

NORTHEAST LOUISIANA PHYSICIAN HOSPITAL ORGANIZATION, INC.
POLICIES AND PROCEDURES
Policy Number CRE 101

SUBJECT: INITIAL FACILITY & ORGANIZATIONAL CREDENTIALING
AND RECREDENTIALING
ORIGINATION DATE: 9/01
REVISION DATE: 11/05, 1/07, 2/09, 5/12
ORIGINATION: NLPHO CREDENTIALS COMMITTEE

I. PURPOSE

This policy provides the operational and procedural framework for the initial credentialing of the following prospective facilities and organizational providers with whom 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.

- Acute Care and Specialty Hospitals
- Home Health Agencies
- Hospice
- Clinical laboratories
- Skilled Nursing Facilities
- Comprehensive Outpatient Rehabilitation Facilities
- Outpatient Physical Therapy and Speech Pathology Providers
- Ambulatory Surgery Centers
- Providers of end-stage renal disease services
- Providers of outpatient diabetes self-management training
- Portable X-ray Suppliers
- Rural Health Clinics and Federally Qualified Health Centers
- Inpatient Mental Health or Substance Abuse Treatment Clinics
- Outpatient Mental Health or Substance Abuse Treatment Clinics
- Partial Hospitalization Facilities

II. REQUEST FOR APPLICATION

All requests for applications for panel appointment will be forwarded to the President of the NLPHO. Upon request for an application, the President will provide the potential applicant with an application form and a PHO Participating Provider Contract. The applicant is to submit the application and any additional materials that are required to the Credentials Coordinator.

III. FACILITY AND ORGANIZATIONAL CRITERIA FOR CONSIDERATION

To be considered, the completed application and the following required materials as well as a signed PHO Participating Provider Agreement and the annual assessment fee must be submitted:

- Current Copy State License
- Current proof of Malpractice
- Most Recent Medicare Survey **OR** State Survey **OR** Accreditation
- Current Copy of CLIA certificate (if applicable)
- Medicare & Medicaid Numbers
- NPI Number

Documentation by the Credentials Coordinator will demonstrate that the following has been verified at the time of the credentialing decision:

- Office of the Inspector General (OIG)
- Excluded Parties List System (EPLS)
- Verification of Accreditation
- Onsite Quality Assessment (if the site has had no survey or accreditation)

Onsite Quality Assessment

If **not** accredited by an acceptable regulatory organization, the facility or organizational provider will be visited by the provider relations representative from NLPHO who will conduct an onsite quality assessment as required by NCQA standards. However, an onsite quality assessment will not be conducted in the following circumstances:

- the state or CMS has not conducted site review of the provider, and
- the provider is in a rural area, as defined by the U.S. Census Bureau

This visit will result in an onsite quality assessment form that is completed at the time of the visit or shortly after the onsite quality assessment. The sites will be evaluated according to the following criteria:

- physical accessibility
- physical appearance
- adequacy of waiting and examining room space
- availability of appointments
- adequacy of medical recordkeeping

The following is a list of acceptable regulatory and accrediting organizations. Acceptable standards are noted after each type:

Acute Care Hospitals:

- JCAHO – Joint Commission on Accreditation of Health Care Organizations
- HFAP – Healthcare Facilities Accreditation Program
- AOA – American Osteopathic Association

Ambulatory (Free-Standing) Surgical Centers:

- JCAHO - Joint Commission on Accreditation of Health Care Organizations
- AAASF – American Association for Accreditation of Ambulatory Surgical Facilities
- AAAHC – Accreditation Association for Ambulatory Health Care
- AMA – American Medical Association
- CABC – Commission for Accreditation of Birth Centers

Home Health Care Agencies:

- JCAHO - Joint Commission on Accreditation of Health Care Organizations
- CHAP – Community Health Accreditation Program
- CARF – Commission on Accreditation of Rehabilitation Facilities
- ACHC – Accreditation Commission for HealthCare, Inc.
- AAACH – Accreditation Association for Ambulatory Health Care

