

Practitioner Credentialing Criteria for Participation and Termination



Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

I. Statement of Purpose

Regence (referred to hereinafter as “the Company”) is firmly committed to the development of networks with practitioners who have demonstrated backgrounds consistent with the delivery of high quality, cost-effective health care. The Company has established criteria for the evaluation, appointment and reappointment of practitioners to its network panels. Based upon the application of these criteria and the need for additional practitioners, the Company reserves the right to accept, deny or terminate a practitioner's request for participation.

All practitioners requesting participation with the Company must complete an application for participation which has been designed to provide the Company with information necessary to perform a comprehensive review of the practitioner's credentials. Once a practitioner's application is deemed complete, the Company will commence a review of the practitioner's credentials using a variety of national and state data sources. The Company requires all practitioners to meet the criteria prior to contracting and remain in compliance with the criteria at all times. The Company requires recredentialing to occur at a minimum of once every three years.

The Company will provide notice of material change(s) in criteria 90 days in advance of the effective date of the change(s). The Company reserves the right to exercise discretion in applying *any* criteria and to exclude practitioners who do not meet the criteria. To remain eligible for participation, practitioners must continue to satisfy all applicable requirements for participation as stated herein and in all other documentation provided by the Company.

II. Equal Employment and Opportunity Clause

The Company does not discriminate on the basis of race, color, religion, gender, sexual orientation, marital status, age, ethnic/national origin, handicap or the type of procedure or patient in which the practitioner specializes.

III. Health Care Practitioner Criteria for Participation and Termination

A. Criteria for all Health Care Practitioners

To be eligible for participation, practitioners must meet and maintain the following criteria adopted by the Company for professional health care practitioner types recognized through licensure by the appropriate state licensing board for the state in which the practitioners practices.

1. A current, valid unrestricted and permanent Idaho, Oregon, Utah or Washington state license (as applicable based on practice location) in a provider type recognized by the Company (See Attachment A.1).
2. Current professional liability coverage, individually or as a member of a group, must be through a commercial carrier in the amounts of *\$1 million individual occurrence and \$3 million annual aggregate*, except as stated in attachment A.1. The Company also recognizes professional liability coverage by statutory authority.
3. Current and unrestricted federal Drug Enforcement Agency (DEA) certificate and Controlled Substance Certificate or Registration (ID and UT), if applicable to the profession.
4. MDs and DOs (physicians) and Dentists will only be credentialed in an area of practice in which they have adequate training as outlined below. Therefore, they must confine their practice to their credentialed area of practice when providing service to members. Adequate training can be demonstrated by one of the following:
 - a) Current board certification by a board recognized by the American Board of Medical Specialties, the American Osteopathic Association or the American Board of Oral and Maxillofacial Surgery in the credentialed area of practice, or

