: National Commission Certification of Physician Assistants (NCCPA) Board Certification will be verified. Primary source verification of is obtained directly from NCCPA.

Podiatrists:

Procedure: American Board of Podiatric Surgery Board Certification will be verified. Primary source verification is obtained by locating the provider in the most recent annual American Board of Podiatric Surgery Board Directory. If the practitioner is not listed in the Directory, RWHC will contact the Board for primary source verification.

If a provider states that certification is obtained from the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM), primary source verification is obtained directly from ABPOPPM.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 2

NCQA, July 2016 HP Standards & Guidelines, CR 3, A:4

E. Current Malpractice Insurance Coverage

Procedure: The application is reviewed to verify that it includes the dates and amount of the practitioner's current malpractice insurance, and a copy of the insurance face sheet will be included in the file.

Rationale: NCQA, July 2016 HP Standards & Guidelines, CR 3, C:5

F. Malpractice History

Procedure: As requested by client, the National Practitioner Data Bank is obtained to verify professional liability claims history.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1, MS.06.01.05 EP 7

NCQA, July 2016 HP Standards & Guidelines, CR 3, A:6

G. Residency/Fellowships

Procedure: Residency and/or fellowship programs completed during the previous two years will be verified. Primary source verification is obtained by receiving written or verbal verification.

Documentation of all time gaps, six months or greater, will be included in the file. The practitioner provides a written explanation for time gaps greater than 12 months.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2

*H. Communicable Disease (TB)

Procedure: As requested by client, a copy of the test results will be obtained.

Rationale: State Code, CDC guideline and OSHA requirement

*I. Peer References

Procedure: As requested by client, one written professional peer reference (same discipline or like privileges) will be obtained unless otherwise specified on Attachment 4. For Physicians, a reference form will be sent to the chief of staff at the primary practice site.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2 & 8, MS.06.01.07 EP 1, MS.07.01.03 EP 1, 2, 3 & 4

J. Work History/Affiliations

Procedure: The application is reviewed to verify that two (2) years of work history is reported or as specified on Attachment 4.

*For MCOs, the application is reviewed to verify that three (3) years of work history is reported.

Documentation of all time gaps, six months or greater, will be included in the file. The practitioner provides a written explanation for time gaps greater than 12 months.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2 & 9

NCQA July 2014 HP Standards & Guidelines, CR 3, A:5

*K. Hospital Privileges

Procedure: As requested by client, RWHC will obtain verification of hospital privileges during the past two (2) years or as specified on Attachment 4. Primary source verification is obtained directly from the hospital. If there are no hospital privileges, employment verification is obtained.

*For MCOs, all current hospital affiliations are verified unless otherwise specified.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2, 9 & 12

*L. Continuing Medical Education

Procedure: As requested by client, the application is reviewed to verify that the practitioner has completed the question regarding continuing medical education.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.12.01.01 EP 2 & 4

M. Medicare/Medicaid Sanctions

Procedure: RWHC will review the Cumulative Sanctions Report available over the Internet. If applicable, documentation of sanctions/disciplines will be incorporated into the file.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 9

NCQA, July 2016 HP Standards & Guidelines, CR 3, B:2 & CR 6, A:1

N. National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Procedure: RWHC will query the appropriate data bank(s) by acting as the client's authorized agent. If client chooses to have RWHC act as the agent, an electronic request must be submitted to the Data Bank.

Rationale: Health Care Quality Improvement Act of 1986

The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.05 EP 7

NCQA, July 2016 HP Standards & Guidelines, CR 3, A:6, B:1, & B:2

3. ONGOING MONITORING OF LICENSES AND SANCTIONS

Procedure: RWHC will monitor, on an ongoing basis, all active licenses for loss or limitation, state sanctions, restrictions and/or limitations in the scope of practice for all active files. RWHC will monitor all active files for Medicare and Medicaid sanctions. All relevant findings will be reported to Clients upon discovery and incorporated into the credentials file.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.05 EP 1, 2 & 9

NCQA, July 2016 HP Standards & Guidelines, CR 6, A:1 & A:2

4. FILE UPDATES

Procedure: As requested by Client, RWHC will monitor all documents with expiration dates. This includes; license of primary practice state, DEA, DPS, Malpractice, Board Certification, and TB. RWHC will obtain an update of the document and make it available to the Client.

