

Credentialing/Credential Review Procedures

In order to ensure, in accordance with Article 44 of the Public Health Law, that all persons providing care and services for Gold Choice membership satisfy all applicable licensing, certification or qualification requirements under New York State law, providers are required to complete a written application process. This includes documentation to support the primary verification sources. Gold Choice uses standards set forth by the New York State Department of Health and National Committee on Quality Assurance.

The process for credentialing is completed by the Gold Choice Credentialing Committee who reviews credentialing information and recommends appointment to the panel. The committee is comprised of the Provider Relations Associate, the Associate Director, and the Medical Director. The Provider Relations Associate collects all required documentation. Once all necessary information is compiled it is given to the Associate Director who reviews the information for accuracy and completeness, and then in turn submits the information to the NYSDOH for placement of the Scope of Benefits File. The Medical Director reviews and approves all providers' applications. Gold Choice program only credential primary care providers specializing in family practice, general practice, internal medicine, or pediatrics, and D.O's, Nurse Practitioners.

The following is the application/credentialing process for the Gold Choice Program:

Each provider who will be serving Gold Choice membership completes the Physician or Nurse Practitioner Application in full (copies of applications are attached), including the authorization for release of information.

Accompanying each application and included in the provider's file are copies of the following primary verification sources:

Physician

Valid Professional License
Valid DEA Certificate
Board Certification Certificate
Proof of Current Malpractice Insurance
Letters of Appointment to each hospital provider has admitting privileges
Graduation from Medical School – written documentation
Completed Residency Program – written documentation
Professional Claims History

Nurse Practitioner

Valid Professional License
Valid DEA Certificate
Proof of Current Malpractice Insurance

Also obtained and verified is the following information:

- Any sanctions imposed by Medicaid via the Health Provider Network
- Attestation of provider as to validity of information provided
- The National Practitioner Data Bank Profile
- Information from the NYS Department of Education

Gold Choice will immediately remove any provider from the network who is unable to provide healthcare due to final disciplinary action.

The provider must be a NYS Medicaid Provider (must have individual MMIS Number) – if s(he) does not have a MMIS number, a request will be submitted to the NYSDOH on behalf of the provider. A Physician or Nurse Practitioner cannot participate with Gold Choice programs until s(he) is an approved Medicaid Provider.

When the application process is completed and the provider is assigned a Medicaid Provider Number, the information is sent to the New York State Department of Health – Office of Managed Care, via email for placement on the Scope of Benefits File.

Once all the processing is completed the provider is informed of the decision within 90 days. We will respond informing the applicant whether they are accepted as credentialed to participate in the network or that more time is needed to review the application or complete the credentialing process due to info not forthcoming from a third party or other extenuating circumstances. We will make every reasonable effort to resolve the delay ASAP. If an incomplete application is received or we are not currently taking additional providers we will respond to the applicant with notice ASAP but no later than 90 days from the receipt of the application. If s(he) has concerns or dispute with the decision s(he) is instructed to contact the Quality Assurance Coordinator.

Each provider that is approved for the Gold Choice program is assigned an electronic and paper file with copies of all the appropriate documents listed previously.

Credentials Review Process

To ensure that no licensing or certification falls out of date a date specific credentials database is used to generate reports of expiration on a monthly basis. All documentation is updated on a continual basis. Each provider's file is updated with current copies of the primary verification sources as listed on the previous page, except letters of appointment. An updated attestation must be submitted.

The credentials review process is completed every three years. The factors that are taken into consideration are: non-compliance with Quality Assurance requests, complaints or inquiries from members, or necessary Quality Improvement Follow-up (QIFU) regarding Gold Choice policy and procedure (e.g. PCP responsibilities), and member satisfaction surveys. In addition the National Practitioners Databank is queried.

If it is determined at this time that the provider is deficient the Medical Director advises the provider of the standards not met and requires the provider to explain how the deficiency will be corrected. Gold Choice works closely with the provider until all standards are met for participation in the program. The Gold Choice program reserves the right not to recredential a provider if the decision is approved by the Credentialing Committee, the Quality Assurance Committee, and the Executive Committee. The provider will be notified in writing of the decision with specific rationale as outlined by the above

In order to ensure compliance with these standards the provider will be re-evaluated every 6 months until the next re-credential period.

As an ongoing process for determining if Medicaid or the Office of Professional Medical Misconduct had disciplined any providers two resources are monitored on a monthly basis: The New York States Department of Health's PRV292, and The Physician Discipline Monthly report. If it is revealed at this time that a network provider has been sanctioned or suspended the provider

is deactivated from the Client Management System and any members assigned to that provider are notified and reassigned to another provider. In addition, the Medical Director, Quality Assurance Committee and Executive Committee are notified, and the provider is omitted from the network until the sanction or suspension has been removed.