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2025 Credentialing Plan

**Physicians Health
Plan of Northern
Indiana, Inc.**

1700 Magnavox Way, Suite 201 | Fort Wayne, IN 46804
Phone: 260-432-6690 | Toll-Free: 800-982-6257
phpni.com



INDEX

- I. Authority
- II. Purpose and Scope
- III. Objectives
- IV. Committee Structure
- V. Roles and Responsibilities of the Credentials Committee
- VI. Minutes and Reports
- VII. Statement of Confidentiality and Non-Discrimination
- VIII. Methodology for Developing Criteria
- IX. Acceptance of Providers
- X. Re-Credentialing
- XI. Delegation of Credentialing
- XII. Provisional Providers
- XIII. Discipline of Providers
- XIV. Termination of Providers
- XV. Economic & Business Criteria
- XVI. Annual Review
- XVII. Definitions

I. AUTHORITY

The Board of Directors of Physicians Health Plan of Northern Indiana, Inc. ("PHP") has the ultimate responsibility and authority for the selection, credentialing, and recredentialing of health care providers who are engaged to provide Health Services to Covered Persons. The Board of Directors has delegated its overall responsibility and authority for credentialing activities to the Credentials Committee, and oversight of the clinical aspects of the credentialing program to the PHP Medical Director.) Accordingly, the Credentials Committee has the responsibility of administering this Credentialing Plan, including periodic reporting of credentialing/recredentialing activities to the Board of Directors.

II. PURPOSE AND SCOPE

The purpose of this Credentialing Plan is to provide a general guide for the admission and retention of Providers to the network of PHP's Participating Providers, including, but not limited to: medical doctors, doctors of osteopathic medicine, doctors of podiatry, and doctors of dentistry including oral maxillofacial surgeons.

Other Allied Health Care Providers who exercise independent professional judgment and are not subject to supervision or direct instruction of a Provider when providing Health Services to Covered Persons are also subject to this Credentialing Plan, including but not limited to nurse midwives, clinical nurse specialists, nurse practitioners in independent practice, audiologists, registered dietician, speech, occupational and speech therapists, chiropractors, optometrists, doctoral and clinical psychologists, addiction counselors, master's level clinical social workers, and licensed mental health counselors.

Participating Providers also includes facilities providing Health Services to Covered Persons, including, but not limited to: Long- and Short-Term Acute Care Hospitals; Ambulatory Surgical Centers; Home Health Agencies; In-patient Rehabilitation Hospitals, Behavioral Health Hospitals, Inpatient Residential and Detox Centers, Skilled Nursing Facilities and Specialty Facilities such as Cancer Hospitals and Birthing Centers.

Credentialing is required for all licensed independent practitioners to whom PHP directs Covered Persons to receive care under a Benefit Plan as part of PHP's Network of participating providers. Credentialing may be delegated and will be subject to the requirements of Section XI of this Plan. Credentialing is generally not required for health care professionals who are permitted to furnish services only under the direct supervision of another licensed independent practitioner or for hospital-based or Facility-based health care professionals who provide service to Covered Persons incidental to hospital or Facility services. However, credentialing is required for hospital or facility-based licensed independent practitioners to whom PHP directs Covered Persons to receive care under a

1 Benefit Plan or if mandated by the Credentials Committee.
2 PHP contracts for many types of health services provided by individuals or organizations that are
3 not required to be credentialed as described in the Credentials Plan. These individuals and
4 organizations must still meet certain standards of participation which are their credentialing criteria
5 and are described in separate policy.
6

7 As set forth in this Credentialing Plan, the Medical Director and the Credentials Committee have
8 the right to determine which health care professionals shall be accepted and continue as
9 Participating Providers. In addition to the requirements set forth in this Credentialing Plan, the Medical
10 Director and Credentials Committee are to be guided primarily by consideration of each health care
11 professional's potential contribution to the objective of providing effective and efficient Health
12 Services to Covered Persons.
13

14 This Credentialing Plan is part of PHP's quality management program, as required by applicable
15 law. This Credentialing Plan may be amended at any time by the Credentials Committee without
16 the prior approval of Participating Providers. Changes shall be effective for all Providers from the
17 effective date of the change.
18

19 **III. OBJECTIVES**

20

21 The objectives of this Credentialing Plan are as follows:

- 22
23 1. To develop and implement a credentialing and recredentialing process for the selection and
24 evaluation of Providers who practice within PHP's delivery system.
25
- 26 2. To establish standards and criteria for evaluating a Provider's credentials on an ongoing basis
27 (e.g., site visits, reviews for Adverse Actions, satisfaction surveys).
28
- 29 3. To provide a consistent and fair method of reviewing the credentials of health care
30 professionals being considered for participation or re-participation.
31
- 32 4. To review, as questions arise, all information available regarding the clinical competence and
33 behavior of Providers. Documentation of such a review shall be forwarded to the Board of
34 Directors in an informational update or, if the Credentials Committee recommends an
35 Adverse Action be taken with respect to a health care professional being considered for
36 participation or re-participation to the Professional Review Oversight Committee, as
37 established in PHP's *Peer Review Plan*.
38
- 39 5. To provide guidance to PHP staff on the overall direction of the credentialing program.
40