Rationale: The Joint Commission CAMH & CAMCAH, 2016 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 1 & 9

*5. CRIMINAL BACKGROUND CHECKS

Procedure: As requested by Client, RWHC will conduct in-state, out-of-state and military criminal background checks. A good faith effort will be made for all attempts however fingerprinting is not a component of the procedure.

Rationale: State requirement

File Cover Sheet

This cover sheet has been provided at the client's request and shall not serve as a summary of the primary source verifications. The attached file contains complete copies of the verifications obtained by RWHC. The client has the responsibility for reviewing and analyzing the data/verifications obtained by RWHC.

CLIENT Care Wisconsin	DATE OF APPLICATION SIGNATURE: _____ DATE APPLICATION RECEIVED: _____ DATE REVIEWED/ TRANSMITTED: _____
PRACTITIONER NAME:	
TYPE OF APPLICATION: _____ INITIAL APPOINTMENT _____ REAPPOINTMENT	
_____ NPDB/HIPDB QUERY	_____ See enclosed report
_____ APPLICATION, DISCLOSURE QUESTIONS & ATTESTATION COMPLETE	_____ See enclosed documentation provided by practitioner
_____ LICENSE/SANCTION (includes PSV of all licenses listed on the application)	_____ See enclosed report
_____ DEA/CDS	
_____ CURRENT BOARD CERTIFICATION	
_____ OTHER CURRENT CERTIFICATION	
_____ CURRENT MALPRACTICE CERTIFICATE (dates and limits)	
_____ MEDICARE/MEDICAID SANCTIONS/EPLS	_____ See enclosed report
EDUCATION (ONLY INITIAL APPOINTMENTS) (psv of highest level of education for non-board certified practitioners)	
_____ School _____ Internship _____ Residency _____ Fellowship _____ ECFMG	
_____ PROFESSIONAL PRACTICE/WORK HISTORY (initial appointment-previous 5 years, reappointment-previous 3 years)	
_____ Current Primary Hospital Affiliation _____ Current Other Hospital Affiliations	Work history gap > 6 months? (applicable degree to present) _____ No _____ Yes, see written explanation

"√" indicates a primary source verification or other documentation of this item is contained in the file. n/a" indicates this item is not applicable to this practitioner.

Rev. , 5/13, 10/15, 5/16 SPEC

**AMENDMENT TO THE RURAL WISCONSIN HEALTH COOPERATIVE
CREDENTIALING SERVICE AGREEMENT**

The Agreement for Credentialing Services by and between the Rural Wisconsin Health Cooperative ("Cooperative") and Care Wisconsin ("Facility") dated July 1, 2016, is hereby amended as follows.

1. Attachment 1, Attachment 2, Attachment 3 and Attachment 4 (effective July 1, 2016, through June 30, 2017) are deleted and replaced with this Amendment and Attachment 1, Attachment 2, Attachment 3 and Attachment 4 hereto which are incorporated herein by reference. The effective date of this Amendment shall be July 1, 2017, through June 30, 2018.

All other terms and conditions set forth in the above referenced Agreement shall remain in full force and effect.

Dated the 1st day of July, 2017:

Rural Wisconsin Health Cooperative

Care Wisconsin

By: Bonnie Laffey

Title: Director of Programs & Services

By: Susan Crowley

Title: Senior VP, Government Services

**ATTACHMENT 1
CREDENTIALING SERVICE
EFFECTIVE JULY 1, 2017, THROUGH JUNE 30, 2018**

This is an attachment to the Credentialing Service Agreement between the Rural Wisconsin Health Cooperative and Care Wisconsin, Madison, WI, dated July 1, 2016.

Annual Subscription Fee: [REDACTED]

[REDACTED] **per appointment file**

[REDACTED] **per reappointment file**

- 1) Requires use of Cooperative's application and application process
- 2) Applies to all disciplines, MD, DO, DC, DDS, DPM, OD, Allied and Behavioral Health Professionals
- 3) Includes primary source verifications to comply with The Joint Commission and all eleven elements required by NCQA
- 4) File updates and/or ongoing monitoring (e.g., license, DEA, malpractice, sanctions and/or other disciplinary actions) for a two-year period for all active files. The annual subscription fee must be paid annually to maintain receipt of updates and ongoing monitoring
- 5) Applies to all applications received and processed (primary source verifications completed and/or sent) and declined by client or practitioner

Criminal Background Checks:

Criminal background checks will be included in the credentials file upon client request. There is no additional fee for criminal background checks done for Wisconsin. Fees incurred for any other states for criminal background checks will be invoiced to the client.

