

# **PrimeWest Health**

## **CREDENTIALING PLAN**

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# **PrimeWest Health CREDENTIALING PLAN**

## **I. INTRODUCTION**

PrimeWest Health shall determine which practitioners shall be accepted and shall continue to participate in the PrimeWest Health network. This Credentialing Plan applies to all practitioners, whether applying for initial participation or continued participation as part of the recredentialing process. The Plan outlines the standards, policies, and processes for the acceptance, discipline, and termination of participating practitioners and is developed in accordance with National Committee for Quality Assurance (NCQA) and Quality Improvement Systems for Managed Care (QISMC) standards or standards otherwise accepted as community standards by the Minnesota Department of Health (MDH). PrimeWest Health will consider each practitioner or facility's potential contribution to the organization's objective of providing comprehensive and quality health care services.

The Joint Powers Board (JPB) of PrimeWest Health maintains full discretion in accepting, disciplining, and terminating practitioners. PrimeWest Health may deny or restrict participation by a practitioner, terminate a practitioner's participation, or impose other disciplinary action in accordance with the practitioner's written participation agreement, this Credentialing Plan, and the credentialing policies and procedures adopted by PrimeWest Health.

PrimeWest Health may revise or alter this Credentialing Plan at any time. Any change in legal, regulatory, or accreditation requirements shall be incorporated into this plan as of the requirement's effective date. Changes to the Credentialing Plan will be effective for all new and existing practitioners from the effective date of the change, provided that PrimeWest Health provides practitioners with written notice of material changes in participation rules before the changes are put into effect.

All information obtained during the credentialing process will be maintained in a secure place and kept confidential. Access to the information will be limited to certain authorized individuals. Information will not be released except upon PrimeWest Health's receipt of a written request and signed release from the affected practitioner, and as otherwise required or authorized by law.

## **II. GOVERNANCE**

### **A. Joint Powers Board (JPB)**

PrimeWest Health's JPB has final authority and responsibility for the manner in which PrimeWest Health operates and serves its constituency, including the adoption of a Credentialing Plan. The JPB has delegated responsibility for the regular oversight and implementation of the Credentialing Plan to the Quality & Care Coordination

Committee (QCCC). All credentialing activities of PrimeWest Health including, but not limited to, acceptance, recredentialing, discipline, and termination of practitioners will be reported to the JPB at its monthly meetings at which time the JPB may accept the QCCC's recommendations and actions. The JPB's decision will be reflected in the JPB meeting minutes. If, at any time, the JPB determines that additional information about a particular practitioner is needed, the complete file will be reviewed in a closed meeting of the JPB. The JPB will comply with MN Stat. sec. 145.61. Notwithstanding the delegation of the credentialing activities, the JPB retains full authority and responsibility for all credentialing decisions and activities.

**B. Quality & Care Coordination Committee (QCCC)**

The JPB has delegated its responsibility for the credentialing activities of PrimeWest Health to the QCCC. The QCCC must formally approve credentialing criteria and policies.

QCCC membership includes representation from a range of PrimeWest Health's participating practitioners and health care providers. The QCCC shall make recommendations for credentialing and recredentialing decisions to the JPB following a review of the recommendations of the Peer Review Committee (PRC). The JPB has final decision-making authority of acceptance of these recommendations.

PrimeWest Health's Credentialing Plan and supporting policies and procedures will be reviewed and submitted to the QCCC for approval on an annual basis or more often as is deemed necessary to ensure compliance with State and Federal regulations as well as NCQA standards.

**C. Peer Review Committee (PRC)**

The QCCC has delegated responsibility for the credentialing activities of PrimeWest Health, including credentialing, recredentialing, discipline, and termination of practitioners to the PRC. The PRC will make recommendations about credentialing and recredentialing to the QCCC.

The PRC shall be a multidisciplinary committee with representation from various types of practitioners and specialties (in accordance with NCQA standards, as applicable).

The Medical Director shall review and make recommendations to the PRC on individual credentialing and recredentialing applications. The Medical Director has responsibility for detailed review of specific credentialing and recredentialing applications where there is concern over professional competence or conduct. These cases may involve disciplinary actions, professional liability, or other variations from professional criteria. The Medical Director shall receive and review practitioner credentials giving thoughtful consideration to the required elements before making a credentialing recommendation. The Medical Director will facilitate PRC meetings, schedule meetings when needed, prepare agendas, provide QCCC staff information for recording minutes, and shall review and make recommendations to the PRC on

individual credentialing and recredentialing applications. NCQA standards state the Medical Director has the authority to determine that a practitioner's file is "clean" (file has no adverse actions and meets PrimeWest Health and NCQA criteria) and will sign off on such a file as complete, clean, and approved.

