

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

Credentialing & Recredentialing Policy Manual

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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 & Recredentialing 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. We have established credentialing criteria for network participation that is used to evaluate a provider's credentials.

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
- Personal Care Assistants (PCA)
- Mental Health Practitioner supervising an Adult Rehabilitative Mental Health Services (ARMHS) Program

03. Facility Provider Types That Require Credentialing

Medical:

- Ambulatory Surgery Center (Free-standing only)
- Home Health Care Agency (Not a PCA-only agency)
- Hospital (All types including Psychiatric)
- Skilled Nursing Facility/Nursing Home
- Sleep Center/Sleep Lab (Free-standing only)

Behavioral Health:

- Adult Foster Care Licensed Residential Care
- Child Foster Care/Residential Mental Health – Minnesota Department of Human Services (DHS) or Minnesota Department of Corrections (DoC) Rule 2960
- Mental Health Day Treatment or Partial Hospitalization/Partial Psych
- Mental Health Residential/Inpatient, Intensive Residential Treatment Service (IRTS), or Residential Crisis – Minnesota DHS Rule 36
- Opioid Clinic – Minnesota DHS Rule 31
- Substance Abuse Adolescent – Minnesota DHS Rule 2960
- Substance Abuse Adult/Adolescent – Minnesota DHS Rule 31

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 Council 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 for approval 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: Committees in General - *This series applies to all EPNI Credentialing Committees unless otherwise stated. (See Policy Series 400 and 600 also.)*

205: Term of Office

Members not serving on the Committee as a requirement of their position at EPNI shall have a term of one (1) year and will be reappointed by the Quality Council on a yearly basis. The Credentialing Committee designee will provide notification of the approved or denied membership reappointment.

210: Attendance

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 four 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.

215: 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.

216: Intentionally Left Blank

220: Decision Making

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 EPNI 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 EPNI 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.

221: 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, the terms of a delegation agreement
3. Continuing education requirements or education by EPNI staff
4. Increased frequency of medical record or coding audits by EPNI
5. Counseling by a peer practitioner, approved by a EPNI 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. An MD or DO who has Conditioned or Restricted participation status may lose eligibility to act as a Collaborating Physician to an APRN or PA
10. 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

225: Emergency Decision-Making

Emergency decisions may be made by an EPNI 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 adhoc 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 Director. All designees shall participate in a credentialing policy orientation prior to making a decision.

230: Reimbursement

Committee members who are not employed by EPNI shall be reimbursed for meetings attended. Travel expenses will be reimbursed at the current EPNI rate for individuals traveling from outside a 60-mile radius of the EPNI Credentialing Office.

235: Confidentiality Policy

01. Committee members agree to abide by the published EPNI Corporate Confidentiality Policy described in the EPNI Code of Conduct. Any information regarding what transpired at a meeting, or the findings and conclusions of the committee shall be held in strict confidence.

02. EPNI 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.

1. Credentialing Committee member names and Peer Reviewer name will not be made available for a Reconsideration Appeal; however, members' specialty type may be released.
2. Credentialing Committee member names will be made available to the Appellant or his/her attorney only upon requests for formal Appeal Hearing.

3. Guest Peer Reviewer's specialty information will be released, and only upon Appellant's request during a formal Appeal Hearing will the reviewer's name be released.

240: 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 Council. 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. The Committee member practices in the same or closely related specialty, with overlap in clinical privileges, or drawing patients from the same geographical area.
3. The Committee member practices in the same practice location of 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.

245: Retention/Falsification of Records

This topic is subject to the EPNI Policy described in the Code of Conduct Manual.

250: Orientation

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

255: Appointments to Committees

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

260: *Intentionally Left Blank*

265: Committee Leadership

Committee leadership shall include the positions of Chair and Secretary. The Chair is appointed by the Quality Council.

270: 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.

275: 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.

280: 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 Board (in writing) of the apparent discovery.

