

I Credentialing-Recredentialing Criteria Practitioners

A. PHYSICIAN PRE-APPLICATION SCREENING CRITERIA

License	MD, D.O., D.P.M., D.D.S. with current, unrestricted license to practice medicine in state in which the network is established.
Hospital Privileges	Has or is applying for privileges at a Network Hospital or meets acceptable exception criteria (rural area, non-hospital based specialty, etc.).
Malpractice	Current professional liability coverage with no history of denial or cancellation.
Network Panel Status	Meets specific Network panel membership need as documented in the current board resolution on panel status.

B. GENERAL PRACTITIONER SELECTION CRITERIA

Application and Attestation	Application with attestation as to completeness and correctness. Incomplete applications will be returned. Complete applications will include name; degree; date of birth; specialty; board certifications; address and phone; TIN; work history for the past five years; license state, number and expiration date; answers to all professional questions and health status questions; education institution, degree and graduation date; training institution(s), specialty(s), and dates; certificate of insurance with a current expiration date; hospital privileges; DEA for state(s) in which the applicant is currently practicing, Bureau of Narcotics and Dangerous Drugs (BNDD) number and expiration date; original application signature and original release signature no more than 180 days prior to receipt of application.
State License	Verified, current and unrestricted license in the states in which network is established. Providers with a Federal Active License will be reviewed by the Membership Committee for consideration to participate or continue participation in the network.
Education	<ol style="list-style-type: none"> 1. MDs and DOs: Graduation from medical school. Successful completion of a residency except: <ol style="list-style-type: none"> a. General Practitioners who graduated from medical school prior to 1985 or b. The lack of a panel physician would create a public health hardship in a specific community. 2. DDSs: Graduation from dental school and completion of specialty training as applicable.

3. DPMs:
Graduation from podiatry school and completion of a residency, as applicable.

DEA	Verified, Current Federal Drug Enforcement Administration Certificate (DEA #) for state(s) in which the applicant is currently practicing or a valid explanation of the lack thereof for practitioners practicing in a non-prescribing specialty (e.g. optometry, pathology, radiology). If applicant has a pending DEA or is qualified to prescribe and chooses not to prescribe, applicant must provide written and dated documentation of arrangement with prescribing practitioner that holds a valid DEA.
State BNDD	Verified, Current state BNDD if applicable
Current Liability Coverage	Maintain at least the minimal amount of professional liability insurance as required by the state law with no history of denial or cancellation.
Malpractice History	<ol style="list-style-type: none">1. No pattern of suits over a five-year period of time based on incident date, or2. No more than two lawsuits filed with incident dates during one calendar year, or3. No more than two payments or settlements of \$30,000 or more per suit with incident dates in one calendar year, or4. No cases resulting in permanent disability or death, in which payment of over \$30,000 was made, or5. No pending cases, which in the view of the Committee, could result in failure to meet malpractice history criteria.
Privileges	<ol style="list-style-type: none">1. Current unrestricted admitting privileges consistent with the licensure in a Network hospital, or2. Physician is in a specialty which does not traditionally admit patients and has courtesy or consulting privileges at a network hospital, e.g., Anesthesiology, Dermatology, or DPM.3. Physician is in a specialty or subspecialty frequently used as a consultant, and has consulting privileges at a Network hospital, e.g. Psychiatrist or4. Physician has a transfer agreement with a physician/hospitalist or direct referral with admitting privileges at a Network hospital, or5. The lack of a panel physician would create a public health hardship in a specific community.
Impairment	Absence of any condition that impairs judgment or performance of essential functions of practice with or without accommodation (including mental, substance abuse, or other health problems) currently or over the past 5 years.
Suspension or Probation	Absence of or valid justification of: <ol style="list-style-type: none">1. Probation or suspension from professional medical societies, or2. Loss or limitations of hospital privileges, or3. History of loss of license, or4. Medicare or Medicaid Sanctions.
Work History	Included with the application, five (5) consecutive years history or length of practice if less than 5 years, with no gaps of six (6) months or more, or, in the case

of a gap, an explanation via email, fax or mail from the provider regarding that time period.

Criminal Indictment

No felony conviction or indictment including a plea of no lo contendre.

NPDB

Satisfactory report.

