

Advantage Dental

From DentaQuest

Policy Name: Credentialing and Re-Credentialing	Policy Number: PL014-Credentialing and Re-Credentialing-CARE
Type of Policy: DCO	Effective Date: 07/10/2013
Responsible Department: Plan Operations	
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Approved By: Clinical and Credentialing Subcommittee	Approved Date: 7/17/2019
PURPOSE: To establish guidelines for the credentialing and re-credentialing of providers.	
<p>POLICY:</p> <p>The Dental Care Organization (DCO) is committed to providing quality dental care for enrollees. This Credentialing and Re-Credentialing Policy has been developed as part of the Quality Improvement (QI) Program to ensure each licensed Dentist (including TeleDentists), Denturist, and Dental Hygienist meets competency standards established as part of the DCO selection, compensation and retention processes. The DCO contracts only with Dentists (including TeleDentists), Denturists and Expanded Practice Permit Dental Hygienists (“Provider”) who are licensed with their state’s board of dentistry and only where capacity for the DCO allows such contracting.</p> <p>All licensed providers who have signed contracts or participation agreements with the DCO shall first be credentialed and thereafter re-credentialed no less frequently than every three years. The Vice President of Clinical Services, and/or their licensed designee are responsible for credentialing decisions. The Clinical and Credentialing Sub-Committee is responsible for reviewing all credentialing decisions on a bi-monthly basis. These decisions will be reported to the Quality Improvement Oversight Committee on a bi-monthly basis.</p> <p>Upon initial contract with the DCO, the Provider shall complete an online credentialing application which is formed from the Oregon Provider Credentialing Application (OPCA), and thereafter shall be re-credentialed at least every three years. The credentialing and re-credentialing process will provide the DCO with information necessary to perform a comprehensive review of the Provider’s credentials. The Provider shall have the right to review and correct any credentialing information at any time through a secure login to their credentialing application. Additional information shall be submitted to the DCO and reviewed by the Clinical and Credentialing Sub-Committee, Vice President of Clinical Services and/or designee as needed. Once the Provider has submitted all the necessary information, the DCO will commence a review of the Provider’s credentials. Documentation of receipt of the updated information will be stored in the provider’s file.</p> <p>The Provider Relations Department shall provide administrative oversight to the credentialing and re-credentialing process. The DCO shall not make credentialing and re-credentialing decisions based on an applicant’s race, ethnic/national identity, gender, age, sexual orientation, type or cost of procedure performed, or type of enrollees treated (e.g.</p>	

Medicaid, or high-risk population). All information obtained during the credentialing/re-credentialing process is confidential. The DCO follows National Committee on Quality Assurance (NCQA) standards on credentialing. At minimum, the credentialing and re-credentialing process shall include:

1. Review of information included in the Provider Dental Credentials Verification form;
2. Query of the National Practitioner Data Bank (Continuous Query set up on all providers for re-credentialing purposes);
3. Query of the US Office of Inspector General (OIG), Excluded Parties List System, and List of Excluded Individuals and Entities (Monthly querying completed for all contracted providers for re-credentialing purposes). The DCO will not hire or contract with any Provider or Organization that is excluded from participating in federal or state healthcare programs. If Advantage Dental denies contracting of a provider based upon Medicaid exclusions, this will be reported to OHA and OIG by the Advantage Dental Compliance Department;
4. A signed attestation from the Provider confirming the accuracy of all information submitted by Provider;
5. Verification of current licensure, including any disciplinary action, by the Provider's State Board of Dentistry and any applicable certifications (Annual querying completed for all contracted for re-credentialing purposes);
6. Verification of current malpractice insurance policy with correct declarations; and
7. Verification of at least 5 years of work history;
8. Verification that the provider has an Oregon Medicaid ID (if not the DCO shall submit a Provider Enrollment form – 3108 – to the Oregon Health Authority);
9. The following attestations will be required during the initial and recredentialing process:
 - a) Ownership Disclosure Form
 - b) Provider Attestation for Policies
10. The following attestations will be required during the initial credentialing process:
 - a) Biological Spore Testing
 - b) Agreement to Pay Form

During the credentialing/re-credentialing process the Provider may request information as to the status of their credentialing/re-credentialing. The process to responding to such requests includes the timeframe to complete the credentialing/re-credentialing process, not to exceed 60 days from the date the completed application and signed agreement was received.

After review of items 1-9 above, if no outstanding matters are found the file is considered clean and sent for final approval by the, Vice President of Clinical Services, and/or their licensed dentist designee. Files are considered clean if a review of items 5 and 6 find no disciplinary action or malpractice action. If there are any outstanding matters discovered during this process, the outstanding matters are presented to the Vice President of Clinical Services, and/or their licensed designee for review and further consideration as to whether

the Provider will be contracted, declined, or terminated. Files will be presented to the Clinical and Credentialing Sub-Committee for further review at the discretion of the Vice President of Clinical Services, and/or their licensed dentist designee. Within 60 days of the date of the decision, the Provider shall be notified via written letter by mail of the acceptance, denial, or termination of status as a credentialed Provider and has the right to receive the status of their credentialing application upon request. Such letter will include instructions for the Provider's ability to appeal and correct any information given in the credentialing/re-credentialing process.

Once all credentialing verifications are completed and the provider has been approved for participation in the DCO network, Provider Relations will load the provider information into the DCOs internal system. Provider information entered into this internal system will automatically update the DCOs online provider directory in real time.

Upon re-credentialing of contracted providers, discovery of additional disciplinary or malpractice action within the prior 36 months will deem the provider file as not clean. These matters will be presented to the Vice President of Clinical Services and/or their licensed designee for review. At the discretion of the Vice President of Clinical Services, and/or their licensed designee complaints and quality of care issues may be presented to the Clinical and Credentialing Sub-Committee for review and final determination on continuation of a contract with the provider.

The Provider Relations Department shall maintain records evidencing the review and verification of each Provider, including records documenting each Provider's academic credentials, licenses or certifications, and reports from the National Practitioner Data Bank and Exclusion Databases.

The Case Management Department shall present any formal complaints or quality of care issues, received or discovered, to the Clinical and Credentialing Sub-Committee for review at the next Clinical and Credentialing Sub-Committee meeting. Upon re-credentialing of contracted providers, the Provider Relations Department shall obtain a list of all complaints for the re-credentialed provider from the Case Management Department. These shall be presented to the Vice President of Clinical Services, and/or their licensed designee for review before continuing a contract with the provider. At the discretion of the Vice President of Clinical Services, and/or their licensed designee complaints and quality of care issues may be presented to the Clinical and Credentialing Subcommittee for review and final determination on continuation of a contract with the provider.

If DCO delegates any of its responsibilities under this policy and procedure to a third party, DCO shall monitor the third party's compliance with the delegated responsibilities and the third party's performance, deficiencies, or areas for improvement. Upon identification of deficiencies, or areas for improvement, DCO shall cause the third party to take corrective action.

Providers have the right to receive a notice/copy of their rights as described in this policy. Providers can request a copy of the provider's rights by calling the Provider Relations Department, by emailing ProviderRelations@advantagedental.com or by written correspondence.

07/10/2013	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
05/02/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover
10/19/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
07/27/2017	QI/UR Committee			
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak
07/03/2018	Tamara Kessler	Missy Mitchell	Rosa Pedraza	
11/13/2018	Tamara Kessler	Missy Mitchell		
1/14/2019	Missy Mitchell	Gary Allen, DMD	Rosa Pedraza	
06/05/2019	Missy Mitchell	Molly Johnson	Rosa Pedraza	