

CREDENTIALING PROGRAM DESCRIPTION

A. INTRODUCTION

WPPA, Inc. dba ProviDRs Care (Network) is a for-profit organization established to contract with various providers and facilities for the members of our contracting Groups. Network is responsible for recruiting, contracting and the credentialing of physician members, and is committed to continuously improving the quality of patient care and serving the community in an efficient and cost-effective manner.

In order to assure that high quality and cost effective providers are in Network, and to ensure that health care facilities meet industry standards, expert credentialing and recredentialing processes are necessary and will include recredentialing at least every three years for professional providers. This document outlines the authorized documented policy that specifies the standards and practices of Network.

B. GOVERNANCE STRUCTURE

The Network Board of Directors (Network Board) has ultimate authority on matters of credentialing policy. The Board has charged the Membership and Peer Review Committee (Membership Committee) with the development of policies and procedures that are consistent with Board policy, that are sensitive to consumer needs and that maintain strict confidentiality. These policies and procedures will be used by the Membership and Peer Review Committee in making credentialing decisions regarding providers for Network's provider panel.

C. PURPOSE OF THE CREDENTIALING PLAN

The purpose of this Credentialing Plan is to assure a systematic approach to the non-discriminatory selection, evaluation, monitoring, disciplining and separation of members of the Network.

Together the screening and credentialing activities will allow the Network to:

- Screen applicants to determine if the applicant meets the pre-application requirements, if the applicant is needed for the network, and if the provider should be invited to apply to the Network for membership.
- Invite applicants to apply as panel participants if screening criteria are met.
- Obtain and maintain provider professional information (all information received or discovered during credentialing or recredentialing will be maintained with strict confidentiality at all times).
- Approve qualified physicians including MD's, DO's, DPM's, DDS's. Approve qualified allied health professionals to be listed in the directory.
- To ensure providers are provided the opportunity to review and correct information used in the credentialing process.
- Enable due process of those providers who do not meet criteria. Establish membership disciplinary procedures.
- Assist in the continuous quality improvement of the provider Network.

The following practitioners are not subject to credentialing requirements when practicing solely as the following:

- Pathologists
- Emergency Room providers
- Anesthesia Providers (excluding Pain Management)
- Radiologists (excluding Oncology and Interventional Radiologists)
- Hospitalists
- Locum Tenens

D. CONFIDENTIALITY, DISCRIMINATION, AND CONFLICT OF INTEREST

The Network requires that all members of the Membership and Peer Review Committee maintain the strictest of confidence regarding information presented and discussed during the credentialing procedures. Credentialing decisions will be conducted in a non-discriminatory manner. Decisions will not be based on race, ethnic/national identity, gender, age, sexual orientation, patient type (e.g. Medicaid), type of practice, etc. Additionally, the Membership and Peer Review Committee on an annual basis will monitor and avoid any discrimination or conflict of interest issues. If Committee Chair observes behavior that may potentially be considered discriminatory or a conflict of interest, they will discuss this with the Committee Member and determine resolution, which may include a report submitted to the Network Board.

The Membership and Peer Review Committee members will be required to sign a Confidentiality/ Discrimination Conflict of Interest Agreement annually.

All credentialing information will be kept stored in the Managed Care Department in a locked and secure environment.

E. MEMBERSHIP AND PEER REVIEW COMMITTEE

The Network Board of Directors has delegated the credentialing and peer review function to the Membership and Peer Review Committee. The purpose, committee membership, and committee rules which address the credentialing function are as follows:

PURPOSE

The purposes of the Membership and Peer Review Committee are to:

1. Conduct peer review of providers applying or reapplying for membership in the Network, using information that is no more than one hundred eighty (180) days old.
2. Recommend to the Board acceptance or rejection of provider applications based on minimum professional standards and peer review.
3. Provide reconsideration and/or appeal opportunity for invited providers who have been denied participation or continuation in the Network.
4. Recommend to the Board actions/discipline for continuation in Network for providers who:
 - a. breach contract provisions;
 - b. exhibit inappropriate utilization;
 - c. demonstrate quality of care inconsistent with community standards; or
 - d. have excessive complaints and grievances; or
 - e. have more than two (2) sanctions in a given year.
5. Advise the Board of Directors on credentialing policy issues; and
6. Review annually and recommend needed revisions of the Credentialing Plan to the Network Board of Directors.

COMMITTEE MEMBERSHIP

Membership and Peer Review Committee members shall be comprised of at least six (6) voting members (composed of physicians representing multiple specialties) appointed by the Network Board President, and up to two (2) representatives of the Network Managed Care Department.

