



Credentialing Program

Approved:



Table of Contents

I. Credentials Committee	
Nondiscrimination	3
Confidentiality and Conflict of Interest	3
Review and Amendment of Credentials Program and Policies.....	3
II. Credentialing of Participants	
General Procedures	4
Participation Criteria for Physicians.....	4
Participation Criteria for Non-Physician Providers.....	7
Participation Criteria for Organizational Providers	8
Waiver of Criteria.....	10
Application.....	10
Effect of Application	11
Processing the Application	12
Applicant’s Burden.....	12
Verification/Investigation of Information	12
Fast Track Approval	13
Credentials Committee Action	13
Form of Action	13
Notice of Final Decision	13
Time Period for Processing	14
III. Responsibilities of Participants in CCQP	14
IV. Re-Credentialing Process.....	14
Credential Standards for Individuals	14
Re-Credentialing Process.....	15
V. Hearing and Appeals Process	16
VI. Confidentiality of Credentialing Files.....	18
VII. Appendix A: Definitions	19

I. Credentials Committee:

Under the provisions of the Operating Agreement of CCQP, the Board of Managers has established the Credentials Committee to review and evaluate the credentials of each applicant and facility for participation in the CCQP Network.

The Credentials Committee will:

- make a recommendation to the Board of Managers with respect to the inclusion of such Participating Providers and Facilities in the network,
- will implement the credentialing and re-credentialing procedures, and
- carry out the other duties and responsibilities of the Credentials Committee as set forth in this Credentials Program to include setting provider performance expectations.

The Board Liaison of CCQP shall serve as an advisory member to this Credentials Committee, and the Credentials Committee shall report to, and be accountable to the Board of Managers. The Credentials Committee shall meet as often as necessary to accomplish these duties but at least quarterly.

Nondiscrimination

CCQP does not make credentialing and/or recredentialing decisions based on an applicant's race, religion, ethnic/national identity, gender, age, disability, marital status, sexual orientation, genetic information, the types of procedures (e.g., abortions) performed, or the payors (e.g., Medicaid) of the applicant's practice.

Confidentiality and Conflict of Interest

All individuals engaged in Credentials activities shall maintain the confidentiality of all information obtained in connection with the Credentials process.

No person will be allowed to participate in the review and evaluation of a case in which he or she has been involved professionally or where there exist with respect to such person any facts or circumstances which, in the judgment of the Credentials Committee chairperson or the President, CCQP would compromise the judgment of that person. Any person serving on the Credentials Committee shall disclose to the Credentials Committee any facts or circumstances that may give rise to a conflict of interest in a particular case.

Review and Amendment of Credentials Program and Policies

The Credentials Committee shall review the entire Credentials Program and Policies and Procedures on an as needed basis and make recommendations as to any changes that may be necessary or desirable for the continued success of the Network. In addition, the effectiveness of the Credentials Program will be evaluated. Amendments will be effective when approved by the CCQP Board of Managers.

II. Credentialing of Participating Physicians and Providers

General Procedure

The Credentials Committee shall review and consider the credentials of each applicant for participation in the CCQP Network. After making an evaluation of such credentials, the Credentials Committee shall make a recommendation to the Board of Managers on the status of provider participation.

Practitioners to be Credentialed. Those practitioners who may be credentialed include, but are not limited to:

- Physicians; medical and osteopathic doctors (MD/DO)
- Oral and Maxillofacial Surgeons
- Physician assistants (PA)
- Podiatrists (DPM)
- Optometrists (OD)
- Advanced Practice Nurses (APN's)

Christiana Care Practitioners

Individuals who are members or credentialed providers of the Christiana Care Medical-Dental Staff shall be considered credentialed and eligible for enrollment in the CCQP network. Termination of Medical-Dental Staff membership of a physician or clinical privileges of a nonphysician, however, shall result in automatic relinquishment of CCQP participation. Note, however, that a 90-day grace period from the date of termination of Christiana Care membership or clinical privileges shall be provided as a courtesy to enable transfer of patients to an in-network CCQP participant. CCQP participating providers who meet all criteria for CCQP participation may avoid a gap in their CCQP membership or participation by providing timely notice to CCQP and completing the application process below.

Locum Tenens

A locum tenens is a covering practitioner temporarily taking the place of another practitioner, usually for a defined period of time. CCQP does not require the credentialing of locum tenens who meet the following criteria:

- Participating practitioner for whom the locum tenens is covering remains participating with CCQP, but not actively practicing, for a period not to exceed 6 months.
- Claims will be submitted in the name of the participating supervising practitioner.

