

Frederick Integrated Healthcare Network POLICIES AND PROCEDURES

Policy #: FIHN - 05

TITLE: Credentialing Criteria

Responsible Person: Nomination & Governance

Effective Date: 5/12/2014

Reviewed Date: 11/17/2016

Revised Date: 11/17/2016

This policy is intended as a guideline to assist in the delivery of Frederick Integrated Healthcare Network's (FIHN) clinically integrated provider network and its commitment to improving health and service for patients while reducing the rate of increase in the cost of care. It is not intended to replace professional judgment in patient care or administrative matters.

PURPOSE:

This policy defines the credentialing criteria and the process by which FIHN reviews and evaluates the qualifications of physicians applying to become FIHN participating providers.

- 1) Each physician who applies to participate in FIHN must satisfy FIHN's credentialing criteria within 90 days of first applying to FIHN for participation.
- 2) FIHN does not make credentialing decisions based on an applicant's race, color, national origin, ancestry, religion, gender, marital status, sexual orientation, age, or the type of procedure or patient in which the physician specializes.
- 3) FIHN, or its designee, will complete any primary source verification that is required by this policy.
- 4) Physicians will be given the opportunity to clarify any discrepancies found during the review of their application.

POLICY:

Credentialing and re-credentialing is the process by which FIHN establishes the quality of all providers of health care services. This policy and procedure defines a consistent, quality process for the handling and review of applications for FIHN physician participation.

PROCEDURE:

1. Credentialing Criteria and Procedures for physicians who **are not** active hospital staff
 - 1.1. Provider fills out application, signs participation agreement
 - 1.2. Physicians who are not active hospital staff will be credentialed through the Frederick Memorial Hospital medical staff office whom will perform the following credentialing activities.
 - 1.2.1. Query the National Practitioner Data Bank to verify:
 - 1.2.1.1. Medical malpractice payments
 - 1.2.1.2. Adverse licensure actions (including but not limited to network participation and panel membership)
 - 1.2.1.3. Adverse clinical privileges actions
 - 1.2.1.4. Adverse professional society membership actions
 - 1.2.1.5. DEA controlled substance registration actions
 - 1.2.1.6. Exclusions from Medicare, Medicaid and other Federal health care programs
 - 1.2.1.7. Negative actions or findings by peer review organizations
 - 1.2.1.8. Negative actions or findings by private accreditation organizations
 - 1.2.1.9. State licensure and certification actions
 - 1.2.1.10. Exclusions from a state health care program
 - 1.2.1.11. Health care-related civil judgments in state court

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- 1.2.1.12. Health care-related state criminal convictions
- 1.2.1.13. Other adjudicated actions or decisions
- 1.2.1.14. Federal licensure and certification actions
- 1.2.1.15. Exclusions from a Federal health care program
- 1.2.1.16. Health care-related Federal or state criminal convictions
- 1.2.1.17. Health care-related civil judgments in Federal or state court
- 1.2.1.18. Other adjudicated actions or decisions

1.2.2. Query OIG resources to verify no pending or past actions

1.2.3. Verify evidence of Malpractice insurance coverage meeting requirements

1.3. The Hospital credentialing staff creates an individual FIHN provider credentialing record for each provider for review by the Medical Director and Committee. Providers not on the medical staff will be designated as FIHN ONLY within the Medical Staff database.

2. Credentialing Criteria and Procedures for physicians who **are** active hospital staff

2.1. Provider fills out application, signs participation agreement

2.2. On the FIHN application for participation, the provider will attest to the following:

2.2.1. Good standing with all health plans he/she participates with

2.2.2. No outstanding malpractice cases

2.2.3. License active and in good standing in all states he/she holds current license

2.2.4. Hospital staff membership and privileges, if applicable, are in good standing

2.2.5. Agrees to allow FIHN staff to query NPDB and other entities

2.2.6. Provider returns application and resume to hospital credentialing staff office for additional processing

2.3. The Hospital credentialing staff creates an individual FIHN provider credentialing record for each provider for review by the Medical Director and Committee.

3. Recommendation and Decision-Making Process

3.1. If an application meets FIHN's credentialing requirements, and does not feature any of the elements listed in 3.2, the Medical Director may recommend the physician to the Committee immediately following review. In such cases, the Medical Director shall notify the Committee of the applicant's name and shall confirm to the Committee in writing that the applicant is recommended for approval.

3.2. If an application features any of the following elements, the Medical Director must refer the matter to the Committee for review. The elements include:

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- 3.2.1. Any judgments or settlements in a professional liability case;
 - 3.2.2. Any professional liability claims or civil lawsuits filed and/or currently pending;
 - 3.2.3. Any sanction, investigation or action taken by any federal or state licensing or oversight agency, hospital, insurance carrier or professional organization;
 - 3.2.4. Any inconsistency between the information or disclosures made by the physician in his or her application and the information obtained by the Committee; and
 - 3.2.5. Any case where the applicant does not otherwise meet all of the credentialing criteria.
4. The Committee will consider and make recommendations to FIHN's Board of Managers regarding all applicants. The Committee may, without further review, recommend those applicants who meet all of FIHN's credentialing requirements as noted by the Medical Director. The Committee shall review and discuss those applicants with any of the elements noted above and may recommend for approval those applicants whom the Committee deems appropriate, but the Committee shall not waive any regulatory or accreditation credentialing requirements in making its recommendations.
 5. The FIHN Board of Managers shall have final decision-making authority with respect to all applicants.
 6. All documents in the credentialing file must be valid at the time the physician begins participation with FIHN.
 7. If the FIHN Board of Managers does not approve a physician's application because that physician did not meet one or more of the above criteria in 3.2, the physician may not reapply for participation until at least one (1) year has passed from the date of the Board's decision.
 8. Providers will be re-credentialed at least every three (3) years and according to the procedures/policy outlined above.

DEFINITIONS:

Attestation: means a signed statement indicating that a physician personally confirmed the validity, correctness and completeness of his or her credentialing application.

Committee: means the FIHN Credentialing and Recruiting Committee.

Medical Director: means the FIHN Medical Director as defined by the Medical Director Job Description.

Medical Staff Membership: means holding current and unrestricted membership with the FMH medical staff .

OIG: means the U.S. Department of Health and Human Services Office of Inspector General.

Participation Agreement: means a written agreement with FIHN to provide covered services to FIHN Patients.

NPDB: means the National Practitioner Databank maintained by the U.S. Department of Health and Human Services.

FIHN: means Frederick Healthcare Integrated Network, LLC.

FIHN Patient(s): means an individual who is enrolled in a health plan or product sponsored or administered by a commercial or government health care insurer or any self-insured health plans that have contracted with FIHN to participate in quality and incentive programs related to the furnishing of medically necessary items and services to such individual.

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Unencumbered License: means a license that has not had any terms or conditions or other limitations attached to it such as probation or suspension.

RELATED DOCUMENTS:

Frederick Integrated Healthcare Network (FIHN) Credentialing Work Flow (attached to this policy)

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