
Policy: U of U Health Plans Credentialing Policy**Purpose:**

To ensure, through reasonable efforts, the caliber and high quality of the practitioners who are allowed to provide treatment and services to University of Utah Health Plans (UUHP) members.

Description: Applies to All Lines of Business. Includes NCQA Standards: (CR 1, CR 2, CR 3, CR 4, CR 5, CR 6, CR 7, CR 8)

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Practitioner Credentialing Guidelines

University of Utah Health Plans (UUHP) shall incorporate a credentialing program into the application procedures for network participation. UUHP has the right to make the final determination about which practitioners may participate in its provider networks.

Decisions about network participation are based on the business needs of UUHP and the practitioner's credentials. UUHP does not discriminate based on race, gender, nationality, age, sexual orientation, or the type of procedure or patient in which the practitioner specializes.

The policy also includes procedures for verifying the Professional Health Care Practitioners and Organizational Providers when they have met eligibility standards and requirements such as education, licensure, professional standing, services, accessibility, utilization, accreditation and quality. UUHP has an internal application system (Genie) that tracks credentialing information.

Credentialing requirements must be met for any of the following:

1. Practitioners who have an independent relationship with University of Utah Health Plans (UUHP). An independent relationship exists when UUHP selects and directs its members to see a specific practitioner or group of practitioners, including all practitioners who members can select as primary care practitioners.
2. Practitioners who see members outside the inpatient hospital setting or outside freestanding, ambulatory facilities
3. Practitioners who are hospital based, but who see UUHP members as a result of their independent relationship with the organization
4. Covering practitioners – Pro re nata – as needed (PRN) practitioners working under 20 hours per week
5. Non-physician practitioners who have an independent relationship with UUHP and who provide care under Health Plans' medical benefits
6. Rental network practitioners who are used as part of UUHP's primary network and UUHP has members who reside in the rental network area
7. Rental network practitioners who are specifically for out-of-area care and members may see only those practitioners
8. Rental network practitioners who are specifically for out-of-area care and there is an incentive communicated to members to see rental network practitioners
9. Per the above criteria, providers such as, but not limited to, those listed below require UUHP Credentialing:

Types of practitioners credentialed and re-credentialed

Medical Practitioners:

- Audiologists (Au D)
- Chiropractors (DC)
- Optometrists (OD)
- Oral Surgeons (DDS/DMD)
- Dentists (DMD/DDS)
- Osteopaths (DO)
- Physicians (MD)
- Podiatrists (DPM)
- Advanced Practice Registered Nurse (APRN or APN)

- Certified Nurse Midwife (CNM)
- Clinical Nurse Specialist (CNS)
- Certified Pediatric Nurse Practitioner (CPNP)
- Family Nurse Practitioner (FNP)
- Nurse Practitioner (NP)
- Registered Dietitians
- Occupational Therapist (OT)
- Physical Therapist (PT, RPT, DPT)
- Physician's Assistant (PA-C)
- Speech and Language Pathologist (SLP)
- Telemedicine
- Covering practitioners (e.g. PRN's, locum tenens)
- Rental networks:
 - That are part of the organization's primary network and the organization has members who reside in the rental network area
 - Specifically for out-of-area care and members may see only those practitioners or are given an incentive to see rental network practitioners, such as Multiplan and First Health practitioners.

Behavioral Healthcare Practitioners, but not limited to:

- Licensed Clinical Social Worker (LCSW) (Master's level)
- Board Certified Behavioral Analyst (BCBA)
- Clinical Mental Health Counselor (CMHC)
- Licensed Professional Counselor (LPC, LCPC, LMHC)
- Licensed Family Marriage Therapist (LFMT)
- Licensed Addiction Therapist (LAT)
- Psychologist (PhD)
- Psychiatrists and other physicians (MD)

Practitioners Who Do NOT Need to be credentialed:

- Practitioners who practice exclusively within the inpatient setting, and who provide care for Health Plans members only as a result of members being directed to the hospital or another inpatient setting (commonly referred to as No Choice Providers), such as but not limited to:
 - Acute Care In-Patient Providers
 - Anesthesiologists who are hospital based
 - Emergency Room Physicians
 - Hospitalists
 - Pathologists
 - Radiologists who are hospital based
 - Dentists who provide primary dental care only under a dental plan or rider
 - Pharmacists with a pharmacy benefits management (PBM) organization to which Health Plans delegates utilization management (UM) functions
 - Dental (Rental) Networks
 - Practitioners who do not provide care for members in a treatment setting (e.g. board-certified consultants)

- Contracted vendors for Utah Neuropsychiatric Institute (UNI) or Miner's plans who are credentialed elsewhere

Verification sources

All applications are reviewed by the Provider Credentialing Consultant and/or Medical Director as appropriate for accuracy and completeness. Prior to sending applications to committee for consideration, UUHP staff shall document that the Credentialing Verification Organization (CVO) has completed verification by NCQA approved primary sources for the following elements within specified time limits:

1. Valid, current and unrestricted license to practice in State(s) where UUHP has contracted with the provider. Verification completed with each state's licensing agency. (e.g. in Utah - www.DOPL.utah.gov.) Must be effective at the time of credentialing decision. Verification time limit: 180 calendar days.
2. DEA or CDS Certificates if applicable – will be checked via www.NTIS.gov or www.deanumber.com. Certificate is an acceptable source and needs to be current at the time of the credentialing decision. Verification time limit: Prior to credentialing decision.
3. Education and Training (Initial only) – Highest level of education must be primary source verified. This includes Board Certification if applicable, Residency or Medical School. Acceptable Verification Sources for Education – State licensing agency, specialty board or registry, if it performs primary source verification, sealed transcripts, AMA, AOA, FCVS for closed residency programs. Verification time limit: Prior to decision date.
4. Board Certification is preferred, but not required – Please see page 9 for a sample list of accepted Boards. Verification time limit: 180 Calendar days and effective on decision date if the practitioner includes it on their credentialing application.
5. Work History – via CV or credentialing application which should include the past 5 years. For Initials only. Primary source verification is not required. If fewer than 5 years, the time frame should start at the time of initial licensure. Should include the beginning and ending of the month and year. Verification time limit: 365 Calendar days.
6. Professional Liability Coverage – via www.UMIA.com or <https://bphc.hrsa.gov/ftca/index.html>. States coverage amounts and date coverage expires. Verification time limit: 180 Calendar days.
7. Malpractice History – via www.NPDB.hrsa.gov, www.OIG.hhs.gov, www.SAM.gov Any reports of Medicaid or Medicare exclusions or State licensing sanctions. Verification time limit: 180 Calendar days.

Criteria for credentialing and re-credentialing

At its sole discretion, UUHP will determine whether the practitioner/organizational provider meets the minimum requirements prior to the credentialing or re-credentialing application being processed. As this decision is based upon information that has previously been made public, UUHP will not report their decision to the NPDB and the provider does not have the right to

appeal said decision. All Practitioners who require Credentialing shall be required to successfully complete the Category I (Clean file) requirements prior to being deemed a participating practitioner, providing care to members, being listed in the provider directories and submitting claims for services provided to UUHP members. Practitioners/Organizational Providers who do not satisfy a specific requirement for participation may require that it be waived. The individual requesting the waiver bears the burden of demonstrating that his or her qualifications are equivalent to, or exceed the criteria in question. UUHP may grant waivers after considering the specific qualifications of the individual in question, and the best interests of the community the provider serves. The granting of a waiver in a particular case is not intended to set a precedent for any other individual or group of individuals. No individual/organizational provider is entitled to a waiver or a hearing if UUHP determines not to grant a waiver. A determination that an individual is not entitled to a waiver is not a denial of network access.

