

**YALE NEW HAVEN COMMUNITY MEDICAL GROUP
YALE-NEW HAVEN HOSPITAL
DEPARTMENT OF PHYSICIAN SERVICES
RE-CREDENTIALING POLICY & PROCEDURE**

Purpose:

To ensure that Yale New Haven Community Medical Group (YNHCMG) members continue to fulfill requirements and performance standards for ongoing participation and that the composition of the membership at large enables the YNHCMG to continue to deliver high quality health care, to operate in an efficient manner, and to remain competitive in the current healthcare marketplace. In addition, this policy will ensure that the entire membership of the YNHCMG contributes to the clinical integration of the network to fulfill the YNHCMG mission and that the YNHCMG supports the teaching and community service missions of Yale-New Haven Hospital (YNHH).

Scope:

All members (includes M.D.s, D.O.s, D.M.D.s, D.D.Ss and D.P.M.s) participating in the YNHCMG, and published in any provider directories, must be re-credentialed every two years. In addition to the re-credentialing requirements outlined in this policy, YNHCMG members are subject at all times to the conditions outlined in the *“Membership Appeals and Physician Termination & Suspension Policy.”*

Policy:

All members of the YNHCMG are required to be current members of the YNHH “Active” Medical Staff . The Active Medical Staff is comprised of “Attendings” and “Associates”. All existing members are required to complete a YNHCMG re-credentialing application providing information about their clinical integration and level of network connectivity as well as attesting to their clinical and teaching/administrative activities.

All members must also complete a “Practice History Survey” attesting to, among other issues, their current situation with respect to malpractice and licensure.

All credentialing and re-credentialing functions are performed on behalf of the YNHCMG by the YNHH Department of Physician Services. The YNHCMG does not permit external delegation or sub-delegation of its credentialing or re-credentialing responsibilities.

Members are informed of the YNHCMG’s Policy with respect to re-credentialing. The process utilized by the YNHCMG ensures that re-credentialing is conducted in a manner that is non-discriminatory. Membership determinations are not based upon the applicant’s age, race, gender, ethnicity, sexual orientation, types of patients served or types of procedures performed. YNHH Department of Physician Services staff and members of the Yale-New Haven Community Medical Group Credentials Committee and Board of Directors sign nondiscriminatory agreements attesting to this.

Applicants are entitled to request the status of their credentialing applications.

The YNHCMG assures the confidentiality of all of the information collected through the re-credentialing process (unless such information is already deemed to be public information due to it’s publication in a forum or context available to the public in general) by:

- maintaining files in a secure environment
- limiting access to files to staff of the YNHH Department of Physician Services and members of the YNHCMG Credentialing Committee and Board of Directors
- maintaining electronic information in a password protected system accessible only to staff of the YNHH Department of Physician Services

- use of confidentiality agreements for members of the YNHCMG Credentials Committee and Board of Directors and Department of Physician Services staff.

Members, however, have access to their files as outlined in the “*Applicant/Members Access to Files Policy & Procedure*”.

Procedure:

1. Each member of the YNHCMG is sent a re-credentialing application requesting the following information:
 - Primary office address and phone
 - All satellite office addresses and phone numbers
 - Practice specialty and sub-specialty
 - Primary care provider status
 - Board certification status
 - Tax identification number
 - Group name
 - Other members of the group (if applicable)
 - Documentation of clinical, teaching and administrative activities for Yale-New Haven Hospital, affiliated entities and the YNHCMG and information about their participation in clinical integration, network connectivity and interaction programs of the YNHCMG relative to their practice specialty
 - Copies of Credentialing Documents (i.e. license, DEA, etc.)
 - Attestation Forms
 - Response to Practice History Questions
2. Appropriate demographic changes are made to the Department of Physician Services database to ensure proper representation in provider directories.
3. Screening of applications/information proceeds as outlined in steps 4-7 below:
4. **Level I Screening: Medical Staff Status/Document Review**

“Active” (Attending or Associate) status on the YNH Medical Staff will be confirmed for all members.