The Medical Director may choose to provisionally credential a practitioner for a period of up to 60 days. Practitioners may only be provisionally credentialed once. All provisionally credentialed practitioners must be presented to the Credentialing Committee or Medical Director for full review under this Credentialing Plan.

The PRC will review and give thoughtful consideration to all credentialing activities and staff recommendations keeping within PrimeWest Health's policies and procedures before making decisions about a practitioner's status. For practitioners with "clean" files, the credentialing effective date is the date the Medical Director signs off on the "clean" file. For those practitioners with "variations" indicated, the effective date is the date the PRC makes its decision. If, at any time, the PRC cannot come to a decision regarding a practitioner, the PRC may table its decision until it can be presented to the QCCC for review and recommendation. The QCCC decision regarding the tabled practitioner will be the final decision.

A quorum, 51 percent of active membership sitting on the committee, is required for PRC action on credentialing decisions. If a quorum is not present, no action can be taken on credentialing activities.

#### **D. Appeals Committee**

The Appeals Committee shall be composed of no fewer than three (3) individuals appointed on an ad hoc basis by the Chair of the QCCC with input by PrimeWest Health staff. The Appeals Committee will convene in the event of an Appeal request from a practitioner after the QCCC has recommended denial or termination of participation status or other discipline based upon professional conduct or incompetence. The Appeals Committee may conduct hearings and uphold, reject, or modify the recommendations of the QCCC.

Members of the Appeals Committee may be members of the JPB, participating practitioners, or consumer members of the PrimeWest Health Member Advisory Council. The Appeals Committee membership shall be comprised of practitioners or individuals who are not, in the judgment of PrimeWest Health, in direct economic competition with the practitioner who is the subject of the hearing. At least one (1) member of the Appeals Committee will be of the same practitioner, specialty, or provider type as the affected practitioner (i.e., physician/physician, allied/allied). Members of the Appeals Committee may not be members of the QCCC. One (1) of the members of the Appeals Committee shall be designated as Chair.

#### **E. Peer Review Status**

The PRC shall operate as a peer review organization pursuant to MN Stat. sec. 145.61 et seq., and professional review organization pursuant to the Health Care Quality

Improvement Act of 1986, 42 U.S.C. sec. 11101 et seq.

**F. Nondiscrimination**

Members of the JPB, QCCC, and PRC agree and sign attestations indicating that they will not discriminate in terms of participation (i.e., making credentialing and recredentialing decisions) against any applicant, who is acting within the scope of his/her license or certification under State law, solely on the basis of such license or certification or based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation, types of procedures (e.g., abortions), or populations which the practitioner specializes in or serves (e.g., providers who serve high-risk populations or who specialize in the treatment of costly conditions).

This does not preclude PrimeWest Health from including practitioners in its network who meet certain demographic or specialty needs (for example, to meet the cultural needs of our members).

PrimeWest Health collects language information on all practitioners at initial credentialing and on a triennial basis.

PrimeWest Health will take the steps necessary during credentialing and recredentialing to monitor for and prevent discriminatory practices.

PrimeWest Health procedures will consist of:

1. Designated Senior Physician Acting as PrimeWest Health's Medical Director to conduct periodic audits of credentialing files to ensure that practitioners are not discriminated against; and
2. Designated Senior Physician Acting as PrimeWest Health's Medical Director to conduct periodic audits of practitioner's complaints to determine if there are complaints alleging discrimination.

**III. PRACTITIONER CREDENTIALING PROCESS**

**A. Practitioners Subject to Credentialing Plan**

All practitioners listed in PrimeWest Health's Provider Directory or other PrimeWest Health literature shall be subject to this Credentialing Plan. This includes, but is not limited to, physicians (MD/DO), Advance Practice Registered Nurses (APRN), Physician Assistants - Certified, Licensed Alcohol Dependency Counselors (LADC), Licensed Independent Clinical Social Workers (LICSW), Licensed Psychologists (LP), Licensed Psychological Practitioners (LPP), Licensed Professional Clinical Counselors (LPCC), Licensed Marriage Family Therapists (LMFT), pharmacists who provide Medication Therapy Management services, chiropractors, dentists, podiatrists, optometrists, and dental hygienists. All practitioners must be fully credentialed pursuant to this Credentialing Plan prior to serving a PrimeWest Health member.

**B. Practitioner Directories and Member Materials**

PrimeWest Health will ensure that any practitioner's qualifications given to members will match the information verified during the credentialing and recredentialing process regarding practitioner education, training, certification, and designated specialty (refers to the area of practice and primary care disciplines).

**C. Criteria for Participation**

PrimeWest Health shall establish pre-application, administrative, and professional criteria as defined in this Credentialing Plan that are requirements for participation with PrimeWest Health.