IV. COMMITTEE STRUCTURE

The Credentials Committee shall be composed of a maximum of seven (7) Participating Providers, who will be voting members on the Committee and are selected as follows:

1. A Provider, who acts as Committee Chairman;
2. A maximum of five (5) Providers representing a mix of specialists and primary care physicians who have no other role in organization management; and

3. The PHP Medical Director. Non-voting, Ex-officio members of the Committee will include:

1. A Credentialing Coordinator;
2. The Chief Operating Officer; and
3. Other persons at the invitation of the Committee Chairman from time to time.
4. The Committee may access various specialists for consultation, as needed to complete the review of a practitioner's credentials or when discussing standards of care for a particular type of provider.

The Credentials Committee will meet as often as necessary to fulfill its responsibilities, but no less than quarterly. The Credentials Committee meeting will consist of two (2) sections—a business meeting portion and a peer review portion.

A quorum for voting purposes shall consist of a minimum of 51% of voting Committee members, one of whom shall be the Medical Director or his designee. Outcomes of all voting decisions will be determined by the majority.

V. ROLES AND RESPONSIBILITIES OF THE CREDENTIALS COMMITTEE

The Credentials Committee shall carry out the objectives of this Credentialing Plan as listed throughout the plan and supportive policies and procedures, including the following:

1. Carry out the objectives of this Credentialing Plan as listed in Section III of this plan;
2. Provide a consistent and fair ongoing process to evaluate and verify the qualifications of all

- 1 initial applicants and recredentialing applications;
- 2 3. Exercise reasonable care to select, approve and retain Providers who are shown to be qualified,
- 3 have acceptable service levels, and meet the minimum credentialing criteria stated in the Plan;
- 4
- 5 4. Establish standards and criteria for evaluating a Provider's credentials on an ongoing basis (e.g.,
- 6 site visits, reviews for Adverse Actions, satisfaction surveys);
- 7
- 8 5. Discuss whether providers are meeting reasonable standards of care;
- 9
- 10 6. Review, as questions arise, all information available regarding the clinical competence and
- 11 behavior of Providers. Documentation of such review shall be forwarded to the Board of
- 12 Directors in an informational update or, if the Credentials Committee recommends an
- 13 Adverse Action be taken with respect to a health care professional being considered for
- 14 participating or re-participation to the Professional Review Oversight Committee, as
- 15 established in PHP's *Peer Review Plan*. Approve or disapprove applications by providers for
- 16 PHP participation status; or delegate such authority to the Medical Director for approving
- 17 "clean" credentialing and recredentialing applications and files within the guidelines
- 18 established;
- 19
- 20 7. Provide guidance to PHP management on the effectiveness of the credentialing program;
- 21
- 22 8. Reviews and approves credentialing plan, policies and procedures;
- 23
- 24 9. Provides guidance to PHP staff on the overall direction of the credentialing program;
- 25
- 26 10. Participates in the Quality Improvement Program including monitoring the timeliness and
- 27 completeness of the credentialing and recredentialing process; contributing to the analysis and
- 28 of customer satisfaction, client access and other quality improvement activities requested by
- 29 the Quality Improvement Committee or PHP; and
- 30
- 31 11. Other duties and responsibilities as described throughout this Plan or its supporting policies and
- 32 procedures.
- 33
- 34 12. At least annually the Credentials Committee shall submit to the Board of Directors and annual
- 35 evaluation of the effectiveness of the credentialing program and plan. This evaluation will
- 36 include any recommendations for updating or changes in the program and/or plan.
- 37

38 VI. MINUTES AND REPORTS

39 Complete and accurate minutes will be prepared and maintained for each meeting. Minutes will reflect

40

1 the name of the committee, the date and duration of the meeting, the members present and absent,
2 including their names and specialties, the names and titles of guests. The minutes shall document all
3 actions of the committee including the major decisions and recommendations, the status of activities
4 in progress, and the implementation status of recommendations, when appropriate. Applicable
5 reports and substantiating data will be appended for reporting purposes.

6
7 When accessing an appropriate clinical peer in order to discuss whether a particular type of provider
8 is practicing reasonable standards of care, the clinical peer does not have to, but certainly may attend
9 the Credentials Committee meeting either in person or telephonically. The peer specialist's method
10 of attending the meeting shall be noted in the minutes. The clinical peer's input may be presented via
11 the Credentials Committee Chairperson, Medical Director or other Clinical Committee member, which
12 must be reflected in the minutes of the meeting.

13
14 Regular reporting activities will include:

- 15 1. Credentialing
- 16
- 17 2. Recredentialing
- 18
- 19 3. Quality Improvement/Peer Review Activities
- 20
- 21 4. Miscellaneous Issues
- 22
- 23
- 24

25 **VII. STATEMENT OF CONFIDENTIALITY AND NON-DISCRIMINATION (CR 4.h)**

26

27 It is the intention of the Plan that the credentialing process be protected under Indiana and federal peer
28 review laws. The Credentialing Committee shall act as a peer review Committee. All proceedings of
29 the Committee shall remain confidential, and all communications with the Committee shall be
30 privileged. Individuals engaged in credentialing activities shall maintain the confidentiality of
31 information. A review of sensitive material will be conducted during the peer review portion of the
32 Credentials Committee meeting. Each Credentials Committee member must sign an agreement
33 aimed at protecting the confidentiality of peer reviewed materials and processes at least annually. Each
34 employee of PHP is also required to sign a Confidentiality Agreement, agreeing that information is
35 confidential and is the sole and exclusive property of PHP.

