

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

SUBJECT: INITIAL PROVIDER CREDENTIALING & RE-CREDENTIALING

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, 6/15, 8/15, 12/15, 3/16

ORIGINATION: NLPHO BOARD OF DIRECTORS

I. PURPOSE

This policy provides the operational and procedural framework for the initial credentialing of prospective licensed independent or employed practitioners including MD, DO, DPM, APRN, PA, CRNA, PT, OTT, SLP, OD and any other independent practitioner that may provide healthcare treatment (with the exception of providers who practice exclusively in the in-patient settings or covering practitioners such as locum tenens) with whom the NLPHO will enter into a contractual arrangement for the provision of medical services, as well as the re-credentialing of such providers. This policy is set forth to assure that all applications are processed in the same manner in accordance with current NCQA standards and with “CMS” requirements for provider credentialing.

II. ELIGIBILITY FOR NLPHO PARTICIPATION

A. Eligibility For NLPHO Providers

1. An individual seeking acceptance as a provider shall be directed to the NLPHO website that outlines the eligibility criteria for participation and an eligibility form. Applications for NLPHO participation shall only be provided to Practitioners who document, on Eligibility for NLPHO Participation Form approved by the Credentials Committee, the minimum standards described in Section II (C). If it is determined during processing that an applicant does not meet all of the minimum qualifications set out in Section II (C) the individual shall not be eligible to receive an application for participation and no further processing of the request shall occur. An applicant who does not meet the minimum qualifications is not entitled to any of the procedural rights set forth in the Fair Hearing Plan.
2. All applications for seeking acceptance as a provider to NLPHO shall be in writing, shall be signed by the applicant and shall be submitted on a form prescribed by the Medical Executive Committee that complies with the requirements of this Policy.
3. Applications may be provided to residents who are in the final six months of their training. Such applications may be processed, but final action shall not be taken until all applicable eligibility criteria are satisfied.

B. Burden of Providing Information

1. Individuals seeking acceptance as a provider have the burden of producing information deemed adequate by the NLPHO for a proper evaluation of current competence, character, ethics, and other qualifications and for resolving any doubts.
2. Individuals seeking acceptance as a provider have the burden of providing evidence that all the statements made and information given on the application are accurate and complete.
3. An application shall be complete when all questions on the application form have been answered, all supporting documentation has been supplied, and all information has been verified from primary sources. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time. Any application that continues to be incomplete 30 days after the individual has been notified of the additional information required shall be deemed to be withdrawn.
4. The individual seeking acceptance as a provider is responsible for providing a complete application, including adequate responses from references. An incomplete application shall not be processed.

C. Eligibility Criteria

To be eligible to apply for acceptance as a provider to the NLPHO a practitioner must:

1. Have a current, unrestricted license to practice in Louisiana and have never had a license to practice revoked or suspended by any state licensing agency;
 - a. Where applicable to their practice, have a current, unrestricted DEA registration and state controlled substance license;
2. Does not have a gap in work history exceeding six (6) months;
3. Have current, valid professional liability insurance coverage in a form and in amounts satisfactory to NLPHO;
4. Have never been convicted of Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse, nor have been required to pay civil monetary penalties for the same;
5. Have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program;
6. Have never had Medical Staff appointment or clinical privileges denied, revoked, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct, and have never resigned appointment or relinquished privileges during a Medical Staff investigation or in exchange for not conducting such an investigation;

7. Have never been convicted of, or entered a plea of guilty or no contest, to any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, or violence and
8. Have successfully completed a residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or the counsel on Podiatric Medical Education of the American Podiatric Medical Association, in a specialty appropriate to the clinical privileges specifically requested or be Board Certified by a board recognized by the American Board of Medical Specialties for a specialty appropriate to the specific clinical privileges requested. Appropriateness of the residency program or board certification shall be determined by the Credentials Committee in its sole and absolute discretion. This section will apply to all applicants applying after August 1, 2015.

