

Children's Community Physicians Association (CCPA)
Credentialing and Recredentialing Policies & Procedures

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I. Credentialing Policies

This document defines the credentialing and recredentialing policy and procedures that are reviewed by the Children's Community Physicians Association's (CCPA) Credentialing Committee and/or Board of Directors at least annually and revised as necessary.

A. Practitioner Credentialing Guidelines

1. Types of Practitioners to Credential and Recredential

The following types of practitioners will be credentialed and recredentialled according to the physician credentialing criteria developed and approved by CCPA: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO).

2. Verification Sources Used

- a) The following items are primary source verified by CCPA's Credentials Verification Organization (CVO).

Credentialing Item	Source of Verification	Cred	Recred
Current State License to Practice in Illinois and Controlled Substance	Illinois Department of Financial and Professional Regulation (IDFPR)	X	X
Current License to Practice in Other States	IDFPR	X	X
Federal DEA Registration	Drug Enforcement administration (DEA)	X	X
Denial, Suspension, Limitation of DEA	National Practitioner Data Bank (NPDB), Letter from DEA	X	X
Medical School or Professional School	American Board of Medical Specialties (ABMS) (CertiFACTS), Letter from School, American Medical Association (AMA) Profile, American Osteopathic Association (AOA) Profile, Educational Commission for Foreign Medical Graduates (ECFMG)	X	
Residencies Post Medical School Graduation (Only if not board certified and this is the highest level of training)	ABMS (CertiFACTS), Letter from Institution, AMA Profile, AOA Profile, ECFMG	X	
Fellowships Post Medical School Graduation (Only if not board certified and this is the highest level of training)	ABMS (CertiFACTS), Letter from Institution, AMA Profile, AOA Profile, ECFMG	X	
Board Certification All Specialty Board Certification	ABMS (CertiFACTS), AMA Profile, Letter from Board	X	X
Board Certification All Specialty Board Certification – No Expiration Date	ABMS (CertiFACTS), AMA Profile, Letter from Board	X	X
Work History	Completed Work History Section of Application and/or Curriculum Vitae (CV)	X	X
Sanctions Against Licensure	National Practitioner Data Bank (NPDB), IDFPR	X	X

Credentialing Item	Source of Verification	Cred	Recred
Denial, Suspension, Limitations of State Licensure	NPDB, State Licensing Board	X	X
Malpractice Coverage	Letter to Insurance Carrier and Statement on Application	X	X
Malpractice History	Letter to Insurance Carrier and Statement on Application	X	X
NPDB	NPDB	X	X
Medicare/Medicaid Sanctions	NPDB, Office of Inspector General (OIG), AMA Master File	X	X
Ongoing Monitoring of Sanctions and Complaints	NBDB, OIG, System for Award Management (SAM), State Licensing Agency	X	X
Name	Application	X	X
Date of Birth	Application	X	X
Social Security Number	Application	X	X
Attestation Statement and Authorization of Release of Information to Entity	CCPA Attestation and Consent for Release of Information/ Release from Liability Form	X	X
Hospital Privileges (IL)	Ann & Robert H. Lurie Children's Hospital of Chicago's Medical Staff Letter or Hospital Medical Staff Office Letter	X	X
Hospital Privileges (IN)	Letter from Medical Staff Office of Hospital in Indiana	X	X

3. Criteria for Credentialing and Recredentialing

a) See I A 2 above

b) Professional Criteria

(1) The practitioner must satisfactorily complete the forms required for use by the State of Illinois Health Care Professional Credentialing and Data Collection Act (410 ILCS 517), must authorize release of all information to the Credentialing Committee required for the Committee's investigation to the satisfaction of these criteria for participation and must release from all liability: the Committee, Committee members, agents of CCPA or any persons providing information to them in connection with their investigation and evaluation of the practitioner.

(2) The practitioner must hold a current and effective license to practice his or her profession in the state in which he/she is attempting to practice.

(3) The physician must be board qualified or board certified in his/her specialty, as defined by the American Board of Medical Specialists or as approved by the American Osteopathic Association or the Royal College of Physicians and Surgeons (Canada). The physician must achieve board certification within five (5) years of becoming qualified and recertify at appropriate intervals based on the specialty board certification requirements.

(4) The physician must have a current, unrestricted and valid Federal DEA registration (narcotics license) in the state where the physician provides care. If the practitioner's DEA is pending, he/she can be credential as long as there is a covering physician with a valid DEA to write a prescription on behalf of the practitioner. Evidence in form of a signed and dated letter is needed for the credentialing file showing the arrangement for another practitioner (the written name of the practitioner must be listed) to write prescriptions until the DEA is received.

(5) The physician must provide the minimum of the recent five (5) years of work history as a health professional through the practitioner's application or CV. If the practitioner has fewer than five years of work history, the time frame starts at the initial licensure date. The application or CV shall include the beginning and ending month and year for each position of employment experience, unless the practitioner has had continuous employment for five (5) years without gaps in work history.

- CCPA staff will request a signed and dated letter from the practitioner for any work gap that is more than 30 days, per IL gathering application form.
- CCPA staff and or CVO will document the review of the practitioner's work history and any gaps on the application, CV, checklist or other identified documentation methods by initials, signature of staff who reviewed the history and the date of review.

(6) For initial credentialing only, the physician must provide all information relating to educational background (medical school, residency, internship and fellowship), and references.

(7) Illinois-based practitioners must have appropriate clinical privileges in good standing at Ann & Robert H. Lurie Children's Hospital

of Chicago or on the medical staff of such other hospitals in the Chicago metropolitan area as the CCPA Board of Directors may designate from time to time. Indiana-based practitioners, who are not on staff at Lurie Children's Hospital, must have appropriate clinical privileges in good standing at an Indiana hospital. Hospital privileges may not be currently restricted.

c) Liability Criteria

(1) The practitioner must possess professional liability insurance in amounts no less than the applicable statutory requirements of the state(s) in which he/she practices.

(2) The practitioner must not have current physical or mental health/substance abuse problems which will, in the opinion of the Committee, interfere with his/her professional performance.

(3) The practitioner must have an absence of a history of disciplinary action, based on professional competence or conduct, imposed by a medical/dental staff, hospital, other health care institution, managed care plan, professional society, state professional licensing board, or a governmental health care program (e.g., Medicare, Medicaid or Tricare) or, in the case of an applicant with such a history, evidence satisfactory to the Committee that this history does not suggest on-going substandard professional competence or conduct. For purposes of this section, the surrender of a license or privileges while a formal disciplinary proceeding is pending shall be treated as a disciplinary action.

