MOUNTAIN STATE BLUE CROSS BLUE SHIELD
NETWORK CREDENTIALING POLICY & PROCEDURE

TITLE: Credentialing and Recredentialing of Primary Care Practitioners, Physician Specialists, Dental Specialists, General Dentists, Chiropractors, Podiatrists and Behavioral Health Specialists

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Networks and Lines of Business:

PPO (X) **POS (X)**

POLICY: Practitioners will meet the established credentialing/recredentialing and quality standards in order to participate in the network(s) or function in the role of a Medical Directors for the Plan. Initial credentialing and recredentialing will be conducted in accordance with the standards and guidelines as set forth in the following procedure. Practitioners will be recredentialed every three (3) years to comply with the established quality standards to continue participation in the network(s). This policy covers, as defined below, Primary Care Physicians, Physician Specialists, Dental Specialists, General Dentists, Chiropractors, Podiatrists and Behavioral Health Specialists.

PURPOSE: To ensure that practitioners are selected and evaluated in accordance with standards for credentialing and recredentialing as established by the Plan and all regulatory/accrediting bodies, as applicable. This credentialing and recredentialing effort will be in accordance with applicable processing time requirements.

DEFINITIONS:

1. **Primary Care Physicians** - A doctor of medicine (M.D.) or osteopathy (D.O). The Plan's primary care physicians are limited to Pediatricians, Internists, Family Practitioners or General Practitioners. Family Practitioners (also referred to as Family Physicians, Family Medicine) are practitioners currently boarded by the American Board of Family Practice or the American Osteopathic Board of Family Physicians. Board certification may be waived in lieu of completion of accredited training.

2. **Physician Specialists** - Doctors of Medicine (MDs), Doctors of Osteopathy (DOs), who provide specialty care services including, but not limited to, surgeons, obstetricians/gynecologists, cardiologists, anesthesiologists, emergency medicine physicians, pathologists and radiologists, psychiatrists and physicians who are certified in addiction medicine. Acupuncturist Supervisors - A physician registered with the Board as a supervisor of acupuncturists. Acupuncturists Supervisors are applicable for the FEP Mid-Level Practitioner Network only. The network

physician specialist may function as a Primary Care Physician with applicable additional training as reviewed by the Medical Director(s).

3. **Behavioral Health Specialists** – Doctoral and/or master level psychologists who are state certified or state licensed; masters level clinical social workers for applicable network(s) who are state certified or state licensed; masters level social workers who are state certified or state licensed; masters level clinical nurse specialists or psychiatric nurse practitioners who are nationally or state certified and state licensed and other behavioral health specialists who are licensed, certified, or registered by the state to practice independently.

4. **High Volume Behavioral Health Practitioners** -Initial potential high volume practitioners who are located in counties not meeting a practitioner to member ratio of 1 practitioner for every 5000 members for MDs and 1 practitioner for every 1200 members for non-MDs.

5. **Chiropractors** - Doctors of Chiropractic (DC) who deal with the relationship between the articulations of the vertebral column and the neuro-musculoskeletal system, and the location, diagnosis and manipulation or adjustment of such misaligned vertebrae.

6. **Podiatrists** - Doctors of Podiatric Medicine (DPM) who diagnose and treat, both mechanically and surgically, ailments of the foot, and those anatomical structures of the leg governing the functions of the foot, and the administration and prescription of drugs thereto.

7. **Dental Specialists** - Doctor of Dental Surgery (DDS) and Doctor of Dental Medicine (DMD) who provide specialty dental care services including dental anesthesiologists, oral & maxillofacial pathologists, oral maxillofacial surgeons, oral maxillofacial radiologists, and orthodontists.

8. **General Dentists (DDS/DMD)** - who provide covered medical and surgical services.

CREDENTIALING

Initial Credentialing and Recredentialing Standards and Verification Process

The following procedures will be utilized for both the initial credentialing process and recredentialing process. Practitioners who are considered for participation in the network(s) are held to evidence of the following standards as applicable to each specialty. The process for each standard for verification is outlined. Approximately six months before the practitioner’s third year anniversary date or date specified by the Credentials Committee, a recredentialing application will be sent to the practitioner for completion.

