

Subject: Commercial payor credentialing	Page 1 of 30	Policy # NMHC CAT XX.XXXX
Policy Title: NMPN Credentialing Policy and Procedure	Revision of: 1 of 1	Version: 1.0
		Effective Date: September 18, 2018
		Removal Date:

SCOPE: Applies to entities indicated below as well as their subsidiaries and affiliates

<input type="checkbox"/> NM – Northwestern Memorial Hospital	<input type="checkbox"/> NM – Lake Forest Hospital
<input type="checkbox"/> NM – Northwestern Medical Group	<input type="checkbox"/> NM – Central DuPage Hospital
<input type="checkbox"/> NM – Regional Medical Group	<input type="checkbox"/> NM – Delnor Hospital
<input type="checkbox"/> NM – Kishwaukee Hospital	<input type="checkbox"/> NM – Valley West Hospital
<input type="checkbox"/> NM – Marianjoy Rehabilitation	<input type="checkbox"/> NM – Kishwaukee Physician Group
<input type="checkbox"/> NM – Marianjoy Medical Group	<input type="checkbox"/> NM – Home Health & Hospice
<input checked="" type="checkbox"/> NM – Northwestern Medicine Physician Network	
<input type="checkbox"/> NM – Other **See “Persons Affected Section below**	

I. PURPOSE:

Northwestern Medicine Physician Network (NMPN) is dedicated to arranging for, promoting, facilitating, and otherwise encouraging the cost-effective delivery of health care services provided to its patients. A key component of NMPN’s activities is the formal process of credentialing and re-credentialing providers who participate in NMPN (Participating Providers).

II. POLICY STATEMENT:

The NMPN Credentialing Policy (Policy) assists in the orderly conduct of NMPN's affairs and the achievement of NMPN’s business goals¹. The Committee and the NMPN Board of Directors (Board) have duly approved this Policy, and reserve the right to amend any Sections or Exhibits, or to add new Sections or Exhibits, at any time.

The Board has delegated credentialing and re-credentialing responsibilities to the Committee and NMPN Medical Director, including the responsibility for ensuring a uniform and fair process for the credentialing and re-credentialing of applicants (Applicants) who wish to become NMPN Participating Providers. The Committee has final authority on all credentialing decisions, including but not limited to approval, suspension, or termination, for any Applicant or Participating Provider who is credentialed by NMPN. In conjunction with the appropriate payer or health plan and subject to final approval by the applicable payer or health plan, the Board has also delegated to the Committee the authority for credentialing any Participating Providers.

The NMPN Credentialing Committee Chair (“Chair”) will provide general oversight of the credentialing process and serve as the liaison between the Committee and other NMPN committees. The Chair will report on credentialing processes to the Board on a regular basis, or as requested.

To the extent relevant, this Policy expands upon and clarifies the provisions set forth in the NMPN Membership Participation Agreement (MPA). The NMPN credentialing process will comply with requirements of the Illinois Department of Public Health and the Health Care Professional Credentials Data Collection Act (410 ILCS 517), as well as appropriate National Commission on Quality Assurance (NCQA) requirements. NM has received a waiver from the State of Illinois which allows coordinated re-credentialing activity with hospital partners on a two (2) year coordinated cycle.

III. **PERSONS AFFECTED:**

Types of Participating Providers subject to this Policy:

See **Exhibit "H": Types of NMPN Participating Providers**

IV. **RESPONSIBILITIES:**

CREDENTIALING PROCESS

A. Minimum Qualifications for Physicians, Podiatrists, Oral/Maxillofacial Surgeons or Chiropractors

1. Applicants who are physicians, podiatrists, oral/maxillofacial surgeons, or chiropractors must, at a minimum:
 - a. Remain, at all times, a member in good standing of the medical staff, if applicable of a NM hospital, if appropriate.
 - b. Maintain a current, valid State of Illinois license to practice the applicable profession.
 - c. Maintain a current, valid State of Illinois controlled substance license, if applicable.
2. Maintain a current, valid Federal Drug Enforcement Agency (DEA) certificate (if appropriate for Applicant's practice) issued to an Illinois address.
3. Have completed appropriate education from an accredited school and training for practice of the particular profession and, if applicable, specialty, for which he or she is expressly seeking participation in NMPN.
4. Have completed a residency deemed acceptable for specialty board certification and be Board Certified or Board eligible in accordance with the Medical Staff Bylaws, as applicable, of the applicable NMPN participating facility, or be subject to an exception under the Medical Staff Bylaws of such facility. Physicians who are neither Board Certified nor Board eligible, who provide care to patients through a Practice that has a MPA or CSA with NMPN, may be presented to the Board for a discretionary decision to be credentialed by NMPN.
5. Demonstrate an absence of history of sanctions within the last 5 years with the Office of Inspector General (OIG), the Government Services Administration (GSA) System of Awards Management (SAM) (formerly the Excluded Parties List System), any State, Medicare, Medicaid, or any commercial payer with whom NMPN has contracts.
6. Maintain professional liability coverage or attestation to current coverage of at least \$1 million per occurrence/\$3 million aggregate.
7. Demonstrate reasonable professional liability claims history, as determined by the Committee.
8. Be eligible for and not have opted out of Medicare and Medicaid participation for those Medicare and Medicaid contracts that NMPN may enter into, and for which the provider wishes to contract with. Physicians who have opted out shall not be eligible for participation in the respective Medicare or Medicaid contracts.
9. Successfully pass the criminal background check.
10. Demonstrate an absence of debarment from any state or federal government program including the Office of Foreign Assets Control (OFAC). Provider will not be allowed to participate in NMPN or any NMPN contracts if sanctioned/debarred. Discovery of such will be reported to the appropriate parties monthly.
11. Provide copy certificate of insurance.
12. Fulfill all necessary Primary Source Verification (PSV) requirements within 180 days or less from the date of signature on the credentialing application.

B. Minimum Qualifications for Applicants who are Behavioral Health APPs, APPs, Allied Health Providers, or other providers not outlined in Section IV. A.1 above

1. Provide care to patients through a Practice that has a MPA OR CSA with NMPN.
2. For Nurse Practitioners, maintains an active collaborative agreement with a supervising physician unless they are working in exempt settings.
3. For Physician Assistants maintains active employment and assumption of supervisory control by a Physician.
4. Maintain a current, valid State of Illinois license to practice the discipline for which he or she is expressly seeking NMPN affiliation and for which NMPN has a need.
5. Maintain a current, valid State of Illinois controlled substance license, if applicable.
6. Maintain a current, valid Federal DEA certificate (if appropriate for Applicant's practice) issued to an Illinois address.
7. Have completed appropriate education from an accredited school and training for practice of the particular profession and, if applicable, specialty for which he or she is expressly seeking participation in NMPN.
8. Demonstrate an absence of history of sanctions within the last 5 years with the OIG, SAM, any State, Medicare, Medicaid, or any commercial payer with whom NMPN has contracts.
9. Maintain professional liability coverage or attestation to current coverage of at least \$1 million per occurrence/\$3 million aggregate.
10. Demonstrate reasonable professional liability claims history, as determined by the Committee.
11. Be eligible for and not have opted out of Medicare and Medicaid participation for those Medicare and Medicaid contracts that NMPN may enter into, and for which the provider wishes to contract with. Providers who have opted out shall not be eligible for participation in the respective Medicare or Medicaid contracts.
12. Successfully pass the criminal background check.
13. Demonstrate an absence of debarment from any state or federal governmental program including the Office of Foreign Assets Control (OFAC). Provider will not be allowed to participate in NMPN or any NMPN contracts if sanctioned/debarred. Discovery of such will be reported to the appropriate parties monthly.
14. Provide copy certificate of insurance.
15. Fulfill all necessary Primary Source Verification (PSV) requirements within 180 days or less from the date of signature on the credentialing application.