In addition, EPNI shall report adverse Credentialing Committee actions as required by Federal Law (45 C.F.R. Sec. 60.5) to the Minnesota Board of Medical Practice (MBMP), other State Medical Boards, as well as other entities, including the National Practitioners Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB), within fifteen (15) days from the date of final adverse action taken by the Credentialing Committee.

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).*

305: Designated Sources of Credentialing Information

Items available through public sources may be released by credentialing staff. Confidential items, such as quality indicators, complaints, or study results, may be released only in accordance with law, and with written permission of the practitioner and the EPNI Health Improvement Director.

310: EPNI (internal) Access to Credentialing Information

310: Blue Cross (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 Blue Cross. 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 Director 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 Director 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. Practitioners shall be notified 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 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.

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 Rumba 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

To make 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
- 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 in Policy 221
 - 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 take actions to invoke the contract right to terminate participation without cause when a non-beneficial relationship with a practitioner or provider is identified.
- 09.** To read and review all Reconsideration documentation submitted by a practitioner or provider.
- 10.** To develop and recommend EPNI credentialing and network participation policies.
- 11.** To communicate finalized policies to the EPNI staff, who shall in turn communicate the policies to the Quality Council for review and approval.

12. To review and consider performance information on quality issues, including complaints and sanctions when making credentialing decisions.

13. 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.

14. 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: 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.

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.

415: Membership

The Quality Council appoints members of the Credentialing Committee.

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

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.

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 Council.

435: Meeting Frequency

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

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 Director or designee shall appoint members. In addition, the Medical Director of the Credentialing Committee, the Credentialing Director, 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 Director monitors credentialing files and practitioner complaints periodically to ensure that the organization does not discriminate.

To comply with this policy, the committee attests by signing a non-discriminatory statement at the beginning of each credentialing committee meeting.

The committee also 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 Director 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. In the event 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.

		INFORMATION CATEGORY	SOURCE
I	R	License to Practice	Appropriate Licensing Agency
I	R	Hospital Privileges	Hospital or the completed hospital application item and a signed and dated attestation statement.
I	R	DEA Certificate	Copy of certificate or Prime source
I	-	Residency/Education	Residency Training Program or State Licensing Agency
I	R	Board Certification	ABMS or appropriate specialty board
I	R	Malpractice Coverage	Copy of current malpractice coverage sheet or the completed malpractice coverage application item and a signed and dated attestation statement.
I	R	Malpractice History	National Practitioners Data Bank (NPDB)
I	R	Sanction Information	NPDB, Federation of State Medical Boards or Licensing Board
I	-	Work History	Application or Curriculum Vitae
I	R	Attestation to the correctness and completeness of information provided by the practitioner	Disclosure Statement on the Credentialing Application Attestation Page
I	R	Reasons for inability to perform the essential functions of the position	Disclosure Question #15 on the Credentialing Application
I	R	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. Practitioner is making a first request to be a Locum Tenen for three (3) months or less. Additional requests require practitioner credentialing. (A locum tenens is a practitioner who is hired for a position that is intended to be a temporary position.)

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 (Refer to Policy 1335)

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

02. Practitioners shall be notified within ten (10) business days of all initial credentialing or adverse recredentialing decisions.

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 information submitted in support of their credentialing applications.

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 one (1) of four (4) classifications for each practitioner file. See Classification Table below:

CLASSIFICATION	DESCRIPTION	STAFF ACTION
1	100% of EPNI Network Participation Requirements and Quality of Care standards are met and the application is complete	Participation sign off by Medical Director(s).
2	No current significant issues	Participation sign-off by Medical Director
3	Possible current significant issue(s)	<ul style="list-style-type: none"> • Special Case preparation required • Leadership and Medical Director review required • File may be reviewed by the Credentialing Committee.
4	Significant issue identified during Medical Director review	<ul style="list-style-type: none"> • Special Case preparation required • Case summary and Credentialing Committee review is required.

740: External Delegation of Credentialing

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

02. 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.

