1.02 Credentialing and Provider Rights

General Requirements

Heraya is delegated by our contracted health plans to perform credentialing in full compliance with National Committee for Quality Assurance (NCQA) Standards. NCQA Standards require all providers providing care to members to be fully credentialed before ever treating a health plan member (specific exclusions may be stipulated). Heraya is audited annually by all contracted health plans to ensure credentialing and re-credentialing meet NCQA standards.

Initial Credentialing

All providers applying for participation with Heraya are required to complete Heraya's initial credentialing process meeting NCQA and Heraya Standards. Heraya uses standard credentialing applications as determined by State law. Providers will not be granted acceptance to any Heraya contracted network prior to the successful completion of the credentialing process and approval by either the Heraya Credentialing Committee or a Regional Medical Director's Clean file approval.

Re-credentialing

All Heraya participating providers who have completed the initial credentialing process are subject to re-credentialing every three years or less. Providers must return the re-credentialing package in the time frame provided to ensure Heraya compliance with NCQA standards and contracted delegation agreements. Failure to comply with required credentialing standards jeopardizes Heraya's delegation status and may result in the provider experiencing an interruption in their network participation or termination.

Credentialing Review Process

All credentialing and re-credentialing files are reviewed by the Regional Medical Directors, Chief Clinical Officer, Associate Medical Directors, and/or the Credentialing Committee. Heraya does not make credentialing or recredentialing decisions based on an applicant's race, ethnic/national identity, gender, age, sexual orientation, or the types of procedures or patients in which the provider specializes. Credentialing Committee members are required to sign an annual attestation statement assuring decisions are not discriminatory.

Quality File Information

The re-credentialing process includes a review of the provider's current professional credentialing information. A further review is conducted on all quality related activities concerning the provider's care since last being credentialed. Such quality activities include, but are not limited to, complaints, malpractice claims, licensing board issues, sanctions, terminations, criminal investigations, and compliance with Heraya's utilization and quality management programs. The Credentialing Committee or Regional Medical Directors are presented with an aggregate report of previous activities when new concerns are identified.

Participating Provider's Credentialing Rights to Appeal

The provider's rights to appeal are made available in the following manner:

- The Professional Services Agreement signed by the provider at the time of submitting an application to Heraya,

- The Credentialing Committee's adverse determination notification letter to the participating provider, if the adverse determination is based upon quality of care or treatment concerns, and
- Continuous access to the latest revisions of the Provider Operations Manual which is available on Heraya's website.

Communicating Provider's Credentialing Rights

The Provider Credentialing Rights are included in the application packet for all initial credentialing applicants. All participating providers are sent a document containing the Provider's Credentialing Rights with the recredentialing application. All Heraya participating providers have continuous access to the Provider Credentialing Rights via the Heraya website.

Right to Review Credentialing Information

The provider has a right to review the information* obtained by Heraya or its representatives to evaluate their credentialing application. This includes information from any outside primary source, contracted entity, professional liability carriers, and state licensing boards permitting the release of such information. If copies of information are prohibited by the agency providing such information, the provider will be given the name and address of the agency to obtain a copy of the information provided to Heraya.

This policy does not require Heraya to allow a provider to review references, recommendations or other information that is peer-review protected.

Right to Correct Erroneous Information

The provider has the right to be notified of information obtained during the credentialing process which varies substantially from the information shared by the provider, as well as the right to correct erroneous information. The policy is intended to ensure providers attest to the accuracy of information they submit, while allowing providers to correct information obtained from another party that is incorrect.

All credentialing applications contain a statement indicating errors and/or omissions of information may result in denial by the Credentialing Committee. The applicant is advised to carefully review his or her application prior to submission.

Procedure for Notifying Provider of Erroneous Information or Information that Varies

Applications determined to contain conflicting information will be addressed with the applicant by the Provider Relations staff via telephone, e-mail, fax or letter. Conflicting information may result in the applicant's file being presented to the Credentialing Committee. Please refer to the File Review and Credentialing Committee Presentation Process policy 2.04.

1) The Provider Relations staff will contact the applicant in the following manner:
    a) ***By*** telephone, e-mail, fax, or letter to clarify such information as gaps in work history less than one year, malpractice, or office liability coverage. All conversations will be documented by printing of emails or written memo to the file.

b) ***By*** e-mail, fax, or letter to clarify gaps in work history of one year or greater, discrepancies specific to the attestation, or any other major discrepancy. This letter must contain the following:
    i) An inquiry as to the reason the error or omission was made on the application,
    ii) A request for an explanation of the circumstances, e.g., with a malpractice claim, the applicant would be asked to provide a written statement regarding the history of the claim, and
    iii) Notification of to whom to address the written reply and notification of the 10 business day requirement to comply with the request.

The above processes will provide for the following: a timeframe to provide changes, the format for submitting changes, and the person to whom corrections must be submitted. Provider Relations staff will date stamp the received date on the corrected information.

2) The applicant's documented response will be reviewed by the Director of Provider Relations and Engagement, the Regional Medical Directors, Chief Clinical Officer or Associate Medical Directors.

3) Depending on the degree of conflicting information, the Regional Medical Directors, Chief Clinical Officer, or an Associate Medical Director may directly contact the applicant for further discussion. All contact made with the applicant will be documented and placed in the applicant's credential file.

4) The Credentialing Committee may deny the applicant participation if the conflicting information and/or omission of the information is determined to be substantive or raises concerns regarding the moral or ethical conduct of the applicant. The decision of the Credentialing Committee will be based on a review of the applicant's credentialing or recredential file and an evaluation of the discrepancy or falsification of the misinformation given.

Rights of Confidentiality

The provider has the right to expect confidentiality of all information obtained in the credentialing process, except as otherwise provided by law. This right covers Credentialing Committee procedures, access, and the storage of all credentialing documents concerning the provider.

Right to an Impartial, Non-Discriminatory Review of Credentials and Related Activity

All Heraya providers have a right to an impartial, non-discriminatory, and confidential selection and review process. Heraya monitors for and prevents discriminatory credentialing in the following manner:

- Heraya does not collect information on an applicant's race, ethnic/national identity, sexual orientation, or the types of procedures or patients in which the provider specializes as a credentialing element.
- Credentialing Committee members are required to sign an annual attestation statement assuring credentialing and recredentialing decisions are not discriminatory or based on an applicant's race, ethnic/national identity, gender, age, sexual orientation, or the types of procedures or patients in which the provider specializes.
- Provider complaints are monitored quarterly for concerning trends.

The Heraya Credentialing Attestation Statement is communicated to all providers on the Heraya website, https://www.herayahealth.com/.

Right to know Status of Application

All providers have the right to contact the Provider Relations Department at any time to request the status of their applications for initial credentialing or recredentialing in any of the following methods:

Mail:	Heraya Health, Attn: Provider Relations Dept. 6600 SW 105th Avenue, Suite 115 Beaverton, OR 97008
Phone:	503-203-8333 or 800-449-9479
Fax:	877-482-2856
E-mail:	ps@herayahealth.com

The provider will be advised of any outstanding information, reasons for any delay in the credentialing process, and an approximate Credentialing Committee date for review of the provider's file.

Timely Notification of Credentialing Committee Decision

All providers have the right and will be notified of the decisions made by the Credentialing Committee within 10 business days of the meeting. Providers having Clean files approved by the Regional Medical Directors, Chief Clinical Officer, or Associate Medical Director will also be notified of their approval within 10 business days.