

**Policy Name: Recredentialing Policy (HHP-09)**

**Effective Date:** May 27, 2015

**Approved by the Board:** May 27, 2015

**Previous Versions:** June 26, 2013, September 24, 2013, May 28, 2014, January 28, 2015

**Approval Signature:** 

**Name:** Douglas Kwock, M.D.

**Title:** President/Chair

**Definitions:**

**"Attestation"** means a signed statement indicating that a Provider personally confirmed the validity, correctness and completeness of his or her credentialing application.

**"Board"** means the HHP Board of Managers.

**"Committee"** means the HHP Recruiting and Credentialing Committee.

**"Credentialing Expiration Date"** means the date through which HHP's credentialing of an individual remains effective. Initial credentialing may not be more than (3) years expiring at the end of the applicant's birth month after the first (1<sup>st</sup>) year or second (2<sup>nd</sup>) year. Recredentialing may not be more than (2) years.

**"HHP"** means Hawai'i Health Partners, LLC.

**"HHP Patient(s)"** means an individual who is enrolled in a health plan or product sponsored or administered by a commercial or government health care insurer or any self-insured health plans that have contracted with HHP to participate in quality and incentive programs related to the furnishing of medically necessary items and services to such individual.

**"HPH"** means Hawai'i Pacific Health and its affiliated hospitals.

**"Medical Director"** means the HHP Medical Director as defined by the Medical Director Job Description.

**"NPDB"** means the National Practitioner Data Bank maintained by the U.S. Department of Health and Human Services.

**"OIG"** means the U.S. Department of Health and Human Services Office of Inspector General.

**"Participation Agreement"** means a written agreement with HHP to provide covered services to Patients.

**"Provider"** means a physician or allied health professional who has been credentialed and approved by the Board as a participant with HHP and has not had his or her Participation Agreement or joinder agreement terminated.

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**“Unencumbered License”** means a license that has not had any terms or conditions or other limitations attached to it such as probation or suspension.

### **Purpose:**

The purpose of this Policy is to provide procedures to the Committee for the recredentialing of Providers. All Providers who have been credentialed will be reviewed upon recredentialing to determine whether such Provider is eligible to retain participation status in the HHP network. HHP conducts its recredentialing processes in a non-discriminatory manner and does not base its decisions for participation on an applicant's race, color, national origin, ancestry, religion, gender, marital status, sexual orientation, age, or the types of procedures or types of patients the provider specializes in. All decisions are based in the criteria outlined below.

### **Policy / Procedure.**

#### **I. Recredentialing Providers With Medical Staff Membership With Clinical Privileges**

Every Provider must be recredentialed in the same manner as Hawai'i Pacific Health (HPH) entities as a condition of continued participation with HHP. Refer to Medical Staff Bylaws.

- A. *Voluntary Relinquishment.* If the Provider does not complete and return a recredentialing application and all required information by the Recredentialing Application Due Date, then the Provider shall be deemed to have voluntarily relinquished its participating provider status with HHP effective as of the Recredentialing Application Due Date. The individual may immediately reapply as a participating provider subject to the initial credentialing process.
- B. *Relinquishment Letter.* If the Provider voluntarily relinquishes participating provider status with HHP due to non-compliance with the recredentialing process, the Committee will send the Provider a relinquishment letter. The Provider shall not be entitled to an appeals process.
- C. Credentialing staff will review applications and note changes regarding employment with HPH, specialty and subspecialty practices and Medicare and Medicaid participation on the Reappointment Application Credentialing Committee Review Sheet. If applicable, the Committee will take appropriate actions regarding changes.
- D. The Quality & Clinical Integration Committee will submit a recommendation letter regarding quality as reflected by quality of care investigations, utilization data, patient complaints or grievances, and quality score requirements.
- E. *Files.* All recredentialing documentation will be kept in the credentialing file.
- F. *Timing.* The credentialing staff will complete the recredentialing process within one hundred and eighty (180) calendar days of presentation to the Committee.
- G. *Recommendation and Decision-Making Process.*
  - a. If a recredentialing application meets HHP's credentialing requirements, the Medical Director may recommend the Provider to the Committee immediately following review. In such cases, the Medical Director must notify the Committee of the Provider's name and must confirm to the Committee in writing that the Provider is recommended for approval.

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- b. If the recredentialing application fails to meet one or more of HHP's recredentialing requirements, the Medical Director must refer the matter to the Committee for review.
- c. The Committee must consider and make recommendations to the Board regarding all Providers. The Committee may, without further review, recommend those Providers who meet all of HHP's recredentialing requirements as noted by the Medical Director. The Committee must review and discuss those applicants who fail to meet HHP's recredentialing requirements and may recommend for approval those applicants whom the Committee deems appropriate, but the Committee shall not waive any regulatory or accreditation credentialing requirements in making its recommendations.
- d. The Board shall have final decision-making authority with respect to the recredentialing of all Providers.
- e. After review, if the Board does not approve a Provider's continued participation with HHP, the credentialing staff must notify the Provider in writing within fifteen (15) calendar of the Board's decision. The denial letter shall notify the Provider of any applicable appeals process as described in HHP policy.

## II. Recredentialing Providers With Medical Staff Membership Without Clinical Privileges

Providers described in the Credentialing Policy, Section I.A.6., are required to provide updated State licensure(s) with expiration date, State and Federal DEA registration indicating coverage for schedules II, IIN, III, IIIN, IV and V with expiration date (exceptions may include Diagnostic Radiologists, Medical Geneticists, Pathologists, and other specialists/subspecialists as determined by the Board of Managers) and Professional Liability Insurance.

The credentialing staff must ensure that the above documents are obtained and meet HPH/HHP standards as part of the recredentialing policy.

### **Related Documents:**

HRS § 457.27 (APRNs)  
HAR § 16-89 (APRNs)  
HRS § 453-5.3 (Physician assistants)  
HRS § 453-1 et seq. (Medicine and Surgery)  
HAR § 16-93-1 et seq. (Osteopaths)  
Termination of Participating Providers Policy (HHP-08)  
Physician Credentialing Policy (HHP-10)  
Nurse Practitioner Credentialing Policy (HHP-11)  
Physician Assistant Credentialing Policy (HHP-12)

### **Distribution:**