(4) The practitioner must have an absence of a history of denial or cancellation of professional liability insurance or, in the case of an applicant with such a history, evidence satisfactory to the Committee that this history does not suggest on-going substandard professional competence or conduct.

(5) The practitioner must have an absence of a history of involvement in malpractice suits, arbitration or settlements or, in the case of an applicant with such a history, evidence satisfactory to the Committee that such history does not, in the opinion of the Committee, suggest on-going substandard professional competence or conduct.

(6) The practitioner must have an absence of legal problems such as no felony conviction, no conviction of criminal misdemeanor relating to the delivery of health care services and no civil federal health program sanctions or current indictment or, in the case of an applicant with such a history, evidence satisfactory to the Committee that such history does not suggest an effect on current professional competence or conduct. A conviction within the meaning of this section includes a

plea or verdict of guilty or a conviction following a plea of nolo contendere. This criterion may be waived if CCPA concludes, based on the practitioner's submission of information that such conviction or conduct does not demonstrate, and has not been followed by, an ongoing lack of integrity and failure to perform as a responsible and professionally competent health care practitioner.

(7) The practitioner must have an absence of a record of improper acts substantially related to the qualifications, functions, or duties of a health care practitioner or evidence that such a record does not, in the opinion of the Committee, suggest on-going difficulties in the profession.

d) Utilization/Practice Criteria

The practitioner must have an absence of a history of inefficient use of medical resources or services or, in the case of an applicant with such a history, evidence satisfactory to the Committee that such a history does not suggest probable continued problems in the regard.

e) Other Criteria

(1) Practitioners must be community-based, private practitioners in good standing in their respective communities. He or she must own or be employed by a private medical practice or employed by Ann & Robert H. Lurie Children's Hospital of Chicago, its subsidiaries, and not by any other hospital or by any hospital-based facility, organization or similar group. All practitioners in a medical practice must be members of CCPA unless he or she belongs to a practice with specialists who are not pediatric specialists.

(2) A practitioner must have a majority of their patient volume in pediatrics.

(3) A practitioner will not be eligible to become a member of CCPA if the Committee determines that he or she does not meet the business or administrative needs of the CCPA member network.

(4) If special dual designation (a physician providing both Primary Care Physician (PCP) and Specialist services) is conferred by the Committee, a physician will continue to be treated as a PCP.

(5) With respect to PCPs, adequate accessibility shall mean 24 hour, 7 days a week coverage and minimum office hours available to patients of 24 hours per week. Such 24 hours per week shall not include personal and administrative time.

(6) Any type of behavior deemed inappropriate and/or detrimental to the well-being of CCPA by the Board of Directors is cause for immediate review by the Board, which may result in a CCPA member suspension or termination.

(7) Any type of behavior deemed inappropriate and/or detrimental to the well-being of a beneficiary treated by a CCPA member is cause for immediate review by the Credentialing Committee, which may result in suspension or termination of the practitioner.

(8) The practitioner's willingness to operate as a part of an integrated delivery system and adhere to the terms and conditions of the physician master agreement including but not limited to:

- Necessity to participate in a minimum of one (1) CCPA payor contract;
- Necessity to arrange for call coverage for CCPA's managed care payors' patients with another physician;
- Necessity to admit CCPA's managed care contracted payors' patients only to in-network hospitals for respective payors;
- Necessity to provide reasonable access where CCPA managed care payors' patients obtain appointments with any CCPA member within reasonable timeframe; and
- Necessity for physician receiving referral to provide adequate follow-up communication on consult back to the referring physician.

f) Special Participation Criteria (or Exceptional)

If a practitioner no longer meets a participation criterion for reasons not within his or her control, CCPA may exercise its discretion not to terminate but to place practitioner on a one (1) year probation or temporarily suspend such practitioner's participation until his or her noncompliance can be rectified.

4. The Process for Making Credentialing and Recredentialing Decisions

a) Initial Credentialing

(1) Physicians shall meet all requirements for membership in CCPA and inclusion into CCPA managed care contracts.

(2) When an application is received, the CCPA staff shall review the application and verify that it meets all requirements for membership in CCPA.

(3) Physician applicants who do not appear to have met criteria for initial credentialing will be notified in writing by the Chair of CCPA's Credentialing Committee of his/her ineligibility based on the information supplied on the application. The physician will be given the opportunity to correct and/or supply additional information required to meet basic credentialing requirements.

(4) The physician applicants who appear to have met criteria for initial credentialing will continue in the CCPA credentialing process.

(5) Applicants have the burden of producing all information and documents requested by CCPA, the Credentialing Committee, and CCPA's CVO. The following items must be included with the CCPA application:

- Signed Attestation & Consent for Release form attesting to the correctness and completeness of the information contained therein
- Signed Business Associate Agreement (if a new practice is joining CCPA)
- Signed Acknowledgement of Confidentiality and Non-Disclosure Obligations Form
- Completed and signed forms required for use by the State of Illinois Health Care Professional Credentialing and Data Collection Act (410 ILCS 517), including supplemental attachments as necessary
- Completed and signed CCPA's applicant addendum form to the State of Illinois Health Care Professional Credentialing and Data Collection Act requesting the practitioner's race, ethnicity and language. Practitioners have the option of not providing this information
- Signed CCPA Physician Master Agreement/CCPA Product Descriptions
- All other applicable forms and items
- Non-refundable application fee and appropriate capital contribution amount.

(6) Annual Dues are collected per CCPA's Annual Dues Policy (see Appendix 3).

(7) A member of CCPA's staff will use an internal checklist of required items to ensure that the application is complete and that all information and documentation has been provided. The staff will also verify the criteria listed in I A 2 b above.

(8) Once the application is considered complete, the internal checklist shall be signed and dated by a member of CCPA's staff. The application shall then be forwarded to CCPA's CVO for processing. CCPA shall retain a copy of the application.

(9) If the application is incomplete in any way, CCPA shall send written notice to the applicant that he/she must provide all necessary information in order for CCPA to continue processing the application.

(10) Once an application is received by CCPA's CVO, the CVO will perform all primary source verification (see section I A 2 a above for all items verified by CVO).

(11) Once CCPA's CVO has primary source verified and reviewed all of the applicant's information, the file, along with a profile sheet summarizing verifications, shall be returned to CCPA and presented to CCPA's Credentialing Committee for approval no more than 60 days after verification. All documentation in the applicant's file must be current at the time of the Committee meeting.