C. Documentation Requirements

Each Applicant has the burden of accurately producing all necessary information for a proper evaluation of his or her training, experience, current clinical competence, ethics, physical and mental health status, and other qualifications necessary for participation in NMPN, and for resolving any issues and concerns about such qualifications. A failure⁶ to produce, or cause to be produced, any information requested, either on the application form or during the credentialing process, may prevent the application from being evaluated and acted upon, or may result in rejection of Applicant as a participant in NMPN.

Any misstatement in, or omission from, the application is grounds to stop processing the application. The applicant will be informed in writing of the nature of the misstatement or omission and permitted to provide a written response. The Chair of the Committee will review the response and determine whether the application should be processed further. If approval has been granted prior to the discovery of a misstatement or omission, participation and membership may be deemed to be automatically relinquished. No action taken pursuant to this section will entitle the applicant to a hearing or appeal.

In order to be considered for Participating Provider status, Applicants must submit the following:

1. Completed State of Illinois Professional Credentialing and Business Data Gathering Form, as may be modified by NMPN from time to time. This form includes, but is not limited to⁷:
 - a. Applicant's statement of physical and mental health status and reasons for any inability, if applicable, to perform the essential functions of the Applicant's specialty, with or without accommodation;
 - b. Applicant's statement conveying any history of loss of license or any restrictions on a professional license;
 - c. Applicant's statement conveying any history of felony convictions;
 - d. Applicant's statement conveying history of loss or limitation of privileges or disciplinary activity against Applicant by a facility; and
 - e. Applicant's statement of any chemical dependency/substance abuse history.
2. Evidence of current State of Illinois professional license.
3. Evidence of State of Illinois controlled substances license (as appropriate).
4. Evidence of current Federal DEA certificate (as appropriate for Applicant's practice) issued to an Illinois address.
5. Evidence of board certification or affirmation of board certification or board eligibility in identified specialty as applicable.
6. Work history for a minimum of at least 5 years if applicable and a written explanation of any gaps in work history greater than 30 days⁸.
7. Copy of current professional liability certificate of coverage of at least 1 million/3 million.
8. Professional liability claims history for the past 10 years.
9. Copy of each current Collaborative Agreement or Supervisory Agreement, as applicable⁹.
10. Any other documentation as required by NMPN or health care plans by virtue of contract or for their credentialing purposes.

D. Applicant's Right to Review Information and Correct Erroneous Data

Every Applicant for credentialing or re-credentialing has a right to review information submitted in support of his or her NMPN Participating Provider application, subject to the exceptions discussed below. The Applicant may contact NMPN during regular office hours to check the status of the credentials review process¹¹. NMPN will respond to all status inquiries or requests to review information via telephone or email.

Items that may be released to the Applicant upon request to review include information obtained from any outside source (e.g., malpractice insurance carriers, State licensing boards, National Practitioner Data Bank (NPDB)) but do not include, references, recommendations or other peer-review protected information. NMPN will notify the Applicant via telephone or email of any information obtained during the credentialing process that is substantially inconsistent¹² with the information the Applicant provided to NMPN. The Applicant will have the right to correct¹³ erroneous information in a written statement submitted to the NMPN Credentialing Office, which will document the receipt of the Applicant's proposed corrections¹⁴ in the credentialing file. The Applicant's proposed corrections will be considered without prejudice to NMPN's prerogative to deny the application or terminate the Applicant's Participating Provider status based on the initial submission of incomplete, false or misleading information. All corrections must be submitted to NMPN by the Applicant within 30 days of NMPN's notification to the Applicant of the inconsistencies.

E. Verification of Credentialing Information

All verification of the following criteria will be conducted within 180 days¹⁵ of both submission and approval of the credentialing application and the date of the Applicant's attestation, in accordance with the current NCQA standards, utilizing primary or NCQA-approved sources¹⁶. To support this effort, the Credentialing support staff will utilize the Appendix "A" NMPN Initial/Re-Appointment Checklist.

1. Current State professional licenses will be verified through written or online verification with the applicable State board.
2. Current DEA certification (as appropriate for Applicant's practice) will be verified either with the DEA or a DEA-authorized entity.
3. Clinical privileges in good standing at the NM facility designated by the Applicant as his/her primary admitting facility will be verified, and the date of appointment, scope of privileges, restrictions and recommendations, if applicable, will be documented.
4. Education and training will be verified via the American Medical Association Masterfile, American Osteopathic Association Masterfile, or a direct letter from the school of graduation or delegate (e.g., Degree Verify). In the event that the Applicant is board certified, confirmation of board certification via primary source shall also meet the education and training requirement.
5. Verification of claims history will be obtained from the current and/or previous insurance carriers or from the NPDB, as necessary. At a minimum, 10 years of malpractice history will be verified, as applicable.
6. Work history gaps in excess of 30 days should have an explanation provided.
7. For licensure sanctions, a query will be made to the applicable State Board and/or NPDB for a 5-year history of sanctions or limitations on licensure.
8. For Medicare/Medicaid sanctions, requests will be made to the OIG, Department of Health and Human Services, Medicare and Medicaid Sanctions and Reinstatement Report, State Medicare/Medicaid intermediary, or NPDB, as necessary. A review of the Medicare Opt-Out listing for participating providers will be performed.
9. Any other documentation or verification as required by NMPN or health care plans by virtue of contract or for their credentialing purposes.

F. Site Visit

A site visit to the Applicant's office will be conducted per the Office Site Survey and Risk Assessment Policy for each primary care physician, obstetrician/gynecologist, and other identified specialists (as defined by NMPN and/or the applicable health plan). The site visit will be coordinated either by NMPN or the applicable health plan prior to consideration of the Applicant's credentials. The site visit may evaluate accessibility, availability, overall quality of care, adequacy of medical record-keeping practices (including review of at least one record), physical appearance, availability of appointments, and adequacy of waiting and exam room space in accordance with NCQA and other regulatory agency requirements.

G. Membership Participation Agreement

Each Applicant must be listed in accordance with **Exhibit "H" Type of NMPN Participating Providers** on the practices signed NMPN Membership Participation Agreement (NMPN MPA) or NMPN Contracted Services Agreement (CSA), and comply with all other contractual requirements as specified by NMPN in order to participate with NMPN. Completion of the NMPN credentialing process shall be a condition precedent to any Applicant's ability to participate in NMPN.

APPLICANT REVIEW OF POLICIES AND PROCEDURES

This Policy will be made available upon request to all NMPN Participating Providers through either electronic or hard copies. All Applicants and current Participating Providers will have access to this Policy and, via such, will have notification of their rights.

MEDICAL DIRECTOR ACTION

The Medical Director of NMPN may review and evaluate the qualifications, competence, performance and application and reappointment documents (including, but not limited to, the verifications, professional liability claims history, standings with the Department of Professional Regulation, previous sanction activity by Medicare/Medicaid and National Practitioner Data Bank information) of a completed clean application for both initial and re-credentialing. All applications that do not meet the criteria for a clean application shall be reviewed and acted upon by the Committee.

A clean application shall meet all criteria established in this Policy including meeting the definition of a clean file as defined in attachment **Exhibit "B"** NMPN Credentialing Clean File Procedure, attached hereto. The Applicant shall be notified within sixty (60) days of the Medical Director's decision.

1. In the event that the Medical Director reviews the application and does not approve the Applicant for membership, the application shall be referred to the Committee for review and action at the next scheduled meeting of the Committee.
2. An Applicant reviewed and approved by the Medical Director shall have an initial credentialing date consistent with the Medical Director's approval date. The Medical Director's approval shall be reported to the Committee at the next scheduled meeting for review and ratification.

COMMITTEE ACTION: INITIAL CREDENTIALING

Other than those applications identified in the above section Medical Director Action above, all credentialing applications will be acted on by the Committee unless an Applicant voluntarily withdraws the application from consideration. Each Applicant will be evaluated individually and presented to the Committee for final approval. The Committee will either approve or disapprove the Applicant for credentialing, or request such additional information for further review of the Applicant.