Review/verification of the following items in accordance with NCQA standards and 120 day time limits is also included in Level I Screening and conducted consistent with the “*Credentialing/Re-Credentialing Criteria Detail*” guidelines:

- a. Current Connecticut State License*
- b. Current DEA and State Narcotics Certificates (if applicable)*
- c. Current Malpractice Insurance in the amounts of \$1,000,000 per occurrence and \$3,000,000 in aggregate
- d. Review of Malpractice activity and items identified via Practice History survey*
- e. Board certification (as applicable)
- f. National Practitioner Databank Query*
- g. Federation of State Medical Board Query*
- h. Office of Inspector General List of Excluded Individuals Cumulative Sanction Report

*See “*Professional Liability History Guidelines*” and “*Credentialing/Re-Credentialing Detail*” Policies and Procedures for additional information.

Documents are retained in the Department of Physician Services files. Databank queries and primary source verifications are performed by the Department of Physician Services and serve as the re-credentialing documents for the YNHCMG in addition to Yale-New Haven Hospital. The YNHCMG Network Credentialing Coordinator reviews each file and makes proper notation on the YNHCMG Re-Credentialing Checklist verifying review of all documentation.

Any issues discovered during the routine re-credentialing process-will be reviewed in accordance with the “*Professional Liability History Guidelines*” Policy & Procedure and discussed, as appropriate with the YNHCMG Credentialing Committee and Board of Directors.

5. **Level II Screening: Yale-New Haven Hospital and YNHCMG Clinical Activity**

Physicians who are members of the Active Staff (Attending or Associate) will automatically meet the Clinical Activity Requirements.

6. **Level III Screening: Contract Compliance**

Information regarding the member’s compliance with contractual obligations and CI/QA and other administrative policies and procedures under the YNHCMG Participating Provider Agreement and YNHCMG health plan contracts will be compiled, reviewed and evaluated. Such inquiry may include (but not be limited to) information concerning compliance with all YNHCMG and other applicable quality and utilization standards. The Credentials Committee will consider complaints or actions taken by contracted payors concerning compliance and utilization issues (i.e. balance billing of patients) in the re-credentialing process.

Members whose practice patterns fail to satisfy contractual obligations or CI/QA or other policies or procedures will be identified as not fulfilling this level of screening.

7. **Level IV Screening: Teaching/Administrative Activity, Clinical Integration and Network Connectivity and Interaction**

Members of the YNHCMG are required to attain the points required as specified on the “*Re-Credentialing Documentation of Activities Form*” (Attachment A) in some combination of activities in the following categories:

Teaching /Administrative Activities

- Precepting Yale University medical students, physician assistant students, nursing students or YNHH housestaff or clinical fellows (two week minimum requirement)
- Giving lectures to Yale University medical students or YNHH housestaff or clinical fellows (two or more)
- Conducting Grand Rounds or other teaching conferences
- Attending in YNHH or WHVAMC outpatient clinics (i.e. Primary Care Center, Allergy Clinic, Dermatology clinic, orthopedics clinic, etc.) (once/wk, ½ day/wk, 1/month, etc.)
- Membership and participation on YNHH Medical Staff Committees (i.e. Credentialing Committee, Medical Board, Tissue Committee, Infection Control Committee, Medical Records Committee, etc.) (Three or more meetings per year)
- Membership on the YNHCMG Board or YNHCMG Committees (Three or more meetings per year)

Clinical Integration

Members will be required to show evidence of participation in one or more of the following:

- Utilization of referral management and process improvement tools developed by YNHCMG or;
- YNHCMG/YNHH sponsored programs for improved inpatient safety and care or;
- YNHCMG endorsed programs of CI and disease management including disease registry data collection or;
- Quality Assurance activities of the Member's respective Department or YNHH

Network Connectivity and Interaction

Members will be required to show evidence of connectivity and interaction for the purposes of electronically storing, transmitting and receiving clinical information through one or more of the following:

- Enrollment with MDLink or any successor systems endorsed by YNHCMG to obtain and transmit information consistent with the clinical integration program
- Office based electronic prescribing with minimum capability of:
 - Drug/drug interaction
 - Fax or electronic transmission to pharmacies
 - Ability to produce medication lists
- Office based Electronic Medical Record (EMR) capable of providing clinical information, supporting e-prescribing, or being interoperable with MDLink.