05. Currently there are 12 active credentialing/recredentialing delegation agreements with the following entities:

HEALTH SYSTEM	LOCATION	EFFECTIVE DATE
Altru Health System	Grand Forks, ND	April 1, 2006
Avera Health	Sioux Falls, SD	January 1, 2007
Dakota Clinic/Innovis Health	Fargo, ND	July 1, 2005
Duluth Clinic	Duluth, MN	July 7, 2005
Gundersen Lutheran Health Plan	La Crosse, WI	November 1, 1996
HealthPartners	Saint Paul, MN	August 1, 2000
Mayo Clinic	Rochester, MN	February 1, 1991
Mayo Health System	Rochester, MN	October 1, 2007
MeritCare Health System	Fargo, ND	December 15, 2005
Olmstead Medical Center	Rochester, MN	July 1, 1993
Park Nicollet Health System	Saint Louis Park, MN	August 1, 2005
Sanford Health Plan	Sioux Falls, SD	August 1, 2007

741: Actions Related to Approval of Continued Delegation with Conditions

Actions may reflect an increasing level of severity. (Refer to Policy 221.)

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

01. EPNI Blue Shield and Blue Plus of Minnesota 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, Blue Plus and 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 complaints 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.
- 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, Complaints and Adverse Events

Credentialing staff monitor practitioner-specific Medicare and Medicaid sanctions, sanctions or limitations on licensure, complaints and adverse events monthly. Medicare/Medicaid sanction information is reviewed by accessing the Office of Inspector General's (OIG) web site, 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.

Member Service complaints and quality of care complaints (adverse events) regarding practitioners and providers are investigated and tracked by the Integrated Health Management Department. Along with current complaints, Integrated Health Management assesses practitioners or providers history of issues in its investigation process.

Quarterly, the Credentialing Analyst runs a report for any practitioner with three (3) or more Member Service complaints in a rolling twelve (12) months. The report is then presented to the Credentialing Committee for review and decision.

Quality of care (adverse events) with a severity level of three (3) or four (4) are reported to the Credentialing Department upon closure by Integrated Health Management, and in a quarterly report thereafter. Credentialing staff checks the status of practitioners' license, Medicare and Medicaid sanctions, and NPDB entries, before reporting to the Credentialing committee for review and decision.

01: General Services Administration Excluded Parties List (EPLS)

Monthly, the Credentialing Analyst shall access the General Services Administration (GSA) web site at <http://www.epls.gov>, in order to review the Excluded Parties List (EPLS). The EPLS contains all parties debarred, suspended, proposed for debarment, or declared ineligible by agencies or by the General Accounting Office (GAO).

02: Centers for Medicare and Medicaid (CMS) Opt Out Reports

Quarterly, the Credentialing Analyst shall check the Center for Medicare and Medicaid (CMS) Opt Out Reports against BCBS network practitioner roster, in order to ensure that practitioners who are serving the Medicare population are not identified on such reports. If practitioners are identified on Opt Out Reports, they shall be notified that they will not be reimbursed for any Medicare claim for a period of two (2) years from their effective opt-out date.

Series 800: 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, 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."

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.

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 recredentialing.

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

Practitioners are compliant 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 Prescribing Advanced Practice Practitioners who are requesting an EPNI Participating Contract. These practitioners 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.)

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)

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.

- ***Facility Requirement:***

1) Professional Liability (Malpractice) coverage in the amount of \$1 million per incident *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.

2) Commercial General Liability coverage in the amount of \$1 million per incident *and* \$3 million aggregate. Facilities must provide a copy of the Commercial General Liability coverage certificate or Federal Tort coverage letter indicating the required amounts.

06. Facility Provider Accreditation

For Hospitals, Home Health Care Agencies, Ambulatory-Surgical Centers (freestanding), Nursing Homes, Sleep Centers (freestanding) and Behavioral Health facilities only, facility providers are accredited or have met the acceptable alternative standards described in Policy Series 1400.

