

Subject: CREDENTIALING POLICY AND PROCEDURES

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UniNet Healthcare Network (UniNet) is a community-focused comprehensive managed care delivery system. Physician participation in UniNet shall be by invitation only. Invitations shall be sent to those physicians whose areas of expertise and practice locations meet the needs of UniNet. If terminated for cause, a physician will not be allowed to re-join for six months. At that time he/she will need to go through the initial credentialing process. If a physician in good standing voluntarily terminates, he/she may be reactivated within 30 days upon request. If greater than thirty days, he/she will be required to go through the initial credentialing process.

The UniNet credentialing program is directed by the Credentialing Chairperson in conjunction with the UniNet staff. The Chairperson reviews provider files with issues as needed, reviews credentialing policies and criteria and conducts the Credentialing Committee meetings on a monthly basis.

The Credentialing Committee is made up of at least four physicians selected by the Business Management Council and is chaired by a physician member of the Business Management Council. The Credentialing Committee shall meet monthly and review the detailed information on physicians. The Credentialing Committee makes recommendations to the Business Management Council, who then makes recommendations to the UniNet Board of Directors. The Credentialing Committee will review and approve the Credentialing Policy and Procedures on an annual basis. UniNet staff maintains the minutes of all committee meetings and documents all actions. All members of the Credentialing Committee sign a confidentiality statement, updated yearly.

A majority of the committee members then appointed shall constitute a quorum for the transaction of any business at any meeting of the committee; but if less than a majority of the committee members are present at said meeting, a majority of the committee members present may adjourn the meeting from time to time without further notice. The act of a majority of the committee members present in person at a meeting in which a quorum of the committee is present shall be the act of the committee. Committee members may not vote by proxy.

The purpose of developing the UniNet Physician Participation Criteria is to establish clear and objective criteria to use for selecting physicians to participate in UniNet. These criteria represent minimum requirements and meet current NCQA standards (with the exception of site visits). These criteria will be used by the Business Management Council and Board of Directors for determining physician membership at defined categories of participation: Commercial, Medicaid Risk, Worker's Compensation, and Medicare Risk.

These criteria will also be used in the recredentialing process, which will occur within (3) years. The criteria should portray a physician practice with a good professional reputation that is based on continuous quality improvement objectives. The criteria recognize that UniNet is a managed care entity and these criteria will include quality and efficiency performance measures for different physician panels serving defined patient populations.

The development of Physician Participation Criteria may also assist UniNet in marketing by helping to establish an entity which will be sought after by purchasers of health care services. In addition, these

criteria create an expectation of performance which makes UniNet more attractive to prospective purchasers with whom UniNet may seek to contract.

## **DEFINITIONS**

**Primary Care Physician:** A physician whose primary area of training and practice is in Pediatrics, Family Practice, or general Internal Medicine. OB/GYN physicians will not be considered primary care physicians.

**Specialty Physician:** A physician whose primary area of training and practice is a non-Primary Care specialty.

Some of the factors which UniNet will normally consider in determining whether to invite a physician to participate in the UniNet:

- The physician needs of UniNet to adequately provide coverage to its enrollees.
- Employment by a hospital, clinic or other affiliated entity which participates in UniNet.
- Membership in a group practice which participates in UniNet.
- Provision of coverage for participating physicians.
- Location of physician's office in an area presently deemed to be underserved by UniNet.
- A supervisory relationship with respect to participating physicians (e.g. chairman of a department or clinic, chief of section, etc.).
- Specialty in an area deemed to be underserved.
- A payor's request for the physician's participation.
- Potential for significant increase in the number of enrollees.

## **ELIGIBILITY CRITERIA**

Each physician applying to participate in UniNet will be evaluated based on information received as to the physician's qualifications and competence. As part of the evaluation, the physician shall provide UniNet with such documentation that shows physician meets the outlined eligibility criteria.

## **NON-DISCRIMINATION**

UniNet Healthcare Network does not base its credentialing or recredentialing on the basis of race, ethnic/national identity, age, sexual orientation or the types of procedures (e.g. abortions) or patients (e.g. Medicaid) in which the physician specializes.

