Product Lines Affected

F&C	X	PHC (HMO SNP)[4]	X
MSC+[1]	X	MnCare	X
PWSHC (HMO SNP)[2]	X	Part D	
SNBC[3]	X	Other	

Gray text indicates quoted regulatory, statutory, or other language not subject to change

Policy Name	**Credentialing Plan**
Policy Number	**CR01**
Origination Date	February 4, 2010
Revision Effective Date	May 7, 2026
Responsible Position	Credentialing & Network Manager
Regulatory Requirement(s)	2026 Minnesota Department of Human Services (DHS) Families and Children contract, section 6.12.2 2026 DHS Minnesota Senior Health Options/Minnesota Senior Care Plus (MSHO/MSC+) contract, section 6.7.2 2026 DHS Special Needs BasicCare (SNBC) contract, section 6.9.2 2026 National Committee for Quality Assurance (NCQA) Standards CR 1, 2, 3, 4, 5, 6, 8, and 9 MN Stat. secs. 62Q.097 and 147.111 MN Rules parts 4685.1010 and 4685.1110, subp. 11 Title 42 Code of Federal Regulations (CFR) Parts 422.202 422.204, 422.205, 422.206, 422.220, 422.222, and 438.214 Medicare Managed Care Manual, chapter 6, sections 20.2, 50, and 60.3
Cross-References	CR03: Credentialing Verification CR04: Credentialing Application CR07: Notification to Authorities CR16: Practitioner Rights CR20: Nondiscriminatory Credentialing and Recredentialing, Non-Interference with Advice to Members, and Non-Discrimination of Members CR21: Allied Oral Health Professional Qualifications CR22: Pharmacist Qualifications CR23: Ongoing Monitoring CR24: Physician and Hospital Directories SEC10: Physical Safeguards – Workstation Use & Security ADM03: Delegation Oversight PrimeWest Health Timely Credentialing Workflow
Attachments	

Policy

Pursuant to the above regulatory authorities and accreditation standards, where required by Minnesota Department of Human Services (DHS) contract, PrimeWest Health has developed and implemented a comprehensive credentialing plan ("Credentialing Plan") that includes a documented process for initial credentialing and recredentialing of health care practitioners. The Credentialing Plan and associated policies and procedures document a process for initial credentialing and recredentialing of health care practitioners that complies with the standards identified in the Procedure portion of this Policy.

[1]PrimeWest Health's Minnesota Senior Care Plus (MSC+) program for members who have only Medicaid coverage through PrimeWest Health
[2]PrimeWest Health's Minnesota Senior Health Options (MSHO) program for members who have both Medicaid and Medicare coverage through PrimeWest Health
[3]PrimeWest Health's Special Needs BasicCare (SNBC) program for members who have only Medicaid coverage through PrimeWest Health
[4]PrimeWest Health's Special Needs BasicCare (SNBC) program for members who have both Medicaid and Medicare coverage through PrimeWest Health

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Procedure

A. Introduction

1. PrimeWest Health determines which practitioners are accepted, allowed to participate in, and allowed to continue to participate in the PrimeWest Health network. This Credentialing Plan applies to all practitioners, whether they are applying for initial participation as part of the credentialing process or continued participation as part of the recredentialing process. It outlines the standards, policies, and processes for the acceptance, discipline, and termination of participating practitioners, and it is developed in accordance with National Committee for Quality Assurance (NCQA) standards or standards otherwise accepted as community standards by the Minnesota Department of Human Services (DHS) and the Minnesota Department of Health (MDH). PrimeWest Health considers each practitioner's potential contribution to the organization's objective of providing comprehensive, equitable, and quality health care services.
2. PrimeWest Health's Joint Powers Board (JPB) maintains full discretion in accepting, disciplining, and terminating practitioners. PrimeWest Health may deny or restrict participation by a practitioner, terminate a practitioner's participation, or impose other disciplinary action in accordance with the practitioner's written participation agreement, this Credentialing Plan, and the credentialing policies and procedures adopted by PrimeWest Health.
3. PrimeWest Health may revise or alter this Credentialing Plan at any time. Any change in legal, regulatory, or accreditation requirements will be incorporated into this Credentialing Plan as of the requirement's effective date. Changes to the Credentialing Plan are effective for all new and existing practitioners from the effective date of the change, on the condition that PrimeWest Health provides practitioners with written notice of material changes in participation rules before the changes are put into effect.
4. All information obtained during the credentialing process is maintained in a secure place and kept confidential. Access to such information, including scanning software, hard files, and the file server, as well as the ability to modify such information, is limited to certain authorized individuals as outlined in PrimeWest Health Policy and Procedure CR03: Credentialing Verification. Information is not released except upon PrimeWest Health's receipt of a written request and signed release from the affected practitioner, and as otherwise required or authorized by law.

B. Governance

1. **Joint Powers Board (JPB)**
   a. 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 and Care Coordination Committee (QCCC). All credentialing activities of PrimeWest Health including, but not limited to, acceptance, recredentialing, discipline, and termination of practitioners are reported to the JPB bimonthly at which time the JPB may accept or reject the QCCC's recommendations and actions. The JPB's decision is 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 of the particular practitioner may be reviewed in a closed meeting of the JPB. The meeting is recorded, and a copy of the recording is retained for at least five years or as otherwise required by law. The JPB's review of the QCCC's decisions, recommendations, and documentation complies with

Minnesota law governing review organizations and MN Stat. sec. 145.61, et seq., and does not waive the protections granted therein. Notwithstanding the delegation of credentialing activities, the JPB retains full authority and responsibility for all credentialing decisions and activities.