- b) Successful completion of a board-approved residency or fellowship program in the credentialed area of practice, or
 - c) For initial applicants who are general practice physicians and do not meet a or b, they must have completed an internship prior to 1988 and have one of the following: 1) active hospital staff privileges in the credentialed area of practice, or 2) two current peer reference letters from board certified participating physicians who have had direct clinical observations of the physician within the last twelve (12) months.
5. Ancillary practitioners must have National Certification, where applicable.
 6. The practitioner's professional State license in any State must be currently free of any informal or formal disciplinary orders, decisions, agreements, disciplinary actions or other action(s), including, but not limited to, restrictions, probations, limitations, conditions and suspensions resulting from the practitioner's acts, omissions or conduct. In addition, the practitioner must not have surrendered, voluntarily or involuntarily, his or her professional State license in any State while under investigation by the State or due to findings by the State resulting from the practitioner's acts, omissions or conduct.
 7. At the time of initial application, the practitioner must not have any pending Statement of Charges, Notice of Proposed Disciplinary Action, Notice of Agency Action or the equivalent from any state or governmental professional disciplinary body.
 8. If the practitioner has a condition, restriction or limitation on the practitioner's license, certification or registration related to the practitioner's alcohol, chemical dependency, or health condition, or if other evidence indicates that the practitioner has an alcohol, chemical dependency problem or health condition, the practitioner must either provide documentation demonstrating that the practitioner has complied with all such conditions, limitations or restrictions and is receiving treatment adequate to ensure that the alcohol, chemical dependency problem, or health condition will not affect the quality of the practitioner's practice, or must provide such other assurances as deemed by the Company to be adequate.
 9. Practitioners are required to have either, clinical admitting and management privileges, in good standing, if the specialty in which they have been credentialed with the Company may potentially necessitate hospital admission of patients, or a practitioner may have a patient coverage arrangement with participating practitioner(s), hospitalists, or inpatient service teams for the purpose of admitting patients. Any patient coverage arrangement must be acceptable to the Company.
 10. The Company may review and consider the practitioner's professional history in making its decision relating to the practitioner's participation and continued participation on our networks, including, but not limited to, the following:
 - a) a suspended or revoked out-of-state license, certification or registration; or
 - b) any action taken by any state or governmental professional body during the course of the practitioner's career; or
 - c) current sanctions of any nature taken against the practitioner by any government program, including, but not limited to, Medicare, Medicaid, Federal Employee Program or any other State or Federal program or agency; or
 - d) denial, limitation, suspension or termination of participation or privileges by any health care institution, plan, facility or clinic; or
 - e) informal licensure actions, conditions, agreements, orders; or
 - f) prior history with the Company.
 11. The practitioner's history of medical malpractice claims or professional liability claims must not reflect what, in the sole discretion of the Company, constitutes a pattern of questionable or inadequate treatment or contain what, in the sole discretion of the Company, constitutes any gross or flagrant incident or incidents of malpractice.
 12. The practitioner must not have been:
 - a) excluded, expelled or suspended from any federally funded programs, including, but not limited to, the Medicare or Medicaid programs; or
 - b) convicted of a felony or pled guilty to a felony for a health-care related crime, including, but not limited to, health care fraud, patient abuse and the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

13. The Company takes allegations, admissions or findings of sexual misconduct or boundary issues very seriously. The Company may review and consider any such allegations, admissions or findings in making its decision relating to the practitioner's participation or continued participation on our networks.
14. The Company may review and consider one or more of the following factors in making its decision relating to the practitioner's participation and continued participation on our networks:
 - a) the practitioner's criminal history, including, but not limited to, any criminal charges, criminal investigations, convictions, no-contest pleas and guilty pleas; or
 - b) the practitioner's involvement in acts of dishonesty, fraud, deceit or misrepresentation that, in the Company's sole determination, relate to or impact, or could relate to or impact, the practitioner's professional conduct or the health, safety or welfare of Members; or
 - c) any other acts in which the practitioner engages or engaged that the Company, in its sole discretion, deems inappropriate.
15. The practitioner must comply with the Company's quality assurance program and must not:
 - a) be found to have rendered a pattern of substandard care or be responsible for any gross or flagrant incident of substandard care; or
 - b) display inappropriate patterns of referral, which deviate substantially from reasonably expected patterns of referral.
16. The practitioner must not have made any material misrepresentation or omission to the Company concerning licensure, registration, certification, disciplinary history, or any other material matter covered in the application or credentialing materials.
17. The Company has the right to terminate the practitioner for any reason, including, but not limited to, those stated in the contract between the Company and the practitioner or for any pattern of demonstrated unwillingness to abide by the terms and conditions of the contract.
18. When applicable, the credentialing and recredentialing process may incorporate available information from utilization management, case management, quality management, external audit, member satisfaction surveys, member complaints, medical records reviews and site reviews. The practitioner must comply with these quality improvement activities. This information will be utilized as a component in determining the practitioner's acceptability for participation and continued participation.
19. The practitioner must provide professional services to our members in a professional setting that meets the Company's site visit standards and requirements.
20. The Company may determine, in its sole discretion that a practitioner is not eligible to apply for network participation if the practitioner is an employee of a practitioner or an employee of a company owned in whole or in part by a practitioner, who has been removed from network participation by the Company, who is currently in the Provider Contract Termination Appeal Process, or who is under investigation by the Company. The Company also may determine, in its sole discretion that a practitioner cannot continue network participation if the practitioner is an employee of a practitioner or an employee of a company owned in whole or in part by a practitioner, who has been removed from network participation by the Company. For purposes of this criteria, a company is "owned" by a practitioner when the practitioner has a majority financial interest in the company, through shares or other means.
21. The Company has the right to deny or terminate the practitioner if the Company determines, in good faith and in its sole discretion, that the practitioner poses a threat or risk of harm to Members.
22. The practitioner must comply with the Company's requirement for recredentialing. All requests for recredentialing information must be submitted in a prompt and timely manner.
23. Practitioners either removed from network participation or denied network participation pursuant to criteria III (A) 12 or 13, or due to external audit findings, are not eligible to reapply for participation on any network.
24. Practitioners removed from network participation due to the results of quality management findings are not eligible to reapply for participation on any network for five (5) years from the end of network participation date.