## **DELEGATION**

UniNet is accountable for the credentialing and recredentialing of its physicians and, as deemed appropriate, may delegate credentialing or recredentialing activities to The Nebraska Credentials Verification Organization (NCVO). Entering into a delegated credentialing agreement will improve and streamline the credentialing process for the local medical community. UniNet retains accountability for the credentialing processes of its physicians and has established procedures for implementing and monitoring the process.

- I. A mutually agreed upon document will be signed by both entities and will include:
  - A. The responsibilities of UniNet and the delegate
  - B. Activities to be delegated
  - C. Remedies and termination clause for sub-par performance of delegate.

- II. UniNet retains the right to approve, suspend or terminate practitioners, providers and sites of care.
- III. Oversight of credentialing activities will be documented using standardized tools based on NCQA criteria.
  - A. Annual reviews will be performed.
    - 1. Annual review will include changes made to policy, procedures, applications and reports.
    - 2. File review of either 5% or 50 practitioner files
      - a) With a minimum of at least 10 initial credentialing and 10 recredentialing files.
    - 3. 8/30 methodology may also be used.
  - B. Ongoing monitoring via regular reports will be performed.

#### **APPLICATION REQUIREMENTS:**

**Licensure.** The physician must possess and maintain a valid and unrestricted license to practice medicine, podiatry, or osteopathy in the State of Nebraska or Iowa, as applicable. A Temporary Educational or Visiting Faculty Permit will meet these requirements if the physician is employed by a UniNet facility.

**DEA Registration.** The physician must possess and maintain an unrestricted Drug Enforcement Administration (“DEA”) Controlled Substance Registration Number including drug classifications 2-5 as required by federal law and any equivalent controlled substance license, certification, registration or number as required by Nebraska or Iowa law, as applicable, if necessary for the physician’s practice.

**NPI and Release.** The physician must possess the National Provider Identifier. The NPI is a unique identification number for covered health care providers. The physician must sign a release allowing UniNet to provide the NPI to the UniNet payors.

**Insurance.** The physician must document and maintain in effect, valid, current professional liability insurance coverage in such amounts as determined by UniNet’s Board of Directors.

**Disciplinary Actions.** The physician must disclose any denials for medical staff membership, any disciplinary actions taken by any state medical board, including any limitation, termination or voluntary relinquishment of a medical license in any state, any disciplinary actions taken by any medical organization, hospital, health care facility or third party payor against the physician and any withdrawal of an application for appointment or reappointment, restrictions (including monitoring, counseling and educational training), terminations, resignations, relinquishments, limitations, reductions, denials, suspensions or revocations, whether any of such actions were involuntary or voluntary, of the physician’s medical staff privileges at any health care facility.

**Compliance with UniNet’s Policies, Rules and Regulations.** The physician must agree to abide by the UniNet Payor Notices, UniNet Bylaws, peer review criteria, rules, regulations, policies, including the Credentials Policy, and cooperate with quality assurance and utilization management activities of UniNet, participating hospitals, and payors in order to provide quality health care in an economical and efficient manner.

**Litigation.** The physician must disclose all prior, presently pending, or, to the best of the physician’s knowledge, threatened litigation, actions, claims, suits, investigations, proceedings, judgments, settlements or arbitration awards against him/her which (a) concern the provision of

medical services by the physician, (b) allege or involve criminal conduct by the physician, or (c) allege or involve an act of fraud or misrepresentation by the physician.

**Health Status.** The physician's health status must not interfere with his/her ability to adequately provide care to his/her patients. The physician must submit to an interview and undergo a physical or mental evaluation in the event the Medical Director has a reasonable belief that the physician suffers from a physical or mental condition that may impair his/her ability to deliver medical care.

**Provider Agreement.** The physician must execute and agree to maintain, in effect, a UniNet Provider Agreement.

**Medicare/Medicaid.** The physician must disclose all investigations by, and all sanctions, suspensions or expulsions from the Medicare and Medicaid programs.

**Release.** The physician must sign a release, releasing all those involved in the credentialing process from liability thereof

**Office.** The physician's office staff must undergo an orientation and training program as required by the appropriate payors and/or UniNet. The physician must allow observation of his/her office(s) during normal business hours by authorized representatives of UniNet.