2. **Quality and Care Coordination Committee (QCCC)**
   a. The JPB has delegated its responsibility for PrimeWest Health's credentialing activities to the QCCC. The QCCC must formally approve credentialing criteria and policies.
   b. QCCC membership includes representation from a range of PrimeWest Health's participating practitioners and health care providers. The QCCC makes recommendations for credentialing and recredentialing decisions to the JPB following a review of the recommendations of the Peer Review Committee (PRC). The JPB has final decision-making authority to accept or reject these recommendations.
   c. PrimeWest Health's Credentialing Plan and supporting policies and procedures are reviewed and submitted to the QCCC for approval annually. They may be submitted for approval more often as deemed necessary to ensure compliance with State and Federal regulations and NCQA standards, where required by DHS contract. They may also be submitted each time significant changes are made.
3. **Peer Review Committee (PRC)**
   a. The QCCC has delegated its responsibility for credentialing activities, including credentialing, recredentialing, discipline, and termination of practitioners, to the PRC. The PRC makes recommendations about credentialing and recredentialing to the QCCC.
   b. The PRC is a multidisciplinary committee with representation from the types of practitioners and specialties (in accordance with NCQA standards, as applicable) participating in PrimeWest Health's network.
   c. The Chief Senior Medical Director or Assistant Chief Senior Medical Director (hereinafter "medical director") reviews and makes recommendations to the PRC about 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 receives and reviews practitioner credentials, giving thoughtful consideration to the required elements, before making a credentialing recommendation. The medical director and/or Credentialing staff facilitate PRC meetings, schedule meetings when needed, prepare agendas, and forward meeting minutes to the QCCC for its review and approval. The medical director determines whether a practitioner's file is "clean" based on PrimeWest Health's definition of a clean file, which is a file with no adverse actions that meets PrimeWest Health and NCQA criteria as defined in Section D of this Credentialing Plan. If a practitioner file is determined to meet the clean file criteria, the medical director approves the practitioner's participation or continued participation. The medical director utilizes a digital/electronic signature to indicate approval of a practitioner meeting the clean file criteria. PrimeWest Health has established security protocols to ensure this electronic signature is unique to the medical director's computer and user credentials. Refer to Policy and Procedure SEC10: Physical Safeguards – Workstation Use & Security. A list of clean files is reported to the QCCC; however, QCCC approval is not required.
   d. The medical director may choose to provisionally credential a practitioner for a period of up to 60 calendar days. Practitioners may only be provisionally

credentialed once. All provisionally credentialed practitioners must be presented to the PRC or medical director, if the file meets the clean file definition, for full review within 60 calendar days under this Credentialing Plan.

e. The PRC reviews and gives 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. An individual decision about each practitioner whose file does not meet the clean file definition is rendered by the PRC. The credentialing effective date for practitioners with such files is the date the PRC makes its decision. For practitioners with clean files, the credentialing effective date is the date the medical director signs off on the clean file. If, at any time, the PRC cannot come to a decision regarding a practitioner, the PRC may table its decision until it can be presented to the QCCC for review and recommendation. The QCCC decision regarding the tabled practitioner is the recommendation forwarded to the JPB.
f. A quorum (51 percent of the active membership sitting on the PRC) is required for PRC action on credentialing decisions. If a quorum is not present, no action can be taken on credentialing activities.
g. The PRC's discussion regarding practitioners is reflected in meeting minutes and presented to the QCCC for review and recommendations.
h. PRC meetings where decision-making processes are undertaken by the PRC may take place in the form of real-time virtual meetings through video conferencing or web conferences with audio. PRC meetings are not conducted through email alone.

4. **Appeals Committee of the QCCC**
   a. The Appeals Committee is composed of no fewer than three individuals appointed on an ad hoc basis by the Chair of the QCCC with input from PrimeWest Health staff, as appropriate. The Appeals Committee convenes in the event a practitioner requests an Appeal of a QCCC decision. (A decision that could be Appealed is one that results from QCCC accepting a recommendation by the PRC to deny or terminate the practitioner's participation status or apply other disciplinary action based upon professional conduct or incompetence.) The Appeals Committee may conduct hearings and uphold, reject, or modify the recommendations of the QCCC.
   b. Members of the Appeals Committee may be members of the JPB, participating practitioners, or consumer members of the PrimeWest Health Member & Stakeholder Advisory Committee. The Appeals Committee membership does not include practitioners or individuals who are, 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 is a practitioner of the same specialty (e.g., obstetrics and gynecology/obstetrics and gynecology, neurological surgery/neurological surgery) or provider type (e.g., physician/ physician, allied health professional/allied health professional) as the affected practitioner. Members of the Appeals Committee may not be members of the QCCC. One member of the Appeals Committee is designated as Chair.
5. **Peer Review Status**
   a. The PRC, QCCC, and Appeals Committee are review organizations pursuant to MN Stat. sec. 145.61, subd. 5, and professional review organizations pursuant to the Health Care Quality Improvement Act of 1986 and Title 42 United States Code (USC) Section 11101 – 11152.
6. **Nondiscrimination**
   a. Members of the JPB, QCCC, and PRC 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 their 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, or other protected characteristic under applicable law, types of procedures performed (e.g., abortions), or populations in which the practitioner specializes or serves (e.g., practitioners who serve high-risk populations or who specialize in the treatment of costly conditions). This process is outlined in PrimeWest Health Policy and Procedure CR20: Nondiscriminatory Credentialing and Recredentialing, Non-Interference with Advice to Members, and Non-Discrimination of Members.