(12) If more than 60 days pass from the date that the original attestation/release is signed by the applicant to the date of the Credentialing Committee meeting, the applicant must sign and date a new Attestation and Consent For Release form and re-sign and re-date his/her application, attesting that the information on the application remains correct and complete, before his/her file can be presented to the Credentialing Committee for approval.

(13) CCPA's Credentialing Committee shall ensure that all of the information verified by CCPA's CVO is not greater than 60 days from the time the original attestation/release was signed by the applicant to the time of the Credentialing Committee meeting. If more than 60 days pass, all verified documented information required to be primary source verified within that time limit, must be completed again.

(14) The Credentialing Committee is a peer-review body with members from the range of pediatricians and pediatric specialists who are members of CCPA. Therefore, the Credentialing Committee shall review each application on an individual basis. All malpractice cases, disciplinary actions taken against the practitioner, felony convictions, and any other pertinent information relevant to the applicant's qualifications that have occurred in the past four years shall be reviewed.

(15) The Credentialing Committee is a peer-review body with members from the range of pediatricians and pediatric specialists who are members of CCPA. Therefore, the Credentialing Committee shall have the opportunity to review the file and offer advice on every applicant about whom they are making a decision. The Credentialing Committee has final approval and denial authority regarding new applicants.

(16) If the applicant is approved by the Credentialing Committee, the Chair of the Credentialing Committee or designated qualified physician / member of the committee shall sign and date the applicant's approval form, indicating approval. The approval shall be documented in the meeting minutes.

(17) If the applicant is approved, he/she will be notified within fifteen (15) business days of the CCPA Board's decision via a CCPA welcome letter. CCPA's database will be updated to reflect the decision and decision date of the Credentialing Committee. A copy of the CCPA welcome letter shall be placed in the applicant's file.

(18) The approved applicant shall be a member of CCPA for a period of up to three years, at which point he/she must be recredentialled and approved for reappointment to continue membership in CCPA.

(19) A physician whose initial application is denied by the Credentialing Committee shall be informed of the decision in writing. The applicant is not entitled to appeal the decision but may request reconsideration based upon evidence that the information considered by the Committee was erroneous through a third party. The applicant shall have the opportunity to review the information in his/her file and provide further information and/or documentation.

(20) If it is determined by the Credentialing Committee that the application is pending for further review, the applicant shall be informed of the decision in writing. The applicant shall have the opportunity to review the information in his/her file and provide further information and/or documentation required by the Committee to approve the application. The supplemented application will be presented at the next scheduled Credentialing Committee meeting for further review and approval or denial.

(21) CCPA will coordinate the collection of credentialing information for all contracting plans in which delegated credentialing has been granted.

(22) CCPA staff will ensure confidentiality practices with the handling and storage of credentialing information.

- All information is shared only on a need to know basis with CCPA staff.
- All files are maintained in a securely locked area.
- A fax machine which may receive confidential information is not in a public accessible area.
- Information stored electronically are password protected.
- All non-CCPA personnel must have an electronic identification pass for entrance into the office suite. In addition, non-CCPA personnel does not have key access to the secured locked area where files are kept.

b) Recredentialing

(1) Physicians shall maintain all requirements for CCPA membership to be eligible for reappointment.

(2) When an application is received, CCPA staff shall review the application and verify that it meets all requirements for reappointment in CCPA.

(3) Physician applicants who do not appear to have met basic credentials will be notified in writing by the Chair of CCPA's Credentialing Committee of his/her ineligibility based on the information supplied on the application. The physician will be given the opportunity to correct and/or supply additional information required to meet basic recredentialing requirements.

(4) The physician applicants who appear to have met basic credentials will continue in the CCPA recredentialing process.

(5) Applicants have the burden of producing all information and documents requested by CCPA, the Credentialing Committee, and CCPA's CVO. The following items must be included with the CCPA application:

- Signed Attestation & Consent for Release form attesting to the correctness and completeness of the information contained therein
- Completed and signed forms required for use by the State of Illinois Health Care Professional Credentialing and Data Collection Act (410 ILCS 517), including supplemental attachments as necessary

- Completed and signed CCPA's applicant addendum form to the State of Illinois Health Care Professional Credentialing and Data Collection Act requesting the practitioner's race, ethnicity and language. Practitioners have the option of not providing this information
- All other applicable forms and items

(6) CCPA's staff will use an internal checklist of required items to ensure that the application is complete and that all information and documentation has been provided. The staff will also verify the criteria listed in I A 2 b above.

(7) Once the application is considered complete, the internal checklist shall be signed and dated by a member of CCPA's staff. The original application shall then be forwarded to CCPA's CVO for processing. CCPA shall retain a copy of the application to keep on file.

(8) If the application is incomplete in any way, CCPA shall send written notice to the applicant that he/she must provide all necessary information in order for CCPA to continue processing the application.

(9) Once an application is received by CCPA's CVO, the CVO will perform all primary source verification (see section I A 2 a above for all items verified by CVO).

(10) Once CCPA's CVO has primary source verified and reviewed all of the applicant's information, the file, along with a profile sheet summarizing verifications, shall be returned to CCPA and presented at CCPA's Credentialing Committee for approval no more than 60 days after verification. All items must be current at the time of the Committee meeting.

(11) If more than 60 days pass from the date that the original attestation/release is signed by the applicant to the date of the Credentialing Committee meeting, the applicant must sign and date a new Attestation and Consent For Release form and re-sign and re-date his/her application, attesting that the information on the application remains correct and complete, before his/her file can be presented to the Credentialing Committee for approval.

(12) CCPA's Credentialing Committee shall ensure that all of the information verified by CCPA's CVO is not greater than 60 days from the time the original attestation/release was signed by the applicant to the time of the Credentialing Committee meeting. If more than 60 days pass, all verified documented information required to be primary source verified within that time limit, must be completed again.

(13) The Credentialing Committee shall review each application on an individual basis. All malpractice cases, disciplinary actions taken against the practitioner, felony convictions, and any other pertinent information relevant to the applicant's qualifications that have occurred in the past four years shall be reviewed.

(14) The Credentialing Committee shall have the opportunity to review the file and offer advice on every applicant about whom they are making a decision. The Credentialing Committee has final approval and denial authority regarding CCPA member's files presented for recredentialing. CCPA Board of Directors has delegated this authority to the CCPA Credentialing Committee. The Credentialing Committee has the authority (delegated by the CCPA Board of Directors) to allow the Chair of the Credentialing Committee or designated qualified physician to sign off on all "clean" recredentialing files. The criterion of a "clean" file is a physician file that has no liability cases, no insurance lapses and no complaints that have occurred within the past four years.