**Updates.** The physician must provide UniNet with written notice immediately in the event any information provided on the application materially changes, including, but not limited to, revocation, limitation or termination of physician's license to practice medicine, osteopathy, podiatry, DEA or state controlled substances number, required professional liability insurance or admitting privileges at any UniNet participating hospital.

**Other Relevant Information.** UniNet may consider any such other information as the physician may disclose in the application or any such other information of which UniNet becomes aware from any source which reflects on the physician's professional competence or conduct.

**Payment.**

\$100.00 Credentialing Fee - initial (Creighton Saint Joseph FT, PT physicians paid by Creighton Saint Joseph PHO)(Excludes residents working at urgent care facilities)

\$575.00 Annual Dues (Not applicable for CMA tax ID)

Payment must be received prior to physician being presented to the committee for credentialing.

**VERIFICATION TIME LIMIT**

All documents, including release, must be current and less than 180 days old when presented to the Credentialing Committee.

**OBJECTIVE CRITERIA:** All Physicians will be rated on a point system on the following criteria:

UniNet Healthcare Network Participation Criteria - Revised 2/02/10

**Physician Name** \_\_\_\_\_ **Specialty** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p align="center"><b>Patient Care</b></p> <p><b>Medical Staff Activity Level at UniNet Facility (admissions, referrals, consultations)</b></p> <p>Top 40% most active or provides ER coverage = 5          Top 60% most active = 4          Top 80% most active = 3          Maintains active hospital privileges = 2</p> <p>Alegent Health or CMA employed physician =5          Facility based specialties = 5          Pediatrics = 5          New to UniNet &lt; 3 years = 5          Physicians in strictly ambulatory specialty (e.g. genetics, research) = 5          Network need (determined by Business Management Council) = 5</p>	<p align="center">Maximum 5</p>
<p align="center"><b>Practice-based Learning</b></p> <p>Participation in UniNet sponsored clinical initiatives = required          UniNet specialty workgroup chairman = 5          Participation in UniNet specialty workgroup (based on meeting attendance) = 2          Ophthalmology participation in Diabetes Eye care Directory = 1          NCQA Diabetes Physician Recognition = 5          Participation in Evidence-based Care Team (1 point for each up to 3 teams/year) =1-3          Volunteer teaching by non-academic physician = 3</p> <p><b>Information Technology</b></p> <p>Use of office EMR = 5          Use of e-prescribing = 5</p> <p><b>Disease management referral</b>          (1 point each up to 5 patient referrals/year) = 1-5</p> <p><b>Generic drug utilization</b>          Usage at or above state average (per Specialty)_ = 5</p> <p><b>Practice Improvement Module</b> = 5</p>	<p align="center">Maximum 5</p>
<p align="center"><b>System-Based Practice/Network Participation</b></p> <p>Completed UniNet 102 = required          Completed UniNet education requirements = required          Participation in UniNet committees or hospital/clinic quality committees (75% attendance) = 2 each</p> <p>Network participation</p> <p>Participates in Medicare Advantage contracts some = 1          all = 3</p> <p>Participates in Managed Medicaid contracts some = 1          all = 3</p> <p>Participates in Workers' compensation contracts some = 1          all = 3</p>	<p align="center">Maximum 5</p>
<p align="center"><b>Communication</b></p> <p>Maintains active e-mail account for practice =required</p>	
<p align="center"><b>Professionalism</b></p> <p>2 LORs without reservations (NCVO) = 5          Validated patient or physician complaint (by Peer Review) = -5</p>	<p align="center">Maximum 5</p>
<p align="center"><b>Medical Knowledge</b></p> <p><b>Board Certification</b></p> <p>N/A while awaiting first opportunity for Board Certification if satisfactorily completed ACGME program.          Board Certified = 5          or          Experienced Physicians with following criteria = 5</p> <p>a. Must have graduated from an accredited medical school before 1979.          b. Have two positive professional references          c. 150 hours of continuing education over the past 3 years</p>	<p align="center">Maximum 5</p>