D. Waiver of Eligibility Criteria

1. Any individual who does not satisfy one or more of the criteria outlined in Section II (C) above may request that it be waived. The individual requesting the waiver bears the burden of demonstrating that his or her qualifications are equivalent to, or exceed, the eligibility criterion in question.
2. An application seeking acceptance as a provider that does not satisfy an eligibility criterion will not be processed until the Board has determined that a waiver should be granted in accordance with this Section.
3. A request for a waiver shall be submitted to the Credentials Committee for consideration. In reviewing the request for a waiver, the Credentials Committee may consider the specific qualifications of the individual in question and the best interests of the NLPHO. Additionally, the Credentials Committee may, in its discretion, consider the application form and other information supplied by the applicant. The Credentials Committee's recommendation will be forwarded to the Board of Directors. Any recommendation to grant a waiver must include the basis for such.
4. The Board of Directors shall review the recommendation of the Credentials Committee. Any recommendation to grant a waiver must include the basis for such.
5. The Board may grant waivers in exceptional cases after considering the findings of the Credentials Committee the specific qualifications of the individual in question, and the best interests of the NLPHO. The granting of a waiver in a particular case is not intended to set a precedent for any other individual or group of individuals.
6. No individual is entitled to a waiver or to a hearing if the Board determines not to grant a waiver. A determination that an individual is not entitled to a waiver is not a "denial" of participation. Rather, that individual is ineligible to request an application for credentials with the NLPHO.

III. REQUEST FOR APPLICATION

Upon request for an application, the Credentials Coordinator will direct the potential applicant to the website address of 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, Code of Conduct, and Provider Attestation. The applicant is to submit his/her application, any additional required documents, and the annual assessment to the Credentials Coordinator.

IV. PRACTITIONER OBLIGATIONS FOR PARTICIPATION IN NLPHO

- A. To be considered, the applicant must complete and sign the Louisiana Standardized Credentialing Application form, PHO Provider Professional Services Agreement, W-9 form, Provider Attestation, Collaborative Practice Agreement (if applicable), 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 health care entities, 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, health care entities, 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 NLPHO 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.
- B. 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 within 30 days to a request for assistance shall be deemed to be withdrawn.

V. NLPHO APPLICATION REVIEW

A. Credentials Coordinator

Once the applicant is determined to be eligible for the NLPHO and submits a correct and 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. 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.

B. Documentation Required

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:

1. 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.);
2. verification of Board certification from the appropriate specialty board, if applicable; or residency completion or graduation from the medical school, the AMA, or the AOA Physician Profile;
3. verification from the Educational Commission for Foreign Medical Graduates (ECFMG), if applicable;
4. verification of malpractice settlements from the malpractice carrier or through the NPDB;
5. verification of state sanctions, restrictions on licensure and/or limitations on the scope of practice through the NPDB;
6. verification of Medicare and Medicaid sanctions through the NPDB;
7. 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;
8. a copy of the current professional liability insurance certificate in a minimum amount, as required by the Louisiana Patients Compensation Fund and as set by NLPHO ;
9. for mid-levels, a copy of the collaborative practice agreement with the supervising physician(s);

10. a history of professional liability claims that resulted in settlements or judgments paid on behalf of the provider;
11. a five-year work history (all gaps that exceed six months to be clarified in writing) and/or relevant experience as a health professional; and
12. verification of privilege status at one or more PHO hospitals, if applicable

C. Timeliness of Documentation

Information that the Credentials Committee considers shall be no more than 180 days old at the time of the credentialing decision.

D. Attestation Required

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

1. reasons for any inability to perform the essential functions of the position, with or without accommodation;
2. lack of present substance use;
3. history of loss of license and felony convictions;
4. history of loss or limitation of privileges or disciplinary action;
5. current malpractice insurance coverage; and
6. the correctness and completeness of the application

VI. CREDENTIALS COMMITTEE

A. 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.

B. Composition of the Credentials Committee

The Credentials Committee shall be comprised of between five (5) and eight (8) persons, six of whom, including the Chairman, must be duly licensed practicing Physicians who affiliated NLPHO physicians are representing areas of practice so designated by the Chairman of the Committee. The President of NLPHO who shall be an Ex-Officio non-voting member of the committee and shall be in addition to the five (5) to eight (8) members. All members of the Credentials Committee are appointed by the Executive Committee and serve for at least a one-year term and are eligible for re-appointment. 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 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. CREDENTIALS COMMITTEE REVIEW PROCESS

Following primary verification of the applicant's credentialing file, the Credentials Coordinator will submit the file to the 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 present at the meeting. The Chairman of the Credentials Committee is responsible for the credentialing process.

A. Credentials Committee Recommendation

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.