UUHP uses the following categories to determine how to process each file:

Category I File (Clean)

Applicants for UUHP panel participation must be able to meet the following minimum requirements to be considered a **Category I**:

1. If applicable, the applicant has successfully graduated from an accredited school of medicine, osteopathy, podiatry or dentistry.
2. If applicable, the applicant has successfully completed an internship and residency program.
3. The applicant has a current license to practice medicine, osteopathy, podiatry, or dentistry in State(s) where contracted to practice, and where applicable, has a current, unrestricted DEA registration and state controlled substance license.
4. The applicant has signed and dated a properly completed Medicaid Disclosure Statement.
5. A completed Council for Affordable Quality Healthcare (CAQH), CVO, or UUHP Organizational Provider credentialing application with a signed attestation that has not been flagged category III or IV. The applicant attests to the correctness and completeness of all information furnished and acknowledges that any significant misstatement or omission from the application constitutes grounds for a discovery that the Practitioner/Organizational Provider did not meet criteria for participation in the provider network, agrees to abide by the policies and procedures. UUHP accepts faxed, scanned, digital, electronic and photocopied signatures. Signature stamps will not be accepted.
6. There are no discrepancies in information received from the applicant or references.
7. The applicant has no malpractice history.
8. The applicant has valid, professional liability insurance coverage satisfactory to UUHP, with limits of dollar amounts, name of company and expiration date.
9. If applicable, the applicant has been accredited or certified by a UUHP accepted accrediting body. Please see Accepted Accrediting Bodies Table, page 31, which is part of the Assessment of Organizational Providers standard.
10. Preferred board certification in the specialty(s) in which they practice medicine. UUHP will verify board certification as the highest level of Education if it is included in the credentialing application. **A practitioner may be considered for participation if they have completed a residency program in the specialty in which they are practicing. ***Practitioners who are not board certified and have not completed a residency program will ONLY be eligible for participation as a General Practitioner. The practitioner is responsible to notify the

Credentialing Committee of any additions to or loss of his/her board certification. A sample of accepted Board certifying entities are listed below:

ABMS.org	ABPMED.org	NURSECREDENTIALING.org
AOA.org	ANCCCERT.org	AOABOA.org
ABOMS.org	ABSURGERY.org	AMCBMIDWIFE.org
ABFAS.org	AANP.org	ABFM.org

Category II (Fast Track)

For an applicant's file to be considered **Category II**, the credentialing cycle must be in danger of expiring, or one of the primary source documents must be in danger of expiring. Category II files must also meet Category I criteria, shown on page 8 under Category I (Clean Files), in order to be considered for "Fast Track". The Credentialing Committee Chair/Medical Director will have the authority to approve and fast track approve Category I and II files for network participation when the situation warrants.

Category III (Consent)

For a file to be considered **Category III**, the applicant's file will be flagged for Committee by UUHP's CVO, but does not warrant a Category IV designation. These files will be flagged Category III for informational purposes for committee review and approval. Category III files also enable the Credentialing Committee to watch for patterns of aberrant behavior.

Category IV (Discussion)

Evidence of one or more of the following may cause the practitioner/organizational provider application to be flagged for committee discussion as a **Category IV**:

1. The applicant has had a license to practice revoked (includes with a stay of revocation), suspended, or placed on probation by any state licensing agency within the past 5 years for an Initial applicant, or since the last re-credentialing cycle. Some license actions may result in disqualification from the UUHP Provider Network if the necessary rehabilitation has not been completed.
2. The applicant has had their medical staff appointment or privileges denied, revoked, resigned, relinquished, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct. In addition, applicant has resigned medical staff privileges in the face of an investigation or to avoid an investigation.
3. The applicant has been convicted of any felony, or of any misdemeanor relating to the practice of medicine, including controlled substances, governmental or private health insurance fraud or abuse, or violence, and does not have a current Medicare or Medicaid sanction imposed restricting treatment of Medicare or Medicaid members. Applicants with felony convictions which are greater than five years old may be eligible for network participation at the sole discretion of UUHP.
4. The applicant's history of medical malpractice claims or professional liability claims must not reflect what, in the sole discretion of UUHP, constitutes a pattern of excessive claims history either due to the number of claims or the amount of the claims, as specified in the chart which follows on page 10.

Claim Threshold/Claim Frequency Chart

- Followed for Categories III-IV

Specialty	Claim Threshold	or	Claim Frequency
	Any Settlement in Past Five Years involving a death or Greater Than:		Number of Settlements in the Last 5 Years Incident Date
Allergy & Immunology	\$100,000		3
Dermatology	\$100,000		
Internal Medicine	\$100,000		
Family Medicine	\$100,000		
Pediatrics	\$100,000		
Endocrinology, Diabetes & Metabolism	\$100,000		3
Gastroenterology	\$100,000		
Infectious Disease	\$100,000		
Psychiatry	\$100,000		3
Cardiovascular Disease	\$200,000		3
Emergency Medicine	\$200,000		
Hematology	\$200,000		
Hematology & Oncology	\$200,000		
Nephrology	\$200,000		
Neurology	\$200,000		
Pulmonary Disease	\$200,000		
Surgery	\$250,000		3
Physical Medicine and Rehabilitation	\$250,000		3
Urology	\$250,000		
Ophthalmology	\$500,000		3
Otolaryngology	\$500,000		
Thoracic Surgery (Cardiothoracic Vascular)	\$1,000,000		3
Gynecology	\$1,000,000		
Neurological Surgery	\$1,000,000		
Orthopedic Surgery	\$1,000,000		
Plastic Surgery	\$1,000,000		
Vascular Surgery	\$1,000,000		
Obstetrics & Gynecology	\$1,000,000		3
Podiatry			3
Nurse Practitioner/Advanced Practice Registered Nurse			3
Physician Assistant			3
Certified Nurse Midwife			3
Board Certified Behavioral Analyst			3
Marriage Family Therapy			3
Physical Therapy			3
Occupational Therapy			3
Licensed Professional Counselor			3
Clinical Mental Health Counselor			3
Licensed Clinical Social Worker			3
Psychologist			3
Clinical Nurse Specialist			3

Process for making credentialing and re-credentialing decisions

Prior to a Practitioner/Organizational Provider seeing a UUHP member, it is UUHP's practice to ensure all applicants are credentialed. The following process is followed to ensure all applicants get reviewed and voted on by the Credentialing Committee.

- Credentialing Verification Organization will flag the file before sending it to UUHP for committee review, if there are issues
- Files determined to fall under Categories III and IV are taken to committee for review
- Those files that the Committee Chair/Medical Director determines need further review or do not have enough information will be put on the next credentialing meeting agenda for discussion
- Pre-meeting review with Credentials Committee Chair/Medical Director, as well as Contracting to get input
- All primary source verified files get uploaded into Genie before committee, and a Senior Provider Credentialing Consultant runs Clean Files Report from Genie application, as well as Malpractice Files Report from Genie
- Credentialing Committee reviews files presented according to category:
 - For Category I – All clean files will be approved by unanimous vote and all approvals will be uploaded into the Provider Genie Application after the committee has adjourned
 - For Category II – All fast track files will be ratified by unanimous vote and all approvals will be uploaded into the Provider Genie Application after the committee has adjourned
 - For Category III – All consent agenda files will be reviewed and voted on during committee. All approved will be uploaded into the Provider Genie Application after the committee has adjourned
 - For Category IV – After a committee discussion of each individual file, all decisions will be uploaded into the Provider Genie Application after the committee has adjourned
- All decisions will be entered into the Credentialing Verification Organization (CVO) platform, and all applicants with a final decision will have their status deactivated at CAQH
- For those applicants who did not meet criteria, they will be marked as "Denied" in CVO platform, as well as removed from the CVO roster
- Any applicants whose decision has been tabled for more information by the committee will be researched to get the applicable information before the next committee meeting
- Within 60 days, approval letters will be generated and sent to each applicant notifying them if they were approved or did not meet criteria

Process for delegating credentialing or re-credentialing

UUHP delegates its credentialing to approximately 20 entities, in an effort to avoid duplicating the credentialing process undertaken by another organization and maximize efficiency. UUHP shall enter into a delegation agreement with an organization already performing credentialing of practitioners shared by both entities. The following requirements must be met prior to entering into an agreement:

1. Group must pass a pre-assessment review, if entering into a new delegation agreement.
2. Automatic Credit may apply if delegated entity is an NCQA Accredited Group, fully complies with UUHP credentialing requirements, and criteria for practitioner selection and follows NCQA Standards.

