Section 11
Participating Providers

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Section 11

Financial Status

All participating practitioners share in the financial risk of providing prepaid health care services to CDPHP members. Each year CDPHP establishes a health care budget for the delivery of care based upon projected frequency of services and associated costs. This budget becomes the goal to be reached by CDPHP for that year. To ensure that CDPHP meets the goal of providing care within a fixed budget, a contingency reserve fund, or "withhold" has been established.

The funds are accumulated in a reserve fund. The withhold percentage may be changed from time to time by the board of directors. Prior to any change in the withhold percentage, written notification will be sent to all participating practitioners/providers.

Practitioner/Provider Credentialing and Recredentialing

The CDPHP board of directors designates a credentials committee comprising of participating practitioners whose primary function is to establish selection criteria for our network of practitioners and providers. The credentials committee also develops and annually reviews and revises a comprehensive set of supporting policies and procedures that document all aspects of the credentialing process. All practitioners who wish to participate in CDPHP must meet discipline-specific criteria outlined in these policies. Details of the selection criteria are sent to each new applicant.

Initial Applications

Prospective participants must complete their CAQH application online at https://proview.caqh.org/PR/Registration and authorize CDPHP to receive their information prior to applying to CDPHP. After the completion of their CAQH account, prospective participants should apply for acceptance no less than two months prior to their desired effective date by applying online at https://www.cdphp.com/providers/join-our-network. CDPHP will review the initial application and electronic contracts will be sent via DocuSign, if required. As soon as we confirm your CAQH account is up to date and have signed provider contracts on file, CDPHP will begin the credentialing process.

Applicants may qualify for provisional credentialing in accordance with Public Health Law 4406-d, effective 4/1/2017:

1. (a) A health care plan shall, upon request, make available and disclose to health care professionals written application procedures and minimum qualification requirements which a health care professional must meet in order to be considered by the health care plan. The plan shall consult with appropriately qualified health care professionals in developing its qualification requirements. A health care plan shall complete review of the health care professional's application to participate in the in-network portion of the health care plan's network and shall, within sixty days of receiving a health care professional's completed application to participate in the health care plan's network, notify the health care professional as to: (1) whether he or she is credentialed; or (2) whether additional time is necessary to make a determination because of a failure of a third party to provide necessary documentation. In such instances where additional time is necessary because of a lack of necessary documentation, a health plan shall make every effort to obtain such information as soon as possible and shall make a final determination within twenty-one days of receiving the necessary documentation.

   (b) If the completed application of…
   - a newly-licensed health care professional or
   - a health care professional who has recently relocated to this state from another state and has not previously practiced in this state or
   - a health care professional that changes corporate relationship resulting in issuance of a new TIN and previously had a contract with a health plan (MCO) immediately prior to the event leading to change in corporate structure,

   is neither approved nor declined within sixty days of submission of a completed application pursuant to paragraph (a) of this subdivision, the health care professional shall be deemed "provisionally credentialed" and may participate in the in-network portion of the health care plan's network; provided, however, that a provisionally credentialed physician may not be designated as an enrollee's primary care physician until such time as the physician has been fully credentialed. This includes any health care professional newly employed that we credential at a general hospital or an Article 28, 16, 31 or 32 facility or the facility has a contract with CDPHP and whose other employed physicians are participating providers as in network with CDPHP, who joins a group practice of health care professionals each of whom participates in the in-network portion of a health care plan's network.

Once an application and all requested supporting documentation have been received, the application will be deemed complete and credentialing will begin. Within 60 days of receipt of a complete application, the CDPHP credentials committee, or its designee, will review and render a decision on the credentials of each practitioner seeking participation with CDPHP and the applicant will be notified in writing of the decision of the credentials committee. All committee decisions and actions will be reported to the quality management committee and board of directors through the regularly scheduled reporting process. Practitioner applicants are not allowed to render services to CDPHP members until the credentials committee has accepted them.

CDPHP averages less than 40 days to process initial applications, but occasionally circumstances such as obtaining information from third-party sources can result in a longer time to process. If the CDPHP credentialing process exceeds 60 days from date of complete application, the applicant will be notified in writing of the delay and be placed in a provisional credentialing status in accordance with Public Health Law 4406-d.

Recredentialing Applications

CDPHP also recredentials all practitioners at least once every three years. The essence of the recredentialing process is to capture and summarize sentinel events occurring over the preceding three years of a practitioner's participation that may signal quality concerns. Recredentialing is an integral component of the CDPHP quality management program. The entire recredentialing or evaluation process is documented in policies that are reviewed annually by the CDPHP credentials committee. Recredentialing notices and applicable materials are sent to participating practitioners several months ahead of the scheduled review date and should be completed according to the instructions and prescribed deadlines. Failure to submit the requested information in a timely fashion or failure to disclose information fully or accurately on the recredentialing application may jeopardize continued participation with CDPHP.

