

4 PROVIDER PARTICIPATION

4.1 PROVIDER CREDENTIALING POLICY

SHP requires that all providers complete a credentialing process in order to participate in the Plan. Each new provider application received by SHP will be date stamped immediately upon receipt. For new provider applications that are received with the complete documentation as required above, SHP will complete all initial credentialing activities within 90 days of the receipt of the application including i) notification to the provider that they are or are not credentialed or ii) whether additional time is required to make the determination. If SHP is not going to be able to complete this process within the 90 day timeframe SHP will notify the provider in writing of the delay and reason for such delay at least two weeks prior to the end of the 90 day period.

Once the provider has been submitted to SHP's Credentialing Committee for approval, providers will be notified in writing within thirty (30) days of the decision to accept the provider into the SHP network and their Provider Identification Number.

PLEASE NOTE: Suffolk Health Plan does not include in its network any medical provider who has been sanctioned by Medicaid and who has been prohibited from serving Medicaid clients or receiving Medical Assistance Program payments. If you now or at any time during your participation as a SHP provider are sanctioned, please notify SHP immediately at 1-877-747-6789.

4.1.1 Credentialing Documentation

You must fully complete the SHP application. It is also acceptable to submit a universal credentialing application or a printout from the CAQH database. However, in these instances you must submit a signed and dated consent to release information and an attestation that the information is accurate (pages 9 & 10 of the SHP Application).

Please note that any cross-outs and/or whiteouts **MUST** be accompanied by the initials of the person responsible for completing the application. The application **MUST be completely filled out.** Example: if there are any section(s)/question(s) that do not apply please put N/A.

Incomplete application will be RETURNED to you for completion in compliance with your signed attestation. Any information entered into this application which subsequently is found to be false could result in termination from the SHP

program. Please remember to sign and date the attestation and the consent for release of information form.

The documentation that must accompany your application is as follows:

- Copy/copies of your current SIGNED NY State Registration.
- Copy of your current DEA certificate (if applicable).
- Copy of your current malpractice insurance (face sheet) MUST state policy period and limits of liability.
- Documentation of Board Eligibility/Board Certification (if applicable).
- Copy of your current resume/Curriculum Vitae, including months/years.
- Signed agreement/Contract.
- Signed and dated consent for release of information and attestation forms.
- Collaborative Agreement (for Nurse Practitioners and Licensed Nurse Midwives).
- Confidential Information Form (with written explanation to any question answered yes).
- Letter(s) of Hospital Privileges stating provider is in good standing from an SHP affiliated hospital
 - MUST include appointment period dates (Section IV).
- Details of any pending professional misconduct proceedings or malpractice actions and the substance of the allegations.
- Information from other HMOs or hospitals with which you have been associated regarding professional misconduct or medical malpractice, and associated judgments/settlements and any reports of professional misconduct by a hospital pursuant to NY State Public Health Law Section 2803-E. (you must obtain and submit this information).
- W-9 tax information form.

4.1.2 SITE ENVIRONMENT REVIEW

In accordance with regulatory standards, Suffolk Health Plan (SHP) conducts an office/center environment review as part of the initial credentialing process for primary care and prenatal providers, for new and additional sites and in response to complaints or any reports on quality of care issues. The Provider Relations Representative may also perform a scheduled or unscheduled environmental site visit of any provider office or medical center as part of SHP's general monitoring schedule. This is done to ensure that the site accessibility, appearance, safety

and adequacy of equipment as well as record keeping and confidentiality practices of a provider meet the standards of SHP and all regulatory agencies. Provider Relations Representatives are trained by the Chief Medical Officer on SHP and ADA standards for site review. It is the expectation of SHP that providers seeking participation will schedule the site visit and medical record screening within 10 business days of the request to conduct this review. The following guidelines are considered by the Provider Relations Representative during a site review:

Accessibility - The office signage/direction to the office should be easily seen from the street. Office hours/days of operation and telephone numbers to reach during off hours are prominently posted in the waiting area. Handicap accessibility (compliance with ADA) should also be noted.

