



Arizona Credentialing Plan

MultiPlan policy overview for the Credentialing of Health Care Practitioners and Facilities in Arizona

MultiPlan will update this Credentialing Plan with any material changes prior to implantation.

All proprietary information has been redacted for posting on MultiPlan's website. For detailed information regarding MultiPlan's policies please contact MultiPlan directly at (800) 950-7040.

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Objectives

MultiPlan's credentialing program is operated according to the policies and procedures authorized by its Executive Committee and contained in this manual. The Executive Committee has designated the credentialing standards of the National Committee for Quality Assurance (NCQA) as the benchmark for the MultiPlan Network, the PHCS Network, the Beech Street Network, the Integrated Health Plan network, the HMN network, the Texas True Choice Network and all other primary Networks under MultiPlan. This plan outlines the credentialing activities that MultiPlan implements to comply with NCQA, and various regulatory requirements. MultiPlan has established formal credentialing and recredentialing processes for all practitioners, acute inpatient facilities, behavioral health facilities, skilled nursing facilities, home health agencies, and free-standing ambulatory surgical centers. This plan, used in conjunction with approved MultiPlan policies, shall serve as a guideline to ensure that MultiPlan maintains a quality network of participating providers that meet established criteria.

It is MultiPlan's stated goal to offer a comprehensive network solution to customers and consumers. To that end, MultiPlan accepts all providers that meet established credentialing criteria and business guidelines for acceptable provider types.

In support of this goal, MultiPlan has established measurable access and availability standards, which are analyzed at least annually in order to target practitioner recruitment efforts. This credentialing program is intended to bolster MultiPlan's access and availability standards.

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Scope

The scope of the credentialing program is to assess the qualification of practitioners and facilities, as specified in this Credentialing Plan and to accept only those practitioners and facilities that comply with the credentialing standards established by MultiPlan.

Practitioner Types Included

The following practitioner types are at a minimum included within the scope of the MultiPlan Credentialing Plan:

- Medical Doctors
- Doctors of Osteopathy
- Doctors of Chiropractic
- Acupuncturists
- Optometrists
- Physical Therapists
- Oral Surgeons
- Occupational Therapists
- Psychologists
- Licensed Clinical Social Workers
- Marriage and Family Therapists
- Addiction Counselors
- Audiologists
- Speech Therapists
- Podiatrists
- Advanced Practice Nurses
- Mental Health Counselors
- Certified Nurse Midwives
- Physician Assistants
- Dieticians
- Certified Autism Behavioral Analyst
- Genetic Counselors

Hospital Based practitioners that have an independent relationship with MultiPlan or see patients outside of the hospital setting fall within the scope of the MultiPlan Credentialing Plan. Practitioners with a Telemedicine service type designation will be credentialed according to their designated specialty type as evidenced by a completed ACGME training program (or other MultiPlan approved training program) for which a specialty designation is recognized by MultiPlan.

Facility Types Included

The following types of facilities are included within the scope of the MultiPlan Credentialing Plan:

- Acute Care Hospitals
- Home Health Agencies
- Skilled Nursing Facilities
- Free-Standing Ambulatory Surgery Centers
- Inpatient/Acute Physical Rehabilitation Facilities
- Behavioral Health Facilities (all types)

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Overview

All clinical aspects of the MultiPlan Credentialing Plan are the responsibility of the Medical Director. All practitioners are required to complete a comprehensive application to verify that the applicant is in full compliance with MultiPlan participation criteria.

MultiPlan has established credentialing criteria for certain provider types admitted to the Network. All criteria are available to any applicant upon request.

All applications are reviewed for completeness, and practitioners are notified when additional information is required. In accordance with national accreditation standards and applicable state laws, portions of the application are verified with appropriate sources as specified in MultiPlan P&Ps. All properly completed applications including the required attachments are presented to a Credentials Committee consisting of MultiPlan clinical and administrative staff, plus participating providers. The Credentials Committee makes determinations related to the acceptance, rejection and termination of practitioners and facilities. Upon recredentialing, the Credentials Committee makes determinations related to continued participation or termination practitioners and facilities.

All rejected and terminated practitioners are informed of their right to a two level appeal process. This process conforms to national managed care standards, and applicable state and federal laws.

All MultiPlan participating providers are contractually obligated to inform MultiPlan of any changes that would result in non-compliance with MultiPlan credentialing criteria. MultiPlan also monitors this on an on-going basis each month.

