



The Center for Enterprise Credentialing and Methods

Credentialing Policy

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SECTION I. SCOPE

A. Credentials Verification Services and Payer Enrollment

The Center for Enterprise Credentialing and Methods (ECM) of Parkview Health provides systemized credentials verification services for Parkview Health entities, and delegated credentialing/payer enrollment for practitioners of Parkview Physicians Group (PPG). Health plans and similar programs may delegate credentialing and quality monitoring activities to ECM.

B. Practitioners and Organizational Providers

1. Individual Practitioners

ECM, on behalf of its delegated arrangements, credentials practitioners listed below and other practitioners eligible to be credentialed as members of the delegating health plan and who meet threshold eligibility criteria of the health plan.

Physician (MD, DO)
Podiatrist (DPM)
Dentist (DDS)
Chiropractor (DC)
Advanced Practice Nurse (NP, CNS, CNM)
Certified Registered Nurse Anesthetist (CRNA)
Physician Assistant (PA-C)
Psychologist (PhD, PsyD, EdD in Clinical Psychology)
Licensed Mental Health Counselor (LMHC)
Licensed Marriage and Family Therapist (LMFT)
Licensed Clinical Social Worker (LCSW)
Licensed Clinical Addiction Counselor (LCAC)
Registered Behavior Technician (RBT)
Registered Dietician (RD)
Speech Pathologist (CCC-SLP)
Audiologist (CCC-A)
Optometrist (OD)

2. Organizational Providers

Upon determination by the Credentialing Committee, ECM may also credential various organizational providers as delegated under agreement with health plans.

SECTION II. CREDENTIALING COMMITTEE

A. Authority

The Parkview Health Board of Directors delegates full authority to conduct credentialing and recredentialing activities, including verification, review, approval/denial, and modification to scope of the credentialing program to the ECM Credentialing Committee ("Committee") in accordance with ECM credentialing policies, applicable regulatory standards, the National Committee for Quality Assurance "NCQA", or Utilization Review Accreditation Commission "URAC", and other applicable accreditation standards. The Committee will review, evaluate, and approve or deny the applications of all practitioners and organizational providers within those health plans as delegated to ECM.

In this capacity, ECM will utilize an ongoing process to evaluate and verify the qualifications of all initial credentialing and recredentialing applicants, by collecting information and verifying directly from the original source that issued the credentials of the practitioner, or from other accepted sources according to applicable accreditation standards and as outlined in ECM credentialing policies. The Committee will review, evaluate, and approve or deny the credentials of individual practitioners and organizational providers requesting participation in health plans who have delegated to ECM.

B. Composition

The Credentialing Committee is a peer review body comprised of licensed practitioners of various specialties, sufficient to adequately review practitioner and organizational provider applications and make credentialing decisions. The Committee shall engage participating practitioners to provide advice and expertise for credentialing decisions.

1. Committee membership shall include no fewer than five (5) members, including a Medical Director and Chair who is not the Medical Director, including at least one in the specialty type that most frequently provide services to beneficiaries participating in delegated arrangements, and who falls within the scope of the ECM credentialing activities.
2. All physician members, including the Chair and Medical Director, are voting members.
3. The Board of Directors shall approve all Committee members, including the Credentialing Committee Chair.
4. All members of the Committee shall be indemnified by ECM for their good faith participation credentialing activities pursuant to policies and as permitted by law.
5. The Committee will access various specialists for consultation, as needed, in its review of practitioners' and organizational providers' credentials.

