



CREDENTIALING/RECREREDENTIALING POLICIES AND PROCEDURES

APPROVED by Committee
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BEACON HEALTH
CREDENTIALING/RE-CREDENTIALING POLICIES & PROCEDURES
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BEACON HEALTH, LLC (“Beacon Health”)

CREDENTIALING/RE-CREDENTIALING POLICIES AND PROCEDURES

The purpose of these Credentialing/Recredentialing Policies and Procedures (the “Policies and Procedures”), is to establish guidelines for the process of evaluating providers applying for participation as a network provider for i) the EMHS Employee Medical Plan); and/or ii) risk-based contracts to which Beacon is a party (the “Beacon Risk Contracts”); and/or iii) other payor contracts to which Beacon is not a party but for which Beacon has a contractual duty to perform credentialing functions (the foregoing collectively referred to as the “Contracts”. It is the duty of the Beacon Health Credentialing Committee (the “Credentialing Committee”), acting as a designee of the Beacon Health Board of Managers (the “Board”), to ensure that all participating providers are qualified to practice in their respective specialties and are considered reputable providers within their respective medical communities. The following Policies and Procedures govern the selection of providers to participate one or more Contracts.

I. CREDENTIALING COMMITTEE OPERATING POLICIES

- A. Beacon Health created a standing Credentialing Committee to evaluate the credentials of and approve for participation in one or more Contracts qualified providers to ensure a high quality provider network, all in accordance with these Policies and Procedures and subject to review by the Board. The Credentialing Committee utilizes a peer-review process that includes representation from a range of providers as more fully set forth in I(C) herein.
- B. All Credentialing Committee processes and decisions shall be conducted in accordance with applicable state and federal laws and national guidelines as more fully set forth in these Policies and Procedures, and in accordance with the requirements of Article 7 of the Beacon Health, LLC Amended and Restated LLC Agreement. All decisions of the Credentialing Committee shall be reviewed by the Board, and unless overturned by the Board, shall be effective as of the Credentialing Committee Decision Date (as defined herein). The Board may overturn any decision of the Credentialing Committee or remand the decision back to the Credentialing Committee for further review.
- C. The Credentialing Committee will be made up of clinicians selected by the Beacon Health Chief Population Health Officer or his/her designee (the “Medical Director”) from clinicians that i) bill under the federal tax identification number of the Beacon Health equity member-owners who participate in the Beacon Risk Contracts (the “Beacon Equity Network”), as well as ii) additional providers as determined by the Medical Director or the Beacon Health Vice President of Network Development and ACO Activities (the “Executive Director”) as follows: the Medical Director may determine that an exception is required to obtain specialty representation that is otherwise not available, or the Executive Director may determine that an exception is required in order to have representation from entities who participate in Beacon Risk contracts but who are not equity members of Beacon Health (the “Beacon Non-Equity Network”), in which event the person or persons selected to fill the need shall meet all of the applicable requirements in these Policies and Procedures and shall sign the Confidentiality, Conflict of Interest, and Nondisclosure Statement (the “Confidentiality Statement”).

- D. The size of the Credentialing Committee will be between 5 and 11 members who are licensed clinicians. A quorum for voting purposes shall be defined as one-third of the currently appointed members, with a minimum quorum of three members.
- E. Credentialing Committee Members shall be selected from specialties which are prioritized for Credentialing Committee membership based on the relative prevalence of the specialties in the Beacon Equity Network. The priority specialties are listed in “Table 1” below.
- F. The Credentialing Committee Chair and all Credentialing Committee members shall be appointed for two-year staggered terms by the Medical Director and approved by the Board. The Medical Director may fill vacancies or appoint members throughout the calendar year subject to Board approval.
- G. Neither the Medical Director nor the Board shall make Credentialing Committee membership selections decisions based on an applicant’s race, gender, creed, ethnicity, age, religion, marital status, sexual orientation, national origin, the type of patient in which the practitioner specializes or any other grounds prohibited by law. The Medical Director will oversee each nomination and selection process to ensure compliance with this standard. The Medical Director and the Board will ensure that Beacon Health maintains a heterogeneous Credentialing Committee membership and will require the Committee members to sign a statement affirming that they will not discriminate when they make Credentialing Committee decisions.
- H. Beacon Health will strive to have practitioners from across its geographic area to the extent it is practical
- I. Participation in Credentialing Committee meetings may be remote, provided that all Credentialing Committee meetings and decision making shall take place in real-time virtual meetings (e.g., through audio or video conferencing, or Web conferences with audio). Meetings may not be conducted only through ballot, e-mail or “Instant Messaging”.
- J. The Credentialing Committee will be staffed by at least one staff member from Beacon Health’s Network Management Department (the “Beacon Network Management Department”), and at least one staff person shall attend each meeting of the Credentialing Committee.
- K. The Credentialing Committee will meet monthly on a regularly recurring date to be determined by agreement of the Credentialing Committee, unless rescheduled as may occasionally be necessary.
- L. Credentialing Committee members shall be required to participate in at least 75% of meetings in any calendar year. Members who do not participate in at least 75% of meetings in any calendar year may be removed by the Medical Director.
- M. All Beacon Network Management Department employees, the Medical Director, and Credentialing Committee members are bound by and shall sign the Confidentiality Statement, which Confidentiality Statement memorializes the signator’s understanding and agreement that all provider information obtained is confidential and may not be disclosed or shared with others unless otherwise specified therein.

