

CREDENTIALING

TABLE OF CONTENTS

PRACTITIONER CREDENTIALING	26
PRACTITIONER PROVISIONAL CREDENTIALING	27
PRACTITIONER RECREDENTIALING	27
MIDWIFERY SERVICES	28
LACTATION CONSULTANT SERVICES	28
NURSE PRACTITIONER SERVICES	29
Qualifications for NPs	29
Covered Services	29
Nurse Practitioners as Attending Physicians	30
Services Otherwise Excluded From Coverage	30
Sending Your Application	30
PHYSICIAN ASSISTANT SERVICES	31
Qualifications for PAs	31
Covered Services	31
Types of PA Services That May Be Covered	31
Services Otherwise Excluded From Coverage	31
Physician Supervision	32
Sending Your Application	32
ORGANIZATIONAL PROVIDER CREDENTIALING	32
ORGANIZATIONAL PROVIDER RECREDENTIALING	34
ACCREDITING BODIES	34
THE CREDENTIALING/ RECREDENTIALING COMMITTEE	34
THE ALLIANCE	35
COUNCIL FOR AFFORDABLE QUALITY HEALTHCARE UNIVERSAL PROVIDER	35
DATASOURCE	35
PRACTITIONER REPORTING RESPONSIBILITIES	35
REPORTING TO OUTSIDE AGENCIES	36
Reportable Actions	36
TERMINATION AND APPEAL	36

CREDENTIALING

Appeal of Disciplinary Decisions	38
Ad Hoc Appellate Board	38
Termination For Egregious Reasons	39
Practitioner's Rights	39
RADIOLOGY PRIVILEGING LIST BY SPECIALTY	39
ADA ACCESSIBILITY ATTESTATION	39

In this chapter you will find credentialing and residentialing requirements, including the new managed care law requiring provisional credentialing, and the practitioner appeal process for changes in participation.

PRACTITIONER CREDENTIALING

Credentialing is an important process that ensures that health care professionals have the requisite qualifications and training needed to deliver care. The credentialing process also ensures the verification and review of individuals with adverse actions against them, such as sanctions, malpractice or fraud. When applicable, written notice will be sent to practitioners whose credentials are being reviewed.

Minimum qualification requirements for participation include, but are not limited to:

- A valid license to practice
- **City of New York – non-members**
- Appropriate training or board certification
- Clinical privileges in good standing (as applicable)
- Current malpractice insurance coverage
- Acceptable history with regards to malpractice

Note: Providers who are sanctioned or excluded by the DOH's Medicaid Program will be excluded from participation in all our benefit plans.

During the credentialing process, practitioners maintain the following rights:

- The right to review information obtained in support of their credentialing applications, excluding references, recommendations or other peer review protected material.
- The right to correct erroneous information in written form to the credentialing department within 10 days of receipt of EmblemHealth's notification.
- The right to be informed of the status of his/her credentialing/recredentialing application. Requests may be made to EmblemHealth via written or telephone inquiry.

Per New York State law, initial applications are reviewed by the Credentialing department within 90 days of receiving a fully completed application, and the applicant is notified within that time period if credentialing has been approved or if additional time is needed. We will make our best effort to obtain any missing documentation from third parties in a timely manner.

Decision

Following completion of the application and all applicable verifications, the Credentialing/Recredentialing Committee (CRC) will consider all information gathered on the provider and evaluate in light of the criteria. At that time, the CRC decides to approve or disapprove the provider's application. The provider is advised accordingly.

The provider will generally be credentialed for a three year period. However, the CRC may recommend credentialing for a period less than three years based on the results of its review. If so, the provider is advised of the decision and the reason for the shorter approval period.

If a provider has been disapproved but had been providing care to plan members, the CRC will direct appropriate plan and medical group staff to develop a transition plan for developing alternative providers or may recommend immediate cessation of referrals to the provider.

PRACTITIONER PROVISIONAL CREDENTIALING

In accordance with New York State Public Health Law, EmblemHealth allows newly licensed or recently relocated out-of-state practitioners to apply for provisional credentialing, which would take effect prior to completion of the full 90-day credentialing process. This provisional status is available only to practitioners who apply within six months of licensing or out-of-state relocation, who join a group practice that already participates with EmblemHealth's HMO networks and whose group practice agrees to any necessary repayment noted below. Provisionally credentialed practitioners may not be assigned to members as a primary care provider.

Should an application for provisional credentials be denied, EmblemHealth will consider any work performed by the provisional practitioner to be an out-of-network service, and the practitioner (or their group practice) shall repay to EmblemHealth the difference between the in- and out-of-network fees payable under each member's coverage plan. Under no circumstances may the practitioner (or group practice) attempt to recover this difference from the member, except to collect copayment or coinsurance that would otherwise be payable had the member received services from a health care professional in the EmblemHealth network.

PRACTITIONER RECREDENTIALING

EmblemHealth requires all practitioners to undergo recredentialing every three years.

