

Sanford Health Plan	PR-010-Criteria for Credentialing and Recredentialing of Participating Practitioners
CURRENT REVIEW: 12/01/2018	REVISION: 12/01/2018
WRITTEN BY: Manager, Credentialing	APPROVED BY: Sanford Health Plan Credentialing Committee

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

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2 **REPLACES:** Conversion from PR-10 Criteria for Credentialing and Recredentialing of Participating Practitioners
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- 4 **VENDORS:** n/a
5 **RELATED POLICY(IES) –**
6 • Sanford Health Plan
7
8 • ENTERPRISE

- 9 **APPENDICES AND ATTACHMENTS -**
10 • Sanford Health Plan

11 **PURPOSE:** To promote a policy that defines criteria for practitioner credentialing and recredentialing.
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13 **POLICY:** Section 1. Criteria Applicable to All Practitioners
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15 In order to be deemed a Participating Practitioner with the Plan and subject to “Routine (Clean) Review” by the
16 Sanford Health Plan Credentialing Committee; practitioners must meet the following criteria. Practitioners that
17 fall within the Criteria listed below are eligible to be approved for Plan Participation by the Sanford Health Plan’s
18 VP Medical Officer or Senior Director Medical Services. Look back period for recredentialing is current to
19 previous credentialing cycle.

- 20 (a) Supply a complete signed and dated application, with all of the professional questions
21 answered and a signed attestation (without alteration) which is part of that application.
22 (b) Possess a current, unrestricted, and unencumbered license to practice in the state in which they
23 practice and certify that his or her license to practice has never been revoked or suspended by any
24 state licensing board.
25 a. Resident holds a permanent or temporary license/certification that permits the resident to practice

- NOTICE -

- 26 unsupervised medicine outside of the resident's authorized training program in each state where
27 he/she moonlights.
- 28 (c) Never have been excluded or precluded from participation in Medicare or Medicaid.
29 (d) Never had his or her medical staff appointment, clinical privileges or permission to practice denied,
30 revoked or terminated by any health care facility.
31 (e) Never been convicted of Medicare, Medicaid or other governmental or private third party payor fraud or
32 program abuse or have been required to pay civil penalties for the same.
33 (f) Possess and maintain board certification or completion of a residency training program approved by
34 the AMA, ABMS, ACGME, AOA, or other accrediting body acceptable to the Plan's Credentialing
35 Committee in his or her current specialty (if applicable). Board certification is not required by the Plan.
36 Resident Moonlighting
37 a. Resident must be at a minimum midway through he/she second year (PGY2) of
38 residency training to be eligible for credentialing.
39 b. A letter from the Residency Program Director must be submitted allowing the resident to
40 moonlight outside of the residency training.
41 c. Credentialing cycle will end 60 days after estimated residency completion date. A
42 recredentialing cycle will be completed to include residency verification.
- 43 (g) Provide all accounts of any involvement in past malpractice claims over the last five years.
44 Practitioners must possess a malpractice history acceptable to the Plan's Credentialing Committee,
45 which is no more than two incidences over five years, and no individual settlement to exceed
46 \$100,000.
47 (h) Furnish a current Certificate of Insurance or Medical Insurance Face Sheet verifying professional
48 liability insurance coverage at a minimum of \$1 million occurrence/ \$3 million aggregate or \$2 million
49 occurrence/\$2 million aggregate unless or in another amount as required by applicable state law.
50 (i) Furnish evidence of relevant (health care based) work history for a minimum of the last five years. Any
51 gaps of six months or greater will require a verbal or written explanation outlining the circumstances
52 that resulted in the gap. Any gaps exceeding one year will require a submitted written explanation.
53 Information on work history must include the beginning and end month and year for each experience
54 listed.
55 (j) Never have been convicted of a criminal felony or of any criminal misdemeanor relating to the practice
56 of his or her profession, other health care related matters, third-party reimbursement, controlled
57 substances violations, child/adult abuse charges, or any other matter that in the opinion of the Plan's
58 Credentialing Committee that would adversely affect the ability of the applicant to be credentialed
59 through the Plan. No DUIs within the last 5 years.
60 (k) Possess a current, unrestricted and unencumbered state (CDS certificate) and Federal Drug
61 Enforcement Agency Certificate (DEA certificate) for each state that the practitioner practices and that
62 is valid for all schedules unless such a certificate is, in the opinion of the Credentialing Committee, not
63 needed for practice of the applicant's specialty (e.g., pathology). A waiver must be completed and
64 signed by a practitioner that does not have nor need a Federal DEA in a particular state in which
65 he/she practices in.
66 (l) Possess hospital admitting (active, full) privileges at a Sanford Health Plan participating and contracted
67 hospital if the practitioner performs procedures, provides services, or admissions that have to be
68 performed in a hospital facility.
69 (m) Agree to actively participate in utilization review and quality improvement activities of the Plan and
70 permit Plan representatives to have access to his or her office and medical records, for the purpose of
71 conducting on-site surveys.
72 (n) Agree to comply with the Plan's policies and procedures and participate in the Plan's Quality
73 Improvement Program as developed by the Plan's Board and Committees. Practitioners allow the
74 Plan to use practitioner performance data. Performance data may include data from quality
75 improvement activities, for example.
76 (o) Submit such information to the Plan regarding his or her qualifications and credentials as may be