Clean File

For those Applicants recommended for credentialing and whose files are considered "Clean Files," as outlined in **Exhibit "B"** NMPN Credentialing Clean File Procedure, the credentialing information will be provided to the Committee for final NMPN credentialing ratification.

Outlier File

In the event concerns with any credentialing application are identified during the credentialing process **Exhibit "C"** NMPN Credentialing Thresholds Outlier Procedure, details will be reviewed by the NMPN Medical Director, NMPN Physician Adviser(s) and Committee Chair as appropriate, prior to being considered by the full Committee. If additional information for or about the Applicant is necessary, the credentialing recommendation may be deferred. Deferred Applicants may subsequently be presented to the Committee pending the receipt and review by the NMPN Physician Adviser(s) of the additional information from the Applicant and/or other sources.

Notification of credentialing decisions will be communicated to the Applicant within sixty (60) days of the Committee's decision. If a credentialing application is denied, a letter of denial will be sent to the Applicant by certified mail, return receipt requested. An initial Applicant whose credentialing application is denied shall not have hearing rights, unless the denial of the credentialing application is an event that is reportable to the National Practitioner's Data Bank (NPDB), in which case, the Applicant will have a hearing rights that are substantially consistent with the process forth in **Exhibit "D"** NMPN Fair Hearing Procedure⁴⁶, as amended from time to time within the sole discretion of the Board.

NMPN will comply with Illinois State regulations requiring health care entities to complete the process of credentialing within 60 days after the submission of all credentialing data and completion of verification of

the credentialing data. 77 IAC 965.140. Northwestern Medicine Physician Network does not sub-delegate credentialing functions to any non-NM entity.

COMMITTEE ACTION: RE-CREDENTIALING

- A. **Re-credentialing Cycle**²⁵. The NMPN re-credentialing cycle will occur on a biennial basis (every two years), parallel with the NMPN provider's NMHC Medical Staff reappointment cycle. With the exception of a one year appointment decided upon by the Committee or to align the provider with the Medical Staff reappointment cycle. NMPN has received a waiver from the State of Illinois which allows coordinated re-credentialing activity with hospital partners on a two (2) year coordinated cycle.
- B. **Documentation Requirements.** Each NMPN participating provider has the burden of accurately producing all information and documentation necessary for re-credentialing. A failure to produce, or cause to be produced, any information requested on the re-credentialing application form, or otherwise during the re-credentialing process, may prevent the application from being evaluated and acted upon, or may result in termination of the provider's participation in NMPN²⁶. (See Section I.D). In order to be considered for re-credentialing, a NMPN Participating Provider re-credentialing Applicant must submit the following:
1. Completed State of Illinois Professional Credentialing and Business Data Gathering Form. This form includes, but is not limited to:
 - a. Applicant's statement of physical and mental health status and reasons for any inability, if applicable, to perform the essential functions of the Applicant's specialty, with or without accommodation;
 - b. Applicant's statement conveying any history of loss of license or any restrictions on a professional license;
 - c. Applicant's statement conveying any history of felony convictions;
 - d. Applicant's statement conveying history of loss or limitation of privileges or disciplinary activity against Applicant by a facility; and
 - e. Applicant's statement of chemical dependency/substance abuse history;
 - f. Proof of current State of Illinois professional license;
 - g. Proof of State of Illinois controlled substances license (as appropriate);
 - h. Proof of current Federal DEA certificate (as appropriate for Applicant's practice) issued to an Illinois address;
 - i. Proof of board certification or affirmation of board certification or board eligibility in identified specialty (mandatory for Physician Applicants, but may not apply to Non-Physician Applicants or Physician Applicants who are neither Board Certified nor Board eligible, who provide care to patients through a Practice that has a Membership Participation Agreement with NMPN, and have been approved for credentialing by the Board);
 - j. Copy of current professional liability certificate of coverage with a minimum of one million/three million dollars;
 - k. Professional liability claims history for the past 5 years;
 - l. Copy of [provider's] each current Collaborative Agreement or Supervisory Agreement, if

applicable; and

m. Any other documentation as required by health care plans by virtue of contract or for credentialing or re-credentialing purposes.

C. **Verification of Re-credentialing.** Verification of the following criteria will be conducted within 180 calendar days of both submission of the re-credentialing application and the date of the Applicant's attestation, in accordance with current NCQA standards, utilizing primary or NCQA-approved sources:

1. Current Illinois professional licenses will be verified through written or online verification with the applicable state board²⁷.
2. Current DEA certification (as appropriate for Applicant's practice) will be verified either with the DEA or a DEA-authorized entity²⁸.
3. A query will be made to the applicable State Board or NPDB for a history since the last credentialing cycle of sanctions or limitations on licensure²⁹.
4. Physician Applicant must be a member in good standing of the medical staff of a NM Hospital, as appropriate³⁰.
5. Board Certifications shall be confirmed as required by the Medical Staff Bylaws of the applicable NMPN participating facility. The appropriate board will be used for primary source verification of board certification for the Applicant at the time of renewal, and at the time of the re-credentialing cycle³¹.
6. Status of current NMPN MPA or CSA covering the Applicant will be confirmed by NMPN.
7. Verification of claims history will be obtained from the current and/or previous insurance carriers or from the NPDB, as necessary. At a minimum, the malpractice history since the last credentialing cycle will be verified³².
8. For Medicare/Medicaid sanctions, requests will be made to the OIG, Department of Health and Human Services, Medicare and Medicaid Sanctions and Reinstatement Report, State Medicare/Medicaid intermediary, or NPDB, as necessary³³.
9. A review of the Medicare Opt-Out listing for Applicant will be performed.³⁴

D. **Minimum Qualifications and Standards for Re-credentialing Approval.** At a minimum, approval of re-credentialing applications will be based on factors including but not limited to:

1. A current, valid license to practice in the State of Illinois in the medical discipline in which the Applicant is participating in NMPN;
2. A current, valid State of Illinois controlled substance license, as appropriate;
3. Current privileges in good standing at a NMHC hospital and/or other partner hospitals, if applicable³⁵;
4. A current, valid Federal DEA certificate (if applicable) issued to an Illinois address;
5. Board certification, as applicable;
6. Review of sanctions within the last 5 years with the OIG, GSA SAM, any State, Medicare, Medicaid, or any commercial payer with whom NMPN has contracts³⁶; Professional liability certificate of coverage or attestation to current coverage with a minimum of 1 million/3 million;
7. Reasonable professional liability claims history, as determined by the Committee; and

8. Eligibility for Medicare and Medicaid participation for those Medicare and Medicaid contracts entered into by NMPN.

E. **Quality Information**³⁷. In considering re-credentialing applications, the Committee shall take into account reports from the NMPN Quality Committee and NMPN's Utilization Management Committee, as well as other pertinent NMPN and NMHC committees regarding the Participating Provider's outcomes³⁸, patient complaints³⁹ as well as other factors.

COMMITTEE ACTION: RE-CREDENTIALING

All re-credentialing applications will be acted on by the Committee unless the Participating Provider voluntarily withdraws the application from consideration. Each Participating provider will be evaluated individually and presented to the Committee for credentialing ratification. The Committee will either approve or disapprove the Participating Provider's application for re-credentialing, or request such additional information for further review of the Participating provider.

Clean File

For those Participating Providers recommended for re-credentialing and whose files are considered "Clean Files," as outlined in Exhibit "B" NMPN Credentialing Clean File Procedure, the credentialing information will be provided to the Committee for NMPN credentialing ratification.

Outlier File

In the event concerns with any application are identified during the re-credentialing process per **Exhibit "C" NMPN Credentialing Thresholds Outlier Procedure**, details will be reviewed by the NMPN Medical Director NMPN Physician Adviser(s) and Committee Chair as appropriate, prior to being considered by the full Committee. If additional information for or about the applicant is necessary, the re-credentialing recommendation may be deferred. Deferred applications may subsequently be presented to the Committee pending the receipt and review by the Physician Adviser(s) of the additional information from the member and/or other sources.