Appearance - The external and internal office/center should appear clean, well-lit and safe. Floors and carpet should be clean and clear of any obstructions. Examination room table tops should be hygienic and free of clutter and the room should be well lighted.

Infection Control - Office/center should have a syringe disposal method and hazardous waste management procedure.

Pharmaceuticals - Medications should be dated and none appear to be expired.

Radiology - Area should be clean and a valid radiation inspection notice is posted.

Medical equipment - Equipment appears well maintained and in good working condition.

Laboratory Services - CLIA Certificate and procedure manual should be maintained.

Appointment Log – should indicate that members are able to request for appointments within the standards set by SHP and the New York State Department of Health.

Waiting Time - The estimated wait time a patient is in the provider waiting area is noted. It should not exceed one (1) hour passed the scheduled appointment time.

Safety – There should be functioning smoke alarms and recently inspected fire extinguisher(s). The office/center should have visible exit signs and an evacuation plan.

Emergency Procedures - Indicate whether office/center provider and staff are certified in Cardiac Pulmonary Resuscitation (CPR), Basic Life Support (BCLS) or Advanced Life Support (ACLS).

Appointment Standards - Record the number of days to obtain the various appointments.

Confidentiality - Records should indicate that office/ center had obtained authorization for the release of confidential information.

Medical Files - Filing cabinets should be accessible to the provider and staff but secure and located in a private section of the office/center.

Any incident of noncompliance of SHP requirements is documented by the Provider Relations Representative.

Office/Center Reviews performed by Provider Relations Representatives are documented in the Site Review forms and are submitted to the Credentialing Unit within one week of site review and are incorporated in the provider file as reviewed by the Chief Medical Officer and the Credentialing Committee and maintained by the Credentialing Unit. A copy of the SHP PR Site Visit Record is given to the provider office/center reviewed.

In cases where the Site Review yields a result that is less than satisfactory or sub-standard, the Site Review is forwarded to the Assistant Vice President for Provider Network Management as well as the Chief Medical Officer for action. The Provider is immediately informed in writing of a failed site review; this notice includes prescribed corrective action(s), and another Site Review is scheduled within the next 6 months until SHP standards are met.

4.1.3 Medical Records Screening

Basic screening of medical record keeping practices for primary care and prenatal care providers are conducted during the site review. SHP will allow new office-based providers or health centers not designated as an Article 28 facility up to sixty days (60) days to accumulate five (5) records from SHP members. If sixty (60) days passes and the provider has not accumulated five (5) SHP patient records, SHP will review existing records of current patients. The reviewer will keep all record information confidential. The provider or health center may block out the patient's name and medical record number prior to the record screening. Records will be reviewed for the following:

- Each patient has an individual, consistently organized and properly marked/identified medical record.
- Medical records are legible.
- Medical records contain documentation of personal and biographical data (demographic) of the individual patients.
- Medical record contains a dated author identification for each entry.

4.2 Provider Recredentialing Policy

Recredentialing of providers is conducted every three years. Recredentialing criteria includes a revalidation of the above licensure, privileges and coverage requirements, as well as information gathered from quality improvement activities including emergency room utilization, member satisfaction survey, medical record audit results, member complaints and corrective actions. SHP will make every effort to notify participating providers that they are due to be recredentialed at least 120 days prior to the expiration of the provider's initial 36-month credentialing period. If the provider does not return their recredentialing application and supporting materials within the allotted time frame, SHP will follow up with the provider thirty (30) days prior to the expiration of the provider's current credentialing period. This will serve as SHP's final notice to the provider that failure to submit the recredentialing application and supporting documents requested will result in the provider being terminated from the SHP Provider Network. The provider will not be able to appeal this termination, but will have the right to re-apply to the Plan for participation.