## APPLICATION MATERIALS

If an invited physician indicates a willingness to become a part of UniNet, an Application Packet (see attached) will be supplied which will include:

1. A Cover Letter explaining the categories of participation, fees, and overview of UniNet.
2. UniNet Healthcare Network Participation Criteria
3. UniNet Healthcare Network provider agreement
4. Applicant's Consent, Release & Immunity Agreement for UniNet
5. Exhibit 1.1 Contract Participation
6. Managed Care Contracts list
7. Coventry Health Care of Nebraska release form
8. Return envelope
9. W-9 form (proof of tax identification number)
10. UniNet 102 instructions
11. NPI release

## APPLICATION REVIEW

During its review of the Application, UniNet (through NCVO) will verify the following information:

**State Licensure Verification:** Telephonic, written or Internet confirmation of licensure date, status of license and expiration date from the State Board of Licensure. All states where provider is currently, or has been licensed, will be queried. Telephonic or internet confirmations will be initialed and dated.

**Federal and State (where applicable) Controlled Substance certificates:** Copy of each DEA certificate is considered verification. (Levels 2, 2N, 3, 3N, 4, 5)

**Hospital Privileges:** Verbal or written verification from the UniNet hospital(s) designated by the provider as having privileges. Primary care physicians who practice in a county or community defined as "rural" are exempt from this requirement. Primary care physicians who practice in a "urgent care" or "express care" setting owned by a UniNet facility are also exempt from this requirement. The verification of good standing shall include: Date of Appointment/ Reappointment, Scope of Privileges, Restrictions, and Recommendations. If verbal, include the name of the individual giving the verification information, the date obtained, and the name of the individual obtaining the verification. Privileges at a UniNet hospital must be received and verified within 3 months. If a physician is found not to have hospital privileges at a UniNet facility within 3 months, he/she will be immediately terminated from UniNet. Upon written request of the physician, the 3 month time period may be extended in 30 day intervals at the discretion of the Credentialing Committee.

**Professional Malpractice Insurance Coverage:** Primary verification is obtained by a copy of the insurance certificate stating dates and amounts of coverage. Coverage at a minimum should meet \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Providers in NE must have a State Fund for Excess Liability certificate if the amounts of coverage are less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate.

**Fraud/Abuse/Professional Claims History:** Query from the National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) shall constitute primary source verification. A single query from the Data Banks will include information on both malpractice payments which have been made as well as fraud and abuse in health insurance and health care delivery.

**Medicare/Medicaid Sanctions:** Query the National Practitioner Data Bank (NPDB) for Medicare/Medicaid Sanction information.

**Medical Education and Board Certification:** Verification of Board Certification for MDs/DOs may come from the ABMS Certifax Services. This source also verifies the residency and Medical School. Documents will be initialed and dated. If not Board Certified, verification of a residency program or medical school graduation, from the appropriate medical school is required. Podiatrists require verification from the **American Board of Podiatric Surgery or the American Board of Podiatric Orthopedics & Primary Podiatric Medicine.**

**Work History:** Work History of the provider shall be documented on the provider application or curriculum vitae for credentialing. Any time gap greater than 6 months shall be documented and reviewed by the Credentialing Committee.

**Health Status:** Provider will indicate that he/she can perform all the essential functions of a health care provider in his/her area of practice, with or without accommodation, without posing a direct threat to the health and safety of others and will state if he/she is currently using illegal drugs.

**Affirmation:** Attests to the correctness and completeness of all information furnished and acknowledges that any material misstatement in or omission from the application constitutes grounds for rejection of the application.

The applicant shall have the burden of producing adequate information for proper evaluation of his/her professional, ethical and other qualifications and for resolving any doubts about such qualifications. In the event that credentialing information obtained from other sources varies from that provided by the applicant, i.e. actions on a license, malpractice claims history or board certification, UniNet staff will notify applicant by certified letter. Applicant will be responsible for correcting their application within 15 calendar days of receipt of the letter. Corrections must be submitted in writing via letter or facsimile to Provider Relations. The applicant has the right to be informed of their application status. UniNet staff will respond to a request regarding the status of an application via telephone.