1. **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.
2. **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. An applicant may also be approved pending receipt of the additional information that is deemed necessary to complete the application provided the information is received prior to notification to the payors of new in-network providers.
3. **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:
 - a. failure to meet education/training requirements;
 - b. unfavorable reports relating to professional conduct, competence, quality of care/profile findings;
 - c. restriction of clinical privileges;
 - d. unfavorable malpractice review findings;
 - e. inadequate professional liability coverage;
 - f. restrictions/revocation or suspension of medical license, DEA, or CDS;
 - g. Medicare and Medicaid Exclusions;
 - h. history of criminal activity; and
 - i. mental/physical impairment that would interfere with the ability to practice medicine or safely render care to patients.

B. Report of Recommendation

The Credentials Committee will develop a report, signed by the Credentials Committee Chairman, which 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.

C. Review of Clean Files

The Chairman of the Credentials Committee may approve files considered “clean” and therefore do not require Credentials Committee review 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.

VIII. BOARD OF DIRECTORS ACTION

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, the report, and recommendation 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 membership to providers who desire to become NLPHO providers; provided, the Board of Directors at its next regularly scheduled meeting will be made aware of the physicians who have been granted membership by the Executive Committee.

IX. APPLICANT/PROVIDER NOTIFICATION OF STATUS

A. Notice

Applicants have the right to be informed of the status of their credentialing or re-credentialing application, upon request. They are informed of this right in the letter of application. The President shall notify the applicant within thirty (30) days of the initial credentialing decision for approval or denial of membership. Re-credentialed providers will be notified for denial only. All notifications of denial shall include the basis for such denial.

B. Time Required

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.

X. 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 re-credentialing application, upon request. They are informed of this right in the letter of application.

XI. NONDISCRIMINATION POLICY IN APPLICATION PROCESS

Credentialing and re-credentialing 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:

1. credentialing files (in-process, denied, and approved files) that suggest potential discriminatory practices will be presented to the Credentials Committee for review;
2. periodic audits of practitioner complaints to determine if there are complaints alleging discrimination; and
3. 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.

XII. DESIGNATION AS A SUPERVISING PHYSICIAN

A. Criteria

To be considered a supervising physician(s) for PAs and APRNs, the following criteria must be met:

1. must possess a current, unencumbered, unrestricted valid Louisiana state medical license, in good standing with no pending disciplinary proceedings;

2. must either have current active, courtesy, or consulting hospital privileges at an NLPHO contracted hospital; or refer to the Hospitalist program at an NLPHO contracted hospital;
3. the active outpatient medical practice of the supervising physician(s) must be within the same geographic area of the practicing PA/APRN or any midlevel and the NLPHO contracted hospital where physician(s) has active, courtesy or consulting privileges or refers the Hospitalist program; if not then the PA/APRN or any other midlevel, if applicable, must have a contractual agreement, in writing with a physician of the same specialty who is practicing in the same geographic area as the practicing PA/APRN or any other midlevel, if applicable;
4. in the absence of the supervising physician the following shall apply to any and all back-up physician(s):
 - a. must meet all of NLPHO criteria;
 - b. must be in good standing and approved by the appropriate professional board of the PA/APRN;
 - c. must review and sign the collaborative practice agreement
 - d. in the event the supervising physician fails to name a back-up physician, the practice agreement shall clearly state that the PA/APRN will not prescribe any medications in the absence of the supervising physician;
5. physician(s) must develop a written set of directives or clinical practice guidelines to be followed by PA/APRN; the practice guidelines will include, but not be limited to the following:
 - a. be specific to the practice setting;
 - b. address limited prescriptive authority, if applicable;
 - c. must be maintained on site; and
 - d. reviewed and signed at least annually by the PA/APRN and supervising physician(s);
6. physician(s) must be approved as a supervising physician(s) by the appropriate professional board of the PA/APRN;
7. physician(s) must be available in person, by telephone or direct telecommunications for consultation, assistance with medical emergencies, or patient referral;
8. physician(s) must perform the following:
 - a. support the PA/APRN through education and direct clinical evaluations as appropriate;
 - b. review patient histories as needed;
 - c. review charts of patients receiving care from PA/APRN to determine appropriateness of care; and
 - d. assess and treat patients requiring physician follow-up;
9. physician(s) agrees to abide by any and all other guidelines not addressed in this policy as established by the appropriate professional board.