**D. Application**

Each practitioner seeking acceptance as a participating provider must complete an application form provided or approved for use by PrimeWest Health. PrimeWest Health shall use the Minnesota Uniform Credentialing and Recredentialing forms. If a provider can show good cause for use of an alternate application, PrimeWest Health will consider accepting such applications if they contain the same information as the Minnesota Uniform forms, including disclosures, authorization, and release and attestations.

**E. Primary Verification**

PrimeWest Health shall verify all information in accordance with NCQA and QISMC standards for primary verification or as otherwise accepted as community standard by MDH. Applicants shall fully cooperate with PrimeWest Health in obtaining all documents requested by PrimeWest Health to satisfy primary verification requirements. Once PrimeWest Health has received a complete application, the primary verification process must be completed within 180 days in accordance with NCQA standards. PrimeWest Health will strive to complete the verification process within 90 days. If PrimeWest Health has difficulty obtaining references or education or training verification, PrimeWest Health will notify the practitioner and request the practitioner's assistance. If PrimeWest Health receives an incomplete application, it will be returned to the practitioner for completion. If a complete application is not received within 45 days after being returned, the practitioner will not be reconsidered for the PrimeWest Health network for one (1) year.

**F. Investigation of Variation from Criteria and Professional Concerns**

PrimeWest Health shall review variations from required pre-application, administrative, and professional criteria for participation prior to presentation to the PRC, which will determine whether further investigation is required. The PRC will review all variations from professional criteria as delineated in this Plan to determine if such variation is sufficient cause to deny participation in PrimeWest Health. The PRC may accept variance from one (1) or more criteria if it is determined that one (1) or more requirements are not relevant to a particular applicant or that noncompliance with one (1) or more criteria does not indicate a potential or existing concern related to administrative or professional issues. If the practitioner with variation from criteria has a specialty that is not represented on the PRC, an additional practitioner with that

specialty may be consulted on an ad hoc basis. Upon request, the consultant will report his/her recommendations to PrimeWest Health staff to be forwarded to the PRC for its final determination. The consultant will not vote during the credentialing decision making.

**G. Practitioner Access to Credentialing Information**

In the event PrimeWest Health receives information during the credentialing or recredentialing process that varies substantially from the information provided by the practitioner, PrimeWest Health credentialing staff will request an explanation of the variance (via letter, fax, email, or phone), prior to file review, and will provide the practitioner the opportunity to correct the erroneous information. Each practitioner shall be entitled, upon request, to review his/her credentialing file or obtain credentialing status via phone, fax, email, or written letter. PrimeWest Health may, at its discretion, provide redacted copies or summaries of information provided by individuals if required to protect the individual's confidentiality. If a practitioner believes, upon review of his/her credentialing file, that any information contained therein is misleading and/or erroneous, the practitioner may submit a corrective statement, which PrimeWest Health shall place in the file. The foregoing does not require PrimeWest Health to alter or delete any information contained in the file.

**H. Credentialing Decision-Making**

PrimeWest Health has complete discretion in reviewing applications and deciding upon the acceptance, acceptance with restrictions, conditional acceptance, or denial of the application as designated in Section V. The PRC may request further information from the applicant, table an application pending the outcome of an investigation of the practitioner by any organization or institution, or take any other action it deems appropriate. PrimeWest Health may base its recommendation on any facts and circumstances it deems appropriate and relevant. PrimeWest Health staff shall notify applicants of credentialing determinations within 60 days of the PRC's decision.

**I. Appeals**

PrimeWest Health shall determine if any adverse recommendation is based on professional conduct or incompetence. If the adverse recommendation is based on professional incompetence or conduct, which could adversely affect patient care, the applicant shall be offered the right to Appeal. If the applicant Appeals the PRC's recommendation, the recommendation will be forwarded to the Appeals Committee for review pursuant to the Appeals process set forth in Section VII. The Appeals Committee recommendation shall be final. All PrimeWest Health practitioners are notified of the Appeal process through the *Provider Manual*.

**J. Reporting**

PrimeWest Health shall determine, based upon the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C. sec. 401 et seq., MN Stat. sec. 147.111, and any other relevant Federal and State statutes and regulations, whether and when any adverse action shall be reported to the National Practitioner Data Bank (NPDB), Healthcare Integrity and Protection Data Bank (HIPDB), Minnesota Board of

Medical Practice, or any other appropriate agency. PrimeWest Health shall be entitled to make such determination, in its sole discretion, in accordance with PrimeWest Health policies and procedures provided that the determination shall be made in good faith. The PRC shall notify the affected practitioner, in writing, in the event such a report is made.