The following requirements are applicable for the Delegated Entity once the pre-assessment has been successfully completed and UUHP has signed the delegation agreement:

1. Delegated Entity provides UUHP with a roster of all participating practitioners including information specified in delegation agreement
2. Delegated Entity has written Policies and Procedures that correspond to NCQA Standards
3. Delegated Entity performs verification of credentialing elements specified in delegation agreement
4. Delegated Entity provides evidence that re-credentialing of practitioners is completed within the three year time frame and Category I requirements are met on an on-going basis
5. Delegated Entity provides UUHP with monthly updates
6. Delegated Entity agrees to assume responsibility for penalties for non-compliance with the delegation agreement
7. The delegated entity shall be required to submit to UUHP the minutes of their credentialing meetings. The minutes shall at minimum include the date of the meeting, who was present, a listing of all practitioners approved or re-approved, and those who were denied. For all practitioners with issues, the minutes shall include a brief summary of the discussion (enough to demonstrate that a meaningful discussion took place of the issues at hand) for each practitioner
8. The delegated entity shall be required to report all adverse events to UUHP within 30 days after notification of the adverse event.
9. The minutes of the meeting will be reviewed and approved by the Credentialing Committee and signed and dated by the UUHP Medical Director
10. On a monthly basis, the delegated entity shall submit sufficient information to UUHP for UUHP to set up the approved practitioners in the claims system, add them to its directories and term practitioners no longer with the delegated entity

UUHP is responsible for the following:

At least once a calendar year, UUHP shall conduct an audit of the delegated entity's credentialing files and policies to ensure that at minimum they are meeting the current NCQA credentialing standards.

1. UUHP uses the 8/30 methodology of reviewing audit files.
2. A Corrective Action Plan (CAP) shall be required from the Delegated Entity if the audit score is less than 80%

Monitoring of delegation of credentialing entities

Delegated Credentialing Agreements are entered into on a case by case basis.

Each delegated entity is required to:

- Follow requirements outlined in 1-10 above;
- Maintain complete credentialing files on all practitioners covered by the agreement, accessible upon request by the UUHP Credentialing Team.

Process for ensuring that credentialing and re-credentialing are conducted in a non-discriminatory manner

University of Utah Health Plans (UUHP) does not make contracting or credentialing decisions based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation, or patient type in which the applicant specializes. Additionally UUHP does not prohibit or restrict providers from acting within their lawful scope of practice or discriminate against health care professionals who serve high-risk populations or who specialize in the treatment of costly conditions. UUHP follows these steps in an effort to prevent discrimination:

1. Each January, the credentialing status of all provider applicants reviewed by the Credentialing Committee according to the Minutes from the prior calendar year, and/or reports from the Genie provider application shall be reviewed for patterns of acceptance / non-acceptance that would indicate possible discrimination.
2. A typed and signed report summarizing the findings and reviewed by the Provider Network Director annually shall be placed with a print out of the log sheets in the Discrimination Monitoring binder.
3. If it was determined that discrimination based on one of the characteristics or situations listed above may have taken place, the following steps will be taken:
 - A more detailed review of the affected providers' applications will be conducted by the Medical Director and Provider Network Director to gather supporting facts.
 - If the facts support the alleged discrimination:
 - a corrective action plan will be developed and implemented, and
 - an additional audit of the current year's applicants will be reviewed 6 months later

Process for notifying practitioners if information obtained during the organization's credentialing process varies substantially from the information they provided to the organization

If information obtained during the credentialing verification process varies substantially from information the practitioner submitted in the application, staff will request clarification from the provider via e-mail, phone or through our CVO. Practitioners are notified of this and how to submit corrections via UUHP's website: www.uhealthplan@hsc.utah.edu, as well as in the Provider Manual available on the UUHP website.

Process for ensuring that practitioners are notified of the credentialing and re-credentialing decision within 60 calendar days of the credentialing committee's decision

Initial applicants shall be notified in writing via letter by a member of the Credentialing team regarding the Credentialing Committee decision. This notification shall be made within sixty (60) days of the committee's decision. In situations where the applicant did not meet criteria, the Committee Chair/Medical Director will notify the applicant via a certified letter, detailing reasons for the decision and must include a statement indicating when an appeal is not allowed. If the Credentialing Committee tables an applicant, this is noted in the Genie and UUHP requests the missing information via email or certified letter. Re-credentialing applicants are considered approved unless they are notified otherwise.

Medical Director or other designated physician's direct responsibility and participation in the credentialing program

The Committee Chair/Medical Director is appointed by the University of Utah Health Plans Chief Medical Director. The Committee Chair/Medical Director has the authority to appoint committee members unless otherwise specifically provided. The Committee Chair/Medical Director approves the credentialing committee minutes, as well as chairs the committee meeting. In preparation for the monthly committee meetings, the Sr. Credentialing Consultant and select members from the Contracting team review all sanctioned applicant files and make recommendations. Additionally, the Committee Chair/Medical Director has the authority to fast track approve Category II files (those files whose credentialing will expire before the next committee meeting) and approve Category I "clean" files for network participation when the situation warrants.

Process for ensuring confidentiality of all information obtained in the credentialing process, except as otherwise provided by law

UUHP maintains the confidentiality of all records, discussions, and deliberations obtained in the credentialing process, peer review and quality improvement activities, pursuant to Utah Code Annotated §26-25-1, for the purpose of evaluating health care rendered by hospitals or physicians and is NOT PART of the medical records. It is also classified as "protected" under the Government Records Access and Management Act, Utah Code Annotated §63-2-191 et seq.

Disclosure of any information or documentation contained in practitioner credentials files will be permitted only as described in this policy. All minutes, reports (including those from outside consultants), recommendations, communications, and actions made or taken pursuant to this Policy shall be treated as confidential; provided that reports of actions taken pursuant to this Policy shall be made by the University Legal Counsel to such governmental agencies as may be required by law. Any breach of confidentiality may result in a professional review action, and/or appropriate legal action to ensure that confidentiality is preserved. The committees and members charged with making reports, findings, recommendations, or investigations pursuant to this Policy shall be considered to be "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986, 42 U.S.C. §11101 et seq., and are intended to be covered by the provisions of Utah Code Ann. §26-25-1; §26-25-3; §26-25-4; §58-13-4; and §58-13-5, or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities.

Members of the Credentialing Committee are educated regarding state and federal peer review statutes by which they are bound, and annually sign and abide by the University of Utah Health Plans Confidentiality and Nondiscrimination Attestation.

Historically, electronic files were stored on secured network drive. Copies of a practitioner's credentialing application, verifications and any other document necessary to the credentialing process were stored in the practitioner's electronic file. Currently, credentialing files are stored securely within our CVO's electronic platform.

Process for ensuring listings in practitioner directories and other materials for members are consistent with credentialing data

To ensure that printed materials are consistent with data collected during the credentialing process, UUHP follows process outlined in the credentialing work-flow. Provider Data Management Coordinator does roster reconciliations with rosters from contracted groups. UUHP makes sure that practitioners who should be listed in the printed directories have correct information by proofing each directory at least monthly, or as required.

- Typically, only practitioners that a patient would make an appointment to see are listed in the directories. "No Choice" practitioners are not usually listed.
- Provider directories and updated provider search engine are generated from the Genie as needed and available on our website www.uhealthplan.utah.edu.
- Members can also call Customer Service at 801-587-6480, opt 2 for assistance finding a practitioner.
- Members may request a printed provider directory by contacting Customer Service at 801-587-6480, opt 2.

