

## **Summary of Provider Credentialing Program**

### **Credentialing Scope**

The Company credentials the following contracted health care practitioners: medical doctors, doctors of osteopathic medicine, doctors of podiatry, chiropractors, and optometrists providing services covered under the medical benefits plan and Doctors of Dentistry providing services covered under the medical benefits plan including oral maxillofacial surgeons.

The Company also credentials behavioral health practitioners, including psychiatrists and physicians who are certified or trained in addiction psychiatry, child and adolescent psychiatry, and geriatric psychiatry; doctoral and clinical psychologists who are state licensed; master's-level clinical social workers who are state licensed; master's level clinical nurse specialists or psychiatric nurse practitioners who are nationally and state certified and state licensed; and other behavioral health care specialists who are licensed, certified, or registered by the state to practice independently. In addition, other individual health care providers listed in the Company's network directory will be credentialed.

The Company credentials the following contracted Health Delivery Organizations (HDOs): Hospitals; Home Health Agencies; Skilled Nursing Facilities; (Nursing Homes); Free-Standing Surgical Centers; Lithotripsy Centers treating kidney stones and free standing Cardiac Catheterization labs if applicable to certain regions; as well as Behavioral Health Facilities providing mental health and/or substance abuse treatment in an inpatient, residential or ambulatory setting.

### **Credentials Committee**

The decision to accept, retain, deny or terminate a practitioner's participation in the Company programs or networks is conducted by a peer review body, known as the Company Credentials Committee (CC).

The CC will meet at least once every forty-five (45) days. The presence of a majority of voting CC members constitutes a quorum. The chief medical officer, or a designee appointed in consultation with the vice president of Medical and Credentialing Policy, will chair the CC and serve as a voting member (the Chair of the CC). The CC will include at least two participating practitioners, including one who practices in the specialty type that most frequently provides services to Company members and who falls within the scope of the credentialing program, having no other role in Company network management. The Chair of the CC may appoint additional participating practitioners of such specialty type, as deemed appropriate for the efficient functioning of the Company Credentials Committee.

The CC will access various specialists for consultation, as needed to complete the review of a practitioner's credentials. A committee member will disclose and abstain from voting on a practitioner if the committee member (i) believes there is a conflict of interest, such as direct economic competition with the provider; or (ii) feels his or her judgment might otherwise be compromised. A committee member will also disclose if he

or she has been professionally involved with the practitioner. Determinations to deny an applicant's participation, or terminate a practitioner or HDO from participation in one or more of the Company programs or networks, require a majority vote of the voting members of the CC in attendance, the majority of whom are participating providers.

During the credentialing process, all information that is obtained is highly confidential. All CC meeting minutes and professional practitioner files are stored in locked cabinets and can only be seen by appropriate Credentialing staff, medical directors, and CC members. Documents in these files may not be reproduced or distributed, except for confidential peer review and credentialing purposes.

Practitioners are notified that they have the right to review information submitted to support their credentialing applications. In the event that credentialing information cannot be verified, or if there is a discrepancy in the credentialing information obtained, the Credentialing staff will contact the practitioner within 30 calendar days of the identification of the issue. This communication will specifically notify the practitioner of his or her right to correct erroneous information or provide additional details regarding the issue in question. This notification will also include the specific process for submission of this additional information, including where it should be sent. Depending on the nature of the issue in question, this communication may occur verbally or in writing. If the communication is verbal, written confirmation will be sent at a later date. All communication on the issue(s) in question, including copies of the correspondence or a detailed record of phone calls, will be clearly documented in the practitioner's credentials file. The provider will be given no less than 14 calendar days in which to provide additional information.

The Company may request and will accept additional information from the applicant to correct or explain incomplete, inaccurate, or conflicting credentialing information. The CC will review the information and rationale presented by the applicant to determine if a material omission has occurred or if other credentialing criteria are met.