TABLE 1.

The following Specialties shall be prioritized for Credentialing Committee membership:

1. OB/GYN
2. Neurosurgery
3. Primary Care – Internal Med
4. Primary Care – Family Practice
5. Primary Care – Pediatrics
6. Nurse Practitioner
7. General or Trauma Surgery
8. Orthopedics
9. Cardiologist
10. Emergency Medicine

II. SCOPE and APPLICATION PROCESS

At a minimum, the Credentialing Committee will credential providers with the following credentials: MD, DO, DPM, DMD, DDS, OD, RPh, PharmD, PA and APRN. The Credentialing Committee will also credential organizational providers to include acute care hospitals, critical access hospitals, home health agencies, skilled nursing facilities, nursing homes, and free-standing medical or surgical facilities.

The Credentialing Committee may deny participation in a Contract or may terminate participation in an existing Contract, for any provider whose participation could reasonably be expected to adversely affect performance under a Contract the reputation of Beacon Health.

Applications for participation in a Contract must be obtained from the Beacon Network Management Department from the Beacon Health website or the Network Management Department.

Any provider who has submitted an application has the right to be informed of the status and to review the application and any information submitted in support of the application. This would include any information received by the Beacon Network Management Department while completing primary source verification. It does not, however, include review of any peer review documents, which include reports from the National Practitioners Data Bank. Applicants are notified in writing, upon receipt of their application, of this right.

Applicants are notified in writing, upon receipt of their application, of their right to correct erroneous information submitted and/or received during the credentialing process. Corrections must include an authorized signature and submission date and must be received from the provider or his/her designee in writing prior to the credentialing decision. The Beacon Network Management Department credentialing staff will note the date of receipt and initial the corrected information and maintain in the applicant's file.

The Medical Director is responsible for contacting a provider via email or in writing regarding any discrepancies noted during the credentialing process. The Medical Director will notify each provider stating any discrepancies found for provider clarification. The provider will have ten (10) business days to respond in writing to the Medical Director to clarify any discrepancies or corrections previously noted. If the provider does not respond within ten (10) business days, the provider's application will be considered as is.

The Credentialing Committee shall review and update these Policies and Procedures not less than annually. These Policies and Procedures shall be amended as necessary and forwarded to the Board for review and final approval.

Re-credentialing will be required every 36 months. As such, it is the policy of Beacon Health to ensure that all participating providers are recredentialed within 36 months from the date of initial credentialing approval and every 36 months thereafter. Beacon Health's recredentiaing processes may be delegated (see Section XIV "Delegation of Credentialing Processes"). Recredentiaing is based on a reappraisal of each provider through a primary source verification process as indicated in the credentialing process listed below.

III. DEFINITIONS OF PARTICIPATING PROVIDERS

- A. **Primary Care Provider (PCP)**: This designation is limited to MD's & DO's who are board certified (or board certified within four (4) years of initial credentialing date) in Family Practice, Pediatrics or Internal Medicine.
- B. **Specialist**: Designation is limited to qualified health care professionals who provide medical services other than primary care. They must be board certified in the specialty for which referral is accepted. When specialty designations exist without a defined regulatory board, the Credentialing Committee may elect to accept such designations on the basis of specialty society certifications.
- C. **Nurse Practitioner - Primary Care Provider (NP-PCP)**: Designation is available to advanced practice nurses (APRN's) who are duly licensed as "independent" providers and who are board certified (or board certified within four (4) years of initial credentialing date) and accept assignment of a primary patient panel for primary care services.
- D. **Nurse Practitioner Specialist (NP-Specialist)**: Designation is assigned to advanced practice nurses (APRN's) who are duly licensed as "dependent" or "independent" providers but do not have assigned patient panels for primary services. Such providers may provide services under the supervision of physicians who are designated PCP's or Specialists.
- E. **Physician Assistant Primary Care Provider (PA PCP)**: Designation is assigned physician assistants (PA's) who are board certified (or board certified within four (4) years of initial credentialing date) and accepts assignment of a primary patient panel for primary care services.
- F. **Physician Assistant Specialist (PA-Specialist)**: Designation is assigned to physician assistants (PA's) but do not have assigned patient panels for primary services. Such providers may provide services under the supervision of physicians who are designated PCP's or Specialists.
- G. **Dual Care Providers**: Designation is assigned to those providers whom qualify to act as both PCP's and Specialists.

IV. CREDENTIALING/RE-CREDENTIALING CRITERIA AND PROCESSES

A. Credentialing Criteria – MD, DO, DPM, DMD, DDS, OD, RPh, PharmD, PA

In order to be considered for participation status in a Contract, the prospective applicant must satisfy the following basic criteria:

1. All applicants shall be required to provide evidence of an unrestricted license to practice in their discipline. A consent decree or any other sanction, discipline or limitation on their practice may be construed to be a restriction on their license for the purposes of credentialing;
2. Have clinical privileges in good standing by a hospital which is licensed in the State of Maine;
Provider applicants not associated with a hospital: See page 12, Credentialing Process, # 3.
3. Maintain a valid DEA certificate with Maine address or waiver:
Providers without DEA with Maine address: See page 12, Credentialing Process, # 4.
4. Effective January 01, 2003, must be board certified by one of the recognized specialty boards of the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), American Board of Podiatric Medicine (APBM), American Board of Foot and Ankle Surgery (AMFAS), American Board of Oral and Maxillofacial Surgery (ABOMS), Board of Pharmacy Specialties (BPS) or Specialty Pharmacy Certification Board (SPCB) as applicable;
Provider applicants who are not board certified: See page 12, Credentialing Process, # 2.
5. Beacon Health requires minimum professional liability insurance amounts of \$3 million per occurrence, \$5 million per annual aggregate. Exceptions to this standard will be made by Beacon Health, in its sole discretion, on a case-by-case basis, and may include Beacon Health requiring professional liability insurance limits higher than \$3 million per occurrence, \$5 million per annual aggregate. The limits required herein may be attained through your primary coverage and any applicable umbrella coverage;
6. Provide current and previous education and work history that contains no unexplained gaps greater than 6 months. The beginning and ending month and year for each work experience must be included;

7. Provide information on all professional liability claims that are pending, settled or judgments paid by or on behalf of the provider during the past five (5) years for initial applicants and the past three (3) years for recredententials;
8. Complete and make available to the Beacon Network Management Department a CAQH application which includes the names of all hospitals with which the applicant has been affiliated within the last five years; answer questions on the application regarding: physical and mental health status and to include reasons for any inability to perform the essential functions of the position with or without reasonable accommodation, lack of impairment due to chemical dependency/substance abuse, history of sanctions, restrictions, or loss of license and/or felony convictions, and history of loss or limitation of privileges or disciplinary activity; a signed attestation statement and a release warranty waiver form to allow the Beacon Network Management Department access to relevant information concerning the provider which is held by third parties;

Additionally, the Beacon Network Management Department may at any time perform an on-site visit to each potential provider's office. This visit will result in a structured review of the office site and medical record keeping practices. If a provider practices at multiple locations, each site may be reviewed.

Refer to "Section XII" of this document for complete Beacon Health Site Visit Policies and Procedures.

B. Credentialing Criteria – ADVANCE PRACTICE NURSE (APRN)

Intent: To provide credentialing and re-credentialing for independent and dependent (also referred to as "non-delegated" and "delegated") advanced practice nurses (APRN's) affiliated with a Beacon Health member physician or hospital, in accord with State of Maine regulations.

1. Licensed as an APRN by the State of Maine in which they practice or a compact license; All applicants may not be within the 24 month supervision period imposed by the Maine Board of Nursing or equivalent nursing board; All applicants shall be required to provide evidence of an unrestricted license to practice in their discipline. A consent decree or any other sanction, discipline or limitation on their practice may be construed to be a restriction on their license for the purposes of Beacon Health credentialing.
2. Have clinical privileges in good standing by a hospital which is licensed in the State of Maine;

Provider applicants not associated with a hospital: See page 12, Credentialing Process, # 3.

- Maintain a valid DEA certificate with Maine address or waiver;

Providers without DEA with Maine address: See page 12, Credentialing Process, # 4.

- Beacon Health requires minimum professional liability insurance amounts of \$3 million per occurrence, \$5 million per annual aggregate. Exceptions to this standard will be made by Beacon Health, in its sole discretion, on a case-by-case basis, and may include Beacon Health requiring professional liability insurance limits higher than \$3 million per occurrence, \$5 million per annual aggregate. The limits required herein may be attained through your primary coverage and any applicable umbrella coverage;
- Provide information on all professional liability claims that are pending, settled or judgments paid by or on behalf of the provider during the past five (5) years for initial applicants and the past three (3) years for recredentials;
- Complete and make available to the Beacon Network Management Department a CAQH application which includes the names of all hospitals with which the applicant has been affiliated within the last five years; answer questions on the application regarding: physical and mental health status and to include reasons for any inability to perform the essential functions of the position with or without reasonable accommodation, lack of impairment due to chemical dependency/substance abuse, history of sanctions, restrictions, or loss of license and/or felony convictions, and history of loss or limitation of privileges or disciplinary activity; a signed attestation statement and a release warranty waiver form to allow the Beacon Network Management Department access to relevant information concerning the provider which is held by third parties;

C. Credentialing Process – MD, DO, DPM, DMD, DDS, OD, RPh, PharmD, APRN, PA

Beacon Health’s credentialing processes may be delegated. See Section XIV. **“Delegation of Credentialing Processes”**

- Primary Source Verification:** An applicant’s completed application and all other materials deemed pertinent shall be reviewed by the appropriate Beacon Network Management Department staff. Primary Source Verifications shall be documented in writing, initialed and dated as well as noted on the credentialing checklist. The following information will be primary source verified:

Item	Primary Verification Source	Online Site
LICENSE Verification time limit – 180 calendar days	Maine Board of Licensure in Medicine Maine Board of Osteopathic Licensure Maine Board of Licensure of Podiatric Medicine Maine Board of Dental Examiners Maine State Board of Optometry Maine Board of Pharmacy Maine State Board of Nursing	http://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx?Board=1310