77 requested by the Plan. Such information will include, but not necessarily be limited to:

- 78
- 79 (1) A copy or listing of privileges currently exercised at each Plan Participating hospital where he
- 80 or she is appointed to the medical staff or granted permission to practice.
- 81 (2) A listing of any procedures for which clinical privileges were not granted in his or her hospital
- 82 of active practice but exercised in his or her private office setting.
- 83 (3) Procedures that he or she regularly performs in his or her private office setting.
- 84
- 85 (p) Supply, upon request, such information regarding the aspects of his or her private office practice, if
- 86 applicable, related to his or her participation in the Plan that may be requested by the Plan.
- 87

88 For any practitioner not meeting the above Criteria, their Credentialing files will be presented to the

89 Plan's Credentialing Committee, with primary attention being given to those criteria not in compliance.

90 Those "Any Exception" practitioners will receive thorough analysis by the Committee and their decision

91 will be derived from the information presented. In the event that the evidence presented is specific to

92 an issue of patient care by a specialty not represented on the Committee, a like specialist will be

93 summoned to provide their expert opinion on the issue. That information will be used by the

94 Committee to render a decision on a practitioner up for review based on the issue of patient care.

95 The criteria above also apply to recredentialing files. New information from the previous credentialing

96 cycles (no more than 36 months) will be reviewed against the criteria above.

97 For those practitioners that meet the above Criteria, their file may be reviewed and approved by the

98 Plan's VP Medical Officer or Senior Director Medical Services.

99

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

101 Practitioners who have an independent relationship with the organization. An independent relationship exists

102 when the organization selects and directs its members to see a specific practitioner or group of practitioners,

103 including all practitioners whom members can select as primary care practitioners. Other types of practitioners

104 including but not limited those that provide acute, behavioral, substance abuse disorders and long term services

105 and support (as applicable).

106

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

108 facilities.

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110 Practitioners who are hospital based, but who see the organization's members as a result of their independent

111 relationship with the organization.

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113 Non physician practitioners who have an independent relationship with the organization who can provide care

114 under the organization's medical benefits.

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116 The following types of practitioners are eligible for Participating Practitioner status, provided that they possess and

117 provide satisfactory evidence as required through the Plan's Credentialing process. The types of practitioners requiring

118 credentialing by the Plan include, but are not limited to:

- 119 (a) Doctors of Allopathy
- 120 (b) Doctors of Osteopathy
- 121 (c) Physician Assistants *
- 122 (d) Nurse Practitioners *
- 123 (e) Nurse Midwives*
- 124 (f) Podiatrists
- 125 (g) Chiropractors
- 126 (h) Optometrists
- 127 (i) Audiologists (Master's level or higher)