At their most basic, the credentialing and recredentialing processes gather information on the status of state licensure, malpractice coverage, a review of all new malpractice cases, and status of hospital admitting privileges. Going beyond these basics, however, during recredentialing we also programmatically gather together an array of data that is intended to be reflective of overall quality of care and utilization management patterns evidenced over the preceding three years. The results of studies on clinical care, appointment and after-hours access, and member complaints and utilization data are compiled in a standardized and weighted format for review by the CDPHP peer credentials committee at its monthly meetings. The credentials committee then makes recommendations to the quality management committee and board of directors regarding each practitioner's continued participation with CDPHP.

In the vast majority of the recredentialing reviews, the credentials committee is able to recommend that the practitioner be recredentialed for the longest period possible, 36 months. The committee reserves the right to recredential for a shorter time period pending resolution and restudy of a quality concern. Practitioners are notified in writing if the recredentialing decision is less than 36 months.

Council for Affordable Quality Healthcare® (CAQH) Application Highlights

CDPHP is working with the Council for Affordable Quality Healthcare® (CAQH) to streamline the credentialing process. We have adopted the CAQH Universal Credentialing Datasource tool, an online database designed to reduce your administrative burden and eliminate the need to submit multiple paper applications. This secure system is the ***required format*** for all credentialing activity with CDPHP.

Accessing your CAQH application online is easy. Your CAQH provider ID is the key to viewing your personal account which is set up at CAQH by following these 3 easy steps:

1. Simply log on to https://proview.caqh.org/Login.
2. Enter your CAQH Provider ID.
3. Create a User name and Password.

Once you register, you can enter your credentialing data at your convenience. If you do not have a CAQH ID number, contact the CAQH Helpdesk at 888-599-1771 or email caqh.updhelp@acsgs.com.

For more information about CAQH, you are welcome to visit their Web site at www.caqh.org/.

If you have questions that cannot be answered by the CAQH Help Desk, the CDPHP Credentialing department may be reached at (518) 641-3321.

Practitioner CAQH® Application Instructions and Checklist

Instructions for New Practitioners Not in the CAQH Database

- ☐ Prospective participants should apply for acceptance no less than two months prior to their desired effective date by applying online at https://www.cdphp.com/providers/join-our-network.
- ☐ Register with CAQH. To obtain a CAQH ID#, call the CAQH Helpdesk at 888-599-1771 or email CAQH.updhelp@acsgs.com. Once you are registered, complete a CAQH application by logging into http://upd.caqh.org/OAS.
- ☐ For questions on this process, please call 518-641-3321 option 3. You can also email the CDPHP Credentialing Department at CDPHP_CRED_DEPT@cdphp.com.

Instructions for New Practitioners Already in CAQH Database

- ☐ Go to https://upd.caqh.org/Login/, login and click on the Registration button.
  - ✔ Check off CDPHP from the participating organizations list, or;
  - ✔ Click "Check here for all plans to receive data" to select all.

Application Checklist – What Practitioners Need to Start Completing the CAQH Application:

- ☐ CAQH Provider ID number
- ☐ List of all practice locations
- ☐ Copies of:
  - ✔ Curriculum vitae (resume in month/year format)
  - ✔ Medical license
  - ✔ DEA certification, if applicable
  - ✔ IRS Form W-9
  - ✔ Malpractice insurance face sheet
  - ✔ Summary of any pending and settled malpractice cases
- ☐ Identification numbers, such as NPI, UPIN, Medicare, Medicaid

If you need help completing the CAQH application, please contact the CAQH help desk at 1-888-599-1771 or caqh.updhelp@acsgs.com.

Board Certification

As a leading health plan in member satisfaction, CDPHP is committed to ensuring that its provider networks consist of high quality physicians. CDPHP requires physicians to be board certified in the specialty that relates to his/her scope of practice. This policy applies to all physicians who have applied to CDPHP after June 1, 2007. Board certification must be achieved within five years of completion of training. Acceptable board sources are American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), American Board of Pain Medicine (ABPM), American Board of Addiction Medicine (ABAM), or equivalent Canadian Boards. Maintaining certification is expected of all applicants and will be evaluated at the time of each recredentialing. Applicants who are not board certified must demonstrate that he/she is board admissible or has completed sufficient training to be recognized as board trained (admissible). The credentials committee reserves the right to request and review credentialing documentation at any time, and may consider qualification requirements on a case-by-case basis as required. Exceptions to qualification requirements will be considered according to the best interest of the plan and its members.

Hospital Privileges

CDPHP participating physicians must maintain medical staff privileges in a hospital having contractual arrangements with the health plan. In addition the physician must agree to inform CDPHP of any substantial change in clinical privileges at any time during his/her participation. Exemptions from medical staff membership requirements will be granted to physicians practicing as radiologist or pathologist, or on a case-by-case basis.

