

**NORTHEAST LOUISIANA PHYSICIAN HOSPITAL ORGANIZATION, INC.**  
**POLICIES AND PROCEDURES**  
**Policy Number CRE 100**

**SUBJECT:** INITIAL PROVIDER CREDENTIALING & RECREDENTIALING  
**ORIGINATION DATE:** 5/96  
**REVISION DATE:** 8/97, 11/97, 2/98, 9/98, 12/99, 9/01, 3/02, 7/02, 7/03, 11/05, 4/06, 8/06, 6/07, 2/09, 9/09, 3/10, 5/12  
**ORIGINATION:** NLPHO CREDENTIALS COMMITTEE

---

## **I. PURPOSE**

This policy provides the operational and procedural framework for the initial credentialing of prospective licensed independent practitioners including MD, DO, and DDS (with the exception of providers who practice exclusively in the in-patient settings, freestanding facilities, covering practitioners such as locum tenens, and practitioners who do not provide care for members in a treatment setting in accordance with current NCQA standards) with whom the NLPHO will enter into a contractual arrangement for the provision of medical services, as well as the recredentialing of such providers. This policy is set forth to assure that all applications are processed in the same manner.

## **II. REQUEST FOR APPLICATION**

Upon request for an application, the Credentials Coordinator will direct the potential applicant to the website address of [www.nelapho.com](http://www.nelapho.com) in order to obtain a letter of initial application, Louisiana Standardized Credentialing Application form, W-9 form, PHO Provider Professional Services Agreement, and fee survey. The applicant is to submit his/her application, any additional required materials, and the annual assessment to the Credentials Coordinator.

## **III. PRACTITIONER CRITERIA FOR CONSIDERATION**

To be considered, the applicant must complete and sign the Louisiana Standardized Credentialing Application form, PHO Provider Professional Services Agreement, W-9 form, fee survey, and remit the application fee. In so doing, the provider/applicant:

1. signifies his/her willingness to appear for interviews in regard to his/her application if necessary;
2. authorizes NLPHO or representatives acting on its behalf to consult with hospital administrators, malpractice carriers, state licensing boards, and other professional institutions or organizations with which the applicant is associated, to obtain primary verification of information concerning applicant's competence, practice history, and licensure;
3. authorizes NLPHO or representatives acting on its behalf to consult with members of the medical staff, hospitals, and other professional institutions or organizations with which applicant is associated, to obtain verification of information concerning applicant's character and moral and ethical qualifications;
4. consents to inspection by the NLPHO Credentials Committee of all information received pertinent his/her application for membership;
5. releases from liability NLPHO and its representatives from any reports, records, recommendations, or other documents or disclosures involving the applicant that are made, requested, or received by NLPHO or its representatives, which are made in good faith and for the purpose of peer review activities; and
6. releases from liability all individuals and organizations who provide NLPHO representatives with information for the purpose of peer review activities, including otherwise privileged or confidential information concerning applicant's competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for membership.

In the event there is undue delay in obtaining any required information, or if clarification of information is needed, NLPHO representatives may request the applicant's assistance. The applicant's failure to adequately respond to a request for assistance may result in termination of the application process after thirty (30) days.

## IV. PROCESS OF APPLICATION REVIEW

### *Credentials Coordinator*

Once the applicant submits a complete application packet, the Credentials Coordinator will verify all of the submitted information from NCQA-approved primary sources including the National Practitioner Data Bank and the Louisiana State Board of Medical Examiners. NLPHO does not contract with practitioners who have been excluded/sanctioned from participation in Medicare/Medicaid. Exclusions will be identified from the Office of the Inspector General (OIG). Opt outs will be obtained from a local Medicare Part B carrier to ensure that the provider is eligible for Medicare contracting. Board certification will be obtained from an approved primary source, either directly from the appropriate board in writing or through the Internet. A gap in work history exceeding six (6) months will be clarified either verbally or in writing. The use of a checklist will ensure that all credentialing information will be complete and accurate with no conflicting information prior to review by the Credentials Committee.