36 Information gained in the process of credentialing/recredentialing shall be retained by PHP for at least
37 two (2) years if the information relates to an application for credentialing/recredentialing which was
38 denied or if the information relates to a case which may be reopened.

39
40 The minutes of the peer review portion of Credentials Committee meetings are protected as provided

for under Indiana peer review statutes. The procedures and minutes of the business portion of the Credentials Committee will be open to review by state and federal regulating agencies.

All credentialing/recredentialing information that is obtained is highly confidential. All Credentials Committee minutes and provider hard copy files are stored in locked cabinets and can only be seen by appropriate Credentialing staff, medical director, and Credentials Committee members. Electronic provider files are password protected in secure software programs which can be accessed only by trained credentialing staff and the medical director. Computer screens are closed and locked when individuals are away from their stations.

Neither hard copy nor electronic credentials files may be reproduced or distributed, except for confidential peer review and credentialing purposes.

Credentialing and recredentialing decisions are based on multiple criteria related to professional competency, quality of care, administrative requirements and the appropriateness by which health services are provided.

Credentialing and recredentialing decisions shall not be based on an Applicant's race, religion, sex, color, disability, ethnic origin, national origin, age, marital status, veteran status, sexual preference, sexual orientation, gender identity, specialty, patient type, or any unlawful basis or prejudice not specifically mentioned herein. Annually each Credentials Committee member must sign an affirmative statement attesting to non-discrimination when making credentialing or recredentialing determinations. Credentialing files (in-process, denied and approved) and complaints will be monitored periodically to ensure that practitioners are not discriminated against.

VIII. METHODOLOGY FOR DEVELOPING CRITERIA

In order to assure quality health care for members, each provider's credentials will be reviewed at a minimum of every three (3) years. This review will be in accordance to criteria developed by the Credentials Committee.

To provide consistency in the review process, the following resources will be addressed:

1. PHP Bylaws,
2. State licensing requirements,
3. National certification organizations,
4. Community practice standards, and
5. Other materials, such as member surveys.

IX. ACCEPTANCE OF PROVIDERS

Except as otherwise may be determined by PHP or required by law, health care professionals who are interested in participation with PHP and are within the scope of the credentialing program will be required to submit an application. Acceptance of an application to participate is at PHP's discretion. Such determination shall be based upon various factors, including, but not limited to, consideration of whether additional health care professionals in a particular specialty and practice location meet PHP's business needs, as determined by PHP in its sole discretion.

The application process includes the following steps:

1. Application Form. Each Applicant must accurately complete an application on the form required by PHP. For practitioners, the Council for Affordable Quality Healthcare (CAQH) Universal Credentialing Datasource is utilized. All applications used by PHP include:
 - a) An unlimited release granting PHP permission to contact and review the records of any professional society, hospital, insurance company or other entity, institution or organization that has or may have records concerning the Applicant; and
 - b) A release from liability for any such entity, institution or organization that provides information as part of the application process.
2. A certificate of insurance or declaration page of the Applicant's current professional liability insurance; (Note: the Medical Director is excluded from this requirement as he/she is not required to carry professional liability insurance, but is covered under specific PHP insurance policies pertaining to his/her duties as Medical Director);
 - a) A schedule of the Applicant's professional liability claims history;
 - b) A copy of the Applicant's current professional license(s);
 - c) A copy of the Applicant's current Drug Enforcement Agency ("DEA") Certificate for those with prescribing authority;
 - d) A copy of the Applicant's current Drug Enforcement Agency ("DEA") Certificate for those with prescribing authority;
 - e) History of education and professional training, including board certification status;
 - f) History of sanctions;
 - g) History of loss or limitation of privileges or disciplinary activity;
 - h) Hospital affiliations or privileges, if applicable;
 - i) For non-facility providers, disclosure of any physical, mental, or substance abuse problems that could, without reasonable accommodation, impede the practitioner's ability to provide care according to accepted standards of professional performance or pose a threat to the health or safety of patients; and

j) A signed and dated statement attesting that the information submitted with the application is complete and accurate to the practitioner's knowledge.

3. Applicant's Burden. It is the Applicant's burden to produce sufficient information to allow PHP to properly evaluate, among other things, the Applicant's training, experience, current competence and ability and to satisfy any requests by the PHP staff, Medical Director, Credentials Committee or Board for information or clarification. In addition to the Application and required documents, the Applicant shall obtain or, at the request of PHP, assist PHP staff in obtaining any and all additional information PHP deems necessary to credential/recredential the Applicant. PHP shall have the sole discretion to determine whether the information provided to or obtained by PHP is sufficient for its purposes. If the Applicant fails to provide all information requested or assist PHP staff as requested, the Medical Director or Credentials Committee may deny the Application and the decision shall not be subject to a hearing or other appeal.