If an exemption from medical staff privileges is granted, CDPHP may require the following:

- Documentation of CME credits consistent with MSSNY requirements, 50 credit hours per year.
- Board certification documentation.
- Admitting arrangements on behalf of the physician.
- Two letters of reference

Access and Availability

CDPHP ensures its participating provider network is adequate to meet the comprehensive health needs of its membership and provides an appropriate choice of providers, located within a reasonable distance and travel time of the member's zip code of residence. CDPHP also ensures there are sufficient PCP, OB/GYN, and High Volume specialist practitioners, and sufficient cultural and linguistic capability to service the CDPHP membership. Furthermore in compliance with state regulations CDPHP ensures after hours and appointment schedule accessibility to its membership.

GeoAccess Study Standards

Distance To:	Miles / Minutes
3 PCPs (age appropriate)	30 miles / 30 minutes
2 OB/GYNs	30 miles / 30 minutes
2 specialist from each of the types designated as high volume	30 miles / 30 minutes
1 pharmacy—urban	3 miles / 10 minutes
1 pharmacy—rural, suburban	10 miles / 20 minutes
1 24-hour pharmacy (where available)	15 miles / 25 minutes
1 mental health / substance abuse treatment provider	30 miles / 30 minutes for treatment
1 laboratory—urban	20 miles / 30 minutes
1 laboratory—rural, suburban	40 miles / 60 minutes
1 hospital, X-ray, MRI, optometrist, inpatient psychiatric, and inpatient medical rehabilitation	30 miles / 30 minutes
1 cardiac catheterization, kidney transplant, major trauma treatment, neonatal intensive care, and open heart surgery	60 miles / 90 minutes
1 chemical dependency and substance abuse evaluation facility	30 miles
1 chemical dependency and substance abuse treatment facility	20 miles
1 Skilled Nursing Facility (SNF), Home Health Agency (HHA)	30 miles
1 Ambulatory surgery clinic	30 miles / 30 minutes

After-Hours Accessibility

CDPHP performs after-hours telephone calls to ensure 24-hour coverage for a physicians' practice. The CDPHP Participating Physician Agreement specifies 24-hour coverage for a physician's practice, which the quality management (QM) committee has defined as the ability to respond to a member/patient call within one hour. To monitor compliance with this requirement, the CDPHP staff will place phone calls to all PCPs and OB/GYNs during the regularly scheduled triennial recredentialing cycle.

Response Requirements:

1. ***Practitioners with a live voice answering service:*** The answering service must be prepared to inform members that they cannot receive a return call from the practitioner, but that they should remain on the telephone while the service attempts to reach the physician or establish alternative arrangements.
2. ***Practitioners who utilize an answering machine:*** The recording must give clear instructions to the member on how to reach a live person, or must inform them that a return call from a practitioner is expected within 1 hour. In the event the member is unable to receive a call from a practitioner, a return call within 1 hour must come from another source, and they should be offered the same options stated in #1 above.

Appointment Access Studies

CDPHP performs appointment schedule studies to ensure reasonable member wait times for various health care scenarios. Telephone calls are placed to office practices during initial credentialing and subsequent recredentialing cycles. The standards are:

PCP and OB/GYN Type of Visit	**Time to an Appointment**
Urgent care	Within 24 hours
Non-urgent "sick" visit	Within 48 to 72 hours of request, as clinically indicated
Emergency care	Immediately
Routine primary care; preventive care appointments	Within 4 weeks
Initial prenatal within first trimester	Within 3 weeks
Initial prenatal within second and third trimester	Within 2 weeks during the second trimester, within 1 week during the third trimester
Initial family planning	Within 2 weeks
Initial newborn	Within 2 weeks of hospital discharge
Inplan mental health or substance abuse follow-up visits (pursuant to an emergency or hospital discharge)	Within 7 days of request, or as clinically indicated
Inplan, non-urgent mental health visits	Within 10 business days
Urgent (mental health)	Within 48 hours
Care for non-life-threatening emergency (mental health)	Within 6 hours
Emergency (mental health)	Immediately
Non-urgent (chemical dependency and substance abuse)	Within 10 days
Urgent (chemical dependency and substance abuse)	Within 48 hours
Emergency (chemical dependency and substance abuse)	Immediately

Standards applicable to Medicaid–Select Plan and Medicaid–HARP are described in Section 3 of this manual.

Oncology Standards Type of Visit	**Time to an Appointment**
New patient appointments for non-urgent issues	Within 7 days
Established patient appointments for non-urgent issues	Within 5 days
New or established patient appointments for urgent care or urgent care follow-up	Same or next day

Leaves of Absence

CDPHP participating practitioners may request a leave of absence for a period up to one year. Requests must be made in writing to the Credentialing department. The credentials committee will review the request at the next scheduled meeting and notify the practitioner of its decision. Failure to notify CDPHP of a leave of absence may result in termination. If a leave is granted, CDPHP will not reimburse any claims for dates of service during the leave period.