Participation Criteria for Physicians

The following procedures are applicable to those applicants, who are not members of the Christiana Care Health Services Medical-Dental Staff and wish to enroll in the network:

In order to meet the basic requirements for physician membership/participation in CCQP, the physician must meet and maintain the following requirements:

- Professional Degree: Applicant must hold a degree of M.D., D.O, D.M.D., D.D.S., (Oral and Maxillofacial Surgeons) or D.P.M. from an accredited medical, dental school or college of podiatry in the United States or a comparable degree from a foreign school of medicine together with a valid certificate indicating passing of the E.C.F.M.G. examination.
- License to Practice: Applicant must possess a valid and current unrestricted license to practice medicine, dentistry, osteopathy or podiatry in each state in which applicant's practice is located.
- Prescription Authority: Applicant must possess a valid and current unrestricted Drug Enforcement Administration certificate and state controlled substance registration or provide evidence satisfactory to the CCQP Credentials Committee that his/her practice does not require such registration.
- Insurance Policies: The provider shall have current malpractice coverage in the amount of at least \$1 million/ \$3 million or, for physicians in Pennsylvania, as required by the state. The provider must have no record of cancellation or suspension of professional liability insurance or must provide evidence satisfactory to the CCQP Credentials Committee that such a record is not indicative of substandard care.

The provider must also maintain policies of comprehensive general liability, and workers' compensation coverage as required by law, insuring Provider and Provider's employees and agents, against any claim or claims for damages arising as a result of injury to property or person, including death, occasioned directly or indirectly in connection with the provision of medical services and/or the maintenance of provider's facilities and equipment. Upon request, provider shall show CCQP evidence of said coverage.

- Board Certification: Effective November 19, 2014, for M.D.'s and D.O.'s CCQP requires board certification or proof of board qualification/eligibility in the orderly process of obtaining board certification by a board accredited by the American Board of Medical Specialties or the American Osteopathic Association. The following exceptions to this criterion may be allowed:
 - Physician practicing in a Delaware Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).
 - Physician whose practicing specialty and/or location of practice is necessary for CCQP to meet access and availability standards.
 - Physician who has not yet practiced for a sufficient length of time to complete board certification. Physicians who are not yet board

certified will be required to achieve board certification within five (5) years of completion of residency or fellowship.

- Physician practicing in a rural (non-Metropolitan Statistical Area (MSA)) area must have greater than five years of experience in the specialty in which they practice and have completed an approved applicable residency or fellowship in the specialty of practice.
- Physician whose participation with CCQP is limited to a coverage arrangement for another participating physician.
- This requirement does not apply to applicants who were not board certified or board eligible prior to January 1, 1985 and did not subsequently become board certified.
- Those applicants who are not board certified and who have completed residency and/or fellowship training more than five years before submitting the CCQP application may be granted participation for two credentialing cycles, conditioned upon completing the Alternative Pathway that includes enhanced CME requirements below. If the applicant does not become board certified within this time period, his or her participation will end and he/she will not be eligible to reapply until board certified. The Alternative pathway provision applies to applicants who have applied for membership prior to November 2014. Applicants who apply for membership after November 2014 must meet the board certification above. The CME requirements are:
 - a. Completion of 110% of the annualized CME requirement as delineated by the pertinent specialty board. This will be annualized over a two year period.
 - b. If the pertinent specialty board does not require CME then completion of 40 hours of Category 1 CME is required over a one year period.

Lapse of Board Certification:

A physician who fails to maintain board certification shall have twelve (12) months to regain board certification. If the physician fails to become recertified in this period, a 90-day grace period from the one-year anniversary of the lapse shall be provided to enable transfer of patients to an in-network CCQP participant.

- Health Status: The provider must attest to the ability to perform the essential functions of his or her profession with or without accommodations.
- Lack of current Illegal Drug Use or Substance Abuse: The practitioner must attest to lack of current or recent (within two years) illegal drug use or substance abuse.
- Participation in Government Programs: Have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program. Applicants with a remote history of exclusion will be considered on a case by case basis and may be required to supply additional information.
- Professional Action: Have never had their staff appointment, clinical privileges, status as a participating provider with a health plan or network, or their license to practice

medicine, dentistry or podiatry denied, revoked, restricted suspended or terminated by any health care facility or health plan or licensure board for reasons related to clinical competence or professional conduct. Applicant shall never have resigned appointment or relinquished privileges during an investigation or in exchange for not conducting such an investigation. Issues, including, but not limited to, suspension or revocation due to substandard practice, billing fraud or abuse, will be reviewed by the Credentials Committee. Any prior actions will be reviewed by the Credentials Committee. The determination that an action is significant enough to deny participation will be made by the Credentials Committee.

