Policy - Dental Credentialing and Recredentialing

Original Date:	July 2023	Accountable Dept.:	Dental Credentialing 70530
Last Reviewed Date:	September 18, 2024	Policy Tracking ID:	6575412

Summary of Changes:

- Added on page 12 “telehealth providers are credentialed and contracted the same as direct and leased providers. They are not discriminated against and processed the same into the network.”
- Updated guidance for board certifications, pg. 3 and 5.
- Updated professional education, licensing and training, pgs. 3 and 5.
- Removed reference to National Technical Information Service (NTIS) and added additional detail under DEA/CDS, pg. 5.

Scope:

Credentialing requirements apply to the below dental providers who are licensed and in network with Humana Dental:

- Dental providers meaning Doctor of Dental Surgery (DDS), Doctor of Medicine in Dentistry (DMD) or Bachelor of Dental Surgery (BDS)*

Credentialing Criteria applies to all dental providers in the following settings:

- Individual or group practices
- Dental Service Organization (DSO)
- Rental networks

Policy Statement:

This policy defines the credentialing and recredentialing process for selecting and evaluating licensed, independent dental providers and the assessment process for delegated providers who provide care to Humana members. Consistent with Humana’s mission to assist members in achieving life-long well-being, the goal of this policy is to enable selection of qualified Dental providers.

In some circumstances, Humana is subject to certain credentialing requirements, such as state (see State Credentialing Matrix) and federal regulations, that exceed or differ from those outlined in this policy. Humana applies applicable state and federal requirements that exceed the requirements of this policy.

Definitions:

- "Humana" means Humana Inc. and its affiliates and subsidiaries that underwrite or administer dental plans.
- "Humana members"- means participants in dental plans with dental benefits and other dental programs provided by Humana.
- "Dental Service Organizations" (DSO) - independent business support centers that contracts with dental practices to provide business management and support to dental practices, including non-clinical operations.
- "Licensed Dental Professional" – hereby forth referred to as Provider in this document, persons with a valid professional dental license, indicating they have met the requirements of the issuing authority in the state(s) which they practice, authorizing them to render all services within the scope of practice of the designated license.
- "Monthly Monitoring"- the process by which all providers in the network are reviewed for expirations, sanctions, and license limitations.
- "Rental Network"- an organization that charges a fee to access the dental provider's contracted rates without direct authorization.
- "Primary Source Verification" (PSV) - the act of verifying information from the original source of a specific credential (education, training, licensure) to determine the accuracy of the qualifications of an individual dental practitioner.
- Other terms are defined throughout this policy.

Requirements:

Credentialing will be performed on all initial and recredentialing applications. This is defined by the below criterion for every direct and leased provider in Humana's Dental Network. All specified documentation must be included for a dental provider to be credentialed into Humana's network. Upon application submission, providers will be notified of receipt by the credentialing team. All monthly monitoring will continue to occur to ensure the provider has an active license, malpractice insurance, and is free of all sanctions and exclusions.

Standard: Application & Attestation

As further detailed below, all Dental providers are required to complete an application for initial credentialing that includes a current, signed attestation regarding their health status and any history of loss or limitation of licensure or privileges. If a provider is missing information in their application the credentialing team will request missing information. Humana follows all state guidelines in regard to a complete application. Applications should be signed within 180 calendar days of the credentialing decision and should include any necessary explanations, as applicable. Applicant signatures may be, digital, electronic, scanned or photocopied, but signature stamps are not acceptable. These application requirements also apply to dental providers in the Medicare network upon recredentialing. Due to the nature of dental commercial

networks, participating commercial network dental providers may not be subject to the requirement of this Standard for purposes of recredentialing.
A complete application includes the following detailed information:

- Current state professional license number(s)
- Current federal DEA certificate number(s) or state CDS certificate number(s) (if applicable)
- Professional education, residency, and training
- Board certification (if applicable and per state guidelines)
- Work history of at least five years (initial only)
- Current professional liability insurance coverage and claims history
- Signed and dated consent and release form

The signed and dated application also includes an attestation that addresses the following:

- Reasons for any inability to perform the essential functions of the position
- Lack of present illegal drug use
- History of loss of license and felony convictions
- History of loss or limitation of privileges or disciplinary action
- Current malpractice coverage
- Current and signed attestation confirming the correctness and completeness of the application

As referenced above, for purposes of recredentialing, commercial network dental providers may not be subject to the requirements of this Standard. Commercial network dental providers may supply the above outlined information but are only required to provide an updated attestation and disclosure questionnaire to be deemed to have provided a complete application for recredentialing.