UniNet staff will document that that application and supporting information is reviewed by at least two UniNet staff to ensure accuracy.

The Credentialing Committee shall, after reviewing the completed application, make its recommendation to the Business Management Council.

Physicians will be notified within 10 days of the credentialing decision reached by the committee.

Files with outlier issues must be reviewed by the Credentialing Committee. They are presented for approval by the Business Management Council and then approved by the UniNet Board.

**“Fast Track”** approval is available for completed applications having no outlier issues and are reviewed by the UniNet staff, Medical Director or Credentialing Chair and the Board of Directors. **“Fast Track”** approval can be requested when there is an urgent need (before the next monthly Credentialing Committee meeting) for the physician to begin seeing patients and is limited to those who are starting practice in the next 30 days or less.

The Business Management Council shall make its recommendation to UniNet's Board of Directors to either accept or reject the Application. An applicant interview may be required by the Medical Director to clarify any discrepancies in information supplied or to obtain additional information from the applicant to aid the review process. The applicant may also be asked to appear before the Credentialing Committee or Business Management Council. In the event the Business Management Council recommends rejection of the Application due to the physician's lack of competence or professional conduct, the applicant shall be entitled to a hearing in accordance with UniNet's Fair Hearing Procedure. (see attached) Upon the final conclusion of the Fair Hearing Procedure, the Board of Directors of UniNet shall be informed of the decision of the Fair Hearing Committee.

In the event the Business Management Council recommends rejection of an Application for reasons not based on the applicant's competence or professional conduct, the Business Management Council's recommendation shall be forwarded to the Board of Directors of UniNet for final action and the applicant shall not be entitled to a hearing.

Applications made to UniNet may be rejected based upon, but not limited to, the following reasons:

1. Action by licensure agencies, other health care providers, managed care networks, or insurers that call into question the competency of the physician;
2. Evidence of impaired or disruptive behavior of physician that may interfere with operations or impede the provision of quality health care;
3. Evidence of physician's unethical or unprofessional behavior;
4. Information submitted by the applicant is inaccurate. Any material misstatement or omission, whether intentional or not, is cause for automatic and immediate rejection;
5. The physician has pending and/or paid malpractice claims, judgments, or settlements;
6. The applicant has been subjected to disciplinary action that affects the following:
  - a. Medical/dental license in any state;
  - b. Any state or Federal controlled substance registration;
  - c. Medical staff or clinical privileges at any hospital; or
  - d. His/her ability to provide health services for payor's plan.
7. A continuing health, mental, or chemical dependency problem that is reasonably likely to affect the applicant's professional ability and judgment;
8. Sanctions by, or suspension from the Medicare and/or Medicaid programs.

Physicians who are rejected for participation are notified in writing and may reapply one year after the date of rejection by the UniNet Board. If the rejection is based upon a restriction of an applicant's medical staff privileges, medical license or state or federal DEA controlled substance registration, he/she may reapply six months after all sanctions are lifted.

**Confidentiality of Credentialing File and Access and right to review** – physician files are kept in locked filed cabinets in a separate room. The UniNet Medical Director, all UniNet staff and the UniNet Credentialing Committee will have access to this information as needed. Physicians who request a review of their credentialing file must submit the request in writing. Physicians have the right to review information submitted in support of their application with the exception of references or information that is peer review protected. These documents (i.e. NPDB report, references, malpractice case information,

patient/member complaints) will be kept in a separate section of the physician file marked confidential. The file must be viewed in person at the UniNet offices. No copies of documents may be made.

**Information Provided to Health Plans.** Information provided by UniNet Healthcare Network to the health plans will include education, training, certification and specialty as obtained in the credentialing process.

## **RESIDENT CREDENTIALING**

Applicable only for residents who are credentialed and privileged by a UniNet facility and working in a UniNet Urgent Care facility. Resident credentialing is applicable only as long as the physician is a resident and only at the urgent care location. Once the resident has completed their residency, then physician must reapply to UniNet. Dues/fees are not applicable to residents. Application is the same as for all other physicians. Medical school is verified on all applicants. Also verification of malpractice coverage, malpractice history, state DEA (when applicable), federal DEA, Medicare/Medicaid sanctions, NPDB, and medical license

## **TEMPORARY VISITING EDUCATIONAL OR FACULTY PERMIT**

Applicable only for physicians who are credentialed and privileged by a UniNet facility and employed by a UniNet facility. Physician is eligible for provisional status.