C. Conduct of Business/Manner of Action

1. The Committee shall meet at least once every quarter to review applicant files or other business requiring approval, such as Committee policies or credentialing action concerning a practitioner.
2. The presence of a majority of Committee members constitutes a quorum to conduct business of the Committee. Determinations to deny, suspend or terminate an applicant's participation in any delegated arrangement requires a majority vote of the voting members of the Committee.
3. The Committee shall review, approve, deny, or defer applications. Applicant files that have been deemed Clean, according to established criteria, do not require Committee review and may be approved by the Chair or Medical Director.
4. Complete and accurate minutes of all Committee meetings shall be prepared and maintained by ECM staff. Minutes will reflect discussion and major decisions, recommendations and the status of activities in progress. Applicable reports and supporting data will be appended as necessary.
5. The Committee will maintain and restrict access of information to Committee members, to ECM staff, and to those specific individuals designated by the Chair and/or the Medical Director.
6. Meetings and decisions may take place by face-to-face or virtual meetings via audio conference. Decisions may not be made via email.
7. The Committee may use various resources to fulfill its duties and responsibilities, including various ECM staff and other individuals.
8. Other persons may attend on an ad hoc basis for specific discussion and input, but shall not have voting rights.
9. Initial and recredentialing applications determined to not meet requirements as outlined in this policy will be deemed incomplete and will not be processed or acted upon by the Committee.

D. Responsibilities

1. Medical Director
 - a. Assist Credentialing Committee in accordance with Job Description and policies.
 - b. Review applicant files, and approve those deemed "clean," according to credentialing criteria.
 - c. Review complaints, evaluates for any further action, and notifies practitioner to request response, as applicable.
 - d. May serve as Credentialing Committee Chair, as needed.
 - e. Delegate any or all responsibilities, as needed

Complete scope of Medical Director duties are outlined in Exhibit D.

2. Credentialing Committee Chair
 - a. May review applicant files and approve those deemed as "clean," according to credentialing criteria.
 - b. Consult with ECM staff regarding credentialing applications or issues when required.
 - c. Oversee proceedings of Committee.
 - d. Delegate any or all responsibilities, as needed.
3. Credentialing Committee
 - a. Review with thoughtful consideration all relevant credentialing information and approve, deny, suspend or terminate applicants based on an assessment of the practitioner or organizational provider's qualifications and ability to deliver quality health care.
 - b. Deny applicant who does not meet applicable qualification or requirements.
 - c. Provide reconsideration and/or an appeal process for applicants who have been denied access or continued participation.
 - d. Provide, approve and maintain written credentialing requirement policies.
 - e. Annually review all policies and approve revisions.

E. Confidentiality

It is the intention of ECM that the credentialing process shall be protected under applicable Indiana peer review laws. The Credentialing Committee shall act as a peer review committee. All proceedings of the Committee shall remain confidential, and all communications with the Committee shall be privileged. Individuals engaged in credentialing activities, including various ECM staff and any non-voting members that may attend Committee meetings, shall maintain the confidentiality of information. Information supplied with and on the application shall remain confidential.

F. Conflict of Interest

Credentialing Committee members shall disclose and abstain from voting on a practitioner or organizational provider if the member (i) believes there is a conflict of interest, such as direct economic competition with the practitioner or organizational provider; or (ii) feels his or her judgment might otherwise be compromised. A Committee member will also disclose if he or she has been professionally involved with the practitioner or organizational providers. Determinations to deny an applicant's participation, or suspend or terminate a practitioner from participation in networks, plans or programs for which ECM assumes delegated credentialing activities requires a majority vote of the voting members of the Committee in attendance. No Committee member may participate in the review and evaluation of any applicant with whom they have been professionally involved or when their judgment may be compromised.

G. Non-Discrimination

The Credentialing Committee conducts all credentialing or recredentialing in a nondiscriminatory manner.

1. The Committee will continuously monitor credentialing and recredentialing activities to remain cognizant of any indication or suggestion of discriminatory comment or manner in order to proactively identify discrimination, and will annually review processes to ensure there are no gaps or potential opportunity for discrimination.
2. Each Committee member will be required to sign a statement affirming that they do not discriminate: "As a member of the Credentialing Committee, I will conduct my review of applicants in a non-discriminatory manner. In the decision-making process, I will not discriminate against practitioner applicants based on race, ethnic/national identity, gender, age, sexual orientation, patient type (for example, practitioners who serve high-risk populations, Medicaid beneficiaries or who specialize in conditions that require costly treatment in which the practitioner specializes)."
3. The minutes of business will contain the non-discriminatory statement as a reminder to members and will serve as an ongoing monitoring measure.