The submission of false information or deliberate omission of requested information on the application by any Dental provider may constitute grounds for the denial of credentialing or recredentialing.

Providers on active military duty, maternity leave or sabbatical may be recredentialed upon return. The reason for delaying recredentialing should be documented in the provider's file. In these cases, a provider should be recredentialed within 60 calendar days of his or her return to practice.

Providers in areas affected by an emergency declaration issued by the federal or state government will be reviewed for possible extension or grace period to respond to requests for

credentialing and recredentialing materials. Such extension will begin on the effective date of the emergency declaration and continue until the expiration of the emergency declaration.

Standard: Types of Dental Providers to Credential and Recredential

Dental providers who require credentialing include all participating providers who fall within the scope of credentialing, not limited to:

Doctor of Dental Surgery (DDS), Doctor of Medicine in Dental Dentistry (DMD) or Bachelor of Dental Surgery (BDS)

- General Dental providers
- Endodontist
- Orthodontist
- Oral & Maxillofacial Surgeon
- Periodontist
- Prosthodontist
- Pedodontics / Pediatric Dental provider
- Oral Medicine Dental provider
- Orofacial Pain
- Dental Anesthesiologist
- Public Health Dental provider
- Oral and Maxillofacial Pathologist
- Oral and Maxillofacial Radiologist

Standard: Primary Source Verification for Credentialing and Recredentialing

Verification of credentialing information should come from one of the following sources:

- The primary source (or its website), the entity that originally conferred or issued the credential
- A contracted agent of the primary source (or its website)

Appropriate documentation of verifications includes:

- Credentialing documents signed (or initialed) and dated by verifier
- A checklist, including the name of the source used the date of verification, the signature or initials of the person who verified the information and the report date, if applicable. If the checklist does not include these requirements, appropriate credentialing information should be included.

Education and training verifications do not expire, are valid indefinitely, and must be completed prior to Credentialing Committee decisions. All other credentialing verifications must be completed within 180 calendar days prior to the Credentialing Committee's decision date.

The below sources may be used to verify credentialing information for initial credentialing and continuous monthly monitoring, monthly monitoring will occur to ensure the provider has an active license, malpractice insurance, and is free of all sanctions and exclusions:
Licensure (current and valid in all states where the Dental provider provides care to Humana members, unless Dental provider meets exception for Indian Health Care Improvement Act)

- Verification should come directly from the state licensing or certification agency.

DEA or a controlled dangerous substance (CDS) certificate Confirmation with the state pharmaceutical licensing agency, for controlled substance (CS) license, where applicable (See State Requirement Matrix)

- DEA or CDS certificate, if applicable
- Documented visual inspection of the original certificate
- Confirmation with the DEA and CDS agency, when applicable

Education and Training (Initial application only)
Verification of the highest of the three levels of education and training obtained by the Dental provider:

- Graduation from, dental or professional school, verified by state licensing board
- Residency, if appropriate
- Board certification, if appropriate and according to state guidelines

General Dental provider:

- Graduation from Dental school
- Confirmation from the state licensing agency, if Humana provides documentation that the state agency performs primary-source verification of graduation from dental school. At least annually, Humana should obtain written confirmation from the state licensing agency that it performs primary-source verification of graduation from dental school.

Completion of post-doctoral education for Specialty (Initial application only)

- Postdoctoral education program

- Appropriate specialty board if the specialty board performs primary-source verification of completion of postdoctoral education. At least annually, Humana should obtain written confirmation from the specialty board that it performs primary-source verification of completion of postdoctoral education.
- Confirmation from the state licensing agency, if the state agency performs primary-source verification of completion of postdoctoral education. At least annually, Humana should obtain written confirmation from the state licensing agency that it performs primary source verification of completion of postdoctoral education.

Board Certified Dental Specialist:

- American Dental Association-recognized dental specialty certifying boards when a dated certificate of primary-source authenticity has been provided
- Appropriate specialty board, if Humana provides documentation that the specialty board performs primary-source verification of education and training. At least annually, Humana should obtain written confirmation from the board that it performs primary-source verification of education and training.
- State licensing agency, if Humana provides documentation that the state agency performs primary-source verification of board status. At least annually, Humana should obtain written confirmation from the state licensing agency that it performs primary source verification of board status.