<p>DEA CERTIFICATE</p> <p>Verification time limit – 180 calendar days</p>	<p>Copy of provider DEA Certificate or Waiver (N/A for Pharmacist)</p>	<p>https://www.deadiversi.on.usdoj.gov/webforms/dupeCertLogin.jsp</p>
<p>EDUCATION (Graduation from an approved school of medical type along with completed residency, if applicable or highest level of training. Residency programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) in the United States or by the Canadian Royal College of Physicians and Surgeons, by the College of Family Physicians of Canada, by the Canadian Medical Association or by the Royal Colleges of Physicians of England, Ireland or Scotland.)</p>	<p>Medical school. American Medical Association (AMA) Physician Master file. American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or AOA Physician Master File. Educational Commission for Foreign Medical Graduates (ECFMG) for international medical graduates licensed after 1986. Association of schools of the health professions, if the association performs primary-source verification of graduation from medical school. At least annually, the organization must obtain written confirmation from the association that it performs primary-source verification of graduation from medical school. State licensing agency, if the state agency performs primary-source verification. At least annually, the organization must obtain written confirmation from the state licensing agency that it performs primary-source verification. Residency training program. (Federation Credentials Verification Service (FCVS) for closed Residency Programs) If a physician is board certified, education verification is not necessary.</p>	<p>https://profiles.ama-assn.org/amaprofiles/ https://www.doprofiles.org/ http://www.ecfmg.org/ http://www.fsmb.org/licensure/fcvs/</p>
<p>BOARD CERTIFICATION (If not Board Certified, the highest level of education must be verified) Verification time limit – 180 calendar days</p>	<p>American Board of Medical Specialties (ABMS) or its member boards, American Medical Association (AMA) Physician Master File, American Osteopathic Association (AOA) Physician Master File, Board of Pharmacy Specialties (BPS), Specialty Pharmacy Certification Board (SPCB), CertiFacts or confirmation from the appropriate specialty board, or other NCQA approved source;</p>	<p>http://www.abms.org/ https://certifacts.abms.org/Login.aspx http://www.bpsweb.org/bps-specialties/ http://www.spcboard.org/</p>
<p>WORK HISTORY (including all private practice and hospital affiliations for the last five (5) years for initial applicants and the past three (3) years for recredentials)</p>	<p>Gaps of 6 months or more may be clarified in writing. The beginning and ending month and year for each work history must be included</p>	

<p>MALPRACTICE INSURANCE (Beacon Health requires minimum professional liability insurance amounts of \$3 million per occurrence, \$5 million per annual aggregate. Exceptions to this standard will be made by Beacon Health, in its sole discretion, on a case-by-case basis, and may include Beacon Health requiring professional liability insurance limits higher than \$3 million per occurrence, \$5 million per annual aggregate. The limits required herein may be attained through your primary coverage and any applicable umbrella coverage; Coverage must be in effect at the time of the credentialing decision)</p> <p>Verification time limit – 180 calendar days</p>	<p>Copy of provider’s insurance face sheet. Face sheet must have applicant’s name with dates covered or an employment roster or employment letter must be attached.</p>	
<p>MALPRACTICE CLAIMS HISTORY</p> <p>Verification time limit – 180 calendar days</p>	<p>National Practitioner Data Bank (NPDB) report and/or claim histories from mal-practice carriers for the last five (5) years for initial applicants and the past three (3) years for recredentials;.</p>	<p>https://www.npdb-hipdb.hrsa.gov/Login.jsp</p>
<p>SANCTIONS (Previous or current State sanctions, restrictions on licensure, and/or limitations on scope of practice, for the last five (5) years for initial applicants and the past three (3) years for recredentials) MEDICARE/MEDICAID SANCTIONS</p> <p>Verification time limit – 180 calendar days</p>	<p>National Practitioners Data Bank (NPDB) State Medical Boards State Licensing Boards State Board of Dental Examiners Office of Inspector General (OIG) (List of Excluded Individuals and Entities) Office of Inspector General (OIG) Comparison Report Medicare and Medicaid Sanctions Report Federation of State Medical Boards (FSMB)</p>	<p>http://exclusions.oig.hhs.gov/</p>
<p>CLINICAL PRIVILEGES</p> <p>Verification time limit – 180 calendar days</p>	<p>Primary admitting facility and all hospital affiliations for the last five (5) years for initial applicants and the past three (3) years for recredentials;.</p>	
<p>CLINICAL PRIVILEGES (APRN)</p> <p>Verification time limit – 180 calendar days</p>	<p>All affiliated facilities for the last five (5) years for initial applicants and the past three (3) years for recredentials, Formal contractual or integrated practice relationship with a Beacon Health member physician and/or hospital to include a Plan of Supervision;</p>	
<p>SITE VISITS/MEDICAL RECORDS REVIEW</p>	<p>Site Visit/Medical Records Evaluation Form</p>	

2. Provider applicants who are not board certified:

If not yet board certified, must furnish a statement they are pursuing board certification and will become board certified within the next four (4) years of initial credentialing by one of the recognized specialty boards of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) or an appropriate advance practice nursing board. Physicians practicing in a subspecialty without board certification must have board certification in appropriate primary specialty and furnish documentation of training in the subspecialty; AND/OR must have completed post graduate training program in their specialty that has been accredited by the Canadian Royal College of Physicians and Surgeons, by the College of Family Physicians of Canada, by the Canadian Medical Association or by the Royal Colleges of Physicians of England, Ireland or Scotland.