4. Review Process.

a) Verification. Before forwarding the Application and related documentation to the Medical Director or Credentials Committee, the PHP credentialing staff will (i) verify the information submitted by the Applicant, including, but not limited to, licensure and the Applicant's compliance with the administrative and professional requirements set forth below and (ii) attempt to obtain any additional information PHP, in its sole discretion, may deem necessary to credential/recredential the Applicant.

PHP credentialing staff will notify an Applicant of any deficiencies on a completed Application form submitted by an Indiana Applicant's within thirty (30) business days for Ohio Applicants within twenty-one (21) days of PHP's receipt of the Application. In the event credentialing information obtained from other sources varies substantially from that provided by the Applicant providers are given the right to review the information submitted in support of their credentialing; or

Applicants have the right, upon request, to be informed of the status of their Application by contacting the Credentialing Department at any time during the credentialing process. Contracted providers may contact the Credentialing Department for a status update on their recredentialing Application. Providers will be contacted by the Credentialing Department via telephone within 24 business hours of the providers request and informed of the status of their Application. PHP does not allow a practitioner to review references, recommendations, or other peer review-protected information as defined in the Health Care Quality Improvement Act of 1986.

Providers may review and correct information on their application at any time until determination is made by the Credentials Committee. If a provider desires to modify the application, the provider is instructed to make changes directly to the CAQH application and reattest.. The corrected CAQH application, , is uploaded, documented and retained in the provider's credentialing file for review by the Credentials Committee.

If any information received during the credentialing process varies substantially from the information provided by the provider, the provider will be notified in writing by the Medical Director, explaining the area of differing information. The provider is given the opportunity to correct any erroneous information obtained by responding via letter or fax within fourteen (14) days of receipt of the notice. The information returned to PHP by the provider is documented as received and retained in the provider's credentialing file for review by the Credentials Committee. In the event PHP determines that the Applicant has willfully given incorrect, incomplete or otherwise misrepresented information on the Application and/or to the PHP staff, medical Director or Credentials Committee, the Application will be denied.

PHP credentialing staff shall forward the Application to the Medical Director for review upon verifying the Applicant's credentials. If an Applicant fails to promptly correct any deficiency with the Application or erroneous information received from another source, PHP credentialing staff will forward the Application to the Medical Director for further review and consideration.

b) Credentialing Time Frame. The credentialing staff shall not submit for initial review any credentialing application that:

- i. Is signed and dated more than 180 days prior to credentialing committee review; or
- ii. Contains primary or secondary source verification information collected more than six months prior to review.
- iii. The 180 days and six-month time frames are timed from the date of the applicant's signature on the attestation page.
- iv. If the 180-day time frame is exceeded, the applicant can re-sign an attestation form that declares that the information on the application and submitted with the application is still valid and accurate.
- v. If there are questions pertaining to a credentialing file that has been taken to the Credentials Committee for review, additional information and/or reconsideration of the file is required at an additional meeting(s), the file shall be considered compliant with the time frame requirements, if it was initially presented to the Committee prior to the 180-day limit.

c) Administrative Requirements. Upon receipt of the Application, the Medical Director shall

1 review and determine whether an Applicant meets PHP's credentialing requirements. This
2 determination will be based on, but not limited to, the Applicant meeting the following
3 requirements:
4

- 5 1) Credentialing/Recredentialing Criteria. Applicant must meet the applicable
6 credentialing/recredentialing criteria as set forth in the following PHP credentialing
7 policies:
8 a. CRD-043 Credentialing/Recredentialing Criteria for Physicians, Podiatrists, and
9 Dentists;
10 b. CRD-048 Credentialing/Recredentialing Licensed Allied Health Professionals; and
11 c. CRD-001 Credentialing/Recredentialing Policy and Criteria for Health Care
12 Organizational Providers.
13

- 14 2) Administrative Criteria. Applicant must meet certain administrative criteria, including,
15 but not limited to, the following:
16

- 17 a. If the Applicant's practice includes the hospital admission of patients, Applicant must
18 primarily use hospitals that have a contract with PHP to provide services to
19 members. The only exception to this may be Essential Community Providers.
20 b. An Applicant's practice must not be substantially oriented toward clinically
21 unsound, experimental or unproven or otherwise inappropriate modalities of
22 treatment, as determined by PHP.
23 c. Applicant must be primarily engaged in providing Health Services of the type
24 covered under the PHP Benefit Contracts and/or Health Services of the type for
25 which PHP is providing or arranging administrative and/or managed care services.
26 d. PHP must not have denied Applicant participation within the preceding twenty-four
27 (24) months or terminated participation with the preceding forty-eight (48) months.
28 e. Applicant must demonstrate a willingness to allow PHP to conduct a review,
29 satisfactory to PHP, of Applicant's practice, including office visits, staff interviews
30 and medical record reviews.
31 f. Applicant must have no history of denial or cancellation of professional liability
32 insurance warranting denial of participation status.
33 g. Applicant's practice specialty and/or practice location must meet the business needs
34 of PHP.
35

- 36 3) Site Visit. PHP may conduct an on-site review of the Applicant or current Participating
37 Providers, as the case may be, practice site, and medical recordkeeping practices.