Formal recredentialing occurs on a three-year cycle. All policies are structured to be in full compliance with national accreditation standards and state and federal laws. In addition, MultiPlan will initiate off-cycle recredentialing of practitioners as a result of complaints and grievances received through Corporate Quality Management (CQM) or as a result of information obtained from our ongoing monitoring process.

MultiPlan delegates credentialing to organizations that submit evidence of full compliance with MultiPlan and national accreditation credentialing requirements. To determine that these requirements are met MultiPlan conducts an initial assessment of the organization's policies and procedure and conducts an on-site audit of credentialing files. This is followed with the required submission by the organization of quarterly reports on performance of the delegated functions and annual audits to ensure continued full compliance with all contractual requirements including compliance with national accreditation standards and state and federal laws.

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Credentials Committee

The Executive Committee has delegated the operational responsibility for the credentialing program to the Credentials Committee. The Credentials Committee meets in person and/or telephonically on a weekly basis. It is a multidisciplinary committee with that is representative of the types of practitioners that participate in the networks and is composed of the Medical Director, three network providers and at least one Credentialing Specialist. The Credentials Committee reviews and has final authority regarding network participation for all network practitioners and facilities.

Those providers whose credentials do not clearly meet MultiPlan credentialing criteria for their discipline are discussed by the Credentials Committee to determine whether they are meeting reasonable standards of care. After review, the committee votes on all applicants and determines whether to accept or reject the applicants. In instances where matters arise that require subject matter expertise beyond that available from the members of the committee, the Medical Director seeks consultation from participating network specialists in the same or similar specialty as the practitioner being discussed. This information is made available to the other members of the committee prior to a deciding vote being taken.

The Credentials Committee, in conjunction with other areas of Provider Network Quality (PNQ), provides guidance on the overall direction of the credentialing program. This is accomplished through the committee's responsibility for the clinical oversight of all credentialing policies and procedures.

In addition, the Credentials Committee and supporting credentialing staff verify the credentials of providers and conduct ongoing monitoring of participating network providers. This monitoring is accomplished on a monthly basis through the ongoing review of provider sanctions using state medical board notifications, Centers for Medicare and Medicaid sanction reports and complaint activity, including adverse events, through the presentation of case investigations by CQM. During the on-going monitoring investigation, MultiPlan reserves the right to terminate a provider for failure to comply with established criteria and, when appropriate, report a provider to the appropriate authorities.

All actions taken by the Credentials Committee are well documented. The committee maintains meeting minutes for each instance in which a meeting occurs. The Quality Management Committee will receive a quarterly report of the overall effectiveness of the credentialing program from the Medical Director and Manager of Credentialing Operations/PNQ.

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MultiPlan Credentialing Criteria

Practitioner Credentialing Criteria

MultiPlan reserves the right to reject or terminate participation in the MultiPlan Network(s) for any practitioner who does not meet all of the following criteria for credentialing and recredentialing.

Selection Criteria	Verification Type	Verification Time Limit
The practitioner must maintain unrestricted admitting privileges at a MultiPlan participating hospital.	Secondary	Arizona: 100 Calendar Days
The practitioner has an admitting privilege history acceptable to MultiPlan.	Primary/ Secondary	Arizona: 100 Calendar Days
The practitioner must hold a current clinically unrestricted license to practice in the state(s) for which he or she is applying for network participation.	Primary	Arizona: 100 Calendar Days
The practitioner has not been convicted of, pled guilty to, or pled "no contest" to any state or federal felony charge, within the past five years from the date of his/her application. Practitioners with felony convictions which are greater than five years old may be eligible for network participation at the sole discretion of MultiPlan. Factors considered shall include, but are not limited to, relationship of the felony to the practice of medicine, resultant harm, current license status and/or history of professional sanctions.	Primary/ Secondary	Arizona: 100 Calendar Days
The practitioner is required to have completed formal training in his/her area of practice.	Primary	Arizona: 100 Calendar Days
The practitioner shall limit his/her practice to areas in which he/she has received adequate training and which would generally be considered to be within the scope of his/her practice based on community standards.	Primary/ Secondary	Arizona: 100 Calendar Days