H. Membership Statement and Acknowledgement

Credentialing Committee Membership Statement will be provided to each Committee member to have an understanding of responsibilities, confidentiality, conflict of interest, fiduciary duty, liability coverage for corporate acts and indemnification for acts within Committee responsibilities. Each member will acknowledge by signature.

SECTION III. CREDENTIALING AND RECREDENTIALING

A. Application

Each practitioner and organizational provider requesting participation in health plans delegated to ECM must complete a standard application form utilized by ECM which will include the following data elements:

- Personal Information name, addresses, phone numbers, contact, identification numbers, demographics
- Professional ID's
- Professional license, DEA, CDS, Medicare, Medicaid, ECFMG, USMLE, as applicable
- Education and Training, including beginning and ending months and years, as applicable Professional School, Internship, Residency, Fellowship, Other
- Specialties Primary, Secondary, Additional Specialties
- Certifications, Clinical Practice
- Practice Locations, Hospital Affiliations, Credentialing Contacts
- Professional Liability Insurance
- Employment Information, Professional References
- Disclosure
 - License, DEA, CDS, Hospital Privileges and Other Affiliations, Education, Training, Board Certification
 - Medicare, Medicaid, other Governmental Program Participation
 - Professional Liability Insurance and Claims History
 - Criminal/Civil History

- Ability to perform job or any reasons for inability to perform essential functions of the job, with or without accommodation

B. Eligibility Criteria

All practitioners or organizational providers, as applicable, requesting participation in networks, plans or programs for which ECM assumes delegated credentialing responsibilities must meet the following minimum criteria to be considered for participation, unless otherwise established by a particular delegated arrangement:

1. Must hold a current and valid professional license to practice in the state in which the practitioner is applying for participation
2. Must hold current and valid Drug Enforcement Administration (DEA) and Controlled Substance Registration (CSR), as applicable to practice
3. Must have successfully completed residency training or other program applicable to profession
4. Must be board certified or have alternative to board certification, as applicable
5. Must provide evidence of current malpractice coverage with limits as determined by the Credentialing Committee or as required by law
6. Must have current and unrestricted admitting privileges in good standing at a network hospital, or admitting arrangement, as applicable. Some specialties and provider types may function exclusively in the outpatient setting or otherwise not serve in an admitting capacity, and in the Credentialing Committee's discretion may be deemed hospital clinical privileges not relevant to these specialties or applicant.
7. Must have acceptable reports from the National Practitioner Data Bank.
8. Any of the following must be explained by the applicant and found acceptable by the committee.
 - a. Any gaps in work history greater than 180 days
 - b. State sanctions, restrictions on licensure or disciplinary actions within the past five (5) years
 - c. Current or prior Medicare/Medicaid sanctions or excluded provider status
 - d. Current or prior criminal history
 - e. Current or prior loss or limitation of privileges or disciplinary actions
 - f. Current or prior restrictions or disciplinary actions on Federal DEA or state CSR
 - g. History of involuntary termination from an HMO, PPO, or other health plan
 - h. Current illegal use of any legal or illegal substance
 - i. Current or prior hospital membership restrictions
 - j. Current participation in a supervised rehabilitation program and/or professional assistance program
 - k. Patient complaints in prior year related to conduct or quality

C. Applicant Requirements

1. Applicant is responsible for providing timely and complete information for a proper evaluation of competence, character, ethics and other qualifications, and for resolving any questions about such qualifications.

2. Any applicant that does not meet all requirements as outlined will not be accepted for credentialing and the application will be deemed incomplete by the Medical Director, Credentialing Committee Chair, ECM staff their designees and will not be processed or acted upon by the Committee.
3. Applicants shall maintain compliance with all requirements for qualifications between recredentialing cycles. Recredentialing will occur at least every 36 months, according to establish cycles. The applicant must update information obtained provided during initial credentialing and attest to the correctness and completeness of the new information.