Practitioner/Provider Terminations

In some cases, a decision may be made to terminate a practitioner's participation with CDPHP. This decision may coincide with recredentialing, but is not limited to that CDPHP activity. As with any contractual relationship, either CDPHP or the practitioner has certain rights to terminate the relationship and the conditions under which this may occur are described in the practitioner's contract or agreement with CDPHP. The termination of a practitioner's participation with CDPHP is a very serious action and is not one made lightly by CDPHP. As such, CDPHP has a policy for situations in which a practitioner termination, suspension, or alteration in level of participation is considered*. Practitioners should be assured that they will not be terminated solely or even in part because they have advocated on behalf of a member, filed a complaint against CDPHP, appealed a CDPHP decision, provided information or filed a report concerning the prohibitions of plans as indicated in Public Health Law Section 4406-c, or requested a hearing or review. Further, the policy and all of the CDPHP practitioner agreements detail a process through which a practitioner may appeal a decision to alter his or her level of participation, if applicable.

Some of the most significant aspects of the process follow:

- All decisions to terminate or alter a practitioner's level of participation are provided in writing to the practitioner using certified, return receipt mail. The notice includes an explanation of CDPHP's rationale for the decision.
- The written notice to the practitioner will inform him or her of his or her right to appeal the decision. The practitioner will be advised that he or she may request a formal hearing or review by a panel appointed by CDPHP. This panel will be comprised of three persons appointed by CDPHP, one of whom will be in the same discipline as the affected practitioner. A request to appeal a decision must be made in writing to the person indicated in the notice within 30 days of the practitioner's receipt of the notice.
- CDPHP will make arrangements for the practitioner's appeal to be presented to the panel within 30 days of CDPHP's receipt of the request for such a hearing.
- The decision of the panel will be promptly provided in writing. The decision may include reinstatement, provisional reinstatement with conditions set forth by CDPHP, or termination. If the decision is termination, the effective date of the termination will not be less than 30 days after the receipt by the practitioner of the hearing panel's decision. Further, in no event will the effective date of the termination be earlier than 60 days from receipt of the notice of termination.
- Practitioners must provide continuing care to "continuing care patients" (as defined in 42 USCS § 300gg-113(b)) and to other patients who are undergoing a course of treatment with the practitioner, for a period of up to ninety (90) days. For members who are in a course of treatment for pregnancy, continuing care must be provided through the postpartum period. Practitioners are required to accept the in-network rate as payment in full, except for in-network cost-sharing, and to adhere to all CDPHP rules, policies, procedures, and quality standards, including quality management program requirements, resource coordination policies and procedures, and medical records accessibility.
- Reapplication for CDPHP participation will be considered one year from the effective date of termination.

**In cases involving imminent harm to patient care, a determination of fraud, or a final disciplinary action by a state licensing board or governmental agency that impairs the practitioner's ability to practice, the termination shall be effective immediately and the continuing care provisions shall not apply.*

PCP Termination

Member Notification when a PCP Terminates His or Her Participation with CDPHP

When a PCP terminates from the CDPHP network for whatever reason, CDPHP will run a report of all the members assigned to the PCP, on or before the effective date of termination.

A letter will be sent to all identified members advising of their PCP's change in status.

Specialist Termination

Member Notification when a Specialist Terminates His or Her Participation with CDPHP

When a specialist terminates from the CDPHP network for whatever reason, CDPHP will run a report of all the members with an open authorization/approval to the terminated specialist, and/or members who have received care from the terminated specialist within the past 90 days, on or after the effective date of termination.

A letter will be sent to all identified members advising of their specialist's change in status.

Member Notification of Practitioner/Provider Terminations

It is the CDPHP practice and policy to notify members of practitioner and provider terminations from the Capital District Physicians' Health Plan, Inc., Capital District Physicians' Healthcare Network, Inc., and/or CDPHP Universal Benefits, Inc. (collectively "CDPHP"). The intent of the notification process is to alert members of practitioner disruption from the CDPHP network as well as, disclosure of member rights to continue an ongoing course of treatment with the practitioner/provider of a transitional period of up to 90 days from the date of notice, when applicable.

Members are notified within 15 calendar days from the date that CDPHP confirms a practitioner's/provider's intent to terminate from CDPHP. Member notice is issued no later than 30 days in advance of the effective date of the termination. This time line is applicable only when the termination notice is received pre-termination. Due to the nature of the process, contractual terminations are routinely future dates of terminatZion. CDPHP will exercise the practice of gathering refreshed member data 30 calendar days prior to the actual practitioner/provider termination date, and notify newly identified members engaged in current care with the practitioner/provider, who **were not** identified at the time of initial 15-day notice. Sample member letters are exhibited following this section.

PCP Termination
Transition of Care

«Todays_Date»

«Meme_First_Name» «Meme_MI» «Meme_Last_Name» «Meme_Title»
«Meme_Addr1_Mail»
«Meme_Addr2_Mail»
«Meme_Addr3_Mail»
«Meme_City_Mail», «Meme_State_Mail» «Meme_Zip_Mail»

Regarding: «Prpr_From_First_Name»
«Prpr_From_Last_Name» «Prpr_From_Title»
Member #: «Sbsb_Id»

Dear Member,

At CDPHP, your health is our top priority. In order to stay healthy, we believe it is important that you have a primary care provider who understands and attends to your unique health care needs.