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Selection Criteria	Verification Type	Verification Time Limit
<p>Practitioners must attest to the lack of active or habitual use of mind or mood altering substances including but not limited to alcohol, narcotics, barbiturates, hypnotics, amphetamines, cocaine, benzodiazepines, or other controlled or illegal substances, which would interfere with the practitioner's ability to provide professional services.</p> <p>Practitioners with a history of substance abuse or mental illness must provide evidence of rehabilitation.</p>	Primary/ Secondary	Arizona: 100 Calendar Days
<p>MD, DO, DPM, DDS, and Podiatric Surgeon practitioners must hold a current, valid DEA certificate in each state which the practitioner currently practices when the credentialing decision is made. All other practitioners are required to have a valid DEA certificate only if the practitioner indicates having prescribing privileges on the application. If there are previous actions against a practitioner's DEA number, including but not limited to, denial, restriction, suspension or termination, the history and circumstances surrounding the actions will be reviewed. Based on this review, a practitioner may be denied participation. The decision to deny participation in these circumstances shall be at the sole discretion of MultiPlan. MDs, DOs, DPMs, DDSs, and Podiatric Surgeons that do not have a valid DEA certificate will be denied participation within the network; however prior to denial such practitioner may provide an explanation which must include any alternate arrangements made for patients.</p>	Primary	Arizona: 100 Calendar Days
<p>The practitioner's history with third party payors is acceptable to MultiPlan.</p>	Primary	Arizona: 100 Calendar Days
<p>The practitioner's participation history in insurance carrier- sponsored or managed care programs is acceptable to MultiPlan. Issues constituting unacceptable history may include but are not limited to suspension or revocation due to substandard practice, billing fraud or abuse. This determination of what constitutes an acceptable history is at the sole discretion of MultiPlan.</p>	Secondary	Arizona: 100 Calendar Days
<p>The practitioner has and maintains in effect professional liability (malpractice) insurance with appropriate limits as defined by State and Federal regulations.</p>	Secondary	Arizona: 100 Calendar Days

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Selection Criteria	Verification Type	Verification Time Limit
The practitioner has a professional liability history that is acceptable to MultiPlan. All payments paid on behalf of a practitioner within ten (10) years of the application submission will be reviewed. The determination of what constitutes an acceptable professional liability history is at the discretion of MultiPlan.	Primary	Arizona: 100 Calendar Days
The practitioner has an acceptable history of professional sanctions. Any practitioner who has been sanctioned, including suspended, placed on probation or terminated, or disciplined by a professional society, or any other professional board or association including Medicare and Medicaid, will have such sanctions reviewed to determine acceptability to MultiPlan.	Primary	Arizona: 100 Calendar Days
The practitioner has no prior MultiPlan termination for Quality reasons. "Quality" in this context includes quality of service to members and MultiPlan and its customers, as well as technical quality of patient care. This determination is at the sole discretion of MultiPlan.	Primary	Arizona: 100 Calendar Days
The practitioner does not have any limitations that, with reasonable accommodation, would interfere with the practitioner's ability to provide appropriate professional services.	Primary/ Secondary	Arizona: 100 Calendar Days
The practitioner must have an acceptable five-year work history, with a satisfactory explanation for any gap that is six months or greater. A gap longer than one year in work history must be presented in writing. Review of a Practitioner's work history starts at the practitioner's date of initial licensure, if such practitioner has practiced for less than five years. The determination of an acceptable work history is at the sole discretion of MultiPlan.	Secondary	Arizona: 100 Calendar Days
The practitioner has not been convicted of, pled guilty to, or pled "no contest" to any state or federal charge of sexual abuse, other sexual misconduct, or fraud, whether a felony or misdemeanor. A practitioner that is not actively excluded from Medicare or Medicaid and has been convicted of, pled guilty to, or pled "no contest" to any state or federal charge of sexual abuse, other sexual misconduct, or fraud, may be eligible for participation in the sole discretion of MultiPlan.	Primary	Arizona: 100 Calendar Days

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Selection Criteria	Verification Type	Verification Time Limit
The practitioner has not engaged in conduct that is at variance with generally accepted moral behavior. The determination of conduct that is at variance with generally accepted moral behavior is in the sole discretion of MultiPlan and subject to change without notice.	Primary	Arizona: 100 Calendar Days
The practitioner's professional conduct is not construed to represent an imminent danger to patient well-being.	Primary/ Secondary	Arizona: 100 Calendar Days
The practitioner has not received publicity that is detrimental to the business needs of MultiPlan or its customers. The determination of what constitutes publicity that is detrimental to the business needs of MultiPlan or its customers are at the sole discretion of MultiPlan and subject to change without notice.	Secondary	Arizona: 100 Calendar Days
The practitioner or practitioner's agent does not make any untrue statements of material fact, or any intentional misrepresentation of any fact, whether material or not, when applying for network participation. The practitioner must attest to the correctness and completeness of the application.	Secondary	Arizona: 100 Calendar Days