b. This does not preclude PrimeWest Health from including practitioners in its network who meet certain demographic or specialty needs (for example, to meet the cultural needs of its members).
c. PrimeWest Health collects information on languages spoken by all practitioners at initial credentialing and upon recredentialing.
d. PrimeWest Health takes the steps necessary during credentialing and recredentialing to monitor for and prevent discriminatory practices.
e. PrimeWest Health anti-discrimination procedures consist of the following:
    i. A designated senior physician acting as PrimeWest Health's medical director conducts annual audits of credentialing files to ensure that practitioners are not discriminated against
    ii. A designated senior physician acting as PrimeWest Health's medical director conducts annual audits of practitioners' complaints to determine if there are complaints alleging discrimination

C. Practitioner Credentialing Process

1. Practitioners Subject to Credentialing Plan

a. All practitioners listed in PrimeWest Health's Provider Directories or other PrimeWest Health literature are subject to this Credentialing Plan. This includes, but is not limited to, physicians, advance practice registered nurses, certified physician assistants, licensed independent clinical social workers, licensed psychologists, licensed professional clinical counselors, licensed marriage and family therapists, licensed drug and alcohol counselors, pharmacists who provide Medication Therapy Management services, chiropractors, oral surgeons, dentists, acupuncturists, podiatrists, optometrists, dental therapists, advanced dental therapists, collaborative practice dental hygienists, and certified professional midwives. All practitioners subject to credentialing must be fully credentialed pursuant to this Credentialing Plan prior to serving any PrimeWest Health member.

2. Provider Directories and Member Materials

a. PrimeWest Health ensures that any practitioner's qualifications given to members, either via PrimeWest Health's website or in hard copy, 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). This process is outlined in detail in PrimeWest Health Policy and Procedure CR24: Physician and Hospital Directories.

3. Criteria for Participation

a. PrimeWest Health establishes pre-application, administrative, and professional criteria as defined in this Credentialing Plan as requirements for participation with PrimeWest Health.

4. **Credentialing Application**
    a. Each applicant seeking acceptance as a participating practitioner must complete an application form provided or approved for use by PrimeWest Health. PrimeWest Health uses the Minnesota Uniform Credentialing and Reappointment forms. If a practitioner can show good cause for use of an alternate application and PrimeWest Health determines the alternate application contains the same information as the Minnesota Uniform documents, including disclosures, authorizations, releases, and attestations, PrimeWest Health will consider accepting the application.
5. **Primary Source Verification**
    a. PrimeWest Health verifies all information for primary source verification in accordance with NCQA standards, or standards otherwise accepted as community standards by DHS and MDH. Applicants must fully cooperate with PrimeWest Health in obtaining all documents requested by PrimeWest Health to satisfy primary source verification requirements. Once PrimeWest Health has received a complete application, and before the application is determined to be a clean application under Section E.1, the primary source verification process and decision process must be completed, in accordance with NCQA standards, within 120 calendar days. PrimeWest Health strives to complete the verification process within 90 days. This process is outlined in detail in PrimeWest Health Policy and Procedure CR03: Credentialing Verification. If PrimeWest Health has difficulty obtaining verification, PrimeWest Health notifies the practitioner and requests the practitioner's assistance. If PrimeWest Health receives an incomplete application, it is returned to the practitioner for completion. If a complete application is not received within 30 calendar days after being returned to the practitioner, the credentialing process is stopped as an administrative action for failure to complete the credentialing process. If a practitioner chooses to rejoin the PrimeWest Health network after failing to complete the credentialing process, an initial credentialing application or participation request may be required.
6. **Investigation of Variation from Criteria and Professional Concerns**
    a. PrimeWest Health Credentialing staff review variations from certain pre-application, administrative, and professional criteria for participation prior to presentation to the PRC. The PRC determines whether further investigation is required. The PRC reviews all variations from professional criteria as delineated in this Credentialing Plan to determine if such variation is sufficient cause to deny, suspend, or terminate participation in PrimeWest Health's network. The PRC may accept variance from one or more criteria if it is determined that such criteria are not relevant to a particular applicant or that noncompliance with such criteria does not indicate a potential or existing concern related to administrative, professional, or quality of care issues. If a practitioner with a variation from participation criteria has a specialty that is not represented on the PRC, at the PRC's sole discretion, an additional practitioner with that specialty may be consulted on an ad hoc basis if deemed necessary. Upon request, the consulted practitioner reports their recommendations to PrimeWest Health Credentialing staff to be forwarded to the PRC for its final determination. The consulted practitioner does not vote during the credentialing decision-making process.
7. **Practitioner Rights**
    a. 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 requests an explanation of the variance via mail, fax, email, or phone prior to file review and provides the practitioner with the opportunity to correct the erroneous information. This

process is outlined in detail in PrimeWest Health Policy and Procedure CR16: Practitioner Rights.

b. Each practitioner is entitled, upon request, to review their credentialing file or obtain their credentialing status via mail, fax, email, or phone. PrimeWest Health may, at its discretion, provide redacted copies or summaries of information provided by an individual if required to protect the individual's confidentiality. If, upon review of their credentialing file, a practitioner believes that any information contained therein is misleading and/or erroneous, the practitioner may submit a corrective statement, which PrimeWest Health places in the file. The foregoing does not require PrimeWest Health to alter or delete any information contained in the file. In no event does this entitle a practitioner to documents that constitute peer review information or are otherwise privileged and confidential.

c. Practitioners are notified of the above rights via the PrimeWest Health website, in the PrimeWest Health ***Provider Manual***, and in an annual article in ***PrimePointers***, PrimeWest Health's quarterly provider newsletter.