#### **IV. REQUIREMENTS FOR PRACTITIONER PARTICIPATION**

##### **A. Pre-Application Criteria**

Each application shall be screened to ensure that the applicant meets the required pre-application criteria. Pre-application criteria must be met before PrimeWest Health will accept the application for participation. The following criteria must be continuously met during participation with PrimeWest Health unless otherwise allowed:

1. The practitioner's specialty and practice location satisfy PrimeWest Health's network needs
2. The provider clinic, at which the practitioner is or will be in active practice, is contracted with PrimeWest Health
3. The practitioner maintains professional liability insurance coverage of at least \$1 million/\$3 million
4. The practitioner is currently licensed or registered to practice in the applicant's profession in the state(s) where the applicant is practicing
5. The practitioner has signed an unaltered release of information. Acceptable forms of signatures are: faxed, digital, electronic, scanned, or photocopied signatures.
6. The practitioner has answered all disclosure statements
7. The practitioner's application has not been denied by PrimeWest Health within the preceding 12 months, nor has the practitioner previously resigned or been terminated by PrimeWest Health within the preceding 24 months, other than for relocation purposes

##### **B. Administrative Criteria**

After determining that the application meets all pre-application requirements and should be accepted as an application for participation in the PrimeWest Health network, PrimeWest Health staff shall determine whether an applicant satisfies all administrative requirements. The practitioner must continuously satisfy these administrative criteria as long as he/she participates in the PrimeWest Health network. Administrative requirements are generally not directly related to professional competence and conduct, but failure to meet these requirements could have an effect on the quality of services received by PrimeWest Health members. The following are PrimeWest Health's administrative criteria:

1. All pre-application criteria
2. The applicant maintains adequate 24-hour coverage for all urgent and emergent conditions as necessitated by the scope of his/her practice and as understood by PrimeWest Health credentialing staff and the Medical Director. For example, a dermatologist with a clinical practice and no admitting privileges may be excused.

3. If the applicant practices in a medical group or clinic, the practitioner is in good standing at such group or clinic
4. The applicant primarily engages in the provision of health care services that are covered by PrimeWest Health under benefit contracts issued or administered by PrimeWest Health
5. The applicant maintains clinical privileges in good standing that allows for admission at a hospital acceptable to PrimeWest Health, if the practitioner's practice requires such privileges. For example, a dermatologist with a clinical practice and no admitting privileges, or a mid-level practitioner who has a collaborative agreement with a PrimeWest Health-credentialed physician who possesses current admitting privileges
6. The applicant maintains current and valid Drug Enforcement Administration (DEA) registration or prescriptive authority as necessary for his/her practice, unless the practitioner's license does not allow prescription of controlled substances, or he/she is covered for the absent DEA schedules by another PrimeWest Health-credentialed physician or dentist within their organization
7. Upon request by PrimeWest Health, the applicant provides a signed consent, authorization, or release of information to permit PrimeWest Health to monitor a practitioner's compliance with active stipulations, orders or monitoring programs of a State licensing board, hospital, other health care organization, or health professional services program (such as HPSP)

### **C. Professional Criteria**

Upon determination that the applicant meets the pre-application and administrative requirements, PrimeWest Health shall consider the professional criteria set forth in this Section. The criteria contained in this Section must be continuously satisfied by each applicant and by all participating practitioners unless otherwise accepted by PrimeWest Health. Variation from the following criteria will be reviewed following the process outlined in Section III (F):

1. The practitioner has not engaged in conduct that violates the ethical standards of professional conduct governing the practice of the applicant's profession
2. The practitioner has not been the subject of professional disciplinary action by a managed care plan, insurer, clinic, hospital, medical review board, peer review organization or other health care organization, administrative body, or government agency in the last five (5) years. In cases of disciplinary or administrative sanctions for inappropriate, inadequate, or tardy completion of medical records the application may be considered as a "clean file" after review by the Medical Director and approved without forwarding to the PRC. Repeated sanctions involving medical record issues will be presented to the PRC as a variation from professional criteria.
3. The practitioner has not been the subject of disciplinary action by a licensing board in the last five (5) years. A practitioner who has been subject to three (3) or more separate orders or stipulations by a professional licensing board during the practitioner's professional career shall be reviewed by the PRC to determine participation status with PrimeWest Health. Under these circumstances, the PRC shall evaluate the facts and circumstances surrounding any disciplinary actions to

determine whether such disciplinary action constitutes evidence of probable ongoing substandard professional performance.

4. The practitioner is not the subject of any reports of an “adverse action” against the practitioner, as defined in the Health Care Quality Improvement Act of 1986 and its implementing regulations, in the past five (5) years
5. The practitioner has not been sanctioned by or excluded from the Medicaid or Medicare programs
6. The practitioner has not engaged in any conduct involving dishonesty, fraud, deceit, or misrepresentation
7. The practitioner does not have a history of professional liability lawsuits or other incidents that constitutes a pattern and/or indicates a potential competency or quality of care problem
8. The practitioner has not been involuntarily terminated from professional employment or a hospital medical staff or resigned from professional employment or a hospital medical staff after knowledge of an investigation into the practitioner’s conduct, or in lieu of disciplinary action
9. The practitioner does not use or advocate the use of unproven modalities of treatment or therapy regarded in the local medical community as medically inappropriate
10. The practitioner has no history of denial or cancellation or failure to renew professional liability insurance in the past five (5) years
11. The practitioner has not disclosed an ongoing medical or physical condition likely to adversely affect the ability of the practitioner to perform the essential functions of the practitioner’s profession with or without reasonable accommodation
12. The practitioner has not disclosed an ongoing medical or physical condition that could constitute a direct threat to the health and safety of others
13. The practitioner has not disclosed the use of illegal drugs during the past two (2) years
14. The practitioner has not misrepresented or omitted relevant facts relating to compliance with professional criteria on his/her application