D. Incomplete Application

1. ECM staff will notify applicant of discrepancies obtained during the credentialing process as compared to information provided on the application.
2. Applicants have both the right and the obligation to correct errors or discrepancies by submitting written clarification to ECM staff, subject to review and approval by the medical director and/or Credentialing Committee.
3. If required information is not received, the applicant will be informed that the credentialing application fails to meet requirements and the application shall be deemed voluntarily withdrawn.
4. If corrected application contains a material misstatement or omission, or if, upon review after correction, the Credentialing Committee concludes that a misstatement or omission was material and, the Committee may consider the application failing requirements and the application shall be deemed voluntarily withdrawn.

E. Credentialing and Recredentialing Process

1. ECM conducts primary source verification of credentials at initial application and at recredentialing, in accordance with Primary Source Verification Elements, Sources and Timelines as outlined in Exhibit A.
2. ECM will review credentialing and verification data requirements as outlined in Exhibit A, and assess applicant to determine minimum qualifications are met including criteria listed below, to be considered for participation in health plans delegating to ECM.
 - a. Completed application and required supplemental information/attachments without material omissions or misrepresentations
 - b. Current attestation
 - c. Primary source verification within acceptable timeline established by the Credentialing Committee.
3. Review of credentialing and verification data will include any other qualifications or criteria as required and set for under any individual delegation agreement.
4. Unless determined to be a "clean" file, review of applications will be conducted by the Credentialing Committee. The information provided to the Committee shall include the applicant's profile and documentation related to the issue(s) in question. If the file contains sufficient information that meets established eligibility criteria in the Committee's discretion, the Committee may issue a vote to accept the applicant and document such approval in the meeting minutes. If the Committee denies an applicant for failure to provide sufficient information, such discussions and vote are to be documented in the meeting minutes.

5. The Credentialing Committee may request further information from any persons or organizations, including the applicant, in order to assist with the evaluation process. If the applicant does not provide the requested information by the specified due date, the application or credentialing request will be closed. An application closed due to failure to provide requested information when due will not be considered a denial that triggers appeal rights.
6. ECM will verify and approve or deny an application within a reasonable period of time, but no greater than 180 days from the date of receipt of the completed application. If ECM requires additional information from the Applicant, ECM shall send a written request to the Applicant. If the Applicant does not respond within the timeframe specified, the application will be deemed incomplete and closed with no further action. Such action does not trigger appeal rights
7. Applicants are notified via signed letter from the Medical Director of the acceptance or denial of their credentialing or denial of recredentialing request within sixty (60) days of the Credentialing Committee's decision.
8. The recredentialing process involves reverification and identification of changes in elements as were set forth in initial credentialing and in accordance with the criteria and process described above.
9. Applicants have the right to request information about the status of their application and to review certain information submitted in connection with their credentialing or recredentialing application, including information received from any primary source verification of credentials. Professional or personal references, recommendations, or peer protected information will remain confidential in the applicant's file.
10. Applicants have the right to be notified of the credentialing decision within sixty (60) calendar days of the Credentialing Committee's decision, and recredentialing denials within sixty (60) days of decision date. Notwithstanding this provision, credentialing timeframes and notification will not exceed timelines required by applicable accreditation standards.
11. Enrollment or participation in any network plan or program for which ECM has assumed delegated credentialing is conditioned upon the applicant's signature on the applicable participation agreement. Indication by the Credentialing Committee that the applicant meets the credentialing criteria does not create a contract between the applicant and ECM.

