

**SUBJECT: PEER REVIEW &
FACILITY PRIVILEGES**

SECTION: CREDENTIALING

POLICY NUMBER: CR-16

EFFECTIVE DATE: 1/01

Applies to all products administered by the Plan except when changed by contract

Policy Statement: The Plan expects all participating physicians, excluding radiologists and psychiatrists, podiatrists, independently practicing nurse practitioners and midwives to maintain active facility privileges, as set forth in the Plan’s applicable credentialing policies. Privileges must be in good standing at a facility participating in the Plan’s network. This policy assists in assuring continuity of care for Plan members, in addition to assuring a second level of Peer Review completed outside of the Plan.

Process:

1. All practitioners identified above, are required to submit verification of active facility privileges in good standing. Privileges for new applicants will be source verified by credentialing staff. All privilege changes on attested CAQH applications will be source verified during the recredentialing process. Any practitioner application that does not document such privileges or coverage for patient admissions, will be classified as an incomplete application or ineligible for membership.
2. All practitioners are required to notify the Credentialing Department of any changes in their privilege status at every facility where they maintain privileges.
3. All practitioners who do not maintain facility privileges must submit:
 - A. Letter(s) from a participating practitioner(s) in the specialty in which the applicant is seeking to be credentialed/recruited, and in the geographic location of the applicant, stating that such participating practitioner (“Covering Practitioner”) will provide coverage for the applicant’s patients who require hospitalization. These Covering Practitioners must maintain active facility privileges at a Plan participating facility or;
 - B. A copy of an agreement with a hospitalist group allowing the applicant/practitioner to admit patients requiring hospitalization at a Plan Participating facility.
4. The Credentialing Committee or the regional Medical Director can determine if the following additional items a-c will be required from the applicant/practitioner who does not maintain facility privileges:
 - a. A letter from the applicant/practitioner’s personal physician attesting to the former’s physical health status.
 - b. Personal references regarding the applicant/practitioner's clinical competency.
 - c. If the new applicant’s credentials are approved for participation, a medical record review may be conducted within one year from the practitioner’s approval date.
5. The Plan reserves the right to conduct peer review of medical records for any current practitioner when requested by a Plan Medical Director or the Credentialing Committee. The determination to conduct a

peer review may be made in circumstances including but not limited to, trends of concern identified by delivery system reports (i.e. quality of care, utilization) and/ or trends of concern identified by internal reports (i.e. claims data, profile data, member complaints). The documentation that prompted the review, and the results of the review itself, would be presented to the Credentialing Committee for consideration and action

Cross Reference:

Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-16 Dated 12/98

Committee Approvals:

Corporate Credentialing Committee: 12/13/04, 4/19/06, 11/14/07, 12/5/09, 12/21/11, 11/20/13, 11/18/15, 11/15/17, rev 12/20/17, rev 6/20/2018; renewed 6/17/2020; revised 9/16/2020; revised 9/21/2022; revised 9/18/2024

Excellus Credentialing Committee 3/18/02

MCOCC 11/13/00

HC BMC 12/7/00

Internal Review: 11/08