

PRIMEWEST HEALTH SYSTEM

CREDENTIALING PLAN

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Table of Contents

		Page
I	Introduction	3
II	Governance	3
III	Practitioner Credentialing Process	5
IV	Requirements for Practitioner Participation	7
V	Procedures for Credentialing Actions	9
VI	Appeal Procedure	12
VII	Administrative Reconsideration	13
VIII	Recredentialing	14
IX	Organizational Provider Credentialing Process	16
X	Site Visit	18
XI	Delegation	19
XII	Conclusion	21

PrimeWest Health System CREDENTIALING PLAN

I. INTRODUCTION

PrimeWest Health System (PrimeWest) shall determine which practitioners and facilities (“Organizational Providers”) shall be accepted and shall continue to participate in the PrimeWest 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. PrimeWest will consider each practitioner or facility’s potential contribution to the organization’s objective of providing comprehensive and quality health care services.

PrimeWest and its Joint Powers Board (JPB) maintains full discretion in accepting, disciplining and terminating practitioners and is not limited by this Credentialing Plan. PrimeWest 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 from time to time by PrimeWest.

PrimeWest 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.

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’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’s JPB has final authority and responsibility for the manner in which PrimeWest 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 including, but not limited to, acceptance, recredentialing, discipline and termination of practitioners

and organizational providers will be reported to the JPB at their monthly meetings at which time the JPB can approve to accept the QCCC recommendations. Their decision will be reflected in the JPB meeting minutes. If at any time the JPB requests additional information about a particular practitioner this file will be reviewed at the next JPB meeting in a closed meeting. 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 responsibility for the credentialing activities of PrimeWest. The QCCC must formally approve credentialing criteria and policies.

The QCCC membership includes representation from a range of PrimeWest's participating providers and is chaired by a practitioner. The QCCC holds monthly meetings to review and approve credentialing for PrimeWest providers. PrimeWest staff to the QCCC will be the Director of Care & Quality Management, the Medical Director, Credentialing Network Coordinator and other staff as appropriate.

PrimeWest'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 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 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 and NCQA criteria) and may sign off on it as complete, clean and approved. However, PrimeWest 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 with in PrimeWest's policies and procedures before making decisions about a practitioner's status. Credentialing of a practitioner will be effective upon the date of JPB approval.

A quorum is required for QCCC approval of credentialing recommendations to be approved. If a quorum is not met the credentialing activities cannot be approved.

C. Appeals Committee. The Appeals Committee shall be composed of no less than three (3) individuals appointed on an ad hoc basis by the Chair of the QCCC with input of the PrimeWest 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 Joint Powers Board, participating practitioners or consumer members of the PrimeWest Member Advisory Council. The Appeals Committee membership shall be comprised of practitioners or individuals who are not, in the judgment of PrimeWest, 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 profession 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 review organizations pursuant to Minn. Stat. § 145.61 et seq. and professional review organizations pursuant to the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq.

E. Nondiscrimination. The JPB and QCCC agree and sign attestations annually not to make credentialing and recredentialing decisions based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation, providers that serve high-risk populations, or types of procedures (e.g., abortions) or patients (e.g., Medicaid) in which the practitioner specializes.

This does not preclude the PrimeWest Health System from including in its network practitioners who meet certain demographic or specialty needs; for example, to meet cultural needs of enrollees.

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

PrimeWest Health System procedures will consist of:

- Designated Senior Physician Acting as PrimeWest’s Medical Director to conduct periodic audits of credentialing files to ensure that practitioners are not discriminated against
- Designated Senior Physician Acting as PrimeWest’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’s Provider Directory or other PrimeWest 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, LADC, LICSW, LP, LPP, LPC, 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 enrollee.
- B. Practitioner Directories and Member Materials.** PrimeWest 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 shall establish pre-application, administrative and professional criteria as defined in this Credentialing Plan that are requirements for participation with PrimeWest.
- D. Application.** Each practitioner seeking acceptance as a participating provider must complete an application form provided or approved for use by PrimeWest. PrimeWest shall use the Minnesota Uniform Credentialing and Recredentialing Forms. If a provider can show good cause for use of an alternate application, PrimeWest 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 shall verify all information in accordance with National Committee for Quality Assurance (NCQA) and Quality Improvement Systems for Managed Care (QISMC) standards for primary verification or as otherwise accepted as community standard by the Minnesota Department of Health. Applicants shall fully cooperate with PrimeWest in obtaining all documents requested by PrimeWest to satisfy primary verification requirements. Once PrimeWest has received a complete application, the primary verification process must be completed within 180 days in accordance with NCQA standards. PrimeWest will strive to complete the verification process within 90 days. If PrimeWest has difficulty