F. Clean File

1. An initial or recredentialing application may be deemed "clean" if application is complete and verification of background and credentials meets all requirements sufficient to make recommendation for approval without Credentialing Committee review, including the following criteria. If any criteria have not been fully met, the file must be reviewed by the Committee.
 - a. Current and valid license to practice
 - b. No current state sanctions, restrictions on licensure or limitations on scope of practice, and none within the past five years
 - c. Current and valid Drug Enforcement Administration (DEA) and Controlled Substance Registration (CSR), as applicable to practice
 - d. Graduation from medical or applicable professional school
 - e. Successful completion of residency training or other program applicable to profession

- f. Work history in past 5 years, as applicable, with explanation of gaps greater than 180 days
 - g. No current Medicare/Medicaid sanctions
 - h. Evidence of current malpractice coverage with limits as required by law
 - i. No more than two malpractice cases settled with payment in the past five (5) years and no single cases settled with payment greater than \$200,000 or with a death.
 - j. At recredentialing, no more than two malpractice cases settled with payment in the past three (3) years and no single case settled with payment greater than \$200,000 or with a death.
 - k. Current admitting privileges in good standing at a network hospital, as applicable
 - l. Acceptable NPDB report, as applicable according to specific delegated credentialing agreement
 - m. Reasons for inability to perform the essential functions of the position
 - n. None of the following:
 - 1) Present illegal drug use
 - 2) History of loss of license, restrictions, or disciplinary actions since initial licensure or since last credentialing cycle
 - 3) History of felony convictions
 - 4) History of loss or limitation of privileges or disciplinary actions since initial licensure or since last credentialing cycle
 - 5) Miscellaneous credentialing red flags, to include but not limited to, interruption of training and history of liability coverage cancelled for any reason or frequent changes in insurers.
2. Upon completion of the verification of an application and if ECM staff determine an application is eligible to be deemed a "clean" file, the Credentialing Committee Chair or Medical Director will review and document approval of "clean" files with his or her signature and date. No further review is required. If there are any questions or concerns about an applicant, the applicant will be forwarded for Committee review at the next scheduled meeting.
 3. At the discretion of ECM staff, Credentialing Committee Chair or Medical Director, an application that meets all "clean" file criteria may be forwarded for Committee review if there are other questions or concerns.

G. Documentation of Verification

ECM conducts electronic verification according to operational workflows and processes and verification documents are scanned and stored in the electronic system.

H. Confidentiality and Security

1. Applicant file will contain a signed consent and release.
2. ECM will insure confidentiality of all documents and information obtained from the applicant, from verification sources, or Credentialing Committee documentation. All information is maintained in the electronic database.
3. Individual confidentiality statements are signed by all ECM staff and are on file in ECM for each individual ECM staff member.

SECTION IV. SUSPENSIONS, TERMINATIONS, INVESTIGATIONS AND APPEALS

ECM has established policies and procedures related to ECM's monitoring, investigation and formal appeals process, if applicable, when ECM makes determinations regarding practitioner and organizational provider eligibility and continued participation in networks, plans or programs for which

ECM assumes delegated credentialing activities. See ECM policy entitled *Suspensions, Terminations, Investigations and Appeals*.

SECTION V. NOTIFICATION TO AUTHORITIES/REPORTING REQUIREMENTS

When ECM takes a professional review action with respect to a practitioner's participation or continued participation in networks, plans or programs for which ECM assumes delegated credentialing activities, ECM may have or assume an obligation to report such to the National Practitioner Data Bank (NPDB). Once ECM receives a verification of the NPDB report, the Verification Report document will be sent to the applicable state licensing board. ECM will comply with all state and federal regulations with regard to the reporting of adverse actions or recommendations relating to professional conduct and competence. These reports will be made to the appropriate, designated agencies or authorities.