With this in mind, we are writing to let you know your current or previous health care provider, «Prpr_From_First_Name» «Prpr_From_Last_Name», «Prpr_From_Title», will no longer be part of the Capital District Physicians' Healthcare Network, Inc. (CDPHN) network as of «Mepr_Term_Dt».

WHAT DOES THIS CHANGE MEAN FOR YOU?

The good news is that your current practice is accepting new patients! If you would like to continue receiving care at this practice, please call their office to schedule your next check-up or sick appointment, and/or transfer any referrals or prescriptions.

It's very important that you stay connected with a primary care provider.

If you would like to select a new primary care provider:

1. Go to Find-A-Doc at **findadoc.cdphp.com** to find a new primary care provider in our network. Choose from family practice, internal medicine, or pediatrics (for children).
2. Log in to **members.cdphp.com** to update your primary care provider:
   - Click on the drop-down arrow next to your name.
   - Select "Primary Care Physician (PCP)" from the menu.
   - Under "Current PCP(s)", check the "Change PCP" box.

- On that same screen, enter your new PCP's name, city, and state in the "Update your PCP" box and click the "Update PCP" button.
- A box should appear with your newly selected PCP. Click the button "Select this PCP".

You may request a printed listing of our providers by calling the CDPHP member services department at the number on your ID card. Once you have selected a new provider, please be sure to update your primary care provider by calling member services.

Questions?
Please call CDPHN member services at the number on your ID card, Monday through Friday, 8 a.m. to 5 p.m. TTY/TDD: 711.

This notice is available in other formats for members with special needs and can be read to you in your preferred language.

Sincerely,

«SignatureName»
«SignatureTitle»
«SignatureLOB»

PCP Termination
No Transition of Care

«Todays_Date»

«Meme_First_Name» «Meme_MI» «Meme_Last_Name» «Meme_Title»
«Meme_Addr1_Mail»
«Meme_Addr2_Mail»
«Meme_Addr3_Mail»
«Meme_City_Mail», «Meme_State_Mail» «Meme_Zip_Mail»

Regarding: «Prpr_From_First_Name»
«Prpr_From_Last_Name» «Prpr_From_Title»
Member #: «Sbsb_Id»

Dear Member,

At CDPHP, your health is our top priority. In order to stay healthy, we believe it is important that you have a primary care provider who understands and attends to your unique health care needs.

With this in mind, we are writing to let you know your current or previous health care provider, «Prpr_From_First_Name» «Prpr_From_Last_Name», «Prpr_From_Title», will no longer be part of the Capital District Physicians' Healthcare Network, Inc. (CDPHN) network as of «Mepr_Term_Dt».

WHAT DOES THIS CHANGE MEAN FOR YOU?

It's very important that you stay connected with a primary care provider.

To select a new primary care provider:

1. Go to Find-A-Doc at **findadoc.cdphp.com** to find a new primary care provider in our network. Choose from family practice, internal medicine, or pediatrics (for children).
2. Log in to **members.cdphp.com** to update your primary care provider:
   - Click on the drop-down arrow next to your name.
   - Select "Primary Care Physician (PCP)" from the menu.
   - Under "Current PCP(s)", check the "Change PCP" box.
   - On that same screen, enter your new PCP's name, city, and state in the "Update your PCP" box and click the "Update PCP" button.
   - A box should appear with your newly selected PCP. Click the button "Select this PCP".

You may request a printed listing of our providers by calling the CDPHP member services department at the number on your ID card. Once you have selected a new provider, please be sure to update your primary care provider by calling member services.

Questions?
Please call CDPHN member services at the number on your ID card, Monday through Friday, 8 a.m. to 5 p.m. TTY/TDD: 711.

This notice is available in other formats for members with special needs and can be read to you in your preferred language.

Sincerely,

«SignatureName»
«SignatureTitle»
«SignatureLOB»

Specialist Termination
Transition of Care

«Todays_Date»

«FirstName» «Middle» «LastName»
«Addr1»
«Addr2»
«Addr3»
«City», «State» «Zip»

Regarding: «to_ProviderFrstNm»
«to_ProviderLstNm», «to_ProviderTtlCd»
Provider Specialty: «Specialty»
Member #: «to_MemberId»

Dear Member,

At CDPHP, your health is our top priority. With this in mind, we are writing to let you know that your current or previous health care provider, «Prpr_From_First_Name» «Prpr_From_Last_Name», «Prpr_From_Title», will no longer be part of the Capital District Physicians' Healthcare Network, Inc. (CDPHN) network as of «Mepr_Term_Dt».

WHAT DOES THIS CHANGE MEAN FOR YOU?

The good news is that your current practice is accepting new patients! If you would like to continue receiving care at this practice, please call their office to schedule your next check-up or sick appointment, and/or transfer any referrals or prescriptions.

