

**Overview**

Credentialing is the process by which the appropriate Harmony peer review bodies evaluate the credentials and qualifications of providers, including physicians, allied health professionals, hospitals, surgery centers, home health agencies, skilled nursing facilities and other ancillary facilities/health care delivery organizations.

This review includes (as applicable to provider type):

- Background;
- Education;
- Postgraduate training;
- Certification(s);
- Experience;
- Work history and demonstrated ability;
- Patient admitting capabilities;
- Licensure, regulatory compliance and health status which may affect a practitioner's ability to provide health care; and
- Accreditation status, as applicable to non-individuals.

Providers are required to be credentialed prior to being listed as participating network providers of care or services to Harmony members.

**Practitioner's Right To Be Informed of Credentialing/ Re-credentialing Application Status**

Written requests for information may be e-mailed to [credentialing@wellcare.com](mailto:credentialing@wellcare.com). Upon receipt of a written request, Harmony will provide written information to the practitioner on the status of the credentialing/re-credentialing application, generally within fifteen (15) business days. The information provided will advise of any items pending verification, any non-response in obtaining verifications and any discrepancies in verification information received compared with the information provided by the practitioner

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**Practitioner's Right To Review Information Submitted in Support of Credentialing/ Re-credentialing Application and Right To Correct Erroneous Credentialing/ Re-credentialing Information**

In the event the credentials verification process reveals information submitted by the provider that differs from the verification information obtained by Harmony, the provider has the right to review the information that was submitted in support of his/her application, and has the right to correct the erroneous information. Harmony will provide written notification to the provider of the discrepant information.

Harmony's written notification to the provider includes:

- The nature of the discrepant information;
- The process for correcting the erroneous information submitted by another source;
- The format for submitting corrections;
- The time frame for submitting the corrections;
- The addressee in Credentialing to whom corrections must be sent;
- Harmony's documentation process for receiving the correction information from the provider; and
- Harmony's review process.

The provider may review documentation submitted by him/her in support of the application/re-credentialing application, together with any discrepant information received from professional liability insurance carriers, State licensing agencies and certification boards, subject to any Harmony restrictions. Harmony, or its designee, will review the corrected information and explanation at the time of considering the provider's credentials for provider network participation or re-credentialing.

The provider may not review peer review information obtained by Harmony.

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**Baseline Criteria**

Baseline criteria for provider network participation:

**License to Practice**

Practitioners must have a current, valid, unrestricted license to practice.

**Drug Enforcement Agency Certificate**

Practitioners must have a current valid DEA Certificate (as applicable to practitioner specialty).

**Board Certification**

Physicians (M.D., D.O., D.P.M.) must maintain Board Certification in the specialty being practiced as a provider for the Plan; or must have accredited training that renders a physician eligible to sit for the board certification examination.

**Hospital Admitting Privileges**

Specialists shall have hospital-admitting privileges at a Harmony-participating hospital (as applicable to specialty). PCP's may have hospital-admitting privileges or may enter into a formal agreement with another Harmony-participating provider who has admitting privileges at a Harmony-participating hospital, for the admission of members.

**Ability to Participate in Medicaid and Medicare**

Providers must have the ability to participate in Medicaid and Medicare. Any individual or entity excluded from participation in any government program is not eligible for participation in any Harmony plan. Existing providers who are sanctioned and thereby restricted from participation in any government program are subject to immediate termination in accordance with Harmony policy and procedure.

**Professional Liability Insurance**

Harmony providers (all disciplines) are required to carry and continue to maintain professional liability insurance in the minimum limits of \$250,000/\$750,000.

**Site Inspection Evaluation (SIE)**

Site Inspection Evaluations (SIE's) are conducted in accordance with federal, state and accreditation requirements. Focusing on quality, safety and

accessibility, performance standards and thresholds were established for:

- Office-site criteria
  - Physical accessibility
  - Physical appearance
  - Adequacy of waiting room and examination room space
- Medical / treatment record keeping criteria

SIE's are conducted for:

- Unaccredited Facilities
- When complaint/grievance quality criteria thresholds are met

### **Covering Physicians**

Primary care physicians in solo practice must have a covering physician who also participates with or is credentialed with Harmony.

### **Allied Health Professionals**

Allied health professionals (AHPs), both dependent and independent, must be credentialed.

Dependent AHPs include the following:

- Advanced Registered Nurse Practitioner (ARNP)
- Certified Nurse Midwife (CNM)
- Physician assistant (PA)
- Osteopathic assistant (OA).

Independent AHPs include but are not limited to the following:

- Licensed clinical social worker
- Licensed mental health counselor
- Licensed marriage and family therapist
- Physical therapist
- Occupational therapist
- Audiologist
- Speech/language therapist/pathologist

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**Ancillary Facility/  
Health Care  
Delivery  
Organizations**

Ancillary and organizational applicants must complete an application and, as applicable, undergo a SIE if unaccredited. Harmony is required to verify accreditation, licensure, Medicare certification (as applicable), regulatory status and liability insurance coverage, prior to accepting the applicant as a Harmony provider.

**Re-credentialing**

In accordance with regulatory, accreditation, and Plan policy and procedure, re-credentialing shall be conducted at least once every three years.

**Updated  
Documentation**

In accordance with contractual requirements, providers should furnish copies of current professional or general liability insurance, license, DEA certificate and accreditation information (as applicable to provider type) to Harmony, prior to or concurrent with expiration.

