

**Employer Provider Network Inc.  
(EPNI)**

**2017 Credentialing Policy Manual**

# Credentialing & Recredentialing Policy Manual

The information contained in the Employer Provider Network, Inc. Credentialing Policy Manual is considered the sole and exclusive property of EPNI.

## Policy Considerations

The following factors may be considered when establishing and revising Credentialing policies:

- Clearly identified purpose and scope of policies
- Context and consequences of not having policies
- History, chronology, environmental considerations (internal/external/economic/technological/political)
- Literature analysis
- Related experiences (e.g., other health care plans and/or organizations/industries external to health care)
- Accurate identification of stakeholders
- Stakeholders' perspectives (internal/external)

## Glossary of Terms

- All references to “EPNI”, “EPNI Networks”, etc., refer to Employer Provider Network, Inc. only.
- "Day" refers to calendar day, unless otherwise specified.
- "Independent Relationship" refers to the circumstances when EPNI or its affiliates selects and directs its members to see a specific practitioner who is licensed to practice independently.
- Facility/Organizational Provider, heretofore referred to as “Facility”, refers to a specific facility type for the purposes of Credentialing. The medical provider types are hospitals, home health agencies, skilled nursing facilities/nursing homes, free-standing surgical centers, and free-standing sleep centers/sleep labs. All types of facilities providing mental health and substance abuse services are also included. Mental health and substance abuse services may be in inpatient, residential or ambulatory settings.
- “Practitioner” refers to an individual health care professional.

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# Credentialing Policy Manual

## Series 100: Introduction

### 102: About Credentialing

Employer Provider Network, Inc. (EPNI) uses a credentialing process to provide members with a selection of physicians and other healthcare professionals who have demonstrated backgrounds consistent with the delivery of high quality, cost-effective health care. The credentialing process and review applies to all EPNI credentialing policies and procedures for all products or lines of business. We have established credentialing criteria for network participation that is used to evaluate a provider's credentials. EPNI utilizes a credentialing software system to track and house our credentialed practitioners and provider information.

The lists in 102.01 and 102.02 inform which practitioner and facility types are required to go through the credentialing process.

#### 01. Practitioner Types/Specialties That Require Credentialing

- Physician (MD, DO) - Except if hospital-based only
- Podiatrist (DPM)
- Chiropractor (DC)
- Optometrist (OD)
- Oral and Maxillofacial Surgeon (MD)
- Psychologist (PHD, PSYD, ED D, MA, MS)
- Social Worker - Licensed to practice independently:
  - LICSW - Minnesota and North Dakota
  - LISW - Iowa
  - LCSW - Wisconsin
  - CSW-PIP - South Dakota
- Licensed Mental Health Counselor (LMHC) – North Dakota only
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Professional Counselor (LPC) - Must be able to practice without supervision.
- Licensed Marriage and Family Therapist (LMFT)
- Certified Nurse Midwife (CNM)
- Registered Nurse Clinical Specialist (RNCS, CNS)
- Registered Nurse Practitioner (RNP)
- Physician Assistant (PA)
- Licensed Acupuncturist (LAC)

#### 02. Practitioner Types/Specialties That Do Not Require Credentialing

- Audiologist
- Certified Registered Nurse Anesthetist (CRNA)
- Dentist (DDS)
- Oral and Maxillofacial Surgeon (DDS, DMD)



- Occupational Therapist (OT)
- Physical Therapist (PT)
- Registered Dietitian (RD)
- Registered Nurse First Assistant (RNFA)
- Registered Nurse supervising Personal Care Assistants (PCA)
- Residents (in approved residency training)
- Speech Language Pathologists (SLP)
- Hospitalist-a physician who specializes in the practice of medical care to hospitalized patients
- Hospital-based physicians including Pathologists, Radiologists, Anesthesiologists (unless practicing pain management), Laborist, and Emergency Room Physicians
- Hospital Behavioral Health Practitioners
- Personal Care Assistants (PCA)
- Licensed Alcohol and Drug Counselor (LADC)
- Mental Health Practitioner supervising an Adult Rehabilitative Mental Health Services (ARMHS) Program

**103: Non-Credentialed Provider Requirements:**

**Advanced Diagnostic Imaging**

01. Advanced diagnostic imaging services are required to be properly accredited in order to bill for or be reimbursed for services, due to Federal and State laws. The following services are subject to these laws:

- Magnetic Resonance Imaging (MRI)
- Computed Tomography (CT)
- Nuclear Imaging, Positron Emission Tomography (PET)

*Advanced diagnostic imaging does not include x-ray, ultrasound, or fluoroscopy.*

Accreditation of the above providers is required by one of the following entities:

- American College of Radiology (ACR)
- Intersocietal Accreditation Commission (IAC)
- The Joint Commission (TJC); or
- Other relevant accreditation organizations designated by the Secretary of the United States Department of Health and Human Services

All contracted facilities that provide advanced diagnostic imaging (ADI) services must have obtained accreditation by August 1, 2013, and continue to maintain accreditation thereafter. ADI providers requesting network participation must hold current accreditation before a contract offer will be considered. EPNI may require advanced diagnostic imaging providers to produce evidence of this required accreditation.

**Special Transportation/Common Carrier Providers**

02. Transportation/Common Carrier providers are required to carry auto liability insurance coverage

**104: Initiating the Process for Participation in our Networks (Also reference Series 700 for Credentialing Process)**

01. Information regarding how to become a participating provider in our networks can be found on our website: [ccstpa.com](http://ccstpa.com).
02. If you do not have internet access, call Provider Services at 1-800-262-0820 to request this information.

**105: General Policy Information: Who, What, Why, How, When?**

**01. Who is the audience for this Manual?**

The internal audience for this manual includes Employer Provider Network, Inc. (EPNI) leadership and members of EPNI Credentialing Committee. The external audience for this manual may include persons that have a recognized need for or interest in reviewing its contents. This may include State or Federal regulating authorities and national accrediting entities or affiliates. External distribution shall be authorized by the Chair of the Credentialing Committee or designee.

**02. What is a policy?**

A policy is a settled description or a course of action (rather than a case in point) to be followed by EPNI that reflects the values, mission and vision of EPNI. In general, policies do not include the detailed processes or procedures used to implement actions.

**03. Who establishes credentialing policy?**

Credentialing policy is established by the highest level decision-maker(s) with the authority and accountability for the policy actions. For the purposes of this Policy Manual, the decision maker(s) shall be the Quality Management Committee (QMC) or its representative of EPNI.

**04. Why are policies established?**

Credentialing policies are established to eliminate unfair business practices, such as prejudice in favor of or against individual circumstances or actions. Policies demonstrate thoughtful and appropriate due process and clarify intentions for the organization, its employees and its stakeholders; i.e., regulators, customers, and providers. "Policies facilitate decisions and promote consistency of interpretation and applications across organizational lines, provide a record to guide future policy development and serve as a framework for revisions, and minimize the possibility of illegal and/or unauthorized action."

(EPNI Corporate Policy Manual, Policy Statement 1-00, May, 1998)

**05. How are policies used?**

Policies are used by all levels of EPNI staff to educate and serve as guidelines for decisions and actions.

**06. When are policies established?**

Policies are established when persons capable of reasonable judgment could logically arrive at different decisions.

**110: Frequency of Policy Review**

Recommendations for additions or revisions to this policy manual may be submitted by EPNI staff or members of EPNI Credentialing Committees to the Credentialing Committee for review. Credentialing policies shall be submitted to Quality Council or its representative or its representative for approval minimally on an annual basis.

**112: Impact of Policy Revisions**

Within a six-month timeframe, staff shall review any credentialing files that were negatively affected by a policy when a subsequent revision of the same policy would result in a more favorable position. Staff shall take reasonable steps to inform practitioners and facilities of policy revisions and of potential or actual changes in participation status.

**115: Intent of This Policy Manual**

The policies contained in this Manual are intended to serve as guidelines for all Employer Provider Network, Inc. (EPNI) credentialing decisions. All practitioners and facilities are credentialed to the standards presented in this document.

**120: Effective Dates**

All policies shall be effective as noted on each policy. Any policy that is revised shall immediately supersede all earlier versions of that policy.

**125: Deviation from Policy**

Recommendations for policy deviations shall require approval of the Credentialing Committee.

**130: Procedure**

Credentialing staff are authorized to develop and maintain written procedures in order to implement administrative processes and to efficiently and effectively comply with policies contained in this Manual.

**Series 200:** Purposely Left Blank

**Series 300: Credentialing Information** - *This series is subject to Federal and State data privacy laws including HIPAA and to the EPNI Corporate Policy: Confidential and Proprietary Information (6-15).*

301 – 309 Intentionally left blank

**310: EPNI (internal) Access to Credentialing Information**

- 01.** EPNI utilizes an electronic paperless credentialing system to process and maintain credentialing information in a secure, confidential environment. All faxed credentialing documentation is electronically imaged and scanned to the credentialing record. Hard copy documents are shredded after scanning according to corporate policy guidelines. Access to the credentialing database is password protected and limited to authorized staff.
- 02.** Members of the Credentialing Committee, Credentialing and other designated EPNI staff shall have access to credentialing records on a need-to-know basis, consistent with the parameters of their employment at EPNI. All staff are obligated to protect confidential information and any unauthorized disclosure of this information is cause for disciplinary action.
- 03.** Other EPNI staff may access credentialing records following the completion of the “Credentialing Information Release Form,” and approval of the request from the EPNI Legal Department in consultation with the Credentialing Leadership or designee.
- 04.** Confidential internal communication may be prepared and distributed on a need to know basis for the purpose of Credentialing, Contracting or other administration.

**315: External Access to Credentialing Information**

- 01.** Federal and State regulatory agencies may review credentialing files as part of their authorized oversight responsibilities.
- 02.** Accreditation Agencies, i.e., National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Committee (URAC), may review credentialing files as part of their authorized plan review.
- 03.** Requests from research groups and any others for summary or aggregated information shall be evaluated by EPNI on a case-by-case basis and may be granted, subject to all applicable laws, after appropriate confidentiality agreements are signed.
- 04.** Credentialing Information Release Form. All parties requesting access to summary or individual credentialing information must describe in writing the information needed and the reason(s) why the information is needed. The decision to release information shall be made by the EPNI Legal Department in consultation with the Credentialing Leadership or designee.