Oral surgeon:
Completion of residency

- Training programs in oral and maxillofacial surgery accredited by the Commission on Dental Accreditation (CODA)
- Appropriate specialty board if the board performs primary-source verification of graduation from a CODA-accredited training program. At least annually, Humana should obtain written confirmation from the specialty board that it performs primary-source verification of graduation from a CODA-accredited training program.
- State licensing agency, if the state agency performs primary-source verification of graduation from a CODA accredited training program. At least annually, Humana should obtain written confirmation from the state licensing agency that it performs primary-source verification of graduation from a CODA-accredited training program

Denturist: (Applicable States Only, see State Credentialing matrix)

- Graduation from an accredited denturist program

- State licensing agency if the state agency performs primary-source verification of professional school training. At least annually, Humana should receive written confirmation from the state licensing agency that it performs primary-source verification of professional school training.

Work history (Initial application only)
Most recent five years of relevant work history included on the application or CV with an explanation of any gaps in employment that exceed six months should be supplied in writing.

Malpractice history
Confirmation of the past five years of malpractice settlements from the malpractice carrier or query to the National Dental provider Data Bank (NPDB)

Federal and State sanctions and restrictions on licensure

- Appropriate state agencies
- NPDB
- List of excluded individuals and entities maintained by Office of the Inspector General (OIG): https://exclusions.oig.hhs.gov/
- General Services Administrations (GSA): https://www.sam.gov/SAM/

Medicare sanctions and exclusions

- CMS Medicare preclusion list (Medicare only)

Standard: Decision-making Criteria for Credentialing and Recredentialing
Unless otherwise noted below, the decision to credential or recredential any Humana dental provider is based on the criteria listed below, including, but not limited to, the information gathered through the credentialing and recredentialing process. While contracted with Humana, dental providers are required to always meet Humana's Criteria for Credentialing and Recredentialing. Humana may terminate a dental provider at any time for failure to meet Humana's Criteria for Credentialing and Recredentialing.

Administrative Criteria:
Dental providers must meet the following requirements. Any decisions to deny credentialing based on Administrative Criteria are final and not subject to reconsideration rights unless otherwise noted below. Provider may notify the credentialing team if they believe an error has occurred.

Dental License:
Dental provider holds a current state professional license, certificate or registration in the state(s) in which Dental provider will treat Humana members. Pursuant to the Indian Health Care Improvement Act (IHCIA), Dental providers employed by a tribal health program are not required to have a license from the state in which they are currently practicing but must have a license in at least one state. Dental providers must provide documentation to demonstrate qualification under IHCIA.

DEA and/or CDS Certificate; as applicable:
Dental provider currently holds, is eligible for or has not had a revoked federal DEA certificate and/or a CDS certificate

Education and Training: (Initial Only)
Dental provider has completed appropriate education and training for applied specialty.

Eligible for Medicare: (Medicare Only)
Dental provider demonstrates current eligibility for participation in Medicare, as applicable.

Professional Liability Insurance with Acceptable Claims History:
Dental provider holds current professional liability insurance (PLI) in contracted amounts, has completed the PLI exception procedure or has documentation of coverage under the Federal Tort Claims Act for professional liability coverage. Dental provider has acceptable liability claims history as determined by the uniformly applied business standards established by Humana. Failure to meet such uniformly applied business standard shall result in denial.

Work History: (Initial Only)
Provider demonstrates appropriate history of employment and clinical practice.
Provider should explain any gaps in work history greater than six months. Explanations shall be reviewed by the Dental Director, and if necessary, reviewed by the Credentials Committee.

Facility Privileges, as applicable:
Provider holds current clinical privileges in good standing at a participating facility or provides an explanation of admitting arrangements applicable to the care the provider provides.

OIG, SAM Exclusion:
Regardless of line of business, Dental provider is not excluded by OIG, has not been sanctioned and are not listed as excluded by the General Services Administration (GSA) (as reported by the System for Award Management (SAM) exclusions list).

Certain Felony Convictions:
Dental provider has not been convicted, found guilty, nor pled no contest to any felony which is either a crime of violence or a sex offense.