## **ONGOING MONITORING OF SANCTIONS, QUALITY ISSUES AND COMPLAINTS**

After initial credentialing and prior to recredentialing, Provider Relations staff will monitor whether any sanctions or complaints have been made against a provider or facility. Monitoring will be undertaken utilizing the following:

1. Monthly listing from the Nebraska Department of Health and Human Services Regulation and Licensure division ("Monthly Disciplined Licenses/Certifications);
2. Monthly review of the Iowa Board of Medical Examiners disciplinary action (Press Release);
3. Monthly review of the Office of Inspector General Excluded Individuals/Entities;
4. Review of any complaints received by Provider Relations staff.
5. Monthly review of the Medicare Opt-Out List for Medicare Part B for Nebraska and Iowa providers.

**If there are any complaints, disciplinary action or sanction noted, the provider's file will be reviewed with the Medical Director to determine what action should be taken.**

## **RECREREDENTIALING**

Once credentialed, a physician shall be recredentialed within (3) years. The process shall be the same as the initial credentialing procedure except that a recredentialing application will be used. All data will be reviewed only back to the previous credentialing cycle. New UniNet Provider Agreements shall not be required.

The Credentialing Committee will also review:

**OBJECTIVE CRITERIA :** All physicians will be rated on a point system on the following criteria:

UniNet Healthcare Network Participation Criteria – Revised 2/02/10

**Physician Name** \_\_\_\_\_ **Specialty** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p align="center"><b>Patient Care</b></p> <p><b>Medical Staff Activity Level at UniNet Facility (admissions, referrals, consultations)</b></p> <p>Top 40% most active or provides ER coverage = 5          Top 60% most active = 4          Top 80% most active = 3          Maintains active hospital privileges = 2</p> <p>Alegent Health or CMA employed physician =5          Facility based specialties = 5          Pediatrics = 5          New to UniNet &lt; 3 years = 5          Physicians in strictly ambulatory specialty (e.g. genetics, research) = 5          Network need (determined by Business Management Council) = 5</p>	<p align="center">Maximum 5</p>
<p align="center"><b>Practice-based Learning</b></p> <p>Participation in UniNet sponsored clinical initiatives = required          UniNet specialty workgroup chairman = 5          Participation in UniNet specialty workgroup (based on meeting attendance) = 2          Ophthalmology participation in Diabetes Eye care Directory = 1          NCQA Diabetes Physician Recognition = 5          Participation in Evidence-based Care Team =1-3          (1 point for each up to 3 teams/year)          Volunteer teaching by non-academic physician = 3</p> <p><b>Information Technology</b></p> <p>Use of office EMR = 5          Use of e-prescribing = 5</p> <p><b>Disease management referral</b>          (1 point each up to 5 patient referrals/year) = 1-5</p> <p><b>Generic drug utilization</b></p> <p>Usage at or above state average (per Specialty)_ = 5</p> <p><b>Practice Improvement Module</b> = 5</p>	<p align="center">Maximum 5</p>
<p align="center"><b>System-Based Practice/Network Participation</b></p> <p>Completed UniNet 102 = required          Completed UniNet education requirements = required          Participation in UniNet committees or hospital/clinic quality committees (75% attendance) = 2 each          Network participation</p> <p>Participates in Medicare Advantage contracts some = 1          all = 3</p> <p>Participates in Managed Medicaid contracts some = 1          all = 3</p> <p>Participates in Workers' compensation contracts some = 1          all = 3</p>	<p align="center">Maximum 5</p>
<p align="center"><b>Communication</b></p> <p>Maintains active e-mail account for practice =required</p>	
<p align="center"><b>Professionalism</b></p> <p>2 LORs without reservations (NCVO) = 5          Validated patient or physician complaint (by Peer Review) = -5</p>	<p align="center">Maximum 5</p>
<p align="center"><b>Medical Knowledge</b></p> <p><b>Board Certification</b></p> <p>N/A while awaiting first opportunity for Board Certification if satisfactorily completed ACGME program.          Board Certified = 5          or          Experienced Physicians with following criteria = 5</p> <p>c. Must have graduated from an accredited medical school before 1979.          d. Have two positive professional references          c. 150 hours of continuing education over the past 3 years</p>	<p align="center">Maximum 5</p>

Physicians will be notified within 60 days of the credentialing decision reached by the committee.