**320: Practitioner Access to Credentialing Information**

- 01.** Practitioners may review information submitted in support of their credentialing applications, subject to all applicable laws.
- 02.** Credentialing staff will notify practitioners in writing if any information obtained from other sources during the credentialing process varies substantially from that provided to EPNI by the practitioner.
- 03.** Practitioners/Providers have the right to correct erroneous information obtained during the credentialing process within 30 calendar days by submitting in writing to the Credentialing

Department any corrections or an explanation of discrepancies by either mail, fax, or email. Practitioners/Providers are notified of this right to correct erroneous information during the credentialing process via letter or request for additional information. Upon receipt of notification we will document it.

**04.** Release of a peer reference requires written consent of the reference author.

### **321: Listings in Practitioner Directories and Other Member Materials**

Information provided in member materials, including practitioner directories, shall be consistent with all relevant information obtained during the credentialing process. Specifically, any practitioner information regarding qualifications given to members, should match the information regarding practitioner's education, training, certification and designated specialty gathered during the credentialing process. "Specialty" refers to an area of practice, including primary care disciplines.

At the time of initial credentialing, re-credentialing, and when board certifications expire, credentialing staff enters into our Provider Demographics database each practitioner's verified information to include: education, training, board certification, and specialty. This information is then available to be utilized by other areas within EPNI, such as directories and other materials for members.

## **Series 400: Credentialing Committee**

### **405: Purpose**

The Credentialing Committee is a peer review body with members drawn from the practitioners participating within the network. The Committee makes provider and practitioner participation decisions for EPNI. This Committee is intended to be a review organization under Minnesota Statutes Section 145.61, and thus shall ensure that all requirements contained in Minnesota Statutes Section 145.61 through 145.67 are maintained and followed.

### **410: Committee Responsibilities**

**01.** To review provider and practitioner files presented by credentialing staff, that do not meet EPNI credentialing criteria, including clinical EPNI Network Participation Requirements and quality of care standards. Following Committee review and discussion, the Committee may recommend one or more of the following options, based on EPNI Network Participation Requirements and EPNI policies:

- To table the decision until additional or supplemental credentialing information is obtained
- To assign participation status to the provider and determine the effective date
- To assign "restricted or conditional" participation status to the provider, practitioner or delegate and determine the effective date. Restricted or conditional participation actions may reflect an increasing level of severity as listed in Policy 221.

- To deny participation status to the provider or practitioner. If a practitioner has been denied in one practice setting, he/she is denied in any and all practice settings unless the Credentialing Committee grants an exception for a specific practice location.
  - To terminate network participation for providers and practitioners who do not meet eligibility or clinical requirements as defined in series 800.
- 02.** To request additional expertise (non-voting) as needed to address specific credentialing cases or issues.
- 03.** To review findings of pre-delegation and annual delegated credentialing evaluations identified and make one of the following decisions:
- Approve continued delegation
  - Conditionally continue delegation based on an identified course of action listed
  - Discontinue the Credentialing/Recredentialing Delegation Agreement.
- 04.** *Intentionally Left Blank*
- 05.** To review findings of previously identified site visit deficiencies, patient complaints, observations by EPNI staff made during routine contacts, and make a decision to require an ad hoc unannounced site visit, deny participation, or confirm that no additional follow-up is needed.
- 06.** To review findings of organizational providers with issues, conducted in compliance with Policy Series 1400, and make one of the following decisions: approve compliance, approve restricted or conditional compliance based on an identified course of action, or deny participation.
- 07.** To take action to suspend or terminate a provider or practitioner for cause based on approved credentialing policy.
- 08.** To read and review all Reconsideration documentation submitted by a practitioner or provider.
- 09.** To develop and recommend EPNI credentialing and network participation policies.
- 10.** To communicate finalized policies to the EPNI staff, who shall in turn communicate the policies to the Quality Management Committee (QMC) or its representative for review and approval.
- 11.** To review and consider performance information on quality issues, including complaints and sanctions when making credentialing decisions.
- 12.** To review findings of the evaluations conducted of the capacity for delegated complaint management and make a decision to: Approve continued delegation, conditionally continue delegation based on an identified course of action, or discontinue the Complaint Management Delegation.

13. To participate in ad hoc peer review meetings for the purpose of processing expedited quality of care review cases, when requested by the Health Management Medical Director.

**411: Voting Procedures and Quorums**

**Fifty-one percent (51%) of all voting Committee members shall constitute a quorum for the purposes of conducting official Committee business. Action shall be taken by a majority vote. The Committee Chair votes only when there is a tie vote, in order to break the tie. If during a meeting, an exact Quorum is no longer met, the voting must cease.**

**412: Committee Member Responsibilities**

**01.** To notify the Credentialing Analyst of any changes in Committee member's address or telephone number.

**02.** To notify the Credentialing Analyst in advance, at least twenty four (24) hours, of any anticipated absence from the scheduled meeting.

**03.** All Committee members are expected to attend at least two thirds of all announced and scheduled meetings within each calendar year and a minimum of six meetings must be attended in person. Members are expected to notify the Committee Chair or Secretary if unable to attend a meeting. Members not meeting this expectation shall be contacted to ascertain their continued interest in serving on the committee and may be asked to resign.

**413: Decision Making and Emergency Decisions (moved from 220 and 225)**

**01.** Committee decisions may be made during meetings, telephone conferences, video-conferences, by mail, or by fax.

Following staff review of the completed credentialing applications, files that meet Network Participation Requirements are presented to the Medical Director for credentialing decision sign off. (See Policy 411 also.)

The Credentialing Committee reviews files with possible current significant issues or identified significant issues and makes appropriate decisions. (See Policies 410 and ~~715~~ also.)

Practitioners/Providers with a restricted, conditional or denied participation status have the right to appeal Committee's decision in accordance with Policy 1115.

**02.** Qualified and trained credentialing staff may deny participation or terminate the participation status of practitioners or providers, when Network Participation Eligibility Requirements are not met. The right to Reconsideration is extended under these circumstances in accordance with Policy 1115.

**03.** Any Credentialing Appeal Hearing decision is the final administrative participation decision available to practitioners and providers.

**04.** Emergency Decision-Making (from 225)

Emergency decisions may be made by a Credentialing Medical Director, or designee, when reasonable information has been identified by EPNI, that a member may be endangered by potentially unsafe or unethical care or treatment.

Participation may be suspended immediately with written notification sent to the practitioner. Within 10 business days of the notification of suspension, all pertinent facts shall be gathered for review by an ad hoc peer review committee consisting of at least (3) practitioner members of the Credentialing Committee. These three Committee members will make a determination for final decision whether to terminate or recommend full committee review (Refer to QOC Complaint and Grievances Policies and Procedures).

*Designee means the following positions of authority in the sequence listed: Health Management Medical Director, Chief Medical Officer, other available EPNI Medical Director, and Credentialing Leadership. All designees shall participate in a credentialing policy orientation prior to making a decision.*

**414: Restricted or Conditioned Actions Taken Related to Adverse Practitioner, Provider or Delegated Credentialing Decisions. Actions May Reflect an Increasing Level of Severity.**

*Note: These are examples only.*

1. Increased frequency of recredentialing, site visits, or delegate file review
2. Require a work plan to describe steps to comply with credentialing standards, or if applicable, Documents need to be confidentially shredded or electronic files deleted.
3. Continuing education requirements or education imposed by EPNI
4. Increased frequency of medical record or coding audits by EPNI
5. Counseling by a peer practitioner, approved by a Blue Cross Medical Director or Director designee
6. Formal supervision by a peer
7. Evaluation by an external peer organization, i.e., Health Professionals Services Program (HPSP) or Colorado Personalized Education for Physicians (CPEP)
8. Participation condition or limitation, i.e., practice site, type (group vs. solo), scope of practice
9. Other restrictions or conditions deemed appropriate by the Credentialing Committee

*Practitioners or providers may be required to inform EPNI members of the restrictions or conditions of their participation*

**415: Membership**

01. The Quality Management Committee (QMC) or its representative or their designee appoints members of the Credentialing Committee.
02. The Credentialing Committee consists of six (6) physicians and two (2) non-physician practitioners who are participating practitioners in the Network. An additional 2 voting members are company staff as follows:



The Credentialing Committee consists of six (6) physicians who are participating practitioners in at least one EPNI Network.

- One (1) practitioner is board certified in Family Practice.
- Two (2) practitioners are board certified in Psychiatry, with subspecialties in one of the following areas: child or adolescent psychiatry, addiction psychiatry.
- One (1) practitioner is board certified in a Surgical specialty.
- One (1) practitioner is board certified in OB/GYN.
- One (1) practitioner is board certified in Pediatrics.
- Two (2) additional voting members of the Committee are non-physician practitioners who are participating in at least one (1) EPNI Network, and who are licensed or registered to practice a healing art under Minnesota statues Chapter 147 or 148; or to practice podiatry under Chapter 153.
- Two (2) additional voting members of the committee are EPNI staff.
- One (1) member is EPNI Legal Counsel, and
- The other is an EPNI management level staff from a department outside Credentialing.

In addition, *non-voting* members include the following:

- The Committee Chair/Medical Director (who votes only to break a tie vote)
- One (1) management level staff from Credentialing
- Other staff or practitioners as designated by the Committee Chair

All voting members have equal voting rights.

#### **420: Committee Chair/Medical Director Responsibilities**

The Credentialing Committee is chaired by the EPNI appointed Medical Director, who shall direct agenda items relevant to medical quality of care, as well as items relevant to business needs. The Committee Chair is a non-voting member, unless there is a tie vote.

Responsibilities:

##### **Medical Director(s) Responsibilities**

- 01.** To convene monthly meetings or as needed in order to conduct the business of the Credentialing Committee
- 02.** To sign off to approve credentialing files that meet EPNI credentialing criteria, including EPNI Network Participation Requirements and quality of care standards.
- 03.** To review and act on practitioner credentialing files identified by credentialing staff as having a possible significant issue(s). The Medical Director may decide one of the following:
  - Determine if additional information is needed prior to making a recommendation to the Credentialing Committee
  - Determine that the possible significant issue(s) meet EPNI Network Participation Requirements and Quality of Care standards, and direct staff to present identified issues along with practitioner's file to committee members without further investigation

- Determine that the possible significant issue(s) may not meet EPNI Network Participation Requirements and Quality of Care standards, and direct staff to present such issues to Committee members with all investigative findings.