Documentation by the Credentials Coordinator in the practitioner's credentials file will demonstrate that the following is present at the time of the credentialing decision:

- verification of a current, valid unrestricted license to practice as an independent healthcare provider approved by the State of Louisiana. (However, if a practitioner is being monitored through the Physician Health Program (PHP) of Louisiana, he/she must sign a release of information form so that the credentials coordinator may obtain a quarterly status report. The practitioner must also pay a \$50.00 quarterly administration fee. If at any time, an unfavorable status report is received, the practitioner will be immediately terminated.);
- verification of Board certification from the appropriate specialty board, if applicable; or verification of fellowship or residency completion or graduation from the medical school by the AMA or AOA Physician Profile;
- verification from the Educational Commission for Foreign Medical Graduates (ECFMG), if applicable;
- verification of malpractice settlements from the malpractice carrier or through the NPDB;
- verification of state sanctions, restrictions on licensure and/or limitations on the scope of practice through the NPDB;
- verification of Medicare and Medicaid sanctions through the NPDB;
- a copy of valid DEA (for each state in which a provider practices) and CDS certificate. The practitioner must advise the PHO of his/her prescription process if he/she does not have a current, valid DEA and/or CDS certificate;
- a copy of the current professional liability insurance certificate in a minimum amount, as required by the Louisiana Patient Compensation Fund;
- a history of professional liability claims that resulted in settlements or judgments paid on behalf of the provider;
- a five-year work history and/or relevant experience as a health professional; and
- verification of privilege status at one or more PHO hospitals, if applicable

The application will also include a current and signed attestation that addresses:

- reasons for any inability to perform the essential functions of the position, with or without accommodation;
- lack of present illegal drug use;
- history of loss of license and felony convictions;
- history of loss or limitation of privileges or disciplinary action;
- current malpractice insurance coverage; and
- the correctness and completeness of the application

Information that the Credentials Committee considers shall be no more than 180 days old at the time of the credentialing decision. Following primary verification of the applicant's credentialing file, the Credentials Coordinator will submit the file to the Credentials Committee.

### *Credentials Committee*

The Credentials Committee will review the applicant's file at the next regularly scheduled Credentials Committee meeting, which is to occur not less than every other month. The application for participation will be put to a vote. A quorum is required to vote on credentialing matters and consists of a majority represented at the meeting. The Credentials Committee shall review all information and give thoughtful consideration to the credentialing elements before making a recommendation to *defer*, *approve*, or *deny* the applicant's participation in NLPHO. The Chairman of the Credentials Committee is responsible for the credentialing process.

### ***Deferral***

An applicant's file may be deferred when additional information is deemed necessary to render an approval of the applicant. In the event of deferral, the applicant's status will be pending until all necessary criteria or information can be satisfied. Deferred status will be resubmitted at the next scheduled meeting.

### ***Approval***

An applicant may be approved when review of the file is found to be satisfactory by the Credentials Committee and NLPHO's participation criteria have been met.

### ***Denial: Adverse Recommendation***

An adverse recommendation by the Credentials Committee is a recommendation to deny the applicant the opportunity to enter into a contractual arrangement with NLPHO for membership. The Credentials Committee should support all adverse recommendations with specific reference to the credentials file, which may include but is not limited to:

1. failure to meet education/training requirements;
2. unfavorable reports relating to professional conduct, competence, quality of care/profile findings;
3. restriction of clinical privileges;
4. unfavorable malpractice review findings;
5. inadequate professional liability coverage;
6. restrictions/revocation or suspension of medical license, DEA, or CDS;
7. Medicare and Medicaid Exclusions;
8. history of criminal activity; and
9. mental/physical impairment that would interfere with the ability to practice medicine or safely render care to patients.

The Credentials Committee will develop a report, signed by the Credentials Committee Chairman, that contains its findings and recommendations. The Credentials Committee should support all such recommendations with specific reference to the credentials file. Any dissenting views at any point in the process must be documented, supported by reasons and references, and transmitted with the majority report. The file will be forwarded with all supporting documentation to the Board of Directors.

### ***Review of Clean Files***

The Chairman of the Credentials Committee may approve files considered "clean" and therefore do not require peer review input to make a decision for membership.

A credentialing file is considered "clean" if it meets the following criteria:

1. The practitioner has completed all applicable sections of the credentialing application.
2. All necessary supporting documentation has been submitted and is included with the credentialing application.
3. Credentialing verification reveals that there are **no** issues to report to the Credentials Committee.