Criteria Eligible for Dental provider's Opportunity to Request Reconsideration:
A Dental provider will be denied for failure to meet the following criteria, but Dental providers may request a reconsideration of such denial and the Provider may be deemed to meet criteria if upon reconsideration, the Dental provider can demonstrate to the satisfaction of the Credentialing Committee that there is no continuing quality of care concern.

Licensure and Other Adverse Actions:
Dental provider should not have a history of any action in effect within the last five years which sanctioned, revoked, denied, or placed Material Limitations on the Provider that was taken by any federal, state, or local government, including, but not limited to the applicable state licensing body; a hospital, health plan or other healthcare entity; or any professional society. Additionally, the Dental provider's professional license, certificate or registration should not be suspended or revoked and should be free of any other Material Limitations. For purposes of this Policy, Material Limitations are sanctions, probations or other conditions that include:
(a) any requirement to obtain a second opinion for diagnosis or treatment;
(b) any restriction or limitation on the ability to prescribe medicine or treatment;
(c) any requirement for the presence of a second person during any examination, diagnosis, or procedure; or
(d) any other serious restriction or limitation.
Note: Unless otherwise required by a government agency, Medicare preclusion is not considered to be Material Limitation.

Relinquishments:
Provider, within the last five years, should not have voluntarily relinquished any membership, license, privileges or participation status or other ability to render healthcare services, including but not limited to a state license or clinical privileges, while under investigation by the entity providing such membership, privileges, participation status or other ability to render healthcare services, or in return for such entity not conducting an investigation.

Other Convictions:
Provider has not been convicted, found guilty, nor pled no contest to any other felony than those prohibited in the Administrative Criteria, Certain Felony Convictions provisions set forth above (meaning any felony that is not a crime of violence or a sex offense). Additionally, the Provider shall not have been convicted, found guilty, nor pled no contest to any

misdemeanor that is reasonably related to the Practitioner's qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual misconduct.

Absence of Physical or Mental Impairment:
Dental provider should not be physically or mentally impaired, including impairments due to substance use disorder that may affect the Dental provider's ability to practice or may pose a risk of harm to patients.

Quality:
For recredentialing purposes only, Dental provider should demonstrate an acceptable performance record related to Humana members with no evidence of quality issues. This record includes activities/findings collected through Humana's quality improvement programs, utilization management systems, handling of grievances and appeals, enrollee satisfaction surveys and other plan activities. "Quality" refers to the measure of competence, professional conduct, care, and safety that a Dental provider affords a patient. Denials based on this criterion that constitute an adverse action require further action under the Humana provider quality review process. Please see the "Decision-making Process for Credentialing and Recredentialing" standard for more information.

Standard: Decision-making Process for Credentialing and Recredentialing
The decision to credential or recredential is based upon the criteria described in Standard: Decision-making Criteria for Credentialing and Recredentialing. Humana recredentials all providers every 36 months. However, as set forth above, due to the nature of dental commercial networks, participating commercial network dental providers may not be subject to the requirements of the preceding Standard: Application & Attestation for purposes of recredentialing.

Humana acts only upon complete credentialing and recredentialing applications. A complete application is defined to include all information as required in Standard: Application & Attestation. Such information must be complete, responsive and accurate information, dated and signed as required and accompanied by all required and requested documents. The burden of submitting a complete application rest solely on the applicant. Humana may return unprocessed any incomplete application. An applicant's failure to respond to Humana's requests for application information may result in a denial of credentialing or recredentialing on an administrative basis.

Dental providers who have been administratively termed or denied may be re-activated within a 30-calendar-day period. Any Dental provider who has been termed or denied for longer than 30

calendar days should undergo the initial credentialing process. Humana has the right to access provider information as ongoing monitoring for the entirety of the provider's agreement.

Upon receipt of a complete credentialing application, the credentialing process should be completed within 45 days or as required by state or federal regulations. See State Credentialing Matrix for specific state requirements. Providers are notified within 24-48 hours that their application is deemed clean and compliant.