Additional Service Values:

- * All rates are inclusive, no additional fees for querying the NPDB, state medical examining boards, medical specialty boards or other entities
- * Files contain only documents requested by Client
- * No additional charge for expedited files
- * No additional charge for applications sent but not processed at the request of Client or Practitioner
- * No minimum monthly charge or volume guarantee required
- * Cooperative guarantees a complete file, no additional charge when multiple requests are needed to complete a file
- * Average turn-around time is 35-40 calendar days from receipt of an application
- * Data available electronically
- * Phone consultation relevant to general credentialing issues including survey preparation at no additional charge
- * Access to secure CVO Website

CREENTIALS VERIFICATION SERVICE

Rural Wisconsin Health Cooperative's (RWHC's) or "Cooperative's" credentialing process for appointments complies with current Joint Commission, NCQA, and state survey standards. The target for completion of all appointments is 60 days from receipt of the application.

Please note that items preceded by an asterisk () are not typically applicable to managed care organizations*

1. REQUEST AND APPLICATION PROCESS

Client Procedure: The client provides RWHC with the following documentation via fax, mail or e-mail:

- a. Practitioner's name, mailing address, office name, telephone number and specialty
- *b. Privilege Delineation, Job Description or Scope of Practice (as applicable)

RWHC Procedure: RWHC will forward an application packet to the practitioner. Three letters of request shall be made in an effort to obtain the application. The first request is mailed within 7 calendar days of the Client's request, the second request is made 14 calendar days after the first request and the third request is made 7 calendar days after the second request. If the application is not received, the client will receive written documentation of the attempts 7 calendar days after the third request and the file will be inactivated.

Upon receipt, the application will be reviewed for legibility, completeness, signature, and date. Faxed, digital, electronic, scanned or photocopied signatures are acceptable.

RWHC will assure that all questions on the application are answered yes/no and as applicable, that an explanation accompanies all yes responses. An exception is the essential function question; an explanation for the response yes with accommodation or no must be obtained by the facility. A response of yes with accommodation or no to the essential function question will be identified on the file cover sheet to alert the facility.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.01.01.01 EP 26 & 27. MS.06.01.03 EP 1, 4 & 6, MS.06.01.05 EP 1, 4, 6, & 9

NCQA, July 2017 HP Standards & Guidelines, CR 3, C:1-6

2. **VERIFICATION BY RWHC**

For all primary source verifications, and/or other items needed to complete the file, RWHC will send two letters of request and make two telephone requests in an effort to obtain the verification. The first request is mailed within 7 calendar days of receiving the application, the second request is made 14 calendar days after the first request and the third request is made 7 calendar days after the second request. The fourth request is made 7 calendar days after the third request. If there is no response to the requests, the client will receive written documentation of attempts within the credentials file.

*A. **Privilege List**

Procedure: As requested by client, the practitioner completes a privilege delineation form provided by the hospital or RWHC. Completeness and legibility of the form will be reviewed.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.01.01.01 EP 26 & 27, MS.06.01.05 EP 4

B. **Professional/Medical License/Sanctions**

Procedure: RWHC will verify all licenses listed on the application. Primary source verification is obtained directly from the appropriate state licensing agency. If applicable, documentation of sanctions/discipline will be included with the file.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 1, 2 & 4

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:1, CR 3, B:1 &
CR 6, A:2

C. **DEA/CDS Certificate (if applicable)**

DEA:

Procedure: Primary source verification is obtained from the NTIS database, which is updated monthly. If NTIS does not reflect a current DEA, a copy of the renewed certificate is requested from the practitioner.

CDS:

Procedure: As requested by client, primary source verification is obtained by contacting the state that issued the certificate.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 1 & 2

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:2

D. Current Certification

Board Certification:

Physicians (MDs and DOs):

Procedure: Boards recognized by the American Board of Medical Specialties (ABMS) will be verified. Primary source verification is obtained from the internet source, Board Certified Docs. If the practitioner is not listed, RWHC will contact the Board for primary source verification.