SECTION VI. ONGOING MONITORING

A. Identifying Complaints, Adverse Events and Quality Issues

1. ECM has established an ongoing monitoring program for the purpose of monitoring complaints, adverse events and quality of care issues. ECM staff perform ongoing monitoring to help ensure continued compliance with credentialing standards and to assess for occurrences that may reflect issues of substandard professional conduct and competence. Unless otherwise indicated, ECM staff will review periodic listings/reports within thirty (30) calendar days of the time they are made available from the various sources including, but not limited to, the following:
 - a. State licensing boards
 - b. Monthly List of Excluded Individuals and Entities
 - 1) Completed by Parkview Compliance Department, in accordance with Parkview Federal Program Eligibility Screening and Exclusion Check Policy, to run lists against all OIG, SAM, FDA debarment and state Medicaid exclusion or sanction lists
 - 2) Compliance Department reports to ECM sanctions or exclusions of practitioners
 - 3) ECM forwards sanctions to Credentialing Committee for review
 - 4) Identified sanctions are acted upon within thirty (30) days of notification
 - c. Medicare/Medicaid Sanctions and Reinstatement Report
 - d. Continuous monitoring of NPDB, as applicable according to specific delegated credentialing agreement
 - e. American Medical Association (AMA) Physician Profile
 - f. Adverse events, no less than every six (6) months
 - g. Quality, performance, and complaint information received on participating providers from beneficiaries, quality departments and health plan/payers upon receipt

B. Review and Action

1. The Medical Director or designee shall review any evidence of poor quality that could affect the health and safety of patients, including sanctions or limitations on licensure, member complaints, and information from adverse events.
2. The Medical Director or designee shall refer all instances or potential instances of patient safety or issues of poor quality to the Credentialing Committee for appropriate investigation and action, which may include:
 - a. No action
 - b. Communication with practitioner
 - c. Collegial intervention with practitioner
 - d. Other intervention, as appropriate

- e. Recommend further review or investigation
- 4. Actions will be communicated to health plans as contractually required.

SECTION VII. DELEGATED CREDENTIALING

A. Delegation Agreement

ECM may enter into a delegation agreement with a health plan to initially credential and recredential practitioners and organizational providers who are eligible, and as otherwise set forth in the agreement. To ensure sufficient oversight of any delegated arrangement, the written delegation agreement must:

- 1. Be mutually agreed upon by ECM and the health plan describes the delegated activities and responsibilities of the health plan and ECM
- 2. Describe the process whereby the Health Plan evaluates the performance of ECM
- 3. Establish timeframes for ECM reporting to the health plan
- 4. Specify that the health plan retains the right to approve, suspend, and terminate individual practitioners, providers and sites, even if the Health Plan delegates decision making
- 5. Describe remedies available to the Health Plan if ECM does not fulfill its obligations, including revocation of the delegation agreement
- 6. Include provisions for addressing the permitted and appropriate use and sharing of protected health information

B. Authority and Responsibilities

Authority and responsibilities are outlined in detail, and as set forth, in individual delegation agreements.

SECTION VIII. REVIEW AND APPROVAL OF CREDENTIALING POLICIES

All policies must be reviewed and approved by the Credentialing Committee. Annually thereafter, each policy will be reviewed by the Credentialing Committee. With the exception of technical corrections made by ECM staff related to reorganization, renumbering, punctuation, spelling or grammar related changes, all policy amendments require Credentialing Committee review and approval.

APPROVAL:

Credentialing Committee Chair

Board of Directors Chair

Element	EXHIBIT A – Primary Source Verification Elements and Timeline	Initial	Recred
State License	State Licensing Agency – online Current and valid state license to practice in all states where practitioner provides care. <i>Verification time limit:</i> Current at time of credentialing decision/valid for 180 calendar days.	X	X
State CDS/CSR (Controlled Substance) Certificate	State Licensing Agency – online Applies to practitioners who are qualified to write prescriptions and only for those states that require CDS registration <i>Verification time limit:</i> Prior to the Credentialing decision	X	X
Federal Drug Enforcement Administration (DEA) Certificate	National Technical Information Service (NTIS) database – online Applies to practitioners who are qualified to write prescriptions <i>Verification time limit:</i> Prior to the Credentialing decision	X	X
Education and Training	Highest of the following three levels of education and training obtained by the provider: 1. Board Certification – obtained through Certifacts subscription – online 2. Residency – obtained through AMA or AOA Physician Profiles or primary source with the training institution 3. Graduation from Medical or Professional School – obtained through AMA or AOA Physician Profiles, primary source with the institution, or National Student Clearing House <i>Verification time limit:</i> Prior to the Credentialing decision and valid indefinitely	X	N/A
Board Certification Status	Certifacts subscription for ABMS, AOA, or other accepted national certification body for Advanced Practice Professionals. Board certification verified for all providers who indicate they are currently board certified. <i>Verification time limit:</i> 180 calendar days	X	X
Work History	Employment dates and assessment for gaps obtained through CV or application. Most recent 5 years of work history. If provider has fewer than 5 years of work history, the time frame starts at the initial licensure date. <u>Gaps in employment:</u> 1. If greater than six months, practitioner may clarify verbally or in writing 2. If greater than one year, practitioner must clarify in writing <i>Verification time limit:</i> 365 calendar days	X	N/A
Malpractice Coverage	Provider must maintain current malpractice coverage with Certificate of Insurance showing effective date, expiration date, amount of coverage and participation in the Indiana Patient Compensation Fund as applicable, or copy of a federal tort letter or attestation of federal tort coverage from the practitioner. <i>Verification time limit:</i> Current at the time of credentialing decision	X	X
Claims history	Claims history: the most recent five years of malpractice cases opened, closed or settled with be obtained through provider disclosure, Indiana Department of Insurance (IDOI), If practicing in Indiana, and through continuous query services through the National Practitioner Databank (NPDB), as applicable. Any identified discrepancies between provider disclosures and NPDB will require clarification from the provider. <i>Verification time limit:</i> 180 calendar days	X	X – any new since last recred
Sanction Queries	Possible restrictions on practitioner's license or limitations on practice scope will be reviewed via one of the following approved sources: 1. NPDB through Continuous Query service subscription, as applicable. 2. Physicians: State Licensing Boards 3. Chiropractors: State Board of Chiropractic Examiners 4. Oral Surgeons or Dentists: State Board of Dental Examiners or State Medical Board 5. Podiatrists: State Board of Podiatric Examiners 6. Other non-physician health care professionals: State licensure or certification board Medicare/Medicaid sanctions will be reviewed via one of the following: a. Office of the Inspector General (OIG) List of Excluded Individuals and Entities b. Medicare Exclusion Database *Ongoing sanction monitoring performed monthly by Parkview Compliance Department <i>Verification time limit:</i> 180 calendar days	X	N/A

EXHIBIT B – CREDENTIALING POLICIES REFERENCING NCQA STANDARDS

NCQA Standard CR1: Credentialing Policies

Section I: Scope
Health Plan Delegation
Practitioners and Organizational Providers

Section II: Credentialing Committee
Responsibilities
Non-Discrimination

Section III: Credentialing and Recredentialing

Section VII: Delegated Credentialing

Exhibit A: Primary Source Verification and Timeline

NCQA Standard CR2: Credentialing Committee

Section II: Credentialing Committee
Composition
Conduct of Business/Manner of Action

NCQA Standard CR3: Credentialing Verification

Section III: Credentialing and Recredentialing
Application
Eligibility Criteria
Clean File

Exhibit A: Primary Source Verification and Timeline

CR4: Recredentialing Cycle Length

Section III: Credentialing and Recredentialing
Applicant Requirements
Credentialing and Recredentialing Process