Practitioner Rights

- The applicant shall have the right to be informed of their application status upon request. The request shall be made via email to provider.credentialing@hsc.utah.edu, or by phone to 801-587-2838, opt 3. Information on Practitioner Rights can be found in the Provider Manual on our website: www.uhealthplan@hsc.utah.edu. Emails will be responded to within 24 hours, and voice mails returned within 48 hours.
- The applicant shall also have the right to review the information s/he has submitted in support of their credentialing or re-credentialing application, and will have the opportunity to correct any erroneous information, as applicable, during the 2-3 month credentialing process. Applicants are notified of this right through our Provider Manual and website: www.uhealthplan@hsc.utah.edu
- Corrections can be submitted to: provider.credentialing@hsc.utah.edu

Erroneous information must be lined through with black ink, corrections above or to the side and initialed. No white out will be accepted. Corrections will be communicated to our CVO within 2 business days. Upon request, applicants may receive the status of their credentialing or re-credentialing application from staff, including but not limited to:

- information from outside sources
 - malpractice insurance carrier face sheet
 - state licensing board

- DEA agency verification
- education verification letter from a school
- board certification verification, if applicable

UUHP is not required to reveal sources of information that are not part of our verification requirements or if federal or state law prohibits us, such as NPDB reports. The applicant may view their file in the presence of the UUHP Medical Director and a member of the credentialing team. Applicants are notified of these rights in the Provider Manual and website: www.uhealthplan@hsc.utah.edu

Access to records

All requests for access to credentialing records will be presented to an authorized representative of the UUHP credentialing team, who will keep a record of requests made and granted. Unless otherwise stated, an individual permitted access under this section will be afforded a reasonable opportunity to inspect the records, and to make notes regarding the requested records in the presence of an authorized representative.

The following individuals may access credentialing records to the extent described:

1. The UUHP credentialing team and Medical Director may have access to all records as needed to fulfill their responsibilities.
2. Consultants or attorneys engaged by the University of Utah or UUHP may be granted access to records that are necessary to enable them to perform their functions provided that he or she has signed and dated the appropriate "Confidentiality Agreement". The original agreement will be retained by UUHP.
3. All subpoenas pertaining to credentials records will be referred to the Senior Provider Credentialing Consultant who will consult with legal counsel regarding the appropriate response. Representatives of regulatory or accreditation agencies may have access to records as required by law or accrediting rules.

Should a file review be requested, staff will set an appointment at the UUHP office for the practitioner to review the submitted materials in his or her credentialing file under the following circumstances:

- The request is approved by the UUHP Medical Director
- Review of the file is accomplished in the presence of the UUHP Medical Director and Provider Credentialing Consultant
- The practitioner understands that he or she may not remove or delete any items from the credentialing file
- The practitioner understands that he or she may add an explanatory note or other document to the file for the purpose of correcting erroneous information

The applicant attests to the correctness and completeness of all information furnished and acknowledges that any significant misstatement or omission from the application is reason to find that the applicant no longer meets criteria.

Credentialing Committee

Committee Composition

The Credentialing Committee is composed of select members from UUHP's contracted provider network and other community providers who reflect multiple specialties, including: Pediatrics, Surgery, OB/GYN and Family Medicine, who provide input during discussion of applicants to the UUHP provider panel. UUHP staff members serve as non-voting members of the committee as does the University General Counsel. A quorum shall consist of no less than three (3) voting members. Committee Chair votes if needed for quorum or tie breaker.

Responsibilities

1. Reviews and approves the UUHP Credentialing Policies & Procedures
2. Evaluates completed applications of all applicants for initial and re-credentialing admittance to the UUHP provider network
3. Meets monthly to discuss Category I-IV files. When necessary, an e-mail may be sent for electronic file review and committee vote to meet a practitioner's deadline if prior to the meeting
4. Ensures the proceedings of each Credentialing Committee meeting are summarized in minutes and reported to the UUHP Provider Network Director, Provider Relations, and Contracting Teams
5. All members of the credentials committee shall keep in strict confidence all papers, reports, and information obtained by virtue of membership on the committee
 - Due to the increasing amount of materials that the credentials committee must review, committee members will be able to obtain certain minutes and information to review before each regularly scheduled meeting. Such materials are confidential and must be returned at the relevant meeting. A master copy of each information item will be maintained by the credentialing team.
6. The Credentialing Committee reviews the "Clean File Report" and "Malpractice Report" at the next regularly scheduled meeting, and votes to either approve, table the application for participation or finds the applicant not to meet criteria.
 - If approved, Credentialing staff sends notification to the practitioner within 60 days of meeting.
 - If tabled, the application for further consideration must, except for good cause, be followed up within 30 days by approval or not meeting network criteria. Provider Credentialing Consultant will promptly send the applicant special notice of any action to table and include an explanation of the reason for postponement, as well as a request for the specific information, release or authorization or other material, if any, required from the applicant to make a final decision. A timeframe for response will be specified and will not exceed 30 days. If the applicant fails, without good cause, to respond or appear before the Committee in a satisfactory manner within the specified time frame, it is deemed a voluntary withdrawal of the application.
 - If the Committee determines the applicant does not meet criteria, the Committee Chair/Medical Director sends notification via certified letter to the applicant within

30 calendar days and if applicable, includes the process for appealing the decision.

7. The Credentialing Committee Chair/Medical Director ensures files that meet criteria are reviewed and approved. The Credentialing Committee Chair/Medical Director also has authority to fast track and approved network participation when the situation warrants, providing the applicant file meets criteria. If the Credentialing Committee Chair/Medical Director is unavailable to approve files, the approval decision may be deferred to an ad hoc chair person.

Ongoing Monitoring and Interventions

Medicaid and Medicare Sanctions

Within 30 days of release from the reporting entity, UUHP will review the Medicaid and Medicare Sanctions report. All practitioners and organizational providers who have been sanctioned or otherwise debarred from participation with Medicare & Medicaid do not meet Health Plans criteria for participation in the Health Plans network. Practitioners or organizational providers discovered to have sanctions are given to the Medical Director for review. Based upon his/her recommendations, the sanctioned practitioner/organizational provider is then taken to the next Credentialing Committee for review, with subsequent action to be taken regarding the provider being determined by Committee. When necessary, the determined action will be carried out by the Senior Provider Credentialing Consultant. The following websites will be searched for all active UUHP participating practitioners/organizational providers:

1. Office of Inspector General (OIG) website:
http://www.oig.hhs.gov/fraud/exclusions/exclusions_list.asp
 - a) Download the current month's Exclusions (CSV) and save the files to the 'Provider Sanctions – Disciplinary Actions\OIG Reports' folder. (Found in the S:Drive – Health Plans Credentialing Files)
 - b) Open the Provider Sanctions Application (saved on desktop), and click on Tab that says 'Process OIG'. This will allow the selection of the recently saved OIG report. Select the correct report and click OPEN. Application will start running. Once complete, a message will pop up that says: "0 matches found, or 1 match found".
 - c) The Credentialing team is responsible for:
 - (i) reviewing the report, verifying whether or not the listed practitioner/organizational provider is participating in the UUHP network
 - (ii) initiating the termination process for each participating practitioner/organizational provider should there be a match
 - (iii) terming the practitioner/organizational provider from the Provider Genie Application, removing from CVO and CAQH rosters, and creating a JIRA to alert the Systems team of the termination so members can be re-assigned
 - (iv) documenting all findings and actions taken in the Sanctions OIG log

2. System for Award Management (SAM) Monitoring website:

<http://www.sam.gov/portal/public/SAM>

- a) Sign in at the top right of page with User Name: healthplans
- b) Current Password pcsUuhn#8, click Login
- c) Accept Usage Agreement
- d) On left of page, under MY SAM, click Data Access, then Exclusions under the options that will appear
- e) Scroll to bottom of page and click on the most recent date under 'Complete File – Last 7 days'
- f) Open File
- g) When Excel Spreadsheet appears named SAM_Exclusions_Public_Extract_yy_dd, right click and copy the file
- h) Go to the following path: S-Drive – UUHP Credentialing Files – 0 Provider Sanctions – SAM Reports and paste the copy of the file into the SAM Reports folder without changing file name
- i) Open the Provider Sanctions Application, and click on Tab that says 'Process SAM'. This will allow the selection of the recently saved SAM report. Select the correct report and click OPEN. Application will start running. When complete, a message will pop up that says: "0 matches found, or 1 match found". The Provider Sanction application looks for NPI matches against the Provider Genie application. Click on "Get Providers" tab if there is a match to see the practitioner's name.
- j) The Credentialing team is responsible for:
 - (i) reviewing the report, verifying whether or not the listed practitioners/organizational providers are participating in the UUHP network
 - (ii) initiating the termination process for each participating practitioner/organizational provider should there be a match
 - (iii) terming the practitioner/organizational provider in the Provider Genie Application, removing from CVO and CAQH rosters, and creating a JIRA to alert the Systems team of the termination so members can be re-assigned
 - (iv) sending a "did not meet criteria" letter as necessary
 - (v) documenting all findings and actions taken in the Sanctions OIG log

Licensure Sanctions

1. The State's Department of Professional Licensing's (DOPL) website is used to monitor disciplinary actions taken by the licensing board against all licensed individuals. The DOPL Newsletter is checked within 30 days of its release. Go to:

<http://www.dopl.utah.gov/investigations/disciplinary.html> and find the DOPL Disciplinary Actions and Citations Newsletter.