Physicians (DOs):

Procedure: American Osteopathic Association (AOA) Board Certification will be verified. Primary source verification of an AOA Board is obtained using their on-line Osteopathic Profile Report.

Dentists:

Procedure: American Board of Oral & Maxillofacial Surgery (ABOMS) Board Certification will be verified. Primary source verification of an ABOMS Board is obtained directly from ABOMS.

Alcohol & Other Drug Abuse:

Procedure: Boards that are recognized by the International Certification & Reciprocity Consortium Member Board will be verified. Primary source verification is obtained directly from the Board.

Nursing:

Procedure: American College of Nurse-Midwives (ACNM), American Nurse Credentialing Center (ANCC), American Association of Nurse Anesthetists (AANA) and Pediatric Nursing Certification Board (PNCB) will be verified. Primary source verification is obtained directly from the Board.

Physician Assistants:

Procedure: National Commission Certification of Physician Assistants (NCCPA) Board Certification will be verified. Primary source verification of is obtained directly from NCCPA.

Podiatrists:

Procedure: American Board of Podiatric Surgery Board Certification will be verified. Primary source verification is obtained by locating the provider in the most recent annual American Board of Podiatric Surgery Board Directory. If the practitioner is not listed in the Directory, RWHC will contact the Board for primary source verification.

If a provider states that certification is obtained from the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM), primary source verification is obtained directly from ABPOPPM.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 2

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:4

E. Current Malpractice Insurance Coverage

Procedure: The application is reviewed to verify that it includes the dates and amount of the practitioner's current malpractice insurance, and a copy of the insurance face sheet will be included in the file.

Rationale: NCQA, July 2017 HP Standards & Guidelines, CR 3, C:5

F. Malpractice History

Procedure: As requested by client, the National Practitioner Data Bank is obtained to verify professional liability claims history.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1, MS.06.01.05 EP 7

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:6

G. Professional/Medical Degree/Internship/Residency/Fellowship

Procedure: As required by client, professional/medical degrees, internships, residencies and/or fellowships will be verified. Primary source verification is obtained by receiving written or verbal verification. Primary source verification of foreign medical education will be obtained by receiving written verification from Education Council for Foreign Medical Graduates.

Documentation of all time gaps, six months or greater, will be included in the file. The practitioner provides a written explanation for time gaps greater than 12 months.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:3

***H. Communicable Disease (Rubella, TB, Hep B)**

Procedure: As requested by client, a copy of the immunization record, test or titer results will be obtained.

Rationale: State Code, CDC guideline and OSHA requirement

***I. Peer References**

Procedure: As requested by client, three written professional peer references (same discipline or like privileges) will be obtained. For Physicians, a reference form will be sent to the chief of staff at the primary practice site.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2 & 8, MS.06.01.07 EP 1, MS.07.01.03 EP 1, 2, 3 & 4

J. Work History/Affiliations

Procedure: The application is reviewed to verify work history is complete from receipt of professional degree to present.

*For MCOs, the application is reviewed to verify that five (5) years of work history is reported or degree to present.

Documentation of all time gaps, six months or greater, will be included in the file. The practitioner provides a written explanation for time gaps greater than 12 months.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2 & 9

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:5

***K. Hospital Privileges**

Procedure: As requested by client, RWHC will obtain verification of hospital privileges during the past (5) five years. Primary source verification is obtained directly from the hospital. If there are no hospital privileges, employment verification is obtained.

*For MCOs, all current hospital affiliations are verified unless otherwise specified.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2 & 9

***L. Continuing Medical Education**

Procedure: As requested by client, the application is reviewed to verify that the practitioner has completed the question regarding continuing medical education.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.12.01.01 EP 2 & 4

M. Medicare/Medicaid Sanctions

Procedure: RWHC will review the Cumulative Sanctions Report available over the Internet. If applicable, documentation of sanctions/disciplines will be incorporated into the file.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 9

NCQA, July 2017 HP Standards & Guidelines, CR 3, B:2 & CR 6, A:1

**N. National Practitioner Data Bank
Healthcare Integrity And Protection Data Bank**

Procedure: RWHC will query the appropriate data bank(s) by acting as the client's authorized agent. If client chooses to have RWHC act as the agent, an electronic request must be submitted to the Data Bank.