(15) If the applicant is approved by the Credentialing Committee, a member of the committee shall sign and date the applicant's approval form, indicating approval. The approval shall be documented in the meeting minutes.

(16) If the applicant is approved, he/she will be notified within fifteen (15) business days of the CCPA Credentialing Committee's decision via a CCPA reappointment congratulation letter. CCPA's database will be updated to reflect the decision and decision date of the Credentialing Committee. A copy of the reappointment congratulation letter shall be placed in the applicant's file.

(17) The approved applicant shall continue to be a member of CCPA for a period of up to three years, at which point he/she must be recredentialed and approved again for reappointment to continue membership in CCPA.

(18) A physician whose reappointment application is denied by the Credentialing Committee shall be informed of the decision in writing. The applicant is not entitled to appeal the decision but may request reconsideration based upon evidence that the information considered by the Committee was erroneous or incomplete through a third party. The applicant shall have the opportunity to review the information in his/her file and provide further information and/or documentation.

(19) If it is determined by the Credentialing Committee that the application is pending for further review, the applicant shall be informed of the decision in writing. The applicant shall have the

opportunity to review the information in his/her file and provide further information and/or documentation required by the Committee to approve the application. The supplemented application will be presented at the next scheduled Credentialing Committee meeting for further review and approval or denial.

5. Process for Delegating Credentialing or Recredentialing

a) How CCPA Decides to Delegate

Due to cost savings and improved efficiency, CCPA has decided to delegate the activities listed in I A 2 above to a Credentialing Verification Organization (CVO).

b) Evaluation of a Potential Delegate

(1) CCPA will review the potential delegate's policies and procedures.

c) CCPA Requirements for CVO

(1) CVO maintains policies and procedures which meet National Committee for Quality Assurance (NCQA) CVO Certifiable Standards.

(2) CVO complies with applicable federal and state laws and regulations, including any requirements for licensure or registration.

(3) CVO operates without discrimination on the basis of sex, race, creed or national origin.

(4) CVO maintains Errors and Omission insurance in the amount of at least one million dollars.

(5) CVO credentialing staff shall follow the standards for credentialing and recredentialing defined by NCQA.

(6) CVO must be NCQA certified for all 10 verification services.

d) Agreement between CCPA and CVO

(1) CCPA and CVO will sign mutually agreed upon delegation agreement which includes:

- Description of the responsibilities of both parties.
- The delegated activity for the CVO is to perform primary source verification of certain required items. CCPA retains the right to approve, suspend and terminate individual practitioners.

- The reporting process to CCPA is semiannual. CCPA staff will review report and will initial and date the completed report.
- CCPA will annually audit the CVO in the following areas:
 - CVO's credentialing policies and procedures
 - CVO's credentialing files for inappropriate documentation and updates to credentialing information by requesting the CVO's Annual Credentialing Information Integrity Assessment Report.
- CCPA will review the CVO's Annual Credentialing Information Integrity Assessment Report and will initial and date the reviewed report.
- If the CVO's Annual Credentialing Information Integrity Assessment Reports list any findings, CCPA will request the CVO's corrective action plan to review and approve the correction plan by initialing and dating the plan.
- The remedies, including revocation of the delegation, that are available to CCPA if the CVO does not fulfill its obligation.

6. Non-Discrimination Policy

- a) Credentialing and recredentialing are performed according to the standards contained within these policies and procedures. All members of CCPA Credentialing Committee shall sign an attestation stating that they agree to conduct the business of the Credentialing Committee in a non-discriminatory manner and to affirm or deny participation in CCPA based solely on the content of the applicant's file, without regard to an applicant's race, color, sex, age, national or ethnic origin, religion, sexual orientation or the type of procedure or patient (for example, Medicaid) in which the practitioner specializes.
- b) CCPA will monitor for the presence of discrimination in the credentialing and recredentialing process by auditing a random selection of files at least on an annual basis. CCPA will address any direct allegations of discrimination on a more immediate basis via our policy for handling appeals.

7. The Process for Notifying a Practitioner if Information Obtained During the Organization's Credentialing Process Varies Substantially from the Information They Provided to the Organization.

- a) A CCPA staff will inform applicant within fifteen (15) business days of any information that varies substantially from the information supplied by the primary source.

- b) Applicant shall be informed of his/her right to correct any erroneous information (see section I B).
- c) If any reportable information is discovered (from agencies such as licensing boards, NPDB, OIG, etc.), CCPA and/or CVO shall report that information to the proper agency(s).
- d) All communication to and from applicant will be documented and placed in the applicant's confidential file.

8. The Process for Ensuring that Practitioners are Notified of the Credentialing and Recredentialing Decision within 30 Calendar Days of the Committee's Decision.

- a) The applicant will be notified within fifteen business days of the CCPA Board's decision via a letter signed by the Executive Director of CCPA.
- b) A copy of the acceptance letter shall be placed in the applicant's file.

9. The Medical Director or Other Designated Physician's Direct Responsibility and Participation in the Credentialing Process.

- a) The Chair of the CCPA Credentialing Committee shall have responsibility for overseeing the credentialing and recredentialing program.

10. The Process for Ensuring the Confidentiality of all Information Obtained in the Credentialing and Recredentialing Process.

- a) CCPA staff will follow strict confidentiality practices with the handling and storage of credentialing information.
- a) All information is shared only on a need to know basis with CCPA staff.
- b) All files are maintained in a securely locked area.
- c) A fax machine which may receive confidential information is not in a public accessible area.
- d) Information stored electronically are password protected.

11. The Process for Accurate Listings in Practitioner Directories and Other Materials for Members Matches the Credentialing Data.

- a) When a CCPA member elects to participate in CCPA's contract with a managed care company, the information sent to the respective managed care company is generated from CCPA's database.
- b) CCPA rosters are sent to each managed care company by request. Managed care rosters are requested by CCPA as needed for the purpose of ensuring that CCPA credentialing information is accurate in the managed care company's

system. If erroneous information is found, CCPA shall request that it is corrected immediately and shall supply all necessary information to the managed care company to correct the error. CCPA shall follow up to ensure that the error has been corrected within a reasonable timeframe.

12. Practitioner Termination and Reinstatement

- a) When a CCPA member terminates their affiliation with CCPA; the practitioner or practice representative must submit a signed and dated letter which includes the termination effective date.
- b) If the CCPA member wants to reinstate their affiliation with CCPA after submitting their termination letter; CCPA must:
 - 1) Initially credential a practitioner again if the break in CCPA participation is more than 30 calendar days.
 - 2) CCPA staff must collect documentations that is necessary for recredentialing and re-verify credentials that are no longer within verification time limits.
 - 3) Re-verify credentials that will not be in effect when the Credentialing Committee make the credentialing decisions.