8. **Credentialing Decision-Making**
   a. The PRC reviews applications and decides upon the acceptance, acceptance with restrictions, conditional acceptance, or denial of the application as designated in Section E of this Credentialing Plan. The PRC may request further information from the applicant, table an application pending the outcome of an investigation of the practitioner by any organization or institution, or take any other action it deems appropriate. PrimeWest Health follows Section E of this Credentialing Plan for practitioners whom the PRC recommends for termination, disciplinary actions, summary suspension, or restrictions. PrimeWest Health staff notifies applicants of credentialing and recredentialing determinations via mail, fax, email, and/or certified mail within 30 calendar days of the PRC's decision.
9. **Appeals**
   a. PrimeWest Health determines if any adverse recommendation is based on professional conduct or incompetence. If the adverse recommendation is based on professional conduct or incompetence that could adversely affect patient care, the applicant is offered the right to Appeal. If the applicant Appeals the PRC's recommendation, the recommendation is forwarded to the Appeals Committee for review pursuant to the Appeals process set forth in Section G of this Credentialing Plan. The Appeals Committee recommendation is final. All PrimeWest Health practitioners are notified of the Appeal process through the PrimeWest Health ***Provider Manual***.

D. Requirements for Practitioner Participation

1. **Pre-Application Criteria**
   a. Each application is screened to ensure that the applicant meets the required pre-application criteria. Pre-application criteria must be met before PrimeWest Health accepts an application for participation. The following pre-application criteria must be continuously met during participation with PrimeWest Health unless otherwise allowed:
      i. The practitioner's specialty and practice location satisfy PrimeWest Health's network needs
      ii. The practitioner is or reasonably believes they will be in active practice at a participating facility or clinic that has contracted with PrimeWest Health, maintains an individual contract with PrimeWest Health, or is in the process of negotiating an individual contract with PrimeWest Health
      iii. The practitioner maintains professional liability insurance coverage of at least $1 million per occurrence/$3 million aggregate

iv. The practitioner has a current and unrestricted license or registration to practice in the practitioner's profession in the state(s) where the practitioner is providing services to PrimeWest Health members
v. The practitioner is not currently debarred, suspended, or excluded from participating in Medical Assistance (Medicaid), Medicare, or Federal health care programs
vi. The practitioner has signed an unaltered release of information. Acceptable forms of signatures are the following: faxed, digital, electronic, scanned, or photocopied.
vii. The practitioner has answered all disclosure questions
viii. The practitioner has not previously been terminated for quality of care reasons by PrimeWest Health within the preceding 24 months

2. **Administrative Criteria**
   a. 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 determines whether an applicant satisfies all administrative requirements. The practitioner must continuously satisfy these administrative criteria as long as they participate 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:
      i. The practitioner meets all pre-application criteria identified in Section D.1
      ii. The practitioner maintains adequate 24-hour coverage for all urgent and emergent conditions as necessitated by the scope of their practice and as understood by PrimeWest Health Credentialing staff and the medical director. For example, a dermatologist with a clinical practice and no admitting privileges may be excused from this requirement.
      iii. The practitioner is in good standing at a medical group or clinic, if the practitioner practices in a medical group or clinic
      iv. The practitioner primarily engages in the provision of health care services that are covered by PrimeWest Health under benefit contracts issued or administered by PrimeWest Health
      v. The practitioner maintains admitting privileges as necessary for the practitioner's specialty or practice, unless the practitioner has chosen not to maintain admitting privileges and is covered by another practitioner within their organization
      vi. The practitioner is not currently or does not have a history of having been debarred, suspended, or otherwise excluded from participation in Medical Assistance (Medicaid), Medicare, or Federal health care programs
      vii. The practitioner maintains current and valid Drug Enforcement Administration (DEA) registration or prescriptive authority as necessary for their practice, unless the practitioner's license does not allow prescription of controlled substances, or they are covered for the absent DEA schedules by another practitioner within their organization
      viii. The practitioner provides a signed consent, authorization, or release of information to permit PrimeWest Health to monitor the practitioner's compliance with active stipulations, orders, or monitoring programs of a State licensing board, hospital, other health care organization, or the health care professional monitoring program

3. **Professional Criteria**
    a. Upon determination that the applicant meets pre-application and administrative requirements, PrimeWest Health considers 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 the PrimeWest Health medical director and/or PRC. Variation from the following criteria is reviewed according to the process outlined in Section C.6 of this Credentialing Plan:
        i. The practitioner has not engaged in any unprofessional conduct, including willful or negligent disregard of patient health, safety, or welfare; professionally incompetent medical practice; failure to conform to minimal standards of acceptable and prevailing medical practice; or failure to maintain appropriate professional boundaries
        ii. The practitioner has not been the subject of professional disciplinary action by a managed care plan; insurer; clinic; hospital; medical review board; peer review organization; or other health care organization, administrative body, or government agency in the last five years. In cases of disciplinary or administrative sanctions for inappropriate, inadequate, or tardy completion of medical records, the application may be considered a clean file after review and approval by the medical director without forwarding to the PRC. Repeated sanctions involving medical record issues are presented to the PRC as a variation from professional criteria.
        iii. The practitioner has not engaged in any sexual misconduct, nor in any behavior toward a patient that could be reasonably interpreted by the patient as physical, emotional, or sexual abuse or harassment
        iv. The practitioner has not been the subject of disciplinary/corrective action by a licensing board in the last five years. 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 is reviewed by the PRC to determine participation status with PrimeWest Health. Under these circumstances, the PRC evaluates the facts and circumstances surrounding any disciplinary actions to determine whether such disciplinary action constitutes evidence of probable ongoing substandard professional performance.
        v. The practitioner has not been the subject of any reports of an "adverse action" against the practitioner, as defined in the Health Care Quality Improvement Act of 1986 and its implementing regulations, in the past five years
        vi. The practitioner has not engaged in any conduct involving dishonesty, fraud, deceit, or misrepresentation
        vii. The practitioner does not have a history of professional liability lawsuits or other incidents, or the practitioner's application does not disclose other facts about the practitioner that constitute a pattern and/or indicate a potential competency or quality of care problem. For purposes of this provision, a single professional liability lawsuit or other incident can be sufficient for the PRC to conclude the practitioner has a potential competency or quality of care problem.
        viii. 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