C. ADDITIONAL CRITERIA FOR NON PHYSICIAN BEHAVIORAL HEALTH PROVIDERS

<p>State License or Certification</p>	<p>Verified and current license as a psychologist, social worker, professional counselor, or clinical nurse specialist/psychiatric and mental health nurse practitioner in the state in which network is established or certified as a substance abuse counselor in the state in which the network is established or possessing a master’s degree in the health sciences field along with three (3) years experience in providing substance abuse services. Each provider licensure must meet the requirements of the state regulatory board.</p>
<p>Education</p>	<p>Provider must have degree in appropriate fields from an accredited university program recognized by the appropriate certifying body:</p> <ol style="list-style-type: none"> 1. Licensed Clinical Social Worker (LCSW) –Masters or doctoral degree in social work with emphasis in clinical social work. 2. Licensed Professional Counselor (LPC) – Masters or doctoral degree in counseling or education with counseling field of study (doctoral in Divinity does not meet criteria). 3. Licensed Clinical Professional Counselor (LCPC) - Masters degree in counseling or meet same qualifications. 4. Licensed Clinical Psychotherapist (LCP) – Masters degree in psychology. Licensed as an LMLP, or meet same qualifications. 5. Licensed Psychologist (LP) - Doctorate degree in field of psychology 2 years of supervised work experience. 6. Licensed Master Level Psychologist (LMLP) - Master degree in field of psychology. 7. Licensed Marriage & Family Therapist (LCFMT) – Masters or doctoral degree in Marriage and Family Therapy or related field of study 8. Licensed Marriage Family Therapist (LMFT) - Masters or Doctorate degree in Marriage and Family Therapy OR a related field which contained coursework considered to be equivalent to the Marriage and Family therapy program 9. Clinical Nurse Specialist/Psychiatric and Mental Health Nurse Practitioner – Masters degree in nursing with specialization in psychiatric and mental health nursing and certified by American Nurses Association (ANA) in psychiatric nursing. 10. Clinical Psychologist – Doctoral degree 11. Licensed Addiction Counselor (LAC) - Baccalaureate degree in addiction counseling or a related field. 12. Licensed Clinical Addiction Counselor (LCAC) - Masters degree in addiction counseling or a Masters degree in a related field. 13. Behavior Analyst (BA) - Bachelor's or graduate degree and completed course work for licensure as a behavior analyst.

Experience	Provider must comply with state guidelines regarding clinical experience in each counseling specialty. The experience must be completed in an appropriate mental health or chemical dependency treatment facility.
Practice Patterns	Emphasis on the following: <ol style="list-style-type: none"> 1. Outpatient therapy. 2. Short-Term problem focused therapy instead of long-term insight-oriented therapy. 3. Availability of 24-hour crisis intervention. 4. Willingness to participate in utilization management, quality assurance, credentialing and sanctioning processes.

D. CREDENTIALING CRITERIA FOR APRN (NP, CNM) AND PA

State License APRN	Valid and current RN license by the state in which the provider practices. Valid and current document of recognition (certification type) as required by the state in which the provider practices.
State License PA	Valid and current PA license by the state in which the provider practices.
DEA	Verified, Current Federal Drug Enforcement Administration Certificate (DEA #) for state(s) in which the applicant is currently practicing or a valid explanation of the lack thereof for practitioners practicing in a non-prescribing specialty (e.g. optometry). If applicant has a pending DEA or is qualified to prescribe and chooses not to prescribe, applicant must provide written and dated documentation of arrangement with prescribing practitioner that holds a valid DEA.
Education and Certification	Graduation from a training program and appropriate post-graduate training program resulting in licensure and certification (current or expired): <ol style="list-style-type: none"> 1. NP – certification program accredited by The National Commission for Certifying Agencies (NCCA) such as ANCC, PNCB, AANP. 2. CNM – certification by the National Certification Corporation of OB/GYN and Neonatal Nursing, American College of Nurse Midwives, or American Midwifery Certification Board. 3. NP must be certified by National Psychiatric and Mental Health Nursing Practice if performing psychotherapy. 4. PA – certification by the National Commission of Certification of Physician’s Assistants in the applicable specialty. 5. If the lack of a panel NP or PA would create a public health hardship in a specific community as determined by the Board, the Board may waive the certification requirement. 6. The ProviDRs Care Board of Directors waives the certification requirement for the NP or PA based on information provided by the applicant or knowledge of the applicant’s medical skills. If either of these measures is unavailable, the Committee may request additional information from known and reputable resources.

