

EXCELSIOR MEDICAL IPA, PLLC CREDENTIALING PROCESS OVERVIEW

Statement of Purpose

The purpose of the credentialing process is to ensure that licensed independent practitioners who are participating providers in EXCELSIOR MEDICAL IPA, PLLC (EMIPA) meet EMIPA's standards regarding background, qualifications, and competence.

Scope of the Credentialing Process

Credentialing is required for all licensed independent practitioners applying to EMIPA to become participating providers. Participation in EMIPA is limited to MD and DO degree holders. The successful completion of credentialing is a requirement prior to participation in any of the products or contracts for which credentialing is undertaken.

Goal of Credentialing

The main goal of the credentialing program is to support the maintenance of credentialing and recredentialing standards in accordance with NCQA/TJC requirements; and to ensure that enrollees of the insurers and HMOs contracted with Excelsior Medical IPA have adequate access to a qualified healthcare providers.

Credentialing Committee

The Credentialing Committee meets at least quarterly or as often as necessary to ensure the credentialing process is completed in an efficient and timely manner. The Committee is comprised of the Credentialing Coordinator, the Medical Director and the members of the EMIPA Board of Directors. EMIPA's Chairman is the Committee chairperson. Minutes of each Credentialing Committee meeting are recorded and maintained in a confidential and secure manner within EMIPA's offices.

Credentialing Staff

A centralized credentialing staff conducts the credentialing and recredentialing activities for all healthcare providers applying to participate and all participating providers for EMIPA. The credentialing staff has responsibility for collecting all of the required documentation and preparing and completing all provider files. The credentialing staff performs verifications of the documents and credentials submitted by the applicants and provider members. Primary source verifications include but are not limited to: medical/professional license, medical education, residency, hospital privileges, board certification/board eligibility, professional liability history and disciplinary actions (if applicable). Secondary source verifications include obtaining copies of the provider's medical/professional license, DEA/State Controlled Substance certificates, professional liability coverage certificate and Curriculum Vitae/Work History.

The credentialing staff also performs ongoing monitoring and review of sanctions, violations, suspensions, disciplinary actions, expirations, restrictions, changes and limitations in licensing or in the scope of professional practice of healthcare in all provider members.

Primary Responsibility

The primary responsibility for assuring the proper functioning of EMIPA's credentialing process belongs to EMIPA's Credentialing Coordinator.

Policy Statement

The Credentialing Coordinator or Medical Director recommends credentialing approval to the EMIPA's Board of Directors for all properly qualified licensed independent practitioners based solely on EMIPA network need.

Excelsior Medical IPA, PLLC requires all delegated entities to adhere to the policy and procedures noted in this document.

Credentials Verification

Upon reviewing their initial application for credentialing, the EMIPA credentialing staff or the delegated credentialing entity designee will verify the documentation and credentials for all applicants using Primary and Secondary Sources. This credentials verification process takes an average of forty-five (45) days from the date a completed application package is received and must be performed within one-hundred eighty (180) days prior to presenting the application to the Credentialing Committee for a vote.

The documentation to be verified by Primary Sources includes but is not limited to:

- State medical license- NY State Education Department- Office of the Professions (NYSED/OP)
- DEA certificate- US Department of Justice- Drug Enforcement Agency- Office of Diversion Control
- Medical school education- American Board of Medical Specialties (ABMS) and American Medical Association (AMA)
- Post-graduate training and Specialty Board Certification- American Board of Medical Specialties (ABMS) and American Medical Association (AMA)
- History of professional liability claims- National Practitioner Data Bank (NPDB)
- National Provider Identifier (NPI)- National Plan & Provider Enumeration System (NPPES)
- The documentation that may be verified by Secondary Sources includes but is not limited to:
 - Certificate of Malpractice Insurance
 - Personal Statement of Fitness
 - Hospital Affiliations
 - Professional Association Memberships
 - Curriculum vitae

Conflicting Information

The Credentialing coordinator or its designee will notify the practitioner directly either by phone or in writing if the information obtained in the credentialing process differs from the information in the submitted application, or if any information is missing or requires clarification and will ask for an explanation, correction and/or clarification in writing. The provider's response must include adequate supportive documentary proof and must be received by the credentialing staff within thirty (30) days of the request or the application is returned to the provider.