25. Practitioners removed from network participation due to a medical records audit or non-compliance with recredentialing requirements, are not eligible to reapply for participation on any network for one (1) year from the end of network participation date.
26. Practitioners removed from network participation for any reason other than for those set forth in criteria III (A) (23) (24) and (25) above, are not eligible to reapply for participation on any network for two (2) years from the end of the network participation date.
27. Practitioners denied initial network participation for any reason other than for sexual misconduct, are not eligible to reapply for participation on any network for one (1) year from the date of the final denial letter.
28. Practitioners denied initial network participation do not have the right to submit an appeal.
29. Practitioners removed from network participation or denied initial network participation more than once are not eligible to reapply for participation on any network.

B. Additional Criteria for the Specific Health Care Practitioners

1. Licensed Physician Assistant/Physician Assistant Certified:
 - a) Must have approved practice/sponsoring plan with the Licensing Board.
 - b) Sponsoring physician must be contracted with the Company.
2. Licensed Dentist:
 - a) Current board certification with the American Board of Oral and Maxillofacial Surgery; or
 - b) Successful completion of a board-approved residency or fellowship program in Oral and Maxillofacial Surgery or Oral and Maxillofacial Pathology.

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Professional Liability & Recognized Provider Type Attachment

A.1. Professional liability coverage requirements

The following deviations have been established for professional liability coverage requirements for provider types recognized by the Company:

Professional liability coverage must be in the amounts of \$200,000 individual occurrence and \$600,000 annual aggregate for the following provider types:

- Licensed Audiologist
- Licensed Speech-Language Pathologist
- Licensed Occupational Therapist
- Licensed Physical Therapist

Professional liability coverage must be in the amounts of \$1 million individual occurrence and \$1 million annual aggregate for the following provider types:

- Licensed Marriage & Family Therapist
- Licensed Clinical Social Worker
- Licensed Optometric Physician
- Licensed Psychologist
- Licensed Professional Counselor

Professional liability coverage must be in the amounts of \$1 million individual occurrence and \$3 million annual aggregate for the following provider types:

- Licensed Advanced Practice Registered Nurse
- Licensed Certified Registered Nurse Anesthetist
- Licensed Certified Nurse Midwife
- Licensed Chiropractic Physician
- Licensed Dentist in the specialty of Oral & Maxillofacial Surgery or Oral & Maxillofacial Pathology
- Licensed Osteopathic Physician
- Licensed Physician Assistant/Physician Assistant Certified
- Licensed Physician
- Licensed Podiatric Physician
- Licensed Registered Nurse Surgical Assistant