SCOPE: All

AFFECTED DEPARTMENT(s): Provider Contracting, Provider Relations, Medical Management

IMPLEMENTED: 01/01/98 ISSUED: 01/01/98

REVIEW COORDINATOR: Manager, Provider Relations

NCQA REVIEW: Yes-Direct

Provider Manual Publication Yes

PURPOSE: To promote a policy that defines criteria for practitioner credentialing and recredentialing.

POLICY: Section 1. Criteria Applicable to All Practitioners

In order to be deemed a Participating Practitioner with the Plan and subject to “Routine (Clean) Review” by the Sanford Health Plan Credentialing Committee; practitioners must meet the following criteria. Practitioners that fall within the Criteria listed below are eligible to be approved for Plan Participation by the Sanford Health Plan’s VP Medical Officer or Senior Director Medical Services. Look back period for recredentialing is current to previous credentialing cycle.

(a) Supply a complete signed and dated application, with all of the professional questions answered and a signed attestation (without alteration) which is part of that application.

(b) Possess a current, unrestricted, and unencumbered license to practice in the state in which they practice and certify that his or her license to practice has never been revoked or suspended by any state licensing board.

a. Resident holds a permanent or temporary license/certification that permits the resident to practice
unsupervised medicine outside of the resident’s authorized training program in each state where he/she moonlights.

c. Never have been excluded or precluded from participation in Medicare or Medicaid.

d. Never had his or her medical staff appointment, clinical privileges or permission to practice denied, revoked or terminated by any health care facility.

e. Never been convicted of Medicare, Medicaid or other governmental or private third party payor fraud or program abuse or have been required to pay civil penalties for the same.

f. Possess and maintain board certification or completion of a residency training program approved by the AMA, ABMS, ACGME, AOA, or other accrediting body acceptable to the Plan's Credentialing Committee in his or her current specialty (if applicable). Board certification is not required by the Plan.

Resident Moonlighting

a. Resident must be at a minimum midway through he/she second year (PGY2) of residency training to be eligible for credentialing.

b. A letter from the Residency Program Director must be submitted allowing the resident to moonlight outside of the residency training.

c. Credentialing cycle will end 60 days after estimated residency completion date. A recredentialing cycle will be completed to include residency verification.

g. Provide all accounts of any involvement in past malpractice claims over the last five years. Practitioners must possess a malpractice history acceptable to the Plan’s Credentialing Committee, which is no more than two incidences over five years, and no individual settlement to exceed $100,000.

h. Furnish a current Certificate of Insurance or Medical Insurance Face Sheet verifying professional liability insurance coverage at a minimum of $1 million occurrence/ $3 million aggregate or $2 million occurrence/$2 million aggregate unless or in another amount as required by applicable state law.

i. Furnish evidence of relevant (health care based) work history for a minimum of the last five years. Any gaps of six months or greater will require a verbal or written explanation outlining the circumstances that resulted in the gap. Any gaps exceeding one year will require a submitted written explanation. Information on work history must include the beginning and end month and year for each experience listed.

j. Never have been convicted of a criminal felony or of any criminal misdemeanor relating to the practice of his or her profession, other health care related matters, third-party reimbursement, controlled substances violations, child/adult abuse charges, or any other matter that in the opinion of the Plan’s Credentialing Committee that would adversely affect the ability of the applicant to be credentialed through the Plan. No DUs within the last 5 years.

k. Possess a current, unrestricted and unencumbered state (CDS certificate) and Federal Drug Enforcement Agency Certificate (DEA certificate) for each state that the practitioner practices and that is valid for all schedules unless such a certificate is, in the opinion of the Credentialing Committee, not needed for practice of the applicant’s specialty (e.g., pathology). A waiver must be completed and signed by a practitioner that does not have nor need a Federal DEA in a particular state in which he/she practices in.

l. Possess hospital admitting (active, full) privileges at a Sanford Health Plan participating and contracted hospital if the practitioner performs procedures, provides services, or admissions that have to be performed in a hospital facility.

m. Agree to actively participate in utilization review and quality improvement activities of the Plan and permit Plan representatives to have access to his or her office and medical records, for the purpose of conducting on-site surveys.

n. Agree to comply with the Plan’s policies and procedures and participate in the Plan’s Quality Improvement Program as developed by the Plan’s Board and Committees. Practitioners allow the Plan to use practitioner performance data. Performance data may include data from quality improvement activities, for example.