**04.** To review all practitioners' files that staff has identified as having a significant issue prior to each Credentialing Committee meeting.

**05.** Other assigned Medical Director(s). In the event the Medical Director is not available to carry out any of his responsibilities identified in Section 411, the assigned Medical Director(s) shall assume this role.

**425: Authority**

The Credentialing Committee has the administrative authority to determine the participation status of a provider or practitioner.

**430: Reporting Relationships**

The Credentialing Committee reports final policy to the Quality Management Committee (QMC) or its representative.

**435: Meeting Frequency**

The Credentialing Committee conducts business on a monthly basis, or more frequently if necessary.

**440: Confidentiality Policy**

**01.** Committee members agree to abide by the published BlueCross Corporate Privacy Policy 2-03, General Rules for Use and Disclosure of Protected Health Information (PHI), including but not limited to Health Insurance Portability and Accountability Act (HIPAA). Any information regarding what transpired at a meeting, or the findings and conclusions of the committee shall be held in strict confidence.

**02.** Blue Cross shall hold in confidence all data and information that it acquires in the exercise of its duties and functions as a review organization as recognized under Minnesota Statutes Section 145.64. subd.1

The Rules enumerated below shall apply with respect to the peer review process.

- Credentialing Committee members agree to sign an annual statement that they understand their responsibility to preserve the confidentiality of all Blue Cross Proprietary Information and to comply with all requirements related to protection of PHI, even if they do not have regular access to, or review of such information. All external committee participants must also acknowledge that they have received appropriate HIPAA-related privacy training from Blue Cross on an annual basis.

#### **441: Conflict of Interest**

Any appearance of a conflict of interest shall be managed as if it were an actual conflict of interest.

**01.** Committee members shall reveal any associations, conflicts of interest or potential conflicts of interest with any credentialing applicant to the committee chair prior to the consideration of Committee business. The Committee member that declares a conflict of interest or potential conflict of interest shall not participate in discussions and voting on matters affecting the credentialing applicant. Failure to adhere to the intent of such prohibitions may result in a recommended resignation from the Committee and notification to Quality Management Committee (QMC) or its representative. General discussion of a listing of several providers is permitted.

**02.** Appeal Hearing members shall also reveal any conflict of interest if any one or more of the following circumstances related to "direct economic competition" applies:

1. The Committee member exhibits referral patterns to/from the person requesting the hearing.
2. Overlap in clinical privileges, or drawing patients from the same geographical area.
3. The Committee member practices in the same or closely related specialty with the person requesting the hearing.
4. The Committee member is a business partner of the person requesting the hearing.
5. The Committee member is a business partner of a member of the Credentialing Committee.
6. The Committee member has a current or prior dispute with the person requesting the hearing.
7. The Committee member is related by blood or marriage to either the person requesting the hearing or a member of the Credentialing Committee.

#### **442: Retention/Falsification of Records**

This topic is subject to the Blue Cross Policy described in the Code of Conduct Manual

#### **443: Orientation**

New members of Blue Cross Credentialing Committees shall receive a copy of the Credentialing program description.

#### **444: Appointments to Committees**

Blue Cross employees shall be assigned to serve on Credentialing Committees as determined by the Senior Network Management staff.

#### **445: Committee Leadership**

Committee leadership shall include the positions of Chair and recording Secretary. The Chair is appointed by the Quality Management Committee (QMC) or its designee.

#### 446: **Indemnification**

All individuals who participate in professional review actions shall be protected from damage suits as provided by the Federal Health Care Quality Improvement Act of 1986 and Minnesota Statutes Section 145.63.

#### 447: **Minutes**

Minutes shall list the date, time, location of meetings, attendees, and absent committee members. In brief narrative, the following additional elements shall also be addressed: topics discussed, significant decisions, follow-up issues and next meeting date, location, and time. Minutes and relevant documents shall be maintained in accordance with any and all applicable EPNI policies and state and federal requirements. Minutes are signed and dated by the Committee Chair and the Secretary

#### 448: **Reporting**

If in the course of researching a case for presentation to a credentialing committee, there is evidence to suggest that a practitioner is not in compliance with an existing Board Order, EPNI shall notify the applicable licensing Board (in writing) of the apparent discovery.

In addition, EPNI shall report adverse Credentialing Committee or Appeal Panel actions required by Federal Law (45 C.F.R. Sec. 60.5) to the applicable State Medical Board, as well as other entities, including the National Practitioners Data Bank (NPDB), within thirty (30) days from the date of final written notification to the practitioner.

### **Series 500: *Intentionally Left Blank***

### **Series 600: *Credentialing Appeal Hearing (See Policy Series 200 also.)***

#### **605: Purpose**

To make final credentialing decisions when an Appeal Hearing has been initiated by a practitioner or provider who has been given restricted or conditional participation status, or whose network participation has been terminated due to non-compliance with one or more Clinical EPNI Network Participation Requirements. This committee is intended to be a review organization under Minnesota Statutes Section 145.61, and thus shall ensure that all requirements contained in Minnesota Statutes Section 145.61 through 145.67 are maintained and followed.

#### **610: Responsibilities**

**01.** To review the provider/practitioner file and all paperwork submitted prior to the scheduled meeting date of the Committee.

02. To hear all information presented by or on behalf of the Practitioner/Provider or other person of practitioner's choice during the Committee meeting.
03. To act as a final authority in provider/practitioner participation decisions.
04. To notify EPNI Credentialing Analyst of any committee member's change in address or phone numbers, including facsimile number.
05. To participate in an orientation presented by EPNI qualified staff.
06. To read and review all Appeal documentation submitted by a practitioner or provider.

**615: Membership**

Membership Composition shall consist of three (3) voting practitioners including one practitioner representing the same or similar specialty area of the Appellant; one (1) EPNI Medical Director not participating in the Credentialing Committee decision discussion; and one (1) additional external practitioner. Each voting member shall have an equal vote. The Credentialing Leadership or designee shall appoint members. In addition, the Medical Director of the Credentialing Committee, the Credentialing Leadership, and EPNI Legal Counsel, as non-voting members, shall facilitate the Appeal Hearing.

**625: Reporting Relationships**

Decisions of the Credentialing Appeal Hearing shall be reported to the Credentialing Committee for informational purposes.

**630: Meeting Frequency**

Meetings shall be scheduled as soon as possible to accommodate appeals in a timely manner.

**Series 700: Credentialing Operating Policies** *(See Policy Series 1000 also.)*

**701: Non-Discriminatory Processes**

The processes used to credential and recredential practitioners/providers are conducted in a non-discriminatory manner. Individual characteristic issues of race, color, creed, religion, sex, national origin, marital status, status with regard to public assistance, disability, age, sexual orientation, status as a disabled or Vietnam-era veteran, or types of procedures, or types of patients the practitioner provides treatment for, are not considered during the credentialing or recredentialing process. The Credentialing Leadership monitors credentialing files and practitioner complaints periodically to ensure that the organization does not discriminate.

To comply with this policy, the Credentialing Committee

- attests by signing a non-discriminatory statement at the beginning of each credentialing committee meeting.
- reviews aggregate data on a quarterly basis that includes reasons for non-participation or termination decisions.

The organization does not collect data on an individual’s race, color, creed, religion, national origin, military status or sexual orientation during the credentialing process.

The organization permits practitioners to submit information about birth date or language spoken; however, this is not presented during the credentialing process.

Annually, the Credentialing Leadership reviews non-participating and termination decisions to ensure that the organization does not discriminate (e.g. age, languages spoken).

**705: Compliance with External Regulatory and Accreditation Organizations.**

**01. Federal and State Laws and Regulations**

All credentialing policies shall be in compliance with all applicable laws and regulations. If there is an inadvertent discrepancy between credentialing policy and any law or regulation, then the law or regulation shall override the policy.

**02. External Accreditation/Certification**

Standards set forth by national groups such as the National Committee for Quality Assurance (NCQA) and EPNI Blue Shield Association (BCBSA) shall be regularly reviewed. Revisions of internal criteria shall be made based on standards determined to be of value to EPNI, its providers, practitioners and members.

**03. Primary Source Verification** is completed by an NCQA vendor certified in all current NCQA elements, or by EPNI using the following sources.

In the table below, “I” refers to initial credentialing; “R” refers to recredentialing.

<b>INFORMATION CATEGORY</b>	<b>SOURCE</b>
License to Practice	Appropriate Licensing Agency
Hospital Privileges	Hospital or the completed hospital application item and a signed and dated attestation statement.
DEA Certificate	Copy of certificate or Prime source
Residency/Education	Residency Training Program or State Licensing Agency
Board Certification	ABMS or appropriate specialty board
Malpractice Coverage	Copy of current malpractice coverage sheet or the completed malpractice coverage application item and a signed and dated attestation statement.
Malpractice History	National Practitioners Data Bank (NPDB)
Sanction Information	NPDB, or State Licensing Boards
Work History	Application or Curriculum Vitae
Attestation to the correctness and completeness of information provided by the practitioner	Disclosure Statement on the Credentialing Application Attestation Page
Reasons for inability to perform the essential functions of the position	Disclosure Question #15 on the Credentialing Application
Lack of present illegal drug use	Disclosure Question #17 on the Credentialing Application

## **708: Break in Service, including Leave of Absence**

**01.** Break in Service or Leave of Absence, which could include, but not limited to: health, military, maternity or paternity or sabbatical leave.

- When a practitioner returns to the same PAR location from a verified leave of absence within 32 months of 36-month re-credentialing cycle the practitioner shall be reinstated and may resume seeing EPNI members following license verification.
- When a credentialed practitioner leaves a PAR location and moves to another Par location and has a verified break in service that is less than 32 months of 36-month recredentialing cycle the practitioner may see EPNI members following liability insurance and license verification.
- A break in service exceeding 180 days (6 months) requires EPNI to clarify the reason for the break in service either verbally or in writing; and, a gap in service that exceeds one year must be clarified in writing. If the practitioner returns within the 36-month time frame no other credentialing is required.
- If EPNI Blue Shield of Minnesota is unable to re-credential a practitioner within the 36 month time frame because the practitioner is on active military assignment, maternity leave or sabbatical, EPNI may credential the practitioner upon his or her return. EPNI must document the reason for the delay in the practitioner's file.
- If the practitioner was on a health leave of absence, the re-credentialing process requires a report from his/her attending physician, indicating that the practitioner is physically and mentally capable of resuming and performing all essential functions of his/her clinical duties.
- If re-credentialing is due, EPNI must complete the re-credentialing cycle within 60 days of the practitioner resuming practice or the practitioner is terminated from EPNI Networks.