ix. 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
x. The practitioner has no history of denial, cancelation, or failure to renew professional liability insurance in the past five years
xi. The practitioner has not disclosed an untreated 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
xii. The practitioner has not disclosed an untreated ongoing medical or physical condition that could constitute a direct threat to the health and safety of others
xiii. The practitioner has not disclosed the use of legal or illegal drugs during the past three years that might adversely affect their ability to perform their duties as a member of the health care team
xiv. The practitioner has not misrepresented or omitted relevant facts relating to compliance with professional criteria on their application
xv. The practitioner has not engaged in other behavior, whether or not related to the practitioner's role as a health care provider, that calls into question the practitioner's judgement, honesty, character, and/or suitability to provide care to PrimeWest Health members

E. Procedures for Credentialing Actions

1. **Administrative Actions**
   a. If a credentialing application is not complete, PrimeWest Health staff may return the incomplete application to the practitioner. If the applicant has not supplied completed information in 30 calendar days, the credentialing process is stopped as an administrative action for failure to complete the credentialing process.
   b. PrimeWest Health makes a determination on the practitioner's application within 45 days after PrimeWest Health determines the application is "clean." A "clean" application means an application for provider credentialing submitted by a health care provider to PrimeWest Health that is complete, is in the PrimeWest Health-required format, includes all information and substantiation required by PrimeWest Health, and does not require evaluation of any identified potential quality or safety concern. Upon notice to the practitioner, PrimeWest Health is allowed 30 additional days to investigate any quality or safety concerns. The primary source verification process described in Section C.5 must be completed before a determination can be made by PrimeWest Health that an application is "clean."
   c. If an applicant or participating practitioner does not meet the pre-application or administrative requirements as specified in Section D.1 and 2, the application may be denied or the practitioner's participation status may be terminated or suspended by the PrimeWest Health Chief Executive Officer (CEO) based on information gathered and provided by the Credentialing & Network Manager after their consultation with the PrimeWest Health medical director and Director of Quality & Utilization Management.
   d. The denial of an application or the termination or suspension of a practitioner due to failure to meet pre-application or administrative participation requirements are not subject to Appeal pursuant to Section G of this Plan, but PrimeWest Health administration, at its sole discretion, may provide an administrative reconsideration of an action. Such administrative reconsideration is conducted pursuant to the procedure set forth in Section F of this Credentialing Plan.

2. **Imposition of Disciplinary or Termination Action**
    a. Whenever the QCCC is notified by the PRC of information suggesting that discipline or termination of a practitioner may be warranted, the QCCC conducts a review of the information presented. The QCCC considers the information received and determines whether disciplinary action or termination is appropriate. Criteria for disciplinary or termination action may include information that the practitioner has failed to continuously meet the professional criteria listed in Section D of this Credentialing Plan. The QCCC recommends actions regarding disciplinary or termination matters and may base its recommendations on any factors it deems appropriate. The medical director presents the QCCC's recommendations to the JPB for the final decision.
    b. Examples of disciplinary and termination actions include the following:
        i. Warning the practitioner that disciplinary action will be taken in the future if noncompliance with PrimeWest Health requirements continues or reoccurs
        ii. Requiring the practitioner to submit and adhere to a corrective action plan (CAP)
        iii. Limiting the practitioner's scope of practice for PrimeWest Health members
        iv. Requiring the practitioner to obtain training in the type of care found to be substandard
        v. Suspending the practitioner until further investigation is completed, or until the practitioner satisfies any required CAP or other applicable requirements determined by the PRC or QCCC
        vi. Terminating the practitioner's participation status
3. **Summary Suspension or Restriction**
    a. 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 must immediately suspend a practitioner upon notice that the practitioner's license has been revoked or suspended. All summary suspensions or restrictions are reviewed by the PRC and its recommendation is referred to the QCCC for final action at its next regularly scheduled meeting. A practitioner who is summarily suspended for reasons related to unprofessional conduct or incompetence affecting patient care is offered an Appeal pursuant to Section G of this Credentialing Plan. Such Appeal may be held after the suspension or restriction. In no case is a summary suspension effective for more than 30 calendar days without the PRC's review or recommendation to the QCCC. The QCCC may extend the summary suspension pending completion of an investigation.
4. **Notice and Effective Date of Discipline or Termination**
    a. In the event the QCCC recommends the discipline or termination of a practitioner, the practitioner is provided with written notice of such recommendation via certified mail. This written notice sets forth the QCCC's recommendation, the proposed effective date of the disciplinary action or termination, a summary of the basis of the recommendation, the time limit in which the practitioner can request an administrative reconsideration or Appeal, and a general description of the Appeal process. The initial notification includes a description of the practitioner's rights and informs the practitioner that they have the right to: request a hearing and the specific time period for submitting a request for a hearing; be present at the hearing; be represented by an attorney or another person of their choice; request a recording of the proceedings prior to the hearing; call, examine, and cross-examine witnesses; present relevant information; and submit a written statement at the close of the hearing. The

review process may be the administrative reconsideration process described in Section F of this Credentialing Plan, the formal Appeals procedure described in Section G of this Credentialing Plan, or, at the sole discretion of the QCCC, an alternative procedure.