Practitioners must maintain the same minimum qualification requirements as applicable for the initial credentialing. In addition, the recredentialing process will evaluate each practitioner on:

- Access/availability
- Under/over utilization data
- Quality of care
- Primary and secondary prevention
- Disease management
- Member satisfaction
- Site/medical record audit scores
- Member concerns
- Peer review
- Continuity of care

Six months prior to the credential's expiration, practitioners will receive a letter from either EmblemHealth's Recredentialing Department or Aperture CVO (our contracted credentials verification organization). The letter will direct them to update their application on file with the Council for Affordable Quality Healthcare's (CAQH) Universal Provider Datasource (UPD).

Practitioners should make any changes to their information on the CAQH UPD, update the malpractice claims history accordingly, and include updated copies of their curriculum vitae, State License, Drug Enforcement Agency certification and proof of malpractice insurance coverage with the application.

Practitioners with a complete application on file with CAQH UPD can advise EmblemHealth or Aperture CVO to retrieve all documentation from that source. More information on our relationship with CAQH can be found in this chapter in the section on **Council for Affordable Quality Healthcare Universal Provider Database**.

To ensure continued participation with EmblemHealth, it is important to return all recredentialing materials as soon as possible. Failure to respond in a timely manner may result in termination from EmblemHealth's provider networks. Reapplication to our provider networks will then be subject to network need.

The Recredentialing Department will review the updated application for completeness and present it to EmblemHealth's CRC for a determination. Occasionally, an EmblemHealth staff member may call the practitioner's office for missing or additional information. The practitioner will then be notified of continued participation or termination.

MIDWIFERY SERVICES

On July 30, 2010, New York State passed into law updates to the definition of and requirements for midwives and midwifery. (See Â§6951 at <http://public.leginfo.state.ny.us/menuf.cgi>.) The law changes the requirement that midwives must enter into formal written agreements with obstetricians, gynecologists or health care facilities, including hospitals; instead they are now required to have a collaborative relationship with these entities.

As of November 1, 2010, EmblemHealth requires midwives to have a collaborative relationship with a participating physician that practices obstetrics and gynecology. Midwives must document this collaborative relationship and must make this information available to their patients. Failure to comply with this directive may result in professional misconduct charges as set forth in the law. Participating midwives, or those applying for participation with EmblemHealth, must furnish proof of their collaborative relationship with a participating obstetrics and gynecology physician.

LACTATION CONSULTANT SERVICES

EmblemHealth has adopted the policy guidance from the New York State Medicaid program to ensure appropriate designation of participating practitioners as breast feeding, education and lactation counselors. Physicians, nurse practitioners, midwives, physician assistants and registered nurses seeking this credential must have the following minimum requirements, as defined in the EmblemHealth Credentialing Policy:

- Current and valid medical license
- Current and valid DEA certificate (as applicable)

- Current malpractice coverage within acceptable limits
- Hospital privileges in good standing with a plan-contracted facility
- Acceptable work history
- Acceptable malpractice history
- Acceptable adverse action history

In addition to these minimum credentialing requirements, applicants must also be International Board Certified Lactation Consultants (IBCLCs) credentialed by the **International Board of Lactation Consultant Examiners (IBLCE)**.

NURSE PRACTITIONER SERVICES

The professional services of a nurse practitioner (NP) may be covered in network if he or she is contracted, meets **qualifications for NPs** and is legally authorized to provide services in the state where the services are performed. Payments are allowed for assistant-at-surgery services and services provided in all areas and settings permitted under applicable state licensure laws.

Note: No separate payment will be made to the nurse practitioner when a facility or other provider charges or is paid any amount for such professional services. A facility or other provider includes a hospital, skilled nursing facility, comprehensive outpatient rehabilitation facility, ambulatory surgical center, community mental health center, rural health center or federally qualified health center.

Qualifications for NPs

An NP must meet all three of the following qualifications:

- Be a registered professional nurse who is authorized by the state in which the services are provided to practice as an NP in accordance with state law
- Be certified as an NP by a recognized national certifying body that has established standards for NPs
- Possess a master's degree in nursing

The following organizations are recognized national certifying bodies for NPs at the advanced practice level:

- **American Academy of Nurse Practitioners**
- **American Nurses Credentialing Center**
- **National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties**
- **Pediatric Nursing Certification Board**
- **Oncology Nurses Certification Corporation**
- **AACN Certification Corporation**
- **National Board for Certification of Hospice and Palliative Nurses**

Covered Services

Services are covered if they meet all four of the following criteria:

- Considered physician's services if provided by a doctor of medicine or osteopathy (MD/DO)
- Performed by a person who meets all NP qualifications and is legally authorized to perform the services in the state in which they are performed
- Performed in collaboration with a MD/DO
- Not otherwise precluded from coverage because of statutory exclusions

In general, NPs are paid for covered services at 85 percent of what a physician is paid.

Nurse Practitioners as Attending Physicians

Services provided by an NP that are medical in nature must be reasonable and necessary, be included in the plan of care, and would be performed by a physician in the absence of the NP. If the services performed by an NP can be performed by a registered nurse in the absence of a physician, they are not considered attending physician services and are not separately billable.

Services Otherwise Excluded From Coverage

NP services may not be covered if they are otherwise excluded from coverage even though an NP may be authorized by state law to perform them. For example, the Medicare law excludes from coverage routine foot care and services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body part. Therefore, these services are precluded from coverage even though they may be within an NP's scope of practice under state law.