**02.** Break in Service, including Termination of Contract

- If either the practitioner or EPNI terminates a contract, and there is a break in service of more than 30 days, EPNI must initially credential the practitioner before he or she rejoins the network.
- If either the practitioner or EPNI terminates a contract and there is a break in service of less than 30 days and the practitioner is within the 36-month time frame no credentialing is required.

## **710: Conditions/Circumstances When a Practitioner is not Credentialed by EPNI (See Policy Series 1000 also.)**

**01.** Practitioner is currently in approved residency training. (See Policy 806 also.)

### **02. Locum Tenens**

BlueCross and BlueShield's definition of a Locum Tenens is: A substitute physician who takes over another physician's practice when that regular physician is absent for specific reasons (for example: illness, maternity leave, military duty or sabbatical) is generally referred to as a "locum tenens" physician. The services rendered by the locum tenens physician may be submitted under the absent physicians' provider number or NPI. The modifier Q6 should be

appended to these services. Additional or replacement physicians not substituting for an absent physician must be credentialed and submit claims with their own NPI.

**03.** Practitioner is providing services that are not covered by EPNI products.

**04.** Practitioner is not licensed or certified in Minnesota (or bordering states) and not providing services to EPNI members.

**05.** Practitioners who practice exclusively within the inpatient setting (see examples below).

**Medical Practitioners** - Examples of this type of practitioner are emergency room physicians, pathologists, radiologists and anesthesiologists, where the hospital employs or contracts with the practitioner and has assumed responsibility for credentialing.

**Behavioral Health Practitioners** - Examples of this type of practitioner are social service social workers, psychologists performing psychological testing, or counselors providing behavioral health or chemical dependency services, where the hospital employs or contracts with the practitioner and has assumed responsibility for credentialing. These practitioner types practice exclusively within the inpatient setting and provide care for the member only as a result of members being directed to the hospital for services by the health plan.

*This exclusion does not apply if the practitioner has been denied participation in any setting.*

#### **720: Circumstances Requiring the Initial Practitioner Credentialing Process**

All practitioners with an independent relationship with EPNI are credentialed prior to receiving an EPNI contract. Participation status is determined only for practitioners carrying out functions consistent with their current scope of practice.

**01.** New Request for EPNI Participation. All practitioners must comply with the EPNI Network Participation Requirements as a minimal set of requirements (see policy #800).

**02.** Recredentialing of practitioners. All practitioners are recredentialed every three (3) years thereafter. (Also refer to Policy 905 and 915)

**03.** All practitioners, including those who are referred to as “grand parented practitioners” (entered the EPNI network prior to 1988 and have not completed an initial credentialing form), are subject to credentialing according to the terms set forth in the current Credentialing Practitioner EPNI Network Participation Requirements.

**04.** A new practitioner joining an existing “participating” group must successfully complete the EPNI credentialing process prior to treating any EPNI Members/Subscribers.

#### **725: Completeness of Credentialing Applications**

**01.** It is the responsibility of all applicants to provide complete information on all forms, for example, a signed and dated written application, and to supply adequate supporting materials as requested, to allow for thorough and uniform review of all applications.



**02.** Practitioners shall be responsible for obtaining and forwarding all credentialing information to the credentialing staff.

**03.** The credentialing staff shall make reasonable efforts to remind practitioners when information is outstanding or missing, prior to any decision or recommendation to deny participation.

**726: Practitioners Rights and Notification**

**01.** Practitioners, upon written or verbal request, shall be informed of the status of their credentialing or recredentialing applications.

**02.** Practitioners shall be notified within fifteen (15) business days of all initial credentialing or adverse professional review action that has been brought against them. The notice will include reasons for the action and a summary of the appeal rights.

**03.** Practitioners shall be informed of any information discrepancies, and shall have the opportunity to correct any erroneous information gathered during the credentialing process, prior to review by the Credentialing Committee.

**04.** Practitioners have the right to review the credentialing information they have submitted to the EPNI Credentialing Department, via a written request. EPNI agrees to respond within 30 calendar business days by providing the practitioner the requested information in writing, not otherwise prohibited by law.

**05.** Practitioners shall be notified of the rights listed in 01 to 04 above, in Credentialing applications cover letters, and via web site information at *www.bluecrossmn.com* describing the credentialing process.

**730: E-mail and Fax Submission of Documents**

EPNI shall accept documents sent by e-mail or facsimile which require an original signature on an original document.

**735: Staff Review of Applications (Refer to policy 220.)**

**01.** The routine review of practitioners and providers credentialing applications shall be completed by qualified and trained EPNI staff using established written file review criteria. Files with possible identified significant issues shall be reviewed by the Medical Director.

**02.** The routine review and recommendation to terminate participation in EPNI networks shall be completed by qualified and trained EPNI Credentialing staff, when practitioners or providers do not meet EPNI Network Participation Requirements.

**03.** Practitioner/ Provider File Review Criteria:

Based on a careful review of submitted credentialing materials according to established procedures, staff determines whether each practitioner credentialing file Meets Requirements (Refer to Series 800 for Participation Requirements). Files meeting Participation Requirements are presented to the Medical Director for approval. If a credentialing file does not fully meet all requirements, the file is assigned to a Credentialing Analyst for further review and/or action,

which may include review by a Medical Director or the Credentialing Committee (refer to policy 220).

#### **740: External Delegation of Credentialing**

**01.** As of January 1, 2017, EPNI requires the following for considering potential delegates:

- Accredited in National Committee for Quality Assurance (NCQA); certified in NCQA, or pursuing NCQA accreditation or certification
- Employ a minimum of 300 practitioners
- Meet all network credentialing requirements.
- Delegation requests will be reviewed on a case by case basis. Providers interested in a delegated credentialing arrangement should contact their contract manager or Network Management Contact. The Credentialing Department will conduct an extensive pre-delegation evaluation to determine if the provider / practitioner group meets the delegation requirements. Results of the review will be communicated to the prospective delegate.

**02.** Using a Delegation Agreement, EPNI may delegate a part or all of the credentialing process to an external entity. This includes primary source verification and ongoing monitoring. The delegation agreement effectively delegates the credentialing process consistent with EPNI's internal standards and established procedures. All delegation agreements must state that the final decision-making authority for the purposes of establishing EPNI participation status is the EPNI Credentialing Committee.

**03.** Prior to signing a new delegation agreement, staff conducts a pre-delegation site visit that includes a staff and Credentialing Committee review and evaluation of credentialing and recredentialing policies, procedures and files. In the event the pre-delegation site visit identifies credentialing/recredentialing policies or procedures that do not meet EPNI standards, Blue Cross shall not enter into any delegation agreement until all identified areas meet EPNI standards. EPNI shall maintain oversight consistent with applicable laws, which includes an audit on an annual basis. The delegation evaluation findings and recommendations shall be presented to the Credentialing Committee for review and approval.

The Committee may decide to:

- Approve continued delegation
- Approve continued delegation, with restrictions or conditions (see Policy 221)
- Terminate delegation

**04.** In the event of a decision to terminate any or all of the activities associated with delegation, the entity must wait one (1) year to participate in a pre-delegation evaluation prior to signing a new delegation agreement.

#### **741: Actions Related to Approval of Continued Delegation with Conditions**

Actions may reflect an increasing level of severity.

## **750: Initial Site Visits**

**01.** Prior to contracting with a new Primary Care Clinic (PCC) clinic or practitioner, a new OB/GYN practitioner, or a potential high-volume Behavioral Health practitioner that does not have a history of compliance with EPNI credentialing site visit standards, EPNI staff will conduct a site visit according to established criteria and procedures. The site visit includes evaluation of medical record keeping practices, the physical environment, quality improvement activities, policies, physical access, and appointment availability. Staff evaluates the findings against established criteria. Sites that do not receive a passing score shall not be considered for a contract with EPNI. The criteria for determining a potential high-volume Behavioral Health practitioner is when:

- A psychiatrist or Behavioral Health professional at the Masters level or above who is licensed to practice independently, e.g., Psychologist, Social Worker; and
- The practitioner intends to work full time at a primary practice location with at least two other such practitioners, in any combination

**02.** If the clinic has current accreditation from The Joint Commission, a site visit is not required. {Additionally, practitioners and providers who are recognized under NCQA's Physician Practice Connections Recognition program may use such recognition status in lieu of site visits. In this case, they must provide EPNI with a copy of NCQA's recognition letter as evidence of full compliance.} Accreditation is location specific.

## **751: Complaint Initiated Provider Onsite Visits**

### **751: Complaint Initiated Provider Onsite Office Visits**

**01.** EPNI will initiate an onsite visit within 60 days of receipt of specific types of complaints: patient safety, oral patient privacy violations, or if a pattern of facility complaints is noted at one site or with a specific practitioner. Complaints received by the Plan from members regarding contracted network provider practices in the EPNI networks.

**02.** Member complaints regarding the quality of a patient visit are reviewed by Health Care Improvement. The nature of the complaint is then reviewed against the following thresholds to determine whether a site visit will be performed by a Site Reviewer.

- Any complaint that alleges an unsafe environment such as lack of infection control measures, lack of facility cleanliness, lack of facility maintenance (interior and/or exterior), inadequate waiting room and/or exam room space, or physical accessibility issues will be referred to Credentialing for an onsite visit with the highest priority.
- Any complaint alleging violation of privacy requirements will be reviewed to determine if the issue involves oral disclosure of components of Personal Health Information (PHI). If so, a site visit will be scheduled.
- If the Quality of Care Reviewer determines an onsite visit could assist in verifying or refuting an allegation, it will be referred to Credentialing. Credentialing will review the nature of the complaint including the number of complaints received against a certain provider to determine whether a site visit would be beneficial. Three complaints against a provider for essentially the same issue will cause a site visit to be scheduled.

**03.** The Credentialing Site Reviewer will schedule a visit within 60 days of the complaint's receipt by the Plan if it falls within the thresholds listed above. It is up to the discretion of the Site Reviewer if the clinic will be visited with or without notification.