Provider applicants who are not board certified will be considered from geographic areas where a clear need for additional membership is identified. Criteria for approval will include items noted in section IV. CREDENTIALING CRITERIA and some or all of the following:

- a. Exemplary background pertinent to applicant's clinical specialty;
- b. Record of substantial compliance with quality standards set by the medical community;
- c. Employment (and resultant supervision) by a medical group contractually linked to one of our member hospitals;

3. Provider applicants not associated with a hospital:

Provider applicants not contracted employed or privileged with any hospital must meet the following criteria for approval in addition to items noted in section IV. CREDENTIALING CRITERIA:

- a. Must be board certified or will become board certified within the next four (4) years of initial credentialing by one of the recognized specialty boards of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) or an appropriate advance practice nursing board;
- b. Must have letters of recommendation from three physicians in the Beacon Equity Network;
- c. Must have a formal process of handling hospital admission in place;

4. Providers without DEA with Maine address:

All applicants must have a current DEA Certificate with a valid Maine address unless the applicant does not prescribe medications requiring a DEA. Applicants without a Maine DEA that do prescribe medications requiring a DEA must sign a statement attesting that they will not write prescriptions until they receive a DEA with a Maine address, and stating the name and address of the provider who will write prescriptions on their behalf.

A practitioner who does not prescribe medications requiring a DEA certificate must have an explanation why the practitioner does not prescribe medications and must provide arrangement for their patients who need prescription medications requiring DEA certification.

**Not required for Pharmacists.

D. Credentialing Criteria – ORGANIZATIONAL PROVIDERS

Organizational providers will be required to submit the following documentation for credentialing.

1. Copy of current State license or applicable registration;
2. Proof of current approved status with an accrediting body including but not limited to the most recent accreditation certificate or correspondence from National Committee for Quality Assurance (NCQA), The Joint Commission (JC), State of Maine and/or Centers for Medicare & Medicaid Services (CMS) and may not be greater than 3 years old at time of verification;
3. Copy of malpractice insurance policy face sheets indicating current and adequate coverage;
4. Completed Beacon Health Facility Credentialing Checklist;
5. Signed and dated Beacon Health authorization and release form;
6. Completed Geisinger Health Plan Facility form.

E. Credentialing Process – ORGANIZATIONAL PROVIDERS

1. State survey and/or CMS reports will be requested by the Beacon Network Management Department (if applicable) to check for Medicaid/Medicare sanctions or disciplinary actions. Applicant must be in good standing with Medicare and Medicaid;
2. State licensing will be confirmed from a primary source. Applicant must be in good standing with respect to State licensure;
3. All other documentation must be provided by the applicant and does not require primary source verification;
4. The Beacon Network Management Department staff will review the above materials with the Medical Director to determine if the applicant meets all criteria. If so, the Medical Director shall approve the application;
5. If the applicant does not meet the above criteria, the Medical Director shall bring the application to the Credentialing Committee for final determination.

Providers are required to notify the Beacon Network Management Department in writing of any change in the above credentialing indicators at the mailing or email address specified herein.

V. DECISION PROCESS

A. Submission of Applicants to Committee

1. A list of the Applicants approved by the Medical Director will be presented on a monthly basis to the Credentialing Committee and will include the following information: name, practice location, specialty, primary hospital affiliation and approval date. This list will be included in the meeting minutes.

B. Determination/definition of “Issues” affecting Applicant review

1. Applications not satisfying the criteria established in these policies and/or containing malpractice claims, discrepancies, and/or issues relative to the applicant’s participation status will be submitted by the Medical Director with a summary of the issue(s) to the Credentialing Committee for review and decision regarding the approval. Factors which may require full Committee review may include but are not limited to:
 - a. Malpractice Decisions or Settlements
 - b. Licensure Actions
 - c. Consent Decree Actions
 - d. Changes in Board Status

C. Approval of Applicant without Issues

1. Medical Director approval process
 - a. Applications satisfying the criteria established in these policies and without malpractice claims, discrepancies and/or issues relative to their participation status, will be reviewed at regular intervals by the Medical Director. The Medical Director has the authority to sign-off on the file as complete, clean and approved.
2. Effective Date for Applicant
 - a. The Medical Director’s approval date will be the “Credentialing Committee Decision Date”.
3. Communication of Medical Director approved clean files
 - a. A list of the Applicants approved by the Medical Director will be presented on a monthly basis to the Credentialing Committee and will include the following information: name, practice location, specialty, primary hospital affiliation and approval date.

D. Approval of Applicant with Issues

1. Options for Committee Actions

a. Approval of Application;

Once approved by the Credentialing Committee, which decision to approve must be made within sixty (60) day of receipt of a completed application, unless extended as set forth in B below, a designated member of the Beacon Network Management Department shall send written approval notice within ten (10) days of the decision to the applicant notifying the applicant of the Credentialing Committee's decision. The approval letter shall indicate the applicant's designated specialty and the applicant's effective date for participation in a Contract. All Credentialing Committee approved applicants shall be presented to the Board at the next regularly scheduled Board of Managers meeting.

b. Approval of Application with Quality Monitoring:

Once approved by the Credentialing Committee, which decision to approve must be made within sixty (60) day of receipt of a completed application, a designated member of the Beacon Network Management Department shall send written approval notice within ten (10) days of the decision to the applicant notifying the applicant of the Credentialing Committee's decision. The approval letter shall indicate the applicant's designated specialty and the applicant's effective date for participation in a Contract. All Credentialing Committee approved applicants shall be presented to the Board at the next regularly scheduled Board of Managers meeting.