1. **Application Process**
   The Plan obtains from the applicant a completed, signed and dated application, which may include, but is not limited to, the following information:
   A. Reasons for any inability to perform the essential functions of the position, with or without accommodations;
   B. Lack of present illegal drug use;
   C. History of loss of license and felony convictions;
   D. History of loss or limitation of privileges or disciplinary activity;
   E. Current malpractice insurance coverage;
   F. Attestation by the applicant to the correctness and completeness of the application;

   The application and attestation must be signed and dated within 180 calendar days for initial practitioners (effective August 1, 2008) and 180 calendar days for recredentialing practitioners prior to review and assessment by the Credentials Committees and rendering of the credentialing decision.
   Verification Sources
   Oral, written, and Internet data will be used to verify information for credentialing and recredentialing. Oral and Internet verifications will include a dated and signed or initialed note/checklist by the staff person who verified the credentials. If the internet source generates a date, that date will be used and signed or initialed note/checklist by the staff person who verified the credentials. In instances where the Internet is used for verification, the appropriate NCQA or URAC approved source for that element is used. A copy of the applicable web page that is initialed and dated is placed in the credentials file.

2. **Verification Process**
   The following process will be utilized for credentialing and recredentialing verification:
   A. Upon receipt of the current completed, signed and dated application from the practitioner, the Application will be reviewed to ensure that the signature and date information are accurate. The application will also be reviewed to ensure that all of the requested elements are completed and the required documents are present and complete. Written, electronic or faxed signatures are acceptable. Stamped signatures are not acceptable. The minimum standards for processing include:
      - The ability to enroll new members and provide urgent and routine care.
      - The ability to directly or through on call arrangements provide coverage 24 hours a day,, seven days a week for urgent/emergent care to provide triage and appropriate treatment or referrals. Exceptions to this include the following: Dermatopathologists, non-hospital based Pathologists, non-hospital based Oral & Maxillofacial Pathologists, and preventive medicine specialists.
      - PCPs must provide office hours accessible to members a minimum of 20 hours a week at each practice site. A group of practitioners may satisfy this requirement by having each office available to members for 20 hours. Solo or group practitioners will still be credentialed if they have a satellite office with less than 20 hours; however only the 20 hour site will be printed in the provider directory. The only exception is if the satellite

office poses a potential access issue.

- Maintain hospital privileges or, an alternate arrangement for admitting enrollees
- Possess an unrestricted license to practice in each state in which the practitioner provides care to Mt. State members.

If the minimum standards are not present, the following process will take place as indicated for initial applicants and recredentialing applicants:

- **Initial Applicants** - Processing will be discontinued on any initial application that does not include at least the minimum standards for participation or failure to comply with the credentialing process including submission of an incomplete application. Notification to the practitioner of discontinuation of the credentialing process will be made via letter. Network practitioners who submit a complete application but fail to meet the minimum standards will also be "process discontinued".
- **Recredentialing Applicants** – If a practitioner indicates he/she is not able to meet the above stated minimum standards, the Medical Director(s) will review the file for inclusion on the exception listing. The practitioner's failure to comply with the recredentialing process including submission of an incomplete application will be deemed as his/her intention to voluntarily withdrawal from the network(s). The written correspondence related to this withdrawal will be done via certified letter.

B. Any application, which is deemed to be incomplete but the missing information can be obtained by telephone from the practice, (e.g., date of birth or Social Security number) will generate a phone call from a Plan representative. If the information is received in a timely manner following
the telephone call, the file will continue through the credentialing process. If the information is not available by telephone (e.g., work history or signature) or is not provided within a timely manner following the telephone contact, the file is identified and flagged for additional follow-up activities and will be subject to the following procedures as indicated for initial applicants and recredentialing applicants.

If it is necessary to fax any portion of the application back to the practitioner for updated information the entire application will be faxed. The practitioner will be instructed to return only the necessary pages for updating. This is intended to ensure adequate review and accurate attestation on the part of the practitioner.

- **Initial Applicants With Missing Information** - One phone call will be made by Highmark Provider Data Services staff to obtain the missing information. If the information has not been received within ten business days, a letter will be sent to the practitioner requesting the outstanding information and explaining that the file will be "process discontinued" if the information is not received within ten business days.
- **Recredentialing Applicants With Missing Information** - Two phone calls will be made by Highmark Provider Data Services staff to obtain the missing information. If the missing information has not been received within five business days of the original phone

call, a second phone call will be made requesting the missing information. During the second phone call Provider Data Services will explain that the file will be forwarded to the Credentials Committees for possible termination if the information is not submitted. If the missing information is not received five business days after the second phone call, Provider Data Services will send a final development letter and contact Provider Relations. If missing information is still not received after ten business days following the mailing of the final development letter the file is sent to the credentialing staff as noncompliant and presented to the Credentials Committee for termination. If further development for incomplete information is initiated by the credentialing staff, it will be completed for critical month files.