- The site visit will include a full physical environment review as well as any data needed to resolve the specific issue.
- If an issue/problem is identified, a written Corrective Action Plan will be requested from the provider within 30 days of the onsite visit.
- Results of the site visit will be summarized and entered into VISTAR.
- The Site Reviewer will follow-up to ensure a Corrective Action Plan (CAP) is received, if one was required of the provider.
- The Site Reviewer will monitor the provider resolution and perform a second site visit, if necessary, within 60 days of the original visit.
- A report to the Credentialing Committee of the complaint resolution or ongoing issues will be prepared for the next Committee meeting.
- The cycle will continue until resolution of the issue(s) or until the provider is non-participating.

**04.** If subsequent to correcting a deficiency, the office site meets the complaint threshold for a different standard, EPNI will perform a follow-up site visit within 60 calendar days on the performance standard pertaining to the new complaint.

- The site visit will include a review of factors needed to resolve the specific issue.
- If an issue/problem is identified, a written Corrective Action Plan will be requested from the provider within 30 days of the onsite visit.
- Results of the site visit will be summarized and entered into VISTAR.
- The Site Reviewer will follow-up to ensure a Corrective Action Plan (CAP) is received, if one was required of the provider.
- The Site Reviewer will monitor the provider resolution and perform a second site visit, if necessary, within 60 days of the original visit.
- A report to the Credentialing Committee of the complaint resolution or ongoing issues will be prepared for the next Committee meeting.
- The cycle will continue until resolution of the issue(s) or until the provider is non-participating.

## **752: On-Going Monitoring of Sanctions, Quality of Care Complaints and Adverse Events**

- **License Sanctions**

On a monthly basis or within 30 days of a newly released sanction report Credentialing staff reviews practitioner limitations on licensure and sanction information.

### **02. Medicare and Medicaid Sanctions:**

The EPNI Compliance department conducts a monthly exclusionary scan process which compares internal EPNI files against the following external entities for a match; Office of Foreign Assets Control (OFAC), Office of Inspector General (OIG) and the General Service Administration (GSA/EPLS) files.

1. The exclusionary scan process/procedure is conducted to ascertain that practitioners are not restricted from receiving payments from any Federal programs, including, but not limited to, Medicare, Medicaid, or third party programs. The results of the scan are distributed to many departments within EPNI including the Credentialing department.

## **02. Member complaints:**

Member Complaints and grievances are taken into consideration during the initial credentialing and recredentialing process with the possibility of escalation of review by the Credentialing Committee.

Based on severity levels, member complaints and grievances regarding practitioners and providers quality of care or quality of service are investigated and tracked monthly by the Medical Management Quality and Compliance area who would escalate concerns for possible review by the Credentialing Committee for appropriate action.

### **753: Centers for Medicare and Medicaid (CMS) Opt Out Reports**

Quarterly, the Provider Data Quality Analyst shall check the Center for Medicare and Medicaid (CMS) “Opt Out” Reports against Blue Cross network practitioner roster, in order to ensure that practitioners who are serving the Medicare population are not identified on such reports.

## **Series 800: Practitioner Network Participation Requirements**

### **801: Purpose**

EPNI seeks partnerships with qualified practitioners and providers committed to delivering quality health care services to our members. To this end, EPNI credentials practitioners and providers applying for participation with EPNI.

### **802: Compliance**

EPNI collects and verifies certain eligibility and clinical information to determine whether practitioner/provider applicants meet EPNI Policy and Network Participation requirements. Continued participation with EPNI is contingent upon maintaining and complying with these participation requirement criteria along with quality performance standards as further set forth in the EPNI Credentialing Policy Manual.

### **803: EPNI Authority**

EPNI reserves the discretionary authority to deny or approve participation to applicants including special considerations for those practicing in Health Professional Shortage Areas or Medically Underserved Areas, except as otherwise required by law. Practitioners and providers applying for participation in the EPNI Provider Networks shall be responsible for, and shall have the burden of proof with regard to demonstrating that all of the following requirements have been met. EPNI reviews each practitioners or provider on an individual case-by-case basis. If the practitioner or provider does not adequately demonstrate that all such requirements have been met, EPNI may at its sole discretion, except as otherwise required by law, deny participation to such practitioner or provider.

## **804: Minimum Guidelines**

The EPNI Network Management Division must have determined that the practitioner's or provider's services are eligible and needed for EPNI members. In addition, the following participation requirements are the minimum guidelines used in the development and Maintenance of a provider network that supports EPNI's Corporate Purpose: "We make a healthy difference in people's lives, consistent with our values of social responsibility, integrity, compassion, continuous learning, and financial responsibility. Integrity, compassion, continuous learning, and financial responsibility"

Additional factors consistent with our Corporate Purpose are also considered at EPNI's sole discretion, including, for example, but not limited to, whether or not a practitioner acts in a professional manner.

### **01: Practitioner Credentialing**

All practitioners and providers, including those who entered the EPNI Network prior to 1988 and have not been formally credentialed, are subject to initial credentialing. These participation requirements serve as a basis for initial and subsequent recredentialing.

### **02: Provisional Practitioner Credentialing**

A practitioner applying to the Blue Cross Network for the first time may be PROVISIONALLY credentialed ONE time. This provision is allowed for the benefit of making the practitioner available before the completion of the entire Initial Credentialing Process. Blue Cross will not hold practitioners in a provisional status for more than 60 calendar days.

Requirements for the provisional credentialing include the following:

- Valid license to practice
- 5-year history of malpractice claims or Nat'l Practitioner Data Bank Query
- A current and signed application with attestation

## **805: Participating Practitioners / Providers**

Practitioners or providers participating in EPNI Networks with one or more restrictions or conditions of participation set by the Credentialing Committee, shall acknowledge in writing an understanding of such restrictions or conditions, and agree to comply.

## **806: Eligibility Criteria**

### **01. Disclosure of Information**

Practitioners are accurate and truthful when completing all information in the Credentialing application. Applicants shall be responsible for reviewing and verifying all information in the Credentialing application.

### **02. Request for Information**

Practitioners and providers are compliant and respond in a timely manner to EPNI requests for missing information or additional credentialing information.

### **03. Adverse Actions**

**In accordance** with the EPNI Provider Agreement, Provider shall notify EPNI immediately if any Health Care Professional's license is ever revoked, suspended, or restricted. Practitioners and providers must maintain compliance with any State Board order or corrective action, and with any established restrictions or conditions for participation in EPNI networks.

### **04. Licensure, Registration or Certification**

Network practitioners and providers must maintain the necessary state health care license, registration, or certification appropriate to their practice or type of services provided.

Any independently licensed, certified, or registered health practitioner or provider who applies for participation shall agree to comply with EPNI Participation Requirements (described herein) in order to obtain “acceptance for network participation” as described in the provider contract and to maintain participation in the network.

There is an additional requirement for Physician Assistants who are requesting an EPNI Participating Contract. These Physician Assistants must provide the physician named on their Supervising Physician Agreement or Collaborative Management Plan. The physician named on the Supervising Physician Agreement or Collaborative Management Plan must be participating and credentialed by EPNI.

#### **Practitioners Requiring Credentialing:**

##### ***Doctors***

- Physician (MD, DO)
- Podiatrist (DPM)
- Chiropractors (DC)
- Optometrists (OD)
- Oral & Maxillofacial Surgeons (MD)
- Psychologists (Ph.D, Psy.D, Ed.D)

##### ***Advanced Practice Practitioners***

- Certified Nurse Midwife (CNM)
- Registered Nurse Clinical Specialist (RNCS, CNS)
- Registered Nurse Practitioner (RNP)
- Physician Assistants (PA)
- Psychologists (MA)

##### ***Other***

- Licensed Acupuncturist (L.Ac.)
- Traditional Midwife (LTM or LM)

##### ***Social Workers***

- Licensed Clinical Social Worker (LCSW) – Wisconsin only
- Licensed Independent Clinical Social Worker (LICSW) – Minnesota and North Dakota
- Licensed Independent Social Worker (LISW) – Iowa only
- Certified Social Worker Private Independent Practice (CSW-PIP) – South Dakota only

### ***Counselors***

- Licensed Mental Health Counselor (LMHC) – Iowa only
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Professional Counselor (LPC) - Must be able to practice independently

### ***Therapists***

- Licensed Marriage and Family Therapist (LMFT)

*Note:* Practitioners' titles and abbreviations vary from state to state and may change from time to time. Check with appropriate State licensing agencies for specific titles.

### ***Facility Providers that Require Credentialing:***

- Hospitals
- Home Health Care Agencies
- Skilled Nursing Facilities/Nursing Homes
- Ambulatory Surgery Centers (Free-standing only)
- Sleep Centers/Sleep Labs (Free-standing only)
- Behavioral Health facilities including Substance Abuse treatment facilities (Inpatient, Residential and Ambulatory settings)
- Birth Centers (Free Standing)

## **05. Liability Insurance**

Network practitioners and providers (facilities) maintain minimum insurance coverage as follows:

- ***Practitioner Requirement***  
Professional Liability (Malpractice) coverage in the amount of \$1 million per incident and \$3 million aggregate, unless the practitioner or provider is covered by a State or Federal Tort Claim liability statute, i.e., Minnesota State Statute 3.736. Practitioners must provide evidence of malpractice coverage or Federal Tort coverage letter, or attestation to the fact that they have the required amounts.

## **07. Payment Restrictions**

Network practitioners and providers are not currently restricted from receiving payments from any State or Federal program, including but not limited to Medicare and Medicaid.

## **08. Chemical Substances**

Network practitioners do not have an active substance use disorder. Determination of network participation status will be at the discretion of the Credentialing Committee and reviewed on a case by case basis. It is at the Committee's discretion to request additional evidence that there is not an active substance related problem. This may include, but is not limited to, a request for clinical assessment findings from an addiction specialist physician or other licensed or certified addiction professional. Network practitioners who have had prior instances of a substance use disorder or problems related to substance use (e.g., a driving offense) must provide Blue Cross with reasonable documentation of being abstinent by providing the number of months of sustained abstinence at the time of submitting an application for first time (initial) credentialing or recredentialing.



Examples of problems related to substance use include, but are not limited to, Driving Under the Influence (DUI) or DUI related offenses, seeking or receiving addiction treatment, or disciplinary actions by any professional organization related to substance use. Note that ASAM sees as inappropriate any disciplinary action taken due to a practitioner's health status; health problems should be referred for appropriate treatment, not discipline, and matters of competence, knowledge, skills, or unprofessional conduct should be within the purview of discipline, whether or not there is an accompanying health problem.