Notifications to providers are as follows: Day 1: Application is received, notification is sent to provider acknowledging receipt of application. If Intake Team determines a provider is missing information - The system will automatically send an email to the provider requesting the missing information, credentialing status will be set to Missing Information
Day 4: If credentialing status is still set to Missing Information, system will send a follow-up email to the provider requesting the missing information.
Day 5: If credentialing status is still set to Missing Information, TMs make phone call.
Day 14: If credentialing status is still set to Missing Information, TMs make phone call.
Day 19: If credentialing status is still set to Missing Information, system will automatically assign a task to the contact owner (recruiter) to make outreach attempt for missing information
Day 30: If credentialing status is still set to Missing Information, system will automatically set providers status to Abandoned and credentialing status to Canceled.

The credentialing staff should designate files that meet all the Credentialing Criteria as Category I files. Credentialing staff should designate as Category II each file that does not meet all Credentialing Criteria.

The dental director may approve any Category I file that meets all Credentialing Criteria. The dental director review and approval should be recorded in each such file with the approval date being after appropriate review. All Category 1 files go to Committee for approval.

Category II denials will be reviewed and approved by the Committee. The dental director should present all Category II files requesting reconsideration to the Credentials Committee. The Credentials Committee may postpone a decision to receive additional information. Humana should process the credentialing or recredentialing decision of the Credentials Committee as follows:

Approvals:
Dental providers with Category II files approved by the Credentials Committee should be notified of the decision. Humana should notify the applicant in writing of the Credentials

Committee's approval within 45 days or sooner as required by state or federal regulations. Notice of approvals will be provided as required under Standard: Dental Provider Rights.

Denials:
The Credentialing Committee must notify a Dental provider of a denial based on Credentialing Criteria. The notice must inform the Dental provider of the reasons for the denial and should provide notice of an opportunity to request reconsideration of the decision in writing within 30 days of the notice or sooner as required by state or federal regulations if the denial falls under the Criteria Eligible for Dental provider's Opportunity to Request Reconsideration listed in the aforementioned section. Unless otherwise noted, denials based on a failure to meet Administrative Criteria are final with no reconsideration rights. Where applicable, in the event such reconsideration is timely requested, the Credentialing Committee may affirm, modify, or reverse the initial decision. Humana should notify the applicant in writing of the Credentialing Committee's reconsideration decision within 60 days or sooner as required by state or federal regulations. The Credentialing Committee denials are final and applied to all contracts across the network after the appeals process has been completed. Dental providers who have been denied are eligible to reapply for network participation once they meet the minimum health plan Credentialing Criteria.

Terms for automatic denials

- OIG
- SAM
- Not having the proper licensure (example temporary, expired, suspended, or revoked)
- Previous felony conviction, no time limit (Case by Case; All Initials submitted to Committee; Re-creds with any new felony convictions not previously reviewed by Committee)

NOTE: Practitioner denials due to missing DEA and/or hospital privileges have 30 business days to provide the missing documentation to Humana for review as a Category I file.

NOTE: Telehealth providers are credentialed and contracted the same as direct and leased providers. They are not discriminated against and processed the same into the network.

Adverse Actions:
Adverse actions are actions or recommendations that limit, reduce, restrict, suspend, revoke, terminate, deny, or fail to renew a Dental provider's participation in a Humana health plan for reasons relating to quality and that adversely affect, or could adversely affect, a patient's health or welfare. Such actions may include terminations or the denial of credentials or recredentialing upon Credentialing Committee reconsideration of action based on Credentialing Criteria eligible for Credentialing Committee Reconsideration. Adverse actions lasting longer

than 30 days entitle the applicant to prompt notice of his or her right to request a hearing. The Medicare Advantage organization's policies and procedures regarding suspension or termination of a participating provider requires the Humana to:

- give the affected provider written notice of reasons for the action, including, if relevant, the standards and profiling data used to evaluate the provider.
- allow the provider to appeal the action, and give the provider written notice of his/her right to a hearing and the process and timing for requesting a hearing
- ensure that the majority of the hearing panel members are peers of the affected provider.

Standard: Dental Director Responsibility

The dental director is responsible for overall compliance with the credentialing process. The dental director, or designee, is the chairperson of the Credentialing Committee. The chairperson oversees committee voting procedures and verifies approval of each report and file. The dental director, or designee, does not have voting privileges except in the event of a tie vote by the committee. In that event, the chairperson may vote to break the tie.