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 problem (past twelve (12) months) with chemical substance abuse. Practitioners who have had prior instances with chemical substance abuse, for example, but not limited to Driving Under the Influence (DUI), or DUI related offenses, treatment or disciplinary actions by any professional organization related to chemical substance abuse, must provide reasonable documentation that they have been chemical substance free for the twelve (12) months prior to submitting an application for initial credentialing, or for any recredentialing. In the event of any reoccurrence, practitioners must show that they have been chemical substance free for the previous twenty-four (24) months.

It is at the committee's discretion to request additional evidence to determine that there is not an active substance problem, including but not limited to, chemical assessments.

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).

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

Level I: 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.

Level II: 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.
- Physicians participating in an EPNI network (without any restrictions or conditions on their participation) on March 15, 2005 are deemed to be compliant with this requirement.
- A EPNI approved Board refers to the American Board of Medical Specialties (ABMS), the American Osteopathic Association (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. 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 the Board's recertification requirements. 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 with six (6) years from the completion date (month/year) of an approved residency program.
- 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 toward EPNI members, employees and members of the Credentialing Committee or Appeal Hearing.

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.

06. Sexual Problems

Network practitioners do not have an active problem with sexual misconduct, sexual assault, or sexual harassment issues. Rehabilitated practitioners must have agreed to abide by the Rehabilitated Practitioner Protocol related to sexual misconduct, sexual assault and sexual harassment.

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.

808: Rehabilitated Practitioner Protocol Relating to Sexual Misconduct, Sexual Assault and Sexual Harassment

01. Definition of Incident

For purposes of this protocol, an INCIDENT is defined as EPNI' 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 EPNI reasonably deems to be inappropriate sexual contact or misconduct.

02. Non Participating Providers

Non-EPNI practitioners applying for network participation who fall into one or more of the four events of an INCIDENT agree to the following:

- Application information must include reasonable documentation that the applicant's behavior was a one-time indiscretion, and that appropriate psychological treatment has been received to prevent reoccurrence. In the event acceptance into the network is approved, such acceptance shall be deemed "Conditional Acceptance" and include notification to the practitioner that the practitioner must immediately notify EPNI of the occurrence of any additional INCIDENTS, and that the discovery of any additional INCIDENT after such conditional acceptance will result in permanent network ineligibility. In the event the practitioner's license is conditioned or restricted in anyway as a result of such INCIDENT, the practitioner may not be considered for network participation until such condition or restriction has ended. EPNI shall have the right to deny participation to any practitioner who falls into one or more of the categories of an INCIDENT in the event INCIDENT involves, in the sole discretion of EPNI, aggravating circumstances, (i.e., more than one individual is involved, significant risk of patient harm exists, etc.).
- Following acceptance into the network, substantiation by EPNI of any additional INCIDENT will result in the practitioner's immediate termination from the network and permanent network ineligibility.

03. Participating Practitioners

EPNI participating practitioners whose first INCIDENT occurs after acceptance into the network and who fall into one or more of the four categories of INCIDENT must agree to the following:

- First INCIDENT – Practitioner shall be notified that another INCIDENT of sexual misconduct, sexual assault, or sexual harassment will result in immediate network termination, although the practitioner may be immediately terminated from network participation because:
 - a) As a result of such first INCIDENT, the practitioner's license to practice medicine is conditioned or restricted by any state licensing board (in which case EPNI may reconsider the practitioner for network participation after the conditions or restrictions have ended)

- or
- b) The first INCIDENT in question involves, at the sole discretion of EPNI, aggravating circumstances (i.e., more than one individual is involved, significant risk of patient harm exists, etc.)
- Second INCIDENT - Practitioner shall be immediately terminated from the network and notified that the practitioner is permanently ineligible for network participation.

Series 900: General Recredentialing Policies

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

01. All practitioners are recredentialed 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) or Healthcare Integrity and Protection Data Bank (HIPDB) 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 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: Credentialing Exceptions *(Refer to Policy 710.)*

1005: Health Care Shortage Areas

Practitioners practicing in a currently recognized Health Professional Shortage Area, Medically Underserved Area, or Prepaid Medical Assistance Program (PMAP) designated area may be exempted from compliance with one or more of the EPNI Network Participation Requirements and given “Conditional” or “Restricted” participation status. Recredentialing shall be done on an annual basis to assure that the restrictions or conditions remain valid.