COMMITTEE RULES

The Network Membership and Peer Review Committee conducts meetings using the following rules of order in performing the credentialing function. The Committee will be chaired by a physician who is responsible for carrying out the duties of the Membership Committee and will act as a liaison for Board of Directors. In addition, such physician will lead the implementation of the credentialing program according to the Credentialing Plan and its associated policies and procedures:

1. Not more than four (4) physician members from the Board of Directors.
2. Remainder, Non-Board member physicians.
3. Peer Review is conducted by physicians.
4. The Committee will meet at least monthly for a total of no less than twelve (12) meetings per year.
Meetings may be scheduled more frequently, if necessary.
5. Procedures are voted on by the Committee.
6. Policy changes in the Credentialing Plan must be approved by the Network Board.
7. A simple majority of voting committee members present (at least three) is required for approval of participation status, policy and procedure changes.
8. Confidential minutes are taken.
9. Every applicant is reviewed by the Membership and Peer Review Committee, using information that is no more than one hundred eighty (180) days old.
10. All Committee members must execute confidentiality/conflict of interest agreements.
11. Committee may vote by unanimous consent in writing or by phone.
12. Members receive indemnification by Network.
13. Additional rules to be developed as needed.

F. PRACTITIONER RIGHTS

The practitioner has the right to review information submitted to support their credentialing application. The practitioner will be notified in writing within thirty (30) days of any information obtained during the credentialing process that varies substantially from information provided to the organization by the practitioner. The practitioner will then have thirty (30) days to submit corrections or explanations of discrepancies to WPPA, Inc., dba ProviDRs Care via email, fax or mail prior to Membership Committee review of the file. The practitioner has the right to request status during the credentialing process and receive a written response within thirty (30) days. The applicant will be notified of these rights as described in the Application Cover Letter. Each practitioner shall be entitled, upon request, to information obtained by WPPA, ProviDRs Care to evaluate the practitioner's credentialing application from outside sources such as state licensing boards and malpractice carriers. WPPA, ProviDRs Care may at its discretion, provide redacted copies or summaries of information if required to protect an individual's confidentiality. If a practitioner believes, upon review of the information, that any information contained therein is misleading and/or erroneous, the practitioner may submit a corrective statement, which WPPA, ProviDRs Care shall place in the practitioner's credentialing file. The foregoing does not require WPPA, ProviDRs Care to alter or delete any information contained in the practitioner's credentialing file, nor does it require WPPA, ProviDRs Care to disclose to a practitioner references, decisions, or other peer review protected information.

G. PEER REVIEW AND USE OF CRITERIA

Peer Review is the review of an applicant's professional behavior, educational background and experience as a physician.

The use of explicit criteria during peer review is to avoid discrimination during the selection process, to approve physicians who have demonstrated their commitment to quality and who have the requisite background for Network's needs. Criteria are to be used in conjunction with the judgment and experience of the Membership Committee. The committee may waive any criteria when in the best interest of Network and patient care, except criteria regarding current licensure, DEA, liability limits and an attested application.

H. APPEALS BOARD/FAIR HEARING PROCEDURES

MEMBERSHIP of the Appeals Board

A panel of at least five (5) physicians (with no more than one on the Membership and Peer Review Committee), one of whom is designated as chairman, is appointed by the Network Board of Directors. The purpose, membership rules and appeal procedures are as follows:

PURPOSE

The purposes of the Appeals Board/ Fair Hearing Process are to:

1. Provide a fair hearing for providers with the purpose of addressing adverse decisions regarding disciplinary action and/or termination resulting from a credentialing or recredentialing review.
2. Review all information submitted by the Membership Committee, Board of Directors and the Appellant.
3. Render a decision which is supported by all rules and regulations regarding educational background and training, experience, professional behavior and appropriate utilization of resources in providing high quality patient care.

APPEALS BOARD RULES

The Network Appeals Board follows the following rules of order:

1. The Appeals Board has ultimate authority to hear and respond to appeals.
2. Any physician in direct competition with an applicant may render clinical opinion, but shall be excused from the meeting for voting.
3. The Board will notify the physician of the Appeals Board review process.
4. Within two weeks after receiving an appeal, the Appeals Board will schedule a hearing at a time and place mutually agreed on by both parties.
5. The right to a hearing is forfeited if the provider fails, without good cause, to appear for the Appeals Board hearing.
6. The physician may be represented by an attorney or other person of the physician's choice. The physician is responsible for all attorney fees.
7. The physician is entitled to the following rights:
 - a. To have a record made of the proceedings;
 - b. To call, examine and cross-examine witnesses;
 - c. To present evidence determined to be relevant by the Appeals Board, regardless of its admissibility in a court of law;
 - d. To submit a written statement at the close of the hearing;
 - e. To receive the written recommendation of the Appeals Board, including a statement of the basis for the recommendations; and

- f. To receive a written decision from Network, including a statement of the basis for the decision.
8. The Appeals Board will submit a written response to the appeal within 60 days after receiving the appeal, specifying the findings and the decision.