## **V. PROCEDURES FOR CREDENTIALING ACTIONS**

### **A. Administrative Actions**

If an application is not complete, PrimeWest Health staff may hold the application for 45 days and require that the applicant supply the missing information. If the application is missing substantial information, the application will be returned to the practitioner and the complete application must be returned to PrimeWest Health within 45 days. If the applicant has not supplied completed information in 45 days, the incomplete application will be returned to the applicant and the applicant will not be reconsidered for a period of one (1) year.

If the applicant does not meet the pre-application or administrative requirements as specified in Section IV (A) and IV (B), the application may be denied by agreement of the PrimeWest Health Chief Executive Officer, Medical Director, and Director of Care & Quality Management. Decisions regarding such applications shall not be

subject to Appeal pursuant to Section V of this Plan, but PrimeWest Health administration, at its sole discretion, may provide an administrative reconsideration of an administrative denial. Such administrative reconsideration shall be conducted pursuant to the procedure set forth in Section VI.

Actions not related to suspension, termination, or administrative terminations that are due to the practitioner no longer meeting contractual obligations are not reportable by PrimeWest Health.

#### **B. Imposition of Disciplinary or Termination Action**

Whenever the QCCC is notified by the PRC of information suggesting that discipline or termination of a practitioner may be warranted, the QCCC will conduct an investigation. The QCCC shall consider the information received and determine whether disciplinary action or termination is appropriate. Criteria for disciplinary or termination action may include information that the practitioner has failed to continuously meet one (1) or more of the application criteria, administrative requirements, and professional criteria listed in Section IV. The QCCC shall recommend actions regarding disciplinary or termination matters and may base its recommendations on any factors it deems appropriate. The Medical Director will present the QCCC's recommendations to the JPB for the final decision.

Examples of disciplinary and termination action may include the following:

1. Warning the practitioner that disciplinary action will be taken in the future if noncompliance with PrimeWest Health requirements continues or reoccurs
2. Requiring the practitioner to submit and adhere to a corrective action plan
3. Limiting the practitioner's scope of practice
4. Requiring the practitioner to obtain training in the type of care found to be substandard
5. Temporarily suspending the practitioner until further investigation is completed
6. Terminating the practitioner's participation status

#### **C. Summary Suspension or Restriction**

If PrimeWest Health's Medical Director determines that the health of any PrimeWest Health member is in imminent danger because of the actions or inaction of any practitioner, the Medical Director may summarily suspend the participation status of such practitioner. The Medical Director shall immediately suspend a practitioner upon notice that the practitioner's license has been revoked or suspended. All summary suspensions or restrictions shall be referred to the QCCC for final action at its next regularly scheduled meeting. A practitioner who is summarily suspended for reasons related to professional conduct or competence affecting patient care shall be offered an Appeal pursuant to Section VII. Such Appeal may be held post-suspension or restriction. In no case shall a summary suspension be effective for more than 30 days without the PRC's review or recommendation to the QCCC. The QCCC may extend the summary suspension pending completion of an investigation.

**D. Notice and Effective Date of Discipline or Termination**

In the event the QCCC recommends the discipline or termination of a practitioner, the practitioner shall be provided with written notice of such recommendation. Such written notice shall set forth the committee's recommendation, the proposed effective date of the disciplinary action or termination, a summary of the basis of the recommendation, the time limit in which the practitioner can request an administrative reconsideration or Appeal, and a general description of the Appeal process. The review process may be the formal Appeals procedure described in Section VII, the administrative reconsideration process described in Section VI, or, at the sole discretion of the committee, an alternative procedure.

The termination date of the practitioner's participation status shall be 30 days following the date the practitioner is notified of the committee's recommendation, except in the case of any of the following:

1. A summary suspension
2. The practitioner is offered and seeks review of the recommendation pursuant to Section VI or VII
3. The committee, at its sole discretion, determines that an alternative termination date is warranted

**E. Reporting**

PrimeWest Health shall determine, based upon the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 401 et seq., MN Stat. sec 147.111, and any other relevant Federal and State statutes and regulations, whether and when any adverse recommendation shall be reported to the National Practitioner Data Bank (NPDB), Healthcare Integrity and Protection Data Bank (HIPDB), Minnesota Board of Medical Practice, or any other appropriate agency. PrimeWest Health shall be entitled to make such determination, in its sole discretion, in accordance with PrimeWest Health policies and procedures provided that the determination shall be made in good faith. The PRC shall notify the affected practitioner, in writing, in the event such a report is made.

