



PROCEDURE FOR VERIFICATION AND MONITORING

PROVIDER QUALIFICATIONS AND CREDENTIALS

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Laboratory & Radiology Facilities Certifications

1.0 SCOPE

- 1.1 This Procedure is implemented to insure all contracted providers, laboratory and radiology facilities are currently and appropriately licensed and insured; and there are no disciplinary actions, malpractice claims, or any other activity which precludes participation in Cecil County Health Department programs.
- 1.2 This Procedure applies to all contracted providers, laboratory & radiology facilities of all programs within the Cecil County Health Department.
- 1.3 Referrals cannot and will not be made to providers with expired credentials.

2.0 DEFINITIONS

- 2.1 Provider – a certified and licensed professional in a specified field including, but not limited to, all medical doctors, medical facilities, radiologists, social workers, nurse practitioners, nurses, dentists, dental hygienists, psychologists, and psychiatrists.
- 2.2 Laboratory & Radiology facilities – certified facility site in a specific field including, but not limited to CMS-approved Cytology Proficiency Test reflecting cytotechnicians who have passed the test for all laboratories reading BCCP Pap tests with CLIA certification for all laboratory facilities and ACR/FDA accredited facility for all radiology facilities.
- 2.3 Credentials – appropriate valid licenses, liability insurance, accreditations, certifications and/or other qualifications as defined in the contract and authority to provide the services which are being contracted.
- 2.4 CCHD – Cecil County Health Department
- 2.5 Credentialing Clerk – An employee within the Division of Administrative Services assigned the monthly function of monitoring and maintaining the credential file for providers.
- 2.6 Contract Monitor – The primary point of contact for all matters relating to a contract; which includes, but is not limited to, fulfillment of vendor's responsibilities under the contract and questions regarding interpretation of the provisions of the contract.

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2.7 Provider Database – the storehouse and listing of CCHD contracted providers.

3.0 PROCEDURE

3.1 Time of Initial Contract

3.1.1 Requests for valid credentials and copy of the “PROCEDURE FOR VERIFICATION & MONITORING” will be forwarded to providers and facilities with the contract for signature.

3.1.2 Contracts will not be considered fully executed until valid credentials and qualifications are on file.

3.1.3 Upon receipt, licenses will be checked for any disciplinary actions, pending malpractice charges, and convictions.

3.1.3.1 If disciplinary actions or pending malpractice charges are noted, Credentialing Clerk will notify the Division Director or Contract Monitor to attempt to resolve the issue with the Contractor. If unable to resolve, the Contract Monitor or Division Director will determine if the Deputy Health Officer needs to be consulted for resolution.

3.1.4 Credentialing information is entered into the Provider Database.

3.2 Monitoring of Credentials

3.2.1 Credentialing Clerk will check for any disciplinary actions, pending malpractice charges or convictions. This will be noted on the shared Google spreadsheet. If any of the above are noted, clerk will notify the Director of Administrative Services and the applicable Division Director and/or designated staff. Clerk will verify that monthly review has been completed, including updating the Google spreadsheet and Provider Database, via email to the appropriate Division Director and designated staff.

3.2.1.1 If disciplinary actions or pending malpractice charges are noted, Credentialing Clerk will notify the Contract Monitor or Division Director to attempt to resolve the issue with the Contractor. If unable to resolve, the Division Director or Contract Monitor will determine if the Deputy Health Officer needs to be consulted for resolution.

3.2.2 If valid credentialing is not on file for a provider, CCHD will hold payment of invoices until documentation of current credentialing has been received.

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- 3.2.3 Credentialing Clerk will send notices to update credentials to the providers two months prior to the date of expiration. Notices can be sent via email, postal mail, or facsimile.
- 3.2.4 Follow-up calls are to be made two weeks prior to expiration.
- 3.3 Notification of Expired Credentials
 - 3.3.1 Credentialing Clerk will provide written notice via email to the Division Director and designated staff of a provider's expired credentials within fourteen (14) days of the expiration date.
 - 3.3.2 It is the responsibility of the designated division staff to insure no clients are referred to or services provided by a provider with expired credentials.
 - 3.3.3 Program assistance may be requested to obtain updated credentials from the provider.
 - 3.3.4 Failure to provide updated credentials within sixty (60) days of expiration may result in termination of the provider contract. Providers will be notified via certified letter that contract has been terminated. Credentialing Clerk will notify appropriate division staff of termination.

This procedure will be reviewed annually and updated as necessary.

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