Skilled Nursing Facilities:

- JCAHO - Joint Commission on Accreditation of Health Care Organizations
- CARF – Commission on Accreditation of Rehabilitation Facilities
- AOA - American Osteopathic Association
- AAACH – Accreditation Association for Ambulatory Health Care
- CCAC – Continuing Care Accreditation Commission

Behavioral Health Facilities:

- JCAHO - Joint Commission on Accreditation of Health Care Organizations
- CARF – Commission on Accreditation of Rehabilitation Facilities
- AAACH – Accreditation Association for Ambulatory Health Care
- COA - Council on Accreditation for Children and Family Services
- LAB – CLIA Certificate
- CORE - Consortium for Oceanographic Research and Education
- OT – State of Louisiana License of Occupational/ Occupational Therapist
- PT- State of Louisiana License of Physical Therapist
- ST – State of Louisiana License of Speech Therapist
- EDRD – Registered Dieticians

The representative(s) from the facility or organizational provider have the right to obtain the results of the onsite quality assessment. If the Credentials Committee feels that the results of the onsite quality assessment are less than NLPHO standards, the provider will be notified and will be given thirty (30) days to cure the situation. Another onsite quality assessment will be conducted within thirty (30) days of the cure.

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. 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). 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, and shall be no more than 180 days old at the time of the credentialing decision.

Credentials Committee

The Credentials Committee will review the applicant's file at the next regularly scheduled Credentials Committee meeting, which is scheduled 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 make a recommendation to *defer*, *approve*, or *deny* the applicant's participation in NLPHO.

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

Board of Directors

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

The Board of Directors meets every 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 status to the facility or organization that desires to become an NLPHO provider; provided however that such provisional status must be ratified by the Board of Directors at its next regularly scheduled meeting before the status granted shall become permanent.

Provider/Applicant Notification

The President shall notify the applicant within seven (7) working days of the Board of Director's decision for approval or denial of panel appointment. Notification of denial shall include the basis for such denial.

Reconsideration of Denial of Panel Appointment

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 for up to thirty (30) days following receipt of the information by the Credentials Coordinator.

If an applicant feels denial is based on inaccurate information, or if the information provided by the applicant is substantially different from that obtained from other sources, 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 regularly 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.

Time Period for Processing

Every effort will be made to expedite the credentialing process. However, in some instances, it may take ninety (90) days before the applicant receives final notification from the time the applicant has submitted a complete application packet including all requested materials.

V. RECREDENTIALING

NLPHO recredentials its participating facilities and organizational providers at least every three years. The process of re-credentialing participating providers shall be in accordance with the same process to prospective applicants, set forth in section IV of this policy, entitled "Process of Application Review".

VI. SITE VISITS AND ONGOING MONITORING OF ORGANIZATIONAL COMPLAINTS

The NLPHO provider relations representative will monitor and investigate member complaints related to the quality activities and grievances of the organization within sixty (60) days. 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. Organizations have the right to obtain the results of the site visit. If the results of the site visit are less than NLPHO standards, the organization 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 organization regarding the issue.
3. The provider relations representative will conduct a site review at the organization for which complaints were made.
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 organization 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.

VII. ONGOING MONITORING OF SANCTIONS

The purpose of ongoing monitoring is to assure that organizational 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 organizational provider who is excluded by either Medicare or Medicaid will be terminated immediately by written notification, sent certified mail from NLPHO.

VIII. 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.

IX. THE CREDENTIALS COMMITTEE

The purpose and composition of the Credentials Committee will be the same as set forth in section II of Policy CRE 100, Initial Provider Appointment, Credentialing, and Recredentialing.

X. CONFIDENTIALITY POLICY

The confidentiality of facility and organizational applicants will be the same as set forth in section III of Policy CRE 100, Initial Provider Appointment, Credentialing, and Recredentialing.

XI. 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.

XI. AMENDMENT POLICY

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

AUTHORIZED SIGNATURE

Chairman, NLPHO Board of Directors

IN COLLABORATION WITH: The NLPHO Board of Directors