**F. Review of QCCC Recommendation**

If the QCCC recommends the discipline or termination of a practitioner and offers the practitioner an opportunity for reconsideration or Appeal, the practitioner must submit a written request for an Appeal, as appropriate. Such request must be received by PrimeWest Health within 30 calendar days of the date on the letter of proposed action sent to the practitioner. Appeals may be heard by an Appeals Committee pursuant to Section VII or through administrative reconsideration pursuant to Section VI.

**VI. ADMINISTRATIVE RECONSIDERATION**

**A. Availability of Review Process**

When a denial is not related to the professional conduct or competence of the practitioner, PrimeWest Health may, at its sole discretion, offer an administrative

reconsideration to practitioners whose participation status is denied, suspended, or terminated for failure to satisfy the pre-application criteria set forth in Section IV (A) or the administrative criteria set forth in Section IV (B).

**B. Notice of Availability of Reconsideration**

PrimeWest Health shall provide the practitioner with a written statement of the reasons for the practitioner's denial, termination, or suspension. If an administrative reconsideration is offered to the practitioner, the practitioner shall submit a request via email, letter, fax and/or verbal communication for reconsideration within 30 calendar days of the date of the letter of the action is received.

**C. Reconsideration Process**

The practitioner shall be permitted to submit any relevant written or oral evidence and may be represented by counsel during the reconsideration process. Within 10 business days of the conclusion of the meeting or written reconsideration process, PrimeWest Health shall provide the practitioner with a written statement of its reconsideration decision and the reason(s) for its decision. After completion of the administrative reconsideration process, a practitioner shall have no further right to Appeal pursuant to Section VII.

**VII. APPEAL PROCEDURE**

**A. General Nature of the Appeal Procedure**

If the applicant/practitioner is offered an opportunity to Appeal and submits a timely written request to Appeal, PrimeWest Health shall follow the procedure set forth in this Section. All PrimeWest Health practitioners are notified of the Appeal process in PrimeWest Health's *Provider Manual*.

**B. Practitioner's Request to Appeal**

Upon receipt of a practitioner's written Appeal request, the chair of the QCCC shall notify the practitioner that an Appeal hearing will be scheduled in the near future and further information will be provided when a hearing date is set. Any hearing will occur prior to the effective date of the termination or other disciplinary action, except in the case of a medical director's summary suspension, or other disciplinary action limited to less than 30 days. In the case of suspension, termination, or non-renewal of a physician's participation agreement, a majority of the hearing panel members will be peers of the affected physician with at least one (1) peer of similar or like specialty area.

**C. The Hearing**

The oral testimony and documentary evidence provided by the QCCC and the practitioner shall be reasonably related to the specific issues or matters involved in the recommended action. The Appeals Committee has the right to refuse to consider testimony or evidence that it does not deem useful in making a decision. The rules of evidence applicable in a court of law shall not apply to the appeal hearing. If a party objects to the presentation of any testimony or evidence, the grounds shall be stated

for the objection, and the Appeals Committee shall have sole discretion to determine whether the evidence shall be admitted. The Appeals Committee shall have the discretion to determine the relative weight given to the various testimony or evidence submitted.

**D. Practitioner’s Rights**

The practitioner has the right to the following:

1. Representation by an attorney or other person of the practitioner’s choice at his/her expense;
2. To have a copy of a record of the proceedings (for which the practitioner shall pay the reasonable charge);
3. To call, examine, and cross-examine witnesses;
4. To present evidence determined to be relevant by the Appeals Committee; and
5. To submit a written statement at the close of the hearing.

**E. Appeals Committee Decision**

**1. Burden of Proof**

PrimeWest Health shall have the initial burden of going forward to present evidence in support of its recommendation. Thereafter, the practitioner shall have the burden of demonstrating by clear and convincing evidence that PrimeWest Health’s recommendation lacks any factual basis or is arbitrary and capricious.

**2. Review of Evidence and Vote**

After the hearing and the receipt of any written statements, the Appeals Committee shall convene and privately discuss the evidence presented and the recommendation of the QCCC. The Appeals Committee may uphold, reject, or modify the action. The Appeals Committee’s decision shall be by the affirmative vote of the majority of the members of the Appeals Committee.

**3. Action of the Appeals Committee**

The Appeals Committee’s decision shall be effective immediately, unless otherwise provided. The practitioner shall be notified in writing of the Appeals Committee’s decision. Such notice shall include a statement of the basis for the recommendation.