Notification of re-credentialing decisions will be communicated to the Participating Provider within sixty (60) days of the Committee's decision. If an application is denied, a letter of denial will be sent to the Participating Provider by certified mail, return receipt requested. A Participating Provider whose application for re-credentialing is denied may have recourse to a review process that is substantially consistent with the process forth in **Exhibit "D" NMPN FAIR HEARING PROCEDURE**⁴⁶, as amended from time to time within the sole discretion of the Board.

NMPN will comply with Illinois State regulations requiring health care entities to complete the process of credentialing within 60 days after the submission of all credentialing data and completion of verification of the credentialing data. 77 IAC 965.140. Northwestern Medicine Physician Network does not sub-delegate credentialing functions to any non-NM entity.

ONGOING MONITORING

NMPN continuously secures and verifies the following at the time of expiration, regardless of the credentialing cycle:

1. State of Illinois license(s);
2. Federal DEA certificate (if applicable);
3. Board certification status;
4. Malpractice insurance coverage; and
5. Medicare opt-out status will be monitored quarterly using the resource of National Government Services website (www.ngsmedicare.com)

NMPN shall perform ongoing monitoring of all Participating Providers between credentialing cycles. This ongoing monitoring shall include, but is not limited to:

1. Medicare/Medicaid Sanctions and Reinstatements and State licensure sanctions will be monitored via the NPDB Continuous Query function;
2. Malpractice judgments and settlements will be monitored via the NPDB Continuous Query function;
3. Complaints directed to NMPN and received from patients and Practices or other NMPN and NMHC Committees will be reviewed when received and, as necessary, directed to the appropriate committee for investigation. See also [NMPN Peer Review Policy and Procedure](#).
4. At least every six months the history of complaints for each participating provider will be evaluated.⁵⁰
5. Any sanctions, disciplinary actions or adverse events found with the OFAC and other sources will be reviewed when received and, as necessary, directed to the appropriate committee for investigation. See also [NMPN Peer Review Policy and Procedure](#).

In addition to components listed above, the following queries shall be performed within 30 days of release of information by the appropriate entity for sanction activity: license, DEA, OIG/GSA, Medicare, Medicaid, and state license sanctions.

CONFIDENTIALITY

The records and proceedings⁴² of the Committee, including information regarding any Applicant or Participating Provider, will be subject to NMPN's policies and procedures as outlined in **Exhibit "E" NMPN Confidentiality and Non-Discriminatory Decision Making Process and Procedure** and **Exhibit "F" NMPN Credentialing Files and Technology Procedure**.

PROCESS IMPROVEMENT

This Policy⁴³ will be reviewed at least annually by the Committee with recommendations for revision, if any, presented to the Board for consideration.

CREDENTIALING COMMITTEE MEMBERSHIP

The credentialing committee will be comprised of physicians of varying specialties that generally represent the physician makeup of NMPN. In the event, a question arises for a specific specialty not represented, the committee will engage appropriate specialists on an as needed basis.

NON-DISCRIMINATION

The Committee and support staff will not make credentialing and re-credentialing decisions based on an Applicant's race, ethnicity, national origin, gender, gender identity, age, religion, disability or sexual orientation, gender/transgender related treatment or solely on the type of procedure or patient population in which the Applicant specializes.

NMPN monitors and prevents discriminatory decisions through:

- Semi-annual audits of Members are not discriminated against;
- Audits of participating provider complaints and investigation of allegations of discrimination; and
- All Committee members and support staff being subject to the NMPN Confidentiality and Nondiscriminatory Decision Making Process and Procedures as outlined in **Exhibits "E" and "F"**.

REPORTING TO AUTHORITIES

NMPN shall comply with the reporting requirements⁴⁴ of the NPDB and State medical boards, as applicable. NMPN will provide legally sufficient narrative descriptions in reports to the Health Plans, NPDB and State medical boards to meet contractual, statutory and regulatory reporting requirements. In the event NMPN files a report regarding

an Applicant or Participating Provider with the NPDB and/or a State medical board, NMPN will notify the Applicant or Participating Provider of the report and its contents. The NPDB and state medical boards shall be notified of Participating Provider termination from NMPN as a result of quality of care issues, as appropriate and required by NPDB and state medical boards. As applicable and in accordance with NPDB and state licensing agency guidelines, correspondence to Applicants and Participating Providers will be sent via US Mail, facsimile, or other acceptable electronic correspondence by the credentialing staff.

PROFILE PUBLICATION

Upon approval by the Committee or Medical Director, each Participating Provider's profile may be added to the NM website(s) as well as NMPN website directory and other internal rosters. The information contained in this profile will include data collected through the credentialing process. This data includes, but is not limited to:

- Name
- Practice
- Primary Practice Address
- Specialty
- Board Certification(s)

V. DEFINITIONS:

1. **“Applicant”** shall mean the description of a participating provider applying for NMPN credentialing.
2. **“Application”** shall mean a document required in accordance with NCQA for consideration of credentialing by the Credentialing Verification Office, Medical Staff Office, or NMHC Managed Care Credentialing.
3. **“Health Plans”** shall mean shall mean a Health Benefit Plan offered or administered by a Payer.
4. **“Participating Provider”** shall mean an employee or independent contractor of Practice, whose services are billed under Practice’s national provider identification (“NPI”) and/or tax identification number (“TIN”) and who is identified on the Participating Provider Addendum to this Agreement, subject to approval by NMPN in accordance with the NMPN Credentialing Policy.
5. **“Physician Adviser”** shall mean a physician, including the NMPN Medical Director who is charged with reviewing certain cred files in assessing the appropriateness of the applicant for credentialing.

VI. POLICY UPDATE SCHEDULE:

This Policy⁴³ will be reviewed at least annually by the Committee with recommendations for revision, if any, presented to the Board of Directors for consideration.

VII. RELEVANT REFERENCES

- A. Office Site Survey and Risk Assessment Policy
- B. NMPN Peer Review Policy and Procedure

VIII. APPENDICES:

- A. **EXHIBIT A: NMPN Initial/Re-Appointment Checklist**
- B. **EXHIBIT B: NMPN Credentialing Clean File Procedure**
- C. **EXHIBIT C: NMPN Credentialing Outliers Thresholds Procedure**
- D. **EXHIBIT D: NMPN FAIR HEARING PROCEDURE⁴⁶**

- E. **EXHIBIT E: NMPN CONFIDENTIALITY AND NONDISCRIMINATORY DECISION MAKING PROCEDURE**^{47, 49}
- F. **EXHIBIT F: NMPN CREDENTIALING FILES AND TECHNOLOGY PROCEDURE**
- G. **EXHIBIT G: NMPN Credentialing Committee Responsibilities**
- H. **EXHIBIT H: Types of NMPN Participating Providers**

EXHIBIT A: NMPN Initial/Re-Appointment Checklist

CREDENTIALING CLEAN FILE <input type="checkbox"/>		CREDENTIALING OUTLIER <input type="checkbox"/>			
Last Name		First Name			M.I. L.
Degree:	Specialty:	Verified/Reviewed		Expiration Date (if applicable)	
		By	Date		
Attestation/Complete All Questions – Explanations	Signature Date:	Signature Date (if applicable):			
State License <i>Verify for each state the provider is practicing in.</i>	Source:				
State Cont. Sub. License <i>If applicable</i>	Source:				
Federal DEA <i>Verify Illinois practice address.</i>	Source:				
Liability Insurance	Limits of Liability: Source:				
Education <i>N/A for Re-Appointment or if practitioner is Board Certified.</i>	Medical/Prof. School Dates: Source:				
	Residency Dates: Specialty: Source:				
	Fellowship Dates: Specialty: Source:				
Work History <i>N/A for Re-Appointment</i>	Source:				
Board Certification <i>Primary Source Verification must be completed for both initial and re-appointment files.</i> <i>For initial, if not Board Certified education must be verified.</i>	Primary Specialty: Source:				
	Secondary Specialty: Source:				
	Secondary Specialty: Source:				
Sanction Review/Log NPDB/OIG	NPDB Report Date:	OIG Report Date:			
CMS Medicare Opt Out SAM Search	CMS Opt Out Report Date:	SAM Search Report Date:			
Background Check/Drug Testing/Health Clearance	Background Check Report Date:	Drug Testing Report Date:			
Quality Issues/Complaints <i>N/A for Initial Credentialing</i>	Quality Issues reviewed: Yes No N/A	Complaints reviewed: Yes No N/A			
Hospital Privileges or Admitting Arrangements	Source: Northwestern Memorial Hospital				
QI Data <i>(Site Visit, Performance Monitoring and Complaints, if applicable)</i>	Pass Fail N/A Date of Visit (if applicable):				
Unless otherwise indicated all above elements were reviewed by (QR1):	Name:		Date:		
Unless otherwise indicated all above elements were reviewed by (QR2):	Name:		Date:		
NHC Credentialing Medical Director Approval (QR3)	Name:		Date:		

