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NQTL Non-Quantitative Treatment Limitation (NQTL) Provider Credentialing Analysis

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC's (NHP/NHIC/NH TPA/NHAS) Provider Integration Department ensures the completion of an analysis annually, or as necessitated by a change, documented findings of non-quantitative treatment (NQT) and non-quantitative treatment limitations (NQTLs) on all lines of business excluding Medicare, in order to identify risks and maintain operational compliance with the requirements under the Mental Health Parity and Addiction Equity Act (MHPAEA).

Policy Detail:

Network Health shall retain ultimate responsibility for compliance with the Consolidated Appropriations Act (CAA) and the requirements set forth under the MHPAEA. Such requirements include the completion of a detailed comparative analysis of QTs and NQTLs.

Procedure Detail:

I. Requirements and Procedure

The purpose of credentialing and recredentialing is to provide a comprehensive and rigorous process review of physicians and other licensed practitioners or certified practitioners to ensure that prospective plan practitioners are qualified by education and experience and reflect commitment to high quality, cost effective medical care for participation in Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS).

- II. Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS) has a well-defined credentialing/rec credentialing process for evaluating and selecting licensed independent practitioners to provide care to its members. Credentialing/Rec credentialing is conducted in a manner that does not discriminate on the basis of race, ethnicity, ethnic/national identity, gender, age, religion, sex, sexual orientation, patient's insurance coverage (e.g., Medicaid) or the type of procedure or patient in which the practitioner specializes or serves. A complete review will be conducted on every file that is denied by the credentials committee to ensure that the denial was non-discriminatory. The Medical Director or

Designated Physician will appoint a peer to review the denial to ensure that the decision was made in a nondiscriminatory manner. The pro-active steps that the organization uses to protect, prevent, and annually monitor discriminatory practices are as follows: Upon credentialing, the Medical Director, or Designated Physician attests that the file review was conducted in a nondiscriminatory manner and makes a recommendation to the Centralized Credentials Committee. The results of such review will be reported back to the Credentials Committee by the Medical Director or Designated Physician. To prevent discrimination, an annual review of all credentialing decisions is conducted by the Manager of Provider Integration to help prevent discrimination. The annual review includes, but not limited to:

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- 2 A. Maintaining a heterogeneous Credentialing Committee membership and requiring for those responsible for credentialing decisions to sign a statement affirming that they do not discriminate.
- B. Periodic audits of credentialing files (in-process, denied and approved files) that suggest potential discriminatory practice in selecting practitioners.
- C. Annual audits of practitioner complaints for evidence of alleged discrimination.
- 1. Tracks and identifies discrimination in credentialing and recredentialing processes.
- D. Practitioners shall be notified within 30 calendar days of the committee's credentialing decision.
- E. Practitioners have the right, upon request, to be informed of the status of their credentialing application.
- F. Review of information to evaluate continued participation of practitioners is ongoing and periodic. In situations where there is a question regarding any primary source verification or quality issue or if requested by the Credentialing Committee, additional investigation or review may be initiated. This policy applies to all practitioners including PPO practitioners when applicable (see related document NHP/NHIC/NH TPA/NHAS PPO "When Applicable" Definition). This policy is consistent with NHP/NHIC/NH TPA/NHAS's mission, vision, and values.
- G. All credentialed NHP/NHIC/NH TPA/NHAS practitioners as identified in the Credentialing Process must successfully complete the recredentialing process within a 36-month timeframe for a continued contract as an NHP/NHIC/NH TPA/NHAS practitioner. However, practitioners whose credentialing required special consideration by the Credentials Committee are required to be reevaluated on an annual basis (every 12 months) or as determined by the Credentials Committee. (See Range of Actions to Improve Performance/Altering the Conditions of Participation).
- H. All credentialing/recredentialing applications will be returned to the Credentialing Department no later than 90 days of receipt of application.
- I. Only practitioners who are currently credentialed are included in the Provider Directory.
- J. Education, training, and certification relevant to each specialty/subspecialty in which a practitioner desires to practice will be assessed with each recredentialing cycle. NHP/NHIC/NH TPA/NHAS verifies completion of fellowship if the practitioner's fellowship program or completion of fellowship is communicated to members (e.g., in a directory, newsletter; by member services staff). If a practitioner desires to change his/her specialty/ subspecialty between recredentialing cycles, this change will need to be presented to the Credentialing Committee for approval. No practitioner will be listed individually by name in NHP/NHIC/NH TPA/NHAS's Directory unless they have been approved by the committee for their specialty or subspecialty of practice. All listings in provider directories and other member materials shall be consistent with credentialing data, including education, training, board certification, and specialty. Processes to ensure consistency include:

- 3 i. obtaining complete information regarding education, training, board certification, and specialty for each specialty or subspecialty in which the practitioner intends to practice
- ii. auditing the accuracy of credentialing information in the Echo/QNXT database, which is the source of

provider directory information. Upon credentialing, the Medical Director, or Designated Physician attests that the file review was conducted in a nondiscriminatory manner and makes a recommendation to the Centralized Credentials Committee. The results of such review will be reported back to the Credentials Committee by the Medical Director or Designated Physician. To prevent discrimination, an annual review of all credentialing decisions is conducted by the Manager of Provider Integration to help prevent discrimination. The annual review includes, but not limited to:

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- 3 i. obtaining complete information regarding education, training, board certification, and specialty for each specialty or subspecialty in which the practitioner intends to practice
- ii. auditing the accuracy of credentialing information in the Echo/QNXT database, which is the source of provider directory information.

A. NHP/NHIC/NH TPA/NHAS credentialing does not apply to:

A. Practitioners who practice exclusively in an inpatient setting and provide care

for organization members only because members are directed to the hospital or another inpatient setting.

- B. Practitioners who practice exclusively in free-standing facilities and provide care for organization members only because members are directed to the facility.
- C. Pharmacists who work for a pharmacy benefits management (PBM) organization to which NHP/NHIC/NH TPA/NHAS delegates utilization management (UM) functions.
- D. Covering practitioners (e.g., locum tenens) who do not have an independent relationship with NHP/NHIC/NH TPA/NHAS are outside NCQA's scope of credentialing.
- E. Practitioners who do not provide care for members (e.g., board-certified consultants who may provide a professional opinion to the treating practitioner).
- F. Rental network practitioners who provide out-of-area care only, and members are not required or given an incentive to seek care from them.

IV. Practitioners to which credentialing does not apply includes:

- A. Anesthesiologists without Pain Management Practice
- B. Assistant Surgeon
- C. Athletic Trainers
- D. Critical Care
- E. Dietitians
- F. Emergency Medicine
- G. Hospital based urgent care
- H. Hospitalists
- I. Locum Tenens-If they serve in this capacity for less than ninety (90) calendar days
- J. Medical Toxicology
- K. Neonatologist
- L. Nuclear Medicine
- M. Nutritionist
- N. Occupational Therapists-except those working in an autism in home service
- O. Physical Therapists
- P. Speech/Language Therapists-except those working in an autism in home service
- Q. Pathologists
- R. Radiologists
- S. Radiation-Oncology
- T. Radiology- Interventional
- U. RN/Surgical Techs in specialty practices

- I. V. Para-Professional working in an autism in home service NHP/NHIC/NH TPA/NHAS maintains the right to do an assessment of need on any given prospective practitioner requesting participation. This is based on number of practitioners per member, geographic location, and services provided.
- II. All prospective plan practitioners must successfully complete the credentialing process before contract is executed. NHP/NHIC/NH TPA/NHAS will not allow provisional or temporary credentialing of practitioners. Credentialing applications will be returned to the Credentialing Department no later than 90 days of receipt of initial application.
- III. NHP/NHIC/NH TPA/NHAS initially credentials a practitioner again if the break in network participation is more than 30 calendar days. VIII. Practitioner directory listings and other materials are consistent with credentialing data, including education, training, board certification, and specialty. Credentialing policies and procedures specify that NHP/NHIC/NH TPA/NHAS verifies completion of

fellowship if the practitioner's fellowship program or completion of fellowship is communicated to members (e.g. in a directory, newsletter, by member services staff). Note, verification of fellowship does not meet the intent of verifying the highest level of education and training.