Rationale: Health Care Quality Improvement Act of 1986

The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.05 EP 7

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:6, B:1, & B:2

3. ONGOING MONITORING OF LICENSES AND SANCTIONS

Procedure: RWHC will monitor, on an ongoing basis, all active licenses for loss or limitation, state sanctions, restrictions and/or limitations in the scope of practice for all active files. RWHC will monitor all active files for Medicare and Medicaid sanctions. All relevant findings will be reported to Clients upon discovery and incorporated into the credentials file.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.05 EP 1, 2 & 9

NCQA, July 2017 HP Standards & Guidelines, CR 6, A:1 & A:2

4. FILE UPDATES

Procedure: As requested by Client, RWHC will monitor all documents with expiration dates. This includes license of primary practice state, DEA, DPS, Malpractice, Board Certification, and TB. RWHC will obtain an update of the document and make it available to the Client.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 1 & 9

***5. CRIMINAL BACKGROUND CHECKS**

Procedure: As requested by Client, RWHC will conduct in-state, out-of-state and military criminal background checks. A good faith effort will be made for all attempts however fingerprinting is not a component of the procedure.

Rationale: State requirement

CREREDENTIALS VERIFICATION SERVICE

Rural Wisconsin Health Cooperative's (RWHC's) or "Cooperative's" credentialing process for reappointments complies with current Joint Commission, NCQA and state survey standards. The target for completion of all reappointments is 60 days from receipt of the application.

Please note that items preceded by an asterisk () are not typically applicable to managed care organizations.*

1. REQUEST AND APPLICATION PROCESS

Client Procedure: RWHC presents a reappointment schedule to the client on monthly basis as applicable. The client verifies this reappointment schedule and returns it to RWHC via fax, mail, or e-mail. The client verifies that listed practitioners are active and provides a due date for the complete file. To assure all facility reappointments are completed based on the facility's schedule; the facility must provide a 120 day notice of pending reappointments.

RWHC Procedure: RWHC will forward an application packet to the practitioner. Three letters of request shall be made in an effort to obtain the application. The first request is mailed within 7 calendar days of the Client's request, the second request is made 14 calendar days after the first request and the third request is made 7 calendar days after the second request. If the application is not received, the client will receive written documentation of the attempts 7 calendar days after the third request. If the application is not received, the client will receive written documentation of attempts and the file will be inactivated.

Upon receipt, the application will be reviewed for legibility, completeness, signature, and date. Faxed, digital, electronic, scanned or photocopied signatures are acceptable.

RWHC will assure that all questions on the application are answered yes/no and as applicable, that an explanation accompanies all yes responses. An exception is the essential function question; an explanation for the response yes with accommodation or no must be obtained by the facility. A response of yes with accommodation or no to the essential function question will be identified on the file cover sheet to alert the facility.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.01.01.01 EP 26 & 27, MS.06.01.03 EP 1, 4 & 6, MS.06.01.05 EP 1, 4, 6, 9, & 12

NCQA, July 2017 HP Standards & Guidelines, CR 3, C:1-6

2. **VERIFICATION BY RWHC**

For all primary source verifications, and/or other items needed to complete the file, RWHC will send two letters of request and make two telephone requests in an effort to obtain the verification. The first request is mailed within 7 calendar days of receiving the application, the second request is made 14 calendar days after the first request and the third request is made 7 calendar days after the second request. The fourth request is made 7 calendar days after the third request. If there is no response to the requests, the client will receive written documentation of attempts within the credentials file.

*A. **Privilege List**

Procedure:

The client will direct RWHC to:

- Ask the practitioner to complete a new privilege delineation **or**
- Ask the practitioner review current privilege delineation

Completeness and legibility of the form will be reviewed.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.01.01.01 EP 26 & 27, MS.06.01.05 EP 4 & 12

B. **Professional/Medical License/Sanctions**

Procedure: RWHC will verify all licenses listed on the application. Primary source verification is obtained directly from the appropriate state licensing agency. If applicable, documentation of sanctions/discipline will be included with the file.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 1, 2 & 4

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:1, CR 3, B:1 &
CR 6, A:2

C. **DEA/CDS Certificate (if applicable)**

DEA:

Procedure: Primary source verification is obtained from the NTIS database, which is updated monthly. If NTIS does not reflect a current DEA, a copy of the renewed certificate is requested from the practitioner.