#### **09. Fraud**

Network practitioners are not currently charged with and/or have never been convicted of any offense involving fraud, reasonably related to the practice of medicine (including office billing and claims submission processes) since the commencement of their health care professional education and training.

#### **10. Education and Training**

##### ***Medical Doctors and Doctors of Osteopathy***

Medical Doctors and Doctors of Osteopathy must have completed a residency recognized by the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Medical Specialties (ABMS) or the Federation of the Royal College of Physicians and Surgeons of the UK, or a one (1) year fellowship recognized by the ACGME, the Royal College of Physicians and Surgeons of Glasgow (UK), the College of Family Physicians of Canada, or the Royal College of Physicians and Surgeons of Canada. Equivalent experience shall be considered for those General Practice practitioners graduating from medical school before 1980. In addition, Foreign Medical School Graduates must also be certified by the Educational Commission for Foreign Medical Graduates (ECFMG).

Practitioners granted an exception to the completed residency requirement shall be permitted to continue as participating practitioners at specifically approved locations as long as all other requirements are met.

##### **Exceptions Made Prior to July 1, 1997**

Practitioners granted an exception to the completed residency requirement shall be permitted to continue as participating practitioners at specifically approved locations as long as all other requirements are met.

##### ***Doctors of Chiropractic Medicine***

Doctors of Chiropractic Medicine must have graduated from a college of chiropractic which is accredited by the Council on Chiropractic Education, or another agency appropriately approved by the U.S. Department of Education.

##### ***Doctors of Podiatric Medicine***

Doctors of Podiatric Medicine must have completed a residency program. Equivalent experience will be considered for those graduating from Podiatry school before 1980.

##### ***Advanced Practice Nurse Specialists***

Advanced Practice Registered Nurse Practitioners, Clinic Nurse Specialists, Nurse Midwives, and Nurse Anesthetists must be certified for such advance practice registered nursing by a National nurse certification organization and are licensed by the State Board of Nursing.

***Physician Assistant***

Physician Assistant's must have and maintain certification with the National Commission on Certification of Physician Assistants (NCCPA) and be licensed by the State Board of Medical Practice.

***Acupuncturists***

Acupuncturists must have completed appropriate training in Oriental Medicine, maintain NCCAOM certification or training that is deemed equivalent by the State licensing board, and hold a current State license to practice acupuncture.

***Clinical Psychologists***

Doctoral Level: Network psychologists must have a Doctoral degree in psychology from a regionally accredited college or university and are licensed by the Board of Psychology at the doctoral level.

Masters Level: Network psychologists must have a Masters degree in psychology from a regionally accredited college or university and are licensed according to State requirements.

***Certified Marriage and Family Therapists***

Certified Marriage and Family Therapists must have a Masters degree in an appropriate behavioral science field or mental health discipline, and are licensed by the Minnesota Board of Marriage and Family Therapy.

***Independent Clinical Social Workers***

Independent Clinical Social Workers must have a Masters degree in social work from a Graduate school of social work accredited by the Council on Social Education and are licensed by the Minnesota Board of Social Work.

**11. MD and DO Board Certification**

- Physicians requesting network participation after March 15, 2005 must be Board Certified or have Boards-in-Process status.
- Boards-in-Process requires evidence of registration. The following evidences will be required:
  - Copy of a paid registration.
  - Practitioner must complete a Blue Cross Boards-in-Process Attestation form if registration not available at time of credentialing.
  - Other applicable information that Blue Cross staff deems necessary
  - Provide written exam preparation plan
- Practitioners who have been “grand parented” for initial credentialing by Blue Cross shall be permitted to continue as participating practitioners at specifically approved locations as long as all other requirements are met.
- An EPNI approved Board refers to the American Board of Medical Specialties (ABMS), the American Osteopathic Associated (AOA), the Royal College of

Physicians and Surgeons of Glasgow (UK), the College of Family Physicians of Canada, or the Royal College of Physicians and Surgeons of Canada, the American Board of Addiction Medicine (ABAM). To be considered board eligible, foreign educated physicians must have completed or have in process a one (1) year fellowship recognized by the Accreditation Council for Graduate Medical Education.

- Physicians with specialties which require certification must comply with their Board's recertification requirements. It is EPNI's expectation that physicians will maintain their certification to remain eligible for network participation. This applies only to practitioners initially credentialed for network participation after March 15, 2005.
- Physicians who have a Boards-in-Process status must become Board Certified within the eligibility period allowed by their certifying board of specialty. Additionally, board certification must follow the specialty of the physician's training and primary practice specialty.
  - The Credentialing Committee makes the final decision on a case-by-case basis.
  - The Medical Director may approve practitioners on a case-by-case basis for foreign educated physicians.

## **807: Clinical Criteria**

### **01. Scope of Practice**

Network MDs, DOs and DPMs: Education and training is appropriate, relevant to, and consistent with their current scope of practice, as demonstrated by completing a residency, fellowship, and obtaining Board Certification or obtaining a Certificate of Added Qualification (CAQ) from an EPNI approved Board.

All other practitioners' scope of practice is appropriate, relevant to, and consistent with their education and training.

### **02. *Intentionally Left Blank***

### **03. Professional Conduct**

Practitioners engage in cooperative, professional and courteous behavior. Unprofessional conduct is subject to evaluation for participation status at the discretion of the EPNI Medical Director and/or the review of the EPNI Credentialing Committee.

### **04. *Intentionally Left Blank***

### **05. Felony or Gross Misdemeanor**

Network practitioners are not currently charged with and/or have never been convicted of a felony or gross misdemeanor, reasonably related to the practice of Medicine (including office billing and claims submission processes) since the time of the commencement of their health care professional education and training. These cases are reviewed on a case by case basis by the Credentialing Committee.

### **06. Sexual Problems**

Network practitioners do not have an incident (s) of sexual misconduct, sexual assault, or sexual harassment. All sexual incidents will be reviewed by the EPNI Credentialing Medical Director.

**Definition of Incident:**

An INCIDENT is defined as Blue Cross' discovery of any of the following four events:

- Any conviction, judgment, jury verdict or the entering of guilty plea involving sexual misconduct, sexual assault, or sexual harassment.
- Any admission of responsibility for sexual misconduct, sexual assault, or sexual harassment.
- Any disciplinary action by a professional organization, such a hospital, a state licensing board, or other regulatory organizations, involving sexual misconduct, sexual assault, or sexual harassment, or
- Any act which Blue Cross reasonably deems to be inappropriate sexual contact or misconduct.

**07. Hospital Privileges**

Network MDs and DOs must have current hospital privileges in accordance with their current scope of practice and must not have been expelled, suspended, placed on probation, or limited due to professional incompetence from any hospital privileges within the past five (5) years. Practitioners without current hospital privileges may have approved continuity of care arrangements with participating practitioners consistent with their scope of practice.

**08. DEA Number**

Network MDs and DOs in accordance with their scope of current practice, must maintain a valid Drug Enforcement Administration (DEA) number.

**09. *Intentionally Left Blank***

**10. Physical or Mental Health**

Network practitioners do not have a condition that, with or without reasonable accommodation, affect the ability to provide appropriate care to patients, and otherwise perform the essential functions of a practitioner in the same area of practice without posing a health or safety risk to patients.

**11. Quality of Care**

Network practitioners provide appropriate patient care, maintain appropriate medical record documentation, and do not have malpractice case history, inappropriate prescribing practices, negative peer references, or any other evidence that indicates concerns regarding patient care and safety.

## **Series 900: General Recredentialing Policies**

### **905: Frequency and Initiation of Recredentialing (See Policy 720)**

**01.** All practitioners are recredentialed at a minimum of every three (3) years using the contractually binding “Network Participation Requirements” described in policy 800 as a baseline.

**02.** *Intentionally Left Blank*

**03.** These requirements shall be applied along with a review of quality performance data when EPNI is evaluating the continued network participation status of practitioners in the event of any of the following:

- Request for continued network participation (See Policy 750)
- State Licensing Board action
- EPNI awareness of a National Practitioner Data Bank (NPDB) entry
- EPNI awareness of a situation suggesting a potential for patient harm
- Any other situation which EPNI, in its discretion, deems appropriate for review, (i.e., network need, non-compliance with terms of restricted or conditional participation status).
- A request for an information update may be made when a practitioner has a Restricted or Conditional participation status

### **906: Waiting Time to Reapply**

A provider/practitioner that has been “Terminated With or Without Cause” has been Denied participation, or has Voluntarily Terminated their participation status may reapply for Credentialing after waiting two (2) years from the Termination decision date.

### **910: Practitioners in Blue Plus Prior to 1988**

All physician practitioners, including “grand parented physicians” or those who entered the EPNI network previous to 1988 and have not been credentialed according to Policy 800, are subject to credentialing according to the terms set forth in Policy 800.

### **915: *Intentionally Left Blank***

## **Series 1000: *Intentionally Left Blank***

## Series 1100: Credentialing Decisions

### 1105: Reasons for Participation Status Denials and Waiting Time to Reapply

**01.** A practitioner or facility provider shall be denied initial participation or continued Participation when one or more of the EPNI Network Participation Requirements are not met. (See Policy Series 800.)

**02.** Practitioners or Facility providers who fit one of the following categories may resubmit a request for Network Participation via submission of a credentialing application, no earlier than two (2) years from the date of the decision notification.

Categories:

- Are denied initial participation
- Are denied continued participation
- Voluntarily terminate their participation status

### 1106: Actions Related to Conditional or, Restricted Decisions

(See Policy Series 414.)

### 1110: Notifying Practitioners/Providers

**01.** Providers and individual practitioners are routinely notified in writing of conditional or restricted participation status decisions, including a description of the restrictions or conditions and appeal rights.

All practitioners/providers are notified by credentialing staff in writing, within sixty (60) days of any denied credentialing participation decision and appeal rights. Clinic administrators are also notified, and are required to facilitate patient transition and proper billing procedures for non-participation status, EPNI staff shall make reasonable effort to notify affected practitioners before notifying clinic administrative staff. which means the practitioner shall: inform patients who are Blue Cross members of their non-participating status and if such notice is not given, provider may not bill the member for any amount in excess of the amount allowed by Blue Cross; and obtain written consent from the member prior to rendering any services to verify that the member is aware practitioner is a non-participating provider which will impact their out of pocket costs.