- a) On a monthly basis, the newsletter is downloaded from the site and saved in the 'S-Drive\UUHP Credentialing Files\Provider Sanctions-Disciplinary Actions\DOPL Report' folder
- b) The file is renamed as "MM-YYYY DOPL Newsletter and Citations.txt"
- c) The DOPL Log sheet is updated with the date of the download and the name of the staff member who downloaded it
- d) The practitioners/organizational providers on the Newsletter are compared to the Provider Genie Application. All Practitioner/Organizational Providers who

are found on the newsletter and in the Provider Genie should be logged in the Sanctions Log Sheet, on the DOPL tab

- e) The Credentialing team is responsible for:
 - (i) taking the sanctioned Practitioner/Organizational Provider to Credentialing Committee for a review of the nature and severity of the actions that led to the disciplinary action taken by DOPL, the terms of the disciplinary action, and the provider's compliance with the disciplinary terms and make a decision as to whether or not the provider is to be termed from the Network
 - (ii) terming the Practitioner/Organizational Provider from the Provider Genie Application, removing from the CVO/CAQH rosters, creating a JIRA if necessary
 - (iii) sending a "did not meet criteria" letter as necessary

Complaints and Adverse Events

1. Members can go to the U of U Health Plans website: uhealthplans@utah.edu to log a complaint. Once submitted, complaints and adverse events get sent electronically to the Managed Care Coordinators, who are part of the Program Team. Once the Managed Care Coordinators have logged it, the complaint/adverse event is forwarded to the Provider Relations Manager who logs it in the Provider Genie Application.
2. A monthly report is run by the Credentialing Team Coordinator before the Credentialing Committee meeting, and they look for any practitioner/provider with a history of 3 complaints/adverse events within the past year. Those that have 3 or more within the past year are taken to committee for discussion.
3. Possible Actions might include:
 - a) Removal from Network as no longer meets criteria
 - b) Site Visit from Provider Relations team
 - c) Approval if actions are not deemed as egregious
 - d) A letter to the practitioner asking for additional information

NPDB Reports

1. Through our CVO, UUHP providers are enrolled in the NPDB Continuous Query process. Upon receipt of notification of an NPDB Report Disclosure, the Credentialing Coordinator enters the report into the Provider's record in the Provider Genie Application and the information is taken to the credentialing committee for review.
2. Possible Actions might include:
 - a) Removal from Network as no longer meets criteria
 - b) Site Visit
 - c) Approval if actions are not deemed as egregious
 - d) A letter to the practitioner asking for additional information

Notification to Authorities and Practitioner Appeal Rights

Upon contracting with a Practitioner Group, UUHP sends a Welcome Packet directing applicants to our Provider Manual on the UUHP website. More specific Credentialing information and policies are found in the UUHP Credentialing Policies, available to applicants by e-mailing provider.credentialing@hsc.utah.edu. In addition, the information outlining the process an

applicant would follow to appeal a credentialing or re-credentialing decision in the event that an applicant disagrees with the Credentialing Committee's consensus regarding their participation status with the network, is included in the group's Welcome Packet.

In order to ensure the health and well-being of our members, UUHP monitors sanctions on a monthly basis to remain aware of the quality of practitioners/organizational providers we panel. The UUHP Customer Complaint Form for members to offer feedback is found on the UUHP website at the following link: <https://app.secure.uuhsc.utah.edu/uhealthPlans/forms/complaint>. Upon receipt of a complaint, the issue is investigated and appropriate action taken to protect our members.

Grounds for Hearing

1. An applicant or member is entitled to request a hearing whenever one of the following recommendations has been made by the UUHP Credentials Review Committee:
 - Denial of initial request for network participation
 - Denial of application for continued network participation
 - Revocation of network participation
 - Imposition of mandatory concurring consultation requirement (i.e., the consultant must approve the course of treatment in advance)
2. Denial of reinstatement from a leave of absence No other recommendations shall entitle the individual to request a hearing
3. The hearing shall be conducted in as informal a manner as possible, subject to the provisions of this Policy

Actions Not Grounds for Hearing

None of the following actions shall constitute grounds for a hearing, and shall take effect without hearing or appeal, provided that the individual shall be entitled to submit a written explanation to be placed into his or her file:

1. The issue of a letter of guidance, warning or reprimand
2. The imposition of conditions, monitoring, or a general consultation requirement (i.e., the individual must obtain a consult but need not get prior approval for the treatment)

The National Practitioner Data Bank requires reporting of the following actions

- 1) Medical malpractice payments
 - Any reportable medical malpractice payments made on behalf of an individual UUHP practitioner is reported to the NPDB.
- 2) Adverse licensure actions

Licensure actions are reported by the licensing body; therefore UUHP has no requirement to do so
- 3) Exclusions from Medicare/Medicaid
 - Exclusions from Medicare/Medicaid are reported by the Federal Health and Human Services Office of Inspector General, therefore the UUHP has no requirement to do so

The State of Utah Division of Occupational and Professional Licensing requires reporting of the following actions:

1. Terminating employment of an employee for cause related to the employee's practice as a licensed health care practitioner
2. Terminating or restricting privileges for cause to engage in any act or practice related to practice as licensed health care practitioner
3. Terminating, suspending, or restricting membership or privileges associated with membership in a professional association for acts of unprofessional, unlawful, incompetent, or negligent conduct related to practice as a licensed health care practitioner
4. Subjecting a licensed health care practitioner to disciplinary action of more than 30 days
5. A finding that a licensed health care practitioner has violated professional standards or ethics
6. A finding of incompetence in practice of a licensed health care practitioner/organizational provider
7. A finding of acts of moral turpitude by a licensed health care practitioner/organizational provider
8. A finding that a licensed health care practitioner is engaged in abuse of alcohol or drugs

Upon notification of the above actions, the Credentialing Consultant, Medical Director and Operations Director work together to report the findings and ensure affected members are contacted and redirected to another paneled practitioner/organizational provider.

The Hearing

1. Notice of Recommendation

- When a recommendation is made which entitles an individual to request a hearing prior to a final decision of the University of Utah Health Plans, the Medical Director shall give special notice to the affected individual within ten (10) days from the date the recommendation was made when an adverse action has been identified. This notice shall contain:
 - a statement of the recommendation and the general reasons for it
 - a statement that the individual has the right to request a hearing on the recommendation within thirty (30) days of receipt of this notice
 - a copy of this Article C-11

2. Request for Hearing

- An individual shall have thirty (30) days following the date of the receipt of the notice within which to request the hearing. The request shall be in writing to the Medical Director, and shall include the name, address and telephone number of the individual's counsel, if any. Failure to request a hearing shall constitute waiver of the right to a hearing and the recommendation shall become effective immediately upon final action by University of Utah Health Plans. An individual may not request a hearing after expiration of this time, absent good cause, if the University of Utah Health Plans has made reasonable efforts to notify the individual.

3. Notice of Hearing and Statement of Reasons

- The Medical Director shall schedule the hearing and shall give special notice to the individual who requested the hearing. The notice shall include:
 - The time, place, and date of the hearing
 - A proposed list of witnesses, as known at that time, who will give testimony at the hearing regarding the recommendation and a brief summary of the nature of the anticipated testimony
 - The names of the Hearing Panel members and Presiding Officer (or Hearing Officer) if known
 - A statement of the specific reasons for the recommendation, including a list of patient records (if applicable), and information supporting the recommendation. This statement may be revised or amended at any time, even during the hearing, so long as the additional material is relevant to the recommendation or the individual's qualifications. The individual shall have, at the discretion of the presiding officer, time to study this additional information

4. The hearing shall begin as soon as feasible, but no sooner than thirty (30) days after the notice of the hearing unless an earlier hearing date has been specifically agreed to in writing by the individual and the University of Utah Health Plans.