Sending Your Application

To submit a request for NP credentialing, print and complete a **Credentialing Application Addendum for Nurse Practitioner** form, and mail to the applicable address below.

For New York City, Nassau county and Suffolk county, as well as New Jersey and Connecticut applicants, please send your completed application and agreements to:

EmblemHealth
55 Water Street
New York, NY 10041
Attn: Physician Contracting, 7th floor

For all other counties in New York State, as well as all other out-of-state applicants, please send your completed application and agreements to:

EmblemHealth
5015 Campuswood Drive
East Syracuse, NY 13057
Attn: Physician Contracting

Note: All applications must include the signed agreement for the networks you would like to join.

PHYSICIAN ASSISTANT SERVICES

The professional services of a physician assistant (PA) may be covered in network if he or she is contracted, meets **qualification for PAs** and is legally authorized to provide services in the state where the services are performed. Payments are allowed for assistant-at-surgery services and services provided in all areas and settings permitted under applicable state licensure laws.

Note: No separate payment will be made to the physician assistant when a facility or other provider charges or is paid any amount for such professional services. A facility or other provider includes a hospital, skilled nursing facility, comprehensive outpatient rehabilitation facility, ambulatory surgical center, community mental health center, rural health center or federally qualified health center.

Qualifications for PAs

A PA must be licensed by the state to practice as a PA and meet one of following two qualifications:

- Graduated from a PA educational program accredited by the **Accreditation Review Commission on Education for the Physician Assistant** (or its predecessor agencies, the Commission on Accreditation of Allied Health Education Programs [CAAHEP] and the Committee on Allied Health Education and Accreditation [CAHEA])
- Passed the national certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA)

Covered Services

Services are covered if they meet all four of the following criteria:

- Considered physician's services if provided by a doctor of medicine or osteopathy (MD/DO)
- Performed by a person who meets all PA qualifications and is legally authorized to perform the services in the state in which they are performed
- Performed under the general supervision of an MD/DO
- Not otherwise precluded from coverage because of statutory exclusions

Types of PA Services That May Be Covered

PAs may provide services billed under all levels of CPT evaluation and management codes, and diagnostic tests, if provided under the general supervision of a physician. Examples of services PAs may provide include services traditionally reserved for physicians, such as examinations (including the initial preventive physical examination), minor surgery, setting casts for simple fractures, interpreting X-rays, and other activities that involve an independent evaluation or treatment of the patient's condition. In general, PAs are paid for covered services at 85 percent of what a physician is paid.

Services Otherwise Excluded From Coverage

PA services may not be covered if they are otherwise excluded from coverage even though a PA may be authorized by state law to perform them.

Physician Supervision

The PA's physician supervisor (or a physician designated by the supervising physician or employer as provided under state law or regulations) is primarily responsible for the overall direction and management of the PA's professional activities and for assuring that the services provided are medically appropriate for the patient. The physician supervisor (or physician designee) need not be physically present when a service is provided by the PA to a patient and may be contacted by telephone, if necessary, unless state law or regulations require otherwise.

Sending Your Application

To submit a request for PA credentialing, print and complete a **Credentialing Application Addendum for Registered Physician Assistant** form, and mail to the applicable address below.

For New York City, Nassau county and Suffolk county, as well as New Jersey and Connecticut applicants, please send your completed application and agreements to:

EmblemHealth
55 Water Street
New York, NY 10041
Attn: Physician Contracting, 7th floor

For all other counties in New York State, as well as all other out-of-state applicants, please send your completed application and agreements to:

EmblemHealth
5015 Campuswood Drive
East Syracuse, NY 13057
Attn: Physician Contracting

Note: All applications must include the signed agreement for the networks you would like to join.

ORGANIZATIONAL PROVIDER CREDENTIALING

Organizational providers contracting with EmblemHealth must apply for credentialing. They must go through the recredentialing process in much the same way as individual practitioners.

Minimum qualification requirements for facility participation include, but are not limited to:

- Current accreditation or an acceptable site visit
- Appropriate licensure
- Current Medicare and Medicaid certification status
- Malpractice insurance coverage
- Acceptable history with regards to malpractice

Organizational providers requiring credentialing include:

- Hospitals
- Skilled nursing facilities
- Home health agencies
- Home infusion agencies
- Ambulatory surgery facilities
- Dialysis centers
- Hospices
- Urgent care facilities
- Federally qualified health centers/NYS Article 28 Certified Health and Treatment Centers
- Rural health clinics
- Psychiatric hospitals
- Freestanding outpatient mental health centers
- Freestanding outpatient alcohol/drug abuse centers
- Substance abuse residential rehabilitation services
- Portable X-ray suppliers
- Outpatient diabetes self-management training (DSMT) providers
- Outpatient physical therapy and speech language pathology (OPT/SLP) providers
- Comprehensive outpatient rehabilitation facility (CORF) providers
- Clinical laboratories
- Freestanding imaging centers

Site Visits

Site visits are completed for non-accredited entities, as applicable. Although the Centers for Medicare and Medicaid Services (CMS) or state review or certification does not serve as accreditation of an institution, a CMS or state review can be accepted in lieu of the required site visit. The actual report from the institution must be retrieved to verify that the review was performed and that the report meets acceptable standards; however, a letter from CMS which shows that the facility was reviewed and indicates that it passed inspection is acceptable in lieu of the survey report.

