

SUBJECT: Primary Care Nurse Practitioners SECTION: CREDENTIALING POLICY NUMBER: CR-31	EFFECTIVE DATE: 10/04
<i>Applies to all products administered by the plan except when changed by contract</i>	

Policy Statement: The plan provides an opportunity for credentialing nurse practitioners who seek to practice as primary care practitioners, either independently or in a group practice. Nurse Practitioners may become a primary care provider in regions where there is not a contract with a provider network that prohibits this practice. This policy does not apply to nurse practitioners who work with a physician or group of physicians and do not have their own patient panel. In that case, patients may continue to receive care from the nurse practitioner by selecting the physician as their primary care physician.

The plan is responsible for assuring the provision of accessible, cost efficient, high quality care to its members. To assist the plan to meet this goal, the Credentialing Committee reviews the credentialing of all practitioners who apply for participation. The Credentialing Committee is a committee of community practitioners, Regional Medical Directors, and other such members as the plan may appoint, who as a peer group make decisions or recommendations.

The plan does not make credentialing decisions based solely on the applicant’s race, ethnic/national identity, gender, age, sexual orientation, the types of procedures or types of patients in which the practitioner specializes. The application used by the plan does request age and gender as this information is utilized for the source verification process. The plan reserves the right to request proof of identity and personal interviews during the credentialing process. The plan does not discriminate against practitioners who serve high-risk populations or who specialize in treating costly conditions or who participate in other plans.

The applicant has the burden of providing complete information sufficiently detailed for Credentialing Committee to act. The applicant has the right upon request to be informed of the status of their application. The method of communication used by the practitioner will determine the method of response (e.g. a phone inquiry will receive a phone response; a letter inquiry will receive a response by letter). Staff will share current status, date of the next committee meeting, as well as identify the missing items necessary to complete the file for presentation to the Credentialing Committee.

Nurse Practitioners are recredentialed at intervals not to exceed three years and may be required to re-apply before their term expires in accordance with credentialing policies. In the event a credentialed Nurse Practitioner does not wish to be re-credentialed, he/she must, prior to the expiration of the credentialed term, register with the Plan as a nurse practitioner to continue to participate in the Plan’s provider network.

Definition:

Independent Nurse Practitioner – A nurse practitioner licensed in the state in which they practice, who provides primary care services as a pediatric, adult medicine, or family medicine nurse practitioner to patients either in a group practice or in an independent office setting.

Process:

Nurse Practitioners must agree that the first year of practice will be a provisional year. They must agree to immediately report any preventable adverse events of Excellus patients and medical errors to the regional Chief Medical Officer (CMO). In addition, the Plan reserves the right to perform medical record reviews. The Nurse Practitioner must consent to having no fewer than 10 records selected, or all Excellus patient records if less than 10 per quarter reviewed by Excellus on a quarterly basis for clinical content..

All primary care nurse practitioner applicants will be required to provide the following documentation:

1. Evidence of graduation from an approved nursing school
2. Evidence of a Masters degree as a nurse practitioner
3. Evidence of an unrestricted license to practice as a nurse practitioner with a current registration date
4. NP certification from one of the following three nationally recognized organizations: American Academy of Nurse Practitioners, National Certification Board of Pediatric Nurse Practitioners, American Nurses Credentialing Center or National Certification Corporation.
5. DEA registration and license number
6. Hospital privileges or a written statement delineating an inpatient coverage arrangement, as well as coverage arrangements for ER and after hours situations
7. Evidence of five (5) years experience as a nurse practitioner in the specialty field
8. New York State applicants must maintain professional liability coverage for a minimum of \$1 million per occurrence /\$3 million aggregate. For applicants who practice in a state other than New York State, the applicant must document the existence of professional liability coverage meeting the minimum required in his/her state.
9. Disclosure of any liability history, judgements, settlements, or disciplinary actions of any type
10. Evidence of any specialized training, education or experience not otherwise evident
11. Complete summary of education and work history from entry into nursing school to present
12. A collaborative arrangement as permissible under the law with a primary care physician, physician group or hospital participating with the plan's network
13. Minimum of three professional references, two of whom must be physicians in the same specialty.
14. At the time of recredentialing, nurse practitioners will be required to provide evidence of 50 hours of annualized CMEs.

In addition, all applicants must complete a plan approved application and either a) sign a participating provider agreement, or b) be participating under the terms and conditions of a Group participating provider agreement.

1. CRITERIA

A. All nurse practitioners must maintain a practice within the plan service area to be considered for credentialing. Refer to Credentialing Policy # CR-20.