- **Criminal Actions:** Have never been convicted of, or entered a plea of guilty or no contest, to any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, or violence.
- **Agreement to Comply with Policies:** The applicant agrees to abide by all policies and procedures of CCQP as consistent with moral, ethical and professional standards of behavior. The practitioner agrees to adhere to generally recognized standards of medical and professional ethics.

Participation Criteria for Non-Physician Providers

In order to meet the basic requirements for participation in CCQP, the non-physician provider must meet and maintain the following requirements:

- **Education:** Hold a degree from an accredited school
- **Licensure:** Possess a valid and current unrestricted license as a Physician assistant (PA), Optometrist (OD), or Advanced Practice Nurse (APN).
- **Prescriptive Authority:** Applicant must possess a valid and current unrestricted Drug Enforcement Administration certificate and state controlled substance registration or provide evidence satisfactory to the CCQP Credentials Committee that his/her practice does not require such registration.
- **Certification:** Advance Practice Nurses must possess and maintain national certification from the applicable certifying Board. An Advance Practice Nurse who has allowed his/her national certification to lapse will not be permitted to provide clinical care to members until such time the individual has successfully renewed their certification.
- Participating Optometrists are not required to be or become, as stated below, board certified within their area of practice.
- Physician Assistants who were not certified may be granted participation for two credentialing cycles, conditioned upon completing the enhanced CME requirements below. If the applicant does not become certified within this time period, his or her participation will end and he/she will not be eligible to reapply until certified. The CME requirements are:
 - Completion of 110% of the annualized CME requirement as delineated by the pertinent specialty board. This will be annualized over a two year period.

- All other physician assistants are required to maintain NCCPA certification. A physician assistant for reappointment whose board certification has lapsed will have twelve (12) months or the equivalent of two (2) exam cycles, whichever is the longer period, to remedy the lapse. Failure to recertify within the given time frame will result in network termination.
- Professional Liability Insurance: Must have current malpractice insurance coverage with an insurer satisfactory to CCQP in the amounts of \$1,000,000 single occurrence and \$3,000,000 annual aggregate limits, or such other, higher limits as are required in the state in which the practitioner practices.
- Health Status: The provider must attest to the ability to perform the essential functions of his or her profession with or without accommodations.
- Lack of Illegal Drug Use or Substance Abuse: The practitioner must attest to lack of present or recent (within two years) illegal drug use or substance abuse.
- Participation in Government Programs: Have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program. . Applicants with a remote history of exclusion will be considered on a case by case basis and may be required to supply additional information.
- Professional Action: Have never had their staff appointment, clinical privileges, status as a participating provider with a health plan or network, or their license to practice denied, revoked, restricted suspended or terminated by any health care facility or health plan or licensure board for reasons related to clinical competence or professional conduct. Applicant shall never have resigned appointment or relinquished privileges during an investigation or in exchange for not conducting such an investigation. Issues, including, but not limited to, suspension or revocation due to substandard practice, billing fraud or abuse, will be reviewed by the Credentials Committee. Any prior actions will be reviewed by the Credentials Committee. The determination that an action is significant enough to deny participation will be made by the Credentials Committee.
- Criminal Actions: Have never been convicted of, or entered a plea of guilty or no contest, to any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, or violence.
- Agreement to Comply with Policies: The applicant agrees to abide by all policies and procedures of CCQP as consistent with moral, ethical and professional standards of behavior. The practitioner agrees to adhere to generally recognized standards of medical and professional ethics.

Participation Criteria for Genetic Counselors

- **M.S. or Ph.D. degree from a genetic counseling program approved/recognized by the American Board of Genetic Counseling, and appropriate State license.**
- **Board certified or in the orderly process of obtaining board certification by the American Board of Genetic Counseling.**

- If the genetic counselor has not become board certified he/she will be required to produce documented proof of board eligibility and collaboration with a board certified genetics counselor.
- Current professional liability insurance certificate with minimum coverage limits in an amount equal to or greater than the then-current requirements for physicians licensed in the state in which the Genetic Counselor is licensed.