obtaining references or education or training verification, PrimeWest will notify the practitioner and request the practitioner's assistance. If PrimeWest 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 network for 1 year.

F. Investigation of Variation from Criteria and Professional Concerns. PrimeWest 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. 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 staff to be forwarded to QCCC for their final determination. The consultant will not vote during the credentialing decision-making.

G. Practitioner Access to Credentialing Information. PrimeWest shall provide prompt written notice to an applicant of any information obtained by PrimeWest during the credentialing process that varies substantially from the information provided by the practitioner. Each practitioner shall be entitled, upon request, to review his or her credentialing file or obtain credentialing status either via phone, fax, email, or written letter. PrimeWest 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 shall place in the file. The foregoing does not require PrimeWest to alter or delete any information contained in the file.

H. Credentialing Decision-Making. PrimeWest has complete discretion in reviewing applications and decision 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 may base its recommendation on any facts and circumstances it deems appropriate and relevant. PrimeWest staff shall notify applicants of credentialing determinations within 60 days of the QCCC's decision.

I. Appeals. PrimeWest 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 practitioners are notified of the appeal process through the Administrative Manual.

J. Reporting. PrimeWest 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, Healthcare Integrity and Protection Data Bank (HIPDB), the Minnesota Board of Medical Practice, or any other appropriate agency. PrimeWest shall be entitled to make such determination, in its sole discretion, in accordance with PrimeWest 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 will accept the application for participation. These criteria must be continuously met during participation with PrimeWest unless otherwise allowed.

1. The practitioner's specialty and practice location satisfy PrimeWest's network needs.
2. The provider clinic, at which the practitioner is or will be in active practice, is contracted with PrimeWest.
3. The practitioner maintains professional liability of at least \$1 million/\$3 million and general liability insurance limits of at least \$300,000/\$300,000 for dental clinics, chiropractic clinics, home health, PCA/PCS 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 medical clinics and outpatient service 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 within the preceding twelve (12) months, nor has the practitioner previously resigned or been terminated by PrimeWest 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 shall be accepted as an application for participation in

the PrimeWest network, PrimeWest staff shall determine whether an applicant satisfies all administrative requirements. The provider must continuously satisfy these administrative criteria as long as they participate in the PrimeWest network. Administrative requirements are generally not directly related to professional competence and conduct but failure to meet these requirements could have an affect on the quality of services received by PrimeWest members.

1. All pre-application criteria.
2. The applicant maintains adequate 24-hour coverage for all urgent and emergent conditions, as determined by PrimeWest.
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 under benefit contracts issued or administered by PrimeWest.
5. The applicant maintains clinical privileges in good standing that allows for admission at a hospital acceptable to PrimeWest 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, the applicant provides a signed consent, authorization or release of information to permit PrimeWest 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 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.

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 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 and the complete application must be returned with in 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 Chief Executive Officer, Medical Director and the Director of Provider Relations. Decisions regarding such applications shall not be subject to

appeal pursuant to Section V but PrimeWest administration, in 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 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 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's Medical Director determines that the health of any PrimeWest enrollee 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, in 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 the case of a summary suspension or unless the practitioner is offered and seeks review of the recommendation pursuant to Section VI or VII, or the committee in 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 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 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 within thirty (30) days of the date notice of the 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 shall follow the procedure set forth in this. All PrimeWest practitioners are notified of the appeal process in PrimeWest'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, other disciplinary action limited to less than thirty (30) days.
- 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 this evidence shall be admitted. The Appeals Committee shall have the ability to determine the relative weight to be given to various items of testimony or evidence submitted.
- D. Practitioner's Rights.** The practitioner has the right to representation by an attorney or other person of the practitioner's choice; to have a copy of a record of the proceedings (for which the practitioner shall pay the reasonable charge); to call, examine and cross-examine witnesses; to present evidence determined to be relevant by the Appeals Committee; to submit a written statement at the close of the hearing.
- E. Appeals Committee Decision.**
- 1. Burden of Proof.** PrimeWest 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'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 Appeal 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 shall notify the enrollees who regularly obtained health services from or who are assigned to the practitioner.