B. All applicants must submit a completed application in its entirety, for review. Credentialing Staff cannot process an incomplete application, therefore, if any information is missing, the applicant will be notified as soon as possible by telephone or in writing to request the missing information. A completed application consists of at least the following copies of all documents, where applicable and other documents as required by the plan:

Application Form – provided by or approved by the plan; and all its attachments, waivers and releases updated by the applicant within 180 days of presentation to the Corporate Credentialing Committee.

C. TRAINING – Accredited training must meet the current, minimum requirements as defined by the practitioner’s specialty board. Practitioners must submit copies of each and every certificate of completion of training, degree, specialty certification and designation.

D. MALPRACTICE INSURANCE – Practitioners must possess, and maintain at all times amounts of at least \$1,000,000 per occurrence and \$3,000,000 common aggregate applicable to the practitioner’s specialty, or as otherwise specified by the plan. The plan will act immediately when it learns of lapsed or expired coverage.

The proof must:

- a. Name the practitioner
- b. Document the limits of liability.
- c. Include effective date and expiration date.

Practitioners may also complete the Named Insured Certificate which Credentialing Staff will issue to the carrier to obtain notification of changes in coverage.

E. NYS SIGNED REGISTRATION – Practitioner must possess, and maintain at all times, a valid State license and current registration to practice as a nurse practitioner. The plan will act immediately when it learns of a lapsed or expired registration. Practitioners with restricted or limited licenses are generally not qualified to be credentialed. Those with limited or restricted licenses who request their application be considered as exceptions have the burden of proof they are qualified, competent (current) and of good moral character.

F. DEA CERTIFICATE – Practitioners must possess, and maintain at all times, a valid Drug Enforcement Agency (DEA) Certificate. The plan will act immediately when it learns of a lapsed or expired certificate. Institutional DEAs and DEA exceptions may be considered on request.

G. FACILITY PRIVILEGES – Practitioners are expected to be a member in good standing with a plan affiliated Article 28 or 40 facility except as permitted by Credentialing Policy CR-16. Practitioners are required, by contract, to notify the plan of any changes in their privilege status. All practitioners are obligated to provide for the continuous care of their patients.

H. CONFIDENTIAL INFORMATION QUESTIONNAIRE - Practitioners must document:

- a. (S)he is free of any conditions, which could impact his/her ability to deliver the care for which they are credentialed (e.g.: physical and mental capacity impairments, including substance abuse)
- b. History of charges or conviction of a crime
- c. History of pending or resolved Medicare or Medicaid Sanctions
- d. History of loss, limitation, or restriction of licensure in any jurisdiction
- e. History of loss or limitation of DEA
- f. History of loss or limitation of hospital privileges
- g. History of revocation or limitation of privileges, membership, association, employment or participation status in any hospital, health care facility, or managed care organization
- h. History of any professional disciplinary actions

- i. History of pending or resolved medical malpractice claims history
- j. Signed attestation statement verifying correctness and completeness of the application.

I. AUTHORIZATION RELEASE FORM – Signed and unchanged.

J. SITE REVIEW – New practitioners may undergo a Site Review.

K. 24-HOUR COVERAGE – All credentialed practitioners are obligated to provide for the continuous care of their patients through on-call coverage arrangements with other plan credentialed practitioners.

L. NEW PRACTITIONER ORIENTATION – Upon receipt of the Credentials Application, credentialing staff will notify Provider Relations if there is a need to schedule a New Practitioner Orientation.

2. CREDENTIALING PROCEDURE

A. The Credentialing Staff will:

- a. Assist the practitioner in accessing a plan accepted application.
- b. Notify practitioner of missing or incomplete elements of the application.
- c. Notify the practitioner, within 60 days of receipt of a completed application, whether he/she is credentialed or whether additional time is needed to make a determination because a third party has failed to provide necessary documentation.
- d. Where additional time is needed to make a determination due to the failure of a third party to provide necessary documentation, ensure that every effort is made to obtain such information as soon as possible, and shall make a final determination within 21 days of receiving the necessary information from a third party.