Participation Criteria for Organizational Providers

Organizational providers. Organizational providers who may be credentialed include, but are not limited to:

- Ambulatory Surgical Centers
- Audiology Clinics
- Behavioral Health Programs/Clinics
- Clinical Laboratories
- Community Nursing Centers
- Dialysis Centers
- Home Health Agencies
- Hospitals
- Imaging Centers
- Medical Rehabilitation Centers
- Respiratory Care Centers
- Skilled Nursing Facilities
- Sleep Centers
- Speech and Language Services Programs
- Wellness Programs

In order to meet the basic requirements for participation in CCQP, a facility must meet the following requirements:

- Licensure: Possess a valid, unrestricted license issued by the relevant state licensing or permitting authority to operate the facility of the Participating Organizational Provider, and all such other permits or licenses as may be necessary to operate applicant's facilities.
- Accreditation: Fully accredited by an applicable accrediting body, waived by the Credentials Committee for business needs.
- Insurance: Applicant must provide evidence of policies of general and professional liability insurance in amounts relative to the type, size and scope of operations of the facility, but no less than \$1,000,000 single occurrence and \$3,000,000 annual aggregate limits and with carriers acceptable to CCQP, or evidence of comparable self-insurance arrangements that include/show evidence of the following program services:
 - Claims Administration
 - Loss/Risk Control
 - Legal

- Actuarial Services
- Fund Administration/Fiduciary

CCQP reserves the right to determine if the self-insured program presented meets Credentials criteria;

- **Demonstration of Business Need:** Must serve the business needs of CCQP in terms of service area, services provided, and other factors deemed relevant by the Board of CCQP;
- **Compatible Administration:** Demonstrate that it has an administrative structure and process compatible with that of CCQP, which includes the following:
 - Procedures for assuring compliance with CCQP contracts, policies and procedures;
 - An effective mechanism to encourage participation by medical staff (if applicable); and
 - An effective mechanism to assure compliance with quality improvement and utilization programs of CCQP.
- Applicant must provide disclosure of any disciplinary actions by any accrediting or licensing agency or organization, including but not limited to the Department of Health and Human Services noting disciplinary actions or sanctions under the Medicare or Medicaid programs, received at any time within five years prior to the date of the application.

Waiver of Criteria for Participating Providers

- Any applicant who does not meet certain participation requirements may request a waiver. The applicant requesting the waiver bears the burden of providing evidence of exceptional circumstances. A waiver may not be requested and will not be granted for the participation criteria of education, licensure, or board certification.
- A request for a waiver will be submitted to the Credentials Committee for consideration. In reviewing the request for a waiver, the Credentials Committee may consider the specific qualifications of the individual in question, input from peer references and the best interests of CCQP and the communities it serves.
- Additionally, the Credentials Committee may, in its discretion, consider other information supplied by the applicant. The Credentials Committee's recommendation will be forwarded to the Board of Managers. Any recommendation to grant a waiver must include the basis for such.
- The Board of Managers will review the recommendation of the Credentials Committee and make a decision whether to grant or deny the request for a waiver. Any recommendation to grant a waiver must include the basis for such.

- No individual is entitled to a waiver or to an appeal if the Board of Managers determines not to grant a waiver. A determination that an individual is not entitled to a waiver is not a "denial" of participation.
- The granting of a waiver in a particular case is not intended to set a precedent for any other individual or group of individuals.
- An application for participation that does not satisfy an eligibility criterion will not be processed until the Board has granted the waiver.

Application

- An applicant for participation in CCQP shall submit an application in such form as shall be prescribed by the Credentials Committee.
 - Each applicant for participation in CCQP shall submit an acknowledgment that it has received a copy of the applicable Participation Agreement and rules and regulations of CCQP and has agreed to abide by the requirements thereof.

- **Effect of Application**

By applying for participation/membership in CCQP, the applicant:

- Confirms his or her willingness to cooperate with and consent to any site visits and inspections of his/her office deemed appropriate by the Credentials Committee.
- Confirms his or her willingness to cooperate with health and wellness initiatives of CCQP.
- Authorizes CCQP representatives to consult with others who have been associated with the applicant and/or who may have information bearing on the applicant's competence and qualifications, including any peer review committees, which have evaluated applicant's professional practice.
- Consents to the inspection by CCQP representatives of all records and documents that may be material to an evaluation of applicant's professional qualifications and ability to participate as a Participating Provider in the CCQP Network as well as of applicant's professional ethical qualifications for such participation.
- Releases from any liability CCQP and all CCQP representatives for their acts performed in good faith and without malice in connection with evaluating applicant's credentials.
- Releases from any liability CCQP and all individuals and organizations, who provide information, including otherwise privileged or confidential information to CCQP representatives in good faith and without malice concerning the applicant's ability, professional ethics, character, physical and mental health, emotional stability and other qualifications for participation,

- Authorizes and consents to the communication by CCQP and its representatives to any hospitals, medical associations, and other organizations concerned with provider performance and the quality and efficiency of patient care of any information CCQP may have concerning the applicant, and releases CCQP and its representatives from liability for so doing; provided that such furnishing of information is done in good faith and without malice.