b. The termination date of the practitioner's participation status is 30 calendar days following the date the practitioner is notified of the QCCC's recommendation, except in the case of any of the following:
   i. A summary suspension
   ii. The practitioner is offered and seeks review of the recommendation pursuant to Sections F or G of this Credentialing Plan
   iii. The QCCC, at its sole discretion, determines that an alternative termination date is warranted

5. **Reporting**
   a. PrimeWest Health determines, based upon the provisions of the Health Care Quality Improvement Act of 1986, 42 USC 11101, MN Stat. sec. 147.111, and any other relevant Federal and State statutes and regulations, whether and when any adverse action is reported to the National Practitioner Data Bank (NPDB) or any other appropriate agency. PrimeWest Health is entitled to make such determination, at its sole discretion, in accordance with PrimeWest Health policies and procedures, provided the determination is made in good faith. In the event such a report is made, the PRC notifies the affected practitioner, in writing. This process is outlined in detail in PrimeWest Health Policy and Procedure CR07: Notification to Authorities.
6. **Review of QCCC Recommendation**
   a. If the QCCC recommends the discipline or termination of a practitioner, the practitioner may submit a request for an Appeal. Such request for Appeal must be submitted in writing and received by PrimeWest Health within 30 calendar days of the date on the letter of proposed action sent to the practitioner. Appeals may be heard by an Appeals Committee pursuant to Section G of this Credentialing Plan or through administrative reconsideration pursuant to Section F of this Credentialing Plan.

F. Administrative Reconsideration

1. **Availability of Review Process**
   a. When a denial, suspension, or termination is not related to the professional conduct or competence of the practitioner, PrimeWest Health may, at its sole discretion, offer an administrative reconsideration to a practitioner whose participation status is denied, suspended, or terminated for failure to satisfy the pre-application criteria set forth in Section D.1 or the administrative criteria set forth in Section D.2 of this Credentialing Plan.
2. **Notice of Availability of Reconsideration**
   a. PrimeWest Health provides the practitioner with a written statement of the reasons for the practitioner's denial, termination, or suspension. If an administrative reconsideration is offered to the practitioner, the practitioner submits a request via mail, fax, and/or email for reconsideration within 30 calendar days of the date the letter of the action is received.
3. **Reconsideration Process**
   a. The practitioner is permitted the following options during the administrative reconsideration process: to submit any relevant written or oral evidence and to be represented by counsel.
   b. Within 10 business days of the conclusion of the meeting or written administrative reconsideration process, PrimeWest Health provides the

practitioner with a written statement of its reconsideration decision and the reason(s) for its decision.

c. After completion of the administrative reconsideration process, a practitioner has no further right to Appeal pursuant to Section G of this Credentialing Plan.

G. Appeal Process

1. **General Nature of the Appeal Process**
   a. If the practitioner requests an Appeal and submits a timely written request to Appeal, PrimeWest Health follows the process set forth in this Section. All PrimeWest Health practitioners are notified of the Appeal process upon notification of a credentialing action and via PrimeWest Health's ***Provider Manual***.
2. **Practitioner's Request to Appeal**
   a. Upon receipt of a practitioner's written Appeal request, the chair of the QCCC notifies 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 occurs prior to the effective date of the termination or other disciplinary action, except in the case of the medical director's summary suspension or other disciplinary action limited to fewer than 30 calendar days. In the case of suspension, termination, or non-renewal of a practitioner's participation agreement, at least one member of the Appeals Committee is a practitioner of the same specialty (e.g., obstetrics and gynecology/obstetrics and gynecology, neurological surgery/neurological surgery) or provider type (e.g., physician/ physician, allied health professional/allied health professional) as the affected practitioner. Members of the Appeals Committee may not be members of the QCCC. One member of the Appeals Committee is designated as Chair.
3. **The Hearing**
   a. The oral testimony and documentary evidence provided by the QCCC and the practitioner must 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 do not apply to the Appeal hearing. If a party objects to the presentation of any testimony or evidence, the grounds are stated for the objection, and the Appeals Committee has sole discretion to determine whether the evidence is admitted. The Appeals Committee has the discretion to determine the relative weight given to the various testimony or evidence submitted.
4. **Practitioner's Rights**
   a. The practitioner has the right to the following:
      i. To be represented by an attorney or other person of the practitioner's choice at their expense
      ii. To request a recording or transcription of the proceedings prior to the Appeal hearing (for which the practitioner pays the reasonable charge)
      iii. To call, examine, and cross-examine witnesses
      iv. To present evidence determined to be relevant by the Appeals Committee
      v. To submit a written statement following the close of the hearing
5. **Appeals Committee Decision**
   a. **Burden of Proof**
      i. PrimeWest Health has the initial responsibility of going forward to present evidence in support of its recommendation. Thereafter, the practitioner has the responsibility of demonstrating, by clear and convincing evidence, that

PrimeWest Health's recommendation lacks any factual basis or is arbitrary and capricious.

b. **Review of Evidence and Vote**
   i. After the hearing and the receipt of any written statements, the Appeals Committee convenes and privately discusses the evidence presented and the recommendation of the QCCC. The Appeals Committee may uphold, reject, or modify the action. The Appeals Committee's decision is by the affirmative vote of the majority of the members of the Appeals Committee.

c. **Action of the Appeals Committee**
   i. The Appeals Committee's decision is effective immediately, unless otherwise provided. The practitioner is notified in writing of the Appeals Committee's decision. Such notice includes a statement of the basis for the recommendation.