### **Nondiscrimination Policy**

The Company will not discriminate against any applicant for participation in its programs or networks on the basis of race, gender, color, creed, religion, national origin, ancestry, sexual orientation, age, veteran, or marital status or any unlawful basis not specifically mentioned herein. Additionally, the Company will not discriminate against any applicant on the basis of the risk of population they serve or against those who specialize in the treatment of costly conditions. Other than gender and language capabilities that are provided to the members to meet their needs and preferences, this information is not required in the credentialing and re-credentialing process. Determinations as to which practitioners and providers require additional individual review by the Credentials Committee are made according to predetermined criteria related to professional conduct and competence as outlined in Company Credentialing Program Standards. Credentials Committee decisions are based on issues of professional conduct and competence as reported and verified through the credentialing process.

## Initial Credentialing

Each Practitioner or HDO must complete a standard application form when applying for initial participation in one or more of the Company programs or networks. This application may be a state mandated form or a standard form created by or deemed acceptable by the Company. For practitioner’s the Council for Affordable Quality Healthcare (CAQH) a Universal Credentialing Datasource is utilized. CAQH is building the first national provider credentialing database system, which is designed to eliminate the duplicate collection and updating of provider information for health plans, hospitals and providers. To learn more about CAQH, visit their web site at [www.CAQH.org](http://www.CAQH.org).

The Company will verify those elements related to an applicants’ legal authority to practice, relevant training, experience and competency from the primary source, where applicable, during the credentialing process. All verifications must be current and verified within the 180 day period prior to the CC making its credentialing recommendation or as otherwise required by applicable accreditation standards.

During the credentialing process, the Company will review verification of the credentialing data as described in the following tables unless otherwise required by regulatory or accrediting bodies. These tables represent minimum requirements.

### A. Practitioners

Verification Element
License to practice
Hospital admitting privileges at a JCAHO, NIAHO, or AOA accredited hospital, or a network hospital previously approved by the committee.
DEA, CDS and state controlled substance certificates The DEA/ CDS must be valid in the state(s) in which the practitioner will be seeing the Company’s members. Practitioners who see members in more than one state must have a DEA/CDS for each state.
Malpractice insurance
Malpractice claims history
Board certification or highest level of medical training or education
Work history
State or Federal license sanctions or limitations
Medicare, Medicaid or FEHBP sanctions
National Practitioner Data Bank report

### B. HDOs

Verification Element
License to practice, if applicable
Malpractice insurance
Medicare certification, if applicable
Department of Health Survey Results or recognized accrediting organization certification
License sanctions or limitations, if applicable
Medicare, Medicaid or FEHBP sanctions

## Recredentialing

The recredentialing process incorporates re-verification and the identification of changes in the provider’s licensure, sanctions, certification, health status and/or performance information (including, but not limited to, malpractice experience, hospital

privilege or other actions) that may reflect on the provider's professional conduct and competence. This information is reviewed in order to assess whether network practitioners and HDOs continue to meet Company credentialing standards.

During the recredentialing process, the Company will review verification of the credentialing data as described in the tables under Initial Credentialing unless otherwise required by regulatory or accrediting bodies. These tables represent minimum requirements.

All applicable practitioners and HDOs in the network within the scope of the Company Credentialing Program are required to be recredentialed every three years unless otherwise required by contract or state regulations.

### **Health Delivery Organizations**

New HDO applicants will submit a standardized application to the Company for review. If the candidate meets Company screening criteria, the credentialing process will commence. To assess whether participating Company network HDOs, within the scope of the Credentialing Program, meet appropriate standards of professional conduct and competence, they are subject to credentialing and recredentialing programs. In addition to the licensure and other eligibility criteria for HDOs, as described in detail in the Company Credentialing Program Standards, all participating HDOs are required to maintain accreditation by an appropriate, recognized accrediting body or, in the absence of such accreditation, the Company may evaluate the most recent site survey by Medicare or the appropriate state oversight agency for that HDO

Recredentialing of HDOs occurs every 3 years unless otherwise required by regulatory or accrediting bodies. Each HDO applying for continuing participation in Company programs or networks must complete and submit the applicable recredentialing application, along with all required supporting documentation.

On request, HDO's will be provided with the status of their credentialing application. The Company may request, and will accept, additional information from the HDO to correct incomplete, inaccurate, or conflicting credentialing information. The CC will review this information and the rationale behind it, as presented by the HDO, and determine if a material omission has occurred or if other credentialing criteria are met.