### ***Board of Directors***

The Board of Directors shall make a final determination by a majority vote to approve or deny the applicant's membership after consideration of the file and the report and recommendations of the Credentials Committee.

The Board of Directors meets every other month, but in the event the recommendation for approval of the applicant(s) by the Credentials Committee occurs after the Board of Director's meeting, causing the applicant's effective date to be delayed unnecessarily, the Executive Committee may grant provisional membership to providers who desire to become NLPHO providers; provided, however, that such provisional privileges must be ratified by the Board of Directors at its next regularly scheduled meeting before the privileges granted shall become permanent.

### ***Applicant/Provider Notification***

The President shall notify the applicant within thirty (30) days of the initial credentialing decision for approval or denial of membership. Recredentialed providers will be notified for denial only. All notifications of denial shall include the basis for such denial.

### ***Provider/Applicant Rights***

Applicants have the right to review certain information obtained by NLPHO to evaluate their credentialing application. Specifically, applicants may review information obtained from any primary source (e.g. malpractice insurance carrier, state licensing boards, National Practitioner Data Bank) for up to thirty (30) days following receipt of the information by the Credentials Coordinator. This review does not include references, recommendations, or other peer-review protected information.

In the event that credentialing information obtained from other sources varies substantially from that provided by the practitioner, the applicant shall have the opportunity to present the Credentials Committee with documentation demonstrating the inaccuracies or discrepancies of the information relied upon within thirty (30) days of receipt of applicant's notification. The Credentials Committee shall review the information provided by the applicant and shall issue a recommendation within thirty (30) days of receipt of the information. At the next scheduled meeting of the Board of Directors, the final determination will be made regarding the applicant's approval or denial for panel approval. Notification of the final determination will be sent to the applicant within seven (7) days thereafter.

Applicants have the right to be informed of the status of their credentialing or recredentialing application, upon request. They are informed of this right in the letter of application.

### ***Time Period for Processing***

Every effort will be made to expedite the credentialing process. In some instances, however, it may be up to ninety (90) days before the applicant receives final notification from the time that the applicant has submitted a complete application packet including all the necessary documentation.

## **V. NONDISCRIMINATION POLICY IN APPLICATION PROCESS**

Credentialing and recredentialing decisions are not based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation, type of procedure, or patient in which the practitioner specializes. This does not preclude including network practitioners who meet certain demographic or specialty needs.

Procedures for monitoring and preventing discriminatory credentialing decisions may include, but are not limited to:

- periodic audits of credentialing files (in-process, denied, and approved files) will be presented to the Credentials Committee to ensure that practitioners are not discriminated against;
- periodic audits of practitioner complaints to determine if there are complaints alleging discrimination; and
- maintaining a heterogeneous credentialing committee membership and the requirement for those responsible for credentialing decisions to sign an affirmative statement that they do not discriminate when they make decisions.

## **VI. THE CREDENTIALS COMMITTEE**

### ***Purpose of the Credentials Committee***

The purpose of the Credentials Committee is to oversee credentialing activities of NLPHO. This purpose is carried out by primary verification of application information received from providers who desire to become participating NLPHO providers. The Credentials Committee further assures that each provider seeking membership has met the approved criteria for recommendation to the Board of Directors.

### ***Composition of the Credentials Committee***

The Credentials Committee shall be comprised of seven (7) persons, six of whom, including the Chairman, must be duly licensed practicing Physicians who are affiliated NLPHO physicians representing areas of practice so designated by the Chairman of the Committee. The seventh member shall be the President of NLPHO who shall serve in Ex-Officio capacity with comparable voting rights to other members. All members of the Credentials Committee are Board-appointed and serve one-year terms. Reasonable compensation may be paid to members for the Credentials Committee for their attendance at Credentials Committee meetings, at the discretion of the Board of Directors. The Chairman of the Credentials Committee shall recommend to the Board of Directors the members to be appointed to the Credentials Committee. The Committee shall meet every other month or as needed. If a Member of the Committee fails to attend 40% of the meetings for one year, the Member may be replaced at the discretion of the Chairman.