Standard: Credentialing Committee Responsibility

Humana designates a Credentialing Committee that uses a peer review process to make recommendations regarding credentialing decisions. The Committee uses participating and non-participating Dental providers to provide advice and expertise for credentialing decisions. The Committee reviews credentials for Dental providers who do not meet Humana's established criteria and gives thoughtful consideration to the credentialing information. The Credentialing Committee also ensures that files it does not see meet established criteria and are reviewed and approved by a dental director. The Committee has final approval or disapproval decision-making authority for credentialing and recredentialing applications. The Credentialing Committee comprises representation from a range of participating and non-participating Dental providers in both general dentistry and specialty disciplines. Participating providers have the ability to make recommendations to improve the credentialing and recredentialing process. Clinical peer input from non-committee members may be accessed when discussing Credentialing Criteria for specific specialties. Members of the Committee are asked to sign a confidentiality and conflict of interest agreement. The Committee meets monthly, for the purpose of conducting credentialing and recredentialing activities and reviewing, offering input and approving credentialing and recredentialing policies and procedures.

Evidence of the Credentialing Committee's discussions and decisions are documented in meeting minutes. The chairperson, or designee, should sign and date the committee minutes.

Humana's corporate dental credentialing and recredentialing policy is reviewed at least annually by the Credentialing Committee.

NOTE: Credentialing Committee meetings and decision-making may take place in the form of real-time virtual meetings (e.g., through videoconferencing or web conferences with audio). Meetings may not be conducted only through email.

Standard: Credentialing Department Roles

The credentialing department is responsible for the following roles in the credentialing process

1. Verification of current, valid state licenses, DEA or CDS certifications, education, work history, board certification, NPDB, liability claims history, state license state sanctions or restrictions, malpractice insurance
2. Provider outreach
3. Collection of complete applications (see standards above)
4. Credentialing committee review/decision
5. Provider appeals
6. Collect and evaluate ongoing monitoring of sanctions and complaints
7. Oversight audits
8. Collect semiannual reports of provider application turnaround times.

Standard: Delegation of Credentialing and Recredentialing

Humana may delegate credentialing and recredentialing activities to organizations or entities that are able to demonstrate compliance with applicable federal and state credentialing requirements. Humana retains the right to approve, suspend and terminate individual Dental providers, where it has delegated decision-making.

The following items may be delegated for credentialing and/or recredentialing and should be included in the delegation agreement:

- Accepts applications, reapplications, and attestations
- Collects licensure information
- Collects DEA and CDS information
- Collects education and training information
- Collects work history information
- Collects history of liability claims information
- Collects licensure sanction information
- Makes credentialing and/or recredentialing decisions

When Humana elects to delegate credentialing and/or recredentialing, an approved written agreement outlining those delegated activities and any other responsibilities of the delegate

should be signed before the delegate performs any delegated activities. The written agreement should be mutually agreed upon and contain the following information:

- Humana's and the delegated entity's responsibilities
- Description of the delegated activities
- Required minimum of semi-annual reporting to Humana
- Process by which Humana evaluates the delegate's performance
- Remedies, including revocation of the delegation agreement, available to Humana if the delegated entity does not fulfill its obligations
- A statement that Humana retains the right to approve, suspend and terminate individual Dental providers where it has delegated decision-making.

Prior to implementing delegation, the delegate's performance capacity is evaluated through the pre-delegation audit process to ensure the entity demonstrates compliance with the applicable federal and state requirements. Once the delegation agreement is executed, the delegate's performance is evaluated on an annual basis to ensure the delegated entity remains compliant with applicable federal and state requirements. Opportunities for improvement should be identified and followed up on at least once every two years.

If a delegate sub-delegates credentialing to another entity, documentation verifying that the delegate performs oversight and conducts annual audits is required in the agreement, unless Humana chooses to conduct these activities itself. Complete listings of all Dental providers credentialed and/or recredential are due from the delegate on a semi-annual basis and reviewed by Humana.

Standard: Ongoing Monitoring and Interventions

Humana monitors Dental provider sanctions, complaints, and quality issues between recredentialing cycles and ensures that corrective actions are undertaken and effective when it identifies occurrences of poor quality (refer to Humana's Provider Quality Review Process). Ongoing monitoring is not a delegated function.
Ongoing monitoring, appropriate interventions up to, and including removal from the network are implemented by collecting and reviewing the following information within 30 calendar days of its release:

- Sanctions and limitations on licensure
- Complaints
- Identified adverse events

Standard: Nondiscrimination in Credentialing and Recredentialing

Humana does not make credentialing decisions based on an applicant's race, ethnic/national identity, gender, age, or sexual orientation or on type of procedure or patient (e.g., Medicare) in which a Dental provider specializes. Humana does not discriminate against a provider based on the Dental provider's license or certification or because the provider services high-risk populations and/or specializes in the treatment of costly conditions.