Decision

Following completion of the application and all applicable verifications, the CRC will consider all information gathered on the organizational provider and evaluate in light of the criteria. At that time, the CRC decides to approve or disapprove the application. The provider is advised accordingly.

The organizational provider will generally be credentialed for a three year period. However, the CRC may recommend credentialing for a period less than three years based on the results of its review. If so, the provider is advised of the decision and the reason for the shorter approval period.

If an organizational provider has been disapproved but had been providing care to plan members, the CRC will direct appropriate plan and medical group staff to develop a transition plan for identifying alternative providers or may recommend immediate cessation of referrals

to the provider.

ORGANIZATIONAL PROVIDER RECREDENTIALING

EmblemHealth has a process for the periodic recredentialing of organizational providers previously approved by the CRC. All organizations are recredentialed every three years.

Scope

All organizations participating in the HMO networks and the Medicare Advantage network that were required to obtain initial approval from the CRC are also subject to the recredentialing process.

Review Criteria

The review criteria for recredentialing are the same as the credentialing criteria.

Decision

The decision-making process for recredentialing is the same as for initial credentialing.

ACCREDITING BODIES

Acceptable accrediting bodies include, but are not limited to:

- The Joint Commission (TJC)
- Det Norske Veritas (DNV)
- The Accreditation Association for Ambulatory Health Care (AAAHC)
- The Commission on Accreditation of Rehabilitation Entities (CARF)
- The Council on Accreditation, the Community Health Accreditation Program (CHAP)
- The Continuing Care Accreditation Commission
- American Association of Diabetes Educators (AADE)
- American College of Radiology (ACR)
- American Institute of Ultrasound in Medicine (AIUM)
- Intersocietal Commission on Accreditation of Nuclear Laboratories (ICANL)
- American Association of Clinical Endocrinologists (AACE)
- Nuclear Medicine Technology Certification Board (NMTCB)

THE CREDENTIALING/ RECREDENTIALING COMMITTEE

EmblemHealth's Credentialing/ Recredentialing Committee (CRC) is charged with examining the qualifications of participating clinicians and facilities against the professional standards established by our Quality Improvement Committee (QIC).

The CRC performs the initial approval and credentialing of clinicians and facilities for participation with EmblemHealth. The CRC is assisted by the Credentialing department, which is responsible for reviewing and verifying completeness of every provider's application. Primary source verification is done of the provider's licensure and accreditation, where

applicable. CMS requires primary source verification of education and training records and board certification. They reassess said clinicians and organizational providers every three years (at minimum) to assure that all credentialed clinicians and organizations remain qualified and continue to meet the established criteria.

Members of the CRC include an EmblemHealth designee or our Medical Director (acting as the Committee Chair), at least one physician from each primary care specialty and any high volume specialists as designated by the Committee Chair. The Committee Chair ensures that the CRC has a meaningful range of participating practitioners serving on the Committee with additional specialties added on an ad-hoc basis. All practitioners in the voting membership of the Committee must maintain a current credentials file with EmblemHealth.

The Committee Chair leads discussions concerning potential quality issues and explains and/or clarifies credentialing policy and procedure when required. The CRC is required to conduct a review of the credentialing file prior to credentialing or recredentialing an applicant.

For Medicare Advantage health care services, the provider shall cooperate with the plan's credentialing and recredentialing process. The credentials of medical professionals covered by an agreement with one of EmblemHealth's companies will either be reviewed by EmblemHealth directly or where delegated, the credentialing process will be reviewed and approved by EmblemHealth who must audit the credentialing process on an ongoing basis.

THE ALLIANCE

EmblemHealth is part of The Alliance, a collaboration between health plans which allows practitioners who participate in two or more plans to use a single application for credentialing. Alliance-based applications are performed by Aperture CVO and the results are shared with all participating and applicable health plans.

COUNCIL FOR AFFORDABLE QUALITY HEALTHCARE UNIVERSAL PROVIDER DATASOURCE

EmblemHealth participates in the Council for Affordable Quality Healthcare (CAQH) Universal Provider Datasource (UPD).

EmblemHealth requires all applicants for all networks to complete the Council for Affordable Quality Health Care (CAQH) Proview credentialing application form. If you do not have a CAQH number, please register with **CAQH ProView**. If you have any questions about how to obtain a CAQH number, please call CAQH at **1-888-599-1771**.

PRACTITIONER REPORTING RESPONSIBILITIES

The following events may affect the credentialing of a practitioner or practitioner's employee and shall be immediately reported to EmblemHealth:

- Any voluntary or involuntary diminishment, suspension, termination or relinquishing of

licensing and/or hospital privileges initiated by a hospital.