6. **Member Notification**
   a. In the event of termination or suspension of participation status, PrimeWest Health notifies members who regularly obtain health services from or who are assigned to the practitioner.
7. **Notice**
   a. Throughout this Section of this Credentialing Plan, "notice" means depositing the correspondence in the United States mail using first class or certified mail, with postage prepaid, and addressed to the other party at the office address given in the application; personal delivery of written notice to the other party; or notice by fax.

H. Recredentialing

1. **Recredentialing Process**
   a. The recredentialing process set forth in this Section is determined by PrimeWest Health and repeated every 36 months for participating practitioners. Continued participation is conditioned upon the following:
      i. Continued execution of a participation agreement with PrimeWest Health
      ii. Continued compliance with all PrimeWest Health pre-application, administrative, and professional criteria
   b. Failure to continuously satisfy any of these requirements may be grounds for termination of participation status or other disciplinary action.
   c. Each participating practitioner is sent a letter requesting that they complete the Minnesota Uniform Reappointment application with updated professional information. The practitioner must return a completed application with attachments or provide all 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. At any time, to maintain adequate access of its provider network, PrimeWest Health may grant an exception to a practitioner who has not returned the required credentialing application. Such exceptions are reviewed by the Credentialing & Network Manager and the Director of Quality & Utilization Management. Any administrative suspension pursuant to this Section is not subject to Appeal or reconsideration unless agreed upon by the PrimeWest Health CEO, medical director, and Director of Quality & Utilization Management.
2. **Primary Source Verification**
   a. PrimeWest Health verifies all information for primary source verification in accordance with NCQA standards, or standards otherwise accepted as community standards by DHS and MDH. Applicants must fully cooperate with

PrimeWest Health in obtaining all documents requested by PrimeWest Health to satisfy primary source verification requirements. Once PrimeWest Health has received a complete application, the primary source verification and decision process must be completed, in accordance with NCQA standards, within 120 calendar days. PrimeWest Health strives to complete the verification process within 90 days. This process is outlined in detail in PrimeWest Health Policy and Procedure CR03: Credentialing Verification. If PrimeWest Health has difficulty obtaining verification, PrimeWest Health notifies the practitioner and requests the practitioner's assistance. If PrimeWest Health receives an incomplete application, it is returned to the practitioner for completion. If a complete application is not received within 30 calendar days after being returned to the practitioner, the recredentialing process is stopped as an administrative action for failure to complete the recredentialing process. If a practitioner chooses to rejoin the PrimeWest Health network after failing to complete the recredentialing process, an initial credentialing application or participation request may be required.

3. **Quality of Care**
    a. PrimeWest Health assesses 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 is considered when making recredentialing decisions. The medical director, in collaboration with the Grievance Review Workgroup, reviews complaints to determine if they represent a quality of care issue, as needed. If it is determined the complaints represent a quality of care issue, the practitioner may be placed on a "pend and trend" list maintained by PrimeWest Health to identify recurring issues in quality of care, or a decision may be made that referring the case to the PrimeWest Health QCCC and/or PRC, as applicable, is necessary for further discussion and input or, as appropriate, to inform the QCCC about a decision and proposed action. The Quality Specialist notifies the Credentialing team of each quality of care case.
4. **Credentialing Decision-Making**
    a. The PRC reviews applications and decides upon the acceptance, acceptance with restrictions, conditional acceptance, or denial of the application as designated in Section E of this Credentialing Plan. The PRC may request further information from the applicant, table an application pending the outcome of an investigation of the practitioner by any organization or institution, or take any other action it deems appropriate. PrimeWest Health follows Section E of this Credentialing Plan for practitioners whom the PRC recommends for termination, disciplinary actions, summary suspension, or restrictions. PrimeWest Health staff notifies applicants of credentialing and recredentialing determinations via mail, fax, email, and/or certified mail within 30 calendar days of the PRC's decision.
5. **Appeals**
    a. The Appeals process for recredentialing is outlined in Section G of this Credentialing Plan.
6. **Information Updates**
    a. PrimeWest Health regularly reviews 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 light of the information obtained.