For purposes of this section, the term “CCQP representative” includes the Board of Managers of CCQP, its members and committees; the President; all staff members who have responsibility for collecting or evaluating the applicant’s credentials or acting upon the application; and any other authorized representatives.

Processing the Application

Applicant's Burden

- Practitioners and organizations seeking participation and renewal of such in CCQP have the burden of producing in a timely manner all information deemed necessary for a proper evaluation of current competence, character, ethics, and other qualifications and for resolving any doubts regarding the same.
- Applicants for initial participation and renewal have the burden of providing, upon request, evidence that all the statements made and information given on the application are accurate.
- An application will be deemed complete when all questions on the application form have been answered, all supporting documentation has been supplied, and all information has been verified from primary sources.
- An application will become incomplete if the need arises for new, additional, or clarifying information at any time. Any application that continues to be incomplete 45 days after the individual has been notified of the additional information required will be deemed to be withdrawn. Upon a reasonable request from an applicant, the President, or designee is authorized to provide a short extension for a specified time period not to exceed 30 days when the reason for the delay is beyond the control of the applicant.
- The individual seeking membership and/or participation and renewal of such in CCQP is responsible for providing a complete application.
- An incomplete application will not be processed.

Applications with Health Concerns

- If the Credentials Committee has a concern about an applicant's physical or mental ability to perform the responsibilities associated with membership participation with or without reasonable accommodation, the Credentials Committee may require the applicant to undergo a physical and/or mental examination by a practitioner designated by the Committee.
- The examining practitioner shall inform the Credentials Committee of his/her opinion as to whether the applicant is able to perform the essential functions of providing care to network members. Failure of an applicant to undergo an examination within a reasonable time, specified by the Credentials Committee, after being requested to do so in writing by the Committee will be considered a voluntary withdrawal of the application and all processing of the application will cease.

Verification/Investigation of Information

- Once an applicant has delivered a completed application to CCQP, the information shall be verified and investigated. The applicant shall be notified of any lack of

success in such collection or verification efforts. When collection and verification is accomplished, the application is deemed complete and transmitted to the Credentials Committee.

Fast Track Approval is available for only those completed applications having no issues. Approval can be requested when there is an urgent need (before the next monthly Credentialing Committee meeting) for the physician to begin seeing CCQP members and is limited to those who are starting practice in the next 30 days or less.

- These applications are reviewed by the CCQP staff, Medical Director or Credentialing Committee Chair and the CCQP Board of Directors.
- Fast Track approval may be completed electronically.

Credentials Committee Action

The Credentials Committee shall review the application, the supporting documentation, and such other information and recommendations available to it that may be relevant to consideration of the applicant's qualifications for participation. The Board of Managers shall have final authority on participation status.

Form of Action

Deferral: The Credentials Committee or Board of Managers may defer an application for further consideration for a period of ninety (90) days. A decision must be made within one hundred fifty (150) days.

Favorable Recommendation: When the recommendation of the Credentials Committee is favorable to the applicant, the applicant is then eligible for participation in the Network.

Adverse Recommendation: When the recommendation of the Credentials Committee is adverse to the applicant, the applicant is not eligible for participation in the Network and shall receive notification from the Medical Director or the President regarding the adverse decision.

Conditions: The Credentials Committee may recommend the imposition of specific conditions. These conditions may relate to behavior (e.g., code of conduct) or other participation requirements (e.g. continuing medical education) as defined by the Credentials Committee. The Credentials Committee may also recommend that participation be granted for a period of less than two years in order to permit closer monitoring of an individual's compliance with any conditions.

Notice of Final Decision

- The applicant shall be notified of the final decision of the Board of Managers.
- The notice to accept an applicant for participation shall inform the applicant of the requirements to initiate and maintain such participation in CCQP, including the execution of an acceptable Participation Agreement and its exhibits.

Time Period for Processing

Applications for participation shall be considered in a timely and good faith manner by all individuals and groups required by this Credentials Program to act thereon and, except for good cause, shall be processed within the time periods specified in this section.

III. Responsibilities of Participants in CCQP

Each Participating Physician/Provider /Organizational Provider must comply with the following requirements:

- Each participating Physician/Non-Physician Provider/Organizational Provider shall notify the President within 30 days of any adverse action taken by any relevant licensing or permitting agency or organization with regard to such Member's licensure, including but not limited to The Joint Commission, CMS, or any applicable state regulatory body.

IV. Re-Credentialing Process

Participation will be granted for a period of not more than three years. For organizations, this period shall be three years. Prior to the end of such period, there shall be an automatic review for the purpose of re-credentialing each Participating Physician/Provider under the provisions of this Section.