### 1115: Reconsideration Decisions

#### **01. Clinical Basis:**

New and currently participating practitioners or providers who express disagreement with a denied, restricted, or conditional participation decision due to non-compliance with Clinical EPNI Network Participation Requirements by the Credentialing Committee, and who have contacted appropriate EPNI staff, may submit new or additional information for a Reconsideration at the next scheduled meeting of the Credentialing Committee. Reconsideration is limited to one (1) occurrence per credentialing application review. The practitioner has the right to be represented by an attorney or other person of the practitioners or provider's choice throughout this process, but a reconsideration review is only conducted via written materials and does not include an in-person interview.

Currently participating practitioners or providers who express disagreement with a terminated, restricted or conditional participation decision due to non-compliance with Clinical EPNI Network Participation Requirements by the Credentialing Committee after reconsideration, may request an Appeal Hearing at the next scheduled meeting of the Credentialing Appeal Hearing. (See Policy Series 1300)

**02. Eligibility Basis:**

New and participating network practitioners and providers who express disagreement with the Credentialing Committee or its designee denied, terminated, restricted or conditional participation decision (which is due to noncompliance with Eligibility EPNI Network Participation Requirements) may request reconsideration from authorized Credentialing staff. When the practitioner or provider has contacted appropriate EPNI staff to request “Reconsideration” the practitioner or provider must submit evidence that they, in fact, meet all Eligibility EPNI Network Participation Requirements. The practitioner may submit new or additional written information to be reviewed at an upcoming Credentialing Committee meeting. The practitioner has the right to be represented by an attorney throughout this process, but a reconsideration review is only conducted via written materials and does not include an in-person interview.

Participation decisions based on eligibility participation requirements are made by the Credentialing Committee or its designee and shall be the final administrative decision available to practitioners and providers. Further appeal is not available.

**1116. Restricted, Conditional, and Temporary Participation Decisions**

**01.** Consistent with Credentialing Policy 414, restricted or conditional participation decisions may include specific action resulting from the EPNI Quality of Care peer review policy and procedures.

**02.** To meet the member’s needs, EPNI may grant provisional Participation status to an individual practitioner for a period not to exceed 60 days by providing practitioners to serve immediately. A practitioner may be provisionally credentialed once.

In order to qualify for this designation, a practitioner must at a minimum:

- Hold a current state license in the state that they are requesting temporary credentialing with no current disciplinary actions
- Must have completed residency training and meet the Credentialing Board Certification requirements as outlined in Credentialing Policy 807:02
- Maintain adequate insurance as defined by BCBSMN
- Will be employed by an existing EPNI network provider

For this designation to occur, a practitioner or facility may request provisional credentialing by submitting a credentialing application, including an EPNI attestation to the EPNI credentialing department as posted on our website. Provisional credentialing is optional and at the discretion of the Credentialing Manager or designee. Provisional credentialing is not offered to practitioners who are credentialed by a delegated entity. All decisions regarding the request for provisional credentialing are final.

## **Series 1200: *Intentionally Left Blank***

## **Series 1300: Credentialing Reconsideration and Appeal Hearing Policy** *(Refer to Policies 1100 and 1115 also. Refer to 1400 for facilities)*

### **1305: Reconsideration Rights**

New and current participating practitioners and providers have the right to request Reconsideration if the participation decision was due to non-compliance with Clinical EPNI Network Participation Requirements. To request Reconsideration, practitioners and providers must provide EPNI written notice postmarked within thirty (30) days from the date of the restricted, conditional, non-participation or termination decision notification letter. The request typically outlines why the practitioner or provider disagrees with the decision, and includes new additional information or highlights specific points for reconsideration. Upon receipt of the practitioner's request notice, Credentialing Committee reconsideration is initiated. The practitioner may submit new or additional written information to be reviewed at an upcoming Credentialing Committee meeting. The practitioner has the right to be represented by an attorney throughout this process, but a reconsideration review is only conducted via written materials and does not include an in-person interview.

### **1310: Appeal Rights**

If a currently participating practitioner or provider chooses to request Reconsideration and the Committee upholds its original determination, the practitioner or provider also has the right to an Appeal Hearing before a panel of independent practitioners or providers (when the basis for the decision is non-compliance with one or more Clinical EPNI Network Participation Requirements). The practitioner or provider shall be sent notice regarding the time, date and place of the hearing. At the hearing the practitioner or provider has the following rights:

- A right to representation by an attorney or other person of the practitioner or provider's choice
- To have a record made of the proceedings
- To call, examine and cross-examine witnesses
- To present relevant evidence determined to be relevant by the appeal panel, regardless of its admissibility in a court of law
- To submit a written statement at the close of the hearing.

For new (currently not participating with EPNI) practitioners or providers, the reconsideration is the final review; no further appeal rights are available

### **1315: Status During Reconsideration/Appeal Process**

**01.** The practitioner or provider's participation status in the EPNI Network may continue pending the outcome of the appeal and hearing process. This status is determined on a case-by-case basis by the Credentialing Committee at the time of the decision.



**02.** If the practitioner or provider chooses not to request a formal appeal of this decision, participating status shall end on the date specified in the original notice or if applicable, the restrictions or conditions shall remain. After that date, the practitioner shall be regarded as non-participating. Details regarding non-participation are conveyed directly to the practitioner and clinic administrator.

**1330: Waiver of Right to Appeal**

All appeal rights are considered to be voluntarily waived if the request for appeal has not been received by EPNI by the thirty-first (31<sup>st</sup>) day following the date of the Credentialing Committee decision letter.

**1335: Notification of Decisions**

The practitioner or provider shall be notified in writing of the Reconsideration or Credentialing Appeal Hearing decision within fifteen (15) business days of the decision.

## **Series 1400: Facility (Organizational Provider) Credentialing and Recredentialing**

**1401: Purpose:**

EPNI seeks partnerships with qualified facility providers committed to delivering quality health care services to our members. To this end, EPNI credentials facility providers applying for initial or continued participation in the EPNI networks.

**1405: Scope**

These policies apply to the following provider types:

- Behavioral Health facilities providing Mental Health and/or Substance Abuse treatment services - inpatient/residential and outpatient/ambulatory settings
- Ambulatory Surgery Centers – freestanding
- Birth Centers - freestanding
- Home Health Care Agencies
- Hospitals – all types including psychiatric and specialty
- Skilled Nursing Facilities/Nursing Homes
- Sleep Centers (complex)

In addition, all of these policies apply to any facility provider when Blue Cross becomes aware of a quality of care concern.

**1407: EPNI Standards**

It is expected that the facility provider will meet the criteria established by EPNI as set forth in Policy Series 800 and 1400.

**1409: Compliance**

EPNI collects and verifies certain eligibility information to determine if facility provider applicants meet EPNI Policy and Network Participation requirements. Continued participation with EPNI is contingent upon maintaining and complying with all participation requirements.

#### **1411: EPNI Authority**

EPNI reserves the discretionary authority to deny or approve participation to applicants including special considerations for those practicing in Health Professional Shortage Areas or Medically Underserved Areas, except as otherwise required by law. Facility providers applying for participation in the Blue Cross Provider networks shall be responsible for, and shall have the burden of proof with regard to demonstrating that all requirements have been met. Blue Cross reviews each provider on an individual case-by-case basis. If the provider does not adequately demonstrate that all such requirements have been met, Blue Cross may at its sole discretion, except as otherwise required by law, deny participation to such provider.

#### **1412: Minimum Guidelines**

The EPNI Provider Relations Department must have determined that the facility provider's services are eligible and needed for EPNI members. In addition, the following participation requirements are the minimum guidelines used in the development and maintenance of a provider network that supports EPNI Corporate Purpose: "We make a healthy difference in people's lives, consistent with our values of social responsibility, integrity, compassion, continuous learning, and financial responsibility."

Additional factors consistent with our Corporate Purpose are also considered at EPNI's sole discretion, for example, but not limited to, whether the facility has a history of non-compliance with state licensing and/or federal certification standards, has been cited for substantiated determinations of maltreatment or neglect, or has had fines or civil money penalties levied against it.

#### **1413: Eligibility Criteria**

##### **01. Disclosure of Information**

Facility providers must be accurate and truthful when completing all required information on the *Facility Credentialing Application*. Applicants shall be responsible for reviewing and verifying all information on the Application.

##### **02. Licensure, Certification, Registration**

Facility providers must at all times maintain the necessary state health care licensure, certification and/or registration appropriate to the type of services provided.

##### **03. Liability Insurance**

Facility providers must maintain continuous insurance coverage as follows:

- **Commercial General liability** coverage in the minimum amount of \$1 million per occurrence *and* \$3 million aggregate, unless the facility is covered by a State or Federal Tort Claim liability statute, i.e., Minnesota State Statute 3.736. Facilities must provide a copy of the Professional Liability coverage certificate or Federal Tort coverage letter indicating the required amounts.

- **Professional liability** coverage in the minimum amount of \$1 million per occurrence *and* \$3 million aggregate that includes all facility employees. Facilities must provide a copy of the Commercial General liability coverage certificate or Federal Tort coverage letter indicating the required amounts.

#### **04. Accreditation/Survey/Site Visit**

At the time of initial or recredentialing, **one** of the following is required:

- Current accreditation by an approved accrediting agency (see specific facility types for applicable approved agencies 1421-1427)
- Completion *within the past 36 months* of an onsite government licensing/certification survey in which the facility was found to be in substantial compliance. Facility is required to submit a copy of its most recent (within the past 36 months) licensing/certification survey along with a copy of the facility's corrective action plan, if corrective action was ordered; or submit written correspondence from the licensing/certification agency stating the facility is in substantial compliance with the most recent onsite survey standards.
- Successful completion of an EPNI onsite visit

#### **05. Requests for Information**

Facility providers must respond *in a timely manner* to EPNI requests for missing information or additional credentialing information.

#### **06. Reporting of Adverse Actions**

In accordance with the EPNI Provider Service Agreement, provider shall notify EPNI immediately if any facility license is ever revoked, suspended, or restricted. Facility providers must maintain compliance with all State licensing agency orders of corrective action and with any established restrictions or conditions of participation in the EPNI networks.

#### **1417: Initial Credentialing**

Prior to contracting with a facility provider identified in policy 1405, EPNI will verify that the facility has met all requirements listed in Policy 1413.