EXHIBIT B: NMPN Credentialing Clean File Procedure

I. PURPOSE:

The NMPN Medical Director has delegated authority from the Board, to perform credentialing functions as outlined in the NMPN Credentialing Policy and Procedure. The NMPN Medical Director has the authority to approve Applicants for participation in NMPN that have met the thresholds for a “clean file” as delineated by the National Committee for Quality Assurance (NCQA) standards set forth by NCQA.

- a. At a minimum, the Committee must receive and review the credentials of Applicants who do not meet the established credentialing criteria.
- b. The organization’s policies and procedures must describe the process used to determine and approve clean files. They must identify the medical director as the individual with the authority to determine that a file is “clean” and to sign off on it as complete, clean and approved. (NCQA 2004 MCO Standards and Guidelines, p. 248)

II. PROCEDURE:

The NMPN credentialing team will process applicants upon notification from the NMHC Credentialing Verification Office (CVO) denoting the provider’s application has been completed as described:

- A. By reviewing the Applicant’s file for:
 1. Inclusion of the proper supporting documents (i.e., state license, controlled substance license, DEA, malpractice certificate, and board certification – where applicable)
 2. Disclosure question(s) that are answered in the affirmative. Any question(s) that is answered in this way must have documentation attached to the application.
 3. Suits or sanctions that exceed the NMPN outlier thresholds (see NMPN Credentialing Outlier Thresholds Procedure, attached hereto as Exhibit C).
- B. For an Applicant file that has been generated and passes the outlier thresholds as established by the policies therein will be considered “Clean File” per the NCQA standard outlined above.
- C. An Applicant’s Clean file will then be presented to the NMPN Medical Director for final approval and a signature.
- D. Applicants that have been approved through the Clean file process will be presented during the next scheduled Committee and Board meetings as an exhibit for ratification.
- E. The final approval date for the Clean file Applicant will be the date that the NMPN Medical Director signed and approved the application(s) and will be entered as such in *MSO for Windows*.

EXHIBIT C: NMPN Credentialing Outliers Thresholds Procedure

I. PURPOSE:

- A. This purpose statement and procedure establishes guidelines and explains the methods used to process an initial appointment or re-appointment. This procedure applies to all providers that qualify for membership in the Northwestern Medicine Physician Network (NMPN).
- B. When the Committee reviews an initial appointment or re-appointment application, the threshold review shall include, but not be limited to:

Item No.	Outlier Threshold	Required for Initial Appointment	Required for Re-Appointment
1	The Applicant has had a malpractice case filed within the past 10 years with a settlement or judgment in a professional liability action in excess of \$500,000 and/or cumulative settlements of \$500k or more*	Yes	Yes (Since last appointment)
2	The Applicant changed medical schools or residency programs or has gaps in training or practice, particularly in employment or medical staff membership	Yes	No
3	The Applicant (other than an Applicant for telemedicine privileges) has practiced or been licensed in 3 or more States	Yes	No
4	The Applicant has any reference response that raises concerns or questions	Yes	No
5	The Applicant has no NM hospital affiliation and CVO identified 3 "average" evaluations based on reference inputs	Yes	Yes
6	A discrepancy is found between information received from the Applicant and information received from references or verified information	Yes	Yes
7	The Applicant has an adverse NPDB report or any other adverse Federal or State reports	Yes	Yes
8	The request for participation is questionable based upon the Applicant's experience, training, and competence, and/or is not in compliance with applicable criteria	Yes	No
9	The Applicant has changed specialties	Yes	Yes
10	Any response from a hospital or other reference source is limited to dates of service, or there are other limitations in the information received	Yes	No
11	The Applicant has moved significant distances or moved numerous times in his or her professional career	Yes	No
12	There is a current investigation or previous disciplinary action with respect to licensure or registration	Yes	Yes
13	The Applicant has received an involuntary termination of medical staff membership at any hospital or other facility with an organized medical staff	Yes	Yes
14	The Applicant has received an involuntary limitation, reduction, denial, or loss of clinical privileges at any hospital or other facility with an organized medical staff	Yes	Yes
15	NMPN determines that there has been either an unusual pattern or an excessive number of professional liability claims against the Applicant	Yes	Yes

16	The Applicant has been removed from a managed care panel for reasons of professional conduct or quality	Yes	Yes
17	Failure to provide proper supporting documents are included in the file (i.e., state license, controlled substance license, DEA, malpractice certificate, and board certification – where applicable)	Yes	Yes
18	Adverse criminal history background check findings (excludes minor traffic offenses and other miscellaneous actions)	Yes	No
19	Conflict of interest not otherwise cleared by NMHC Compliance	Yes	Yes
20	Any suspension or termination from federally funded programs	Yes	Yes
21	Drug screening, if applicable, positive result	Yes	No
22	Other concerns are identified by the NMPN Medical Director or other representative of NMPN	Yes	Yes

* NMPN Credentialing does not review or present dismissed, open, or pending malpractice cases nor present such cases to the NMPN Credentialing Committee.

II. PROCEDURE:

In order to ensure that quality outliers are reviewed, the following process will be followed.

1. NMPN Credentialing Staff will review CVO Profiles and NPDB reports for any sanction activity.
2. After review by a Physician Adviser, if an initial appointment or re-appointment applicant that exceeds one or more of the above outlier thresholds, applicant will be presented to the Committee as an outlier(s).
3. The Committee will review the report of the Physician Adviser regarding their review of the outlier(s).
4. In cases where the committee has determined that an applicant outlier needs to be tracked for recurrence of the element(s) in question, the provider applicant, if approved, will be given an automatic one-year re-appointment.

EXHIBIT D: NMPN FAIR HEARING PROCEDURE⁴⁶

A. ADVERSE PROFESSIONAL REVIEW ACTION

Before NMPN takes an adverse professional review action (“Professional Review Action”) against a Participating Provider or Applicant, the Participating Provider or Applicant will receive adequate notice and an opportunity for a hearing. A Participating Provider is an individual or entity who is a provider and is enrolled in Northwestern Medicine Physician Network (NMPN), or participates under NMPN contracts and bills for items and services it furnishes to beneficiaries under a NMPN contract or who has signed a written acknowledgement of participation in NMPN. An Applicant is an individual or entity who has applied for membership in NMPN. A Professional Review Action is an action or recommendation that is based on the competence or professional conduct of a Participating Provider or Applicant and which affects adversely the Participating Provider’s or Applicant’s NMPN credentialing. A professional review activity means an activity to determine whether the Provider or Applicant may be granted initial or continued NMPN membership, the scope of NMPN membership or whether to change or modify NMPN membership. Such actions include:

- Denial of initial credentialing (except as noted below) if based on the competence or professional conduct of the Applicant, requiring NMPN to report the denial to the National Practitioner Data Bank (NPDB)
- Denial of re-credentialing if based on the competence or professional conduct of the Participating Provider, requiring NMPN to report the denial to the NPDB;
- Revocation or involuntary termination of a Participating Provider’s participation in NMPN if based on the competence or professional conduct of the Participating Provider, requiring NMPN to report the denial to the NPDB; or
- Suspension of credentials or other financial sanctions that would materially change Participating Provider’s participation status if based on the competence or professional conduct of the Participating Provider, requiring NMPN to report the sanction to the NPDB.