- Any voluntary or involuntary diminishment, suspension, revocation, or relinquishing of a DEA certificate.
- The initiation of any proceeding by a state licensing authority.
- The initiation of any legal or criminal proceeding pertaining to practitioner or any individual employed by practitioner.
- Any proceeding which could affect Medicaid or Medicare participation of either practitioner or any licensed employee of the practitioner.
- Any report made to the National Practitioner Data Bank (NPDB) or other reporting agency concerning a licensed professional employed by the practitioner.
- Any notice given regarding the commencement of a professional liability action involving the practitioner or any entity, other than a publicly traded company, in which the practitioner has an ownership interest.
- Any member complaint concerning the covered services rendered.

REPORTING TO OUTSIDE AGENCIES

In the event that a practitioner is de-credentialed for quality issues by the CRC, the Recredentialing Committee or an Ad Hoc Appellate Board, EmblemHealth is required by law to report such misconduct to the appropriate data collection service(s). Reporting shall occur within 30 days from the decision date, unless the practitioner requests an appeal.

Reportable Actions

Actions reportable to the National Practitioners Data Bank (NPDB) include:

- Any professional review based on reasons related to professional competence or conduct which adversely affects EmblemHealth participation for a period longer than 30 days.
- Voluntary surrender or restriction of clinical privileges while under, or to avoid, investigation.

Actions reportable to the Healthcare Integrity and Protection Data Bank (HIPDB) include:

- Health care related civil judgments entered in federal or state court.
- Any other adjudicated actions or decisions that the CMS Secretary shall establish by regulation.

Actions reportable to the applicable state office with oversight of professional conduct, e.g., New York State Office of Professional Medical Conduct (NYSOPMC) includes:

- Termination of credentials based upon member complaints or peer review findings.

TERMINATION AND APPEAL

The CRC and PRS have the authority to terminate practitioners from servicing EmblemHealth members. The committee and subcommittee make such a determination based on, in the case of the CRC, quality or credentials issues arising at recredentialing or, in the case of the PRS, complaints about quality of care. The procedures for termination and appeal are managed

through our Credentialing department and apply to actions by either the CRC or PRS.

Actions that may cause termination include, but are not limited to:

- Engaging in acts of gross incompetence or gross negligence on a single occasion, or negligence or incompetence on more than one occasion.
- Refusing to provide a client or patient service or medical care because of race, creed, color or national origin.
- Practicing beyond the scope of the profession.
- Failing to return or provide copies of records upon request.
- Being sexually or physically abusive.
- Abandoning or neglecting a patient in need of immediate care.
- Performing unnecessary work or unauthorized services.
- Practicing under the influence of alcohol or other drugs.
- Promoting the sale of services, goods, appliances or drugs in a manner that exploits the patient.
- Refusing to provide medical care because of race, creed, color or national origin.
- Guaranteeing a cure.
- Performing professional services not authorized by the patient.
- Willfully harassing, abusing or intimidating a patient.
- Ordering excessive tests or treatments.
- Permitting or aiding an unlicensed person to perform activities which require a license.
- Practicing the profession with a suspended or inactive license.
- Revealing personally identifiable facts, data or information without consent of the patient, except as authorized or required by law.
- Any conviction of a criminal offense related to a participating provider or that provider's managing employee involvement in any Medicare, Medicaid or Title XX services program.
- Any provider denied credentialing for program integrity-related reasons such as being on a government program-excluded provider list and/or having existing fraud, licensing or OPMC issues.
- Voluntary surrender or restriction of clinical privileges while under, or to avoid, investigation.
- A finding of mental or physical impairment.
- A finding of imminent harm to patient health, safety and welfare.
- The voluntary or involuntary termination of a contract, employment or other affiliation to avoid the imposition of disciplinary measures.
- Determination of fraud.
- Determination of misconduct.
- Releasing confidential information without authorization or as otherwise legally permitted.
- Being convicted of a crime.
- For other reasons, such as business decisions that are other than quality of care concerns.

The CRC and PRS make decisions, except for termination for egregious reasons, at regularly scheduled meetings. The practitioner will receive a termination notice explaining the reasons for the proposed action, a termination date and a detailed explanation of the appeal process. Termination shall be effective no earlier than 60 days from the practitioner's receipt of the

termination notice.

Throughout the process, the CRC and PRS make every effort to ensure that the practitioner has adequate opportunity to contribute to any discussion on recredentialing or quality of care.

Decisions of the practitioner's termination shall be effective not less than 60 days after the receipt by the practitioner of the termination notice.

Appeal of Disciplinary Decisions

The practitioner may appeal any formal CRC/PRS disciplinary action to a CRC Ad Hoc Appellate Board. Written notice of appeal must be sent to CRC within 30 days of receiving the termination notice. If no appeal is submitted within 30 days, the action will be reported to NPDB.

If an appeal is requested, the practitioner will be contacted and, once a date is confirmed, will be notified by certified mail of the date and time of the appeal hearing. Said hearing shall take place no later than 30 days from the date of receipt of the provider's request for a hearing.

The notice of hearing must be accompanied by copies of all documents, reports, cases or materials on which the Ad Hoc Appellate Board intends to rely. The practitioner may submit additional information (in writing) for consideration by the Ad Hoc Appellate Board within 30 days of filing the appeal. Additional materials must be received before the scheduled date of the hearing.

