

Section 11

Practitioner Standards

- Credentialing and Recredentialing Process
- Delivery System Quality Assurance
- Remedial Action
- Disciplinary Action
- Appeal Process
- Policy for Care of Patients by Trainees

Credentialing and Recredentialing Process

All practitioners who wish to participate in the Neighborhood network must submit their credentials to Neighborhood for review. Neighborhood assures that the process of credentialing practitioners is conducted in a confidential, non-discriminatory manner and decisions are based solely on standard credentialing requirements in addition to established recruitment standards. No applicant is deemed ineligible on the basis of gender, race, religion, color, age, marital status, sexual orientation, disability, national origin, types of patients treated, or types of procedures performed. The Clinical Affairs Committee is apprised of this nondiscriminatory policy and all voting members are required to attest to adherence to nondiscriminatory practices. Neighborhood's credentialing process ensures that listings in practitioner directories and other materials for members are consistent with credentialing data, including education, training, certification and specialty.

Credentialing criteria is made available to applicants upon request. Credentialing is performed for all practitioners prior to network appointment and prior to listing them in member literature. Before a practitioner's contract can become effective, the Clinical Affairs Committee (CAC) must approve his/her application. Neighborhood's Chief Medical Officer is responsible for overseeing the credentialing program.

Neighborhood recredentials all participating practitioners every three (3) years to ensure that they continue to meet Neighborhood's credentialing standards.

Neighborhood assures that any delegated credentialing activity is conducted in a manner consistent with Neighborhood's credentialing policies and procedures. Neighborhood assures oversight of the delegated activity, including but not limited to, retaining the right, based on quality issues, to approve new practitioners, providers and sites and to terminate or suspend individual practitioners or providers. Neighborhood retains the right to annually evaluate whether the delegated entity's activities are being conducted in accordance with Neighborhood's expectations and National Committee for Quality Assurance (NCQA) standards.

Each practitioner has the right to review all information obtained during Neighborhood's credentialing process and correct any erroneous or incorrect information in his or her file. The practitioner may review the information that is submitted in support of his/her credentialing application by submitting a written request to the Chief Medical Officer, unless, disclosure is prohibited by law. The practitioner has the right to be informed of the status of their credentialing or recredentialing application upon request.

Practitioners are responsible for communicating practice changes that may impact the member's access to care and/or quality of care in writing to the Provider Service department. For further information regarding practice change information, please see Section 7, Practitioner Information, Practitioner Information Changes, of the Provider Manual.

Neighborhood accepts a printed copy of the Council for Affordable Quality Healthcare (CAQH) application or the standard Neighborhood application for credentialing and recredentialing.

Credentialing and Recredentialing Criteria:

In addition to the credentialing application, all practitioners must provide evidence of the following:

- Current unrestricted professional license in the state of practice.
- Current Unrestricted Federal Drug Enforcement Agency (DEA) certificate when applicable to the individual specialty or physician/provider type.
- Board certification (if applicable).

-
- Proof of professional liability coverage with a minimum coverage of \$1M per claim and \$3M aggregate
 - Malpractice history
 - Work history for the preceding five years
 - Appropriate training in the specialty of practice.
 - Passing score for site assessment (if applicable).
 - Hospital privileges: Specialist, privileges commensurate with professional practice. Primary care practitioners must maintain a mechanism to admit patients either through another Neighborhood-credentialed contracted hospitalist or practitioner having full admitting privileges in good standing with at least one participating licensed hospital in Rhode Island. Such privileges shall not have been revoked, rescinded, limited, suspended or the equivalent, either through formal action by the institution or facility or through any voluntary agreement.