5. Witness List

- At least ten (10) days before the pre-hearing conference, the individual requesting the hearing shall provide a written list of the names of the individuals expected to offer testimony on his or her behalf
- The individual's witness list shall include a brief summary of the nature of the anticipated testimony
- The witness list of either party may, thereafter, in the discretion of the Presiding Officer or Hearing Panel Chair, be supplemented or amended at any time during the course of the hearing, provided that notice of the change is given to the other party

6. Hearing Panel, Presiding Officer, and Hearing Officer

- Hearing Panel
 - The Medical Director, acting for the University of Utah Health Plans and after considering the recommendations of the University of Utah Health Plans Credentials Review Committee shall appoint a Hearing Panel which shall be composed of not less than three (3) members, one (1) of whom shall be designated as Chair. The Hearing Panel shall be composed of members of the medical staff of the University of Utah Hospitals and Clinics who did not actively participate in the consideration of the matter involved at any previous level, or of physicians or others not connected with the University of Utah Hospitals and Clinics. Knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Panel.

- Presiding Officer
 - In lieu of a Hearing Panel Chair, the Medical Director may appoint a Presiding Officer who may be an attorney at law. The Presiding Officer must not act as a prosecuting officer, or as an advocate for either side at the hearing. The Presiding Officer may participate in the private deliberations of the Hearing Panel and be a legal advisor to it, but shall not be entitled to vote on its recommendations.
 - If no Presiding Officer has been appointed, the Chair of the Hearing Panel shall serve as the Presiding Officer, and shall be entitled to one (1) vote.
 - The Presiding Officer (or Hearing Panel Chair) shall:
 - Allow the participants in the hearing to have a reasonable opportunity to be heard and to present oral and documentary evidence, subject to reasonable limits on the number of witnesses and duration of direct and cross-examination as may be necessary to avoid cumulative or irrelevant testimony or to prevent abuse of the hearing process
 - Prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant, abusive, or that causes undue delay
 - Maintain decorum throughout the hearing
 - Determine the order of procedure throughout the hearing
 - Have the authority and discretion to make rulings on all questions which pertain to matters of procedure and to the admissibility of evidence
 - See that all information relevant to the appointment or clinical privileges of the individual requesting the hearing is presented to the Hearing Panel
 - Conduct argument by counsel on procedural points outside the presence of the Hearing Panel unless the Panel wishes to be present
 - The Presiding Officer may be advised by legal counsel to the Hospital with regard to the hearing procedure.
- Hearing Officer
 - As an alternative to a Hearing Panel, the Medical Director may appoint a Hearing Officer to perform the functions that would otherwise be carried out by a Hearing Panel. The Hearing Officer shall preferably be an attorney at law.
 - The Hearing Officer shall not be in direct economic competition with the individual requesting the hearing, and shall not act as a prosecuting officer or as an advocate to either side at the hearing. If the Hearing Officer is an attorney, he or she must not represent clients in direct economic competition with the affected individual. In the event a Hearing Officer is appointed instead of a Hearing Panel, all references in this Article to the "Hearing Panel" or "Presiding Officer" shall be deemed to refer instead to the Hearing Officer, unless the context would clearly otherwise require.

Hearing Procedure

1. Discovery

- There is no right to discovery in connection with the hearing. However, the affected individual shall be entitled, upon specific request, to the following, subject to the individual's written agreement that all documents shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing:
 - Copies of, or reasonable access to, all patient medical records referred to in the Statement of Reasons, at the individual's expense
 - Reports of experts relied upon by the University of Utah Health Plans
 - Copies of relevant committee or department minutes (such provision is not intended to waive the state peer review protection law) (documents shall be redacted to remove information unrelated to the affected individual)
 - Copies of any other documents relied upon by the University of Utah Health Plans
- There shall be no discovery regarding other practitioners.
- Prior to the hearing, on dates set by the Presiding Officer or agreed upon by counsel for both sides, each party shall provide the other party with its proposed exhibits. All objections to documents or witnesses, to the extent then reasonably known, shall be submitted in writing in advance of the hearing. The Presiding Officer shall not entertain subsequent objections unless the party offering the objection demonstrates good cause.
- Neither the affected individual, nor his or her attorney, nor any other person acting on behalf of the affected individual, shall contact individuals appearing on the University of Utah Health Plans' witness list concerning the subject matter of the hearing, unless specifically agreed upon by counsel.

2. Pre-Hearing Conference

- The Presiding Officer may require a representative (who may be counsel) for the individual and for the University of Utah Health Plans to participate in a pre-hearing conference to deal with all procedural questions in advance of the hearing. The Presiding Officer may specifically require that:
 - All documentary evidence/exhibits to be submitted by the parties be presented to each other prior to this conference and that any objections regarding the documents be made at this conference and resolved by the Presiding Officer
 - Evidence unrelated to the reasons for the recommendation or to the individual's qualifications for appointment or the relevant clinical privileges be excluded
 - Any objections regarding witnesses be made at this conference and resolved by the Presiding Officer
 - The time granted to each witness's testimony and cross-examination be agreed upon, or determined by the Presiding Officer, in advance
 - Witnesses and documentation not provided and agreed upon in advance of the hearing may be excluded from the hearing

3. Failure to Appear

- Failure, without good cause, of the individual requesting the hearing to appear and proceed at such a hearing shall result in transmittal of the matter to the University of Utah Health Plans for final action.

4. Record of Hearing

- A stenographic reporter shall be present to make a record of the hearing. The cost of the reporter shall be shared by the parties. Copies of the transcript are at the individual's expense. Oral evidence shall be taken only on oath or affirmation administered by any person entitled to notarize documents in this State.

5. Rights of Both Sides and the Hearing Panel at the Hearing

- At a hearing, both sides shall have the following rights, subject to reasonable limits determined by the Presiding Officer or Hearing Panel Chair:
 - To consult with and/or be represented by legal counsel
 - To call and examine witnesses to the extent they are available and willing to testify
 - To introduce exhibits
 - To cross-examine any witness on any matter relevant to the issues
 - To representation by counsel who may call, examine, and cross-examine witnesses and present the case
 - To submit a written statement at the close of the hearing
- Any individual requesting a hearing who does not testify in his or her own behalf may be called and questioned.
- The Hearing Panel may question the witnesses, call additional witnesses, and/or request documentary evidence.

6. Admissibility of Evidence

- The hearing shall not be conducted according to rules of evidence. Hearsay evidence shall not be excluded merely because it is hearsay. Any relevant evidence shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The guiding principle shall be that UUHP, which must ultimately decide about the affected individual's appointment and clinical privileges, shall have before it all information relevant to the individual's qualifications.

7. Post-Hearing Statement

- Each party shall have the right to submit a written statement, and the Hearing Panel may request such a statement to be filed, following the close of the hearing.

8. Persons to be Present

- The hearing shall be restricted to those individuals involved in the proceeding. Appropriate administrative personnel may be present as requested by UUHP and the Medical Director.

9. Postponements and Extensions

- Postponements and extensions of time beyond any time limit set forth in this Policy may be requested by anyone but shall be permitted only by the Presiding Officer or the Medical Director on a showing of good cause.

Hearing Conclusion, Deliberations and Recommendations

1. Order of Presentation

- The University of Utah Health Plans shall first present evidence in support of its proposed decision. Thereafter, the individual who requested the hearing shall present evidence.

