

**PRIMEWEST HEALTH**

**CREDENTIALING PLAN**

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# **PrimeWest Health CREDENTIALING PLAN**

## **I. INTRODUCTION**

PrimeWest Health shall determine which practitioners and Organizational Providers 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 organizational providers and is developed in accordance with National Committee for Quality Assurance (“NCQA”) and Quality Improvement Systems for Managed Care (QISMC) standards or as otherwise accepted as community standard 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.

PrimeWest Health and the Joint Powers Board (JPB) maintain full discretion in accepting, disciplining, and terminating practitioners and is not limited by this Credentialing Plan. 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 automatically 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 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 and organizational providers will be reported to the JPB at its monthly meetings at which time the JPB may accept the QCCC recommendations and approve 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 at the next JPB meeting in a closed session. The JPB will follow the Peer Review Statute Minn. Stat. § 145.61 *et seq.* 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.

The QCCC membership includes representation from a range of PrimeWest Health's participating practitioners and health care providers. The QCCC holds monthly meetings to review and approve credentialing files for PrimeWest Health practitioners. PrimeWest Health staff attending the QCCC meetings will be the Director of Care & Quality Management, the Medical Director, credentialing network staff, and other staff as appropriate.

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.

The QCCC is responsible for the credentialing activities of PrimeWest Health including, but not limited to, credentialing, recredentialing, discipline, and termination of practitioners and organizational providers. The QCCC shall make recommendations for credentialing and recredentialing decisions. The JPB has final decision-making authority of acceptance of these recommendations. This will be reflected in the JPB meeting minutes.

The QCCC shall be a multidisciplinary committee with representation from various types of practitioners and specialties (in accordance with NCQA Standards).

The Medical Director shall review and make recommendations to the QCCC on individual credentialing and recredentialing of 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. NCQA standards state that the Medical Director has

the authority to determine that a practitioner's file is "clean" (no adverse actions and meeting PrimeWest Health and NCQA criteria) and may sign off on it as complete, clean, and approved. However, PrimeWest Health elects to present the "clean" files to the QCCC and JPB respectively. At no time shall credentialing or recredentialing decisions (approval or review) be made by a sole practitioner or medical director for practitioners who do not meet the organization's established credentialing criteria.

The QCCC 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 effective date is the date that the QCCC makes the decision to recommend approval of the practitioner. For those practitioners with "variations" indicated, the effective date is the date of the JPB makes its final decision.

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

### **C. 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 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 of the members of the Appeals Committee shall be designated as Chair.

### **D. Peer Review Status**

The QCCC shall operate as a peer review organization pursuant to Minn. Stat. § 145.61 et seq. and professional review organization pursuant to the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq.

### **E. Nondiscrimination**

Members of the JPB and the QCCC agree and sign attestations annually 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 in its network practitioners who meet certain demographic or specialty needs; for example, to meet the cultural needs of our members.

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
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, Physician Assistants - Certified, Licensed Alcohol Dependency Counselor (LADC), Licensed Independent Clinical Social Worker (LICSW), Licensed Psychologist (LP), Licensed Psychological Practitioner (LPP), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage Family Therapist (LMFT), Pharmacists who provide MTMS, 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 practitioners' 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 Quality QISMC standards for primary verification or as otherwise accepted as community standard by the 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 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 QCCC which will determine whether further investigation is required. The QCCC 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 QCCC may accept variance from one or more criteria if it is determined that one or more requirements are not relevant to a particular applicant or that noncompliance with one 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 QCCC committee, 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 QCCC 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 QCCC 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 QCCC'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 QCCC's recommendation, the recommendation will be forwarded to the Appeals Committee for review pursuant to the appeals process set forth in Section VI. The Appeals Committee recommendation shall be final. All PrimeWest Health practitioners are notified of the appeal process through the Administrative Manual.