B. Practitioner Rights

1. Review Information Submitted to Support Their Credentialing Application

- a) Applicant shall be informed via the coversheet of the application of his/her right to view information submitted in support of his/her application.
- b) Applicant shall be allowed to view the information obtained from any outside source (e.g. malpractice insurance carriers, state licensing boards, etc.) but may not view materials considered privileged such as references or letters of recommendation.

2. Correct Erroneous Information

- a) In the event that credentialing or recredentialing information provided by the applicant varies substantially from information obtained by CCPA or CCPA's CVO from other sources, the applicant is allowed the opportunity to rectify the discrepancy.
- b) Initial applicant is informed of his/her right to correct and/or supply additional information to address discrepancies on his/her application via the coversheet of the CCPA application. Reappointment applicant is informed of his/her right to correct and/or supply additional information to address

discrepancies on his/her recredentialing application via the cover letter included with his/her CCPA recredentialing packet.

c) Applicant shall be notified by CCPA of the discrepancies in writing and shall be allowed the opportunity to review the information submitted and correct and/or supply additional information to address the discrepancy.

d) Initial applicant must submit corrections and/or supply additional information to CCPA within 30 business days. Applicant shall be advised in writing that failure to supplement his/her application and/or submit information needed to correct the discrepancy within the 30 business day timeframe may result in voluntary withdrawal of his/her application. A formal withdrawal process shall be implemented by CCPA's Executive Director or his or her designee.

e) Reappointment applicant must submit corrections and/or supply additional information to CCPA within five (5) business days. Applicant shall be advised in writing that failure to supplement his/her application and/or submit information needed to correct the discrepancy within the five (5) business day timeframe may result in termination of his/her membership in CCPA. A formal termination process shall be implemented by CCPA's Executive Director or his or her designee for applicants who do not return complete reappointment applications by their respective recredentialing deadline.

f) Applicant shall also be advised in writing that he/she must submit corrections and/or supplemental information to the CCPA staff in written format, and that he/she is responsible for ensuring that the information is received by the CCPA staff within the timeframe allotted.

g) If the corrections/additional pieces of information submitted by the applicant are not sufficient in resolving the discrepancy, CCPA shall send written notification to the applicant.

h) If the correction/additional pieces of information submitted by the applicant are sufficient in resolving the discrepancy, CCPA shall document in the applicant's file that all information needed has been received. CCPA shall then continue to process the application in its usual manner.

3. Receive the Status of Their Credentialing or Recredentialing Application, Upon Request.

a) Applicant may, upon request, receive the status of his/her credentialing or recredentialing application at any time after the application is submitted to CCPA.

b) Initial applicant is informed of his/her right to receive the status of his/her application via the coversheet of the CCPA application. Reappointment

applicant is informed of his/her right to receive the status of his/her application via the cover letter included with his/her CCPA recredentialing packet.

c) Upon receiving a request from an applicant for a status update, CCPA will respond to the request in writing within five (5) business days.

d) Applicant shall be allowed to view the information obtained from any outside source (e.g. malpractice insurance carriers, state licensing boards, etc.) but may not view materials considered privileged and/or confidential such as letters of recommendation.

II. Credentialing Committee

A. Uses Participating Practitioners to Provide Advice and Expertise for Credentialing Decisions.

1. The Credentialing Committee is a peer-review body with members from the range of pediatricians and pediatrics specialists who are members of CCPA. CCPA Credentialing Committee meetings and decisions are made in real-time and virtual meetings and may not be conducted only through email.
2. The Credentialing Committee shall meet once per month, or as required to review physician applications for credentialing. The Credentialing Committee shall submit a written summary of the Committee's actions to CCPA's Board of Directors at its next regularly scheduled meeting.

B. Reviews Credentials for Practitioners Who do not Meet Established Thresholds.

1. The Credentialing Committee will review the credentials of practitioners who do not meet the organization's criteria for credentialing.
2. The Credentialing Committee shall have the opportunity to review the file and offer advice on every applicant before making a decision. The Credentialing Committee has final approval and denial authority regarding CCPA member's files presented for credentialing. CCPA Board of Directors has delegated this authority to the CCPA Credentialing Committee.
3. The Credentialing Committee decision shall be documented in the meeting minutes.

C. Ensures that Files that Meet Established Criteria are Reviewed and Approved by a Medical Director or Designated Physician.

1. The Credentialing Committee shall have the opportunity to review the file and offer advice on every applicant about before making a decision. The Credentialing Committee has final approval and denial authority regarding CCPA member's files presented for recredentialing. The Credentialing Committee has

the authority (delegated by the CCPA Board of Directors) to allow the Chair of the Credentialing Committee or designated qualified physician to sign off on all “clean” recredentialing files. The criterion of a “clean” file is a physician file that has no liability cases, no insurance lapses and no complaints that have occurred within the past four years.

2. If the applicant is approved by the Credentialing Committee, a member of the committee shall provide a handwritten or electronic signature and date the applicant’s approval form, indicating approval. The approval shall be documented in the meeting minutes.

III. Practitioner Office Site Quality

A. Performance Standards and Thresholds

1. Office Site Criteria for Managed Care Payors’ Members Complaints

- a) Site visits are conducted for practices in response to managed care payors’ member complaints. The CCPA Board approved Site Visit Tool is utilized during the site visit to measure practice compliance and follow-up visits that had subsequent deficiencies.
- b) Managed care payors’ member complaints must result in a site visit within 60 days regarding a safety or health violation. A corrective action plan must be submitted to the CCPA Credentialing Committee within fifteen (15) business days of the violation. The action plan must be initiated within 30 days and completed within 90 days of the plan being submitted.
- c) Executive Director of CCPA or his or her designee will be notified regarding practice non-compliance and will, in turn, notify the Chair of the Credentialing Committee.

2. Medical/Treatment Record-Keeping Criteria

- a) Site visits are conducted for practices in response to managed care payors’ member complaints. The CCPA Board approved Site Visit Tool is utilized during the site visit and incorporates standards for record-keeping.
- b) Managed care payors’ member complaints concerning their patient files must result in a site visit within 60 days.
- c) Managed care payors’ member charts must include all components of the Medical Records and Filing portion of the CCPA Site Visit Tool. (See attached document). Any omissions of the above items will result in the need for a corrective action plan within 30 days of the violation. A follow up chart review will be conducted within 90 days of the corrective action plan.
- d) Each CCPA member’s practice will have five (5) randomly selected charts selected as part of the medical records component of the site review.

