Excellus

| SUBJECT: EMERGENCY CREDENTIALING<br><br>SECTION: CREDENTIALING<br>POLICY NUMBER: CR-19 | EFFECTIVE DATE: 1/01 |
|---|---|
| *Applies to all products administered by the Plan except when changed by contract* | |

**Policy Statement:** The Plan requires all practitioners to meet documented credentialing policies prior to treating the Plan members, as documented in the Credentialing Policy for the initial credentialing. The Plan also recognizes that there may be unique situations where there is an urgent or emergency need for patients to access certain practitioners. For this reason, the Plan has created a policy that identifies guidelines for "Emergency Credentialing". A Plan Medical Director will be responsible for identifying the request for urgent approval that may warrant implementation of this policy. Emergency credentialing pursuant to this policy shall only be granted for "clean files." For purposes of this policy, a "clean file" is a credentialing file that meets the Plan's criteria for participation and is not required to be sent to the Credentialing Committee for review, and as detailed at Section 1 below.

To qualify for approval under this policy, the practitioner's application must meet the standards for completeness as set forth by the Plan's credentialing policies, and must contain no information that the Plan concludes, in its sole discretion, warrants a full review by the Credentialing Committee prior to approval of the application. Such information may include, without limitation, prior legal, regulatory or disciplinary actions, license restrictions, actual or potential professional misconduct, fraud, false claims or unacceptable billing practices, sanctions/exclusions from any federal or state health insurance program, or terminations from the provider network of any third party payor, including the Plan.

**Process:**
A formal written request for emergency credentialing must accompany the application. This request should demonstrate the need and benefit to patients if the request is granted and explain the circumstances surrounding the request. The policy intent is to accommodate emergencies and patient access issues. Failure to submit a timely application for initial credentialing is not considered a valid reason for emergency approval. A Plan Medical Director will review all requests before processing (see Exhibit 1 for Emergency Credentialing Profile).

For purposes of this policy, Behavioral Health Home and Community Based Services ("BH HCBS") providers shall refer to providers designated as such by New York State to provide behavioral health services to the Medicaid Managed Care population.

1. A. The minimum requirements for emergency credentialing *("clean file")* are:
    a. A completed Credentialing Application, or in the case of BH HCBS providers, a completed Application for Designated Home and Community Based Services and
   B. Primary source verification of the following:
    a. Information included in the completed Credentialing Application/HARP Enrollment Registration Form;

b. A current, valid license to practice in NYS;
c. Valid DEA Certificate;
d. Valid NYS Registration Certificate;
e. A copy of the malpractice insurance certificate which names the practitioner and equals minimal coverage amounts;
f. Verification of hospital privileges - any practitioner who has not obtained at least temporary hospital privileges as stipulated by the Plan policies will be required to submit a letter from a credentialed peer who will admit their patients for them until such time as the practitioner obtains privileges;
g. A copy of training/board certification certificates;
h. At least one peer reference upon request from the Medical Director; and,
i. Information regarding at least 5 years of malpractice claims or settlements from the malpractice carrier, or the results of the National Practitioner's Data Bank (NPDB) query.

2. A Plan Medical Director will be responsible for determining candidates who are eligible for emergency credentialing. The Plan Medical Director will make the decision regarding approval. A Plan representative will notify the practitioner of the decision. To the extent the practitioner is a BH HCBS provider, a Plan representative will notify the practitioner of the decision within fourteen (14) days of receipt of all the information as set forth at Section 1 of this policy. The Plan's emergency credentials approval letter identifies the effective date and expiration date of the approval. Approval will not be granted for a period greater than 60 days.

3. The Plan's decision to deny an applicant's request for emergency credentialing is not subject to appeal or review by the practitioner.

4. Each delivery system will have the opportunity to make its own contract decision regarding the practitioner.

**Emergency Credentialing is not binding and can be withdrawn by a Plan Medical Director at any time for any reason. The practitioner with emergency credentialing has no right to review or appeal such withdrawal.**

***Exceptions: This policy does not apply to practitioners who were credentialed by a Plan's delegated credentialing entity or primary care practitioners.***

**Cross Reference:**
Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-19 Dated 12/99

**Committee Approvals:**
Corporate Credentialing Committee 12/15/03, 8/31/05, 6/20/07, 6/18/08, 6/16/10, 8/18/10, 6/20/12, 6/18/14, 8/17/16 rev Harp/NCQA; 8/15/18 renewal; 9/16/20 renewal; 9/21/22 revisions; 9/18/2024 renewal; 9/16/2026 renewal

MCOCC 11/13/00
HCBMC 12/7/00
**Internal Review:** 11/08
Original Source: Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-19

Exhibit 1

**Emergency Credentialing Profile**

Provider Name: _____ Specialty: _____

Individual Requesting 60 Day Credentialing Approval: _____
Relationship to New Provider: _____
Reason for 60 Day Credentialing Approval:
_____
_____

IDN(s) _____
_____

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Application Sent: ____/____/___

Application Rec: ____/____/___ Requests For Additional Info: ___/___/___
___/___/___

Application Completed by Provider: ____/___/___

Completed Verification:

| | | | | |
|---|---|---|---|---|
| Last Employment/Privilege | ( ) yes | ( ) no | ( ) NA | |
| NYS License | ( ) yes | ( ) no | | |
| DEA (copy) | ( ) yes | ( ) no | ( ) NA | |
| Hospital Privileges | ( ) yes | ( ) no | ( ) NA | ( ) other: _____ |
| NPDB | ( ) yes | ( ) no | | |
| FSMB | ( ) yes | ( ) no | ( ) NA | |
| Malpractice Insurance | ( ) yes | ( ) no | | |
| Site Visit/Orientation | ( ) yes | ( ) no | | |
| Training/Board Certification | ( ) yes | ( ) no | | |
| CME Credits | ( ) yes | ( ) no | ( ) NA | |
| Reference Letters | ( ) yes | ( ) no | ( ) NA | |

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( ) APPROVED UNTIL ___/____/___
( ) DENIED - reason_____

_____ _____
Signature Date