G. Reporting Requirements. PrimeWest 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.** PrimeWest may, in 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, where such failure is not related to the professional conduct or competence of the practitioner.
- B. Notice of Availability of Reconsideration.** PrimeWest 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. 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 (10) business days of the conclusion of the meeting or written reconsideration process, PrimeWest 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 years for participating practitioners and organizational providers as determined by PrimeWest. Continued participation is conditioned upon the continued execution of a participation agreement with PrimeWest and continued compliance with all PrimeWest administrative and contractual requirements.
- B. Recredentialing Process.** Each participating practitioner shall be sent a prepopulated MN Universal Recredentialing Form requesting updated professional information. The practitioner must return the completed questionnaire with attachments or provide all such required information in a form acceptable to PrimeWest. 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. Any administrative suspension pursuant to this Section shall not be subject to appeal or reconsideration.

- C. Primary Verification.** PrimeWest shall collect and verify all credentials in accordance with NCQA/JCAHO standards for primary verification for recredentialing. Practitioners shall fully cooperate with PrimeWest 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 will strive to complete primary verifications within 90 days of receipt of a complete application. If PrimeWest has difficulty obtaining information required for recredentialing, PrimeWest credentialing staff will return the incomplete credentialing application for the practitioner to complete. If the complete recredentialing application is not returned within 45 days the practitioner may be denied participation in the PrimeWest network.
- D. Performance Appraisal.** PrimeWest 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 Network Manager of documented quality of care complaints reviewed by the QCCC. When approved QCCC will provide direction for continued monitoring of the practitioner and follow-up will be undertaken by PrimeWest staff.
- E. Recredentialing Criteria.** PrimeWest 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 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 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 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 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 may take whatever action it deems appropriate in view of the information obtained.

G. Practitioner Access to Credentialing File. A practitioner that faces an adverse action shall have the right, upon request, to review his or 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 CREDENTIALING PROCESS

A. Organizational Providers Subject to Credentialing Plan. All hospitals, home health agencies, skilled nursing facilities, nursing homes, free standing ambulatory surgical centers and public health agencies ("organizational providers") shall be subject to this credentialing plan and PrimeWest Policy/Procedure QM 05. 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 credentialing application and/or other application materials developed by PrimeWest.

C. Primary Verification. PrimeWest shall collect and verify all credentialing criteria in accordance with NCQA and/or JCAHO standards for primary verification. Applicants shall fully cooperate with PrimeWest in obtaining all documents requested by PrimeWest to satisfy primary verification requirements.

D. Pre-Application Process. All organizational providers must be determined by PrimeWest 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's network needs, as determined by PrimeWest and each member county.
2. The organizational provider is in PrimeWest's service area.
3. The organizational provider maintains a contract with PrimeWest.

4. The organizational provider's level of professional and general liability insurance meets minimum levels as established by PrimeWest.
5. The organizational provider's application has not previously been denied by PrimeWest within the preceding twelve (12) months, nor has the provider previously resigned or been terminated by PrimeWest 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 of satisfaction 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 staff shall return any application materials received from such ineligible organizational providers.