Grandfather Clause	<ol style="list-style-type: none"> 1. Current participating APRN providers that have chosen not to obtain certification will be considered for continuing participation if the provider graduated before 1976. In addition to standard recredentialing process, providers are required to submit two letters of reference from peer with non-economic relationship. All letters of reference will be reviewed to determine network eligibility. 2. Current participating P.A. providers will be considered for continuing participation. In addition to standard recredentialing process, providers are required to submit two letters of reference from peer with non-economic relationship. All letters of reference will be reviewed to determine network eligibility.
Privileges	May be required to have Allied privileges with a Network hospital.
Supervision Agreement	<p>Must be supervised and employed by at least one (1) Network Physician who abides by the APRN Supervision Policy, works under a written Network approved protocol and is currently licensed as a physician in the states in which network is established and practices in a specialty appropriate to the NP or CNM.</p> <p>In accordance with KSBHA Statutes and Regulations Chapter 65 Article 28b (65-28b02), a certified nurse midwife may provide clinical services without the requirement of a Collaborative Practice Agreement with a person licensed to practice medicine and surgery when such clinical services are limited to those associated with a normal uncomplicated pregnancy and delivery, including:</p> <ol style="list-style-type: none"> (1) the prescription of drugs and diagnostic tests; (2) the performance of episiotomy or repair of a minor vaginal laceration; (3) the initial care of the normal newborn; and (4) family planning services, including treatment or referral of male partners for sexually-transmitted infections.
Controlled Substance Form	Controlled substance form completed and signed by PA/APRN and supervising Network Physician, if applicable.

E. CREDENTIALING CRITERIA FOR AuD, SLP, RD AND RDNs

State License	<p>Valid and current license by the state in which the provider practices.</p> <p>Valid and current document of recognition (certification type) as required by the state in which the provider practices.</p>
Education and Certification	<p>Graduation from a training program and appropriate post-graduate training program resulting in licensure and certification (current or expired):</p> <ol style="list-style-type: none"> 1. AuD– Master's degree or equivalent from an educational institution with standards consistent with those of the state universities or accredited by ASHA. For providers who possess at least a doctorate degree or equivalent in audiology from an educational institution on or after January 1, 2012 and any individual who possesses at least a Masters

	<p>degree or equivalent in audiology prior to January 1, 2012, shall be deemed to have met the educational requirement.</p> <p>2. SLP- Master's degree or equivalent from an educational institution with standards consistent with those of accredited state universities or accredited by ASHA.</p> <p>3. RD – Baccalaureate degree or equivalent from an educational institution with standards with those of accredited state universities or approved by the Academy of Nutrition and Dietetics.</p> <p>4. RDN - Bachelor's degree with course work approved by the Academy of Nutrition and Dietetics' Accreditation Council for Education in Nutrition and Dietetics</p>
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II Credentialing – Recredentialing Policies

A. CREDENTIALING STATUS DEFINITIONS

During the peer review process, the Membership Committee may elect to use one of four credentialing status definitions. The four status definitions are:

1. **Routine/Standard-Active Status** - successful achievement by provider of criteria established by the Network Board of Directors necessary to remain a full Active member of Network for three (3) years or for a shorter designated time.
2. **Deferred/Tabled Status** - action on the application of the provider for membership in Network is deferred for additional information and the application is considered at a later date. Network will seek additional information to be reviewed by the Membership Committee.
3. **Termination Status** - provider has failed to meet criteria required for continued membership in Network.
4. **Provisional Credentialing Status** – provider who has not achieved or satisfied all the criteria established by Network Board of Directors necessary to become an Active member of the network, but has successfully completed a preliminary review by the CVO and network staff, can be admitted/retained to the network for a temporary period of sixty (60) days or less, provider may also be limited to current medical group practice.
5. **Watch Status** – successful achievement by provider of criteria established by the Network Board of Directors necessary to remain a full Active member of Network for one (1) year or for a shorter designated time.