B. Once the completed application is available, the Credentialing Staff will:

a. Perform primary source verification of:

- 1) New York State Department of Education, Office of Professional Licensing – The licensing agency indicates licensure and if there have been any disciplinary action taken against the practitioner's license. Each practitioner must have a current license to practice in the state where the member is to receive care. If there has been any disciplinary action, the Credentialing Staff requests the report from the state.
- 2) Education and Training – Verify accredited training program for the specialty, if applicable.
- 3) Specialty Board Certification – Verify board certification at the primary source where applicable.
- 4) Malpractice Insurance and Claims History – Issue a letter to verify active coverage and claims history information.
- 5) National Practitioner Data Bank – Obtain a National Practitioner Data Bank (NPDB) inquiry. In the event the insurance carrier provides information which differs from NPDB, the practitioner will be contacted by Credentialing Staff and is obliged to explain or resolve the discrepancy.
- 6) Current Facility Privileges – Contact the facility requesting status of privileges effective date, any restrictions/limitations and the department in which the practitioner has privileges, if applicable. Please refer to Credentialing Policy # CR-16.

- 7) New York State Department of Education – The Office of Professional Discipline (OPD) releases reports of practitioners who have been professionally disciplined. The report details the effective date of the disciplinary action, nature of misconduct and action taken.
 - 8) Medicare/Medicaid Disciplinary Action (CMS) – Review the Medicare/Medicaid Sanction and Reinstatement Report via the NPDB for previous sanction activity by Medicare and/or Medicaid.
 - 9) DEA Certificate – Verify the active, current DEA Certificate.
 - 10) Work History – Work history for the prior five years of professional activity must be detailed and all gaps greater than six months must be explained. The practitioner may be obliged to provide the means to verify any or all of the time period for any gap the Credentialing Committee wants explained.
- b. Identify Discrepancies – If the information obtained from any source differs substantially from what the practitioner provided, the practitioner is notified in writing by plan Credentialing Staff within 10 business days of discovering the discrepancy. The practitioner must respond within 10 business days to the Credentialing Staff with a written explanation of the discrepancy.

In addition, the practitioner has the right to correct erroneous information submitted by another party. The practitioner must notify the Credentialing Staff in writing within 10 business days of discovering the erroneous information. The plan Staff will include the explanation and/or correction as part of the practitioner's application when it is presented to the Credentialing Committee for review and recommendation.

Right to Review - The practitioner has the right to review information obtained by the plan to evaluate their application including information for the primary areas identified in B. a. 1 through 10.

- a. Verify Clinical Competency References:
- 1) If applicable, for practitioners who within the last year completed their training program, Credentialing Staff may solicit a letter from the training Program Director regarding clinical competence.
 - 2) For practitioners who have had other affiliations, either in area or out of area, Credentialing Staff may solicit references regarding clinical competency from an appropriate expert.
- b. Present completed practitioner credentialing application to a Medical Director for recommendation.
- c. Credentialing Staff is responsible for maintaining the confidentiality of practitioner-specific information related to the credentialing process. All information obtained in the credentialing process is confidential. Practitioner files are maintained in secure, locked files.

3. REVIEW ACTIONS

- A. A Medical Director will:
- a. Review each practitioner's entire credentialing packet, inclusive of the source verification work sheet of each practitioner.
 - b. Identify candidates requiring further review of consideration by the Credentialing Committee.

- c. Make a recommendation. If the recommendation is adverse to the applicant, the recommendation and reasons shall be stated in writing.

4. APPROVAL PROCESS

- A. Credentialing Committee will:
 - a. Review the recommendations made by the Medical Director and discuss any issues that have been identified by the Medical Director as requiring further review.
 - b. Make recommendations regarding the applicants. If the recommendation is adverse to the practitioner, the reasons for the adverse recommendation shall be stated in writing and included with the recommendation.

5. NOTIFICATION PROCESS

- A. Credentialing Staff shall:
 - a. Notify the individual practitioner, group practice and/or IPA(s)/Delivery System(s) if applicable of the credentialing decision made by the Corporate Credentialing committee within 30 days, or such other time as required by applicable law.
 - b. All approved practitioner criteria such as education, training, and designated specialty are added to the credentialing database. This information is available to download for the practitioner directory, web site and member materials to ensure the information published is consistent with the information obtained in the credentialing process.

Note: The plan Credentialing Committee reserves the right to grant exceptions to this policy for the good of the community.

Cross Reference:

For Hospital Privileges refer to #CR-16

For Out of Area Providers refer to #CR-20

For Non-Physician Healthcare Practitioner Recredentialing refer to #CR-02A

Committee Approvals:

Corporate Credentialing Committee 9/20/04, 5/17/06, 6/20/07, 6/18/08, 6/16/10, 4/13/11, 9/21/11, 2/15/2012, 2/12/14, 7/15/15 rev, 3/22/17 rev, 4/19/17 rev, 7/26/17 rev, 1/17/2018 rev

Source: no previous formal policy