The practitioner has the right to appear before the Ad Hoc Appellate Board through counsel.

This hearing may be postponed only once, unless there are extenuating circumstances. If the practitioner elects to postpone the second hearing without extenuating circumstances, the Ad Hoc Appellate Board will convene as scheduled and make a decision based upon the information available.

If the Ad Hoc Appellate Board upholds the original Committee's decision, EmblemHealth will proceed with reporting the action to appropriate regulatory agencies.

Ad Hoc Appellate Board

The Ad Hoc Appellate Board shall be compiled by EmblemHealth and shall contain three credentialed practitioners, at least one of whom specializes in the field appropriate to the review. The panel may consist of more than three provided that the number of clinical peers constitutes one-third or more of the total membership. Members of the CRC may serve on this board. However, no physician can vote on both an initial decision and an appeal for the same practitioner.

The Ad Hoc Appellate Board decision may include reinstatement, provisional reinstatement with conditions set by the Board or termination. The Hearing Panel will render a decision in a timely manner. The practitioner will be notified by mail within five business days of the decision. A decision for termination shall be effective not less than 30 days after the practitioner's receipt of the Hearing Panel's decision.

EmblemHealth will permit members to continue an on-going course of treatment for a transition period of up to ninety (90) days, and post-partum care, subject to the provider's agreement, pursuant to PHL §4403(6)(e).

Termination For Egregious Reasons

EmblemHealth can initiate an immediate termination in the event of:

- Knowledge of a member's imminent harm by a clinician.
- Determination of fraud by EmblemHealth's Special Investigations Unit (SIU).
- Action by the NYSOPMC or other recognized regulatory agency, such as license suspension or revocation, or CMS sanction.

A termination for any of the above reasons is reported to the NPDB and is not eligible for a hearing or a review.

EmblemHealth will immediately remove any provider from the network who is unable to provide health care services due to a disciplinary action.

Practitioner's Rights

We recognize that practitioners have the following rights which may not justify termination or dec credentialing:

- To advocate on behalf of our members.
- To file a complaint against EmblemHealth.
- To appeal any decision made by EmblemHealth.
- To provide information or file a report to PHL § 4406-c regarding prohibitions made by EmblemHealth.
- To request a hearing or review.

RADIOLOGY PRIVILEGING LIST BY SPECIALTY

Practitioners with certain types of credentialing may be eligible to provide in-house radiology imaging through our Radiology Privileging Program. Additional certification may be required. See the **Radiology Privileging** chapter for more details. The Radiology Privileging Program applies to members with the following benefit plans and to practitioners who provide care to these members:

- EmblemHealth EPO/PPO
- GHI
- Vytra

GHI HMO members and practitioners are not eligible for this program. Protocols for HIP, EmblemHealth CompreHealth EPO and EmblemHealth Medicare HMO appear in the **HIP Outpatient Diagnostic Imaging Self-Referral Payment Policy** chapter.

ADA ACCESSIBILITY ATTESTATION

The Americans with Disabilities Act (ADA) is a federal statute that requires public accommodations to provide goods and services to people with disabilities on an equal basis as that provided to the general public. Structural barriers to access should be removed only when the correction is readily achievable, which is defined by the law as easily accomplished and able to be carried out without much difficulty or expense. EmblemHealth is required to report aggregate statistics by geographic area and specialty on the percentage of providers that practice in ADA-compliant facilities.

A new EmblemHealth **ADA Accessibility Attestation Form** needs to be completed and submitted to EmblemHealth each time a provider joins a new office or has moved to a new location. Please note that the information provided here will in no way affect your affiliation with EmblemHealth.

All providers who participate in either the EmblemHealth Dual Assurance Network or Associated Dual Assurance Network must have a signed **ADA Accessibility Attestation Form** on file with EmblemHealth for each service location.

Providers must notify EmblemHealth within 10 business days of any change in their ability to meet the ADA Accessibility standards as outlined in the signed **ADA Accessibility Attestation Form**.



AMERICANS WITH DISABILITIES ACT (ADA) ATTESTATION

FROM: Practice Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Instructions: Please answer each question and subquestion by filling in the appropriate circle. Then, based on your practice location, mail the completed attestation and any related documentation to:

New York City, Nassau, Suffolk:

EmblemHealth
55 Water Street
New York, NY 10041
Attn: Physician Contracting, 7th Floor

All Other Counties in New York:

EmblemHealth
5015 Campuswood Drive
East Syracuse, NY 13057
Attn: Physician Contracting

If you are completing this form on behalf of a practice, please attach a listing of practitioners at your office. If your practice has more than one location, please complete a form for each location and attach a listing of practitioners for each location. Once submitted, please notify EmblemHealth within 10 business days of any change to your answers below. Additional forms can be downloaded from the “Join Our Networks” page at www.emblemhealth.com.