Office Site Assessment:

An office site assessment is required as part of the initial credentialing process for Primary Care Practitioners, Obstetrics and Obstetrics/Gynecology Offices, Urgent Care Centers and organizational providers when a national accreditation is not in place. Additional site evaluations will occur in the event there is a significant site renovation, location change; the site is closed for more than thirty (30) days, or upon request from Neighborhood's Chief Medical Officer. An established Site Assessment Criteria and Check List are utilized for office site evaluations, and relevant documentation is included in the practitioner's credentialing file. For further information regarding office site assessment, refer to Practice Site Assessment in Section 10.

Neighborhood utilizes the following definitions in the credentialing and recredentialing process:

- Practitioner refers, in accordance with the National Committee for Quality Assurance (NCQA) standards, to an individual who provides care. The individual is qualified to practice a profession and is required to be actively licensed by the state in which they practice as defined by law.
- Participating Practitioners shall mean those Practitioners who have entered into an agreement with Neighborhood to provide covered services to members.
- Participating Provider Group (PPG) shall mean an individual, organized partnership, professional corporation or other legal association or entity which practices the specialties of general internal medicine, general pediatrics, or family practice having a contract with Neighborhood to provide, arrange for, and coordinate the provision of covered services to its members.
- Primary Care Practitioner (PCP) shall mean the individual practitioner contracted by the PPG and credentialed by Neighborhood who practices one of the following specialties: Family Practice, General Practice, Internal Medicine or Pediatrics.

Neighborhood defines a health care professional as a physician or any of the following: a podiatrist, optometrist, psychologist, dentist, physical or occupational therapist, speech-language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife), physician assistant, licensed certified social worker, registered respiratory therapist and certified respiratory therapy assistant.

Delivery System Quality Assurance

Neighborhood works closely with existing licensing and professional boards to ensure we offer our members a quality health care delivery system. Primary care and specialty care practitioners are carefully credentialed and recertified every three years. Neighborhood closely monitors our health care delivery system on an ongoing basis, and works with practitioners and providers to address quality of care concerns that may arise.

In the event that a quality of care concern is identified that warrants remedial action, disciplinary action or a limitation of practice, either at credentialing or subsequent to becoming a network provider, Neighborhood may take any of the following steps to address and resolve quality of care concerns:

Remedial Action

Remedial action is undertaken as a result of peer review activity conducted by the Chief Medical Officer (CMO), the Clinical Affairs Committee (CAC) or Quality Assurance Committee (QAC) upon identification of a quality of care concern.

Remedial action is conducted in accordance with Rhode Island general laws §5-37.3-7, Neighborhood's policy and procedure and the practitioner's contract with Neighborhood.

The CMO or his/her designee documents all activities that are part of the remedial action.

Remedial action may include one of the following activities with the practitioner under review:

- Telephone discussion
- Written correspondence
- Request to appear before a committee of peers
- Request to participate in the development of a performance improvement plan, implement said plan, and agree to subsequent monitoring. Subsequent monitoring, when implemented, may include one or more of the following activities: medical record review, evidence of completion of Continuing Education or training, quality site assessment, or other appropriate measures as designated by the CMO and the performance improvement plan.

Remedial Action does not adversely affect the clinical privileges or network membership of the involved practitioner/provider, although the incident that prompted the remedial action or the underlying conduct or clinical practice pattern associated with it may lead to such.

Remedial Action must occur before any disciplinary action occurs, except for those circumstances in which the CMO believes that failure to take such action may pose an imminent danger to the health of any individual. The CMO immediately notifies the Director of Health or appropriate Board of Professional Regulation Practice of such action. The CMO or his/her designee will address remedial action that does not result in performance improvement.

All practitioners are afforded the right to due process and an appeal as dictated by their contract with Neighborhood, Neighborhood's policies and procedures, and the Rhode Island General Laws § 5-37.3-7.

Disciplinary Action

Disciplinary action is conducted in accordance with Rhode Island General Laws § 5-37.3-7, and with the Health Care Quality Improvement Act, 42 U.S.C. § 11101 et seq., Neighborhood policies and procedures, and the practitioner/provider's contract with Neighborhood.