## **VII. CONFIDENTIALITY POLICY**

In compliance with S3715.3 of Chapter 17 of the Louisiana Courts and Judicial Procedure, Credentials Committee members shall keep in strict confidence all papers, reports, and information obtained by virtue of their responsibility for certain credentialing activities to assure that *all* credentialing information is kept confidential. Each committee and NLPHO staff member will be required to sign a confidentiality agreement. All credentialing/recredentialing information and documents shall be kept in locked files, with access limited only to the Credentials Coordinator, the President, and the Provider Relations Coordinator and is considered Confidential. All computers will be password protected and restricted to credentialing personnel only. No printed materials obtained by virtue of Credentials Committee Membership should be shared with others outside the Credentials Committee, except as authorized by the Chairman or the Executive Committee of NLPHO. To facilitate this high degree of confidentiality, the Credentials Committee must review minutes and other pertinent information during the regularly scheduled committee meeting. All information will be collected at the close of the meeting and maintained by the Chairman and/or President.

## **VIII. LISTINGS IN PROVIDER DIRECTORY AND OTHER MEMBER MATERIALS**

The information provided in member materials, including provider directories, is consistent with the information obtained during the credentialing process regarding practitioner education, training, certification, and designated specialty. The process is set forth in section IV of this policy, entitled "Process of Application Review".

## **IX. RECREDENTIALING**

NLPHO recredentials its participating providers at least every three years. The Credentials Coordinator will direct the provider to the website address of [www.nelapho.com](http://www.nelapho.com) in order to obtain the Louisiana Standardized Credentialing Application and W-9 form six (6) months prior to renewal. Upon completion, the provider will forward the application and all attachments to the Credentials Coordinator. Once received, the NLPHO Credentials Coordinator will verify all of the submitted information from NCQA-approved primary sources including the National Practitioner Data Bank and the Louisiana State Board of Medical Examiners. Exclusions will be identified from the Office of the Inspector General (OIG). Opt outs will be obtained from a local Medicare Part B carrier to ensure that the provider is eligible for Medicare contracting. Board certification will be obtained from an approved primary source, either directly from the appropriate board in writing or through the Internet. The use of a checklist will ensure that all credentialing information will be complete and accurate with no conflicting information prior to review by the Credentials Committee.

Documentation by the Credentials Coordinator in the practitioner's recredentials file will demonstrate that the following is present at the time of the credentialing decision:

- verification of a current, valid unrestricted license to practice as an independent healthcare provider approved by the State of Louisiana. (However, if a practitioner is being monitored through the Physician Health Program (PHP) of Louisiana, he/she must sign a release of information form so that the credentials coordinator may obtain a quarterly status report. The practitioner must also pay a \$50.00 quarterly administration fee. If at any time, an unfavorable status report is received, the practitioner will be immediately terminated.);
- verification of Board certification from the appropriate specialty board, if applicable; or verification of fellowship or residency completion or graduation from the medical school by the AMA or AOA Physician Profile;
- verification of malpractice settlements from the malpractice carrier or through the NPDB;
- verification of state sanctions, restrictions on licensure and/or limitations on the scope of practice through the NPDB;
- verification of Medicare and Medicaid sanctions through the NPDB;
- a copy of valid DEA (for each state in which a provider practices) and CDS certificate. The practitioner must advise the PHO of his/her prescription process if he/she does not have a current, valid DEA and/or CDS certificate;
- a copy of the current professional liability insurance certificate in a minimum amount, as required by the Louisiana Patient Compensation Fund;
- a history of professional liability claims that resulted in settlements or judgments paid on behalf of the provider; and
- verification of privilege status at one or more PHO hospitals, if applicable.

The application will also include a current and signed attestation that addresses:

- reasons for any inability to perform the essential functions of the position, with or without accommodation;
- lack of present illegal drug use;
- history of loss of license and felony convictions;
- history of loss or limitation of privileges or disciplinary action;
- current malpractice insurance coverage; and
- the correctness and completeness of the application.

Additionally, NLPHO may review the following information as part of the recredentialing process:

- member complaints;
- information from quality improvement activities;
- utilization management; and
- member satisfaction.

Information that the Credentials Committee considers shall be no more than 180 days old at the time of the recredentialing decision. Following receipt of a completed file and primary verification of the above, the Credentials Coordinator will submit the file to the Credentials Committee. The process for the recredentialing of NLPHO participating providers shall be in accordance with the same process applicable to prospective applicants, set forth in section IV of this policy, entitled “Process of Application Review”.