### **Ongoing Sanction Monitoring**

To support certain credentialing standards between the recredentialing cycles, the Company has established an ongoing monitoring program. Credentialing performs ongoing monitoring to help ensure continued compliance with credentialing standards and to assess for occurrences that may reflect issues of substandard professional conduct and competence. To achieve this, the credentialing department will review periodic listings/reports within 30 days of the time they are made available from the various sources including, but not limited to, the following:

1. Office of the Inspector General
2. Federal Medicare/Medicaid Reports

3. Office of Personnel Management
4. State licensing Boards/Agencies
5. Member/Customer Services Departments.
6. Clinical Quality Management Dept. (including data regarding complaints of both a clinical and non clinical nature, reports of adverse clinical events and outcomes, and satisfaction data, as available)
7. Other internal Company Departments
8. Any other verified information received from appropriate sources

When a participating practitioner or HDO has been identified by these sources, criteria will be used to assess the appropriate response including but not limited to: review by the Chair of the Company CC, review by the Company Medical Director, referral to the CC, or termination. The Company credentialing departments will report practitioners to the appropriate authorities as required by law.

### **Appeals Process**

The Company has established policies for monitoring and re-credentialing participating providers inclusive of HDO's who seek continued participation in one or more of the Company's networks. Information reviewed during this activity may indicate that the professional conduct and competence standards are no longer being met, and the Company may wish to terminate providers. The Company also seeks to treat participating and applying providers fairly, and thus provides participating providers with a process to appeal determinations terminating participation in the Company's networks for professional competence and conduct reasons, or which would otherwise result in a report to the National Practitioner Data Bank (NPDB). Additionally, the Company will permit providers (including HDO's) who have been refused initial participation the opportunity to correct any errors or omissions which may have led to such denial (Informal/Reconsideration only). It is the intent of the Company to give practitioners the opportunity to contest a termination of the practitioner's participation in one or more of the Company's networks or programs and those denials of request for initial participation which are reported to the NPDB that were based on professional competence and conduct considerations. Immediate terminations may be imposed due to the practitioner's suspension or loss of licensure, criminal conviction, or the Company's determination that the practitioner's continued participation poses an imminent risk of harm to the Company's members. A practitioner whose license has been suspended or revoked has no right to Informal Review/Reconsideration or Formal Appeal.

### **Reporting Requirements**

When the Company takes a Professional Review Action with respect to a professional provider's participation in one or more Company networks, Company may have an obligation to report such to the NPDB and/or HIPDB. Once Company receives a verification of the NPDB report, the verification report will be sent to the state licensing

board. The credentialing staff will comply with all state and federal regulations in regard to the reporting of adverse determinations relating to professional conduct and competence. These reports will be made to the appropriate, legally designated agencies. In the event that the procedures set forth for reporting reportable adverse actions conflict with the process set forth in the current National Practitioner Data Bank (NPDB) Guidebook and the Healthcare Integrity and Protection Data Bank (HIPDB) Guidebook, the process set forth in the NPDB Guidebook and the HIPDB Guidebook will govern.

## **Company Credentialing Program Standards**

### **A. Eligibility Criteria**

#### **Health Care Practitioners**

**Initial** applicants must meet the following criteria in order to be considered for participation:

1. Possess a current, valid, unencumbered, unrestricted, and non-probationary license in the state(s) where he/she provides services to the Company's members;
2. Possess a current, valid, and unrestricted DEA and/or CDS registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat the Company's members; the DEA/CDS must be valid in the states(s) in which the practitioner will be seeing the company's members. Practitioner's who see members in more than one state must have a DEA/CDS for each state; and
3. Must not be currently debarred or excluded from participation in any of the following programs, Medicare, Medicaid or FEHBP.
4. For MDs, DOs, DPMs and Oral & Maxillofacial Surgeons, the applicant must have current, in force board certification (as defined by the ABMS, AOA, RCPSC, CFPC, ABPS, ABPOPPM or ABOMS) in the clinical discipline for which they are applying. Individuals will be granted five years after completion of their residency program to meet this requirement.
  - a. As alternatives, MDs and DOs meeting any one of the following criteria will be viewed as meeting the education, training and certification requirement:
    - i. Previous board certification (as defined by one of the following: ABMS, AOA, Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada) in the clinical specialty or subspecialty for which they are applying which has now expired AND a minimum of 10 consecutive years of clinical practice. OR
    - ii. Training which met the requirements in place at the time it was completed in a specialty field prior to the availability of Board Certifications in that clinical specialty or subspecialty. OR
    - iii. Specialized practice expertise as evidenced by publication in nationally accepted peer review literature and/or recognized as a leader in the science of their specialty AND a Faculty Appointment of Assistant Professor or higher at an Academic Medical Center and Teaching Facility in the Company Network AND the applicant's professional activities are spent at that institution at least 50% of the time.