CR5: Ongoing Monitoring

Section VI: Ongoing Monitoring

CR6: Notification to Authorities and Practitioner Appeal Rights

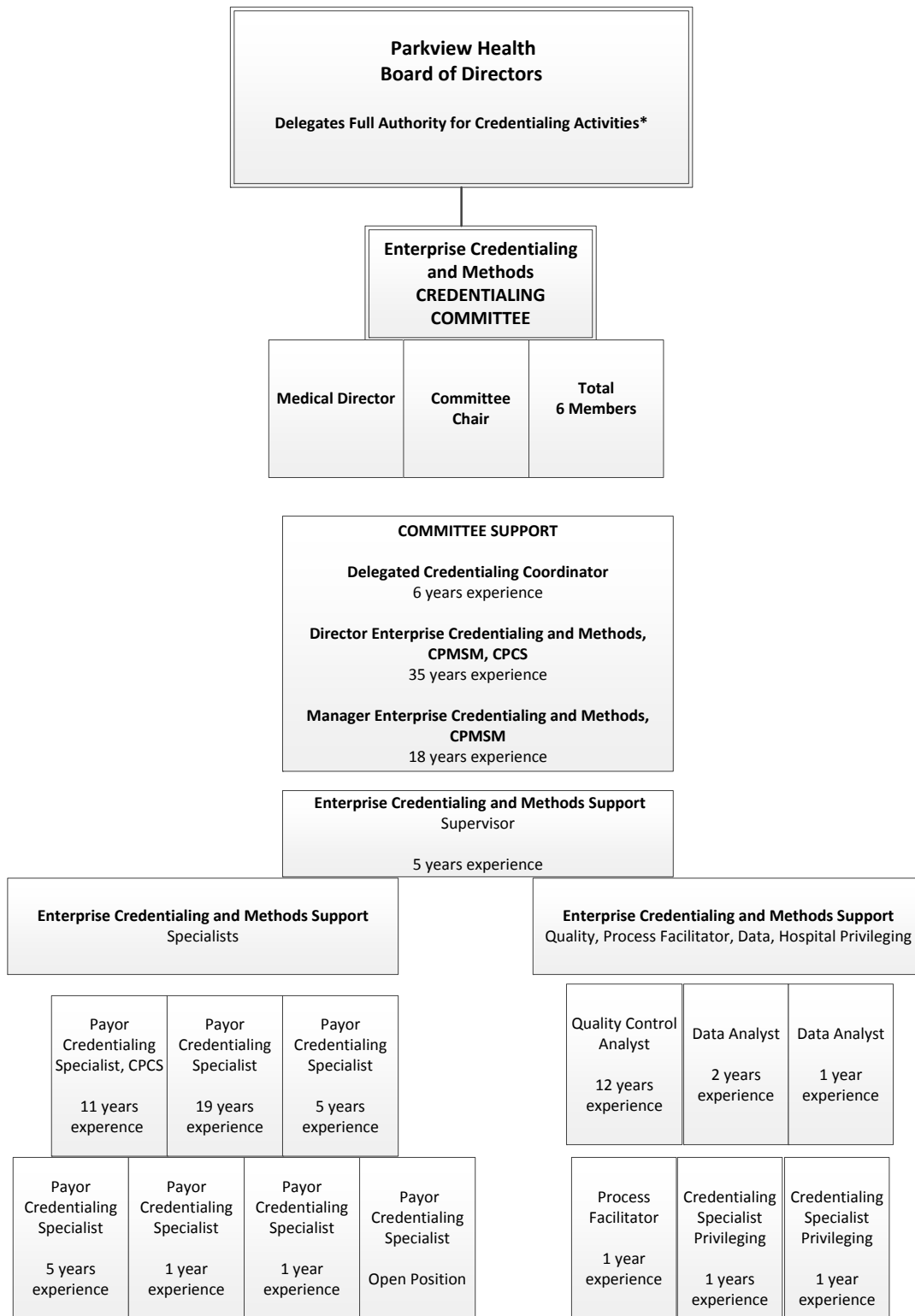
Policy: Suspensions, Terminations, Investigations and Appeals

Section V: Notification to Authorities/Reporting Requirements

CR7: Delegation of CR

Section VII: Delegated Agreement

EXHIBIT C – ENTERPRISE CREDENTIALING AND METHODS STRUCTURE



* Activities fall within the Parkview Health Directors and Officers corporate liability coverage.