(o) Submit such information to the Plan regarding his or her qualifications and credentials as may be
requested by the Plan. Such information will include, but not necessarily be limited to:

(1) A copy or listing of privileges currently exercised at each Plan Participating hospital where he or she is appointed to the medical staff or granted permission to practice.

(2) A listing of any procedures for which clinical privileges were not granted in his or her hospital of active practice but exercised in his or her private office setting.

(3) Procedures that he or she regularly performs in his or her private office setting.

(p) Supply, upon request, such information regarding the aspects of his or her private office practice, if applicable, related to his or her participation in the Plan that may be requested by the Plan.

For any practitioner not meeting the above Criteria, their Credentialing files will be presented to the Plan’s Credentialing Committee, with primary attention being given to those criteria not in compliance. Those “Any Exception” practitioners will receive thorough analysis by the Committee and their decision will be derived from the information presented. In the event that the evidence presented is specific to an issue of patient care by a specialty not represented on the Committee, a like specialist will be summoned to provide their expert opinion on the issue. That information will be used by the Committee to render a decision on a practitioner up for review based on the issue of patient care.

The criteria above also apply to recredentialing files. New information from the previous credentialing cycles (no more than 36 months) will be reviewed against the criteria above.

For those practitioners that meet the above Criteria, their file may be reviewed and approved by the Plan’s VP Medical Officer or Senior Director Medical Services.

Section 2. Practitioner Types Requiring Credentialing/Recredentialing by Sanford Health Plan

Practitioners who have an independent relationship with the organization. An independent relationship exists when the organization selects and directs its members to see a specific practitioner or group of practitioners, including all practitioners whom members can select as primary care practitioners. Other types of practitioners including but not limited those that provide acute, behavioral, substance abuse disorders and long term services and support (as applicable).

Practitioners who see members outside the inpatient hospital setting or outside free-standing, ambulatory facilities.

Practitioners who are hospital based, but who see the organization’s members as a result of their independent relationship with the organization.

Non physician practitioners who have an independent relationship with the organization who can provide care under the organization’s medical benefits.

The following types of practitioners are eligible for Participating Practitioner status, provided that they possess and provide satisfactory evidence as required through the Plan’s Credentialing process. The types of practitioners requiring credentialing by the Plan include, but are not limited to:

(a) Doctors of Allopathy
(b) Doctors of Osteopathy
(c) Physician Assistants*
(d) Nurse Practitioners*
(e) Nurse Midwives*
(f) Podiatrists
(g) Chiropractors
(h) Optometrists
(i) Audiologists (Master’s level or higher)
(j) Speech Pathologists
(k) Physical Therapists
(l) Occupational Therapists
(m) Dentists
(n) Oral/Maxillofacial Surgeons
(o) Nurse Anesthetists (non hospital based or independent relationship)
(p) Other practitioners with Master's level training or higher who have an independent relationship
(q) Locum Tenens providers who have practiced in the same location or on a contracted period of more than 60 consecutive days
(r) Behavioral Health Practitioners
  - Psychiatrists
  - Psychologists (doctoral or master’s level who are state certified or licensed)
  - Social Workers (master’s level or higher who are state certified or licensed)
  - Addiction medicine specialists
  - Clinical nurse specialists or psychiatric nurse practitioners (master level or higher who are nationally or state certified or licensed)
  - Other behavioral healthcare specialists who are licensed, certified or registered by the state to practice independently
(t) Anesthesiologist with pain management practices
(u) Clinical nurse specialists (master level or higher who are nationally or state certified or licensed.) *
(v) Advanced Practice Registered Nurses (master level or higher who are nationally or state certified or licensed.) *
(w) Telemedicine practitioners who have an independent relationship with the organization and who provide treatment services under the organization’s medical benefit. Practitioners providing medical care to patients located in another state are subject to the licensing and disciplinary laws of that state and must possess an active license in that state for their professions.