Credential Standards for Individuals

- The Credentials Committee will review each incumbent Participating Physician/Provider/Organizational Provider in accordance with a schedule of re-credentialing, or at any time deemed appropriate by the Credentials Committee. As a result of such review, the Credentials Committee shall make a recommendation to the Board of Managers whether or not each incumbent Participating Provider should be approved for continuation or terminated as a Participating Provider. In order to meet the basic requirements for continued participation in CCQP, the individual must meet the following requirements:
- Applicant must possess a valid and current unrestricted license to practice medicine, dentistry, osteopathy or podiatry of the state in which applicant's practice is located. Any license actions will be reviewed by the Credentials Committee. The determination that a licensure action is significant enough to deny participation will be made by the Credentials Committee.
- Applicant must possess a valid and current unrestricted Drug Enforcement Administration certificate and state controlled substance registration, if applicable. Any actions against a practitioner's DEA, including but not limited to, denial, restriction, suspension or termination, will be reviewed by the Credentials Committee. Participation may be denied and shall be at the discretion of the Credentials Committee.

- Maintain Board Certification as defined in Section II, pages 5 and 6 of this manual.
- Must have current malpractice insurance coverage with an insurer satisfactory to CCQP in the amounts of \$1,000,000 single occurrence and \$3,000,000 annual aggregate limits, or such other, higher limits as are required in the state in which the practitioner practices.
- A statement about physical, mental or emotional health problems, including alcohol abuse, which could impair the proper performance of the applicant's essential functions and responsibilities.
- The practitioner must attest to lack of present or recent (within two years) illegal drug use.
- Ability to perform essential functions with or without accommodations
- Have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program. Applicants with a remote history of exclusion will be considered on a case by case basis and may be required to supply additional information.
- Have never had their clinical privileges, or status as a participating provider denied, revoked, suspended or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct, and have never resigned appointment or relinquished privileges during an investigation or in exchange for not conducting such an investigation. Issues, including, but not limited to, suspension or revocation due to substandard practice, billing fraud or abuse, will be reviewed by the Credentials Committee.
- Have never been convicted of, or entered a plea of guilty or no contest, to any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, or violence.
- The practitioner agrees to abide by all policies and procedures of CCQP as consistent with moral, ethical and professional standards of behavior. The practitioner agrees to adhere to generally recognized standards of medical and professional ethics.
 - Work history since last Credentialing event.
 - Other criteria as defined by CCQP

Re-Credentialing Process.

- Participating Providers will be sent a re-credentialing application. The completed application shall be returned within thirty (30) days of receipt. Failure to return the completed application shall result in automatic termination of the provider at the expiration of the current term.

- Once an applicant has delivered a completed renewal application to CCQP, the information shall be verified and investigated. The applicant shall be notified of any lack of success in such collection or verification efforts. When collection and verification is accomplished, the application is deemed complete and transmitted to the Credentials Committee and then to the Board of Managers for approval.

V. Hearing and Appeals Process

- A provider shall only have the right to appeal an adverse recommendation of the Credentialing Committee (i.e., denial, restriction, suspension or termination of network participation) that is based on professional competence or conduct that adversely affects or could adversely affect the health and welfare of a patient. A provider shall not have the right of appeal for a recommendation for denial, restriction, suspension or termination of network panel participation if based upon a failure to meet a credentialing criterion or if based upon administrative requirements.
- Providers denied network participation are not eligible to reapply for at least one year from the date of the denial unless they have satisfied the reason for the prior denial.
- All notifications relating to the appeal process will be sent by overnight mail with tracking or certified mail, return receipt requested.
- The time frames for notices are for guidance only and may be modified with agreement of the parties.

Level One Appeal: Reconsideration

- Within ten (10) days of an adverse credentialing recommendation, the provider will be notified in writing. The Notice will state that he/she is entitled to appeal, that the request for appeal must be submitted within ten (10) business days, include the reasons for the action and attach a copy of this Appeals Process.
- If the provider does not submit a timely request for appeal, the adverse recommendation shall be forwarded to the CCQP Board of Managers for final action.
- The provider may submit a request for reconsideration, which must be received within thirty (30) calendar days of the date of the Notice. The request must be in writing and contain an explanation of the basis for the provider's disagreement with the decision or decision-making process. The request shall include a statement and/or supporting documentation for the Credentialing Committee to review as part of the reconsideration. These materials may not exceed 15 pages in length.
- Within ten (10) business days of the Committee's receipt of the request for appeal, the provider will receive written notice of the date of the Credentialing Committee's

meeting to reconsider the recommendation. The Credentialing Committee will meet within sixty (60) days of the request for appeal to reconsider its recommendation.