**Office of Inspector  
General Medicaid  
Sanctions Report**

On a regular and ongoing basis, Harmony or its designee accesses the listings from the Office of Inspector General (OIG) Medicare/Medicaid Sanctions (exclusions and reinstatements) Report, for the most current available information. This information is cross-checked against the network of providers. If providers are identified as being currently sanctioned, such providers are subject to immediate suspension and notification of termination of contract, in accordance with Harmony policies and procedures

**Sanction Reports  
Pertaining to  
Licensure, Hospital  
Privileges or Other  
Professional  
Credentials**

On a regular and ongoing basis, Harmony or its designee contacts state licensure agencies to obtain the most current available information on sanctioned providers. This information is cross-checked against the network of Harmony providers. If a network provider is identified as being currently under sanction, appropriate action is taken in accordance with Harmony policy and procedure. If the sanction imposed is revocation of license, the provider is subject to immediate termination. Notifications of termination are given in accordance with contract and Harmony policies and procedures.

In the event a sanction imposes a reprimand or probation, written communication is made to the provider requesting a full explanation, which is then reviewed by the Credentialing/Peer Review Committee. The committee makes a determination as to whether the provider should continue participation or whether termination should be initiated.

### **Participating Provider Appeal through the Dispute Resolution Peer Review Process**

Harmony may immediately suspend, pending investigation, the participation status of a participating provider who, in the opinion of the Medical Director, is engaged in behavior or who is practicing in a manner that appears to pose a significant risk to the health, welfare, or safety of members. In such instances, the Medical Director investigates on an expedited basis.

Harmony has a Participating Provider Dispute Resolution Peer Review Panel process in the event Harmony chooses to alter the conditions of participation of a provider based on issues of quality of care, conduct or service, and if such process is implemented, may result in reporting to regulatory agencies.

The Provider Dispute Resolution Peer Review process has two levels. All disputes in connection with the actions listed below are referred to a first level Peer Review Panel consisting of at least three (3) qualified individuals of whom at least one (1) is a participating provider and a clinical peer of the provider that filed the dispute.

The provider also has the right to consideration by a second level Peer Review Panel consisting of at least three (3) qualified individuals of which at least one (1) is a participating provider and a clinical peer of the provider that filed the dispute and the second level panel is comprised of individuals who were not involved in earlier decisions.

The following actions by Harmony entitle the practitioner affected thereby to the Provider Dispute Resolution Peer Review Panel Process.

- Suspension of participating provider status for

- reasons associated with clinical care, conduct or service; or
- Revocation of participating provider status for reasons associated with clinical care, conduct or service; or
- Non-renewal of participating provider status at time of re-credentialing for reasons associated with clinical care, conduct; service or excessive claims and/ or sanction history;

Notification of the adverse recommendation, together with reasons for the action, and the provider's rights and process for obtaining the first and or second level Dispute Resolution Peer Review Panel processes, are provided to the provider. Notification to the provider will be mailed by overnight recorded or certified return-receipt mail.

The practitioner has a period of up to thirty (30) days in which to file a written request via recorded or certified return receipt mail to access the Dispute Resolution Peer Review Panel process.

Upon timely receipt of the request, the Medical Director or his/her designee shall notify the provider of the date, time and telephone access number for the Panel hearing. Harmony then notifies the provider of the schedule for the Review Panel hearing.

The provider and Harmony are entitled to legal representation at the hearing. The provider has the burden of proving by clear and convincing evidence that the reason for the termination recommendation lacks any factual basis, or that such basis or the conclusion(s) drawn there from, are arbitrary, unreasonable or capricious.

The Dispute Resolution Peer Review Panel shall consider and decide the case objectively and in good faith. The Medical Director, within five (5) business days after final adjournment of the Dispute Resolution Peer Review Panel hearing, shall notify the provider of the results of the first level Panel hearing. In the event the findings are positive for the provider, the second level review shall be waived.

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In the event the findings of the first level Panel hearing are adverse to the provider, the provider may access the second level Peer Review Panel by following the notice information contained in the letter notifying the provider of the adverse determination of the first level Peer Review Panel.

Upon timely receipt of the request for a second level Peer Review Panel hearing, the Medical Director or his/her designee shall notify the provider of the date, time and access number for the second level Peer Review Panel hearing.

The second level Dispute Resolution Peer Review Panel shall consider and decide the case objectively and in good faith. The Medical Director, within five (5) business days after final adjournment of the second level Dispute Resolution Peer Review Panel hearing, shall notify the provider of the results of the second level Panel hearing via certified or overnight recorded delivery mail. In the event the findings of the second level Peer Review Panel result in an adverse determination for the provider, the findings of the second level Peer Review Panel shall be final.

A provider who fails to request the Provider Dispute Resolution Peer Review Process within the time and in the manner specified waives any right to such review to which s/he might otherwise have been entitled. Harmony may proceed to implement the termination and make the appropriate report to the National Practitioner Data Bank and State Licensing Agency as appropriate and if applicable.

### **Delegated Entities**

All participating providers or entities delegated for credentialing are to use the same standards as defined in this section. Compliance is monitored on a monthly/quarterly basis and formal audits are conducted annually. Please refer to the *Delegated Entities* section in this provider manual for further details.