B. Site Visits and Ongoing Monitoring

1. Evaluating Effectiveness of The Actions at Least Every Six Months, Until Deficient Offices Meet The Thresholds.

- a) The office will be expected to improve the deficiency (ies) within the time period designated in the corrective action plan, but no longer than 90 days, unless the issue is related to a violation of a safety or health issue, in which case any deficit must be rectified within 30 days.
- b) Failure to complete the corrective action plan will result in notification to the Chair of the Credentialing Committee. The practice will be notified that failure to comply with corrective action may result in CCPA membership termination.
- c) CCPA Board of Directors will make the final decision regarding termination.
- d) The physician(s) in the practice have the right to appeal the decision to the Committee. Please see CCPA Notice of Hearing and Appeal Process Policy for details on the appeal process.

IV. Recredentialing Cycle Length

A. The Length of the Recredentialing Cycle is within the Required Thirty-Six Month Time Frame

1. The State of Illinois mandates the use of a single, uniform recredentialing cycle for managed care physicians which uses the last digit of the physician's social security number as the means of determining when a physician is due to be recredentialed. The schedule for managed care physicians is specified below.

a) For the years 2027/2030/2033

January	Notification of 0's
February	Collection of Data
March	Collection of Data
April	Notification of 1's
May	Collection of Data
June	Collection of Data
July	Notification of 2's
August	Collection of Data
September	Collection of Data
October	Notification of 3's
November	Collection of Data
December	Collection of Data

b) For the years 2025/2028/2031

January	Notification of 4's
February	Collection of Data
March	Collection of Data
April	Notification of 5's
May	Collection of Data
June	Collection of Data
July	Notification of 6's
August	Collection of Data
September	Collection of Data

October	Notification of 7's
November	Collection of Data
December	Collection of Data

c) For the years 2026/2029/2032

January	Notification of 8's
February	Collection of Data
March	Collection of Data
April	Notification of 9's
May	Collection of Data
June	Collection of Data
July	Open
August	Open
September	Open
October	Open
November	Open
December	Open

2. Each physician must produce this information within specific time periods to ensure recredentialing and reappointment is completed in a timely fashion. All of the procedural steps are outlined below:

Day 1: Recredentialing packet sent to physician during the month/year the physician is scheduled for recredentialing according to the IDPH recredentialing schedule. Recredentialing Packet must be returned to CCPA within 30 days.

Scenario A: Physician returns recredentialing packet to CCPA within the initial 30-day period.

- By day 30, the physician's completed recredentialing application is processed according to the method outlined above in I A 4 b.

Scenario B: Physician does not return the recredentialing packet to CCPA within the initial 30-day period.

- CCPA sends the physician a written notification of delinquency of application for reappointment to CCPA. This notification is sent by certified mail, email, or fax and will indicate that if the recredentialing packet is not received within the next fifteen business days, the physician will not be reappointed and will be terminated from participation in CCPA.

3. CCPA can extend the recredentialing cycle length for practitioners beyond the 36 months' time frame if the practitioner is:

- On active military assignment
- On medical leave
- On sabbatical.

CCPA staff will document this information in the practitioner's file and will recredential the practitioner within the 60 calendar days of the practitioner's return to practice.

V. Ongoing Monitoring

A. Ongoing Monitoring and Interventions

1. Collecting and Reviewing Medicare and Medicaid Sanctions

- a) CCPA delegates the Collecting and Reviewing of Medicare and Medicaid Sanctions to the CVO.
- b) On a monthly basis, the CVO shall monitor the most current Medicare and Medicaid Sanctions from one of the following sources AMA physician profile, Federation of State Medical Boards (FSMB), NPDB and SAM.gov. If a sanction is reported against a physician/CCPA member, the issue shall be brought to the attention of the CCPA staff. The CCPA staff shall then bring the issue to the attention of the CCPA Credentialing Committee for processing under the Notice of Hearing Policy and Procedures.
- c) On a monthly basis, the CVO shall monitor the most current report for Medicaid Sanctions from the Illinois Department of Professional Regulation website plus an additional source. If a sanction is reported against a physician/CCPA member, the issue shall be brought to the attention of the CCPA staff. The CCPA staff shall then bring the issue to the attention of the CCPA Credentialing Committee for processing under the Notice of Hearing Policy and Procedures.
- d) On the monthly report to CCPA, the CVO will indicate whether a CCPA member was flagged by any of the above agencies/websites. CCPA staff will report the results to Credentialing Committee at the next meeting. The report should include the affected practitioner, incident date, and quality issue. The reported details will be recorded in the meeting minutes, including the date the information was conveyed to the credentialing committee and recommended interventions.

2. Collecting and Reviewing Medicare and Medicaid Exclusions

- a) CCPA delegates the Collecting and Reviewing of Medicare and Medicaid exclusions to the CVO.
- b) On a monthly basis, the CVO shall monitor the most current Medicaid exclusions from the state Medicaid agency and the List of Excluded Individuals and Entities maintained by OIG. If an exclusion is reported against a physician/CCPA member, the issue shall be brought to the attention of the

CCPA staff. The CCPA staff shall then bring the issue to the attention of the CCPA Credentialing Committee for processing under the Notice of Hearing Policy and Procedures.

c) On a monthly basis, the CVO shall monitor the most current report for Medicare exclusion from the List of Excluded Individuals and Entities maintained by OIG and the Medicare exclusion database. If an exclusion is reported against a physician/CCPA member, the issue shall be brought to the attention of the CCPA staff. The CCPA staff shall then bring the issue to the attention of the CCPA Credentialing Committee for processing under the Notice of Hearing Policy and Procedures.

d) On the monthly report to CCPA, the CVO will indicate whether a physician/CCPA member was flagged by any of the above agencies/websites. CCPA staff will report results to Credentialing Committee at the next meeting. The report should include the affected practitioner, incident date, and quality issue. The reported details will be recorded in the meeting minutes, including the date the information was conveyed to the credentialing committee and recommended interventions.