- IV. Require a completed application and signature completed via faxed, digital, electronic, scanned, photocopied, handwritten or electronic documentation. Signature stamps are only acceptable if the practitioner is physically impaired, and the disability is documented in the practitioner's credentialing file. Obtaining complete information related to education, training, and board certification for each specialty or subspecialty in which the practitioner intends to practice.
- V. Auditing the accuracy of credentialing information in the Echo database, which is the source of provider directory information. NHP/NHIC/NH TPA/NHAS reserves the right to delegate credentialing and/or recredentialing activities as outlined in the Delegation and Oversight Policy and Procedure.
- VI. NHP/NHIC/NH TPA/NHAS reserves the right to delegate credentialing and/or recredentialing activities as outlined in the Delegation and Oversight Policy and Procedure. Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS) Credentials Committee includes external representation from a range of participating practitioners in the organization as well as honorary practitioners that are former Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS) Credentials Committee includes external representation from a range of participating practitioners in the organization as well as honorary practitioners that are formerly participating practitioners (within the last 10 years) and consists of not less than six members. A Chairperson shall be appointed and shall serve a minimum two-year term. The Medical Director or Designated Physician and appropriate staff will serve as administrative members of the committee. Other participating practitioners, and staff or consultants may be asked to participate as needed in a nonvoting capacity i.e., physician specialists, other health care professionals, legal counsel, etc. The Medical Director or Designated Physician is directly responsible for the Credentialing Program. The Medical Director's or Designated Physician responsibilities include:
 - Oversight of the Credentialing Program.
 - The Medical Director or Designated Physician will review the file and determine whether it meets credentialing criteria and is considered a "Track 1 clean" file (no issues identified) and recommend the applicant's approval as a "Track 1 clean" file by supplying an email submitted to credentialing with the credentialing decision date. which contains the approval support to ensure appropriate controls that received from the Medical Director or Designated Physician.
 - "Track 1 clean" files are sent via a list electronically to the Medical Director or Designated Physician.
 - Monitoring implementation of the Credentialing program.
 - Evaluation of credentialing policies and procedures.
 - Involvement in recruitment of committee members.
 - Coordinating with contracted practitioners in Quality Improvement, Utilization Management, and Credentialing activities, as applicable.
 - Coordinating and communicating peer review information and decisions to network practitioners.
 - Monitoring the implementation of the QI process as it relates to quality-of-care.
 - Assists in the development of corrective action plans and assure that they are implemented when problems are identified.
 - Participating in the development of the Quality Improvement Program Description, Annual Evaluation and Work Plan, the Utilization Management Program and Credentialing Program.
 - Perform individual clinical case reviews (including grievances, complaints, and appeals)

and make corrective action recommendations on quality-of-care issues and medical necessity denials. The Medical Director or Designated Physician has delegated the leadership of the Credentials Committee to the chairperson or vice chair. The Medical Director or Designated Physician has further delegated the pre-committee review of credentialing and recredentialing applications to a participating practitioner. Each member is to sign a Confidentiality Agreement form, which will survive the termination of membership on the Credentials Committee. A minimum of one-half (1/2) participating licensed health care practitioners and one (1) administrative staff constitutes a quorum. Only participating licensed health care practitioners can vote on credentialing/recredentialing decisions. All members can vote on administrative issues. The Credentials Committee will hold meetings as needed to meet the track one or track two file review process. Each member is to attend all scheduled Credentials Committee meetings on an annual basis. Not maintaining this attendance requirement may result in termination of Committee membership. The Credentials Committee prefers that all routine business be conducted at regular scheduled meeting times, however ad hoc meetings may be called occasionally by the Medical Director or Designated Physician, Chair or Vice Chair. All Committee members are to be notified of an ad hoc meeting and, at a minimum, quorum requirements are to be met. An ad hoc teleconference meeting is acceptable so long as all information to be reviewed is presented and discussed during the teleconference. Documented discussions about credentialing in the meeting minutes of each meeting shall be maintained and kept in a confidential manner in the Credentialing Department. Functions of the Credentials Committee are to include, but are not limited to:

- Uses participating practitioners to provide advice and expertise for credentialing decisions.
- Reviews credentials for practitioners who do not meet established criteria.
- Credentialing criteria are reviewed and approved by the Credentialing Committee, medical director or other designated peer review body.
- Makes final determination regarding which practitioners may participate in its network, based on its credentialing decision-making criteria.
- Gives thoughtful consideration to credentialing information.
- Development, implementation, and monitoring of action plans for improvement to address discrepancies in practitioner/provider performance.
- The Medical Director or Designated Physician will notify practitioner and provider of credentialing and recredentialing decision within 30 calendar days of the committee's decision initiation, review, and recommendation of credentialing/recredentialing policies and procedures.
- Initiation, review, and recommendation of credentialing/recredentialing policies and procedures
- Review practitioner sanctions, complaints and other adverse events found during ongoing monitoring.

ly participating practitioners (within the last 10 years) and consists of not less than six members. A Chairperson shall be appointed and shall serve a minimum two-year term. The Medical Director or Designated Physician and appropriate staff will serve as administrative members of the committee. Other participating practitioners, and staff or consultants may be asked to participate as needed in a nonvoting capacity i.e., physician specialists, other health care professionals, legal counsel, etc.

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- Coordinating and communicating peer review information and decisions to network practitioners.
- Monitoring the implementation of the QI process as it relates to quality-of-care.
- Assists in the development of corrective action plans and assure that they are implemented when problems are identified.
- Participating in the development of the Quality Improvement Program Description, Annual Evaluation and Work Plan, the Utilization Management Program and Credentialing Program.
- Perform individual clinical case reviews (including grievances, complaints, and appeals) and make corrective action recommendations on quality-of-care issues and medical necessity denials.

The Medical Director or Designated Physician has delegated the leadership of the Credentials Committee to the chairperson or vice chair. The Medical Director or Designated Physician has further delegated the pre-committee review of credentialing and recredentialing applications to a participating practitioner.

Each member is to sign a Confidentiality Agreement form, which will survive the termination of membership on the Credentials Committee.

A minimum of one-half (1/2) participating licensed health care practitioners and one (1) administrative staff constitutes a quorum. Only participating licensed health care practitioners can vote on credentialing/recredentialing decisions. All members can vote on administrative issues.

The Credentials Committee will hold meetings as needed to meet the track one or track two file review process. Each member is to attend all scheduled Credentials Committee meetings on an annual basis. Not maintaining this attendance requirement may result in termination of Committee membership. The Credentials Committee prefers that all routine business be conducted at regular scheduled meeting times, however ad hoc meetings may be called occasionally by the Medical Director or Designated Physician, Chair or Vice Chair. All Committee members are to be notified of an ad hoc meeting and, at a minimum, quorum requirements are to be met. An ad hoc teleconference meeting is acceptable so long as all information to be reviewed is presented and discussed during the teleconference.

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- Reviews credentials for practitioners who do not meet established criteria.
- Credentialing criteria are reviewed and approved by the Credentialing Committee, medical director or other designated peer review body.
- Makes final determination regarding which practitioners may participate in its network, based on its credentialing decision-making criteria.
- Gives thoughtful consideration to credentialing information.
- Development, implementation, and monitoring of action plans for improvement to address discrepancies in practitioner/provider performance.
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Origination Date: 02/03/2022	Approval Date: 9/3/2026	Next Review Date: 9/3/2027
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Policy Owner: Andrea Albright	Department of Ownership: Credentialing	Revision Number: 8
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