#### **J. 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., Minn. Stat. § 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 QCCC 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. These 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 of at least \$1 million/\$3 million. PrimeWest Health requires the contracted facility, where the practitioner provides services, to maintain general liability insurance limits of at least \$300,000/\$300,000 for dental clinics, chiropractic clinics, home health agencies, Personal Care Assistant (PCA) providers, and mental health clinics. All other providers must maintain general liability limits of at least \$1 million/\$3 million. Exceptions will be granted to smaller-sized organizational providers on a case-by-case basis as determined by the QCCC.
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.
6. The practitioner has answered all disclosure statements.
7. The practitioner's application has not been denied by PrimeWest Health within the preceding twelve (12) months, nor has the practitioner previously resigned or been terminated by PrimeWest Health within the preceding twenty (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 provider 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 determined by PrimeWest Health.
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.
6. The applicant maintains current and valid Drug Enforcement Administration (DEA) registration or prescriptive authority unless the practitioner's license does not allow prescription of controlled substances and therefore the practitioner does not maintain DEA registration or prescription authority.
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 or orders of a state licensing board, hospital, or other health care organization.

### **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 these criteria will be reviewed following the process outlined in Section III. F.

1. The practitioner has not engaged in conduct that violates state or federal law or 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 including, but not limited to, the imposition of disciplinary or administrative sanctions for inappropriate, inadequate, or tardy completion of medical records.
3. The practitioner has not been the subject of disciplinary action by a licensing board. A practitioner who has been subject to three or more separate orders or stipulations by a professional licensing board during the practitioner's professional career shall be denied participation status or terminated, whichever is applicable. In other circumstances, the committee 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 and its implementing regulations.
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.
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.

## **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 will not be reconsidered for a period of 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 VII.

All administrative actions shall be reported to the QCCC and the JPB.

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

Whenever the QCCC is made aware 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 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 recommendations to the JPB for the final decision.

Examples of disciplinary and termination action may include:

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 may be offered an appeal pursuant to Section VI. Such appeal may be held post-suspension or restriction. In no case shall a summary suspension be effective for more than 60 days without QCCC review who 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 within which to 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 VI., the administrative reconsideration process described in Section VII., or, at the sole discretion of the committee, an alternative procedure.

The termination date of the practitioner's participation status shall be thirty (30) days following the date the practitioner is notified of the committee's recommendation except in one of the following cases:

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.

The date of any other disciplinary action shall be the date specified by the QCCC, unless the practitioner is offered and seeks review of the committee's recommendation pursuant to Section VI. or VII.

**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., Minn. Stat. § 147.111, and any other relevant federal and state statutes and regulations, whether and when any disciplinary action shall be reported to the National Practitioner Data Bank, the Health Integrity Practitioner Databank, the Minnesota Board of Medical Practice, or any other appropriate agency. PrimeWest Health shall be entitled to make its determination in its sole discretion, in accordance with such policies and procedures as the QCCC shall adopt provided, however, that the determination shall be made in good faith. The QCCC 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 administrative reconsideration or an appeal, as appropriate. Such request must be received by PrimeWest Health within thirty (30) days of the date the notice of proposed action was received by the practitioner. Appeals may be heard by an Appeals Committee pursuant to Section VI. or through the administrative reconsideration pursuant to Section VII.

**VI. 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 Administrative 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 thirty (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.

### **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 this 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
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
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.

**VII. ADMINISTRATIVE RECONSIDERATION**

**A. Availability of Review Process**

Where such failure is not related to the professional conduct or competence of the practitioner, PrimeWest Health may, at its sole discretion, make an administrative reconsideration process available 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 process is offered to the practitioner, the practitioner shall submit a written request for reconsideration within thirty (30) days of the date notice of the action is received.

**C. Reconsideration Process**

The practitioner may be offered an opportunity to meet with one or more representatives of PrimeWest Health. In the alternative, the practitioner may submit a request for reconsideration in writing. The practitioner shall be provided with a copy of the information and evidence considered by the QCCC in reaching its decision. A practitioner shall be permitted to submit any relevant written or oral evidence and may be represented by counsel during the reconsideration process. Within ten (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 VI.

**VIII. RECREDENTIALING**

**A. Triennial Process**

The recredentialing process set forth in this Section shall be repeated every three (3) years for participating practitioners and organizational providers 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 pre-populated Minnesota Universal Recredentialing Form requesting updated professional information. The practitioner must return the 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. Performance Appraisal**

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 practitioners' 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. QCCC's Action**

The QCCC has complete discretion in recommending practitioner recredentialing actions. The QCCC may recommend continued participation, recredentialing with restrictions, conditional participation, or termination of participation status. The committee 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 committee may base its recommendations on any facts and circumstances it deems appropriate and relevant. PrimeWest Health shall notify practitioners of the committee's recommendation if the committee recommends termination, participation with restrictions, or conditional participation.