**F. Member Notification**

In the event of termination or suspension of participation status, PrimeWest Health shall notify the members who regularly obtained health services from or who are assigned to the practitioner.

**G. Reporting Requirements**

PrimeWest Health shall make all reports regarding a practitioner’s participation status required by applicable State and Federal laws and regulations.

**H. Notice**

Throughout this document, “Notice” means depositing the correspondence in the United States mail, using first class or certified mail, postage prepaid, addressed to

the other party at the office address given in the application, or personal delivery of written notice to the other party or notice by facsimile.

## **VIII. RECREDENTIALING**

### **A. Triennial Process**

The recredentialing process set forth in this Section shall be repeated every three (3) years for participating practitioners as determined by PrimeWest Health. Continued participation is conditioned upon the continued execution of a participation agreement with PrimeWest Health and continued compliance with all PrimeWest Health administrative and contractual requirements.

### **B. Recredentialing Process**

Each participating practitioner shall be sent a letter requesting that he/she complete the Minnesota Universal Recredentialing form with updated professional information. The practitioner must return a completed application with attachments or provide all such required information in a form acceptable to PrimeWest Health. Failure to return all requested recredentialing documents in a timely manner may result in the administrative suspension of the practitioner's participation status with PrimeWest Health. Any administrative suspension pursuant to this Section shall not be subject to Appeal or reconsideration.

### **C. Primary Verification**

PrimeWest Health shall collect and verify all credentials in accordance with NCQA standards for primary verification for recredentialing. Practitioners shall fully cooperate with PrimeWest Health in obtaining all documents requested to satisfy primary verification requirements. NCQA standards require primary verification to be completed within 180 days of receiving a complete application. PrimeWest Health will strive to complete primary verifications within 90 days of receipt of a complete application. If PrimeWest Health has difficulty obtaining information required for recredentialing, PrimeWest Health credentialing staff will return the incomplete recredentialing application to the practitioner for completion. If the complete recredentialing application is not returned within 45 days, the practitioner may be denied participation in the PrimeWest Health network.

### **D. Quality of Care**

PrimeWest Health shall assess a practitioner's performance through review of relevant data obtained from various sources including, but not limited to, quality, utilization, and member complaint and satisfaction data. This information shall be considered when making recredentialing decisions. The Quality Manager will notify the Credentialing and Network Manager of documented quality of care complaints reviewed by the QCCC. When approved, the QCCC will provide direction for continued monitoring of the practitioner and follow-up will be undertaken by PrimeWest Health staff.

**E. Recredentialing Criteria**

PrimeWest Health shall determine a practitioner's continued compliance with the pre-application, administrative, and professional criteria set forth in Section IV. Failure to continuously satisfy any of these requirements may be grounds for termination of participation status or other disciplinary action.

**F. PRC's Action**

The PRC has complete discretion in recommending practitioner recredentialing actions. The PRC may approve continued participation, recredentialing with limitations, and conditional participation. The PRC may request further information from the practitioner, table a decision pending the outcome of an investigation of the practitioner by any organization or institution, or take any other action it deems appropriate.

The PRC may base its recommendations on any facts and circumstances it deems appropriate and relevant. PrimeWest Health shall notify practitioners of the PRC's recommendation if the PRC recommends continued participation, participation with limitations, or conditional participation. PrimeWest Health follows Section V of this Plan for practitioners whom the PRC recommends for termination, disciplinary actions, summary suspension, or restrictions.

**G. Appeals**

If the QCCC recommends termination or other adverse action and offers the practitioner an opportunity to seek review of the decision, the practitioner must submit a written request for review. Such request must be received by PrimeWest Health within 30 days, but in no event later than 60 days of the date notice of the proposed action was received by the practitioner.

If the practitioner requests review of the committee's recommendation, the recommendation will be forwarded to the Appeals Committee for review pursuant to the Appeals process set forth in Section VII if the recommendation involves professional conduct or competence. Action by the Appeals Committee will be final. If the recommendation involves a failure to satisfy administrative criteria, the request will be considered pursuant to the administrative reconsideration process set forth in Section VI.

**H. Information Updates**

PrimeWest Health will regularly review additional information with respect to its participating providers. This information may be obtained from any relevant source, including state licensing authorities, other government entities, third-party payers, health care providers, and professional liability carriers. PrimeWest Health may take whatever action it deems appropriate in view of the information obtained.

**I. Practitioner Access to Credentialing File**

A practitioner who faces an adverse action shall have the right, upon request, to review his/her credentialing file and to submit corrective statements as outlined in

Section III (F) with respect to the initial application. In no event shall this entitle a practitioner to documents that are privileged and confidential for any reason.