Monitoring of Sanctions

The credentialing staff at EMIPA also reviews information on State, Medicare and Medicaid sanctions; restrictions on licensure and/or limitations on the scope of medical practice by performing database searches which include but are not limited to the following (**See Addendum #6**):

- NY State Education Department Office of the Professions (NYSED/OP)
- NY State Department of Health Office of Professional Medical Conduct (NYSDOH/OPMC)
- Office of the Medicaid Inspector General (OMIG)
- National Government Services- Medicare Opt-out List (NGS Medicare)
- US Department of Health and Human Services- Office of the Inspector General- List of Excluded Individuals/Entities (HHS/OIG/LEIE)
- General Services Administration- Excluded Party List System (GSA/EPLS)
- US Department of Health and Human Services- National Practitioners Database (HHS/NPDB)
- American Board of Medical Specialties-Certifacts Online (ABMS/Certifacts)
- American Medical Association- Profile Service (AMA)

Approval Process

Once the application, verification and sanction-monitoring processes are completed, the credentialing staff submits the application to the Credentialing Coordinator, who then, upon review of the application, makes his/her recommendation to the Credentialing Committee.

When the Credentialing Coordinator is satisfied that it has sufficient information upon which to base a decision, (s)he formulates his/her recommendation to the Credentialing Committee that membership and credentialing status be granted or denied.

The Medical Director then reviews of the application and makes his/her recommendation to the Credentialing Committee that membership and credentialing status be granted or denied. Upon review and on the recommendation of both the Credentialing Coordinator and the Medical Director the application is referred to the Credentialing Committee for a vote.

The Credentialing Committee reviews and considers all the information gathered on the provider and evaluates in light of the criteria. At that time, the Credentialing Committee decides by a vote to approve or disapprove the provider's application for credentialing.

The Credentialing Coordinator or the Credentialing Committee may request additional information from the applicant or from any other source, and the application will not be deemed complete for further processing unless and until such information is received.

Any information received by EMIPA more than 180 days prior to consideration by the Credentialing Committee must be re-verified.

Practitioners are notified in writing of the decision within fifteen (15) business days following the Credentialing Committee meeting. This notification may include a request for additional information, an invitation to visit with the committee for an interview, a provisional credentialing approval, or a full approval.

Upon approval, the Licensed Independent Provider is considered a member of EMIPA. EMIPA will notify the provider by mail with a welcome letter, welcome packet and in certain cases a visit to the provider office.

The completion of credentialing is not a guarantee of a contract. The credentialing approval does not indicate a contract is effective.

Recredentialing

Participating providers are recredentialed at least every thirty-six (36) months. EMIPA is a CAQH Participating Organization, and utilizes the CAQH ProView database to obtain updated information, documentation and a "Statement of Authorization, Release and Attestation" for recredentialing purposes. The information, documents and attestation are available at all times electronically from the CAQH website (<https://proview.caqh.org/Login/Index?Type=PO>).

All provider members will be encouraged to, and if needed, assisted in registering with CAQH ProView as soon as their membership is active.

Provider members not registered with CAQH ProView at the time the recredentialing process is due to start, are required to submit a Recredentialing Application and submit updated licensing and other credentialing information to Excelsior Medical IPA. Each provider must also submit a completed, signed and dated "Statement of Authorization, Release and Attestation", absent which no recredentialing will be undertaken.

Participating physicians must maintain the same minimum qualification requirements as applicable for the initial credentialing with the exception that education and work history need not be re-verified.

Appeals Process

Any practitioner whose credentialing or recredentialing status is denied or limited may appeal this decision to the Credentialing Coordinator. This appeal should be made in written form and submitted to the Credentialing Coordinator, along with any supporting documentation, within thirty (30) calendar days from the date the practitioner was formally informed of the Credentialing Committee's decision. The practitioner's appeal and the supporting documentation will be reviewed, discussed and voted on by the Credentialing Committee in their next meeting after the receipt of said appeal.

Confidentiality of Credentialing Activities

All credentialing information obtained by EMIPA from the physician or any other outside source remains confidential. Any individual engaged in credentialing activities will maintain the confidentiality of all information collected and/or presented as part of the credentialing process.

All credentialing information received by EMIPA is kept in strictest confidence and maintained in a secure environment. Filing cabinets containing said information are locked and keys are available only from designated staff in the offices of EMIPA. Access to such information is restricted to only those individuals directly involved in achieving the objectives of Excelsior's credentialing program. A signed release from the physician or an appropriate court order is required for the release of credentialing information to any third party.

Non-Discrimination Clause

Credentialing and recredentialing decisions are solely based on the above-mentioned criteria, procedure and documentation. In the credentialing/recredentialing process EMIPA does not discriminate against healthcare providers on the basis of religious beliefs, gender, age, race, ethnicity, national origin, sexual orientation, political affiliation, marital status, or disability, except where that disability renders the person incapable, despite reasonable accommodation, of performing the essential functions of a medical provider in the specialty for which they are being credentialed or recredentialed.

The Medical Director of EMIPA will conduct a quarterly audit of denied practitioner applicant files, non-reappointment, inactive and terminated practitioner files to ensure that practitioners are not discriminated against. Findings indicating possible discrimination will be reported to the Board of Directors. Additionally, members of the credentialing committee may not participate in the review of a provider in which their judgment may be compromised/influenced due to their relationship with the provider.