**Delegated Credentialing and Recredentialing Policies and Procedures**

**Checklist of Requirements**

Written policies and procedures describing the protection of information including:

* Specific statements about confidentiality
* Release of credentials information to third parties
* Provisions for paper and electronic data management
* Employee orientation and training
* Employee confidentiality agreements
* Disposal of confidential credential information

Written policies and procedures describing the process to select and evaluate practitioners including:

* The types of practitioners to credential and recredential
* The verification sources used
* The credentialing and recredentialing criteria
* The process for making decisions
* The process for managing files (how credentialing information is stored, modified and secured)
* The process to ensure credentialing and recredentialing is conducted in a nondiscriminatory manner
* The process for notifying practitioners if information obtained during the process varies substantially from the information provided by practitioner
* The process for notifying practitioners of the decision within 30-90 (per state regulations) calendar days of the credentialing committee’s decision
* The process to include the Dental Director (or other designated dentist), direct participation in the credentialing and recredentialing program

Written policies and procedures describing the rights of the practitioner including:

* The right to review information submitted to support their application
* The right to correct erroneous information
* The right to receive the status of their credentialing/recredentialing application upon request
* The right to appeal denied participation at the time of initial credentialing/recredentialing

Written policies and procedures describing the composition and role of the credentialing committee including:

* Committee makeup
* Actions that can be taken (approve/deny etc.)
* How participating practitioners provide advice and expertise for credentialing decisions
* The review of credentials for practitioners who do not meet established standards
* The process to ensure that all credentialing/recredentialing meeting standards are reviewed by the credentialing committee, dental director, or designated dentist

Note – committee discussions and decisions are documented in meeting minutes.

Written policies and procedures describing the credentials to be verified including (see separate checklist):

* Current and valid license to practice, (verification time limit - 180 calendar days). Best practice license should not expire within 30 days of committee or conditional approval pending license renewal)
  + Valid DEA or CDS certificate, if applicable. (verification time limit – 180 calendar days not expired at the time of the committee decision DEA waiver if applicable
* Education and training, (verification time limit – prior to credentialing decision)
  + Verify the highest of the education level, board certification, residency, graduation from dental school
* Board certification status, if applicable, verification time limit – 180 calendar days)
* Current malpractice insurance – policy to include required amount of coverage
* Five year work history including explanation for gaps more than 6 months in work history (verification time limit 365 calendar days (may vary by state)
* Last five year history of professional liability claims resulting in settlement or judgment, verification time limit – 180 calendar days
* State sanctions, restrictions on licensure and limitations on scope of practice, verification time limit – 180 calendar days
* Medicare and Medicaid sanctions
* Correctness and completion of the credentialing application\* – See NADP’s Universal Credentialing Application form which includes the attestation questions (Signature date- 180 calendar days)

\*Or credentialing application required by the dental plan, *DSO* or state requirement

Written policies and procedures describing the length of the recredentialing cycle and the elements to be reviewed including (see separate checklist):

* Required every 36 months
* Current and valid license to practice (verification time limit - 180 calendar days. Best practice license should not expire within 30 days of committee or conditional approval pending license renewal)
* Valid DEA or CDS certificate, if applicable (verification time limit - 180 calendar days not expired at the time of the committee decision)
  + DEA waiver if applicable
* Board certification status
* Current malpractice coverage
* Malpractice history
* State sanctions, restrictions on licensure and limitations on scope of practice
* Medicare and Medicaid sanctions
* Updated attestation questions (Signature date- 180 calendar days)
* Tracking and trending of grievance (if applicable by carrier or state)

Written policies and procedures describing ongoing monitoring and interventions including:

* Collection/review of Medicare and Medicaid sanctions
* Collection and review of sanctions and license limitations
* Collection/review of complaints and/or adverse events
* Implementation of corrective actions when instances of poor quality regarding the above is identified

Written policies and procedures regarding the reporting of practitioners to appropriate authorities for quality reasons including:

* The range of actions available to the credentialing committee/organization
* The process for informing practitioners of the appeal process

Written policies and procedures describing the sub-delegation of credentialing activities

* If no credentialing activities are sub-delegated, the policy and process must state as much