- **Recredentialing Applications Not Received** - If a recredentialing application is not returned within 30 days, Highmark Provider Data Services will send a letter to the practitioner requesting them to complete their recredentialing application. If the application is not received in 15 days of the original letter a second letter will be sent. If the application is still not received after 15 days of the mailing of the second letter, Provider Data Services will call the practitioner requesting the application. If the application is still not received after five business days a third letter with return receipt will be sent and Provider Relations is contacted. The third letter will explain that the file will be forwarded to the Credentials Committees for possible termination.

C. Upon receipt of the requested information, the primary source verification (PSV) process is conducted for applicable elements in compliance with internal requirements and all accrediting and regulatory standards. The process includes the following:

- **Licensure – Credentialing and Recredentialing Standard**
  Applicable Practitioners: Primary Care Physicians, Physician Specialists, Chiropractors, Podiatrists, Behavioral Health Specialists as applicable, Dental Specialists, General Dentists, and Plan Medical Directors
  Not Applicable Practitioners: None
  Verification Time Limit: Licensure must be active and current at the time of the credentialing decision.
  Verification Process: A practitioner must have a current, valid unrestricted license to practice in the state(s) where he/she provides care for Plan members, with verification directly from the state licensing agency. Unless practitioner holds an institutional license they must be reviewed and approved by the Medical Director(s). MDs or DOs who intend to practice acupuncture must have license from the State Board of Medicine or State Board of Osteopathic Medicine. Acupuncturist supervisors must have registration from either of the boards noted above as a supervisor of acupuncturists (Acupuncturist Supervisors can only participate in the FEP Mid-Level Practitioner Network as acupuncturist supervisors). Dental Specialists that hold a DDS/DMD license must provide a copy of their permit for administering anesthesia as applicable to specialty type. Dental Anesthesiologists must hold

an Unrestricted Dental Anesthesia permit issued by the State Board of Dentistry, authorizing the dentist to administer all modalities of anesthesia. A practitioner's license will be reviewed for previous and current state sanctions and restrictions on licensure and/or limitations on the scope of practice. A copy of the state license may also be obtained, but is not sufficient to constitute verification.

- **DEA or CDS Certificate - Credentialing and Recredentialing Standard**
  Applicable Practitioners: Primary Care Physicians, Physician Specialists, Dental Specialists, General Dentists (if applicable), and Podiatrists
  Not Applicable Practitioners: Chiropractors, Behavioral Health Specialists, Diagnostic Radiologists, Pathologists, Oral & Maxillofacial Pathologists and Plan Medical Directors
  Verification Time Limit: The certificate must be current at the time of the credentialing decision.
  Verification Process: Practitioners must have a DEA for each state in which they provide care to the Plan's members. A copy of the DEA certificate, with expiration date and/or entry in the National Technical Information Service (NTIS) database must be submitted. If a practitioner has a pending DEA certificate, the practitioner may be credentialed at the discretion of the Medical Director, who will evaluate whether an acceptable contingency plan exists for a practitioner with a DEA certificate to write all prescriptions requiring a DEA number until the practitioner has a valid DEA certificate.

- **Board Certification - Credentialing and Recredentialing Standard**
  Applicable Practitioners: Primary Care Physicians, Physician Specialists, Podiatrists, Dental Specialists (except Dental Anesthesiology) and Plan Medical Directors
  Not Applicable Practitioners: Chiropractors, Dental Anesthesiologists, General Dentists, Behavioral Health Specialists and General Practitioners
  Verification Time Limit: 180 calendar days
  Verification Process: Board Certification is required in the specialty the practitioner is requesting to be credentialed.

  - **Process for Primary Care Physicians/ Physician Specialists (MD/DO):** Verification for board certified practitioners for physicians (MDs and DOs) is via entry in the ABMS Official Directory of Board Certified Medical Specialists for the applicable Specialties, and/or entry from the official AMA-maintained website, AOA Official Osteopathic Physician Profile Report, the official AOA-maintained website, Royal College of Canada for the applicable specialties, College of Family Physicians of Canada and/or confirmation from the appropriate specialty board. Verification may also be obtained through the CertiFACTS Online an NCQA or URAC approved Internet site.
  - **Process for Podiatrists (DPM):** Verification for board certified Podiatrists (DPMs) is via entry in The American Board of Podiatric Orthopedics and Primary Podiatric

Medicine (ABPOPPM) or the American Board of Podiatric Surgery (ABPS). Board certification from a board other than the two boards noted above is acceptable for podiatrists who were credentialed prior to 2005.