- 38 d) Professional Review. The Medical Director will determine whether the Applicant meets
39 professional criteria including, without limitation, the following:
40

- 1) Any criteria defined in PHP credentialing policies and procedures (e.g., CRD-043, CRD-048, and CRD-001).
 - 2) The absence of conduct that violates state or federal law, or standards of ethical conduct governing the Applicant's profession.
 - 3) The absence of a history of involuntary termination of professional employment that warrants the restriction or denial of participation status.
 - 4) The absence of a history of professional disciplinary action or other sanction by a managed care plan, hospital, medical review board, licensing board or other administrative body or government agency that warrants the restriction or denial of participation status.
 - 5) The absence of any felony convictions, plea of not guilty or "no contest", or other acts involving dishonestly, fraud, deceit or misrepresentation.
 - 6) The absence of any felony charges or any misdemeanor charges involving acts of moral turpitude, bodily injury, health care or insurance fraud or abuse, or involve controlled substance, that warrant the restriction, termination or denial of participation status.
 - 7) The absence of a National Practitioner Data Bank report that warrants the restriction or denial of participation status.
 - 8) The absence of misrepresentation, misstatement or omission of a relevant fact on the application.
 - 9) The absence of wasteful use of medical resources (i.e., over-utilization).
 - 10) The absence of a current physical or mental condition, including without limitation chemical dependency and substance abuse, that may interfere with the ability to practice the Applicant's specialty or that may jeopardize a member's health.
 - 11) The absence of a history of malpractice lawsuits, judgments, settlements, or other incidents that in the Medical Director's discretion or opinion would indicate a competency or quality of care problem or need for review by the Credentials Committee.
 - 12) The demonstrated willingness to practice in a managed care environment and to cooperate with PHP with respect to administrative procedures and other matters.
- e) Actions by the Medical Director. The Medical Director, in his or her sole discretion, has the authority to (i) determine if a file is clean; i.e., meets administrative requirements and professional criteria, including, but not limited to, those set forth herein, and (ii) sign-off on a file as complete, clean and approved. The Medical Director's sign-off date is considered the credentialing/recredentialing decision date for clean files. A summary list of providers which were determined to have clean files and signed-off by the Medical Director will be forwarded to the Credentials Committee for informational purposes only.

1
2 The Medical Director, in his or her sole discretion, also has the authority to deny an Application
3 if the Medical Director determines that the Applicant has failed to provide all information
4 requested, assist PHP staff as requested or otherwise fails to meet any of the administrative
5 requirements. Upon making such a determination, the Medical Director may either inform the
6 Applicant, in writing, that the Application for participation has been denied or forward the
7 Application to the Credentials Committee for further review and consideration. The Medical
8 Director will identify and forward to the Credentials Committee for review any other files not
9 meeting established criteria.

- 10
11 f) Credentials Committee Action. The Credentials Committee has complete discretion in
12 reviewing Applications. The Credentials Committee may reject an Application or accept an
13 Application, with or without restrictions. The Credentials Committee may base its action on
14 any factors it deems appropriate, whether or not these factors are mentioned in this
15 Credentialing Plan; provided, however, that the Credentials Committee's actions shall not be
16 based on the discriminatory factors prohibited by Section VII hereof.

17
18 In reviewing an application, the Credentials Committee may request further information
19 from the Applicant. The Credentials Committee may table an Application pending the
20 receipt of additional information or the outcome of an investigation of the Applicant by a
21 hospital, licensing board, government agency or any organization or institution. The Credentials
22 Committee may also recommend any other action it deems appropriate.

23
24 Any acceptance of an Applicant is conditioned upon the Applicant's execution of a Participating
25 Provider Agreement with PHP.

- 26
27 g) Time Frame for Notifying Applicants. PHP will notify a provider of the status of their
28 Application as soon as possible upon request, but not later than thirty (30) days after
29 receiving the completed Application. PHP will notify the Applicant promptly, but not later
30 than ten (10) days following its decision.

31
32 As stated on the provider website, at the conclusion of the recredentialing process and
33 recommendation of the Credentials Committee, the provider is considered to be
34 recredentialed unless otherwise notified. Providers will be notified by letter when the
35 recommendation of the Credentials Committee is other than full reappointment. This letter is
36 sent within 10 business days of the recommendation of the Credentials Committee.