- b. Providers meeting one of these 3 alternative criteria (i, ii, iii) will be viewed as meeting all Company education, training and certification criteria and will not be required to undergo additional review or individual presentation to the Credentials Committee. These alternatives are subject to Company review and approval. Reports submitted by Delegate to Company must contain sufficient documentation to support the above alternatives, as determined by the Company.
5. For MDs and DOs, the applicant must have unrestricted hospital privileges at a TJC (The Joint Commission) or AOA accredited hospital, or a network hospital previously approved by the committee. Some clinical disciplines may function exclusively in the outpatient setting, and the Company Credentials Committee may at its discretion deem hospital privileges not relevant to these specialties. Also, the organization of an increasing number of physician practice settings in selected fields is such that individual physicians may practice solely in either an outpatient or an inpatient setting. The Company Credentials Committee will evaluate applications from practitioners in such practices without regard to hospital privileges. The expectation of these physicians would be that there was an appropriate referral arrangement with a network physician providing inpatient care that exists.

## **I. Criteria for Selecting Practitioners**

### **A. New Applicants (Credentialing)**

1. Submission of a complete application and required attachments that must not contain intentional misrepresentations;
2. Application attestation signed date within 180 days of the date of submission to the Credentials Committee for a vote;
3. Primary source verifications within acceptable timeframes of the date of submission to the Credentials Committee for a vote, as deemed by appropriate accrediting agencies;
4. No evidence of potential material omission(s) on application;
5. Current, valid, unrestricted license to practice in each state in which the practitioner would provide care to Company members;
6. No current license action;
7. No history of licensing board action in any state;
8. No current federal sanction and no history of federal sanctions (per OIG and OPM report nor on NPDB report);
9. Possess a current, valid, and unrestricted DEA and CDS registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat the Company's members. The DEA/ CDS must be valid in the state(s) in which the practitioner will be seeing the Company's members.

Practitioners who see members in more than one state must have a DEA/CDS for each state. Initial applicants who have NO DEA/CDS certificate the applicant will be viewed as not meeting criteria and the credentialing process will not proceed. However, if the applicant can provide evidence that he has applied for a DEA the credentialing process may proceed if **all** of the following are met:

- a. It can be verified that this application is pending
  - b. The applicant has made an arrangement for an alternative provider to prescribe controlled substances until the additional DEA certificate is obtained,
  - c. The applicant agrees to notify the Company upon receipt of the required DEA
  - d. The Company will verify the appropriate DEA/CDS via standard sources
  - e. The applicant agrees that failure to provide the appropriate DEA within a 90 day timeframe will result in termination from the network.
- ii. Initial applicants who possess a DEA certificate in a state other than the state in which they will be seeing the Company's members will be notified of the need to obtain the additional DEA. If the applicant has applied for additional DEA the credentialing process may proceed if ALL the following criteria are met:
- a. It can be verified that this application is pending and
  - b. The applicant has made an arrangement for an alternative provider to prescribe controlled substances until the additional DEA certificate is obtained,
  - c. The applicant agrees to notify the Company upon receipt of the required DEA
  - d. The Company will verify the appropriate DEA/CDS via standard sources applicant agrees that failure to provide the appropriate DEA within a 90 day timeframe will result in termination from the network.
- AND
- e. Must not be currently debarred or excluded from participation in any of the following programs, Medicare, Medicaid or FEHBP.