- **Process for Dental Physician Specialists (DDS/DMD):** Verification for board certified Oral & Maxillofacial Pathologists, Surgeons and Radiologists is via entry in the American Dental Association recognized dental specialty certifying boards that are American Board of Oral and Maxillofacial Pathology, American Board Oral and Maxillofacial Surgery or The American Academy of Oral and Maxillofacial Radiology as applicable to specialty type. Dental Anesthesiologists requirements are outlined under the section titled: Education and Training (page 10).

- **Exceptions for Non-Board Certified Practitioners**

All applicable practitioners that are not board certified must meet one of the following exceptions as outlined in number one to be considered eligible for network participation. Additional stipulations are outlined in number three and are specific to certain specialty types. All General Practitioners are eligible to be credentialed to see members 13 years and older and additional requirements must be met to see members under 13 years old as outlined in number three.

1. Exceptions:

a) Practitioners who have graduated from an accredited medical school, osteopathic school or podiatric medical school, dental school *and* have completed an approved applicable residency or fellowship acceptable to the Credentials Committee in the specialty in which the practitioner practices and completed training prior to December 31, 1987.
b) Practitioners must have completed an approved, applicable residency or fellowship in the specialty in which he/she practices.
c) Rural Practitioners must have greater than 5 years experience in the specialty in which they practice and have completed an approved, applicable residency or fellowship in the specialty of practice.

2. **Additional Stipulations**

a) Requirements for General Practitioners – In order to be credentialed all general practitioners without board certification must have the highest level of education and training verified from primary sources and must have an appropriate rotating internship which includes pediatric training. General Practitioners are not considered as specialists by the Plan.
Board certification for practitioners is waived if the practitioner has completed accredited training in the specialty requested. Board certification will be verified for practitioners that document that they are board certified.

b) Emergency Medicine – Physicians practicing in the Emergency Department who are not boarded in emergency medicine must be boarded in family practice, internal medicine, pediatrics or general surgery Physicians who are non-board certified in emergency medicine must have obtained current Advanced Cardiac Life support (ACLS) and Advanced Trauma Life Support (ATLS) and Pediatric Advanced Life Support (PALS) certifications.

3. Education and Training – Credentialing/Recredentialing Standard as Applicable

Applicable Practitioners: Primary Care Physicians, Physician Specialists, Podiatrists, Chiropractors, Dental Specialists, Behavioral Health Specialists and Mt. State Medical Directors
Not Applicable Practitioners: None
Verification Time Limit: None
Verification Process: Verification of Board Certification in the specialty in which the practitioner is requesting to be credentialed fully satisfies this requirement as Plan accepted specialty boards verify education and training. Initial M.D. and D.O. applicants must complete a residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA). Initial podiatrist applicants must complete a residency accredited by The Council on Podiatric Medical Education. If an initial applicant has not completed the appropriate accredited residency they will be presented to the Credentials Committee as an "exception" for consideration of network participation. Dental specialist's education and training will be verified for only non-board certified dental specialists. The practitioner's education and training is not verified again upon recredentialing, as these elements remain unchanged in the practitioner's history, unless the practitioner changes his/her specialty. For non-board certified practitioners, verification of the accredited residency completion applicable to the specialty (ies) in which the practitioner is practicing satisfies this requirement. For non-residency trained practitioners, verification of graduation from medical school satisfies this requirement.

- **Process for Physicians MDs/DOs:**

  Completion of applicable residency training verified as follows:

  - Confirmation from the residency training program via oral or written and/or entry from the official AMA-maintained website, AOA Official Osteopathic Physician Profile Report and/or the official AOA-maintained website.

  Graduation from medical school verified as follows:

  - Graduation from medical school via oral or written confirmation, and/or entry from the official AMA-maintained website, AOA Official Osteopathic Physician Profile Report, the official AOA-maintained website and/or via confirmation from the Educational Commission for Foreign Medical Graduates (ECFMG) for international graduates licensed after 1986.