CDS:

Procedure: As requested by client, primary source verification is obtained by contacting the state that issued the certificate.

**Reappointment Process
(Effective 7-1-17 to 6-30-18)**

Attachment 3

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 1 & 2

NCQA, July 2017 HP Standards & Guidelines for, CR 3, A:2

D. Current Certification

Board Certification:

Physicians (MDs and DOs):

Procedure: Boards recognized by the American Board of Medical Specialties (ABMS) will be verified. Primary source verification is obtained from the internet source, Board Certified Docs. If the practitioner is not listed, RWHC will contact the Board for primary source verification.

Physicians (DOs):

Procedure: American Osteopathic Association (AOA) Board Certification will be verified. Primary source verification of an AOA Board is obtained using their on-line Osteopathic Profile Report.

Dentists:

Procedure: American Board of Oral & Maxillofacial Surgery (ABOMS) Board Certification will be verified. Primary source verification is obtained directly from ABOMS.

Alcohol & Other Drug Abuse:

Procedure: Boards that are recognized by the International Certification & Reciprocity Consortium Member Board will be verified. Primary source verification is obtained directly from the Board.

Nursing:

Procedure: American College of Nurse-Midwives (ACNM), American Nurse Credentialing Center (ANCC), American Association of Nurse Anesthetists (AANA) and Pediatric Nursing Certification Board (PNCB) will be verified. Primary source verification is obtained directly from the Board.

Physician Assistants:

Procedure: National Commission Certification of Physician Assistants (NCCPA) Board Certification will be verified. Primary source verification of is obtained directly from NCCPA.

Podiatrists:

Procedure: American Board of Podiatric Surgery Board Certification will be verified. Primary source verification is obtained by locating the provider in the most recent annual American Board of Podiatric Surgery Board Directory. If the practitioner is not listed in the Directory, RWHC will contact the Board for primary source verification.

If a provider states that certification is obtained from the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM), primary source verification is obtained directly from ABPOPPM.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 6, MS.06.01.05 EP 2

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:4

E. Current Malpractice Insurance Coverage

Procedure: The application is reviewed to verify that it includes the dates and amount of the practitioner's current malpractice insurance, and a copy of the insurance face sheet will be included in the file.

Rationale: NCQA, July 2017 HP Standards & Guidelines, CR 3, C:5

F. Malpractice History

Procedure: As requested by client, the National Practitioner Data Bank is obtained to verify professional liability claims history.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1, MS.06.01.05 EP 7

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:6

G. Residency/Fellowships

Procedure: Residency and/or fellowship programs completed during the previous two years will be verified. Primary source verification is obtained by receiving written or verbal verification.

Documentation of all time gaps, six months or greater, will be included in the file. The practitioner provides a written explanation for time gaps greater than 12 months.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2

***H. Communicable Disease (TB)**

Procedure: As requested by client, a copy of the test results will be obtained.

Rationale: State Code, CDC guideline and OSHA requirement

***I. Peer References**

Procedure: As requested by client, one written professional peer reference (same discipline or like privileges) will be obtained unless otherwise specified on Attachment 4. For Physicians, a reference form will be sent to the chief of staff at the primary practice site.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2 & 8, MS.06.01.07 EP 1, MS.07.01.03 EP 1, 2, 3 & 4

J. Work History/Affiliations

Procedure: The application is reviewed to verify that two (2) years of work history is reported or as specified on Attachment 4.

*For MCOs, the application is reviewed to verify that three (3) years of work history is reported.

Documentation of all time gaps, six months or greater, will be included in the file. The practitioner provides a written explanation for time gaps greater than 12 months.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2 & 9

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:5

***K. Hospital Privileges**

Procedure: As requested by client, RWHC will obtain verification of hospital privileges during the past two (2) years or as specified on Attachment 4. Primary source verification is obtained directly from the hospital. If there are no hospital privileges, employment verification is obtained.