- 37
38 h) Hearing and Appeal. Actions of the Credentials Committee will be forwarded to the Board of
39 Directors for informational purposes only, unless the Credentials Committee Adverse Action
40 on an Application or re-Application of a physician, allied health professional or dentist, the

1 decision shall not be final until approved by the Board of Directors. Any decision of the Board
2 of Directors approving such recommendation may be appealed in accordance with the
3 procedures set forth in PHP's Peer Review Plan.
4

5 The decision to deny an Application or reduce/restrict privileges after review of a National
6 Practitioner Data Bank report shall not be an Adverse Action entitling a physician or dentist
7 to a hearing or appellate rights unless the decision is based upon an independent assessment
8 by PHP of the provider's professional competence or conduct (which conduct affects or could
9 adversely affect the health or welfare of a Covered Person) following an investigation or
10 independent review of the facts disclosed in the National Practitioner Data Bank report(s).
11

12 **X. RECREDENTIALING**

13
14
15 Each provider shall be recredentialed every three years. As part of the recredentialing process, PHP:

- 16
17 a) Requires an application updating any information subject to change;
18 b) For providers using the CAQH application, the updating of the CAQH application and
19 attestation form signed less than 180 days prior to the reappointment process will be accepted;
20 c) Will verify through primary or secondary source verification the information that is subject
21 to change;
22 d) Will consider any collected information regarding the participating provider's performance
23 within PHP, including any information collected through PHP's quality improvement program;
24 e) Review of provider's use of resources in his/her practice; and
25 f) Credential Policy & Procedure #CRD-043 describes the collection and verification processes
26 for recredentialing.
27

28 The recredentialing file, with the above elements included shall follow the process and considerations
29 outlined in Section IX of this Plan.
30

31 **XI. DELEGATION OF CREDENTIALING**

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33
34 Delegation. The Credentials Committee may delegate credentials verification, credentialing
35 decision making, or any individual items or combination of items within the credentialing process
36 to another entity, provided that the other entity meets the criteria specified by PHP. Delegation
37 agreements with such entities shall follow the parameters documented in PHP's Delegation of
38 Credentialing Policy.
39

40 Rights Retained. In the event that the Credentials Committee chooses to delegate any part of

the credentialing process, PHP will retain:

- a) the right to make the final credentialing determination regarding any Participating Providers;
- b) the right to accept or reject any credentialing or recredentialing Applicant based on business need; and
- c) the right to terminate any Participating Provider from the PHP network, with or without cause, under established PHP termination protocols and contract specifications.
- d) The right to conduct onsite surveys of the entity performing credentialing functions on behalf of PHP, at least every three years; or
- e) the right, if not conducting a survey on-site, then randomly-requested credentialing files are sent or otherwise made available to PHP within a specified amount of hours or days of the request as determined by PHP.

Final Approval. The Medical Director may, at the Medical Director's sole discretion, approve or decline to approve any provider recommended by another entity pursuant to a delegation agreement. The Medical Director may also decide to forward information to the Credentials Committee for determination.

An annual report on delegated credentialing oversight and file review, if conducted. The report shall include the findings of the oversight to the Credentialing Committee.

XII. PROVISIONAL PROVIDERS

1. The Medical Director, in his or her sole discretion, may provisionally accept a Provisional Provider if PHP staff has verified that the Applicant meets the administrative requirements listed below and the Medical Director reasonably expects that the Provisional Provider will be accepted when the full credentialing process is complete. The administrative requirements a Provisional Provider must meet are as follows:

- a) Maintain a current license to practice in Indiana or in state(s) in which the Applicant will be practicing, without material restrictions, conditions or other disciplinary action taken against Applicant's license to practice the Applicant's profession.
- b) Maintain a valid DEA certificate, unless the Applicant's practice does not require it.
- c) Maintain malpractice insurance as prescribed by Indiana law for licensed practitioners per occurrence and annual aggregate. When Applicant is licensed and practicing in a state other than Indiana, malpractice insurance should be comparable, but is not required to be identical, to the amounts prescribed by Indiana law.
- d) A National Practitioners Data Bank report, providing a minimum of a five-year

1 medical malpractice history and previous sanction activity by Medicare and Medicaid
2 programs, if applicable.

3 e)Current certification and/or participation in the Medicare and/or Medicaid programs
4 without restriction, conditions or other history of disciplinary action or sanctions
5 taken against Applicant.

6 f) If the Applicant's practice includes the admission of patients, Applicant must primarily
7 use hospitals that have a contract with PHP to provide services to members.

8 g)PHP determination that Applicant's practice is not substantially oriented toward
9 clinically unsound, experimental or unproven or otherwise inappropriate modalities of
10 treatment.

11 h)Applicant must be primarily engaged in providing Health Services of the type covered
12 under the PHP Benefit Contracts and/or Health Services of the type for which PHP
13 is providing or arranging administrative and/or managed care services.

14 i) PHP must not have denied Applicant participation within the preceding 24 months or
15 terminated participation with the preceding 48 months.

16 j) Applicant must demonstrate a willingness to allow PHP to conduct a review,
17 satisfactory to PHP, of Applicant's practice, including office visits, staff interviews and
18 medical record reviews.

19
20 The Medical Director may grant temporary participation for up to 90 days, but such participation
21 shall be revoked immediately if the Credentials Committee recommends denial of the Applicant's
22 participation or acceptance with restrictions.

23
24 A request to extend temporary participation beyond the initial 90 days requires review and acceptance
25 by the Medical Director and the concurrence of the Credentials Committee to the extension.

26
27 A Provisional Provider must agree in writing, in a form satisfactory to PHP, to comply with PHP's
28 policies and procedures during the period of temporary participation.