Once a complete recredentialing application with all required supporting documents is received, the application will be date stamped. For provider recredentialing applications that are received with the complete documentation, SHP will complete all credentialing activities, to the best of our ability, within 90 days of the receipt of the application including i) notification to the provider that they are or are not recredentialed or ii) whether additional time is required to make the determination. If SHP is not going to be able to complete this process within the 90 day timeframe SHP will notify the provider in writing of the delay and reason for such delay at least two weeks prior to the end of the 90 day period.

Participating providers must promptly report in a "Letter of Notification" to the SHP Chief Medical Officer the following: any disciplinary action proposed or taken against the provider by the State Medical Board; any disciplinary action proposed or taken against the provider by a health care organization at which the practitioner has privileges; the filing of any lawsuit alleging malpractice; any indictment, guilty plea or medical finding of guilt involving a felony misdemeanor committed in the course of the practice of medicine or misdemeanor involving moral turpitude; or any "quality letter" from a PRO or equivalent review organization. Failure to comply with the above reporting requirements may result in corrective action.

4.3 Delegation Oversight

SHP credentialing requirements are detailed below. However, the Plan has determined that for providers affiliated with a participating hospital with a delegated credentialing process meeting SHP credentialing standards, that the hospital's process is accepted by the Plan in full for salaried providers and in part for non-salaried (private office) providers. Participating hospitals provide the Plan with written attestation to compliance with the SHP credentialing requirements. The hospitals also submit a current list of providers with privileges on a periodic basis or verify a provider's privileges on an individual basis.

SHP delegates credentialing/recredentialing functions to participating hospitals for salaried and non-salaried providers with privileges at those hospitals. The hospitals must submit a current list of providers with privileges on a periodic basis, or verify the privileges of each provider on an individual basis. SHP reviews delegated functions via onsite inspection of functions performed by the delegated organization.

4.3.1 Provider Performance Evaluation

SHP informs its participating providers of information maintained by SHP to evaluate providers' performance or practice. This Provider Manual contains standards of care, clinical guidelines, and other pertinent information regarding what information the Plan uses to evaluate performance and how performance is measured. SHP publishes a Provider Newsletter at least twice per year that contains current updates and information about policies and criteria. SHP mails standards of care, clinical guidelines, and other pertinent information to appropriate participating providers.

SHP consults with health care professionals in developing methodologies to collect and analyze health care professional profiling data. SHP maintains a toll free phone line for providers to access the Plan with ideas and suggestions. SHP provides such information and profiling data and analysis to network providers. Such information, data, or analysis is provided on a periodic basis appropriate to the nature and amount of data and the volume and scope of services provided.

SHP uses medical record standards, office environment standards, adult and pediatric preventive health guidelines and several disease specific guidelines including guidelines for the care of members with asthma, HIV/AIDS, TB, diabetes and high cholesterol. Providers are monitored for over and under-utilization of services including member emergency room usage. SHP reviews providers for compliance with current New York State Quality Assurance Reporting Requirements (QARR) on an annual basis.

Any profiling data used to evaluate the performance or practice of a health care professional is measured against stated criteria and an appropriate group of health care professionals using similar treatment modalities serving a comparable patient population. Upon presentation of such information or data, each health care professional is given the opportunity to discuss the unique nature of the health care professional's patient population which may have a bearing on the health care professional's profile and to work cooperatively with SHP to improve performance.

4.3.2 Written Notification

SHP will notify providers in writing of the Credentialing Committee's decision to approve, limit, suspend, deny or terminate the privileges of a provider to participate in SHP's Provider Network within thirty (30) days of the Credentialing Committee decision. However, under no circumstances will this written notification exceed ninety (90) days from the receipt of the original application received date unless the provider was previously notified of the delay.

SHP will immediately deny participation or terminate participation of any provider who has been sanctioned by Medicaid and has been prohibited from serving Medicaid clients or receiving Medical Assistance Program payments as a result of a final disciplinary action.