#### **1419: Recredentialing**

- 01. Frequency** - All facility providers shall be recredentialed at a minimum of every three (3) years.
- 02. Requirements** are the same as those for initial credentialing.

#### **1421: Behavioral Health Facilities**

Behavioral health facilities provide mental health and/or substance abuse treatment services in residential, inpatient or ambulatory settings.

**01. Accreditation:** EPNI accepts *current, Unconditional* accreditation for behavioral health facilities from the following organizations:

- Commission on Accreditation of Rehabilitation Facilities (CARF)

- Community Health Accreditation Program (CHAP)
- Council On Accreditation (COA)
- The Joint Commission (TJC) - formerly known as JCAHO

**02. Non-accredited Behavioral Health Facilities:** Non-accredited facilities and those with conditional accreditation must comply with Policy 1441.

**03. Opiate Treatment Programs (DHS licensed):** Practitioner credentialing is also required for all physicians with prescribing authority at State licensed opioid clinics. Physicians should complete and submit a *Minnesota Uniform Practitioner Credentialing Application*.

#### **1422: Ambulatory Surgery Centers (Free-standing)**

A free-standing ambulatory surgery center refers to one that is an independent legal entity and is not physically attached to another health care institution.

**01. Accreditation:** EPNI accepts current, unconditional accreditation for ambulatory surgery centers from the following organizations:

- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
- American Association of Ambulatory Health Centers (AAAHHC)
- Healthcare Facilities Accreditation Program (HFAP)
- The Joint Commission (TJC) - formerly known as JCAHO

**02. Non-accredited Ambulatory Surgery Centers:** Non-accredited surgery centers and those with conditional accreditation must comply with Policy 1441.

#### **1423: Birth Centers (Free-standing)**

A birth center refers to one that is an independent legal entity, not physically attached to another health care institution and is licensed for the primary purpose of performing low-risk deliveries.

**01. Accreditation:** EPNI requires current, unconditional accreditation for birth centers from the following organization:

- Commission on Accreditation of Birth Centers (CABC)

**02. Non-accredited Birth Centers:** Non-accredited birth centers will not be considered for network participation until CABC accreditation is achieved.

#### **1424: Home Health Care Agencies**

Home Health Care Agencies must be licensed to provide skilled nursing services. In Minnesota, the agency must hold a Comprehensive or Class A license.

**01. Accreditation:** EPNI accepts current, unconditional accreditation for home health care agencies from the following organizations:

- Accreditation Commission for Health Care, Inc. (ACHC)
- Community Health Accreditation Program (CHAPS)
- The Joint Commission (TJC) - formerly known as JCAHO

**02. Non-accredited Home Health Care Agencies:** Non-accredited agencies and those with Conditional accreditation must comply with Policy 1441.

**03. Non-Medicare Certified Home Health Care Agencies:** Non-Medicare Certified agencies must meet the following minimum requirements:

- Must offer Registered Nurse (R.N.) services
- Must be available to serve clients 24 hours per day/7days per week
- Must be in business (hold State licensure) for at least 1 year
- Must have served at least 5 patients in the previous year

**1425: Hospitals**

All hospital types are credentialed, including Psychiatric and Specialty hospitals.

**01. Accreditation:** EPNI accepts current, unconditional accreditation for hospitals from the following organizations:

- Healthcare Facilities Accreditation Program (HFAP)
- The Joint Commission (TJC) - formerly known as JCAHO
- Det Norske Veritas (DNV) /

**02. Non-accredited Hospitals:** Non-accredited facilities and those with Conditional accreditation must comply with Policy 1441.

**1426: Skilled Nursing Facilities/Nursing Homes**

**01. Accreditation:** EPNI accepts current, unconditional accreditation for skilled nursing facilities and nursing homes from the following organizations:

- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Community Health Accreditation Program (CHAP)
- Continuing Care Accreditation Commission (CCAC)
- The Joint Commission (TJC) - formerly known as JCAHO

**02. Non-accredited Skilled Nursing Facilities/Nursing Homes:** Non-accredited nursing homes and those with Conditional accreditation must comply with Policy 1441.

**1427: Sleep Centers (Free-standing)**

Sleep Centers conduct overnight sleep studies. They are equipped to diagnose complex sleep disorders and are credentialed separately if affiliated with a hospital but not located within the hospital or if they are an independent free-standing facility.

**01. Accreditation:** EPNI accepts current, unconditional accreditation for sleep centers from the following organizations:

- American Academy of Sleep Medicine (AASM)
- Accreditation Commission for Health Care, Inc. (ACHC)
- The Joint Commission (TJC) - formerly known as JCAHO

**02. Non-accredited Sleep Centers:** Non-accredited facilities and those with Conditional accreditation must comply with Policy 1441.

**1441: Non-Accredited Facilities**

Facilities without evidence of current, Unconditional accreditation must meet EPNI standards and must pass an onsite visit by a government agency or by EPNI. *The survey must have been completed within the past 36 months of the re/credentialing*

*approval date.*

### **01. Government Agency Site Visit**

The following onsite surveys may be accepted in lieu of an EPNI site visit:

- **Centers for Medicare and Medicaid Services (CMS) Certification Survey – Hospitals, Ambulatory Surgery Centers, Home Health Care Agencies, Skilled Nursing Facilities/Nursing Homes**  
Credentialing staff shall obtain a copy of the most recent (must be within the past 36 months) standard licensing survey along with any corrective action plans that would have been sent to the Department of Health pursuant to the survey *or* a cover letter from the Department of Health stating the facility is in substantial compliance with Department of Health survey standards.
- **Department of Health Licensing Survey - Non Medicare (CMS) Certified Home Health Care Agencies, Non Medicare certified Ambulatory Surgery Centers**  
Credentialing staff shall obtain a copy of the most recent (must be within the past 36 months) standard licensing survey along with any corrective action plans that would have been sent to the Department of Health pursuant to the survey *or* a cover letter from the Department of Health stating the facility is in substantial compliance with Department of Health survey standards.
- **Department of Human Services (or its Designee) Licensing Review – Most Behavioral Health facilities**  
Credentialing staff shall obtain a copy of the most recent (must be within the past 36 months) Licensing Review report along with any corrective action plans that would have been ordered by and sent to DHS pursuant to the survey *or* a cover letter from DHS stating all citations have been corrected.

### **02. EPNI Site Visit**

The facility must receive a passing score of seventy percent (70%) during an onsite visit by EPNI or its designee. EPNI credentialing site visit standards include the following:

- The exterior physical plant meets EPNI expectations
- The interior of the facility meets EPNI expectations
- The facility has infection control policies and procedures in place
- The facility protects member rights and has a Patient Bill of Rights clearly posted
- The facility has appropriate medical record keeping practices and provides evidence that medical records are maintained according to those practices
- The facility has a formalized process for credentialing all licensed practitioners employed or contracted at the facility
- The facility has a written Quality Improvement Program that is integrated throughout the facility and provides evidence of activities, such as meeting minutes or notes
- The facility provides documentation of continuity of care, discharge and/or transfer to another facility or level of care
- The facility provides appropriate instructions and teaching to facilitate member transition from facility with appropriate referrals

## **1442: Decision Making**

The Credentialing Committee makes the final decision regarding facilities with Significant issues (see Policy 735) following the recommendations submitted by the EPNI Provider Relations leadership, or their designee, prior to completing the contracting process or during mid-cycle monitoring or at the time of routine recredentialing.

#### **1443: Reconsideration Rights**

Participating facility providers have the right to request Reconsideration if the participation decision was due to non-compliance with EPNI Network Participation Requirements. To request Reconsideration, the facility must provide EPNI written notice postmarked within thirty (30) days from the date of the restricted, conditional, non-participation or termination decision notification letter. The request typically outlines why the facility disagrees with the decision, and includes new additional information or highlights specific points for reconsideration. Upon receipt of the facility's request notice, Credentialing Committee reconsideration is initiated. The facility may submit new or additional written information at an upcoming Credentialing Committee meeting.

#### **1444: Appeal Rights**

If the facility chooses to request Reconsideration and the Committee upholds its original determination, the facility also has the right to an Appeal Hearing before a panel of independent providers (when the basis for the decision is non-compliance with one or more EPNI Network Participation Requirements). The facility shall be sent notice regarding the time, date and place of the hearing. At the hearing the facility provider has the following rights:

- A right to representation by an attorney or other person of the facility's choice
- To have a record made of the proceedings
- To call, examine and cross-examine witnesses
- To present relevant evidence determined to be relevant by the appeal panel, regardless of its admissibility in a court of law
- To submit a written statement at the close of the hearing.

#### **1445: Status During Reconsideration/Appeal Process**

- The facility's participation status in the Blue Cross Network may continue pending the outcome of the appeal and hearing process. This status is determined on a case-by-case basis by the Credentialing Committee at the time of the decision.
- If the facility chooses not to request a formal appeal of this decision, participating status shall end on the date specified in the original notice or if applicable, the restrictions or conditions shall remain. After that date, the facility shall be regarded as non-participating. Details regarding non-participation are conveyed directly to the facility's administrator.

#### **1446: Waiver of Right to Appeal**

All appeal rights are considered to be voluntarily waived if the request for appeal has not

been received by EPNI by the thirty-first (31<sup>st</sup>) day following the date of the Credentialing Committee decision letter.

**1447: Notification of Decisions**

The facility shall be notified in writing of the Reconsideration or Credentialing Appeal Hearing decision within fifteen (15) business days of the decision.

**1450: Required Data Element: Medicare Provider Number**

All facility providers that accept Medicare assignment and patients are required to submit a Medicare number as requested on the Credentialing application.

**1451: Centers for Medicare and Medicaid Services (CMS) Provider Enrollment Appeal Process**

A provider or supplier whose Medicare enrollment is denied or whose Medicare billing privilege is revoked can request an appeal of that initial determination. This appeal process applies to all provider and supplier types, not just those defined in 42 C.F.R. § 498, and Ensures that all applicants receive a fair and full opportunity to be heard. With the implementation of the appeals provision of Section 936 of the Medicare Prescription Drug Modernization and Improvement Act (“MMA”), all providers and suppliers that wish to appeal will be given the opportunity to request an appeal of a contractor hearing decision to an Administrative Law Judge (ALJ) of the Department of Health and Human Services (DHHS). Providers and suppliers then can seek review by the Departmental Appeals Board (DAB) and then may request judicial review.