Monitoring for and the prevention of potential discriminatory credentialing and recredentialing decisions should be evaluated at least annually. To identify potential discrimination, the Credentialing Operations Department reviews the reason for denying Dental provider or organizational provider. Instances of potential discrimination discovered during this process are referred to the corporate quality improvement committee for review and decision. Evidence of sanction and exclusion reviews is available from the Credentialing Operations Department. Evidence of practitioner complaint and identified adverse-events reviews are available from the Quality Management Department.

Standard: Confidentiality of Credentialing Information and System Controls

Credentialing information is confidential and should be held in strict confidence. Humana should keep credentialing files and committee meeting minutes locked in a secured area. Access to electronic credentialing information (i.e., the credentialing system) should be password protected using strong passwords that are regularly changed and limited to staff that requires access for business purposes. The records should be retained for at least 10 years or as applicable to Humana's record- retention policy.

Humana's Provider Quality Audit (PQA) team to ensure the adherence to policies, procedures and data- entry accuracy conducts weekly random audits. Additionally, Humana's Internal Audit and Regulatory Compliance team administers audits at least annually to ensure the compliance of policies, procedures, accreditation standards as well as state specific requirements.

Quality management files that contain peer- review information are highly confidential and should be kept separate from credentialing files. Credentialing files should not be produced for outside parties without prior approval from the Corporate Law Department and/or the Corporate Insurance Risk-management Department. The records should be retained for at least 10 years or as applicable to Humana's record retention policy.

Standard: Dental Provider Rights

Notification of Dental provider rights is contained in the Provider Manual for Providers. Dental providers have the right to review information obtained to evaluate their credentialing application, attestation or CV and the right to correct erroneous information. Humana notifies

Dental providers when credentialing information obtained from other sources varies substantially from information provided by the Dental provider. The Dental provider should be notified within seven days of the discrepancy. The notification indicates which part of the application is discrepant, the format for submitting corrections and the person to whom corrections should be submitted. If the application, attestation and/or CV must be updated, only the Dental provider may attest to the update, a staff member may not. The Dental provider has 14 business days to respond in order to resolve the discrepancy. The receipt of any corrections should be documented in the credentialing file.

A Dental provider has the right, upon request, to be informed of the status of his/her application. Humana should respond to these requests in a timely manner. Once a Dental provider application for initial credentialing has been approved or denied, the Dental provider should be notified within 60 days or sooner as required by state and federal regulations. Credentialing denials will be communicated to the Dental provider by the dental director in writing, will include the reason(s) for the denial and should be provided within 60 days of denial.

Humana will make available all application and verification policies and procedures upon written request from the applying healthcare professional.

Standard: Notification to Authorities and Dental Provider Review Rights
When the Credentialing Committee recommends an adverse action lasting longer than 30 days against a practitioner, Humana must offer the applicant the right to request a hearing in accordance with the Humana provider quality-review process. Humana must report to the National Practitioner Data Bank all final adverse Clinical Privilege Actions against practitioners and any Other Adjudicated Actions or Decisions as defined in and required by federal law. Humana also may be required to report certain actions to state authorities and must do so in accordance with applicable state laws.

For details pertaining to hearing and reporting requirements, please refer to the Humana Provider Quality Review Process.

For all required hearings on credentialing decisions, the following definitions in the Humana provider quality review process are changed as follows:

- All references to “Peer Review Committee” shall mean the Credentialing Committee.

References:
Humana Service Agreement

Humana Dental Category I and Category II Criteria

Communication and Training Plan:

- Change Existing Content
  - Updates to the content of your policy
  - Substantive change in regulation, compliance or process

Owner:	Kate Salzman	Executive Team Member:	George Renaudin
Accountable VP / Director:	Dara McDaniel		

Disclaimer:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained in Policy Source to ensure no modifications have been made.

Non-Compliance:

Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).