10. No current hospital membership or privilege restrictions and no history of hospital membership or privileges restrictions;

11. No history of or current use of illegal drugs or history of or current alcoholism;

12. No impairment or other condition which would negatively impact the ability to

- perform the essential functions in their professional field.
13. No gap in work history greater than 6 months in the past 5 years with the exception of those gaps related to parental leave or immigration where 12 month gaps will be acceptable. Other gaps in work history of 6 to 24 months will be reviewed by the Chair of the CC and may be presented to the CC if the gap raises concerns of future substandard professional conduct and competence. In the absence of this concern the Chair of the CC may approve work history gaps of up to two years.
  14. No history of criminal/felony convictions or a plea of no contest;
  15. A minimum of the past ten (10) years of malpractice case history is reviewed.
  16. Meets Credentialing Standards for education/training for specialty(ies) in which practitioner wants to be listed in a Company network directory as designated on the application. This includes board certification requirements or alternative criteria for MDs and DOs and board certification criteria for DPMs and Oral & Maxillofacial Surgeons;
  17. No involuntary terminations from an HMO or PPO;
  18. No “yes” answers to attestation/disclosure questions on the application form with the exception of the following:
    - a. investment or business interest in ancillary services, equipment or supplies;
    - b. voluntary resignation from a hospital or organization related to practice relocation or facility utilization;
    - c. voluntary surrender of state license related to relocation or nonuse of said license;
    - d. an NPDB report of a malpractice settlement or any report of a malpractice settlement that does not meet threshold criteria
    - e. non-renewal of malpractice coverage or change in malpractice carrier related to changes in the carrier’s business practices (no longer offering coverage in a state or no longer in business);
    - f. previous failure of a certification exam by a provider who is currently board certified or who remains in the five (5) year post residency training window.
    - g. actions taken by a hospital against a practitioner’s privileges related solely to the failure to complete medical records in a timely fashion;
    - h. history of a licensing board, hospital or other professional entity investigation that was closed without any action or sanction.

***Note: the Credentials Committee will individually review any practitioner that does not meet one or more of the criteria required for initial applicants.***

*Practitioners who meet all participation criteria for initial or continued participation and whose credentials have been satisfactorily verified by the Credentialing department may be approved by the Chair of the CC after review of the applicable credentialing or recredentialing information. This information may be in summary form and must include, at a minimum, Practitioner's name and specialty.*

B. Currently Participating Applicants (Recredentialing)

1. Submission of complete re-credentialing application and required attachments that must not contain intentional misrepresentations;
2. Re-credentialing Application signed date within 180 days of the date of submission to the Credentials Committee for a vote;
3. Primary source verifications within acceptable timeframes of the date of submission to the Credentials Committee for a vote, as deemed by appropriate accrediting agencies;
4. No evidence of potential material omission(s) on re-credentialing application;
5. Current, valid, unrestricted license to practice in each state in which the practitioner provides care to Company members;
6. \*No current license probation;
7. \*License is unencumbered;
8. No new history of licensing board reprimand since prior credentialing review;
9. \*No current federal sanction and no new (since prior credentialing review) history of federal sanctions (per OIG and OPM Reports or on NPDB report);
10. Current DEA, CDS Certificate and/or state controlled substance certification without new (since prior credentialing review) history of or current restrictions;
11. No current hospital membership or privilege restrictions and no new (since prior credentialing review) history of hospital membership or privilege restrictions; OR for practitioners in a specialty defined as requiring hospital privileges who practice solely in the outpatient setting there exists a defined referral relationship with a participating provider of similar specialty at a participating hospital who provides inpatient care to members needing hospitalization;
12. No new (since previous credentialing review) history of or current use of illegal drugs or alcoholism;
13. No impairment or other condition which would negatively impact the ability to perform the essential functions in their professional field;
14. No new (since previous credentialing review) history of criminal/felony convictions, including a plea of no contest;
15. Malpractice case history reviewed since the last Credentials Committee

review. If no new cases are identified since last review, malpractice history will be reviewed as meeting criteria. If new malpractice history is present, then a minimum of last five (5) years of malpractice history is evaluated and criteria consistent with initial credentialing is used.