If SHP's Credentialing Committee determines that a new provider applying for participation in SHP does not meet SHP's credentialing standards, participation in the Plan will be denied. The decision will be based on the information provided in the application for participation and the information collected as a result of primary source verification. The provider will be notified of the reason(s) for such denial within thirty (30) days of the Credentialing Committee's decision. The provider will not have the right to appeal this denial. However, under no circumstances will this written notification of denial exceed ninety (90) days from the receipt of the original application received date unless the provider was previously notified of the delay.

SHP will not limit, suspend or terminate **ANY** provider because the provider:

- advocated on behalf of a member,
- filed a complaint against SHP,
- appealed a decision of SHP,
- provided information or filed a report that SHP was in violation of any Public Health regulations pursuant to PHL 4406-c, or
- requested a hearing or review pursuant to PHL 4406-d.

Decisions which result in sending an educational letter or continuing peer observation are sent to the provider and, if applicable, health center/hospital management within sixty (60) days of the Committee meeting.

If the decision is to limit, suspend, or terminate participation, the provider and/or, if applicable, health center/hospital management will have the right to appeal SHP's decision within thirty (30) days of the receipt of the letter by the provider.

The notification letter includes:

- the action to be taken and the effective date of the action, which will be no less than sixty (60) days of the receipt of the written notification by the provider;
- the reason(s) for the proposed action;
- the manner in which the provider may appeal the decision - including notice that the provider has the right to request a hearing or review, at the provider's discretion, before a hearing panel appointed by the Plan;
- the time limit of thirty (30) days to request a hearing; and
- the time limit for a hearing date within thirty (30) days after the receipt of the provider's request for a hearing

In cases where denial or termination are the result of imminent harm to patients, fraud or final disciplinary action by a governmental agency, a written explanation and notice of hearing rights will not be sent.

If a provider chooses not to appeal the SHP Credentialing Committee's decision to terminate your participation in the SHP Provider Network, their participation will be terminated not less than sixty (60) days from the date the provider received the written notification of the original determination.

4.3.3 Provider Participation Appeal Process

A provider who wishes to appeal a SHP decision to limit, suspend, deny or terminate network participation privileges may do so by notifying the Plan Chief Medical Officer in writing of his/her intention to appeal. **The provider must send a written request to appeal the decision to the address identified in the decision letter. The request should include any documentation or evidence to support the provider's position. The request must be sent certified mail and postmarked no later than thirty (30) days following the receipt of the decision letter.**

As previously indicated, SHP does not allow in its network any provider who has been sanctioned by Medicaid and has been prohibited from serving Medicaid clients or receiving Medical Assistance Program payments as a result of a final disciplinary action. Since these final disciplinary actions are rendered by the Office of Professional Medical Conduct (OPMC), the Office of the Inspector General and the Office of the Medicaid Inspector General, participating providers who are identified to SHP by one of these entities as no longer allowed on either

a temporary or permanent basis to provide medical care within New York State will be **immediately** terminated from the network for all Medicaid, Child Health Plus, Family Health Plus. SHP will notify the provider of our action within three business days of the termination and the reason.

Providers terminated from the network based on a case involving imminent harm to patient care, a determination of fraud or a Medicaid final disciplinary action are not eligible for a fair hearing or review of the termination from SHP's network.

4.3.3.1 How to Appeal the Plan's Decision to Limit, Suspend, or Terminate Network Participation

4.3.3.1.1 Request to Review the Decision

Upon receipt of the written notification from SHP of the Credentialing Committee's decision to limit, suspend or terminate network participation, the provider will have thirty (30) days from the date of receipt of the notification to appeal the decision. **Please Note: Written explanation and notice of hearing rights may not be sent when the termination is due to cases of imminent harm to patients, fraud or final disciplinary action by a governmental agency as indicated previously.** This appeal may be either a review of the decision based on additional information that the provider wants to have presented or the provider may request a hearing.

In the case where the provider requests a review of the Credentialing Committee's decision based on additional information the provider may want to supply SHP's Chief Medical Officer will notify the provider of the date that the Credentialing Committee will meet to review the appeal. This meeting will occur not less than thirty (30) days from the request for review in order to give the provider an opportunity to participate in the meeting.