XIII. CONFIDENTIALITY POLICY

In compliance with *La. R.S. 13:3715.3*, 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/re-credentialing 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.

XIV. 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”.

XV. RE-CREDENTIALING

A. Process

NLPHO re-credentials its participating providers at least every three years. The Credentials Coordinator will direct the provider to the website address of www.nelapho.com in order to obtain the Louisiana Standardized Credentialing Application at least 60 days 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. 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.

B. Documentation

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

1. 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.);

2. 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;
3. verification of malpractice settlements from the malpractice carrier or through the NPDB;
4. verification of state sanctions, restrictions on licensure and/or limitations on the scope of practice through the NPDB;
5. verification of Medicare and Medicaid sanctions through the NPDB;
6. 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;
7. a copy of the current professional liability insurance certificate in a minimum amount, as required by the Louisiana Patients Compensation Fund and as set by NLPHO;
8. a history of professional liability claims that resulted in settlements or judgments paid on behalf of the provider; and
9. verification of privilege status at one or more PHO hospitals, if applicable.

A. Attestation

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

1. reasons for any inability to perform the essential functions of the position, with or without accommodation;
2. lack of present substance use;
3. history of loss of license and felony convictions;
4. history of loss or limitation of privileges or disciplinary action;
5. current malpractice insurance coverage; and
6. the correctness and completeness of the application.

B. Additional Criteria for Review for Re-credentialing

Additionally, NLPHO may review the following information as part of the re-credentialing process:

1. Plan members complaints;
2. information from quality improvement activities;
3. utilization management; and
4. Plan members' satisfaction.

C. Referral to the Credentials Committee

Information that the Credentials Committee considers shall be no more than 180 days old at the time of the re-credentialing 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 re-credentialing 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".

XVI. SITE VISITS AND ONGOING MONITORING OF PRACTITIONER-SPECIFIC COMPLAINTS

A. Plan Member 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.

B. Provider Relations Review Process

If an applicant practices at more than one site, the provider relations representative will review the site for which the complaints were made. Member complaints will be verified with appropriate follow up.

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.

C. Standardized Site Visit

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:

1. physical accessibility
2. physical appearance
3. adequacy of waiting and examining room space
4. availability of appointments
5. adequacy of treatment record keeping

D. Additional Complaints

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.

E. Notice to Provider

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.

XVII. 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.

- A. Medicare and Medicaid Exclusions are continuously monitored via enrollment in the National Practitioner Data Bank Continuous Query.
- B. License Sanctions and Limitations will be verified upon notification from the state licensing board;

XVIII. DELEGATION OF CREDENTIALING

Although credentialing functions are no longer being delegated to an outside party, the Credentials Committee reserves the right to delegate certain functions to an independent Credentialing Verification Organization (CVO) to credential all new applicants as well as perform re-credentialing functions according to NCQA standards.

A. 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.

B. Exceptions

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

C. 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 complete applications to the CVO.

D. Documentation Required

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

1. 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.);
2. 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;
3. verification from the Educational Commission for Foreign Medical Graduates (ECFMG), if applicable;
4. verification of malpractice settlements from the malpractice carrier or through the NPDB;
5. verification of state sanctions, restrictions on licensure and/or limitations on the scope of practice through the NPDB;
6. verification of Medicare and Medicaid sanctions through the NPDB;
7. a copy of valid DEA (for each state in which a provider practices) and CDS certificate;
8. a copy of the current professional liability insurance certificate in a minimum amount, as required by the Louisiana Patients Compensation Fund and as set by NLPHO;
9. a history of professional liability claims that resulted in settlements or judgments paid on behalf of the provider;
10. a five-year work history (all gaps that exceed six months to be clarified in writing) and/or relevant experience as a health professional; and
11. verification of privilege status at one or more PHO hospitals, if applicable

E. CVO Queries

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.

F. Completed Packets

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.

G. Reimbursement

NLPHO will reimburse CVO by the 15th of each month for the previous month's completed provider packets.

H. NLPHO REVIEW

Each packet received by NLPHO will be reviewed in the same manner as set forth in this Policy.

XIX. REPORTING PEER REVIEW ACTIONS

A. Duty to Report

NLPHO shall report any peer review actions that adversely affect a provider's membership as required by Federal and State law and/or regulations governing NLPHO.

B. For the purposes of this section:

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 delegate 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).

XX. 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.

XXI. 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