- Confirmation from the state licensing agency if the state performs primary source verification of medical school. On an annual basis, the Plan, via Highmark Provider Data Services, will obtain written confirmation from the applicable state licensing agency (ies) that it performs primary source verification.

➢ **Process for Chiropractors (DCs)**:

- Confirmation oral or written of graduation from an accredited chiropractic college whose graduates are recognized as candidates for licensure by the regulatory authority issuing the license.
- Confirmation from the state licensing agency if the state performs primary source verification of chiropractic college. On an annual basis, the Plan, via Highmark Provider Data Services, will obtain written confirmation from the applicable state licensing agency (ies) that it performs primary source verification.

➢ **Process for Podiatrists (DPMs):**

- For podiatrists who are not board certified, completion of podiatry residency training can be verified via confirmation oral or written from the residency training program or entry in a podiatric specialty board master file, if the certifying board conducts primary source verification of podiatry school graduation and podiatric residency.
- Confirmation from the state licensing agency if the state performs primary source verification of podiatric medical school. On an annual basis, the Plan, via Highmark Provider Data Services, will obtain written confirmation from the applicable state licensing agency (ies) that it performs primary source verification.

➢ **Process and Requirements for Behavioral Health Specialists**:

1. Psychologists must:
   a. be licensed as a psychologist in the state(s) in which they practice; and
   b. hold a Masters degree or above in psychology
2. Licensed Clinical Social Workers and Licensed Social Workers must be licensed at the highest level in the state for independent practice in the state(s) in which they provide care and hold a master's degree or doctoral degree in Social Work from a school accredited by the Council on Social Work education.
3. Clinical Nurse Specialists must be licensed as a Registered Nurse (RN) in the state in which they practice and hold a certificate of Clinical Nurse Specialist (CNS) in psychiatric mental health nursing as issued by the ANA/ANCC.
4. Masters Prepared Therapists (other than Licensed Clinical Social Workers

or Clinical Nurse Specialists) include Master's Level Psychologists, Licensed Professional Counselors (LPC), Marriage and Family Therapists, (MFT) who hold licensure or certification in their accepted specialty and practice at an independent practice level in the state in which they practice. Recredentialing Psychiatric CRNPs-Refer to separate policy titled: "Credentialing and Recredentialing of Allied Practitioners, CRNP (Certified Registered Nurse Practitioners) and Nurse Midwives."

- **Process for Dental Specialists (DMD/DDS):**

  Completion of applicable residency training verified as follows:
  Oral or written confirmation from residency training program.
  Graduation from dental school verified as follows:

  - Confirmation from the state licensing agency if the state performs primary source verification of dental school. On an annual basis, Highmark Inc., via Provider Data Services, will obtain written confirmation from the applicable state licensing agency (ies) that it performs primary source verification.

  Requirements for Dental Anesthesiologists:

  - The Plan requires that all dental anesthesiologists must have satisfactorily completed a full time post-doctorate anesthesiology residency program. Training must be of a continuous nature and must be of duration of at least 24 months in a school of Dental Medicine, certificate or masters degree program.
  - The Dentist must hold an unrestricted Dental Anesthesia permit issued by the state of dental practice, authorizing the dentist to administer all modalities of anesthesia.
  - Current CPR certification is required.

Requirements for Orthodontists:

- The Plan requires that all dental Orthodontists must have satisfactorily completed a full time post-doctorate orthodontic residency program. Training must be of a continuous nature and must be of duration of at least 24 months in a school of Dental Medicine accredited by the Commission on Dental Accreditation certificate or masters degree program.
- Practitioner must complete a fellowship in Cleft-Craniofacial Orthodontics.
- Current CPR certification is required.

- **Process for General Dentists (DDS/DMD) who provide covered medical and surgical services:**
  - The practitioner must have a current, unrestricted license to practice dentistry in the state(s) in which they practice. Confirmation from the state licensing agency if the state performs primary source verification of dental

school. On an annual basis, Highmark Inc., via Provider Data Services, will obtain written confirmation from the applicable state licensing agency (ies) that it performs primary source verification.

- **Work History - Credentialing Standard**
  Applicable Practitioners: Primary Care Physicians, Physician Specialists, Dental Specialists, General Dentists, Podiatrists, Chiropractors, Behavioral Health Specialists and Plan Physician Advisors/Medical Directors
  Not Applicable Practitioners: None
  Verification Time Limit: 180 calendar days
  Verification Process: A minimum of 5 years of relevant work history via the application or curriculum vitae. Gaps of 6 months or more will be evaluated. Verification can be taken by telephone or in writing and will be documented in the file. Gaps of one year or more require written documentation from the practitioner. If the practitioner has practiced fewer than five years from the date of credentialing, the work history starts at the time of initial licensure.