Requests for additional time or to reschedule the meeting must be made in writing and received before the scheduled Credentialing Committee meeting date. The provider may choose to not attend the meeting though participation by the provider is encouraged by SHP.

Any documentation to be submitted to the Credentialing Committee by the provider must be mailed to the address identified in the decision letter and received before the meeting date. Documentation submitted after this date may be accepted for consideration at SHP's discretion.

The Credentialing Committee decisions are documented in Committee minutes. The provider is advised in writing of the Committee decision within three (3)

business days of the Committee meeting. Appeal documentation is maintained in the provider's file.

4.3.3.1.2 Request for a Hearing

If the provider requests a hearing to review the Credentialing Committee's decision, SHP will hold the hearing within thirty (30) days after receipt of a request for a hearing. SHP's Chief Medical Officer will notify the provider of the date that the hearing will take place. **Providers terminated from the network based on a case involving imminent harm to patient care, a determination of fraud or a Medicaid final disciplinary action are not eligible for a hearing of the termination from SHP's network.**

The "Hearing Panel" will be comprised of three (3) persons appointed by SHP. At least one (1) person will be a clinical peer in the same discipline and/or the same specialty as the practitioner under review. The panel may consist of more than three (3) persons provided that the number of clinical peers on the panel is one third or more of the total panel membership.

Any documentation to be submitted to the Hearing Panel by the provider must be mailed to the address identified in the decision letter and received before the meeting date. Documentation submitted after this date may be accepted for consideration at SHP's discretion.

At the Hearing Panel meeting, the provider or designee presents his/her explanation as to why the decision should be reversed. The SHP Chief Medical Officer or a Credentialing Committee physician member presents SHP's position. Appeal documentation is maintained in the provider's file.

The Hearing Panel will render a decision in a timely manner. The hearing panel will notify the provider in writing within three (3) business days following the hearing panel meeting. The decision may include:

- reinstatement of the provider,
- provisional reinstatement subject to conditions set forth by SHP, or
- termination of the provider.

A decision by the panel to terminate a practitioner will be effective thirty (30) days after the practitioner's receipt of the hearing panel's decision, but in no event not less than sixty (60) days from the receipt by the provider of the original notification of termination.

Notwithstanding the termination of a provider for cause or pursuant to a hearing, SHP will permit a member to continue an ongoing course of treatment for a transition period of ninety (90) days or for a transitional period to include

postpartum care related to the delivery if a member has entered their second trimester of pregnancy, subject to provider agreement, pursuant to 4406(6)(e).

4.3.4 Duty to Report

SHP is legally obligated pursuant to PHL4405-b to report to the appropriate professional disciplinary agency within thirty (30) days of the occurrence of any of the following:

- the termination of a health care provider contract pursuant to section 4406-d of the Managed Care Reform Act for reasons related to alleged mental or physical impairment, misconduct, or impairment of patient safety or welfare;
- the voluntary or involuntary termination of a contract or employment or other affiliation with such organization to avoid the imposition of disciplinary measures; or
- the termination of a health care provider contract in the case of a determination of fraud or in a case of imminent harm to patient health.

SHP is also legally obligated to report to the appropriate professional disciplinary agency within sixty (60) days of obtaining knowledge of any information that reasonably appears to show that a health care professional is guilty of professional misconduct as defined in Article 130 or Article 131-A of the education law.

Reports of professional misconduct will be made in writing to the appropriate professional disciplinary agency and shall include the following information:

1. the name, address, profession and license number of the individual; and
2. a description of the action taken by the organization including the reason for the action and the date thereof, or the nature of the action or conduct that led to the resignation, termination of contract or withdrawal, and the date thereof stated with sufficient specificity to allow a reasonable person to understand which of the reasons enumerated led to the action of the organization or the resignation or withdrawal of the individual, and, if the reason was an act or omission of the individual, and the particular act or omission.