16. No new (since previous credentialing review) involuntary terminations from an HMO or PPO;
17. No new (since previous credentialing review) “yes” answers on attestation/disclosure questions with exceptions of the following:
  - a. investment or business interest in ancillary services, equipment or supplies;
  - b. voluntary resignation from a hospital or organization related to practice relocation or facility utilization;
  - c. voluntary surrender of state license related to relocation or nonuse of said license;
  - d. an NPDB report of a malpractice settlement or any report of a malpractice settlement that does not meet the threshold criteria listed in II.A.15 of Attachment A;
  - e. nonrenewal of malpractice coverage or change in malpractice carrier related to changes in the carrier’s business practices (no longer offering coverage in a state or no longer in business);
  - f. previous failure of a certification exam by a provider who is currently board certified or who remains in the five (5) year post residency training window.
  - g. Actions taken by a hospital against a practitioner’s privileges related solely to the failure to complete medical records in a timely fashion;
  - h. History of a licensing board, hospital or other professional entity investigation that was closed without any action or sanction.
18. No QI data or other performance data including complaints above the set threshold.
19. Recredentialed at least every three (3) years to assess the provider’s continued compliance with Company standards.

\*It is expected that these findings will be discovered for currently participating practitioners through ongoing sanction monitoring. Practitioners with such findings will be individually reviewed and considered by the Credentials Committee at the time the findings are identified.

***Note: the Credentials Committee will individually review any practitioner that does not meet one or more of the criteria for recredentialing.***

## **II. Additional Participation Criteria and Exceptions for Behavioral Health Providers (Non Physician) Credentialing.**

Providers must have a minimum of two (2) years experience post-licensure in the field in which they are applying beyond the training program or practice in a group setting where there is opportunity for oversight and consultation with a behavioral health practitioner with at least two (2) years of post licensure experience.

### **1. Licensed Clinical Social Workers (LCSW) or other Master Level Social Work License Type:**

- a. Master or doctoral degree in social work with emphasis in clinical social work from a program accredited by the Council on Social Work Education (CSWE).
- b. Program must have been accredited within 3 years of the time the practitioner graduated.
- c. Full accreditation is required, candidacy programs will not be considered.
- d. If Masters level degree does not meet criteria and provider obtained PhD training as a clinical psychologist, but is not licensed as such, the practitioner can be reviewed. To meet this criteria, this doctoral program must be accredited by the APA or be regionally accredited by the Council for Higher Education (CHEA). In addition, a Doctor of Social Work from an institution with at least regional accreditation from the CHEA will be viewed as acceptable.

### **2. Licensed Professional Counselor (LPC) and Marriage and Family Therapist (MFT) or Other Master Level License Type:**

- a. Master's or doctoral degree in counseling, marital and family therapy, psychology, counseling psychology, counseling with an emphasis in marriage, family and child counseling or an allied mental field. Master or Doctoral degrees in Education are acceptable with one of the fields of study above.
- b. Master or Doctoral Degrees in Divinity **do not** meet criteria as a related field of study.
- c. Graduate school must be accredited by one of the Regional Institutional Accrediting Bodies and may be verified from the Accredited Institutions of Post Secondary Education, APA, CACREP, or COAMFTE listings. The institution must have been accredited within 3 years of the time the practitioner graduated.
- d. If Masters level degree does not meet criteria and provider obtained PhD training as a clinical psychologist, but is not licensed as such, the practitioner can be reviewed. To meet criteria this doctoral program must either be accredited by the APA or be regionally accredited by the CHEA.

In addition, a Doctoral degree in one of the fields of study noted above from an institution with at least regional accreditation from the CHEA will be viewed as acceptable.

**3. Clinical Nurse Specialist/Psychiatric and Mental Health Nurse Practitioner:**

- a. Master's degree in nursing with specialization in adult or child/adolescent psychiatric and mental health nursing. Graduate school must be accredited from an institution accredited by one of the Regional Institutional Accrediting Bodies within 3 years of the time of the practitioner's graduation.
- b. Registered Nurse license and any additional licensure as an Advanced Practice Nurse/Certified Nurse Specialist/Adult Psychiatric Nursing or other license or certification as dictated by the appropriate State Board of Registered Nursing, if applicable.
- c. Certification by the American Nurses Association (ANA) in psychiatric nursing. This may be any of the following types: Clinical Nurse Specialist in Child or Adult Psychiatric Nursing, Psychiatric and Mental Health Nurse Practitioner or Family Psychiatric and Mental Health Nurse Practitioner.
- d. Valid, current, unrestricted Drug Enforcement Agency (DEA) Certificate, where applicable with appropriate supervision/consultation by a participating psychiatrist as applicable by the state licensing board. For those who possess a DEA Certificate, the appropriate State Controlled Substance (CDS) Certificate if required. The DEA/CDS must be valid in the state(s) in which the practitioner will be seeing the Company's members. Practitioners who see members in more than one state must have a DEA/CDS for each state. (is this also true for NP's)