## **X. SITE VISITS AND ONGOING MONITORING OF PRACTITIONER-SPECIFIC COMPLAINTS**

The NLPHO provider relations representative will monitor and investigate member complaints related to the quality activities and grievances of all practitioner office sites as well as to physical accessibility, physical appearance, adequacy of waiting and examining room space, availability of appointments, and adequacy of treatment record keeping within sixty (60) days from receipt of the complaint. A “reasonable complaint” can be defined as an expression of dissatisfaction, either oral or written, alleging to have adversely affected them by committing an act that either misrepresents or misguides them in their daily operation, made to either a contracted Payor or directly to a staff member of NLPHO. NLPHO has set a “reasonable complaint” threshold of two (2) complaints made by any plan member in a six (6) month period.

If an applicant practices at more than one site, the provider relations representative will review the site for which the complaints were made. Providers have the right to obtain the results of the site visit. If the results of the site visit are less than NLPHO standards, the provider will be notified. Member complaints will be verified with appropriate follow up.

### ***Process:***

1. When a member complaint is received, it is recorded in the NLPHO database.
2. The provider relations representative will contact the appropriate provider regarding the issue.
3. The provider relations representative will conduct a site review at the provider’s office for which complaints were made within sixty (60) days from receipt of the complaint.
4. The site will be re-evaluated at least every six (6) months and a full assessment of the initial complaint will be made to ensure that the office meets performance standards.
5. Upon resolution, follow-up with the person who registered the complaint will be conducted.
6. If a site does not meet performance standards, NLPHO will implement an action plan for improvement.

The provider relations representative will conduct a review utilizing a standardized site visit survey form completed at the time of or shortly after each site visit. The site will be reviewed according to the following categories:

- physical accessibility
- physical appearance
- adequacy of waiting and examining room space
- availability of appointments
- adequacy of treatment record keeping

If an additional complaint is directed at the same office site, another site visit will not be performed unless the complaint is for a separate issue.

## **XI. ONGOING MONITORING OF SANCTIONS**

The purpose of ongoing monitoring is to assure that providers remain in compliance at all times as it relates to quality of care, competence, professional conduct and credentialing criteria. The Credentials Coordinator will monitor practitioner sanctions, complaints, and quality issues between re-credentialing cycles and take appropriate action against practitioners when occurrences of poor quality are identified.

- Medicare and Medicaid Exclusions will be verified monthly.

### ***Process:***

1. Credentials Coordinator will review the Office of Inspector General List of Excluded Individuals and Entities (LEIE) from their web-site on a monthly basis.
2. Any provider who is excluded by either Medicare or Medicaid will be terminated immediately by written notification, sent certified mail from NLPHO.

- License Sanctions and Limitations will be verified upon notification from the state licensing board;

***Process:***

1. The Louisiana State Board of Medical Examiners will notify NLPHO by mail as action is taken regarding any provider who has been sanctioned or has limitations as it relates to their medical license.
2. The following sanctions and/or limitations will not be subject to review: failure to renew license in a timely manner, no continuing medical education, duplicate license issues, late payment of fees, alimony, child support, non-payment of taxes, and unpaid loans other than those reported by OIG/OPM.
3. All other sanctions and/or limitations will be referred for peer review and will follow the Fair Hearing Plan.

## **XII. DELEGATION OF CREDENTIALING**

The Credentials Committee may delegate certain functions to an independent Credentialing Verification Organization (CVO) to credential all new applicants as well as perform recredentialing functions according to NCQA standards.

### ***Scope of Delegated Credentialing Tasks***

1. If credentialing tasks are delegated, an agreement will be on file that describes the responsibilities of the delegated entity, the delegated activities, the process by which the delegated entity is evaluated, and the remedies, including revocation of the delegation.
2. If credentialing tasks are delegated, NLPHO will retain the right, based upon quality issues, to approve new providers and sites and to terminate or suspend individual providers.
3. If credentialing tasks are delegated, NLPHO will evaluate the delegated entities' capacity to perform the delegated activities prior to delegation.
4. If credentialing tasks are delegated, NLPHO will evaluate annually whether the delegated activities are being conducted in accordance with NLPHO's expectations and NCQA current standards.