If you would like to select a new practice:

- Go to **findadoc.cdphp.com** to see a list of specialists in our network and choose one that's right for you.
- If necessary, call your PCP office for a referral.
- Schedule your next appointment with your new specialist.
- Transfer any referrals or prescriptions to your new specialist's office.

You may request a printed listing of our providers by calling the CDPHP member services department at the number on your ID card.

If you are in an ongoing course of treatment when your provider leaves our network, you may be able to continue to receive these services from this provider for up to 90 days from the date of this notice or when you are no longer considered a continuing care patient, whichever is shorter.

If you wish to receive care from the above-named provider for a transition period as described above, please contact the CDPHN member services department.

Questions?
Please call CDPHN member services at the number on your ID card, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY/TDD: 711.

This notice is available in other formats for members with special needs and can be read to you in your preferred language.

Sincerely,
«SignatureName»
«SignatureTitle»
«SignatureLOB»

Specialist Termination
No Transition of Care

«Todays_Date»

«FirstName» «Middle» «LastName»
«Addr1»
«Addr2»
«Addr3»
«City», «State» «Zip»

Regarding: «to_ProviderFrstNm»
«to_ProviderLstNm», «to_ProviderTtlCd»
Provider Specialty: «Specialty»
Member #: «to_MemberId»

Dear Member,

At CDPHP, your health is our top priority. With this in mind, we are writing to let you know that your current health care provider, «Prpr_From_First_Name» «Prpr_From_Last_Name», «Prpr_From_Title», will no longer be part of the Capital District Physicians' Healthcare Network, Inc. (CDPHN) network as of «Mepr_Term_Dt».

WHAT DOES THIS CHANGE MEAN FOR YOU?

If you would like to select a new practice:

- Go to **findadoc.cdphp.com** to see a list of specialists in our network and choose one that's right for you.
- If necessary, call your PCP office for a referral.
- Schedule your next appointment with your new specialist.
- Transfer any referrals or prescriptions to your new specialist's office.

You may request a printed listing of our providers by calling the CDPHP member services department at the number on your ID card.

If you are in an ongoing course of treatment when your provider leaves our network, you may be able to continue to receive these services from this provider for up to 90 days from the date of this notice or when you are no longer considered a continuing care patient, whichever is shorter.

If you wish to receive care from the above-named provider for a transition period as described above, please contact the CDPHN member services department.

Questions?
Please call CDPHN member services at the number on your ID card, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY/TDD: 711.

This notice is available in other formats for members with special needs and can be read to you in your preferred language.

Sincerely,
«SignatureName»
«SignatureTitle»
«SignatureLOB»

Practitioner/Provider Status Changes

Whenever a participating practitioner changes his or her business relationship, it is imperative that written notification is received by CDPHP prior to the change. This includes changes in information related to the office location, contact phone numbers, acceptance of new patients, digital contact information, and financial information such as tax identification numbers and remittance addresses. In addition, when a participating practitioner leaves the service area and terminates participation with CDPHP, we will notify all members assigned to the practitioner's practice.

Please forward this written notification to:

CDPHP
Provider Registry
6 Wellness Way
Latham, NY 12110

National Provider Identification (NPI)

CDPHP requires NPI numbers on all HIPAA electronic standard transactions. The NPI number is a unique 10-digit provider number used to identify practitioners and group practices. The NPI is used for 834 enrollment transactions for PCP selection, 835 remit transactions for servicing and pay to provider numbers, and 837 claim transactions for servicing, prescribing, referring, attending, admitting, and pay to provider numbers.

Even if your office submits paper claims, physicians will need to obtain and notify CDPHP of an NPI so that other providers can reference you on their HIPAA transactions as the referring, attending, admitting, or primary care physician. By law, NPI is the only provider number permitted on HIPAA standard transactions.

If you do not have your NPI numbers, you may apply online or obtain a paper application at https://nppes.cms.hhs.gov. You may also call 1-800-465-3203 to get a paper application. After completing the online or paper application, CMS will issue NPI numbers for the individual health care practitioners, practice sites, group practices, and/or facility providers. Once you have obtained your NPI numbers please update your CAQH application with practitioner NPI numbers.

Statement of Practitioners' Rights

Credentialing and Recredentialing Application Information

Participating practitioners shall abide by the rules and regulations set forth in the bylaws and credentialing regulations, and any other regulations that may be adopted by CDPHP, concerning the conditions, criteria and standards of participation with CDPHP.