Note: If you do not see patients at the address above (e.g., you’re an inpatient provider only or administrative only), please answer N/A here, sign the form and mail it back. N/A

1. Does the office have at least one wheelchair-accessible path from an entrance to an exam room?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
2. Are examination tables and all equipment accessible to people with disabilities?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
3. If parking is provided, are there spaces reserved for people with disabilities and pedestrian ramps at sidewalks and drop-offs?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
4. If parking is provided, are there an adequate number (see below) of accessible parking spaces (8 feet wide for a car and 5-foot access aisle)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
<table border="0"> <tr> <td style="text-align: center;">Total spaces</td> <td style="text-align: center;">Accessible spaces</td> </tr> <tr> <td style="text-align: center;">1-25</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">26-50</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">51-75</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">76-100</td> <td style="text-align: center;">4</td> </tr> </table>	Total spaces	Accessible spaces	1-25	1	26-50	2	51-75	3	76-100	4			
Total spaces	Accessible spaces												
1-25	1												
26-50	2												
51-75	3												
76-100	4												
5. a. For a provider with a disability-accessible parking space, is there a path of travel from the disability-accessible parking space to the facility entrance that does not require the use of stairs?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
b. Is the path of travel stable, firm and slip resistant?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
c. Except for curb cuts, is the path at least 36 inches wide?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
6. a. Is there a method for persons using wheelchairs or requiring other mobility assistance to enter as freely as everyone else?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
b. Is that route of travel safe and accessible for everyone, including people with disabilities?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
7. Does the main exterior entrance door used by persons with mobility disabilities to access public spaces meet the following:													
a. 32 inches clear opening.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
b. 18 inches of clear wall space on the pull side of the door, next to the handle.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
c. The threshold edge is no greater than ¼-inch high; if beveled, no greater than ¾-inches high.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										
d. The door handle is no higher than 48-inches high and can be operated with a closed fist.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A										

(Continued)

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



8. a. Are there ramps to permit access? If yes , complete the following four questions:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
b. Are the slopes of the ramp accessible for wheelchair access?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
c. Are the railings sturdy and high enough for wheelchair access?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
d. Is the width between railings wide enough to accommodate a wheelchair?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
e. Are the ramps nonslip and free from any obstruction (cracks)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
9. If there are stairs at the main entrance, is there also a ramp or lift or is there an alternative accessible entrance?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
10. Do any inaccessible entrances have signs indicating the location of the nearest accessible entrance?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
11. Can the accessible entrance be used independently and without assistance?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
12. Are doormats ½-inch high or less with beveled or secured edges?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
13. Are waiting rooms and exam rooms accessible to people with disabilities?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
14. Does the layout of the interior of the building allow people with disabilities to obtain materials and services without assistance?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
15. Do the interior doors comply with the criteria set forth for exterior doors (see question 7)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
16. Are the accessible routes to all public spaces in the facility 31-inches wide?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
17. Is there a 5-foot circle or a T-shaped space for a disabled person using a wheelchair to reverse direction in public areas where services are rendered?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
18. Are all buttons or other controls in the hallway no higher than 42 inches?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
19. Do elevators in the facility meet the following standards:			
a. There are raised and Braille signs on both door jambs on every floor.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
b. The controls inside the cab have raised and Braille lettering.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
c. The call buttons in the hallway are not higher than 42 inches.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
20. Are sign language interpreters and other auxiliary aids and services provided in appropriate circumstances?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
21. Is the public lavatory wheelchair-accessible?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
22. With respect to the public restroom, do the accessible route, the exterior door and the interior stall doors comply with standards set forth for exterior doors (see question 7)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
23. Is there at least one wheelchair-accessible stall in the public restroom that has an area of at least 5 feet by 5 feet clear of the door swing or is there at least one stall that is less accessible but provides greater access than a typical stall (either 36 by 69 inches or 48 by 69 inches)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
24. In the accessible stall of the public restroom, are there grab bars behind and on the side wall nearest the toilet?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
25. Is there one lavatory in the public restroom that meets the following standards:			
a. 30-inches wide by 48 inches; deep bar space in front.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
b. A maximum of 19 inches of the required depth may be under the lavatory.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
c. The lavatory rim is no higher than 34 inches.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
d. There are at least 29 inches from the floor to the bottom of the lavatory apron.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
e. The faucet can be operated with a closed fist.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
f. The soap dispenser and hand dryers are within reach and usable with one closed fist.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
g. The mirror is mounted with the bottom edge of the reflecting surface 40 inches from the floor or lower.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A

I hereby attest that I am a provider that occupies a physical site at which participants might possibly be physically present and that the answers provided are accurate. Or, I do hereby attest that I hold the authority to make these attestations.

Name:	Date:
Signature:	