1010: Medical Residents (See Section 710.)

1015: Locum Tenens (See Section 710.)

1020: *Intentionally Left Blank*

1021: Hospital Behavioral Health Practitioners

1025: Exceptions Made Prior to July 1, 1997

01. 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.

02. Practitioners who have been “grand parented” for initial credentialing by EPNI shall be permitted to continue as participating practitioners at the same practice location as long as all other requirements are met.

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, Restricted or Non-Participation Decisions (See Policy Series 221.)

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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.

02. 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 clinic administrative staff.

1115: Reconsideration Decisions

01. Clinical Basis: 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.

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.

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 221, restricted or conditional participation decisions may include specific action resulting from the EPNI Quality of Care peer review policy and procedures.

02. In addition, practitioners who have completed their residency or fellowship requirements for their particular specialty area within twelve (12) months before the credentialing decision,

may be credentialed with all the necessary primary source verification completed to the Blue Plus, NCQA standards, and EPNI Network Participation Requirements (excluding schooling). No practitioner remains in this Conditional status for more than sixty (60) days.

03. Consistent with Credentialing Policy 1005, and to meet the needs of BCBSMN members in underserved areas or populations by providing practitioners to serve immediately in those areas,

BCBSMN will grant provisional Participation status to an individual practitioner for a period not to exceed 60 days. 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 must send a letter to EPNI requesting provisional credentialing status to the EPNI credentialing department as posted on our website. A current and signed application with EPNI attestation for credentialing must be included with the request for provisional credentialing. Provisional credentialing is optional and at the discretion of the Credentialing Manager or designee. 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.)*

1305: Reconsideration Rights

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 at an upcoming Credentialing Committee meeting.

1310: Appeal Rights

If the 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.

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 (31st) 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 (Institutional) Provider Credentialing and Recredentialing

1405: Scope

This policy applies to Behavioral Health facilities, Nursing Homes, Home Health Care Agencies, Hospitals and free-standing Ambulatory Surgery Centers and free-standing Sleep

Centers/Sleep Labs. In addition, this policy applies to any facility provider type when Blue Cross becomes aware of a quality of care concern.

1407: EPNI Blue Shield Standards

It is expected that the facility (institutional) provider will meet the criteria established by Blue Cross as set forth in Policy Series 800 and 1400.

1410: Initial Credentialing

Prior to contracting with a facility identified in policy 1405, EPNI will confirm that all state and federal licensing along with regulatory requirements are met. In addition, EPNI shall determine if Credentialing Network Participation Requirements described in Policy Series 800 are met.

1415: Frequency of Recredentialing

At least once every three (3) years EPNI shall confirm that all state and federal licensing along with regulatory requirements are met. In addition, EPNI shall determine if Credentialing Network Participation Requirements described in Policy Series 800 are met. Recredentialing may be initiated earlier anytime if there is cause for concern about patient care or safety.

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 (formerly known as JCAHO)

02. Non-accredited Behavioral Health Facilities: Non-accredited facilities and those with Conditional, Provisional, or a Decision in Appeal must comply with Policy 1441.

1425: 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 (formerly known as JCAHO)

02. Non-accredited Skilled Nursing Facilities/Nursing Homes: Non-accredited facilities and those with Conditional, Provisional, or a Decision in Appeal must comply with Policy 1441.

1430: 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)
- Association for Accreditation of Ambulatory Plastic Surgery Facilities (AAAAPSF)
- American Association of Ambulatory Health Centers (AAAHC)
- American Osteopathic Association (AOA)
- The Joint Commission (formerly known as JCAHO)

02. Non-accredited Ambulatory Surgery Centers: Non-accredited facilities and those with Conditional, Provisional, or a Decision in Appeal must comply with Policy 1441.

1435: Hospitals

The following standard applies to all types of hospitals including Psychiatric hospitals.