**4. Clinical Psychologists:**

- a. Valid state clinical psychologist license.
- b. Doctoral degree in clinical or counseling, psychology or other applicable field of study from an institution accredited by the APA within 3 years of the time of the practitioner's graduation.
- c. Education/Training considered as eligible for an exception is a provider whose Doctoral degree is not from an APA accredited institution but who is listed in the National Register of Health Service Providers in Psychology or is a Diplomat of the American Board of Professional Psychology.
- d. Master's level therapists in good standing in the network, who upgrade their license to clinical psychologist as a result of further training, will be allowed to continue in the network and will not be subject to the above education criteria.

**5. Clinical Neuropsychologist:**

- a. Must meet all the criteria for a clinical psychologist listed in C.4 above and be Board certified by either the American Board of Professional Neuropsychology (ABPN) or American Board of Clinical Neuropsychology (ABCN).
- b. A provider credentialed by the National Register of Health Service Providers in Psychology with an area of expertise in neuropsychology may be considered.
- c. Clinical neuropsychologists who are not board certified nor listed in the National Register will require Credentials Committee review. These providers must have appropriate training and/or experience in neuropsychology as evidenced by one or more of the following:
  - i Transcript of applicable pre-doctoral training OR
  - ii Documentation of applicable formal 1 year post-doctoral training (participation in CEU training alone would not be considered adequate) OR
  - iii Letters from supervisors in clinical neuropsychology (including number of hours per week) OR
  - iv Minimum of 5 years experience practicing neuropsychology at least 10 hours per week

### **III. Health Delivery Organization (HDO) Eligibility Criteria**

All Health Delivery Organizations must be accredited by an appropriate, recognized accrediting body or in the absence of such accreditation, the Company may evaluate the most recent site survey by Medicare or the appropriate state oversight agency. Non-accredited HDOs are subject to individual review by the Credentials Committee and will be considered for member access need only when the credentials Committee review indicates compliance with Company standards and there are no deficiencies noted on the Medicare or state oversight review which would adversely affect quality of care or patient safety. HDOs are recertified at least every three (3) years to assess the HDO's continued compliance with Company standards.

#### **A. General Criteria for Health Delivery Organizations:**

- 1. Valid, current and unrestricted license to operate in the state in which it will provide services to the Company's members. The license must be in good standing with no sanctions.
- 2. Valid and current Medicare certification.
- 3. Must not be currently debarred or excluded for participation in any of the following programs; Medicare, Medicaid or FEHBP
- 4. Liability insurance acceptable to Company.
- 5. If not appropriately accredited, HDO must submit a copy of its CMS or state

site survey for review by the Credentials Committee to determine if the Company's quality and certification criteria standards have been met.

**B. Additional Participation Criteria for Health Delivery Organizations by Provider Type:**

**1. Hospital:**

- a. Must be accredited by the TJC or HFAP (formerly referred to as AOA Hospital Accreditation Program), NIAHO

**2. Ambulatory Surgery Center:**

- a. Must be accredited by TJC, HFAP, AAPSF, AAAHC, AAAASF, or IMQ.

**3. Home Health Care Agency:**

- a. Must be accredited by the TJC, , CHAP or ACHC.

**4. Skilled Nursing Facility:**

- a. Must be accredited by the TJC, or CARF.

**5. Nursing Home:**

- a. Must be accredited by the TJC.

**6. Free Standing Cardiac Catheterization Facilities:**

- a. Must be accredited by the TJC or HFAP (may be covered under parent institution).

**7. Lithotripsy Centers (Kidney Stones):**

- a. Must be accredited by the TJC.