CREENTIALING APPLICATION ADDENDUM FOR NURSE PRACTITIONER

Applicant name:				
Check applicable title or fill in other:				
<input type="checkbox"/> Certified Family Practice Nurse	<input type="checkbox"/> Certified Pediatric Nurse Anesthetist	<input type="checkbox"/> Certified Obstetric/Gynecology Nurse		
<input type="checkbox"/> Certified Nurse Midwife	<input type="checkbox"/> Certified Pediatric Nurse Practitioner	<input type="checkbox"/> Certified Obstetric/Gynecology Nurse Practitioner		
<input type="checkbox"/> Certified Geriatric Nurse Practitioner	<input type="checkbox"/> Certified Neonatal Nurse/Clinician Practitioner	<input type="checkbox"/> Other <i>(please specify)</i> : _____		
Required Documents				
Each applicant must submit the original application form in addition to this Nurse Practitioner addendum. Each application must be accompanied by a collaborative Nurse Practitioner practice agreement with an EmblemHealth participating provider.				
Collaborative Practice Agreement				
The undersigned agree to work in a collaborative practice within their scope of practice, including hospital admissions and dispensing of controlled substances as needed. <input type="checkbox"/> Separate agreement attached.				
EmblemHealth Physician				
Name:				
Address:		City:	State:	ZIP code:
Phone:	License #:	NPI#:	Directory ID #:	
Signature:			Date:	
Nurse Practitioner Consent and Release Form				
I understand and acknowledge that as an applicant for EmblemHealth (plan):				
A. It is my responsibility to provide sufficient information upon which a proper evaluation can be undertaken of my current licensure, relevant training and/or experience, current competence, health status, character ethics and any other criteria adopted by the plan.				
B. I agree to abide by EmblemHealth's administrative guidelines, applicable laws, rules and regulations, and agree to be bound by them.				
The plan will investigate the information in this application, disciplinary reporting and information exchange activities as part of its credentialing program, as follows:				
<ol style="list-style-type: none"> 1. Authorize investigation and release of information concerning appointment. I hereby authorize all individuals, institutions, and entities, including but not limited to schools, colleges, university administrators and members of the professional staff of facilities or institutions with which I have been associated and all professional liability insurers with which I have had or currently have professional liability insurance who have knowledge concerning information requested in this application, to consult with and release relevant information to the plan or its agents. 2. Release from liability. I hereby, fully, absolutely and unconditionally release from all liability the plan, its agents and all other individuals, institutions and entities providing information in accordance with the authorization contained herein for all acts performed in good faith and without malice in connection with the investigation of this application, including but not limited to, the acts of preparing or completing any verifications, evaluations, recommendations, information request or forms that are provided by the applicant, hospitals or third party payers. This release is in addition to any other applicable immunities provided by law. 				
The authorization and release given by me herein shall be irrevocable so long as I am an applicant for credentialing or have clinical privileges at the plan.				
The investigation of information in this application is true and complete to the best of my knowledge and belief and any materials misstatement or omission from this application may constitute grounds for denial or revocation of clinical privileges with the plan. The plan shall be solely responsible for all decisions concerning granting clinical privileges.				
I have read and understand the foregoing Authorization and Release.				
Name (Print or Type):				
Signature:			Date:	

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.





CREDENTIALING APPLICATION ADDENDUM FOR REGISTERED PHYSICIAN ASSISTANT

Applicant name:		Applicant title:	
Required Documents			
Each applicant must submit the original application form in addition to this Registered Physician Assistant addendum. Each application must be accompanied by a collaborative Registered Physician Assistant practice agreement with an EmblemHealth participating provider.			
Collaborative Practice Agreement			
The undersigned agree to work in a collaborative practice within their scope of practice, including hospital admissions and dispensing of controlled substances as needed. <input type="checkbox"/> Separate agreement attached.			
EmblemHealth Physician			
Name:			
Address:		City:	State: ZIP code:
Phone:	License #:	NPI#:	Directory ID #:
Signature:			Date:
Physician Assistant Consent and Release Form			
I understand and acknowledge that as an applicant for EmblemHealth (plan):			
A. It is my responsibility to provide sufficient information upon which a proper evaluation can be undertaken of my current licensure, relevant training and/or experience, current competence, health status, character ethics and any other criteria adopted by the plan.			
B. I agree to abide by EmblemHealth's administrative guidelines, applicable laws, rules and regulations, and agree to be bound by them.			
The plan will investigate the information in this application, disciplinary reporting and information exchange activities as part of its credentialing program, as follows:			
<ol style="list-style-type: none"> 1. Authorize investigation and release of information concerning appointment. I hereby authorize all individuals, institutions, and entities, including but not limited to schools, colleges, university administrators and members of the professional staff of facilities or institutions with which I have been associated and all professional liability insurers with which I have had or currently have professional liability insurance who have knowledge concerning information requested in this application, to consult with and release relevant information to the plan or its agents. 2. Release from liability. I hereby, fully, absolutely and unconditionally release from all liability the plan, its agents and all other individuals, institutions and entities providing information in accordance with the authorization contained herein for all acts performed in good faith and without malice in connection with the investigation of this application, including but not limited to, the acts of preparing or completing any verifications, evaluations, recommendations, information request or forms that are provided by the applicant, hospitals or third party payers. This release is in addition to any other applicable immunities provided by law. 			
The authorization and release given by me herein shall be irrevocable so long as I am an applicant for credentialing or have clinical privileges at the plan.			
The investigation of information in this application is true and complete to the best of my knowledge and belief and any materials misstatement or omission from this application may constitute grounds for denial or revocation of clinical privileges with the plan. The plan shall be solely responsible for all decisions concerning granting clinical privileges.			
I have read and understand the foregoing Authorization and Release.			
Name (Print or Type):			
Signature:			Date:

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

EMB_PR_FRM_15391_RPA_CredAppAdden_WEB 8/13

