



**DENTAL PROFESSIONAL SERVICES
CREDENTIALING**

SCOPE

This document applies to Anthem and affiliated networks.

PURPOSE

This policy is to detail the process used for all dentists seeking network participation and all dentists seeking re-appointment in the networks through the re-credentialing process. In order for a provider to remain participating in networks or gain networks participation, all elements of credentialing must be successfully completed and approved.

Credentialing personnel attempt to credential all dentists to appropriate plan standards, including National Committee for Quality Assurance (NCQA) like standards. All dentists must comply with credentialing and re-credentialing standards, policies and procedures.

Initial credentialing and re-credentialing

Primary verification

- State Mandates - Application processing requirements must be followed
- Review of application and primary verification of license(s) of a dentist's initial file
- The following verifications are completed:
 - National Practitioner Data Bank (NPDB)
 - Individual National Provider Identifier (NPI)
 - Office of Inspector General (OIG)
 - System for Award Management (SAM)
 - Verify documents received from provider
 - All disclosure questions complete on received document from provider.
 - Provider consent signed or CAQH ProView attestation confirmation and dated within 180 days of completion of the credentialing process
 - Current Professional Liability. One of the following can be used for verification
 - Employment History (NCQA only)
 - Current copy or primary verification of Drug Enforcement Agency (DEA) or no DEA documentation (if applicable)
 - Education:
 - Primary verification of education (**NCQA only**)
 - Secondary education
- Credentialing Committee Review for Outliers
- Audit Process

Credentials Committee

The Credentials Committee (CC) which will be comprised of professional and management personnel from within the organization, and shall include dentists and/or dental consultants. This committee meets bi-weekly (or as needed) to review (approve/deny/terminate/request additional information/pend and monitor board for additional action) initial credentialing and re-credentialing

applications received from dentists that are seeking participation status or continued participation status in a plan network. The CC reviews informational narratives for participating providers who are found to have had an adverse determination relating to professional conduct and competence identified during the credentialing process, and in monthly checks of the State Dental Boards. The CC has responsibility and authority for acceptance, denial, discipline and termination of dentists in accordance with provider agreements, policies and procedures. Oversight and responsibility of the CC is under the direction of the Dental Directors and Regional Vice President of Professional Services. There must be at least three (3) Committee members present at a CC meeting to qualify as a quorum. Primary representation shall be a dentist of peer representation.

All CC members must sign off, on a yearly basis that, “They do not make credentialing or re-credentialing decisions based solely on an applicant’s race, ethnic/national identity, gender, age, sexual orientation, type of procedure or patient in which the practitioner specializes in”.

Confidentiality

Policy establishes the maintenance and confidentiality of all documents, data and information collected or received in conjunction with or in support of the credentialing process by credentialing personnel. This policy sets forth the requirement that all personally identifiable information (PII) is considered confidential and shall be protected in accordance with the corporate standards or PII. This information may be received verbally, written or electronically. All documents related to Credentialing are protected in secured areas. Each participating dentist signs a Statement of Provider Consent to Release or Exchange of Information, which may be used to obtain information from third parties such as the National Practitioner Data Bank (NPDB), etc. During the process of credentialing or re-credentialing, dentists are required to disclose any malpractice or board action history, regardless of status or outcome. As a result of this disclosure, it is possible a dentist may divulge patient information, or Protected Health Information (PHI). If that situation occurs: The Credentialing team member preparing a narrative, or specialist making the decision that a narrative is not required, masks all PHI received so no private information is available in a credentialing file. Any patient information found in a credentialing file is omitted.

On-going monitoring

To support certain standards between re-credentialing cycles. There is an established on-going monitoring program. Credentialing personnel takes additional actions when a dentist has board action(s), malpractice claim(s) or other information that requires additional review. Credentialing personnel ensure an additional review is performed in a timely manner by gathering additional documentation, depending on the concern. If necessary, the information is presented to the Credentialing Committee (CC). Monthly board, Office of Inspector General (OIG) / System for Aware Management (SAM), Office of the Medicaid Inspector General (OMIG), LEMM and grievance checks. Credentialing personnel review the State boards of dentistry for adverse

action(s) against a participating dentist(s). If a provider is found with a limited/restricted license status, board documents are reviewed for type of restriction. If clinical duties or procedures are limited/restricted provider is sent to CC for review. When Credentialing Personnel receives an initial Credentialing Application or Re-Credentialing Application disclosing a concern(s) or becomes aware of a professional concern for participating and non-par providers from a public source document (as claims could be paid to non-par providers), the following actions are taken: The National Practitioner Databank (NPDB) is queried and a copy placed in the file, if applicable All Dental Board documents are printed and copy placed in the file. The dentist may be requested to provide an explanation for all concerns, if one is not already provided

Actions against provider's participation, removing provider from network

The Credentialing Department ensures that all dentists who do not meet company standards are removed from network(s). A Provider may not practice dentistry if license status is one of the following: Retirement, Revocation, Suspension, Deceased, Inactive, Voluntary termination of license or abandonment of an office by a provider. There is a two (2) year wait period to re-apply to any network after an involuntary termination has taken place, except in the case of non-compliance with re-credentialing or when a provider is terminated for not having a license (non-disciplinary action taken by the dental board). Other reasons might be: Non-Compliance with Re-Credentialing, Credentialing Committee vote for provider termination or denial. The dentist will be terminated the date the CC reviews the board information. A report of the adverse termination will be made to the NPDB.

In compliance with the Health Insurance Portability Accountability Act of 1996 (HIPAA), Credentialing personnel must report any final adverse action (not including non-compliance with re-credentialing) within thirty (30) days of the action to the National Practitioner Data Bank (NPDB). Credentialing Personnel may notify the State Board of Dentistry of terminations. All documentation pertaining to this action is confidential and remains in the individual dentist's file. Additional information pertaining to the disciplinary action is made available to the plan upon request in a timely manner. The procedures followed are in accordance with the approved Credentialing Plan and the contractual terms of the Plan's dentist participation network agreement.

Appeal process

This policy supports due process for participating dentists that the Credentialing Committee (CC) has taken action against. This policy sets forth the requirement for the Credentialing Department to ensure a formal appeal process is maintained to guarantee due process in the reconsideration of the CC's decision to restrict or terminate the participation of a dentist. If a provider wishes to verbally appeal the decision to restrict or terminate their participation with the network; the request must be submitted in writing prior to the termination date. If the provider wishes to appeal the decision in writing, the appeal documents are reviewed by the CC. The CC or the provider has the right to request the provider appeal verbally via a conference call if they would like to hear

information directly from the provider after reviewing written appeal documents. The final determination of the CC shall be binding and the provider has no further right to appeal. A provider can request reinstatement via the initial credentialing process if there has been a change to the situation that caused the CC to terminate participation

Contact information:

Dental Network Services

PO Box 115

Minneapolis, MN 55440

Fax 866-286-8840

Phone 866-947-9398

Email wellpointcredentialing@decare.com

Required documents:

COMPLETE the application

ANSWER all Disclosure Questions

SIGN and DATE the Disclosure Question & Provider Consent and document information regarding any “yes” responses.

SEND COPIES of the following supporting documents (credentialing policy requires):

- Board/Specialty Certificate, if applicable.
- Current dental license
- Current Federal DEA registration (if you have no DEA, please document)
 - If practicing IN MORE THAN ONE STATE provide DEA #s for each state
- Current Professional Liability insurance declaration page verifying DDS’s name, policy #, policy limits (\$1M/\$3M), effective and expiration dates.