2. Basis of Decision

- The burden shall be on the University of Utah Health Plans to prove, by a preponderance of the evidence that the recommendation that prompted the hearing was supported by credible evidence and was not arbitrary or capricious.
- The recommendation of the Hearing Panel shall be based on the evidence produced at the hearing. This evidence may consist of the following:
 - Oral testimony of witnesses
 - Written statements presented in connection with the hearing
 - Any information regarding the individual who requested the hearing (and his or her practice or conduct) so long as that information has been admitted into evidence at the hearing and the person who requested the hearing had the opportunity to comment on and, by other evidence, refute it

3. Adjournment and Conclusion

- The Presiding Officer may adjourn the hearing and reconvene it at the convenience and with the agreement of the participants. Upon conclusion of the presentation of evidence by the parties and/or questions by the Hearing Panel, the hearing shall be closed.

4. Deliberations and Recommendation of the Hearing Panel

- Within twenty (20) days after final adjournment of the hearing (which may be designated as the time the Hearing Panel receives the hearing transcript or any post-hearing statements, whichever is later), the Hearing Panel shall conduct its deliberations outside the presence of any other person except the Presiding Officer, and shall render a recommendation, accompanied by a report, which shall contain a concise statement of the basis for the Panel's decision.

5. Disposition of Hearing Panel Report

- The Hearing Panel shall deliver its report and recommendation to the Medical Director who shall forward it, along with all supporting documentation, to UUHP for further action. The Medical Director shall also send a copy of the report, including specific reasons for the decision, and final recommendation by certified mail, return receipt requested, to the individual who requested the hearing.

Appeal Procedure

1. Time for Appeal

- Within ten (10) days after notice of the Hearing Panel's recommendation, either party may request an appeal. The request shall be in writing, delivered to the Medical Director either in person or by certified mail, return receipt requested, and include a statement of the reasons for appeal and the specific facts or circumstances which justify further review. If an appeal is not requested within ten (10) days, an appeal is deemed to be waived, and the Hearing Panel's report and recommendation shall be forwarded to UUHP for final action.

2. Grounds for Appeal

- The grounds for appeal shall be limited to the following:
 - There was substantial failure to comply with this Policy so as to deny a fair hearing
 - The recommendations of the Hearing Panel were made arbitrarily, capriciously, or with prejudice
 - The recommendations of the Hearing Panel were not supported by substantial evidence

3. Time, Place and Notice

- Whenever an appeal is requested as set forth in the preceding sections, the Director of UUHP shall schedule and arrange for an appeal. The affected individual shall be given notice of the time, place, and date of the appeal. The appeal shall be held as soon as arrangements can reasonably be made, taking into account the schedules of all the individuals involved.

4. Nature of Appellate Review

- The Director of UUHP shall appoint a Review Panel composed of not less than three (3) persons.
- The Review Panel may in its discretion accept additional oral or written evidence subject to the same rights of cross-examination provided at the hearing only if the party seeking to admit it can demonstrate that it is new, relevant evidence not previously available or that a request to admit it at the hearing was improperly denied.

- Each party shall have the right to present a written statement in support of its position on appeal. In its sole discretion, the Review Panel may allow each party or its representative to appear personally and make oral argument not to exceed thirty (30) minutes. The Review Panel shall recommend final action to University of Utah Health Plans.
- UUHP may affirm, modify, or reverse the recommendation of the Review Panel or, in its discretion, refer the matter for further review and recommendation, or make its own decision based upon its ultimate legal responsibility to extend network participation. If UUHP determines to modify or reverse the recommendation of the Review Panel in such a manner that would entitle the affected individual to another hearing, it shall so notify the affected individual through the Medical Director, and shall take no final action thereon until the individual has exercised or has waived a hearing.

5. Final Decision

- Within thirty (30) calendar days after receipt of the Review Panel's recommendation, UUHP shall render a final decision in writing, including specific reasons, and shall send special notice thereof to the affected individual.

6. Further Review

- Except where the matter is referred for further action and recommendation, the final decision of UUHP following the appeal shall be effective immediately and shall not be subject to further review. If the matter is referred for further action and recommendation, such recommendation shall be promptly made to UUHP in accordance with the instructions given by UUHP. This further review process and the report back UUHP shall in no event exceed thirty (30) days except as the parties may otherwise agree.

7. Right to One Hearing and One Appeal Only

- No applicant or member shall be entitled to more than one (1) hearing and one (1) appellate review on any matter. If network privileges are denied either during the credentialing or re-credentialing process, or if network participation of a current member is revoked, that individual may not apply for network participation for a period of five (5) years unless UUHP provides otherwise.

Assessment of Organizational Providers

To provide quality of care for our members, before contracting with new organizational providers, UUHP ensures that each applicant meets established standards. UUHP will re-credential each organizational provider every 36 months provided the criteria for participation are being met on an on-going basis. Credentialing will be conducted according to accreditation. Each location will be assessed, and if the parent company is accredited, but not the satellite locations, only the parent company will be credentialed. If a parent company, as well as all satellite locations are accredited, each location will be credentialed individually. Failure to provide proof of meeting established standards will make the application ineligible and will result in not being admitted to

the network, or an administrative removal from the network. To be credentialed, organizational providers must meet the following criteria:

1. Completion of the organizational provider application (must be filled out in ink only...no white out will be accepted). Corrections must be made by drawing a line through the erroneous information, placing correct information above or beside and initialed.
2. If accredited, must submit an acceptance letter and report survey stating the organizational provider was reviewed and passed with the completed application. An attestation stating an organizational provider is accredited will not be accepted.
3. If not accredited, a CMS certification survey is acceptable if no more than 3 years old, and an acceptance letter and report survey stating the organizational provider was reviewed and passed must be submitted with completed application. An attestation stating an organizational provider is certified will not be accepted.
4. If not accredited or does not have a completed CMS certification survey, an onsite quality assessment will be performed by a Provider Relations Consultant and UM team member to determine if NCQA standards are being met. This requirement may be waived if the organizational provider is located in a rural area, as defined by the U.S. Census Bureau.
 - The employees performing the assessment will use UUHP's Physical Facility Questionnaire pertaining to the specific Organizational Provider Type being credentialed. Questionnaires are tailored for each facility type, based on the following evaluation categories:
 - Physical accessibility
 - Physical appearance
 - Adequacy of space
 - Privacy/HIPAA compliance
 - Registration process
 - Medical record keeping
 - Staff/patient interaction
 - Facility Personnel conduct
 - During the onsite quality assessment, it will also be determined that the organizational provider has a process in place to credential its practitioners. If not, UUHP will create a CAP which outlines the credentialing process and the time frame in which to start credentialing. UUHP will contact the organizational provider 6 months after the CAP is instituted for follow-up.
 - A site visit may only be done at a parent location if all satellite sites follow the same policy and procedures as the parent company.
5. UUHP Credentialing Staff reviews application documentation, confirming the following criteria are current and free from sanctions:
 - Copy of current valid license/DEA (if applicable), certification or registration as applicable to type of organizational provider type, which is used to confirm good standing with state requirements
 - Current professional malpractice liability insurance certificate
 - Absence of any DOPL, Medicare/Medicaid sanctions
 - Signed and dated attestation/release. UUHP will accept electronic, scanned, photocopied, digital and faxed signatures. A signature stamp will not be accepted.
 - Current CLIA in good standing (for hospitals & laboratories)

Accepted Accrediting Bodies:

(CMS)	Medicare Certification
(AAAH)	Accreditation Association for Ambulatory Health Care
(ACHC)	Accreditation Commission for Health Care
(AAAASF)	American Association for Accreditation of Ambulatory Surgery Facilities
(ABCOP)	American Board for Certification in Orthotics/Prosthetics
(ACR)	American College of Radiology
(ASHI)	American Society for Histocompatibility and Immunogenetics
(BOC)	Board of Certification / Accreditation, International (O&P or DMEPOS)
(CAP)	College of American Pathologists
(CARF)	Commission on Accreditation of Rehabilitation Facilities
(COLA)	Committee of Laboratory Accreditation
(CHAP)	Community Health Accreditation Program
(CT)	The Compliance Team
(COA)	Council on Accreditation
(DNV)	Det Norske Veritas
(HFAP)	Healthcare Facilities Accreditation Program - AOA
(HQAA)	Healthcare Quality Association on Accreditation
(IAC)	The Intersocietal Accreditation Commission
(NABP)	National Association of Boards of Pharmacy
(NBAOS)	National Board of Accreditation for Orthotics Suppliers
(NCQA)	National Commission for Quality Assurance
(TJC)	The Joint Commission
(URAC)	URAC, (aka, American Accreditation Healthcare Commission)
(CABC)	Commission for the Accreditation of Birth Centers
(PPFA)	Planned Parenthood Federation of America

Types of Organizational Medical Providers to be credentialed, but not limited to:

1. Hospitals
2. Home Health Agencies
3. Skilled Nursing Facilities
4. Free-standing Surgical Centers
5. Suppliers
6. Laboratories
7. Kidney Dialysis Centers
8. Ambulatory Care Clinics/Centers

Types of Organizational Behavioral Healthcare Providers to be credentialed, but not limited to:

1. Residential Treatment Facilities
2. Inpatient
3. Ambulatory Behavioral Healthcare

Facility Credentialing/Site Visit Work-Flow

- Once the UUHP Credentialing Coordinator is given the contract, he/she is responsible for contacting the organizational provider to determine who the

credentialing contact is, obtain an email/phone number and update the Genie with this information. When the completed application and supporting documents are received, the coordinator will forward the information to the Credentialing Consultant. If the information is not obtained within a 2 week time-frame, the Credentialing Coordinator will follow-up with the organizational provider.