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Facility Credentialing Criteria

Selection Criteria	Verification Type	Verification Time Limit
Facilities participating in or applying for participation in the Network must be accredited by an acceptable accrediting body or be CMS certified. Exceptions are reviewed on a case-by-	Primary	N/A
Facilities must be in good standing with Federal and State regulatory entities including maintaining appropriate healthcare licenses, business licenses or operating certificates as	Primary	N/A
Facilities must maintain liability insurance in an amount deemed acceptable by MultiPlan and as agreed to in the participating provider agreement. MultiPlan collects facility liability insurance policy	Primary	N/A

Overview of Credentialing Processes

Credentialing Verification Process

All individual practitioner applicants and individual members of groups must submit a complete MultiPlan approved application. Upon receipt of an application the Credentialing Coordinator reviews the application for completeness, accuracy, and any conflicting information. The Credentialing Coordinator contacts the provider in the event an incomplete application is submitted. Written documentation must be in ink that is not erasable. Faxed, digital, electronic, scanned or photocopied documentation and signatures shall be given the same consideration as if they were originals. Stamped signatures are not acceptable. The Credentialing Coordinator then primary source verifies the information, including but not limited to State Licensure and Board certification, if applicable or verifying the provider's education.

A credentialing decision made by the Credentialing Committee is within one hundred (100) days of the signature on the application in the state of Arizona. In addition, no application is submitted to the Credentialing Committee that contains verifications collected more than six months prior to this date. Within seven (7) business days of the credentials committee's decision, all providers will receive written notification of the decision which, if applicable, shall include their effective dates by receiving a notification letter identifying the specialties under which the provider will be listed in the directory and a MultiPlan Welcome Packet. The effective date designates the provider as being an in-network provider and is only assigned after an applicant's information is reviewed and approved by the Credentialing Committee. If an adverse decision is made in regards to granting the provider network participation, the provider is afforded an opportunity to appeal the decision, which includes correcting any erroneous information and providing additional materials for consideration.

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Recredentialing Verification Process

MultiPlan network participating providers are recredentialled on a set schedule at least every thirty-six (36) months. The Credentialing Coordinator reviews and verifies all credentialing information within the credentialing system of record. Files containing the application and all verifications, dated within one-hundred (100) days, in the state of Arizona, are submitted to the Credentialing Committee by the Credentialing Specialist for a final determination to approve the provider for continued participation in the network(s). At any point during the credentialing process, upon request, MultiPlan shall communicate the credentialing status of the participating provider.

Non-responders to the recredentialing process are notified that they will be disenrolled from the network. Participating provider are deemed to be successfully recredentialled unless otherwise notified by MPI. Participating providers that no longer meet MultiPlan credentialing criteria upon recredentialing are notified within seven (7) business days of the credentialing committee's decision that they will be terminated from participating in the network and are given a right to appeal according to MultiPlan's standard appeal process.

Any participating provider that is disenrolled due to non-response or terminated and thereafter reinstated more than thirty (30) calendar days following the final disenrollment/termination effective date (i.e. after completion of all appeal rights), must be initially credentialed again and cannot be considered for recredentialing. This process does not affect re-pricing determinations for this time period. It shall remain a business decision to retroactively re-price claims during this lapsed time period following a successful initial credentialing event.

Verification Dates of Credentialing/Recredentialing Information

Primary source verification for credentialing/recredentialing information is performed in three ways: 1) oral or verbal verification; 2) Internet and electronic verification; and 3) written verification via mail or fax. In determining compliance with established guidelines for timely verifications (i.e. 100 calendar days in the state of Arizona), MultiPlan uses the following criteria:

- For oral or verbal verification, the verification time limit is calculated from the date the Credentialing Coordinator received the verification.
- For internet or electronic verifications, the date generated by the source when the information is received is used to calculate the verification time limit.
- For written verifications, the date on the verification document is used to calculate the verification time limit.

Any verification that does not meet the time limits as calculated above must be re-verified prior to a credentialing/recredentialing determination being made by the Credentials Committee.