- Upon request, the provider shall be permitted to appear at the Credentialing Committee meeting and make a brief statement requesting reconsideration of the recommendation.
- The Credentialing Committee shall provide its recommendation to the CCQP Board of Managers at its next meeting. If the CCQP Board of Managers agrees with the adverse recommendation or recommends a different adverse action subject to appeal, the provider will be notified of the adverse recommendation within 10 business days. The provider will be informed of the basis of the recommendation and that he/she is entitled to request a Level Two Appeal. The notification letter will include a copy of the Level Two Appeal process.
- Within thirty (30) calendar days of the date of the notification letter regarding an adverse decision of the CCQP Board of Managers, the provider may request a Level Two Appeal fair hearing. Alternatively, if the provider has new information to support his/her application, the provider may request a second reconsideration from the Credentialing Committee. A provider, however, is only entitled to one Level Two Appeal.

Level Two Appeal: Fair Hearing

- The provider shall have the right to legal representation. Any costs related to such representation of the provider shall be borne by the provider.
- The provider must state in his/her request for a Level Two Appeal whether he/she will be represented by counsel. If the provider is represented by legal counsel, the Credentialing Committee may also be represented by legal counsel. Otherwise, one member of the Credentialing Committee shall present information and materials supporting the recommendation.
- The hearing panel will be appointed by the Chair of the CCQP Board of Managers. The panel will consist of three actively practicing health care providers within CCQP, with at least one being in the same practice category (e.g., physician, nurse practitioner, physician assistant) as the provider. One of the members will be appointed as chair.
- The provider shall be notified within ten (10) business days of the date of the hearing (which shall be held as soon as practicable but within sixty (60) calendar days of the request for a fair hearing) and the membership of the hearing committee.
- If the hearing date is not acceptable to the provider, a one-time written request to reschedule the hearing may be submitted to the CCQP Board of Managers.

- If the provider has a legitimate objection to any member of the hearing panel, he/she may request replacement of the member by submitting the basis of the objection in writing to the CCQP Board within ten (10) business days of receipt of the Notice. The chair of the CCQP Board of Managers will have discretion over whether to replace the panel member.
- The documents for the appeal shall consist of all documents presented at the reconsideration meeting.
- At the hearing, the Credentialing Committee representative shall present a summary of the basis for the adverse recommendation pertaining to the provider. The provider (or his/her representative) will then have an opportunity to present his/her arguments. The Credentialing Committee representative will then have an opportunity to respond. Each side will have one additional opportunity for rebuttal.
- The chair of the hearing panel shall have the authority to make procedural decisions at the hearing and the responsibility to maintain order and fairness in the presentation of information.
- The provider and the Credentialing Committee representative will each have the right to submit a written statement at the close of the hearing.
- A court stenographer will make a record of the proceeding. A copy will be provided to the provider upon payment of half of the cost.
- The hearing panel will make its recommendation within ten (10) business days after close of the hearing. The provider and the chair of the Credentialing Committee and CCQP Board of Managers will receive a copy of the hearing panel's report within ten (10) business days. The CCQP Board of Managers will finalize its decision at its next meeting.
- The provider will be notified in writing of the decision of the CCQP Board of Managers within ten (10) business days of the decision.
- The decision of the CCQP Board of Managers will be final and binding for all involved parties.

VI Confidentiality of Credentialing Files

Credentialing files are maintained in a secure electronic system. The Board, the Credentialing Committee and CCQP staff will have access to this information as needed. Physicians and other credentialed providers who request a review of their credentialing file must submit the request in writing. Physicians have the right to review information submitted in support of their application with the exception of information that is peer review protected such as NPDB report, malpractice case information, and

patient/member complaints. The file must be viewed in person at the CCQP offices. No copies of documents may be made.

Appendix A

DEFINITIONS

The following terms shall have the meanings ascribed for purposes of this Credentials Program:

- 1) "Agreement." The Operating Agreement of Christiana Care Quality Partners, LLC (CCQP), as amended, modified, supplemented or restated from time to time.
- 2) "Board of Managers" or "Board" means The Board of Managers of CCQP
- 3) "Care Management" or "Care Management Review Program" means the program of a Payor or of CCQP for reviewing and making determinations regarding whether a service provided or to be provided to an Enrolled Patient is medically appropriate and provided or to be provided at the most appropriate level of care in a timely and cost effective manner.
- 4) "Clinical Privileges" means the rights granted to a practitioner by a designated participating hospital to provide patient care services in accordance with participating hospital bylaws.
- 5) "Covered Services" means healthcare services provided to an Enrolled Patient, the payment or indemnification for which is covered under a Plan.
- 6) "Credentials" means the process used to assess and validate credentials (i.e. licensure, certification, education, and experience), which results in a determination of participation status.
- 7) "Credentials Committee" means the Credentials Committee established in accordance with the operating practices of CCQP
- 8) "Credentials Program" means this program for the Credentialing of physicians and other healthcare professionals, which has been adopted by CCQP in connection with the establishment of its clinically integrated network.
- 9) "Credentials Standards" means the guidelines and requirements established by CCQP to identify and approve health care professionals and health care institutions for participation as Participating Providers of CCQP.
- 10) "DEA" means Drug Enforcement Administration: a federal agency that issues certificates allowing practitioners to prescribe and dispense schedule drugs.
- 11) "Delegated Entity" is a hospital, group practice, credentials verification organization (CVO), or other entity to which Credentialing Entity has delegated specific credentialing and recredentialing responsibilities under a Credentialing Delegation Agreement.
- 12) "ECFMG" means Educational Commission for Foreign Medical Graduates; an agency that provides confirmation of education for international medical graduates licensed after 1986.
- 13) "Enrolled Patient" means any eligible individual or family dependent who is covered under a contract offered by Payor and entitled to receive Covered Services pursuant to that contract.

- 14) "Full Participation" means the status granted to a practitioner, organizational provider, group or entity that has been approved by the Credentials Committee and has executed a contract to provide services to Plan members.
- 15) "Governing Body" means the Board of Managers of Christiana Care Health System.
- 16) "Malpractice Claim", "Settlement" or "Judgment" means any legal action related to medical care, regardless of current status, outcome; filing of a lawsuit whether dismissed, settled out of court, or decided by trial.
- 17) "Medical Director" means the physician designated by the CCQP Board of Managers as clinical director of CCQP.
- 18) "Member" means enrolled individuals who are eligible through a contract to seek and obtain medical services from participating practitioners and organizational providers.
- 19) "NCQA" means The National Committee for Quality Assurance.
- 20) "NPDB": National Practitioner Data Bank
- 21) "CCQP" means the network of Participating Providers established by CCQP.
- 22) "Participating Hospital" means any duly licensed acute care hospital or other institutional health care provider, which has entered into a Participation Agreement with CCQP to provide Covered Services to Enrolled Patients.
- 23) "Participating Organizational Provider" means an organization, facility or entity which provides medical care that has entered into a Participation Agreement with CCQP to provide Covered Services to Enrolled Patients.
- 24) "Participating Physician" means any physician or other health care practitioner who is duly licensed to practice medicine, osteopathy, or podiatry who meets the applicable Credentials Criteria, and who has entered into a Participation Agreement with CCQP to provide Covered Services to Enrolled Patients.
- 25) "Participating Provider" means a Participating Hospital, Participating Physician, Participating Organizational Provider or other licensed independent practitioners.
- 26) "Payor" means an insurance company, managed care organization, health benefits plan, employer, union, government agency, association, trust, or an entity representing any of such organizations.
- 27) "Physician Assistant" or "PA" means an individual who:
 - Has graduated from a physician assistant or surgeon assistant program which is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or,
 - prior to 2001, by the Committee on Allied Health Education and Accreditation (CAHEA) of the American Medical Association (AMA), or a successor agency acceptable to and approved by the Board, or

- has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants prior to 1986;
 - Has a baccalaureate degree or the equivalent education to a baccalaureate degree, as determined by the Delaware Board of Medical Licensure and Discipline;
 - Has passed a national certifying examination acceptable to the Regulatory Council for Physician Assistants and approved by the Board;
- 28) “Contract” means an agreement between CCQP and a Participating Provider under which CCQP will arrange for the provision of Covered Services by Participating Providers to Enrolled Patients.
- 29) “Practitioner” means an individual licensed to provide specific medical services; all physicians and designated practitioners are credentialed in accordance with the Credentials Program.
- 30) “Primary Care Physician” means a general or family practitioner, internist or pediatrician who provides basic healthcare and medical services.
- 31) “Provider” see participating organizational provider and practitioner above.
- 32) “Quality Assurance Program” means any quality assurance program developed, established and administered by Network, by a Plan, or by an agent of either engaged to provide a quality assurance and risk management program for the Network.
- 33) “Service Area” means a geographic area defined by a Plan.
- 34) “Specialty Care Physician” means all physicians in specialties other than designated as primary care.
- 35) “Christiana Care Health Services” or “CCHS”, means the owner of CCQP, which is a health system operating in Newark, Delaware.

4-29-2014, 9-12-2014, 1-16-2015, 2-19-2015