- Once the Credentialing Consultant receives the completed application/documents from the Coordinator, they will begin the primary source verification process. Verifications must be completed within 180-calendar days. The website for the accrediting/certifying body will be checked; licenses will be verified through the Utah Department of Public Health; sanctions will be verified through SAM/OIG/NPDB; CLIA's will be verified through the appropriate state agency; if applicable, all roster's will be checked for Medicare/Medicaid sanctions; DEA's will be verified where applicable. Electronic Files: The Credentialing Consultant will create an electronic file for each organizational provider that will be stored on a secure network drive. Each credentialing document and verification will be saved with the Credentialing Consultant's name and date verified. Files will be kept confidential, and only those employees needing access to ensure network participation will be allowed to view and maintain the file.
- When verifications are complete and a file is deemed "Clean", the Senior Credentialing Consultant will be notified to take it to the next Credentialing Committee Meeting for review and approval.
- If an Organizational Provider is discovered on one of the sanction lists, the file will go to the Medical Director for review and determination of next step.
- Any file deemed by the Consultant as "Does not meet criteria" will be sent directly to the Provider Relations Consultant (PRC) over the territory and they will be required to set-up a site visit with the organizational provider. The PRC must take a member of the UM team with them to the Site Visit. Based on the site visit findings, the PRC and UM team member will recommend the file is now ready, or "Category I" for credentialing committee approval, or recommend denial/removal from network participation.
- If, after the site visit, the Organizational Provider still does not meet criteria, the Contracting Team will be notified. If they determine that they want to keep the Organizational Provider in the Network, or add them as an initial, they must create a CAP (Corrective Action Plan) so the Organizational Provider can work towards meeting UUHP's network participation criteria. Contracting will present the CAP to the Organizational Provider, and follow-up with them again after 3-months. When it is time for CAP follow-up, the Contracting team will notify the PRC and UM team member to do a follow-up site visit. They will alert the appropriate parties of their findings. At this point, they will recommend that the Credentialing Consultant starts the verification process again or denial/removal from the network by the Contracting team.
- If the Contracting team decides to remove from the network or deny network participation due to not meeting criteria, they will send a term/denial letter. They will also term the contract, create a JIRA if necessary to alert systems and log in the Genie. They will alert the credentialing coordinator to term in the Provider Genie Application.
- The applicant shall have the right to be informed of their application status upon request as noted in the Provider Manual and on the UUHP website. The request shall be made via email to: provider.credentialing@hsc.utah.edu. All

correspondence will be responded to within 24 hours, and voice mails returned within 48 hours.

- The applicant shall also have the right to review the information s/he has submitted in support of their credentialing or re-credentialing application, and will have the opportunity to correct any erroneous information, as applicable, during the 2-3 month credentialing process. Applicants are notified through the website, as well as the Provider Manual. Corrections can be submitted to:
 - provider.credentialing@hsc.utah.edu

Delegation of CR

UUHP delegates credentialing activities and has established a procedure for monitoring the credentialing process of approximately 20 entities with whom UUHP currently has Delegation of Credentialing Agreements. This is done to ensure all practitioners/organizational providers are credentialed/re-credentialed according to our Delegation Agreement with them, and that delegated credentialing services are meeting UUHP criteria.

Delegation agreement, provisions for PHI, pre-delegation evaluation, review of delegate's credentialing activities

In an effort to avoid duplicating the credentialing process undertaken by another organization and maximize efficiency, UUHP shall enter into a Delegation of Credentialing Agreement with an organization already performing credentialing of practitioners/organizational providers shared by both entities. The following guidelines are summarized from the Delegation of Credentialing Agreement:

1. Is mutually agreed upon
2. Describes delegated activities and responsibilities of both parties
3. Delegated Entity must pass a pre-assessment review prior to the Delegation of Credentialing Agreement going into effect which could include:
 - Site Visit
 - Telephone consultation
 - Documentation review (policies and procedures and file review)
 - Virtual Review
4. Delegated Entity has written policies and procedures that correspond to NCQA Standards regarding credentialing
5. Delegated Entity performs verification of credentialing elements specified in Delegation of Credentialing Agreement
6. Organization retains the right to approve, suspend and terminate individual practitioners, organizational providers and sites, even if the organization delegates decision making
7. Delegated Entity provides evidence that re-credentialing of practitioners is completed within the three year time frame and follows the guidelines specified in the Delegation of Credentialing Agreement
8. The allowed uses of PHI
9. Description of delegate safeguards to protect the information from inappropriate use or further disclosure
10. A stipulation that the delegate ensures that sub-delegates have similar safeguards
11. A stipulation that the delegate provides individuals with access to their PHI
12. A stipulation that delegate informs the organization of inappropriate uses of the information

13. A stipulation that the delegate ensures that PHI is returned, destroyed or protected if the delegation agreement ends
14. Delegated Entity provides UUHP with monthly updates including a roster of all participating practitioners/organizational providers (The information to be reported by the delegate about delegated activities and how and to whom information is reported.) On a monthly basis, the entity shall submit sufficient information to UUHP for the Provider Data Management Coordinator to set up the approved practitioners/organizational providers in the claims system, add them to its directories and term if no longer with the delegated entity.
15. If it is found that the delegated entity is not meeting its obligations, the organization has the right to terminate the delegation agreement. The delegated entity agrees to assume responsibility for penalties for non-compliance with the Delegation Plan.
16. The delegated entity shall be required to submit to UUHP the minutes of their credentialing meetings. The minutes shall at minimum include the date of the meeting, who was present, a listing of all applicants approved or re-approved, and those who did not meet criteria. For all practitioners/organizational providers with issues, the minutes shall include a brief summary of the discussion (enough to demonstrate that a meaningful discussion took place of the issues at hand) for each applicant. The minutes of the meeting will be reviewed, approved and dated by the delegated entity's Medical Director.
17. The delegated entity shall be required to report all adverse events to UUHP.
18. At least once a calendar year, UUHP shall conduct an audit of the entity's credentialing files and policies to ensure that at minimum they are meeting the current credentialing standards:
 - Annually reviews its delegate's credentialing policies and procedures
 - Annually audits credentialing and re-credentialing files against NCQA Standards for each year that delegation has been in effect
 - The greater of a minimum of eight initial and eight re-credentialing files, or 5% of total files shall be reviewed
 - A Corrective Action Plan (CAP) shall be required from the delegated entity if the audit score is less than 80%
 - Annually evaluated delegate performance against current NCQA Standards for delegated activities
 - Semi-Annually evaluates regular reports as specified in NCQA Standard 8, Element A, Factor 3

Owner:

Jennifer Muhlestein, Provider Network Director

Signature: J Muhlestein Date: 11-3-2017

Liaison:

Michele Beutler, Provider Relations Manager

Approval Body:

UUHP Credentialing Committee and UUHP Medical Director/Committee Chair

Signature: Dean Pham Date: 11/03/2017

Organizational Area:

Provider Relations & Contracting

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