B. ONGOING MONITORING OF SANCTIONS, COMPLAINTS, AND ADVERSE EVENTS POLICY

Ongoing Monitoring of Sanctions, Complaint, and Adverse Events will be performed on participating providers, and, when appropriate, action on important safety, care or service issues will be taken according to the Disciplinary Procedures outlined in Section I. Reports from the following sources shall be reviewed for the presence of any providers participating in the Network within thirty (30) calendar days of its release:

1. Medicare and Medicaid sanction reports

2. Licensing boards
3. Complaints
4. Adverse Events

C. MALPRACTICE HISTORY DEVELOPMENT POLICY

Network will review the past five years of malpractice history provided by the applicant and obtained through the National Practitioner Data Bank to assist in the decision to grant or continue participation status to providers. Refer to Network Credentialing Criteria for details regarding satisfactory malpractice history.

If additional information is needed for malpractice cases that are "pending" the Network Staff or Membership Chairman will contact physician or office for additional information.

D. IMPAIRED PROVIDERS (due to chemical dependency) POLICY

Network shall not grant participation status or will revoke existing status if there is evidence of impaired judgment or performance due to chemical dependency.

Applicants with a history of chemical dependency within the past five (5) years must meet the advocacy requirements of the appropriate medical association.

E. IMPAIRED PROVIDERS (due to physical and manual health) POLICY

Applicants with documented impairment over the age of 70 will submit an annual written report from their physician confirming their mental and physical health.

Network shall not grant participation status or will revoke existing status if there is evidence of impaired judgment or performance due to a physical or psychiatric health condition.

F. DISCIPLINARY POLICY

Providers who provide medically unnecessary care, who are not accountable for pre-certification review, who engage in inappropriate utilization of health care resources, are in breach of contract provisions, or who demonstrate poor judgment, quality of care, unprofessional conduct, questionable competence or other inappropriate actions as determined by the Board of Directors, may lose their participation status with the Network.

The following Table illustrates the categories and the disciplinary process applied to each level of infraction:

DISCIPLINARY PROCEDURES				
Category	1 st	2 nd	3 rd	4 th
Failure to participate with UR	Warning by phone	Warning by phone	Warning in writing	QAC review
Unnecessary Care	Warning by phone	Warning by phone	Warning in writing	QAC review
Cont. Breach	Warning by phone	Warning by phone	QAC review	NA
Quality Breach	Warning in writing	Warning in writing	QAC review	NA

Infractions are noted in writing in the provider credentials record and are reviewed on a twelve-month basis. The Network presents the record of infractions to the Membership Committee as specified in the Table. If, in the opinion of the Membership Committee, a provider does not meet minimal criteria or accumulates excessive warnings, the Network's Board of Directors will notify the provider by registered mail of the decision to place on probation for a designated period of time, restrict privileges or terminate the Network participation contract. The right and procedures to appeal the decision are provided in the notification. Flagrant violations may be reviewed by the committee immediately and appropriate action taken.

The Appeal process for this action is the same as for denial or termination as a result of credentialing/recredentialing.

Any action to restrict, suspend or terminate a provider's clinical privileges or plan participation, which is based on professional competence or professional conduct, for more than 30 days will be reported to the state licensing board and/or National Practitioner's Data Bank.

Within 15 calendar days of the effective date of the final action, the Manager responsible for credentialing reports the action to the following authorities:

- All appropriate state licensing agencies
- National Practitioner Data Bank (NPDB)

A letter is then written to the appropriate state licensing boards describing the adverse action taken, the practitioner it was taken against and a copy of the NPDB report is attached to the letter. This letter is sent certified to the appropriate state licensing boards within 24-hours of receiving the final NPDB report. A copy of this letter is filed into the Practitioner's credentials file.

Actions that are not reportable to the NPDB or licensing board are those that, in general, do not reduce, restrict, suspend, revoke, deny, or fail to renew clinical privileges or membership. Furthermore, actions that are not based on a physician's professional competence or behavior do not have to be reported.

The following are not reportable to the state licensing board and/or NPDB:

1. Censures, reprimands, or admonishments that do not adversely affect a physician's clinical practice or privileges.
2. A requirement that a physician have consultations on certain cases, retrain, receive additional training or attend continuing education classes.
3. Any withdrawal of an application for appointment or participation before the board takes final action.
4. Administrative suspensions such as those given to physicians for failing to meet reporting and other administrative requirements.
5. A voluntary relinquishing of participation as long as the physician is not under investigation for professional competence or conduct (but not if participation is relinquished in return for canceling an investigation).
6. Leaves of absence to enter a drug, alcohol, or psychiatric rehabilitation.

