

Subject: Ancillary Provider Credentialing

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Objective:

To ensure that Tuality Health Alliance has a process in place that provides an objective evaluation of providers.

To ensure that Tuality Health Alliance (THA) maintains a streamlined credentialing process that selects and evaluates ancillary providers within our delivery system.

Definitions of Ancillary Providers:

- I. Contracted physicians who are not full or associate members of THA.
- II. Contracted non-physician providers for THA members. This will include a variety of affiliated licensed professionals (e.g. dietitians, physical therapists, audiologist, opticians, etc.)

Policy:

- I. Ancillary providers will be categorized into two categories.
 - A. Category I applicants:
 - 1. Valid current Oregon license without sanctions from any health care entity.
 - 2. No history of professional liability claims that resulted in settlements or judgments paid by or on behalf of the provider in the last five years (confirmed by NPDB search);
 - 3. No Medicare/Medicaid Sanctions Office of Inspector General (OIG), Excluded Parties List System (EPLS) or List of Excluded Individuals/Entities (LEIE)
 - 4. Evidence of Professional Liability coverage (Copy of current face sheet with evidence of a minimum one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate) or the professional standard for their licensure
 - 5. DEA if appropriate
 - 6. At recredentialing no documented quality of care and/or service concerns identified from practice experience with THA
 - 7. No unexplained gaps in the providers' practice history of greater than two months.
 - B. Category II applicants:

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1. Same as category I applicants with the following exceptions:
 2. History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the provider in the last five years (NPDB);
 3. National practitioner data bank reports or state or federal disciplinary action within the last five years; or
 4. Applicant is requesting clinical privileges that vary from license; or
 5. At recredentialing - Documented quality of care and/or service concerns derived from practice experience with THA
- II. Credentialing criteria are designed to assess an ancillary provider's ability to deliver appropriate patient care.
- III. The criteria include: intent to contract, and as applicable, evidence of licensure, accreditations, certifications and Liability Declaration. Verification of this information is done to ensure that decisions are based on the most accurate, current and complete information available.
- IV. THA will not contract with facilities/organizations, or ancillary providers that have Medicare/Medicaid Sanctions. A provider will be immediately terminated if found to be excluded from Medicare, Medicaid or any other federal health care program.
- V. THA will not contract ancillary providers that have license, accreditation or certification restrictions which affect or may affect their ability to provide contracted services to THA members.
- VI. The THA Quality Management Committee (QMC) has the final approval rights for all applicants, but will review all ancillary providers who do not meet Category I criteria.
- VII. The THA Medical Director may review, certify completion and approve Category I credentialing files on behalf of the QMC and report such approvals at the next scheduled QMC meeting.
- VIII. No applicant shall be denied panel appointment or reappointment or practice privileges on the basis of race, religion, marital status, veteran status, ethnic/national identity, gender, age, sexual orientation or the patients in which the practitioner specializes.
- IX. During recredentialing, THA uses data derived from the organization's practice experience in its evaluation. Such data includes quality review, quality

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improvement, access surveys, and member satisfaction measures.

- X. Providers shall be notified of all credentialing decisions, including any information obtained that varies substantially from the information provided by the provider within 60 days of the decision.
- XI. No ancillary provider shall be credentialed unless they have a current contract with THA.
- XII. THA formally recredentials its practitioners at least every three (3) years.

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THA Plan Director

THA Medical Director