**OTHER FACTORS CONSIDERED:**

1. Provider's compliance with UniNet's requirements, including but not limited to, referrals, claims, utilization, medical management, and Managed Care education;
2. The results of any UniNet quality assurance and utilization management reviews, surveys, or studies in which the provider participated; and
3. Any information that calls into question the physician's professional ethics or competency.

UniNet staff will document that the application and supporting information is reviewed by at least two UniNet staff to ensure accuracy.

The Credentialing Committee will recommend to the Business Management Council the continuance or termination of the physician's participation. The Business Management Council makes a recommendation to the UniNet Board of Directors. In the event the Business Management Council recommends the physician be terminated from the network, the physician shall be entitled to a hearing in accordance with the Fair Hearing Plan.

In the event UniNet's Credentialing Committee deems it appropriate upon its review of a physician practice, the credentialing process may be reopened at any time.

**TERMINATION OF PARTICIPATING PROVIDERS**

Regardless of any provision in this Credentialing Policy, UniNet retains the authority to suspend, pending review by the Business Management Council, or terminate the participation of any physician in UniNet for certain reasons as set forth in the Provider Agreement.

**FACILITY CREDENTIALING**

**Definitions:**

**Facility:** Hospitals, free standing hospice, free standing surgical center, free standing imaging center, free standing skilled nursing facility and free standing Quick Care.

**PAYMENT**

Facilities and ancillaries not wholly owned by the UniNet Shareholders shall pay a \$100 application fee and annual dues for each location. Annual dues will be equal to the dues required of physicians.

**APPLICATION MATERIALS**

1. Application
2. UniNet Consent, Release & Immunity Agreement
3. UniNet Provider Agreement.
4. W-9 form
5. NPI release

**APPLICATION REVIEW**

During its review of the Application, UniNet will verify the following information:

**State Licensure Verification:** Telephonic, written or Internet confirmation of licensure date, status of license and expiration date from the State Board of Licensure. Telephonic or internet confirmations will be initialed and dated.

**Professional Malpractice Insurance Coverage:** Primary verification is obtained by a copy of the insurance certificate stating dates and amounts of coverage. Coverage at a minimum should meet \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Providers in NE must have a State Fund for Excess Liability certificate if the amounts of coverage are less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate.

**The Joint Commission Certificate (where applicable)** Primary verification is obtained via the Joint Commission website. If the entity is not Joint Commission accredited, require a copy of letter of State certification or copy of last State Survey. UniNet does not credential facilities that are not Joint Commission accredited or state certified.

**Affirmation:** Attests to the correctness and completeness of all information furnished and acknowledges that any material misstatement in or omission from the application constitutes grounds for rejection of the application.

UniNet Healthcare Network verifies the following every three years for our contracted hospitals:

Accreditation by the Joint Commission.

If the hospital is not Joint Commission accredited, we would verify that the hospital has been surveyed by the State.

UniNet confirms that all facilities are in good standing with state and federal regulatory bodies at the time of credentialing and recredentialing. This confirmation is achieved by checking state disciplinary reports and the CMS and OIG sanction reports.

APPROVAL BY UNINET CREDENTIALING COMMITTEE

\_\_\_\_\_  
Eugene Barone, MD  
Credentialing Committee Chairperson

Date\_\_\_\_\_

APPROVAL BY UNINET BUSINESS MANAGEMENT COUNCIL

\_\_\_\_\_  
James D. Crew, MD, Chair

Date\_\_\_\_\_

APPROVAL BY UNINET BOARD OF DIRECTORS

\_\_\_\_\_  
Stephen J. Lanspa, MD, Chair

Date\_\_\_\_\_