- 128 (j) Speech Pathologists
 129 (k) Physical Therapists
 130 (l) Occupational Therapists
 131 (m) Dentists
 132 (n) Oral/Maxillofacial Surgeons
 133 (o) Nurse Anesthetists (non hospital based or independent relationship)
 134 (p) Other practitioners with Master's level training or higher who have an independent relationship
 135 (q) Locum Tenens providers who have practiced in the same location or on a contracted period of more
 136 than 60 consecutive days
 137 (r) Behavioral Health Practitioners
 138 - Psychiatrists
 139 - Psychologists (doctoral or master's level who are state certified or licensed)
 140 - Social Workers (master's level or higher who are state certified or licensed)
 141 - Addiction medicine specialists
 142 - Clinical nurse specialists or psychiatric nurse practitioners (master level or higher who are
 143 nationally or state certified or licensed)
 144 - Other behavioral healthcare specialists who are licensed, certified or registered by the state
 145 to practice independently
 146 (t) Anesthesiologist with pain management practices
 147 (u) Clinical nurse specialists (master level or higher who are nationally or state certified or licensed.) *
 148 (v) Advanced Practice Registered Nurses (master level or higher who are nationally or state certified
 149 or licensed.)*
 150 (w) Telemedicine practitioners who have an independent relationship with the
 151 organization and who provide treatment services under the organization's medical
 152 benefit. Practitioners providing medical care to patients located in another state are subject to the
 153 licensing and disciplinary laws of that state and must possess an active license in that state for
 154 their professions.
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 156

157 ***Nurse Midwives, Nurse Practitioners, Physician Assistants and Clinical Nurse Specialist must have an agreement
 158 with a licensed physician or physician group unless the state law allows the practitioner to practice independently.
 159 This is in reference to H.R. 3590 – Patient Protection and Affordable Care Act C. 2706, non-discrimination in health
 160 care and 42 U.S.C. 300gg-5. Non-discrimination in health care. State laws requiring collaborative agreements will be
 161 required by the Plan.
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163 Section 3. Practitioners Who Do Not Need to be Credentialed/Recredentialed by Sanford Health Plan

164 Practitioners who practice exclusively within the inpatient setting and who provide care for organization
 165 members only as a result of the members being directed to the hospital or another inpatient setting do not
 166 need to be credentialed. The following are examples; however, this list is not all-inclusive.

- 167 • pathologists
- 168 • radiologists
- 169 • anesthesiologists
- 170 • neonatologists
- 171 • emergency room physicians
- 172 • hospitalists
- 173 • board certified consultants
- 174 • Locum Tenens physicians who have not practiced at the same facility for 60 or more
 175 consecutive calendar days and does not have an independent relationship with the Plan
 176 Nurse Anesthetists (Hospital based)

177 Practitioners who practice exclusively within freestanding facilities and who provide care for

178 organization members only as a result of members being directed to the facility do not need to be
179 credentialed. The following are examples; however, this list is not all-inclusive.

- 180 • mammography centers
- 181 • urgent care centers
- 182 • surgi-centers
- 183 • ambulatory behavioral health care facilities

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

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

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

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

- 195
- 196 (a) Registered Nurses
- 197 (b) Licensed Practical Nurses
- 198 (c) Certified professional midwives in addition to lay or direct entry midwives
- 199 (d) Practitioners not providing all required documentation in additional to a completed and attested
200 to Credentialing application
- 201 (e) Practitioners who are required to be licensed by their state but have not been
- 202 (f) Practitioners who are currently on a leave of absence. Practitioner will need to apply/reapply
203 once practitioner returns to practice if the credentialing cycle expires prior to their return. They
204 can reapply within 30 days of returning to practice. The Plan will notify the practitioner of their
205 expiration date and assist with the practitioner through the credentialing process.
- 206 (g) The Plan will not contract with providers excluded from participation in federal health care
207 programs under either section 1128 or section 1128A of the Balanced Budget Act of 1997 or any
208 provider excluded by Medicare, Children’s Health Insurance Program, or Medicaid.
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211 Section 5: Rental Networks

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

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219 **PROCEDURE:** N/A

220 **FLOW DIAGRAM (Attachment A)**

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222 **WORK INSTRUCTIONS:**

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224 **DEFINITIONS:**

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226 **REFERENCES**

- 227 • NCQA CR 1, CR 2
- 228 • Medicaid Expansion 42 CFR Standards 438.214

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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.