29
30 The Medical Director, Credentials Committee, Professional Review Oversight Committee, or Board
31 of Directors may for any reason (i) immediately suspend or (ii) upon 3 days prior written notice
32 to the Provisional Provider, terminate temporary participation status.

33
34 Notwithstanding the foregoing, temporary participation shall be immediately revoked as set forth
35 above if the Credentials Committee recommends denial of the Applicant's participation or
36 acceptance with restrictions. An Applicant or Provisional Provider, as the case may be, shall have
37 no right to appeal the decision to deny a request for temporary privileges or the suspension or
38 termination of temporary participation status.

XIII. DISCIPLINE OF PROVIDERS

1. Committee Review. The Credentials Committee may recommend discipline of a Provider who has failed to comply with the administrative or professional requirements set forth herein, or for any other reason; *provided, however*, if, in the Committee's judgment, an Adverse Action is, or may be, appropriate, it shall refer the matter to the Professional Review Oversight Committee for determination.

2. Disciplinary Actions. The Credentials Committee may recommend any disciplinary action it deems appropriate. Examples of such disciplinary actions include, but are not limited to, the following:

- a) Requiring the Participating Provider to submit and adhere to a corrective action plan.
- b) Monitoring the Participating Provider for a specific period of time, followed by a Committee determination as to whether noncompliance with PHP requirements is continuing.
- c) Temporarily suspending the Participating Provider's participation with PHP.
- d) Terminating the Participating Provider's participation status with PHP.

A recommendation to discipline or terminate a Provider for reasons which would not constitute an Adverse Action shall be forwarded to PHP's CEO for further action, as appropriate. Reasons which would not constitute an Adverse Action may include, but are not limited to, failure to comply with the requirements of this Credentialing Plan, PHP's policies or procedures, and failures which are not primarily based upon professional misconduct or competence.

PHP's provider contracts require certain notifications and expectations from providers relative to credentialing. The contract between PHP and a provider includes the following language:

"Provider shall at all times satisfy the credentialing requirements of PHP as in effect from time to time. Provider agrees to immediately disclose to PHP any limitation, suspension, revocation, or initiation of proceedings that could result in limitations, suspension, or revocation of Provider's licensure, certifications or DEA number, and of any suspension, revocation, condition limitation, qualification or other restriction on Provider's staff privileges at any hospital, nursing home, or other facility which Provider has staff privileges during the term of his appointment and/or Agreement.

Provider shall also disclose to PHP all medical malpractice actions brought against Provider and the resolution thereof, as well as all events that are reportable to the National Practitioner Data Bank or the state medical licensing board. Provider agrees that PHP may investigate

1 and verify the credentials of Provider periodically, and Provider shall provide to PHP any
2 documents or releases required for that purpose.”

3
4 Failure of a provider to notify PHP of the above actions may be considered a breach of their contract
5 and subject the provider to discipline as noted above.

- 6
7 3. Immediate Suspension or Restriction. Notwithstanding the procedures set forth herein, if
8 the Medical Director determines, in the Medical Director's sole discretion, that the health or
9 safety of any Covered Person is in imminent danger because of the actions or inaction of
10 a Participating Provider, the Medical Director may immediately suspend or restrict the
11 Participating Provider's participation status during which time PHP, through the
12 Professional Review Oversight Committee, will investigate to determine if Adverse Action is
13 required.

14 15 16 **XIV. TERMINATION OF PROVIDERS**

17
18 Regardless of any other provision in this Credentialing Plan, PHP may terminate the participation of
19 any Provider according to the terms of the Provider Participation Agreement.

20
21 Providers are only removed from the Provider Directory upon notification to the Provider Relations
22 Department from the Credentials Committee. The removal from the Provider Directory includes when
23 a provider ceases to comply with credentialing criteria as determined through the process of continuous
24 compliance monitoring or recredentialing; voluntarily agrees not to exercise privileges pursuant to an
25 agreement with PHP; and when a Provider is not recredentialed within the time frame required by the
26 PHP's approved Credentialing Plan.

27 28 29 **XV. ECONOMIC AND BUSINESS CRITERIA**

30
31 The Professional Credentials outlined in the Credentialing Plan and Credentialing Policies constitute
32 the Provider Membership Criteria for the professional qualifications of Providers. Providers qualifying
33 under the professional credentials shall also be evaluated to determine if such Provider fulfills PHP's
34 Economic and Business Needs Criteria. PHP may, from time to time, adopt additional business
35 needs criteria and/or performance standards. Any standards and/or criteria developed and adopted by
36 PHP shall be applied to all applicants in an objective manner.

- 37
38 1. PHP shall utilize available data sources to evaluate, where possible, the cost effectiveness of
39 the patterns of practice of Provider. The evaluation factors may include without limitation:
40 a. frequency of service;

- b. intensity of service;
- c. average cost per CPT code;
- d. average cost per office encounter;
- e. usage of ancillary services; and
- f. Provider's charge pattern.