By applying for membership with CDPHP, you are hereby notified that you have the right to the following:

1. To review the information obtained from any outside primary source that is presented to the Credentials Committee in support of my credentialing and/or recredentialing application. For example, malpractice insurance carriers, state licensing boards, and hospitals. *Letters of reference, and National Practitioner Data Bank (NPDB) documentation are not subject to this disclosure. (Note: Disclosure of NPDB documentation is a Federal violation.)*
   A. Upon the CDPHP receipt of a written, signed and dated request by the applicant, credentialing will release under **confidential** cover to the applicant by Certified Mail, Return Receipt Requested the information that is presented to the Credentials Committee in support of his/her credentialing/recredentialing application.
2. To correct erroneous information submitted by another party.
   A. The applicant may submit corrections to the CDPHP credentialing department within 30 days of the day in which he/she first becomes aware of the problem. Changes must be submitted in writing, signed and dated by the practitioner, and addressed to the attention of the credentials specialist. The network service specialist will document receipt of the corrections in correlation with the specified section(s) of the practitioner's application. All such correspondence will be presented to the Credentials Committee.
3. CDPHP will notify the practitioner of any information obtained during the credentialing and/or recredentialing process that varies substantially from the information provided to CDPHP by the practitioner. You will have 30 days from notification to clarify and/or correct any discrepancies. All such explanations will be reviewed by the CDPHP Credentials Committee.
4. To inquire about the status of a credentialing or recredentialing application.
   A. Inquires will be accepted via telephone and/or written request to the CDPHP credentialing department. Subsequent to issues addressed with the applicant as described in Sections 2-3, the credentials specialist may advise the applicant of his/her application status. For example, anticipated schedule of review by the credentials committee, specific discussion regarding the completeness or incomplete documents required to finalize the review and analysis in preparation for the credentials committee's review.

Office-Based Equipment

CDPHP Guidelines, Request for Approval

This document is intended to be a reference and guide for preparing a written request to CDPHP for the consideration of approval for meeting prescribed procedural guidelines and criteria in support for resource coordination (RC) policies and procedures relative to specified office-based equipment.

Please return your letter of intent, as well as the required information and/or documents outlined below to:

CDPHP
Vice President, Healthcare Quality
6 Wellness Way
Latham, NY 12110

Required information and/or documents:

- Specify type of equipment
- Specify CPT billing codes
- Describe scope of service: technical and/or professional component
- Specify if this is considered new technology
- Demonstrate evidence that equipment is certified, and/or meets inspection requirements
- Demonstrate evidence that the technicians and designated medical professionals operating the equipment are properly trained to use the equipment
- Provide a copy of office and quality protocols for operating the office based equipment

CDPHP review and notice:

The written request and all supporting documentation will be prepared for review by the medical director. As required, CDPHP's medical director will review the request and documentation with CDPHP's credentials committee, and/or any other applicable committee. In order to render a decision, CDPHP reserves the right to request and conduct an on-site practice assessment relative to the requested equipment, and office setting.

A written request does not constitute CDPHP's approval. All final decisions will be communicated in writing to the requestor.

For credentialing policies, please refer to Volume 2 of the Provider Office Administration Manual.

Confidentiality

The following confidentiality standard is provided to:

- Assure that confidential information reviewed in the performance of CDPHP's operational activities is kept in strict confidence and to provide a procedure for protecting the confidentiality of member, practitioner, and provider information.
- Educate employees, directors, practitioners, providers, and members as to what constitutes confidentiality.
- Assure that employees, directors, practitioners, and providers are aware of and comply with specific federal and state regulations as they apply to HIV/AIDS, mental health, and substance abuse information.

CDPHP considers information obtained through operational activities as strictly confidential. Confidential information is inclusive of, but not limited to, the following: member, provider, practitioner cost, claims, payment, contracts and provisions, diagnoses or clinical care information located at CDPHP or any participating practitioner and provider site, and this manual. CDPHP also considers employee information including, but not limited to: home address, telephone number, performance evaluations and individual salaries to be confidential information.

This standard will refer to all member information such as medical records, claims, benefits, and other administrative or measurement data that is personally identifiable, as *protected health information*.

Any use of confidential information obtained during the course of employment for a personal, non-business purpose is a violation of this confidentiality standard and the confidentiality agreement that all employees are required to sign on an annual basis. It is a condition of employment that an employee not share this information with any unauthorized person. The human resources department ensures that all new and current employees are trained on CDPHP's confidentiality standard. If it is determined that confidentiality has been breached by an employee, based on the circumstance and severity of an employee's actions, the employee may be subject to disciplinary action, up to and including termination.