*For MCOs, all current hospital affiliations are verified unless otherwise specified.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 2, 9 & 12

*L. **Continuing Medical Education**

Procedure: As requested by client, the application is reviewed to verify that the practitioner has completed the question regarding continuing medical education.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.12.01.01 EP 2 & 4

M. **Medicare/Medicaid Sanctions**

Procedure: RWHC will review the Cumulative Sanctions Report available over the Internet. If applicable, documentation of sanctions/disciplines will be incorporated into the file.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 9

NCQA, July 2017 HP Standards & Guidelines, CR 3, B:2 & CR 6, A:1

N. **National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank**

Procedure: RWHC will query the appropriate data bank(s) by acting as the client's authorized agent. If client chooses to have RWHC act as the agent, an electronic request must be submitted to the Data Bank.

Rationale: Health Care Quality Improvement Act of 1986

The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.05 EP 7

NCQA, July 2017 HP Standards & Guidelines, CR 3, A:6, B:1, & B:2

3. **ONGOING MONITORING OF LICENSES AND SANCTIONS**

Procedure: RWHC will monitor, on an ongoing basis, all active licenses for loss or limitation, state sanctions, restrictions and/or limitations in the scope of practice for all active files. RWHC will monitor all active files for Medicare and Medicaid sanctions. All relevant findings will be reported to Clients upon discovery and incorporated into the credentials file.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.05 EP 1, 2 & 9

NCQA, July 2017 HP Standards & Guidelines, CR 6, A:1 & A:2

**Reappointment Process
(Effective 7-1-17 to 6-30-18)**

Attachment 3

4. FILE UPDATES

Procedure: As requested by Client, RWHC will monitor all documents with expiration dates. This includes; license of primary practice state, DEA, DPS, Malpractice, Board Certification, and TB. RWHC will obtain an update of the document and make it available to the Client.

Rationale: The Joint Commission CAMH & CAMCAH, 2017 Updates, MS.06.01.03 EP 1 & 6, MS.06.01.05 EP 1 & 9

***5. CRIMINAL BACKGROUND CHECKS**

Procedure: As requested by Client, RWHC will conduct in-state, out-of-state and military criminal background checks. A good faith effort will be made for all attempts however fingerprinting is not a component of the procedure.

Rationale: State requirement

File Cover Sheet

This cover sheet has been provided at the client's request and shall not serve as a summary of the primary source verifications. The attached file contains complete copies of the verifications obtained by RWHC. **The client has the responsibility for reviewing and analyzing the data/verifications obtained by RWHC.**

CLIENT Care Wisconsin	DATE OF APPLICATION SIGNATURE: _____ DATE APPLICATION RECEIVED: _____ DATE REVIEWED/ TRANSMITTED: _____
PRACTITIONER NAME:	
TYPE OF APPLICATION: _____ INITIAL APPOINTMENT _____ REAPPOINTMENT	
_____ NPDB QUERY	_____ See enclosed report
_____ APPLICATION, DISCLOSURE QUESTIONS & ATTESTATION COMPLETE	_____ See enclosed documentation provided by practitioner
_____ LICENSE/SANCTION (includes PSV of all licenses listed on the application)	_____ See enclosed report
_____ DEA/CDS	
_____ CURRENT BOARD CERTIFICATION	
_____ OTHER CURRENT CERTIFICATION	
_____ CURRENT MALPRACTICE CERTIFICATE (dates and limits)	
_____ MEDICARE/MEDICAID SANCTIONS/SAM	_____ See enclosed report
EDUCATION (ONLY INITIAL APPOINTMENTS) (psv of highest level of education for non-board certified practitioners)	
_____ School _____ Internship _____ Residency _____ Fellowship _____ ECFMG	
_____ PROFESSIONAL PRACTICE/WORK HISTORY (initial appointment-previous 5 years, reappointment-previous 3 years)	
_____ Current Primary Hospital Affiliation _____ Current Other Hospital Affiliations	Work history gap > 6 months? (applicable degree to present) _____ No _____ Yes, see written explanation

"√" indicates a primary source verification or other documentation of this item is contained in the file. n/a" indicates this item is not applicable to this practitioner. Rev. , 5/13, 10/15, 5/16, 5/17 SPEC