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

- American Osteopathic Association (AOA)
- The Joint Commission (formerly known as JCAHO)
- National Integrated Accreditation for Healthcare Organizations (NIAHO)

02. Non-accredited Hospitals: Non-accredited facilities and those with Conditional, Provisional, or a Decision in Appeal must comply with Policy 1441.

1436: Sleep Centers/Sleep Labs

Sleep Centers/Sleep Labs conduct overnight sleep studies. They 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 and sleep labs from the following organizations:

- American Academy of Sleep Medicine (AASM)
- The Joint Commission (formerly known as JCAHO)

02. Non-accredited Sleep Centers/Sleep Labs: Non-accredited facilities and those with Conditional, Provisional, or a Decision in Appeal must comply with Policy 1441.

1440: Home Health Care Agencies

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 (formerly known as JCAHO)
- 02. Non-accredited Home Health Care Agencies:** Non-accredited agencies and those with Conditional, Provisional, or a Decision in Appeal must comply with Policy 1441.
- 03. Non-Medicare Certified Home Health Care Agencies:** Non-Medicare Certified agencies have to meet the following minimum requirements:
- Must offer RN services
 - Must be available to serve clients 24 hours per day/7 days per week
 - Must be in business (hold MDH licensure) for at least 1 year
 - Must have served at least 5 patients in the previous year

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.

01. Government Agency Site Visit

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

- Centers for Medicare and Medicaid Services (CMS) – *Hospitals, Ambulatory Surgery Centers, Home Health Care Agencies, Skilled Nursing Facilities/Nursing Homes*
Credentialing staff shall obtain a copy of the most recent CMS standard certification survey along with any corrective action plans that would have been sent to CMS pursuant to the survey *or* a cover letter from CMS stating the facility is in substantial compliance with CMS survey standards.
- Department of Health - *Non Medicare (CMS) Certified Home Health Care Agencies*
Credentialing staff shall obtain a copy of the most recent 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) – *Most Behavioral Health facilities*
Credentialing staff shall obtain a copy of the most recent Licensing Review Report along with any corrective action plans that would have been 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 and provides evidence of compliance with them
- 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 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

1445: Decision Making

The Credentialing Committee makes the final decision regarding providers with significant issues (see Policy 735) following the recommendations submitted by the EPNI Vice President of Network Management, or designee, prior to completing the contracting process.

1446: Required Data Elements – 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.

1447: Centers for Medicare and Medicaid (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.

Series 1500: TRICARE Additional Policies

This section contains additional policies that apply to practitioners and providers seeking or maintaining participation in the TRICARE network. Refer to EPNI related policy where noted.

1501: Practitioners

01. Reporting (Reference Policy Section 280)

EPNI will report any licensing board restrictions or probations to the TriWest authorized contact.

02. Network Participation Requirements (Reference Policy Section 800)

- Practitioners with licensing board restrictions or probations are ineligible for TRICARE participation and are not entitled to appeal rights per the TriCare contract.
- Practitioners with reinstated license actions need to reapply for participation with TRICARE
- In general, EPNI will conduct Criminal History checks during credentialing. Reference “TRIWEST HEALTHCARE ALLIANCE PROVIDER REQUIREMENTS”.

03. Compliance with other Contractual Requirements (Reference Policy Section 705)

All EPNI credentialing policies shall be in compliance with the TRICARE agreement and URAC standards.

04. External Delegation of Credentialing (Reference Policy Section 740)

All delegation agreements shall be in compliance with TriWest accreditation standards.

1502: Facility (Institutional – Reference Policy sections 1421-1447)

The following additional facility types must adhere to the following documented requirements of “TRIWEST HEALTHCARE ALLIANCE PROVIDER REQUIREMENTS”:

Ambulance	Comprehensive Outpatient Rehab Facility
Clinical Medical Laboratory	Infusion Therapy
Durable Medical Equipment	MRI Free Standing
Orthotics & Prosthetics	Pain Management Clinic
Pharmacy	Radiology Free Standing
Portable X-ray	Rehab Centers
Hospice programs	Corporate Service Provider
Dialysis Center	