#### **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 thirty (30) days, but in no event later than sixty (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 VI., or the reconsideration process set forth in Section VII. Action by the Appeals Committee will be final.

#### **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. ORGANIZATIONAL PROVIDER ASSESSMENT PROCESS**

#### **A. Organizational Providers Subject to Credentialing Plan**

All hospitals, home health agencies, skilled nursing facilities, nursing homes, free standing ambulatory surgical centers, and behavioral health facilities providing mental health and substance abuse services in ambulatory, residential, and inpatient settings ("organizational providers") shall be subject to this credentialing plan and PrimeWest Health policies and procedures QM 05 and CR 17. The credentialing and recredentialing activities shall follow the same process except as outlined in this Section.

#### **B. Application Process**

All organizational providers shall complete the Organizational Provider Assessment form and/or other application materials developed by PrimeWest Health.

### **C. Assessment Criteria**

PrimeWest Health shall collect and verify all assessment criteria in accordance with NCQA standards to verify accuracy. Applicants shall fully cooperate with PrimeWest Health in obtaining all documents requested by PrimeWest Health to satisfy primary verification requirements.

### **D. Pre-Application Process**

All organizational providers must be determined by PrimeWest Health to be eligible to apply for participation status. An organizational provider shall be deemed eligible to apply upon submission of a complete application with required attachments and satisfactory proof of the following pre-application criteria:

1. The organizational provider's specialty and primary location or service area satisfy PrimeWest Health's network needs, as determined by PrimeWest Health and each member county.
2. The organizational provider is in PrimeWest Health's service area.
3. The organizational provider maintains a contract with PrimeWest Health.
4. The organizational provider's level of professional and general liability insurance meets minimum levels as established by PrimeWest Health.
5. The organizational provider's application has not previously been denied by PrimeWest Health within the preceding twelve (12) months, nor has the provider previously resigned or been terminated by PrimeWest Health within the preceding twenty-four (24) months, other than for relocation purposes.
6. The organizational provider is currently licensed in good standing with the appropriate state agency in the state where the applicant is located.

All organizational providers shall submit appropriate documentation to satisfy all of the above pre-application criteria. An organizational provider who does not satisfy all pre-application criteria shall not be eligible to apply for acceptance. PrimeWest Health staff shall return any application materials received from an ineligible organizational provider.

### **E. Criteria for Participation**

All organizational providers must continuously satisfy the criteria contained in this Section. The QCCC may accept non-compliance with one or more criteria, if the Committee determines that one or more requirements are not relevant to a particular applicant or that non-compliance with one or more criteria does not indicate a potential or existing quality of care issue for PrimeWest Health members. The criteria required for participation by organizational providers is set forth below:

1. A signed attestation of an agent authorized to sign for the organizational provider that the application is complete and correct.
2. Organizational providers must satisfy one of the following criteria:
  - a. Current accreditation, as applicable to provider type, with:
    - The Joint Commission (TJC)
    - Accreditation Association for Ambulatory Health Care (AAAHC)
    - American Osteopathic Association (AOA)
    - Healthcare Facilities Accreditation Program (HFAP)

- American Association for the Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF)
  - Accreditation Commission for Health Care, Inc. (ACHC)
  - Community Health Accreditation Program, Inc. (CHAP)
  - Commissions of Accreditation of Rehabilitation Facilities (CARF)
  - Council on Accreditation of Services for Families and Children, Inc. (COA)
  - Council on Quality and Leadership (CQL)
- b. Current Medicare certification
  - c. A quality assessment site visit conducted by PrimeWest Health to the organizational provider's site(s) and found the results to be satisfactory or has found the results of the review by the State Department of Health (as an agent for CMS) to be acceptable
3. Medicare covered basic benefits can only be provided by providers who have signed participation agreements with CMS and by suppliers approved by CMS as meeting conditions for coverage of their services. The following types of providers and suppliers must have met requirements for participation in Medicare:
    - a. Hospitals (either TJC accreditation or Medicare certification)
    - b. Home Health Agencies
    - c. Hospices
    - d. Skilled Nursing Facilities
    - e. Ambulatory Surgery Centers
  4. In good standing with state and federal regulatory bodies
  5. Hospitals, Home Health Agencies, and Skilled Nursing Facilities must have an acceptable report from the MDH Office of Health Facility Complaints.
  6. Upon request by PrimeWest Health, the organizational provider has signed a consent or release of information necessary to permit PrimeWest Health to monitor the organization's compliance with stipulations or orders of a state licensing board, or other health care organization.
  7. The organizational provider's authorized agent has not misrepresented, misstated, or omitted a relevant or material fact on the organization's application, disclosure statements, or any other documents provided as part of the credentialing process.
  8. The organizational provider has demonstrated willingness to practice in PrimeWest Health's integrated care delivery environment and to cooperate with PrimeWest Health with respect to administrative procedures and other matters as determined by PrimeWest Health.
  9. The organizational provider has demonstrated a willingness to allow PrimeWest Health to conduct a review of the organizational provider's business, including site visits, staff interviews, and medical record reviews.
  10. The organizational provider has not engaged in any conduct resulting in a gross misdemeanor or felony conviction.
  11. The organizational provider has not engaged in conduct that violates state or federal law or ethical standards of professional conduct governing the practice of the organization's profession.
  12. The organizational provider demonstrates a satisfactory quality assurance and member satisfaction record, as determined by PrimeWest Health.