c. Conditional Approval:

The Credentialing Committee may approve the application pending the receipt of additional information to be verified by the Medical Director as proscribed by the Committee, in the event it determines that it requires specific additional information, verification, or clarification from the provider and/or peer review. Such specific additional requirements shall be documented in the minutes of that meeting. If the Medical Director determines that the materials received do not satisfy the standards set by the Committee or introduce other issues requiring Committee review, the application shall not be granted final approval and shall be returned to the Committee at the next scheduled meeting.

d. Deferral of Application:

The Credentialing Committee may recommend deferral of the application for further consideration in the event it determines that it requires further information, verification, or clarification from the provider and/or peer review. If such additional information is needed from the provider, the provider shall be informed by the Beacon Network Management Department in writing within sixty (60) days of receipt of a completed application that he/she has thirty (30) days to submit the requested information for review by the Credentialing Committee. Within (60) days

of receipt of such information, the Credentialing Committee shall make a subsequent determination for approval, or for denial of membership, and forward the decision to the provider in writing via the Beacon Network Management Department and to the Board. Written notification of the Committee's decision to approve or deny will occur within ten (10) days of said decision. If the provider fails to provide the requested information within the thirty (30) days, the application shall be considered inactive.

e. Denial of Application:

When the determination of the Credentialing Committee is adverse to the applicant, written notification of the Committee's decision to deny will occur within sixty (60) days of receipt of a completed application unless extended as set forth in B above, and written notice of the denial will be provided by the Beacon Network Management Department as well as to the Board. The applicant has a right to appeal the decision made by the Credentialing Committee by following the procedure outlined in "Section X" below.

2. Effective Date for Applicant

- a. The Committee's approval date will be the "Credentialing Committee Decision Date".

E. Payor Contract Decisions

1. When Beacon Health is contracted to perform delegated credentialing by a payor for a Contract and is notified by the payor Contract of an applicant's denial by the payor Contract for participation with in the Contract, the applicant may not be approved by Beacon Health for participation in that Contract.

Once the Credentialing Committee has taken a final action for each applicant, a list will be submitted to the Board for review. The Board has full rights and power to overturn any and all decisions of the Credentialing Committee.

Notwithstanding anything contained herein to the contrary, all decisions on an applicant shall be made within one hundred eighty (180) days of receipt of a completed application.

VI. PROVIDER DIRECTORIES

Beacon Health will make best efforts to ensure that information provided to their contracted payors (credentialing delegators) for use in member materials, including provider directories, is consistent with the data obtained during the credentialing process, including education, training, certification and specialty.

VII. NOTIFICATION REQUIREMENTS

All providers that participate in a Contract (“Participating Provider”), must notify Beacon Health of a change as follows:

1. Within ten (10) business days:
 - a. Licensure
 - b. DEA certification
 - c. Malpractice Insurance Coverage
 - d. Practice Information (tax id#, location, etc.)
2. Within thirty (30) days:
 - a. Hospital affiliation
 - b. Significant changes in health status
 - c. Prolonged (greater than 60 days) leave of absence from practice
3. In the event that a Participating Provider’s license to practice becomes restricted in any manner, or if the Participating Provider becomes subject to a consent decree or any other sanctions, discipline or limitation on their practice, the Credentialing Committee may impose a sanction on the Participating Provider’s participation in a Contract including but not limited to:
 - a. Quality monitoring for a specified period of time
 - b. Termination of Contract participation

Failure to notify Beacon Health of any of the above may result in termination of contract participation.

VIII. QUALITY MONITORING

Beacon Health implements ongoing monitoring and takes appropriate interventions by:

1. Request a completed reappointment application every three years following initial appointment;
2. Collecting and reviewing sanctions or limitations on licensure on a monthly basis via internet or published registry for each member physician;
3. Monthly review of meeting minutes from medical licensing boards as applicable;
4. Collecting and reviewing Medicare and Medicaid sanctions on a monthly basis;
5. Collecting and reviewing complaints upon receipt as presented by the delegating payors or other sources;
6. Collecting and reviewing information from identified adverse events as presented by the delegating payors or other sources;
7. Collecting and reviewing appropriate interventions when it identifies instances of poor quality, when appropriate as presented by the delegating payors or other sources;

This monitoring data will be reviewed and any adverse information will be presented to the Credentialing Committee on a monthly basis for review. Actions of the Credentialing Committee in response to receipt of adverse quality data are dictated in Section IX. **“Termination of Participation Provider Status”**

IX. TERMINATION OR SUSPENSION OF PARTICIPATING PROVIDER STATUS

A. Immediate Suspension by Medical Director

The credentials status of a Participating Provider may be suspended by the Medical Director until the next meeting of the Committee whenever any of the following occurs:

1. The State of Maine has permanently withdrawn, terminated or temporarily suspended the provider’s license to practice;
2. Multiple and/or significant quality of care issues have been raised which in the judgement of the Medical Director constitute immediate jeopardy to the health and/or safety of persons and that delaying imposition of a suspension until a Committee meeting would not adequately respond to the known risk.