***Nurse Midwives, Nurse Practitioners, Physician Assistants and Clinical Nurse Specialist must have an agreement with a licensed physician or physician group unless the state law allows the practitioner to practice independently. This is in reference to H.R. 3590 – Patient Protection and Adorable Care Act C. 2706, non-discrimination in health care and 42 U.S.C. 300gg-5. Non-discrimination in health care. State laws requiring collaborative agreements will be required by the Plan.

Section 3. Practitioners Who Do Not Need to be Credentialed/Recredentialed by Sanford Health Plan
Practitioners who practice exclusively within the inpatient setting and who provide care for organization members only as a result of the members being directed to the hospital or another inpatient setting do not need to be credentialed. The following are examples; however, this list is not all-inclusive.

- pathologists
- radiologists
- anesthesiologists
- neonatologists
- emergency room physicians
- hospitalists
- board certified consultants
- Locum Tenens physicians who have not practiced at the same facility for 60 or more consecutive calendar days and does not have an independent relationship with the Plan
- Nurse Anesthetists (Hospital based)

Practitioners who practice exclusively within freestanding facilities and who provide care for...
organization members only as a result of members being directed to the facility do not need to be credentialed. The following are examples; however, this list is not all-inclusive.

- mammography centers
- urgent care centers
- surgic-centers
- ambulatory behavioral health care facilities

Examples of ambulatory behavioral health care facilities include, but are not limited to:
- psychiatric and addiction disorder clinics

**Exception: Independent relationship defined as an entity not owned by a hospital or other inpatient facility. The Plan will credential those practitioners referenced in section 3 for those entities contracted with an independent relationship.

Section 4: Practitioners Who Are Not Accepted by Sanford Health Plan

The following listing of practitioner types are not accepted by Sanford Health Plan and therefore credentialing applications for these types of practitioners will not be accepted:

(a) Registered Nurses
(b) Licensed Practical Nurses
(c) Certified professional midwives in addition to lay or direct entry midwives
(d) Practitioners not providing all required documentation in additional to a completed and attested to Credentialing application
(e) Practitioners who are required to be licensed by their state but have not been
(f) Practitioners who are currently on a leave of absence. Practitioner will need to apply/reapply once practitioner returns to practice if the credentialing cycle expires prior to their return. They can reapply within 30 days of returning to practice. The Plan will notify the practitioner of their expiration date and assist with the practitioner through the credentialing process.
(g) The Plan will not contract with providers excluded from participation in federal health care programs under either section 1128 or section 1128A of the Balanced Budget Act of 1997 or any provider excluded by Medicare, Children’s Health Insurance Program, or Medicaid.

Section 5: Rental Networks

The Plan will rent a network if necessary to provide adequate coverage for our members. Rental networks are used for members who reside outside our service area and for out of area coverage. Most often, the Plan will delegate credentialing with the rental network as these networks usually have a large quantity of practitioners with a small amount of members accessing the rental network. If delegated credentialing is not an option or if the rental network does not meet the delegation requirements, the Plan will credential the rental network.

PROCEDURE: N/A
FLOW DIAGRAM (Attachment A)
WORK INSTRUCTIONS:
DEFINITIONS:
REFERENCES
- NCQA CR 1, CR 2
- Medicaid Expansion 42 CFR Standards 438.214
POLICY IS SUBJECT TO THE FOLLOWING AUDITS:

• NCQA
• NDME-External Quality Review Organization (EQRO)
• Minnesota Department of Health
• CMS for Marketplace

EXTERNAL PROGRAM REVIEWER: n/a

PUBLICATION or WEB PRESENTATION: Published on Portal, referenced on Manual.