### ***Exceptions***

Exceptions can only be made by NLPHO Board of Directors and will always be in compliance with current NCQA standards.

### ***Procedure for Application Review if Credentialing is Delegated to a CVO***

1. Applications will be distributed by NLPHO to providers.
2. The providers will send completed applications to NLPHO. NLPHO will forward completed applications to the CVO.

Documentation by the CVO in the practitioner's credentials file will demonstrate that the following is present at the time of the credentialing decision:

- verification of a current, valid license to practice as an independent healthcare provider approved by the State of Louisiana (However, if a practitioner is being monitored through the Physician Health Program (PHP) of Louisiana, he/she must sign a release of information form so that the credentials coordinator may obtain a quarterly status report. The practitioner must also pay a \$50.00 quarterly administration fee. If at any time, an unfavorable status report is received, the practitioner will be immediately terminated.);
  - verification of Board certification from the appropriate specialty board, if applicable; or verification of fellowship or residency completion or graduation from the medical school by the AMA or AOA Physician Profile;
  - verification from the Educational Commission for Foreign Medical Graduates (ECFMG), if applicable;
  - verification of malpractice settlements from the malpractice carrier or through the NPDB;
  - verification of state sanctions, restrictions on licensure and/or limitations on the scope of practice through the NPDB;
  - verification of Medicare and Medicaid sanctions through the NPDB;
  - a copy of valid DEA (for each state in which a provider practices) and CDS certificate;
  - a copy of the current professional liability insurance certificate in a minimum amount, as required by the Louisiana Patient Compensation Fund;
  - a history of professional liability claims that resulted in settlements or judgments paid on behalf of the provider;
  - a five-year work history and/or relevant experience as a health professional; and
  - verification of privilege status at one or more PHO hospitals, if applicable
3. The CVO will gather the above information from recognized monitoring organizations such as the National Practitioner Data Bank, Louisiana State Board of Medical Examiners, OIG LEIE, and those organizations appropriate to the provider's discipline. This information will be included in the credentialing packet.

4. Complete provider packets with all above-listed information will be sent monthly to NLPHO with an invoice for each completed provider packet during the month.
5. NLPHO will reimburse CVO by the 15<sup>th</sup> of each month for the previous month's completed provider packets.
6. Each packet received by NLPHO will be reviewed in the same manner as set forth in section IV of this policy, entitled "Process of Application Review".

### **XIII. REPORTING PEER REVIEW ACTIONS**

- A. NLPHO shall report to the Louisiana State Board of Medical Examiners, which will in turn report to the National Practitioner Data Bank, any peer review actions that adversely affect a provider's membership for a period exceeding thirty (30) days.
- B. For the purposes of this section, the following definitions (adapted from 45 C.F.R. Part 60) will apply:
  1. *Adversely affects* means reduces, restricts, suspends, revokes, or denies membership in NLPHO or any health care entity for which NLPHO performs delegated credentialing services.
  2. *Membership* means the authorization by NLPHO, for itself or as the delegatee of another health care entity, to a practitioner to be a member of a provider panel.
  3. *Peer review action* means an action or recommendation of NLPHO taken in the course of professional review activity that relates to the provider's professional competence or professional conduct which affects or could affect adversely the health or welfare of a patient(s) and which affects membership of the provider. Any action or recommendation pursuant to which a provider is entitled to exercise rights under the Fair Hearing Plan is a peer review action. Serious quality deficiencies of a provider, as determined by the Utilization Review Committee and/or Credentials Committee, which result in the suspension/termination of a provider's participation will be reported to the appropriate authorities (state licensing agencies and the National Practitioner Data Bank).

### **XIV. FAIR HEARING PLAN**

If a provider's status is reduced, suspended, or terminated for reasons of quality of care, competence, professional conduct or compliance with credentialing criteria; with the exception of exclusion by LEIE or federal debarment, the provider may be entitled to request a hearing pursuant to the Fair Hearing Plan of NLPHO.

### **XV. AMENDMENT POLICY**

This policy may be amended or repealed in whole or in part by a majority vote of the members of the NLPHO Board of Directors.

### **AUTHORIZED SIGNATURE**

---

Chairman, NLPHO Board of Directors

**IN COLLABORATION WITH: The NLPHO Board of Directors**