B. Committee Termination or Suspension

The credentials status of a Participating Provider may be terminated or suspended, as the Committee may determine appropriate, along with Contract participation whenever any of the following occurs:

1. The State of Maine has permanently withdrawn, terminated or temporarily suspended the provider’s license to practice;
2. The Participating Provider fails to meet the minimum requirements for credentialing as outlined in Sections II, III, IV and VIII of these Policies and Procedures;
3. Multiple and/or significant quality of care issues have been raised;
4. The Participating Provider is under investigation for conduct which violates State of Maine law or standards of ethical conduct governing medical practice;
5. The Participating Provider fails to maintain clinical privileges at a licensed Maine hospital, if applicable;
6. The Participating Provider fails to respond to recredentialing notices.

Changes in the credentials status of any Participating Provider must be approved by a 2/3-majority vote of the Credentialing Committee and communicated to the Board.

In the case of a Committee decision to suspend the Participating Provider, the Committee shall determine the length of time such suspension shall be in effect or the criteria to be required for removal of such suspension.

In the case of termination of credentials, the Participating Provider will be notified by certified mail within 30 days following the Credentialing Committee's decision and has the right to appeal (see Appeals Process in Section X). Applications of terminated providers who wish to be reinstated may be considered as "new" applicants at the discretion of the Credentialing Committee. The Credentialing Committee reserves the right, however, to impose a waiting period of up to two years before renewed appointment.

X. HEARING & APPEALS PROCESS

In the event of denial, restriction, suspension or termination of a provider, relative to reasons related to clinical competence or unprofessional conduct that may adversely affect the health or welfare of the patient, the Medical Director will report in writing in no less than thirty (30) days from the action, the provider's name, together with pertinent information relating to that action, to the appropriate federal and regulatory bodies as required by the National Practitioner's Data Bank. When Credentialing Committee or the Board has not approved an applicant for credentialing; the applicant is notified in writing and has a right to appeal this decision. The applicant will be given a copy of his/her appeal rights in writing along with the denial notification.

Once the applicant has requested an appeal of the decision, the applicant will be notified in writing of the date, time and place for the appeal to take place. The applicant will be provided with a concise statement, outlining the reasons for the denial of participation. The applicant may, in the interim, submit any additional documents in his/her behalf prior to the date of appeal.

The appeal will be held before the Beacon Health Appeals Committee ("Appeals Committee") within ninety (90) days of receipt of the applicant's request. The applicant may be represented, at their discretion, by an attorney or another person of their choice with thirty (30) days' notice to the Beacon Network Management Department at the address provided herein. The Appeals Committee will be an adhoc committee consisting of one member of the Board of Managers, the Chairperson of the Credentialing Committee, and at least 3 of the practitioners' peers – with peer, being of like specialty (i.e. Internal Medicine, Surgery, etc.), and Beacon Health legal counsel as Beacon Health sees fit.

The Appeals Committee will prepare a report explaining its findings and present the information back to the Board for final action. The records of all proceedings shall be kept confidential to the extent required by applicable law.

The applicant will receive written notice via certified mail of the Board's final decision within thirty (30) days of said decision.

XI. LEAVE OF ABSENCE

Requests for a Leave of Absence (LOA) must be provided to the Beacon Network Management Department within 60 days of the effective date. An LOA is defined as a departure from one's practice for 30 days or more. A Participating Provider may be granted a leave of absence for up to one year. During the leave, the Participating Provider must maintain all applicable requirements for licensure, DEA certification, malpractice insurance, and hospital affiliation. At the conclusion of the leave of absence, The Credentialing Committee must be notified in writing and provided with a summary of any clinical activity during the leave. If the LOA is greater than twelve (12) months, the Participating Provider must reapply for participation.

XII. SITE VISIT POLICY AND PROCEDURES

1. **On-site visit:** The Beacon Network Management Department will perform an on-site visit to each potential provider on a complaint basis. This visit will result in a structured review of the office site and medical record keeping practices. If a provider practices at multiple locations, each site must be reviewed. The following criteria will be incorporated into the site visit tool and be part of the office assessment:
 - a. physical accessibility
 - b. physical appearance
 - c. adequacy of waiting and examining room space
 - d. availability of appointments
 - e. adequacy of the medical records filing
 - f. maintenance of confidentiality
 - g. procedures for review of diagnostic test results

2. **Follow-up site visits:** The Beacon Network Management Department will conduct follow-up site visits at the discretion of the Credentialing Committee. Circumstances which may warrant follow-up include, but are not limited to:
 - a. total scores below 85% and/or significant adverse findings on the initial site review
 - b. complaint from a patient or employer
 - c. concerns raised by utilization and/or outcomes data from medical management review

3. **Actions for Improvement:** In the event that a site and medical records evaluation score falls below the 85% threshold:
 - a. The provider will be notified in writing of the deficiencies found in the site evaluation. Beacon Health will work with the provider to develop an action plan for improvement in the deficient area(s);
 - b. The action plan for improvement must be implemented within 15 days of the initial visit;
 - c. A reassessment of the deficient areas previously noted at the site will be performed at 60 days after the initial review.

4. **Procedures for detecting deficiencies subsequent to the initial site visit:**

Monitoring for deficiencies after the initial site visit is performed every six months using the following data (if available):

 - a. Member/Employer complaints
 - b. Member-surveys
 - c. Provider relations reports
 - d. Utilization and/or outcomes data from medical management review reports.