3. Collecting and Reviewing Sanctions, Limitations and Expiration on Licensure

a) CCPA delegates the collecting and reviewing of sanctions, limitations and expiration on licensure to CVO.

b) On a monthly basis, the CVO shall monitor the most current report for license sanction, limitation and expiration from one of the following sources: the IDFPR web site, NPDB and FSMB. If a sanction/limitation is reported against a physician/CCPA member, the issue shall be brought to the attention of the CCPA staff. The CCPA staff shall then bring the issue to the attention of the CCPA Credentialing Committee for processing under the Notice of Hearing Policy and Procedures.

c) On the monthly report to CCPA, the CVO will indicate whether a physician/CCPA member was flagged by any of the above agencies/websites. The CCPA staff will report results to Credentialing Committee at the next meeting. The report should include the affected practitioner, incident date, and quality issue. The reported details will be recorded in the meeting minutes, including the date the information was conveyed to the credentialing committee and recommended interventions.

d) In the state of Illinois the IDFPR allows a 90-day grace period after the license expiration date for renewal. If the practitioner's medical license is renewed within the 90-day grace period, the expiration date will retroactively go back to the original expiration date. Therefore, CCPA staff will not report results to the credentialing committee until after the 90-day grace period.

4. Collecting and Reviewing Complaints

- a) Should CCPA receive a practitioner-specific complaint, the complaint will be routed to the Executive Director of CCPA or his or her designee, who shall present the complaint to the CCPA Credentialing Committee. The Committee will review the specific complaint as well as the practitioner's history of issues, if applicable.
- b) If the Credentialing Committee feels the issue is a serious one with regard to quality of care, the issue shall be brought to the attention of the CCPA Board of Directors for processing according to the Notice of Hearing Policy and Procedure.

5. Adverse Events

- a) CCPA will review monthly any reports received that list adverse events involving any CCPA members. Should CCPA receive an adverse event report stating that a practitioner unintentionally injured or harmed a patient, including death while in the practitioner care due to action or inaction of treatment, the adverse event will be routed to the Executive Director of CCPA or his or her designee, who shall present the adverse event to the CCPA Credentialing Committee. The Committee will review the specific adverse event and determine if the adverse event warrants the suspension or termination of the practitioner's CCPA membership.
- b) Copies of the adverse event report will be placed in the practitioner's file and the organization's adverse events file.
- c) The Credentialing Committee's adverse event report will include the affected practitioner, incident date, quality issue, the date reported to the Credentialing Committee and Committee's actions/interventions. The Committee's adverse event report will be given to the CCPA Board of Directors for processing according to the Notice of Hearing Policy and Procedure.

VI. Notification to Authorities and Practitioner Appeal Rights

A. Action Against Practitioners

1. The Range of Actions Available to the Organization.

- a) CCPA, acting through the Credentialing Committee, as the case may be, may impose corrective action which, in its reasonable discretion, is warranted by the nature and circumstances of the noncompliance, and the particular facts of the case.
- b) Causes for corrective action include, but are not limited to, the following:
 - Failure to remain in compliance with CCPA credentialing criteria;
 - Failure to comply with CCPA bylaws;

- Non-compliance with terms and agreements set forth in the CCPA Physician Master Agreement;
- Failure to cooperate with quality improvement activities;

c) Corrective action includes, but is not limited to, the following:

- Individual discussion with a practitioner, including issuance of a verbal warning;
- Formal letter of reprimand;
- Development of an improvement plan;
- Review of the privilege to provide specified clinical services under CCPA payor agreements;
- Immediate suspension from participation in CCPA payor agreements; and
- Immediate termination of participating payor contract.

d) All informal discussions, verbal warnings, and formal letters of reprimand will be documented in the practitioner's credentialing file.

e) Immediate termination of CCPA membership will be imposed by the Credentialing Committee for loss of state license, indictment or conviction of a felony or of any criminal charge related to the delivery of health care services, or loss of staff privileges at a participating hospital, or upon a determination that the physician has supplied false or misleading information during the appointment or reappointment process. The Credentialing Committee, by affirmative vote, may suspend a physician for other reasonable cause deemed necessary for risk management or related to protection of the health or safety of patients. The issue will be communicated to the CCPA Board of Directors.

g) The physician will be notified promptly in writing of any corrective action decision.

j) The physician has the right to appeal according to the CCPA's Notice of Hearing Policy and Procedure.

2. Reporting to Authorities

a) In the event of an "adverse action" which is reportable under applicable law, the CCPA Staff on behalf of the Credentialing Committee will notify the appropriate regulatory agencies of the circumstances regarding a physician's termination through a written submission via the agency's website within 30 business days. These agencies include, but are not limited to, the National Practitioner's Data Bank (NPDB) and the State Board of Medical Examiners.

VII. Credentialing Information Integrity

A. *Protecting the Integrity of Credentialing Information*

CCPA demonstrates its commitment to protecting the integrity of credentialing information used in the credentialing process.

CVO:

1. The Scope of Credentialing Information
 - a) CCPA delegates the initial verification to a CVO. Therefore, the primary source verification information (practitioner application, attestation and credentialing documents received from CCPA) is dated and stored by the CVO.
2. The Staff Responsible for Performing Credentialing Activities
 - a) The CVO is responsible for their staff that performs the primary source verification activities on behalf of CCPA. CCPA shall review the CVO's policies and procedures to ensure that the staff responsible are listed.
3. The Process for Documenting Updates to Credentialing Activities
 - a) The CVO authorizes their staff on who reviews, modifies and deletes information from their system.
4. Inappropriate Documentation and Updates
 - a) The CVO will set security controls to protect the information from unauthorized modification.
5. The Organization Audits Credentialing Staff and the Process for Documenting and Reporting Identified Information Integrity Issues
 - a) CCPA shall review the CVO's policies and procedures to ensure that the audit process is in place identifying and assessing risks.

CCPA:

1. The Scope of Credentialing Information

CCPA identifies the scope of credentialing information as follows:

 - The practitioner application and attestation
 - Credentialing documents received from the source or agent
 - Documentation of credentialing activities:
 - Verification dates
 - Report dates (e.g., sanctions, complaints, identified adverse events)
 - Credentialing decisions
 - Credentialing decision dates
 - Signature or initials of the verifier or reviewer
 - Credentialing Committee meeting minutes

- Documentation of clean file approval, if applicable
- Credentialing checklist.

CCPA will maintain and safeguard the integrity of the credentialing information used in the initial credentialing and recredentialing process against inappropriate documenting and updates by the different protections listed below.

a) Practitioner files, credentialing documents, documentation of credentialing activities, clean file approvals, meeting minutes, and checklists will be password protected. Which includes the use of strong passwords consisting of fifteen (15) characters minimum with three or four complexities, a change of passwords on a regular basis, and disabling the passwords of employees who leave the organization.

b) Practitioner data and documentation of credentialing activities will be stored in an electronic database on a secure server that has controls in place to protect information from unauthorized access. Computers and devices used to access information by authorized users will be routinely updated to further maintain security and file integrity. This includes a “multi-factor authentication” to access system by having a passcode sent to a mobile device for computer access and / or an authenticator app on mobile device to access database.

c) Hardcopy files of practitioner files and/or meeting minutes will only be available to CCPA staff and the Credentialing Committee members for review and will be maintained in a locked, secured location only accessible to CCPA staff. Disposal of hard copies of any initial credentialing and recredentialing documents, meeting minutes or other confidential information will be shredded.

