

EVOLENT HEALTH LLC POLICY AND PROCEDURE



POLICY NUMBER: NVR.021.E.KY
 REVISION DATE: 05/30/2019
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POLICY TITLE: Responsibilities of Chief Medical Officer, Designated Medical Director, and Credentialing Committee
DEPARTMENT: Provider Credentialing
ORIGINAL DATE: February 2016

Approver(s): Sharlee LeBleu, Director, Credentialing Operations

Policy Review Committee Approval Date: May 30, 2019

Product Applicability: mark all applicable products below:

COMMERCIAL	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <i>Products:</i> <input type="checkbox"/> Small <i>Exchange:</i> <input type="checkbox"/> Shop <input type="checkbox"/> All <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. <input type="checkbox"/> Large
	States: <input type="checkbox"/> GA <input type="checkbox"/> MD <input type="checkbox"/> OH <input type="checkbox"/> TX <input type="checkbox"/> _____
GOVERNMENT PROGRAMS	<input type="checkbox"/> MA HMO <input type="checkbox"/> MA C-SNP <input checked="" type="checkbox"/> MA D-SNP <input type="checkbox"/> MSSP <input type="checkbox"/> Next Gen ACO <input type="checkbox"/> MA All <input checked="" type="checkbox"/> Medicaid <i>States:</i> <input type="checkbox"/> DC <input checked="" type="checkbox"/> KY <input type="checkbox"/> MD <input type="checkbox"/> _____
OTHER	<input type="checkbox"/> Self-funded/ASO

Regulatory Requirements: National Committee for Quality Assurance (NCQA), CR 2 Credentialing Committee.

Related Documents:

- NVR.010.E Practitioner Credentialing and Recredentialing
- NVR.011.E Practitioner Credentialing Rights
- NVR.012.E Organizational Provider Credentialing and Recredentialing
- NVR.013.E Ongoing Monitoring of Sanctions
- NVR.014.E Practitioners Sanctioning and Reporting Policy
- NVR.017.E New Provider Letters

PURPOSE

Evolut Health (Evolut) obtains meaningful advice and expertise from participating practitioners when it makes credentialing decisions. This policy provides guidance for the roles and responsibilities of the Health Plan’s Chief Medical Officer or designated Medical Director and the Credentialing Peer Review Committee.

DEFINITIONS

Credentialing: The process by which the Health Plan reviews and evaluates the qualifications of licensed independent practitioners to provide services to the members of a Health Plan. Eligibility is determined by the extent to which applicants meet defined

requirements for education, licensure, professional standing, service availability, and accessibility, as well as the Health Plan's requirements for utilization and quality improvement. A practitioner must complete the entire process to be considered credentialed. Evolent does not confer a provisional credentialing status.

Type I Practitioners: Practitioners meeting all credential verification guidelines with no history of malpractice suits and/or adverse professional actions.

Type II Practitioners: Practitioners not meeting all credentials verification guidelines and/or have a history of malpractice suits and/or adverse professional actions.

POLICY

Evolent's credentialing program is overseen by its Chief Medical Officer (CMO) or designated Medical Director of Health Plan and Credentialing Peer Review Committee. Upon completion of the application process, prospective practitioners and organizations are reviewed for acceptance into clients' respective networks prior to establishing a contracted relationship.

- I. The applicable health plan CMO participates in the development and implementation of the credentialing program as described below:
 - A. Participates in the development and revisions of credentialing and recredentialing policies and procedures.
 - B. CMO or designated Health Plan Medical Director, acts as a voting member for those instances when the review results in a tie vote.
 - C. Reviews or designates a Medical Director to review the Type I practitioners and organizations for approval and signs off on all clean files in accordance with Practitioner and Organizational Provider credentialing and recredentialing policies.
 - D. Reviews Type II practitioner files to determine which files need to be reviewed by the Credentialing Committee.
 - E. CMO based on his/her review can deem a TYPE II file as a TYPE I file based on established criteria and health plan business rules. If deemed a Type I file, CMO can make decision without need for full Credentialing Peer Review Committee review.
 - F. Communicates with and notifies practitioners and organizations of relevant company decisions.
 - G. CMO or designated Health Plan Medical Director may implement immediate administrative restrictions with regard to any participating provider where he or she believes that such restrictions are necessary to protect the health and safety of beneficiaries. Examples of such circumstances include, but are not limited to, Emergency Orders of Restriction and Licensure Board Disciplinary Orders.
 - H. Provides daily expertise to the credentialing staff.
 - I. Participates in the credentialing appeals process.

- II. The Health Plan's Credentialing Peer Review Committee includes members with representation from various providers eligible to participate in Evolent Health's clients' networks. Committee membership may include, but is not limited to, primary care physicians, pediatricians, specialists, surgeons, advanced registered nurse practitioners, audiologists, certified registered nurse anesthetists, podiatrists, chiropractors, physician assistants, behavioral health practitioners, and other licensed or certified practitioners.

- III. The CMO or designated Health Plan Medical Director is responsible for ensuring the committee is facilitated in a manner that provides strict adherence to the company's policies and procedures for credentialing and recredentialing. The CMO or designated Health Plan Medical Director acts as a voting member for only those matters resulting in a tie.

- IV. Practitioners are notified of decisions made by the Credentialing Peer Review Committee within 60 days of the date of the Committee decision.

PROCEDURE

The Credentialing Peer Review Committee meetings and decision-making processes take place in face-to-face or real-time virtual meetings, e.g., telephone, video, or Web conferences with audio. The Committee is accountable for the timely and thorough review of all practitioner applications. The Credentialing Committee administers credentialing and recredentialing policies, tracks trends in credentialing issues, and makes recommendations regarding client participation. For approved Type I Practitioners or organizations, effective dates commence with the Medical Director's approval date. Type II effective dates commence with action by the Credentialing Committee.

- VI. On an annual basis, or as needed, the Credentialing Peer Review Committee reviews and approves all substantive changes to credentialing policies and procedures which outlines criteria for decision making and the responsibilities of the committee.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

Responsibilities of Chief Medical officer, Designated Medical Director and Credentialing Committee

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DESCRIPTION OF REVIEW / REVISION	REVISION DATE
New Policy	11/2016
Language added to allow CMO/Designated Medical Director to review and downgrade a TYPE II provider to a Type I and make the plan decision without need to present to Credentialing Committee.	09/2017
Change of ownership and adding language that identifies Cred Committee as a "Peer Review" committee	05/2018
<ul style="list-style-type: none">- Annual Review & Structural Adoption- Change of Policy Ownership from Joel Scott to Sharlee LeBleu	05/30/2019