The following actions are not considered Professional Review Actions and do not trigger hearing rights:

- Issuance of a letter of guidance, warning, or reprimand;
- Imposition of monitoring, proctoring, or mentoring as part of corrective action, including without limitation a requirement that Participating Provider participate in an Action Plan;
- Automatic or administrative suspension of participation resulting from suspension or revocation of Participating Provider's license to practice by the Illinois Department of Financial and Professional Regulation or any other change, event or occurrence that would result in the Provider no longer meeting the minimum requirements for membership as set forth in the Credentialing Policies and Procedures Manual;
- Voluntary relinquishment of participation status;
- Determination that an application is incomplete;
- Determination that an Applicant does not meet the minimum requirements for membership as set forth in this Policy;
- Termination of Participating Provider’s employment with Practice resulting in a loss of NMPN Membership; and
- Determination that an application will not be processed due to a misstatement or omission.

Summary suspension. If at any time it is reasonably believed that a Participating Provider poses a credible threat of imminent harm to patient health, the issue may be immediately referred to the NMPN Medical Director, who may initiate necessary proceedings to protect patients, including without limitation the summary suspension of the Participating Provider. Summary suspension is an adverse review action that will occur before the Participating Provider has a right to a hearing. The NMPN Medical Director shall promptly provide Notice of Summary Suspension, which shall be delivered to the Participating Provider's

last known office or e-mail address. Failure or refusal to accept the Notice of Summary Suspension by such Participating Provider shall be deemed a waiver of the right to notice and hearing. Subject to final approval by the Board, such waiver shall cause the summary suspension to become automatically approved by the Board, and the decision shall be final and binding upon all affected parties.

B. REQUIRED NOTICES

1. Notice of Proposed Professional Review Action

After the Committee has made a recommendation of a Professional Review Action against a Participating Provider or Applicant to the Board, the Chair of the Board or his or her designee shall give written notice to the Participating Provider or Applicant of the action to be taken against the Participating Provider or Applicant ("Notice of Proposed Action"). The content of the Notice of the Proposed Action shall include:

- a. A legally sufficient description of the proposed Professional Review Action and the reasons for it;
- b. Notice that the Participating Provider or Applicant has the right to request a hearing on the proposed Professional Review Action within thirty (30) days of receipt of this notice; and
- c. Information outlining the hearing process and the Participating Provider's or Applicant's rights, including a statement of the right to inspect all pertinent information in NMPN's possession with respect to the decision and to present witnesses and other evidence at the hearing on the decision.

The Notice of Proposed Action shall be delivered to the Participating Provider's or Applicant's last known office or e-mail address. Failure or refusal to accept the Notice of Proposed Action by such Participating Provider or Applicant shall be deemed a waiver by the Participating Provider or Applicant of the right to notice and hearing. Subject to final approval by the Board, such waiver shall cause the recommendation of the Committee giving rise to the notice to become automatically approved by the Board, and the decision shall be final and binding upon all affected parties.

2. Request for Hearing

The affected Participating Provider or Applicant shall have thirty (30) days, following the date of the receipt of the Notice of Proposed Action or Notice of Summary Suspension within which to request the hearing ("Request for Hearing"). The Request for Hearing must be made in writing to the Chair of the Board. In the event the affected Participating Provider or Applicant does not request a hearing within the time and in the manner required by this process, the Participating Provider or Applicant shall be deemed to have waived the right to such hearing and to have accepted the recommendation made, and such recommended action shall become effective immediately upon final action by the Board.

3. Notice of Hearing and Pre-Hearing Process. If the affected Participating Provider or Applicant timely requests a hearing, the Chair of the Board or his or her designee shall schedule the hearing and shall give written notice of the hearing ("Notice of Hearing"), certified mail return receipt requested, to the Participating Provider involved or his or her designee. Failure or refusal to accept the Notice of Hearing by such Participating Provider or Applicant shall be deemed a waiver by the Participating Provider or Applicant of the right to a hearing. Subject to final approval by the Board, such waiver shall cause the recommendation of the Committee giving rise to the notice to become automatically approved by the Board, and the decision shall be final and binding upon all affected parties.

The Notice of Hearing shall include:

- The time, place and date of the hearing;
- A proposed list of witnesses (as known at that time, but which may be modified) who will give testimony or evidence in support of NMPN at the hearing;

- The names of the Hearing Committee members and the Hearing Officer (as such terms are defined herein), if known; and

A "Statement of Reasons" including, but not limited to, a statement of the reasons for the proposed Professional Review Action, as well as a list of information supporting the proposed action. This statement, and the list of supporting information, may be amended or added to at any time, even during the hearing, so long as the additional material is relevant to continued credentials of the Participating Provider or Applicant requesting the hearing, and that Participating Provider/Applicant and his or her counsel have sufficient time to study this additional information and rebut it. Copies of supporting information shall be provided to the Participating Provider/Applicant sufficiently in advance of the hearing.

The hearing shall begin as soon as practicable, but no sooner than (30) thirty days after the Notice of Hearing unless an earlier hearing date has been specifically agreed to in writing by the parties.

At least fifteen (15) days before the hearing, the Participating Provider/Applicant requesting the hearing shall provide a written list of the names and addresses of the individuals expected to offer testimony or evidence on the affected Participating Provider's or Applicant's behalf and the name of legal counsel or other person, if any, who will be representing the Participating Provider/Applicant during the hearing.

The witness list of either party may, in the discretion of the Hearing Officer, be supplemented or amended at any time during the course of the hearing, provided that notice of the change is given to the other party. Witnesses cannot be compelled to testify, on behalf of any party, at the hearing. The Hearing Officer shall have the authority to limit the number of witnesses. There shall be no contact by either party with anyone on the opposing party's witness list concerning the subject matter of the hearing, unless specifically agreed upon by both parties.

C. HEARING PROCESS

1. Hearing Committee

When a hearing is requested, the Chair of the Committee and the Chair of the Board shall appoint a hearing committee that shall be composed of three (3) to five (5) members, a majority of whom shall be physicians ("Hearing Committee"). No individual appointed to the Hearing Committee shall have had significant active involvement in the decisions at any previous level for the affected Participating Provider or Applicant. General knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Committee. The Hearing Committee shall not include any individual who is in direct economic competition with the affected Participating Provider or Applicant. NMPN may request an independent, non-NMPN physician to participate as a Hearing Committee member if that physician's training, education, clinical competence and expertise would assist in the fair evaluation of the matter, as determined solely by NMPN.

2. Hearing Officer

The Chair of the Committee together with the Chair of the Board shall appoint a qualified attorney as the hearing officer ("Hearing Officer"). The Hearing Officer shall be present during the hearing and available after the conclusion of the hearing to advise the Hearing Committee regarding any procedural or legal matters and to assist the Hearing Committee with preparation of their report and recommendations, but may not vote on any recommendations.

The Hearing Officer shall rule on all procedural matters at the hearing, rule on any objections to testimony or evidence that is offered at the hearing, decide whether evidence has sufficient relevance and reliability to be submitted to the Hearing Committee for consideration, rule on requests for postponements or extensions of time, and generally be responsible for regulating

the proceedings. The Hearing Officer shall have the authority to resolve all issues regarding scheduling of hearings, and shall have the authority to recess and reconvene the hearing, to impose time limits for examination and cross examination of witnesses, to limit the number of witnesses to be called by either Party, and to resolve any other matter coming before the Hearing Committee.

