

<b>Humana</b>	<b>Policy and Procedure</b>	
<b>Original Issue Date: 06/2019</b>	<b>Policy Number: N/A</b>	<b>Page 1 of 3</b>
<b>Subject: Credentialing and Recredentialing Using a Credentialing Verification Organization (CVO)</b>		
<b>Original Approved By: Jeb Duke</b>	<b>Original Approval Date: 06/23/2019</b>	
<b>Revision Approved By: N/A (N/A if original issue)</b>	<b>Revision Approval Date: N/A (N/A if original issue)</b>	
<b>Change Summary:</b>	<b>Original issue</b>	

**Policy Purpose:**

This policy defines the credentialing and recredentialing process using a credentialing verification organization (CVO) for selecting and evaluating licensed and independent practitioners and the assessment process for organizational providers who provide care to Humana's members. Consistent with Humana's mission to assist members in achieving life-long well-being, the goal of this policy is the selection of qualified practitioners and providers.

In certain circumstances, Humana is subject to certain credentialing requirements, such as state and federal regulations, that exceed or differ from those outlined in this policy.

**Scope:**

Credentialing requirements apply to:

- Practitioners who are licenses, certified, or registered by the state to practice independently (without direction or supervision); and
- Practitioners who have an independent relationship with Humana (an independent relationship exists when Humana directs its members to see a specific practitioner or group of practitioners, including all practitioners whom a member can select as primary care practitioners); and
- Practitioners who provide care to member under Humana's medical, dental, and vision benefits.


Credentialing criteria apply to practitioners in the following settings:

- Individual or group practices,
- Organizational providers,
- Rental networks, and
- Telemedicine.

**Procedure:****1. Definitions:**

Clean Application	Clean application, as used in KRS 205.532 to 205.536, means a credentialing application submitted by a provider to a Credentialing Verification Organization (CVO) that is complete and does not lack any required substantiating documentation.
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Credentialing Application Date	Credentialing Application Date, as used in KRS 205.532 to 205.536 means the date that a CVO receives a Clean Application from a provider.
Credentialing Verification Organization	Credentialing Verification Organization (CVO) as used in KRS 205.532 to 205.536 means an organization that gathers data and verifies the credentials of providers in a manner consistent with federal and state laws and the requirements of the National Committee for Quality Assurance (NCQA). A CVO is: <ul style="list-style-type: none"> <li>A. An organization designated by the Department pursuant to subsection (3) (a) of KRS 205.532 to 205.536; and</li> <li>B. Any bona fide, nonprofit, statewide, health care provider trade association, organized under the laws of Kentucky, that has an existing contract with the Department or a Managed Care Organization (MCO) contracted with the Department to perform credentialing verification activities for its Enrollees, providers who are employed by its Enrollees, or providers who practice at the Enrollees' facilities.</li> </ul>
Department	Department means the Department for Medicaid Services (DMS) within the Cabinet, or its designee.
Humana	Humana means Humana, Inc. and its affiliates and subsidiaries that underwrite or administer health, dental, or vision plans; Long-Term Services and Support (LTSS), CarePlus Health Plans, Inc., and Health Value Management Inc., d/b/a ChoiceCare Network and d/b/a Humana Behavioral Health Network.
Humana Members	Humana members means participants of health, dental, and vision plans, LTSS, and programs provided by Humana.
Organizational Providers	Providers described as hospitals or other healthcare facilities.
Telemedicine	The remote diagnosis and treatment of patients by means of telecommunications technology.

## 2. Humana's Responsibilities:

Humana's responsibilities shall include:

- Referral of providers to the CVO to complete credentialing prior to contracting with Humana, and to provide information to Network Providers about the re-credentialing process.
- Ongoing education and assistance with credentialing process.
- Methods for receiving verified credentialing packets from the CVO.
- Determining whether to contract with the provider within thirty (30) days of receipt of the verified credentialing packet from the CVO.

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<ul style="list-style-type: none"> <li>• Ensure Humana’s internal processing systems are updated to include the accepted provider as a participating provider within ten (10) days of the executed contract.</li> <li>• Notify the provider if additional time beyond the required ten (10) days is needed to load and configure the provider contract, not to exceed an additional fifteen (15) days.</li> <li>• Work with the CVO as necessary when a re-evaluation of provider documentation is determined as necessary to maintain participation status.</li> <li>• Meet with the Department and/or the CVO monthly during implementation activities, quarterly during ongoing operations, or at a different frequency as requested by the Department, Humana, or CVO about the credentialing process.</li> </ul> <p><b>3. CVO Responsibilities:</b></p> <p>The Department’s contracted CVO shall conduct enrollment, credentialing, and recredentialing services, including:</p> <ul style="list-style-type: none"> <li>• Accepts applications, reapplications, and attestations</li> <li>• Collects licensure information from NCQA-approved sources</li> <li>• Collects DEA and CDS information from NCQA-approved sources</li> <li>• Collects education and training information from NCQA-approved sources</li> <li>• Collects work history information from NCQA-approved sources</li> <li>• Collects history of liability claims from NCQA-approved sources</li> <li>• Collects licensure sanction information from NCQA-approved sources</li> <li>• Collects Medicare and Medicaid sanction information from NCQA-approved sources</li> <li>• Conducts site visits</li> <li>• Collects and evaluates ongoing monitoring information</li> <li>• Makes credentialing and recredentialing decisions</li> <li>• Accepts referrals from Humana for credentialing</li> <li>• Send credentialing packets to Humana</li> <li>• Work with Humana as necessary when a re-evaluation of provider documentation is determined as necessary to maintain participation status.</li> <li>• Meet with the Department and/or Humana monthly during implementation activities, quarterly during ongoing operations, or at a different frequency as requested by the Department, Humana, or CVO about the credentialing process.</li> <li>•</li> </ul> <p>Humana retains the right to approve, suspend, and terminate individual practitioner, providers, and sites where it has delegated decision making.</p>		

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CVO Credentialing Process Flow