I. Delegation

1. **Authority**
   a. PrimeWest Health may choose to delegate certain credentialing and recredentialing processes described in this Credentialing Plan, the PrimeWest Health Delegation Agreement, and PrimeWest Health Policy and Procedure ADM03: Delegation Oversight. In no situation does PrimeWest Health delegate final approval or acceptance of network practitioners to another entity. Whenever possible, PrimeWest Health utilizes delegation agreements to minimize duplication in the credentialing process. In a case where PrimeWest Health chooses to delegate the collection of credentialing documents and primary source verification activities to a contracted entity other than a network provider, such entity must be an NCQA-certified credentialing verification organization (CVO).
2. **Pre-Delegation Assessment**
   a. Prior to any Delegation Agreement, PrimeWest Health conducts a pre-delegation assessment to determine that the potential delegate's credentialing process meets or exceeds the requirements outlined in this Credentialing Plan. A pre-delegation audit is completed within 12 months of implementing a Delegation Agreement.
3. **Delegation Agreement**
   a. In the event that PrimeWest Health determines certain credentialing elements will be delegated, a Delegation Agreement is 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, the Agreement or Amendment must be signed by all parties. The Delegation Agreement identifies 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 are also to be included in the Delegation Agreement. If PrimeWest Health amends the Delegation Agreement for additional activities fewer than 12 months before the next audit, a pre-delegation audit must be conducted for those additional delegated activities.
   b. PrimeWest Health has five delegated entities with which it has a Delegation Agreement. PrimeWest Health retains full accountability for acceptance or denial of all credentialing or recredentialing of the delegated practitioners.
4. **Reporting**
   a. The Delegation Agreement includes specific reporting requirements. Reporting requirements may include, but are not limited to, the following:
      i. Initial report of all currently credentialed practitioners included in the delegate's Delegation 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
      ii. Monthly report of all new practitioners added and practitioners reappointed to the delegate's network, including demographic information sufficient to establish PrimeWest Health billing records and provider directories, including practice locations and practitioner-specific identifying data
      iii. Monthly report of all changes to the delegate's network including changes to practice locations
      iv. Monthly report of all terminations to the delegate's network including reason for termination (e.g., relocation, loss of licensure)
      v. Annual report of the delegate's network (listing of names and minimal identifying data to avoid errors) provided prior to the annual audit

vi. Report within two business days of any practitioner loss of licensure
vii. 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 any actions to be taken by the delegate
viii. Other ad hoc reports as may be requested by PrimeWest Health. Ad hoc reports are based on mutual agreement between the delegate and PrimeWest Health and may involve additional fees depending on the complexity of the reports.

b. Regardless of any reporting provided, practitioners are not added as PrimeWest Health participating providers until they have been reviewed by the PrimeWest Health medical director and/or approved by the PRC.

5. **Ongoing Oversight**
   a. PrimeWest Health is responsible for maintaining ongoing oversight of any Delegation Agreement. This includes monitoring the receipt of required reports and verifying the accuracy of such reports.
6. **Annual Audit**
   a. At a minimum, PrimeWest Health conducts an annual audit of delegated activities. This audit is conducted in accordance with DHS and MDH requirements and NCQA standards as required by DHS contract and is intended to determine the delegate's continued compliance with the PrimeWest Health Credentialing Plan. In conducting this review, PrimeWest Health examines the following:
      i. Individual credentialing and recredentialing files
      ii. Any meeting minutes related to credentialing activities and decision-making
      iii. Policies and procedures related to credentialing and recredentialing activities
   b. In the case of an NCQA-accredited/certified delegate, PrimeWest Health verifies the delegate has received continued certification at the time their current certification expires. Review of policies and procedures is required annually. No annual file review audit is necessary unless accreditation/certification status has changed or PrimeWest Health has concerns regarding performance standards by the delegate.
      i. If the Delegation Agreement is amended to include additional credentialing activities within the look-back period, a pre-delegation assessment for the additional activities is performed before the implementation date of the new or amended Delegation Agreement.
   c. PrimeWest Health schedules each annual audit a minimum of 30 days in advance unless an earlier date is mutually agreeable. Unless otherwise specified by regulatory requirements or NCQA standards, PrimeWest Health may use one of the following auditing methods to review both credentialing and recredentialing files:
      i. Five percent or 50 files, whichever is less
      ii. The NCQA "8/30" methodology
   d. At a minimum, PrimeWest Health's file sample includes at least 10 credentialing and 10 recredentialing files. If fewer than 10 practitioners were credentialed or recredentialed since the last annual audit, PrimeWest Health audits the universe of files rather than a sample.
7. **Use of Credentialing Verification Organization (CVO)**
   a. An agreement between the CVO and PrimeWest Health sets forth the responsibilities and requirements of each organization and serves as the Delegation Agreement. PrimeWest Health utilizes an NCQA-certified CVO. PrimeWest Health submits complete credentialing and recredentialing applications to the CVO to perform primary source verification functions only.

PrimeWest Health retains full responsibility for accepting or denying any credentialing or recredentialing application.

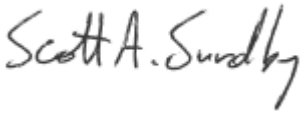
J. Conclusion

1. **PrimeWest Health Responsibility for Credentialing**
   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 is reviewed annually to determine if changes are necessary. All credentialing and recredentialing actions for practitioners follow the process outlined in this Credentialing Plan.
2. **Use of Policies and Procedures**
   a. PrimeWest Health may, at its own discretion, develop policies and procedures that more fully outline the steps included in any or all of the processes described in this Credentialing Plan. Policies and procedures are available to participating practitioners upon request.
3. **Credentialing Documents**
   a. PrimeWest Health stores all credentialing and recredentialing documents in its document management software. Credentialing documents include, but are not limited to, the following:
      i. Credentialing and recredentialing applications
      ii. Licenses
      iii. DEA certificates
      iv. Malpractice certificates
      v. Collaborative agreements
      vi. Primary source verification documents
      vii. PrimeWest Health checklists, approval letters, and add/change forms
      viii. Correspondence in support of credentialing applications (emails, summaries of phone calls, etc.)

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to PrimeWest Health. Remediation for violators includes, but is not limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Signatures



Medical Director Approval: **Date:** 05/07/2026

Scott Sundby, MD
Chief Senior Medical Director

Board Approval: **Date:** 05/07/2026

Gary Hendrickx, Chair
PrimeWest Health Joint Powers Board of Directors