E. Criteria for Participation. Each organizational provider applicant and 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. The criteria required for participation by an Organizational Provider 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. Either (1) current JCAHO or Healthcare Facilities Accreditation Program (HFAP) through the American Osteopathic Association (AOA) accreditation or as applicable to ambulatory surgical centers, the American Association of Ambulatory Surgery Facilities ("AAASF") or the American Association of Ambulatory Health Care ("AAAH"), (2) current Medicare certification, or (3) PrimeWest has conducted a quality assessment site visit 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. Notwithstanding the foregoing, hospitals with fifty (50) beds or more must have current JCAHO accreditation, and free standing ambulatory surgical centers must have current accreditation by JCAHO, AOA, AAAHC or AAASF.
3. In good standing with state and federal regulatory bodies, including an acceptable report from the MDH Office of Health Facility Complaints.
4. Upon request by PrimeWest, the organizational provider has signed a consent or release of information necessary to permit PrimeWest to monitor the organization's compliance with stipulations or orders of a state licensing board, or other health care organization.
5. 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.

6. The organizational provider has demonstrated willingness to practice in PrimeWest's integrated care delivery environment and to cooperate with PrimeWest with respect to administrative procedures and other matters as determined by PrimeWest.
7. The organizational provider has demonstrated a willingness to allow PrimeWest to conduct a review of the organizational provider's business, including site visits, staff interviews and medical record reviews.
8. The organizational provider has not engaged in any conduct resulting in a gross misdemeanor or felony conviction.
9. 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.
10. The organizational provider demonstrates a satisfactory quality assurance and member satisfaction record, as determined by PrimeWest.
11. 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.
12. The organizational provider has not engaged in any conduct involving dishonesty, fraud, deceit or misrepresentation.
13. The organizational provider has not been sanctioned by the Medicaid or Medicare programs.
14. 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.
15. 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.
16. The organizational provider has no history of denial or cancellation or failure to renew professional or general liability insurance.

G. Recredentialing Criteria. PrimeWest shall evaluate the organizational provider every three (3) years after initial credentialing. Recredentialing shall be based on the organizational provider's continued compliance with the criteria set forth in Section IX.D and 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 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; or
4. termination of participation status.

H. QCCC's Action. The QCCC has complete authority in reviewing the credentialing/recredentialing 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 Board deems appropriate. PrimeWest will notify applicants in writing of the committee's decision.

X. SITE VISIT

- A. Practitioner Offices.** PrimeWest 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 System policy QM05. All applicants shall fully cooperate with this site visit review process.
- B. Organizational Providers.** PrimeWest shall conduct a quality assessment site visit to any site that is unable to prove acceptable accreditation or acceptable CMS review. PrimeWest may conduct a site visit to any other facility at its sole discretion. Such visits shall be conducted in accordance with PrimeWest Health system policies for site visits. All applicants shall fully cooperate with any site visit request.

XI. DELEGATION

- A. Authority.** PrimeWest may choose to delegate certain credentialing and recredentialing processes described in this Credentialing Plan. In no situation shall PrimeWest delegate final approval or acceptance of network practitioners or organizational providers to another entity. Whenever possible, PrimeWest shall utilize delegation agreements to minimize duplication in credentialing process. In a case where PrimeWest 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 acceptable NCQA sources.
- B. Pre-Delegation Assessment.** Prior to any delegation agreement, PrimeWest 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 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, if any, 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 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 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 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; and
8. Other ad hoc reports as may be requested by PrimeWest from time to time. Ad hoc reports shall be based on mutual agreement with Delegate and PrimeWest and may involve additional fees depending on complexity of report.

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

E. Ongoing Oversight. PrimeWest 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 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 Credentialing Plan and will be planned to review credentialing and recredentialing files that will demonstrate compliance. PrimeWest shall schedule the

annual audit a minimum of thirty (30) days in advance unless an earlier date is mutually agreeable. PrimeWest shall provide a list of files to be audited at the beginning of the audit either 5% or 50 of it practitioner files, whichever is less, to ensure that information is appropriately verified. At a minimum, the audit must include at least 10 initial credentialing files and 10 recredentialing files. PrimeWest 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 shall set forth the responsibilities and requirements and shall serve as the Delegation Agreement. In the case of an NCQA certified CVO, PrimeWest shall verify continued certification on an annual basis. No additional annual audit is necessary unless certification status has changed or PrimeWest has concerns regarding performance standards by the CVO.

CONCLUSION

- A.** PrimeWest retains full responsibility for any and all credentialing and recredentialing actions. PrimeWest 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 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.