A significant deviation by Provider in any of the parameters subject to this evaluation may indicate a practice style and philosophy incompatible with the business objectives of PHP. PHP may, in its sole discretion, decline to execute a Provider Agreement or terminate an existing participating Provider Agreement with any Provider based upon this or any other information.

2. Applicant agrees to cooperate fully and abide by all determinations of any Utilization Review/Management Program and Quality Improvement Program, adopted, implemented or endorsed by PHP. This may include the adoption and implementation of various practice parameters.

XVI. ANNUAL REVIEW

The Credentialing Plan shall be reviewed and updated by the Credentials Committee, at least annually. The Credentials Committee shall submit to the Board of Directors an annual evaluation of the effectiveness of the credentialing program and plan. This evaluation will include any recommendations for updating or changes in the program and/or plan.

XVII. DEFINITIONS

Unless otherwise specifically defined herein, capitalized terms used herein shall be defined as follows:

"Adverse Action" shall mean an action or recommendation to take action, based on an evaluation of the competence or professional conduct of a Provider or Applicant (which affects or could affect adversely the health or welfare of a Covered Person) or patient care rendered by the Provider, and which adversely affects (or may affect) Privileges, such as denial, refusal to renew, material restriction, suspension, revocation or termination of Privileges.

Administrative actions taken by PHP based on information or actions taken by other entities including but not limited to, the National Practitioner Data Bank, State Licensing Board, DEA, CMS, do not entitle the Provider to appeal rights.

1 "Applicant" shall mean a licensed health care provider who has submitted an application to PHP
2 seeking to become a Provider.

3
4 "Benefit Contract" shall mean the group or individual health plan issued and insured by PHP,
5 or by a health benefits entity affiliated with PHP through ownership, contract, partnership or
6 joint venture, or the group health plan which is a self-funded plan of a sponsoring employer
7 administered by PHP and which provides the terms and conditions entitling a Covered Person
8 to Health Services.

9
10 "Clean Credentialing File" shall mean a credentialing or recredentialing application or file that
11 meets the criteria listed below; however, the medical director always has the authority to
12 forward a credentialing file to the Credentialing Committee at his or her discretion:

- 13 • The provider has completed all applicable sections of the credentialing application.
- 14 • Where indicated, the provider has signed, initialed and dated the credentialing
15 application.
- 16 • All necessary support documentation has been submitted and is included with the
17 credentialing application in the provider's file.
- 18 • The completed file confirms the provider meets administrative requirements and
19 professional criteria set forth herein.
- 20 • The provider was previously credentialed by the Plan in the last two years and has no
21 new issues.

22
23 "Covered Person" shall mean an individual (1) enrolled for coverage under a Benefit Contract
24 issued by PHP; (2) enrolled for coverage under a Benefit Contract issued by a health benefits
25 entity affiliated with PHP through ownership, contract, partnership or joint venture; or (3)
26 enrolled for coverage under a Benefit Contract administered by PHP.

27
28 "Day(s)" shall mean, with respect to time allowed for delivery or receipt of any notice,
29 calendar days (i.e., including Saturdays, Sundays, and legal holidays) unless the due date for
30 such notice or receipt falls on a Saturday, Sunday or legal holiday, in which case, the due date
31 shall be the first date immediately following which is not a Saturday, Sunday or legal holiday.

32
33 "Health Services" shall mean the health care services and supplies offered by Provider which
34 are covered under the Covered Person's Benefit Contract.

35
36 "Participating Provider" shall mean an individual health care provider who is credentialed
37 through the PHP credentialing process and is a party to a Provider Participation Agreement
38 with PHP or who is identified as an eligible Provider under a Provider Group and/or Provider
39 Participation Agreement with PHP, or is a physician who previously held board certification
40 prior to retirement and has retired in the last ten years and who was previously a participating

1 provider under either a Provider Group or Provider Participation Agreement and has at least 10
2 years of practice experience.

3
4 *"Provider Participation Agreement"* the signed contractual agreement between PHP and a
5 Participating Provider under which the terms of participation in the plan are stipulated.

6
7 *"PHP"* shall mean Physicians Health Plan of Northern Indiana, Inc., an Indiana not-for-profit
8 Corporation, and its affiliated entities.

9
10 *"Privileges"* shall mean the right of a Participating Provider to provide Health Services to
11 Covered Persons.

12
13 *"Provider(s)" shall* mean the following licensed health care providers: medical doctors,
14 doctors of osteopathic medicine, doctors of podiatry, chiropractors, optometrists, nurse
15 midwives, clinical nurse specialists, nurse practitioners, doctoral and clinical psychologist,
16 addiction counselors, masters level clinical social workers, licensed mental health counselors,
17 physician's assistants, long- and short-term acute care hospitals; ambulatory surgical centers,
18 home health agencies; inpatient rehabilitation hospitals, behavioral health hospitals, skilled
19 nursing facilities and specialty facilities such as cancer hospitals and birthing centers.

20
21 *"Provisional Provider"* shall mean a health care professional who has (i) submitted an
22 Application to be a Provider in PHP, (ii) whose Application has yet to complete the full
23 credentialing process, and (iii) established, to the satisfaction of the Medical Director, in his
24 sole discretion, a business need for PHP to grant temporary participation status.