13. The organizational provider has not been the subject of professional disciplinary action by a managed care plan, insurers, licensing board, peer review organization, or other health care organization, administrative body, or government agency.
14. The organizational provider has not engaged in any conduct involving dishonesty, fraud, deceit, or misrepresentation.
15. The organizational provider has not been sanctioned by the Medicaid or Medicare programs.
16. The organizational provider does not have a history of professional liability lawsuits or other incidents that constitute a pattern and/or indicates a potential competency or quality of care problem.
17. The organizational provider does not use or advocate the use of unproven modalities of treatment or therapy regarded in the local medical community as medically inappropriate.
18. The organizational provider has no history of denial or cancellation or failure to renew professional or general liability insurance.

**X. Reassessment Criteria**

PrimeWest Health shall evaluate the organizational provider every three (3) years after initial assessment. Reassessment shall be based on the organizational provider's continued compliance with the criteria set forth in Section IX. D. and Section IX. E. Failure to continuously satisfy any of the organizational provider criteria may be grounds for any of the following actions, at the discretion of the QCCC:

1. Warning the organizational provider that disciplinary action will be taken in the future if noncompliance with PrimeWest Health requirements continues or reoccurs
2. Requiring the organizational provider to submit and/or adhere to a corrective action plan
3. Suspension of participation status until the problem is corrected
4. Termination of participation status

**XI. QCCC's Action**

The QCCC has complete authority in reviewing the assessment and reassessment applications of organizational providers. The committee may request further information from the applicant, table an application pending the outcome of an investigation of the applicant by any organization or institution, or process the application in any other manner it deems appropriate.

The QCCC may base its recommendation on any facts and circumstances it deems appropriate and relevant. The committee may accept an organizational provider application, accept the application with restrictions or contingent upon the development of a corrective action plan, deny the request for participation status, or take any other action the QCCC deems appropriate. PrimeWest Health will notify applicants in writing of the QCCC's decision.

## **XII. SITE VISIT**

### **A. Practitioner Offices**

PrimeWest Health shall conduct a site visit to each primary care practitioner's office prior to presenting the application to the QCCC for action. Such visits shall be conducted in accordance with acceptable standards for site visits and PrimeWest Health policy and procedure QM 05. All applicants shall fully cooperate with this site visit review process.

### **B. Organizational Providers**

PrimeWest Health shall conduct a quality assessment site visit to any site that is unable to prove acceptable accreditation or acceptable CMS review. PrimeWest Health may conduct a site visit to any other contracted facility at its sole discretion. Such visits shall be conducted in accordance with PrimeWest Health policies for site visits. All applicants shall fully cooperate with any site visit request.

## **XIII. 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 or organizational providers 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 in 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.

#### **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 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 Delegate's network including changes to practice locations
4. Monthly report of all terminations to Delegate's network including reason for termination (i.e., relocation, loss of licensure)
5. Annual report of 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 ten (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 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 QCCC.

#### **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 thirty (30) days in advance unless an earlier date is mutually agreeable. PrimeWest Health shall provide a list of either 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 ten (10) initial credentialing files and ten (10) recredentialing

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.

**XIV. CONCLUSION**

**A.** 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 and organizational providers shall follow the process outlined in this Credentialing Plan.

**B. Use of Policies & Procedures**

PrimeWest Health shall, 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.