- **Malpractice History – Credentialing and Recredentialing Standard**
  Applicable Practitioners: Primary Care Physicians, Physician Specialists, Dental Specialists, General Dentists, Podiatrists, Chiropractors, Behavioral Health Specialists and Plan Medical Directors
  Not Applicable Practitioners: None
  Verification Time Limit: 180 calendar days
  Verification Process of Requirement for Applicable Practitioners: History of professional liability claims, which resulted in settlements or judgments paid by or on behalf of, and any pending suits for the practitioner as reported by the practitioner on the application and via a query of the National Practitioner Data Bank (NPDB) and/or written confirmation of at least the past 5 years of history of malpractice settlements from the malpractice carrier. Malpractice history must meet the Plan Malpractice Index Scoring Guidelines and will primarily focus on the most recent five (5) year time period

- **Clinical Privileges - Credentialing and Recredentialing Standard**
  Applicable practitioners: Primary Care Physicians, Physician Specialists and Orthodontists.
  Not applicable practitioners: Podiatrists, Chiropractors, General Dentists, Behavioral Health Specialists, Plan-only Medical Directors and the following Physician/Dental Specialists:
  - Anesthesiology
  - Dental Anesthesiology
  - Emergency Medicine
  - Oral & Maxillofacial Surgery
  - Pathology
  - Oral & Maxillofacial Pathology

- Physiatry/Physical Medicine
- Psychiatry
- Radiology
- Oral & Maxillofacial Radiology
- Nuclear Medicine

Verification Time Limit: None
Verification Process: Primary Care Physicians must have full admitting privileges in good standing at a participating Mt. State network or Blue Cross Blue Shield Association hospital. Applicable physician specialists must have clinical privileges in good standing at a participating hospital. Confirmation of the clinical privilege status can be made via the application or from an oral or written confirmation from the facility. Practitioners that practice at Urgent-Care centers are waived of the requirement to have clinical privileges. Alternative arrangements for a practitioner who does not have the required clinical privileges are as follows:

- Primary Care Physicians – required to have coverage for hospital admissions and hospital care of members with a network(s) participating practitioner or group who has/have admitting privileges at a network participating facility and are of the same specialty type. These arrangements must provide for timeliness of information and communication to facilitate the admission, treatment, discharge planning and follow-up care necessary to ensure continuity of services and care to members.

- Physician Specialists – required to have coverage for hospital care of members with a network participating practitioner or group who has/have clinical privileges at a network participating facility and are of the same specialty type.

Documentation of the coverage arrangements must be submitted at the time of credentialing/recredentialing. Initial applicants must have hospital privileges or, an alternate arrangement for admitting enrollees. The application will be process discontinued for those who do not as this is a minimum standard for credentialing. Any recredentialing practitioner who does not have clinical privileges will be reviewed by the applicable Credentials Committee, on an exception basis, if he/she does not provide the acceptable documentation of the coverage arrangements or if the arrangement fails to meet the policy requirements. Practitioners that do not have clinical privileges will be reviewed as "exceptions" and presented to the appropriate Credentials Committee for review.

- **Malpractice Insurance Coverage - Credentialing and Recredentialing Standard**
  Applicable Practitioners: Primary Care Physicians, Physician Specialists, Dental Specialists, Chiropractors, Podiatrists, Behavioral Health Specialists and Plan Medical Directors.

Not Applicable Practitioners; None
Verification Time Limit: Coverage must be effective at the time of the credentialing decision
Verification Process: A copy of the malpractice face sheet from the carrier or the practitioner with the practitioner's name and the dates and amounts of current coverage or attestation signature from the practitioner on the application with the dates and amounts of current malpractice insurance coverage. Practitioners with trust funds in lieu of malpractice insurance coverage must provide evidence of appropriate funds. Any practitioner not meeting the requirements and will be presented to the Plan Medical Director and/or Credentials Committee as an "exception." Requirements as indicated below:

- **Requirements for Primary Care Physicians /Physician Specialists/Podiatrists/Dental Specialists/General Dentists:** Practitioners must have no less than $1,000,000 per claim and $3,000,000 per year coverage, or whichever is higher according to the state law requirements.
- **Requirements for Chiropractors/Behavioral Health Specialists:** Must have no less than $500,000 per claim and $1,500,000 aggregate per year coverage, with the exception of Psychiatrists who require $1,000,000 per claim and $3,000,000 per year coverage.