If monitoring indicates subsequent deficiencies, the site will be revisited and re-evaluated. All deficiencies noted will be discussed verbally with the provider and or office staff and office sites that scores lower than 85% will be provided with an action plan of improvement as stated under the section **Actions for Improvement.**

XIII. CONFIDENTIALITY POLICY FOR BEACON HEALTH PROVIDER RECORDS

1. Introduction

The Beacon Health Confidentiality Policy serves to ensure all provider information obtained is confidential and may not be disclosed or shared with others without permission unless disclosure is specifically required or authorized by law.

- a. E-mail communication regarding confidential provider information should be limited and should be performed with caution according to practices as determined by the Beacon Health Compliance Officer;
- b. Suspected breach of confidentiality or violations of this policy by Credentialing Committee members should be reported to the Beacon Health Compliance Officer, who shall determine whether an investigation should be undertaken and determination made regarding additional steps;

2. Procedures

a. Security:

All physician/practitioner records must be maintained in the Beacon Health offices under the care and custody of the Director of Network Management, with oversight by the Medical Director. Computer software utilized in credentialing activities must be password protected with access limited to authorized Beacon Health personnel. Information submitted by a physician/practitioner for consideration shall be kept in the appropriate file. Discarded materials of a sensitive and confidential nature shall be shredded at Beacon Health before disposal;

b. Medical Director to determine course of treatment of information and placements in files:

It is the role of the Medical Director, on behalf of Beacon Health to determine whether and when information received by Beacon Health is to be handled by administrative/collegial intervention; placed in an individual physician/practitioner's file; forwarded outside of the Beacon Health office; considered to be an investigation; reportable to the National Practitioner Data Bank; disclosable to others; or removed from a physician/practitioner's file. The Executive Director or Board in consultation with the Beacon Health Compliance Officer and in-house legal counsel may direct the Medical Director from time to time in such role;

c. Location of Practitioner Records:

- (i) Credentialing and temporary recredentialing files for each physician/practitioner shall be maintained by the Beacon Network Management Department in appropriate locations in the Beacon Health office;
- (ii) Minutes and reports of Credentialing Committee meetings shall be maintained in appropriate locations in the Beacon Health offices. Additional information on physician/practitioner-specific matters may be available to Credentialing Committee members for review within the Beacon Health office. Credentialing Committee members participating telephonically should receive information via secure e-mail;
- (iii) Notes taken by the support staff should be discarded and shredded immediately after the minutes are approved, unless specifically directed otherwise by the Medical Director or Executive Director;

3. Access to Records

- a. Authorized Beacon Health employees, credentialing Committee members, the Executive Director, Medical Director, Beacon Health Compliance Officer, legal counsel and consultants engaged for purposes of peer review shall have access to Beacon Health physician/practitioner records to the extent necessary to perform official functions as follows.
 - (i) Medical Director shall have access to the minimum necessary provider records as needed to fulfill his/her job responsibilities;
 - (ii) Credentialing Committee members shall have access to all provider records pertaining to the activities of their committee and to fulfill their job responsibilities.
 - (iii) The Executive Director shall have access to the minimum necessary provider records to fulfill his/her job responsibilities;
 - (iv) Members of the Board shall have access determined jointly by the Executive Director and Medical Director;
 - (v) Consultants engaged by Beacon Health to assist the Credentialing committee will have access as determined by the Beacon Health Compliance Officer
 - (vi) Legal representatives of Beacon Health shall have access to all Beacon Health provider records as needed to fulfill their job responsibilities;

- b. Requests to review records shall be submitted to the Executive Director, who shall consult with the Medical Director and in-house legal counsel and the Beacon Health Compliance Officer should there be any concern regarding an individual's request. All record reviews must be accomplished in the Beacon Health offices during normal business hours, or otherwise under conditions designed to provide reasonable protection of the confidentiality of the records. Requests for copies should be determined on an individual basis.

Non-routine requests by persons or organizations for information contained in the provider records should be forwarded to the Medical Director.

A physician or other healthcare provider shall have access to his or her personal credentials file, except NPDB reports and Peer Review documents. Requests for access to any other information should be made in writing to Beacon Health at the address provided herein.

- c. Requests for records from regulatory or law enforcement agencies must be referred to the Beacon Health Compliance Officer. If records are subpoenaed, the Compliance Officer shall grant access only to the information requested, in consultation with legal counsel.

XIV. DELEGATION OF CREDENTIALING PROCESSES

Beacon Health may enter into a delegated agreement for any or all of the credentialing processes. If such an agreement is entered into, there will be a written delegation agreement between Beacon Health and the delegated entity. The written delegated agreement will address the following:

1. Is mutually agreed upon.
2. Describes the delegated activities and the responsibilities of the organization and the delegated entity.
3. Requires at least semiannual reporting of the delegated entity to the organization.
4. Describes the process by which the organization evaluates the delegated entity's performance.
5. Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegated agreement.

Prior to entering into a delegated agreement, Beacon Health will perform a Predelegation Evaluation. The Evaluation may involve a site visit and a written review of the delegate's understanding of the standards and the delegated tasks, staffing capabilities and performance records, but it may also be accomplished through an exchange of documents or through predelegation meetings.