2. The Staff Responsible for Performing Credentialing Activities

- a) The Senior Administrative Assistant, the Member Relations Specialist and the Director of Operations are responsible for documenting credentialing activities.
- b) The Senior Administrative Assistant, the Member Relations Specialist and the Director of Operations are authorized to modify (edit, update, delete) credentialing information when verification information changes.
- c) The Director of Operations is responsible for the oversight of credentialing information integrity functions including auditing.

3. The Process for Documenting Update to Credentialing Information

- a) CCPA will make appropriate modifications to credentialing information when the following occurs:
- To make practitioners name changes

- Updates to expired licensures or other documents
- Changes/updates to education, training, or clinical privileges
- Correction of data entry errors
- Elimination of duplicate profiles
- Documents added to incorrect practitioner's profile

b) When credentialing information changes, new verifications will be obtained from the CVO and stored in the practitioner's credentialing hard copy file and /or electronic file.

c) If a modification to credentialing information is required outside of the recredentialing cycle, the authorized credentialing staff will document the following in the electronic file log:

- When (date and time) the information was updated
- What information was updated
- Why the information was updated
- Who updated the information

4. Inappropriate Documentation and Updates

CCPA identifies inappropriate documenting and update to credentialing information as follows:

- a) Falsifying credentialing dates. For example, practitioner's licensure date, credentialing decision date and ongoing monitoring dates.
- b) Creating documents without performing the required activities. For example, photocopying a prior credential and updating information as a new credential.
- c) Fraudulently altering existing documents. For example, changing past approved credentialing meeting minutes.
- d) Attributing verification or review to an individual who did not perform the activity.
- e) Update to credentialing information by unauthorized individuals.

5. The Organization Audits Credentialing Staff and the Process for Documenting and Reporting Identified Information Integrity Issues

CCPA Director of Operations will complete an annual audit to check for inappropriate documentation and updates.

- a) All instances of inappropriate documentation will be reported to CCPA's Executive Director.
- b) The Executive Director will determine if fraud or misconduct exists and will report the findings to the CCPA Credentialing Committee and CCPA Board of Directors.

- c) The consequences for CCPA staff not complying with CCPA's credentialing and recredentialing policies and procedures will be subjected to the organization's progressive discipline process that could lead to termination of employment.

B. Information Integrity Training

CCPA annually trains credentialing staff on the following:

1. Inappropriate Documentation and Updates

CCPA will annually train credentialing staff on of the scope of credentialing information and the organization's policies and procedures for updates and modifications of credentialing information, as defined in Element A, 4.

Annual CCPA Staff training attestation can be found in the Annual Credentialing Information Integrity (CII) Report and on the electronic CCPA CII training attestation document.

2. Organization Audits of Staff, Documenting and Reporting Information Integrity Issues

CCPA staff training will inform the credentialing staff of the following:

- a) CCPA's audits of staff documentation and updates in credentialing files.
- b) The process for documenting and reporting inappropriate documentation and updates to:
 - CCPA Director of Operations or his or her designee.
- c) The consequences for CCPA staff not complying with CCPA's credentialing and recredentialing policies and procedures will be subjected to the organization's progressive discipline process that could lead to termination of employment.

C. Audit and Analysis

1. Audits for Inappropriate Documentation and Updates to Credentialing Information

- a) Annually, CCPA Director of Operations will conduct an integrity audit of credentialing and recredentialing files and credentialing committee meeting minutes. The audit results will be recorded in the Annual Credentialing Information Integrity (CII) Report.

The Director of Operations will audit CCPA's credentialing process for the following inappropriate documentation and updates:

- Falsifying credentialing dates (e.g., licensure dates, credentialing decision dates, staff verifier dates, ongoing monitoring dates).

- Creating documents without performing the required activities.
- Fraudulently altering existing documents (e.g., credentialing minutes, clean-file reports, ongoing monitoring reports).
- Attributing verification or review to an individual who did not perform the activity.
- Updates to information by unauthorized individuals.

b) The audit will be performed and documented utilizing the Annual Credentialing Information Integrity (CII) Assessment Reporting Tool.

2. Conducts Qualitative Analysis of Inappropriate Documentation and Updates.

CCPA Director of Operations conducts a qualitative analysis annually on each instance of inappropriate documentation or update identified in the audit performed. The Director of Operations provides CCPA staff with an audit log documenting how, when and by whom files were updated. The auditor will meet with staff to discuss the cause of each inappropriate update or modification. The titles of CCPA staff involved in the analysis and the cause of each finding will be documented in the Annual Credentialing Information Integrity Report.

D. Improvement Actions

1. Implements Corrective Actions to Address all Inappropriate Documentation and Updates found in Element C.

CCPA shall implement corrective action to address all inappropriate documentation and updates found in the annual audit cycle.

Improvement Actions – Implementation of corrective actions implemented include:

- Dates of all actions
- Address all inappropriate documentation/updates
- Identify staff responsible for implementing corrective actions
- Evaluate if the corrective actions implemented have been effective in preventing inappropriate documentations and updates based on a follow-up assessment. If there are no incidences of inappropriate documentation and updates made, then no further audits are required.

2. Conducts an Audit of the Effectiveness of Corrective Actions on Findings 3-6 Months after Completion of the Annual Audit in Element C.

Example 1:

Evidence of corrective actions taken and audit of improvement actions:

- An audit is conducted to review the effectiveness of corrective actions on findings no later than 6 months from completion of the annual audit of credentialing information updates and modifications.
- If no inappropriate documentation/updates were identified, then follow up is not required.

Example 2:

- A re-audit will be conducted 3-6 months after the annual audit to determine the effectiveness of corrective actions implemented and conclude overall effectiveness of the actions taken.
- The re-audit will be performed and documented utilizing the Annual Credentialing Information Integrity Assessment Reporting Tool and will be focused only for those specific elements that were found to have an inappropriate update or documentation.
- If no additional issues were identified with inappropriate documentation and updates, according to the audit and analysis report reviewed, the columns will be noted as not applicable (N/A).