G. DELEGATED CREDENTIALING TO OTHER ENTITIES

The credentialing process may be delegated by contract to a contracted IPA or group medical practice. The Network Staff and/or Membership Committee will perform a pre-audit review of the external entity's provider application and credentialing plan to ensure compliance with NCQA standards and Network's application,

criteria, policies and procedures. The pre-audit will include a review of credentialing and recredentialing files. If the delegate is NCQA Accredited, a file review is not required. The external entity's plan must conform to the Network credentialing plan and the credentialing criteria must meet or exceed the Network credentialing criteria in order to be approved by the Membership Committee. The entity's Credentials Committee must be constructed to meet state and federal requirements for Peer Review. The entity must agree to permit Network and NCQA access to credentialing files and Credentials Committee minutes, or a written summary of such minutes.

Network's Membership Committee will provide the criteria to the external entity and will assist the entity in developing a satisfactory credentialing plan.

Network's Membership Committee has the ultimate authority for credentialing providers. The Network retains the right to approve new providers and to terminate or suspend individual providers. The Membership Committee, at its discretion, will review any credentialed provider as well as all exceptions granted by the external entity. The entity must notify the Network within 5 working days of any changes in status of the providers, including but not limited to termination, resignation, changes in privileges, probation, or other disciplinary action.

The Network Membership Committee will review the entity's credentialing and reappointment or recertification processes at least annually. This will include a review of the credentialing plan, including criteria, using the 8/30 methodology.

Review of the provider files will include the following to determine file adequacy: Orderly, consistent format and organization

1. Completed, legible application
2. Signed attestation
3. Copies of Primary Source verification of the following:
 - a. board certification
 - b. education, if not Board Certified
 - c. appropriate license(s)
 - d. malpractice claims history
 - e. copies of DEA certificate, BNDD certificate, privilege status at primary admitting facility, and malpractice coverage.
4. Copies of Provider Authorization/Release and Delegation Release.
5. Report of work history.
6. Documentation of adverse professional actions, e.g. Hospital suspensions or limitations, Medicare/ Medicaid suspension, DEA investigations/actions, state licensing investigations/ actions.
7. Documentation and appropriateness of disciplinary actions.
8. Documentation of Recredentialing conducted at least every three years with Primary Source verification as prescribed and QA/QI information provided by NETWORK Quality Management.
9. Evidence of Peer Review and due process.
10. Review of Credentialing Plan and Credentials Committee minutes.

If audit findings indicate discrepancies of credentialing criteria, the Membership Committee may rescind the delegation and conduct internal credentialing. The committee will routinely monitor and evaluate the delegated credentialing process.

If deficiencies are found during the audit, WPPA, ProviDRs Care may develop a corrective action plan for the delegated entity, to correct deficiencies in its credentialing process. WPPA, ProviDRs Care may conduct an independent investigation into the credentials and/or professional conduct of any applicant or participating provider. Delegated entity shall permit WPPA, ProviDRs Care timely and reasonable access to all credentialing documents and related files.

H. DELEGATED CREDENTIALING FOR OTHER ENTITIES

The credentialing process may be delegated to the Network by a Managed Care Organization or other entity. The Network Staff will review the external entity's provider application and credentialing requirements for variances with the Network's application, criteria, policies and procedures. If there are variances, the CC will determine whether the required changes are acceptable. If not acceptable, the CC or its representative will notify the entity representative and make an attempt to resolve the differences. The CC will present its recommendations to the Board.

If an agreement is signed with the entity, the Network will agree to allow the entity and NCQA access to credentialing files and credentials committee minutes (or a written summary of such minutes).

As part of the application process, the Network providers will sign a "Delegated Credentialing Release" which allows the plan to provide information obtained during credentialing which is required by the external entity.

This is in addition to the Network release the provider must sign.

The external entity must provide full disclosure of the basis for a decision not to credential a provider or to take disciplinary action, including termination. The entity must have an appeals process, which is offered to the provider.