## **IX. DELEGATION**

### **A. Authority**

PrimeWest Health may choose to delegate certain credentialing and recredentialing processes described in this Credentialing Plan. In no situation shall PrimeWest Health delegate final approval or acceptance of network practitioners to another entity. Whenever possible, PrimeWest Health shall utilize delegation agreements to minimize duplication in the credentialing process. In a case where PrimeWest Health chooses to delegate information gathering and primary verification activities to a contracted entity other than a network provider, such entity must be an NCQA Credentialing Verification Organization (CVO) and/or identified as an acceptable NCQA source.

### **B. Pre-Delegation Assessment**

Prior to any Delegation Agreement, PrimeWest Health shall conduct a pre-delegation assessment to determine that the potential delegate's credentialing process meets or exceeds the requirements outlined in this Credentialing Plan.

### **C. Delegation Agreement**

In the event that PrimeWest Health determines certain credentialing elements shall be delegated, a Delegation Agreement shall be prepared. This Delegation Agreement may be an attachment or amendment to an existing contract or it may be prepared as a separate agreement. In either case, it must be signed by all parties to the Agreement. The Delegation Agreement shall identify the specific elements that are to be delegated, all reporting requirements of the delegate, compliance requirements of the delegate, and expected delegation oversight. Any fees shall also be included in the Agreement. If PrimeWest Health amends the Delegation Agreement for additional activities less than 12 months before the next survey date, a pre-delegation audit must be conducted for those additional delegated activities.

### **D. Reporting**

The Delegation Agreement shall include specific reporting requirements. Reporting requirements may include, but are not limited to, the following:

1. Initial report of all currently credentialed practitioners included in the delegate's agreement (delegate's network) including demographic information sufficient to establish PrimeWest Health billing records and provider directories, including practice locations and practitioner specific identifying data
2. Monthly report of all new practitioners added to the delegate's network including demographic information sufficient to establish PrimeWest Health billing records and provider directories, including practice locations and practitioner specific identifying data
3. Monthly report of all changes to the delegate's network including changes to practice locations

4. Monthly report of all terminations to the delegate's network including reason for termination (e.g., relocation, loss of licensure)
5. Annual report of the delegate's network (listing of names and minimal identifying data to avoid errors) to be provided prior to annual audit
6. Report within two (2) business days of any practitioner loss of licensure
7. Report within 10 business days of any disciplinary action by a state board of medical practice, hospital, or other health care entity along with a summary of the action and actions to be taken by the delegate
8. Other ad hoc reports as may be requested by PrimeWest Health. Ad hoc reports shall be based on mutual agreement with the delegate and PrimeWest Health and may involve additional fees depending on the complexity of the report

Regardless of any reporting provided, practitioners shall not be added as PrimeWest Health participating providers until they have been approved by the PRC.

**E. Ongoing Oversight**

PrimeWest Health shall be responsible for maintaining ongoing oversight of any Delegation Agreement. This includes monitoring receipt of required reporting and verifying the accuracy of such reports.

**F. Annual Audit**

At a minimum, PrimeWest Health shall conduct an annual audit of delegated activities. This annual audit shall include review of individual credentialing files and shall be conducted in accordance with NCQA, QISMC, and MDH requirements. The annual audit shall also review any minutes related to credentialing activities and decision making. The audit will review for continued compliance with the PrimeWest Health Credentialing Plan and will be planned to review credentialing and recredentialing files that will demonstrate compliance. PrimeWest Health shall schedule the annual audit a minimum of 30 days in advance unless an earlier date is mutually agreeable. PrimeWest Health shall provide a list of either five (5) percent or 50, whichever is less, of its practitioner files, to be audited at the beginning of the audit to ensure that information is appropriately verified. At a minimum, the audit must include at least 10 initial credentialing files and 10 recredentialing files. If less than 10 practitioners are credentialed or recredentialled by the delegate during the audit period, PrimeWest Health will audit all files. PrimeWest Health may use the "8/30 methodology" to review delegates files for both credentialing and recredentialing.

**G. Use of CVO**

An agreement between the CVO and PrimeWest Health shall set forth the responsibilities and requirements and shall serve as the Delegation Agreement. In the case of an NCQA-certified CVO, PrimeWest Health shall verify continued certification on an annual basis. No additional annual audit is necessary unless certification status has changed or PrimeWest Health has concerns regarding performance standards by the CVO.

## **X. CONCLUSION**

### **A. PrimeWest Health Responsibility for Credentialing**

PrimeWest Health retains full responsibility for any and all credentialing and recredentialing actions. PrimeWest Health retains the authority to amend this Credentialing Plan at any time. At a minimum this Credentialing Plan shall be reviewed on an annual basis to determine if changes are necessary. All credentialing and recredentialing actions for practitioners shall follow the process outlined in this Credentialing Plan.

### **B. Use of Policies & Procedures**

PrimeWest Health may, at its own discretion, develop policies and procedures that more fully outline the steps included in any or all of the processes described in this Credentialing Plan. Policies and procedures shall be available to participating providers upon request.