3. Personal Presence of the Participating Provider or Applicant

Failure, without good cause, of the Participating Provider or Applicant to appear and proceed at such a hearing shall be deemed a waiver by the Participating Provider or Applicant of the right to a hearing. Subject to final approval by the Board, such waiver shall cause the recommendation of the Committee giving rise to the notice to become automatically approved by the Board, and the decision shall be final and binding upon all affected parties. Good cause shall be determined in the sole judgment of the Hearing Officer.

4. Procedure and Evidence

At the hearing, the parties shall have the following rights, subject to reasonable limits determined by the Hearing Officer:

- a. To call, examine, and cross-examine witnesses;
- b. To present evidence and introduce exhibits determined to be relevant by the Hearing Officer;
- c. To rebut any evidence;
- d. To be represented by an attorney or other person of the party's choice who may call, examine, and cross examine witnesses and present the case. Both sides shall notify the other of the name of their attorney(s) at least fifteen (15) days prior to the date of the hearing; and
- e. To submit a written statement at the close of the hearing.

The Participating Provider or Applicant may be called and examined as if under cross-examination at the discretion of the Hearing Officer, even if the Participating Provider or Applicant does not testify on his or her own behalf. The Hearing Officer may question witnesses, call additional witnesses, or request additional evidence at his or her own initiative or upon the request of any member of the Hearing Committee.

The hearing is not required to be conducted according to the rules of evidence relating to admissibility or presentation of evidence in a lawsuit. All evidence determined by the Hearing Committee to be relevant and reliable may be considered. No Participating Provider or Applicant shall be permitted to introduce any evidence or have access to any peer review records, minutes, or other documents relating to any other Participating Provider or Applicant, or any action taken or not taken with regard to any other Participating Provider or Applicant. The Hearing Officer may, but shall not be required to order that testimony be presented under oath or affirmation.

5. Burden of Proof

The Participating Provider or Applicant shall have the burden of proving that the Professional Review Action is unreasonable.

6. Records of the Hearing

An accurate record of the hearing must be kept by such mechanism as shall be selected by the Hearing Committee or Hearing Officer. Copies of the record may be obtained by the Participating Provider or Applicant upon payment of the reasonable charge associated with the preparation of the record.

7. Postponement

Either Party may request, for good cause, a postponement of the hearing for a reasonable period not to exceed thirty (30) days. Postponements and extensions of time beyond any time limit set forth in

this process may be requested by any Party but shall be permitted only by the Hearing Officer on a showing of good cause.

8. Inactive Status

If the Provider's participation in NMPN is being terminated or suspended, the Provider may be placed on inactive status by the Board of Directors, pending resolution of this Hearing Process. .

9. Decision

Within thirty (30) after final adjournment of the proceedings or such other period of time as may be required to complete transcriptions of the proceedings or to receive and review written statements of the parties, the Hearing Committee shall render a recommendation, accompanied by a report to support such findings, which shall contain a statement of the basis for the recommendation. The Hearing Committee shall send a copy of its decision by certified or registered mail, return receipt requested, to the Participating Provider or Applicant.

D. Final Decision of the NMPN Board of Directors

Within thirty (30) days after receipt of the Hearing Committee's recommendation, the NMPN Board shall render a final decision in writing, including specific reasons and findings for its action, and shall deliver copies thereof to the Participating Provider or Applicant and to the Chair of the Committee, in person or by certified mail, return receipt requested.

The Board may affirm, modify, or reverse the recommendation of the Hearing Committee or, in its discretion, remand the matter for further action, review and recommendation to either the Committee or the Hearing Committee, or make its own decision based upon the Boards ultimate legal responsibility to credential providers.

Except where the matter is referred for further action, review and recommendation, the final decision of the Board shall be effective immediately and shall not be subject to further review. If the Board refers the matter to the Committee or the Hearing Committee for further action, review and recommendation, the Board shall state the reasons for such referral and the time frame in which the Committee is to complete its work and make its recommendation. This further review process and the report back to the Board shall in no event exceed sixty (60) days in duration, except as the parties may otherwise stipulate.

EXHIBIT E: NMPN CONFIDENTIALITY AND NONDISCRIMINATORY DECISION MAKING PROCEDURE^{47, 49}

Purpose:

This procedure defines the use of proprietary and confidential information by all Northwestern Medicine Physician Network (NMPN) committee members and support staff. This procedure also addresses NMPN's requirement that committee members and support staff exercise nondiscriminatory decision making in all functions including but not limited to credentialing, re-credentialing and other peer review functions.

Process:

1. In connection with membership on any NMPN committee, individuals may be given access to, generate, or otherwise come in contact with, certain proprietary and confidential information. Such information provided to committee members may include details regarding individual NMPN providers (Participating Providers), information related to NMPN's operations, and information related to health plan enrollees. Information provided to committee members may involve the operations and/ or financial arrangements of NMPN and its Participating Providers, or may involve specific patient and/or population-based clinical data. Any person who obtains such information through any NMPN function shall maintain such information as strictly confidential.
2. NMPN will take all necessary measures to prevent the dissemination or misuse of such information for the protection of NMPN and its Participating Providers.
3. Information obtained by any committee member about any patient or Participating Provider will be kept strictly confidential.
4. Confidential and proprietary information may be discussed with committee members and support staff only when it is necessary to do so in the performance of the duties of that committee. NMPN will make every effort to de-identify any and all patient Protected Health Information (as that term is defined by the Health Insurance Portability and Accountability Act) before dissemination of Participating Providers' information to committee members and support staff.
5. Committee members and support staff may not disclose to any unauthorized third party, or use any confidential or proprietary information, without the express written consent of a NMPN officer.
6. Committee members and support staff may not reproduce, photocopy, or remove documents that contain or are derived from confidential or proprietary information without the express written consent of a NMPN officer, and unless necessary to their work on behalf of NMPN. Committee members must return all proprietary and confidential information to NMPN.
7. Committee members and support staff who participate in a meeting telephonically will not allow any unauthorized party to hear or review the confidential and proprietary information during the meeting.
8. Committee members and support staff shall not make credentialing, re-credentialing or other peer review decisions based on a participating provider 's race, ethnicity, national origin, gender, gender identity, age, religion, disability, gender/transgender related treatment or sexual orientation, or solely on the types of procedures or patient populations in which the participating provider specializes. This understanding does not, however, preclude NMPN from including in its network Participating Providers who meet certain demographic or specialty needs, for example, to meet the cultural needs of the community.
9. The Chair of the Board and the NMPN Medical Director will be responsible for initially informing and periodically reminding committee members and support staff of their obligations regarding confidentiality and nondiscriminatory decision making.
10. Each member of an NMPN committee and support staff will sign a "Statement of Confidentiality and Nondiscriminatory Decision Making" prior to, or at the beginning of, the first meeting attended. (See attached Statement).

Procedure:

1. Each NMPN committee member and support staff will complete the "Statement of Confidentiality and Nondiscriminatory Decision Making" prior to, or at the beginning of, the first meeting he/she attends. (See attached Statement).
2. Annually, the NMPN Medical Director and Committee Chair will review the confidentiality and nondiscrimination procedure with all committee members and support staff.
3. Annually, each committee member and support staff will complete an updated "Statement of Confidentiality and Nondiscriminatory Decision Making."
4. All materials of a confidential nature will be marked "confidential." NMPN will use its best efforts to de-identify all patient Protected Health Information before it is distributed to committee members. All materials of a confidential nature will be collected at the close of the committee meeting. No confidential information will be distributed in advance of a committee meeting unless the information has been de-identified prior to distribution to protect confidentiality.

Statement of Confidentiality and Nondiscriminatory Decision Making

I understand that, as a committee member or support staff of Northwestern Medicine Physician Network (NMPN), I have access to confidential information concerning healthcare providers who participate with NMPN (Participating Providers) and their patients. I acknowledge that this information must be kept in strict confidence and used only for NMPN Board- or committee-related purposes.