- **Medicare/Medicaid Sanctions Credentialing and Recredentialing Standard**

Applicable Practitioners: Primary Care Physicians, Physician Specialists, Dental Specialists, General Dentists, Chiropractors, Podiatrists, Behavioral Health Specialists and Plan Physician Advisors/Medical Directors
Not Applicable Practitioners: None
Verification Time Limit: 180 calendar days
Verification Process:

- **Process for Primary Care Physicians/Physician Specialists/Behavioral Health Specialists**: A query of one of the following: National Practitioner Data Bank, Healthcare Integrity and Protection Data Bank, Federation of State Medical Boards, Cumulative Sanctions Report, Medicare/Medicaid Sanctions and Reinstatement Report, Federal Employees Health Benefits Program Debarment Report published by the Office of Personnel Management/Office of the Inspector General, AMA Physician Master File entry or State Medicaid agency or intermediary and the Medicare intermediary.
- **Process for Podiatrists:** A query of the State Board of Podiatric Examiners or the Federation of Podiatric Medical Boards.
- **Process for Chiropractors:** A query from the State Board of Chiropractic Examiners or the Federation of Chiropractic Licensing Boards' Chiropractic Information Network, Board Action Databank (CIN-BAD).
- **Process for Dental Specialists**: A query of the National Practitioner Data Bank or State Board of Dental Examiners.

- **Process for General Dentists**: A query of the National Practitioner Data Bank or State Board of Dental Examiners.

D. Should any of the verifications expire, (i.e., license, DEA certificate, insurance coverage, etc.), a renewed verification will be obtained prior to final decision making. If attempts at obtaining a renewed verification are unsuccessful, the file will be noted accordingly and addressed by the credentialing staff for appropriate follow-up (which may include process discontinuation of the file or Credentials Committee review for potential termination).

4. **Completion Process**:

- Refer to the separate Credentials Policy titled: "Decision-Making Process for the Credentialing/Recredentialing of Network(s) Practitioners and Credentialing Related Committees" for the completion and decision-making process.
- If the plan terminates a practitioner for any reason, or if a network(s) credentialed practitioner submits a signed, explicit document stating that he/she no longer wishes to be a network(s) participating practitioner, and there is a break in service/contract of greater than 30 days, the practitioner will be required to undergo initial credentialing if he/she subsequently wishes to return to the network(s).
- If a network(s) credentialed practitioner moves from one network practice to another, no further credentialing is required if the notification from the practitioner is received within 30 days. If the notification is received after 30 days, the practitioner will not be terminated; however initial credentialing will be required.
- All practitioners approved by the credentials committees or medical directors for on-going participation will be added to the three (3) year recredentialing cycle, or at more frequent intervals, as specified by the applicable Credentials Committee.
- All practitioners will be evaluated if they are Medicare-eligible as evidenced by a UPIN number or a Medicare welcome letter from the Freedom of Information Office from the CMS state carrier from where the practitioner originally received their welcome letter and confirmation that the practitioner has not opted out of the Medicare program. Practitioners who have opted out of Medicare will be excluded from participation in the applicable network(s).This is confirmed following the credentialing process and prior to the contracting process. Ongoing assessment will occur on a quarterly basis via a report from Provider Data Services. Refer to the separate Credentials Policy titled: "Ongoing Review and Monitoring of Sanctioning Information".
- If a practitioner is on military leave or on a medical leave of absence, the recredentialing process must be completed within sixty days of his/her return to work. A monthly tickler system will be maintained in the Highmark Provider Data Services Department to accommodate practitioners in these situations.

5. **Notification Process**

A. Upon request, all practitioners have the right to be informed of the status of their credentialing and recredentialing applications. Practitioner rights and the process for responding to

practitioner requests are discussed in greater detail in a separate CR policy titled: "Practitioner's Rights for Review, Notification and Correction of Credentialing Information"

B. All recredentialed practitioners will be notified via letter by the Medical Director(s) of any adverse final credentialing decision within sixty calendar days of the decision.

C. All initial applicants are notified via letter of credentialing decisions within sixty calendar days of the decision.