Evidence of clinical integration and network connectivity and interaction may be submitted in the following formats:

- Text description of systems in use, activities, including dates, nature of activity, and frequency (per month or total)
- Report of activity generated by information systems used to support the activity
- Publications, papers or other work products generated as a result of the activity

All evidence must clearly demonstrate that the member takes an active part in the activity.

Members will be asked to report on their teaching/administrative activities, clinical integration and network connectivity and interaction at the time of re-credentialing and to provide evidentiary documentation. Sources within YNHH and the Yale-New Haven Health System (i.e. MIS, the hospitalist team) will be contacted for confirmation as necessary.

8. The information regarding each applicant's clinical, teaching/administrative activities, as well as participation in clinical integration and network connectivity programs and compliance with health plan contractual obligations, CI/QA and other policies and procedures during the period in question will be identified from the following:
 - YNHCMG, health plan or hospital records;
 - input, where available, from hospital and YNHCMG clinical leadership familiar with the physician's clinical, teaching/administrative activities, and participation in clinical integration and network connectivity programs;
 - member self-reporting
9. The Credentialing Committee will make a recommendation for continued membership in the YNHCMG based upon the extent to which each applicant has met re-credentialing standards and criteria.

Following completion of the credentialing process described above, applicants are identified as “clean” or requiring additional review. A “clean” applicant is defined as an applicant that meets all of the standard verification and CMG criteria as outlined above. All “clean” applicants will be approved by the Credentialing Committee and presented to the Board of Directors for informational purposes. The Credentialing Committee will approve members (full and one year provisional) who meet the requirements as outlined for a continued full membership term of two years. The Board of Directors authorizes the Credentialing Committee to issue final approval to all “clean” applicants.

Any applicant that does not meet criteria will be reviewed by the Credentialing Committee and a recommendation will be submitted to the Board of Directors for final action. The Board may approve, disapprove or request additional information related to each applicant.

10. One Year Provisional Members who have not sufficiently satisfied the requirements as outlined will be recommended for termination by the Credentialing Committee. This recommendation will be submitted to the Board of Directors for final action. The Board may approve, disapprove or request additional information related to each applicant.
11. Full members who have not sufficiently satisfied screening requirements (I through IV) as outlined above will be placed on six month notice. A member that fail to satisfy any level of screening (I through IV above) after six months, will be recommended for termination. This recommendation will be submitted to the Board of Directors for final action. The Board may approve, disapprove or request additional information related to each applicant.
12. Members are informed, in writing, of the Credentialing Committee or Board of Directors’ decision, as applicable, regarding continued membership. Approved applicants are simultaneously notified that they will be re-credentialed in two years.

Members who have been placed on six month notice are informed that they are required to fulfill the relevant criteria, or take specified necessary steps in order to meet the guidelines outlined above, within a six month period of time. These individuals are asked to submit documentation and are re-evaluated at the relevant time period to determine if they have appropriately addressed the deficiencies related to the fulfillment of requirements.

Members who are in disagreement with the Board’s decision are informed of their right to appeal the decision as described in the *YNHCMG “Membership Appeals and Physician Termination & Suspension Policy.”*

13. At re-evaluation, the YNHCMG Credentialing Committee will review information regarding affected members and make a recommendation to the Board regarding granting full membership status for those applicants who have made a commitment to addressing their deficiencies on a continuing basis.

Applicants who have not, according to the YNHCMG Credentialing Committee, made appropriate progress in addressing their deficiencies will be recommended for termination.

14. The YNHCMG Board of Directors will approve, disapprove or seek additional information at its discretion.
15. Members are informed in writing as to the Board’s decision within sixty (60) days.
16. Members who are approved for termination are notified via certified letter of the Board’s decision and informed that all YNHCMG sponsored health plan contracts with which they are contracted will also be terminated effective 90 days following the notification.

Members are informed of their right to pursue an appeal as outlined in the “*Membership Appeals and Physician Termination & Suspension Policy.*”

Policy A

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