

Attachment IV

- Provider Credentialing and Recredentialing

Standard V: Provider Credentialing and Recredentialing

CONTRACT SECTION	CONTRACT REQUIREMENT	COMPLIANT	SCORING	DOCUMENTS REVIEWED	FINDINGS
1. Credentialing and Recredentialing Criteria <i>CC-VII.H.2</i>	The health plan establishes and verifies credentialing and recredentialing criteria for all professional providers.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
2. Credentialing of Hospital Providers <i>CC-VII.H.1</i>	Hospital ancillary providers are not required to be independently credentialed if those providers serve health plan enrollees only through a hospital.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
3. Credentialing Policies and Procedures <i>CC-VII.H.4.a-f</i>	The health plan's credentialing and recredentialing policies and procedures are written and include the following: a. Formal delegations and approvals of the credentialing process. b. A designated credentialing committee. c. Identification of providers who fall under its scope of authority. d. A process which provides for the verification of the credentialing and recredentialing criteria. e. Approval of new providers and imposition of sanctions, termination, suspension, and restrictions on existing providers. f. Identification of quality deficiencies which result in the health plan's restriction, suspension, termination, or sanctioning of a provider.	a. Yes <input type="checkbox"/> No <input type="checkbox"/> b. Yes <input type="checkbox"/> No <input type="checkbox"/> c. Yes <input type="checkbox"/> No <input type="checkbox"/> d. Yes <input type="checkbox"/> No <input type="checkbox"/> e. Yes <input type="checkbox"/> No <input type="checkbox"/> f. Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		



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MANAGED CARE ORGANIZATIONS
Compliance Monitoring Tool with Specific Contract Standards**

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4. Appeal Procedures for Providers <i>CC-VII.H.7</i>	The health plan develops and implements an appeal procedure for providers against whom the health plan has imposed sanctions, restrictions, suspensions and/or terminations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		

Results for Standard V Provider Credentialing and Recredentialing	
Score	# Elements
Met	
Partially Met	
Not Met	
Not Applicable	
Total # Elements	
Total # Applicable Elements	
Percent of Elements Met	