univera HEALTHCARE

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 requires all participating physicians (excluding radiologists and psychiatrists), podiatrists, independently practicing nurse practitioners, and certified nurse midwives to maintain active clinical privileges at a participating network facility, as required by the Plan's credentialing policies. Privileges must remain in good standing throughout the practitioner's participation in the Plan. This requirement supports continuity of care for Plan members and provides an independent mechanism for ongoing professional and peer review oversight.

Process:

1. All practitioners identified above are required to provide information which attests that they hold active facility privileges in good standing. The practitioner's application must include, the hospital information, affiliation status, start date and confirmation that privileges are unrestricted. Any practitioner application that does not include information of active facility privileges or coverage for patient admissions will be classified as **incomplete** or **ineligible for membership.**

2. All practitioners are required to promptly update and reattest to their CAQH application with any change 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/recredentialed, 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. 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 Plan 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, will 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; revised 1/21/2026

Excellus Credentialing Committee 3/18/02
MCOCC 11/13/00
HCBMC 12/7/00
Internal Review: 11/08