Confidentiality Protections and Controls

1. Overall Protection of Member Protected Health Information: CDPHP protects the privacy of member protected health information through the following mechanisms:
    a) All employees sign a confidentiality agreement at the time of employment and CDPHP's human resources department maintains all signed employee confidentiality agreements. At hire and on an annual basis, all employees will receive training on the special confidentiality regulations relevant to HIV/AIDS, mental health, and substance abuse.
    b) Access to portions of the building is restricted for unauthorized personnel through the use of an electronic security system.
    c) All employees are assigned a security level within the claims processing and electronic documentation systems, which restricts them to only those functions needed to perform their job duties. To ensure that members are not restricted in obtaining information and assistance from CDPHP due to a diagnosis relating to HIV/AIDS, mental health or substance abuse, all employees with a need to know and appropriate security level are allowed access to this information.
    d) Access to all employee protected health information and other employee employment information, i.e., salary, performance evaluation and address, is limited to designated management, human resource department personnel, and payroll department personnel.
    e) All members of CDPHP committees including, but not limited to the quality management committee, utilization management committee, credentials committee, joint health services committee, pharmacy and therapeutics committee; and members of the board of directors, sign a confidentiality agreement at each meeting which affirms the confidential nature of both member and provider information shared within those committees.
    f) All member identifiable information is removed from CDPHP committee documents.
    g) No protected health information is shared with members who are not the subject of the information unless CDPHP receives a written authorization from the individual who is the subject of the information or someone legally authorized to act on his or her behalf, identifying that the member in question is entitled to such information.
    h) Member services personnel verify member name, address and CDPHP identification number prior to releasingany information to callers. Member services personnel solicit the information from the member to confirm its accuracy.
    i) CDPHP protects information on its electronic Web site through multiple security levels. Members receive limited access to only member information, and practitioner and providers receive only limited access to practitioner and provider information.
    j) All member identifiable information is removed prior to initiating an external peer review for clinical decisions.
    k) CDPHP verifies that legally sufficient authorization is present prior to sharing protected health information with external entities. When this information is shared and includes information about HIV/AIDS, mental health or substance abuse, appropriate disclaimers and additional authorizations if necessary, related to the release of such information, are prominently attached.

l) CDPHP will obtain a legally sufficient authorization from members participating in case management before providing any member protected health information, including medical records, to health care providers or community resource personnel involved in the management of the member's health.
m) Any CDPHP member over the age of 12 years may be notified of any request for member protected health information and object to the disclosure of such information.
n) CDPHP will assist in obtaining a legally sufficient authorization from a member, if necessary, to receive medical records from a non-participating treating practitioner or provider.
o) Unless otherwise permitted in accordance with HIPPA, prior to sharing any member protected health information with a legislator, CDPHP requires a legally sufficient authorization from the member, identifying the legislator to whom they are authorizing the release of protected health information and the specific information that the member is allowing to be released to that individual.
p) Without a legally sufficient authorization from the member, or signed certification from the plan sponsor/ employer group administrator in accordance with HIPAA, no implicitly or explicitly member identifiable information is shared with the member's employer group. This includes measurement data.
q) Information regarding claims payment issues or quality of care issues will be supplied to the New York State Health Department and the New York State Insurance Department upon direct request from the Departments or when the member or provider requests the respective State Agency's assistance in resolving such an issue with CDPHP.
r) CDPHP will evaluate practitioner and provider sites to assure that adequate privacy exists for member and provider interactions.
s) CDPHP will evaluate the confidentiality procedures of all primary care practices as part of a provider site evaluation. Such an evaluation will assure that all member records are kept in a secure confidential manner.

2. Practitioner/Provider and Contract Provisions: Each contract between CDPHP and a participating practitioner and provider clearly identifies the practitioner's/provider's responsibility to adhere to all regulatory confidentiality statutes as well as CDPHP policies.

3. Communication of Confidentiality Agreements: All prospective and existing members receive the confidentiality statement in the CDPHP member handbook or upon request. All participating practitioners and providers are provided with the confidentiality standard in the *CDPHP Provider Office Administrative Manual* or upon request.

4. Confidentiality of Practitioner and Provider Information: CDPHP assures that all practitioner and provider specific information is kept confidential through the following provisions:
   a) All credentials committee rationale for decisions relative to an individual practitioner are not to be disclosed to the practitioner or any other party, other than other parties who require access to hear an appeal of credentials committee decisions. Questions regarding the deliberations of the committee or its process should be referred to the medical director or his or her designee.
   b) At the discretion of the medical director or his or her designee, practitioners and providers will be given access to information concerning themselves obtained by the CDPHP credentialing department from any outside source (e.g. malpractice insurance carriers, hospitals, state licensing board, NPDB, FSMB, CIN-BAD, etc.), which was received as part of the credentialing or recredentialing process.
   c) Practitioner and provider specific information that is forwarded to any CDPHP committee member will be stamped "Confidential" and duplicated confidential information will be destroyed following the conclusion of the respective committee meetings.

5. Corporate Compliance Committee: CDPHP's corporate compliance committee has the responsibility to review and evaluate all CDPHP confidentiality policies and procedures. At least annually, the committee evaluates the following:
   a) The effectiveness of the mechanisms in place to monitor and respond to corporate, member and provider confidentiality issues.
   b) Opportunities to reduce the gathering of unnecessary member protected health information or removing the member or provider identifiable data as close to the source as possible.
   c) Appropriate security levels of access to members' protected health information are maintained.
   d) Effectiveness of current mechanisms to ensure that appropriate access to protected health information is provided when requested by members.
   e) The presence of an appeals and complaint process to allow members the opportunity to raise concerns regarding confidentiality issues.
   f) A process to review internal and external requests for the release of member protected health information for various business purposes.
   g) Regular employee, practitioner and provider education regarding the confidentiality of member, practitioner, provider, and employee protected health information, including special emphasis on heightened security requirements for HIV/AIDS, mental health and substance abuse information.