**8. Behavioral Health Facility:**

- a. The following behavioral health facilities must be accredited by the TJC, HFAP, NIAHO or CARF as indicated.
  - i Acute Care Hospital – Psychiatric Disorders (TJC), HFAP, NIAHO
  - ii Residential Care – Psychiatric Disorders (TJC, HFAP, NIAHO or CARF)
  - iii Partial Hospitalization/Day Treatment – Psychiatric Disorders (TJC, HFAP NIAHO or CARF for programs associated with an acute care facility or Residential Treatment Facilities.)
  - iv Intensive Structure Outpatient Program – Psychiatric Disorders (TJC, HFAP, NIAHO for programs affiliated with an acute care hospital or health care organization that provides psychiatric services to adults or adolescents or CARF if program is a residential treatment center providing psychiatric services)
  - v Acute Inpatient Hospital – Chemical Dependency/Detoxification and

Rehabilitation (TJC, HFAP, NIAHO)

- vi Acute Inpatient Hospital – Detoxification Only Facilities (TJC, HFAP, NIAHO)
- vii Residential Care – Chemical Dependency (TJC, HFAP, NIAHO or CARF)
- viii Partial Hospitalization/Day Treatment – Chemical Dependency (TJC, NIAHO for programs affiliated with a hospital or health care organization that provides drug abuse and/or alcoholism treatment services to adults or adolescents; CHAMPUS or CARF for programs affiliated with a residential treatment center that provides drug abuse and/or alcoholism treatment services to adults or adolescents)
- ix Intensive Structure Outpatient Program – Chemical Dependency (TJC, NIAHO for programs affiliated with a hospital or health care organization that provides drug abuse and/or alcoholism treatment services to adults or adolescents; CARF for programs affiliated with a residential treatment center that provides drug abuse and/or alcoholism treatment services to adults or adolescents)

**A. MEDICAL FACILITIES**

Facility Type (MEDICAL CARE)	Acceptable Accrediting Agencies
Acute Care Hospital	TJC, HFAP, NIAHO
Ambulatory Surgical Centers	TJC, HFAP, AAPSF, AAAHC, AAAASF, IMO
Free Standing Cardiac Catheterization Facilities	TJC, HFAP (may be covered under parent institution)
Lithotripsy Centers (Kidney stones)	TJC
Home Health Care Agencies	TJC, CHAP, ACHC
Skilled Nursing Facilities	TJC, CARF
Nursing Homes	TJC

**B. BEHAVIORAL HEALTH**

Facility Type (BEHAVIORAL HEALTH CARE)	Acceptable Accrediting Agencies
Acute Care Hospital—Psychiatric Disorders	TJC, HFAP, NIAHO,
Residential Care—Psychiatric Disorders	TJC, HFAP, NIAHO, CARF
Partial Hospitalization/Day Treatment—Psychiatric Disorders	TJC, HFAP, NIAHO, CARF for programs associated with an acute care facility or Residential Treatment Facilities.
Intensive Structured Outpatient Program—Psychiatric Disorders	TJC, HFAP, NIAHO for programs affiliated with an acute care hospital or health care organization that provides psychiatric services to adults or adolescents CARF if program is a residential treatment center providing psychiatric services
Acute Inpatient Hospital—Chemical Dependency/Detoxification and Rehabilitation	TJC, HFAP, NIAHO

Facility Type (BEHAVIORAL HEALTH CARE)	Acceptable Accrediting Agencies
Acute Inpatient Hospital—Detoxification Only Facilities	TJC, HFAP, NIAHO
Residential Care—Chemical Dependency	TJC, HFAP, NIAHO, CARF
Partial Hospitalization/Day Treatment— Chemical Dependency	TJC, NIAHO for programs affiliated with a hospital or health care organization that provides drug abuse and/or alcoholism treatment services to adults or adolescents; CHAMPUS or CARF for programs affiliated with a residential treatment center that provides drug abuse and/or alcoholism treatment services to adults or adolescents
Intensive Structured Outpatient Program— Chemical Dependency	TJC, NIAHO for programs affiliated with a hospital or health care organization that provides drug abuse and/or alcoholism treatment services to adults or adolescents; CARF for programs affiliated with a residential treatment center that provides drug abuse and/or alcoholism treatment services to adults or adolescents.