I also acknowledge that I will not make credentialing, re-credentialing, or other peer review recommendations or decisions based on a Participating Provider's race, ethnicity, national origin, gender, gender identity, age, religion, disability, gender/transgender related treatment or sexual orientation, or solely on the types of procedures or patient populations in which the Participating Provider specializes.

Further, I have read and understand NMPN's Confidentiality and Nondiscriminatory Decision Making Process and Procedure, and I acknowledge that a proven breach of this process could be cause for dismissal from a NMPN committee. In the event that such proven breach is a violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or the HIPAA Privacy and Security Regulations at Parts 160, 162 and 164 of Title 45 of the Code of Federal Regulations, as amended by the Health Information Technology for Economic and Clinical Health, I understand that NMPN may have a legal obligation to report my actions to the United States Department of Health and Human Services Office of Civil Rights.

EXHIBIT F: NMPN CREDENTIALING FILES AND TECHNOLOGY PROCEDURE

Purpose:

This procedure defines the position of Northwestern Medicine Physician Network (NMPN) regarding the use of confidential credentialing information. This procedure also addresses NMPN's technology used to ensure the confidentiality and security of the credentialing files and data.

Process:

1. The records and proceedings of NMPN and its committees and representatives, including information regarding any NMPN credentialing applicant (Applicant) or participating provider (Participating Provider), will be maintained in confidence to the fullest extent permitted by law⁴⁸. Dissemination of such information will only be made where expressly required by law, or pursuant to officially adopted policies of NMPN or, where no official procedure exists, with the express approval of the Board or its designee. Notwithstanding the foregoing, credentialing files may be released to insurance companies for the purpose of audits.
2. Effective credentialing and peer review must be based on free and candid discussions. Any breach of confidentiality of the discussions or deliberations of the Board, committees and/or representatives, except in conjunction with the official business of NMPN, is outside appropriate standards of conduct and will be deemed disruptive to the operations of NMPN. If the Board determines that such a breach has occurred, the Board may take such action as it deems appropriate, including suspension or termination of the committee member's appointment on a NMPN committee or as a NMPN representative, or termination of the committee member's status as a Participating Provider.
3. Each committee member and NMPN employee or representative will comply with NMPN's Confidentiality and Nondiscriminatory Decision Making procedure. Each committee member and NMPN employee or representative will be provided a copy of NMPN's Confidentiality and Nondiscriminatory Decision Making procedure and will sign a Statement of Confidentiality and Nondiscriminatory Decision Making before participating in credentialing or peer review activities.
4. NMPN participating provider credentialing files will be maintained electronically. The electronic files and the storage media that reside in them are located on the Northwestern Medicine Health System Network (Network). The Network and the NMPN offices are subject to the security policies and procedures of Northwestern Medicine. Each NMPN employee will be orientated to the security protocols before access to credentialing files is granted.
5. Precautions for data processed or stored in a computer shall include limited access through the use of passwords and individual levels of security per the applicable NMHC procedure.
6. All active and inactive provider paper files shall be kept locked when authorized representatives are not present. All active and inactive paper files shall be permanently maintained in the appropriate designated safe storage area. Only authorized employees will be granted access to credentialing files.
7. The Committee will keep minutes of its meetings. A copy of the minutes of each meeting and other pertinent information will be kept by NMPN.

Credentialing files will be considered active files for as long as each Participating Provider is an active participant in NMPN. Inactive credentialing files will be stored as required by National Commission on Quality Assurance guidelines.

Procedure:

1. New employees of NMPN will receive orientation training, which shall include Health Insurance Portability and Accountability Act training and instruction related to the confidentiality and security of Participating Provider information.

- a. New NMPN employees will be given copies of NMPN's Confidentiality and Nondiscriminatory Decision Making procedure and Credentialing File and Technology Procedures.
- b. New NMPN employees will complete the "Statement of Confidentiality and Nondiscriminatory Decision Making."

EXHIBIT G: NMPN Credentialing Committee Responsibilities

Any language not being placed in the charter will be listed below in this exhibit G.

EXHIBIT H: Types of NMPN Participating Providers

NMPN will credential and re-credential the following types of participating providers:

- Physicians (MD, DO or DPM)
- Oral and maxillofacial surgeons (DMD or DDS)
- Chiropractors (DC)
- Clinical Psychologists (PhD or PsyD)
- Social Workers (MSW or LCSW)
- Applied Behavioral Analysts (ABA)
- Non-physician behavioral healthcare professionals
- Physician Assistants (PA)
- Certified Nurse Midwives (CNM)
- Advance Practice Nurses (APN)
- Nurse Practitioners (NP)
- Nurse Specialists
- Audiologists
- Speech Therapists
- Occupational Therapists (OT)
- Physical Therapists (PT)
- Optometrists
- Any Participating Provider type not listed above but listed on the MPA or CSA

IX. APPROVALS

Responsible Party/ies: NMHC Managed Care Credentialing team
Credentialing Verification Office (CVO)
NMPN Medical Director

Reviewer/s: NMPN Medical Director
VP NMHC Managed Care

Committee/s: NMPN Credentialing Committee

Approval Party/ies: NMPN Board
NMPN Credentialing Committee Chairman

X. REVIEW HISTORY

Written: September 10, 2018

Revised:

Reviewed: September 10, 2018

- 1 Review of Applicants CR 2
- 2 Medical Director Oversight CR 1A
- 3 Range of providers CR 2
- 4 Work History – Initial
- 5 Malpractice Coverage – Initial
- 6 Determination of a Complete Application
- 7 Credentialing Application with Questions
- 8 Work History Verification – Initial
- 9 Collaborative or Supervisory Agreement for APN/PA’s – Initial
- 10 Review of Information CR 1.8
- 11 Check Credentialing status CR 2
- 12 Notice of Variance C R. 1A
- 13 Correction of Information – CR 1.8
- 14 Correction of Information – CR 1.8
- 15 Attestation of Application CR 3B
- 16 Required Credentialing Material Checklist IL Reg
- 17 Initial Medical and Controlled Substance Licenses CR 3A
- 18 Initial DEA Verification CR 3A
- 19 Initial Clinical privileges CR
- 20 Initial Training and Board Certification CR 3A
- 21 Initial Malpractice Claims history CR 3C
- 22 Initial Medicare/Medicaid Sanction Activity CR 3A
- 23 Ongoing Site Visit
- 24 Initial Expedited Credentialing Criteria CR 1
- 25 Recredentialing Cycle CR 4A
- 26 Recred - Providers over 36 months CR 4A
- 27 Recred – License Verification Cr 3A
- 28 Recred – DEA
- 29 Recred Malpractice Claims Review – NPDB
- 30 Recred – Hospital privileges
- 31 Recred – board certification
- 32 Recred – claims history
- 33 Recred – Sanction Activity
- 34 Recred – Medicare Opt-out Review
- 35 Decision making criteria – Hospital Privileges
- 36 Decision making criteria – Sanction Activity
- 37 Recredentialing – Quality Information
- 38 Outcomes monitoring

39	Complaints monitoring
40	Sub-delegation – NMPN does not delegation any credentialing to any organization outside of NM,
41	Ongoing monitoring
42	Confidentiality
43	Annual policy review
44	Reporting, if indicated, to authorities (NPDB)
45	Clean file status CR 3d
46	Actions taken against providers CR 1B xlvii
	• Timeframe for hearing and notices CR 7c xlviii
	• Timeframe for hearing and notices CR 7c xlix
	• Timeframe for hearing and notices CR 7c l
	• Timeframe for hearing and notices CR 7c
47	Hearing - Composition of appeal panel
48	Hearing - Right to an attorney
49	Hearing – Termination notice
50	Hearing – notification of appeal decision CR 7C6
51	Non-discrimination
52	Meeting minutes CR 1A
53	Employee Confidentiality and Conflict of Interest
54	The organization monitors for adverse events at least every six months Non-discrimination
55	Meeting minutes CR 1A
56	Employee Confidentiality and Conflict of Interest
57	The organization monitors for adverse events at least every six months