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## Provider Selection and Retention

### PURPOSE

The purpose of this policy is to ensure that proper procedures are followed in the selection and retention of medical providers related to the DHMC and CHP+ populations.

### SCOPE

This policy applies to the Provider Contracting Department. Denver Health Medical Plan, Inc. (DHMP) and Denver Health Medicaid Choice (DHMC), hereinafter referred to as the Company.

### DEFINITIONS

*Provider* - A health care practitioner, institution, agency or supplier, which may or may not be a participating provider, but which furnished or arranges for health care services with an expectation of receiving payment.

### POLICY

The Company, will follow proper procedures when selecting providers for potential medical contracts and retention related to the DHMC and Child Health Plan Plus (CHP+) populations.

### PROCEDURES

Selection, Retention, Licensure and Credentialing of Providers

- A. The Provider Relations Department, in conjunction with the Quality Improvement/Accreditation Department, verifies that all participating providers meet licensing and certification requirements.
- B. The Company's Credentialing Program complies with the standards of the National Committee for Quality Assurance (NCQA) for initial credentialing and recredentialing of Participating Providers. The Company may use information from the accreditation of primary care clinics by the Joint Commission to assist in meeting NCQA credentialing standards. See *Credentialing and Recredentialing of Providers*.
- C. The Credentialing Program includes policies and procedures for detection and reporting of incidents of questionable practice, in compliance with Colorado Statutes and Regulations, the Health Care Quality Improvement Act of 1986, and NCQA standards. See *Credentialing and Recredentialing of Providers*.
- D. The Provider Relations Department, in conjunction with the Quality Improvement/Accreditation Department assures that all laboratory testing sites providing services under this contract have either a

Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver or a Certificate of Registration along with a CLIA registration number. Those laboratories with Certificates of Waiver provide only the nine (9) types of test permitted under the terms of the Waiver. Laboratories with Certificates of Registration may perform a full range of laboratory tests.

- E. The Provider Relations Department and the Quality Improvement/Accreditation Department ensures that the Company, with regard to the selection and retention of providers, does not:
1. Discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of the license or certification.
  2. Discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
- F. Denver Health Medical Plan (DHMP), the Provider Relations Department and the Quality Improvement Department do not prohibit, or otherwise restrict health care professional, acting within the lawful scope of practice, from advising or advocating on behalf of the member who is the provider's patient, for the following:
1. The member's health status, medical care or treatment options, including any alternative treatments that may be self-administered.
  2. Any information the member needs in order to decide among all relevant treatment options.
  3. The risks, benefits, and consequences of treatment or non-treatment.
  4. The member's right to participate in decisions regarding his or her health care, including the right to refuse treatment and to express preferences about future treatment decisions.
- G. The Provider Relations Department ensures that participating providers comply with all applicable local, state and federal insurance requirements necessary in the performance of their contract.
- H. The Provider Relations Department does not contract with a provider or individual who is debarred, suspended or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Federal Executive Order 12549.
- I. Any individual or group of providers that are denied from participating as a Company provider receive a written notice with the reason for the decision from the Provider Relations Department.
- J. Provider Relations does not contract with any provider or individual that is excluded from participation in federal health care programs under section 1128 and section 1128A of the Social Security Act.
- K. When a Provider is found to have circumstances that affect the provider's eligibility to participate in the managed care program, Provider Relations will send the state a letter of notification within 10 day of that change.

## EXTERNAL REFERENCES

- A. 42 C.F.R. 438.12 – Provider Discrimination Prohibited
- B. 42 C.F.R. 438.214 – Provider Selection
- C. Child Health Plan Plus Contract between Denver Health Medical Plan, Inc. and the Colorado Department of Healthcare Policy and Financing
- D. Federal Executive Order Number 12549

- E. Health Care Quality Improvement Act of 1986
- F. Medicaid Choice Contract between Denver Health Medical Plan, Inc. and the Colorado Department of Healthcare Policy and Financing
- G. NCQA standards 2017
- H. Social Security Act Section 1128 and Section 1128A

## DHMP RELATED DOCUMENTS

- A. [Credentialing and Recredentialing of Practitioners](#)

## DHHA RELATED DOCUMENTS

None

### Attachments

No Attachments

### Approval Signatures

Approver	Date
Greg McCarthy: Executive Director, Managed Care	08/2020
Jeremy Sax: Government Products Manager	08/2020
Aryn Thedens: Compliance Auditor	08/2020
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