The Chief Medical Officer (CMO) is responsible for identifying criteria for circumstances requiring disciplinary action. At a minimum these circumstances include:

- A pattern of refusal to comply with Plan, local, state or federal requirements or regulations on clinical or administrative practice
- A pattern of clinical practice that falls below applicable standards and expectations
- Failure to maintain full and unrestricted license to practice in the state of practice
- Failure to comply with accepted ethical and professional standards and behavior

The Chief Medical Officer is responsible for identifying circumstances that require disciplinary action, and forwarding the matter to the Clinical Affairs Committee for Disciplinary Action.

In the event of proposed disciplinary action, the CMO, following the Clinical Affairs Committee (CAC) decision, shall provide the practitioner/provider under review with notice of the prospect of a disciplinary action and the reason therefore; and of the right to request a hearing, along with a description of the rights at such a hearing.

The hearing takes place within sixty (60) calendar days following the receipt of the request, unless an extension is agreed upon between the parties. Any member of the Joint Appellate Hearing Committee (JAHC) who is in economic competition with involved practitioner/provider shall recuse himself or herself from the hearing and decision making process. All disciplinary action activity is documented.

Disciplinary action which involves limitation of privileges shall be reported to the Rhode Island Department of Health Board of Medical Licensure and Discipline or appropriate Board of Professional Regulation Practice and also to National Practitioner Data Bank – Health Integrity Data Bank (if applicable) immediately following the hearing with notification of due process to the practitioner/provider.

Appeal Process

Neighborhood maintains a well-defined appeal process for practitioner/providers who may face disciplinary action as a result of a quality of care concern, the lack of documented improvement in an area of concern following remedial action, or performance monitoring. Additionally, a practitioner/provider has the right to appeal Neighborhood's decision to exclude him/her from participation in the network as a result of the credentialing process.

Neighborhood provides due process for practitioners/providers for all adverse decisions resulting in a change of contractual privileges. Clinical Affairs Committee (CAC) has the authority to limit or deny a practitioner/provider's credentialing status or network privileges. Practitioners/providers have the right to an appeal. Notwithstanding the above, any practitioner/provider affiliated with Neighborhood may be suspended, or the contract terminated, subject to subsequent notice and hearing or other adequate procedures, where Neighborhood's Chief Medical Officer (CMO) believes that failure to take such action may pose an imminent danger to the health of any individual. The practitioner/provider is notified of such action including the right to appeal the decision and the process for appeal.

If the decision to restrict or terminate network privileges, or deny participation in the network, is upheld upon appeal to CAC, then the CMO or his designee immediately notifies the Director of Health, the Rhode Island Department of Health Board of Medical Licensure and Discipline or appropriate Board of Professional Regulation Practice of the action.

Action against practitioners are also reported to the National Practitioner Data Bank – Health Care Integrity Practitioner Data bank (NPDB-HIPDB) given it meets the following Neighborhood criteria:

- The action taken affects a practitioner privileges for a period of more than thirty (30) days, or
- Neighborhood accepts a practitioner surrender or restriction of clinical privileges while under investigation for possible professional misconduct, incompetence or in return for not conducting an investigation or reportable professional review action.

Policy for Care of Patients by Trainees

Neighborhood has a philosophical commitment to and a vested interest in supporting training programs for clinical professionals, particularly in institutions and settings compatible with Plan culture, goals and principles. This includes, but is not necessarily limited to, programs for training physicians, nurses and physician assistants.

It is the expectation of the Plan that all services provided by trainees will be supervised by a licensed professional who is credentialed with the Plan for the provision of such services and who is personally accountable for the quality and scope of practice under his/her direction. Supervision is not accomplished entirely through retrospective case review, but includes concurrent on-site support by a clinician who is not excessively distracted by other ongoing responsibilities. Supervision is generally documented by co-signature of clinical notes, or other agreed upon procedure.