

# **PEHP**

## **PROVIDER RELATIONS**

### **POLICY AND PROCEDURE**

**SUBJECT:** CREDENTIALING/ RE-CREDENTIALING POLICY

- I. **PURPOSE:** to establish a standard credentialing/re-credentialing policy that outlines the process PEHP has established to ensure that providers that participate in networks for which PEHP maintains the contract demonstrate a commitment to the delivery of high quality, safe, and cost-effective health care.

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

II. **DEFINITIONS:**

**Participating provider:** is defined as a provider that has a direct contractual relationship with PEHP. This includes participation in the Advantage Care, Preferred Care, Summit Care, and Preferred Dental Networks.

III. **POLICY:**

**A. Criteria for all Health Care Providers**

To be eligible for participation, providers must meet and maintain the following criteria adopted by PEHP.

1. A current, valid unrestricted and permanent Utah state license (as applicable based on practice location) in a provider type recognized by PEHP.
2. Current professional liability coverage, individually or as a member of a group, must be through a commercial carrier in the amounts of \$1 million individual occurrence and \$3 million annual aggregate for health care professional and \$100,000 individual occurrence and \$300,000 per annual aggregate for dental professionals. PEHP also recognizes professional liability coverage by statutory authority.
3. Current and unrestricted federal Drug Enforcement Agency (DEA) certificate and Controlled Substance Certificate or Registration, if applicable to the profession.
4. MDs and DOs (physicians) and Dentists will only be credentialed in an area of practice in which they have adequate training as outlined below. Adequate training can be demonstrated by one of the following:
  - a) Current board certification by a board recognized by the American Board of Medical Specialties, the American Osteopathic Association or the American Board of Oral and Maxillofacial Surgery in the credentialed area of practice, or
  - b) Successful completion of a board-approved residency or fellowship program in the credentialed area of practice, or
  - c) For currently participating physicians not meeting a or b: either 1) active hospital staff privileges in the credentialed area of practice, or 2) two current peer reference letters from board certified participating physicians in the same specialty who have had direct clinical observations of the physician within the last twelve (12) months and documentation of practice specific training, or
  - d) For initial applicants who are general practice physicians and do not meet a or b, they must have completed an internship prior to 1988 and have one of the following: 1) active hospital staff privileges in

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the credentialed area of practice, or 2) two current peer reference letters from board certified participating physicians

5. Ancillary providers must have National Certification, where applicable.

6. The provider's professional State license must be currently free of any informal or formal disciplinary orders, decisions, disciplinary actions or other action(s), including, but not limited to, restrictions, probations, limitations, conditions and suspensions resulting from the provider's acts, omissions or conduct. In addition, the provider must not have surrendered, voluntarily or involuntarily, his or her professional State license while under investigation by the State or due to findings by the State resulting from the provider's acts, omissions or conduct.

7. At the time of initial application, the provider must not have any pending Statement of Charges, Notice of Proposed Disciplinary Action, Notice of Agency Action or the equivalent from any state or governmental professional disciplinary body.

8. If the provider has a condition, restriction or limitation on the provider's license, certification or registration related to the provider's alcohol, chemical dependency, or health condition, or if other evidence indicates that the provider has an alcohol, chemical dependency problem or health condition, the provider must either provide documentation demonstrating that the provider has complied with all such conditions, limitations or restrictions and is receiving treatment adequate to ensure that the alcohol, chemical dependency problem, or health condition will not affect the quality of the provider's practice, or must provide such other assurances as deemed by PEHP to be adequate.

9. Providers are required to have current clinical admitting privileges in good standing, if the specialty in which they have been credentialed with PEHP may potentially necessitate hospital admission of patients. Alternatively, a provider may have a patient coverage arrangement with participating provider(s), hospitalists, or inpatient service teams for the purpose of admitting patients. Any alternative patient coverage arrangement must be acceptable to PEHP.

10. PEHP may review and consider the provider's professional history in making its decision relating to the provider's participation and continued participation on PEHP's networks, including, but not limited to, the following:

A suspended or revoked out-of-state license, certification or registration; or any action taken by any state or governmental professional body during the course of the provider's career; or current sanctions of any nature taken against the provider by any government program, including, but not limited to, Medicare, Medicaid, Federal Employee Program or any other State or Federal program or agency; or denial, limitation, suspension or termination of participation or privileges by any health care institution, plan, facility or clinic; or informal licensure actions; or prior history with PEHP.

11. The provider's history of medical malpractice claims or professional liability claims must not reflect what, in the sole discretion of PEHP, constitutes a pattern of questionable or inadequate treatment or

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contain what, in the sole discretion of PEHP, constitutes any gross or flagrant incident or incidents of malpractice.

12. The provider must not have been:

- a) Excluded, expelled or suspended from any federally funded programs, including, but not limited to, the Medicare or Medicaid programs; or
- b) Convicted of a felony or pled guilty to a felony for a health-care related crime, including, but not limited to, health care fraud, patient abuse and the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

13. PEHP takes allegations, admissions or findings of sexual misconduct or boundary issues very seriously. PEHP may review and consider any such allegations, admissions or findings in making its decision relating to the provider's participation or continued participation on PEHP's networks.

14. PEHP may review and consider one or more of the following factors in making its decision relating to the provider's participation and continued participation on PEHP's networks:

- a) the provider's criminal history, including, but not limited to, any convictions, no-contest pleas and guilty pleas; or
- b) the provider's involvement in acts of dishonesty, fraud, deceit or misrepresentation that, in PEHP's sole determination, relate to or impact, or could relate to or impact, the provider's professional conduct or the health, safety or welfare of Members; or
- c) any other acts in which the provider engages or engaged that PEHP, in its sole discretion, deems inappropriate.

15. The provider must comply with PEHP's quality assurance program and must not: be found to have rendered a pattern of substandard care or be responsible for any gross or flagrant incident of substandard care; or display inappropriate patterns of referral, which deviate substantially from reasonably expected patterns of referral.

16. The provider must not have made any material misrepresentation to PEHP concerning licensure, registration, certification, disciplinary history, or any other material matter covered in the application or credentialing materials.

17. PEHP has the right to terminate the provider for any reason, including, but not limited to, those stated in the contract between PEHP and the provider or for any pattern of demonstrated unwillingness to abide by the terms and conditions of the contract.

18. When applicable, the credentialing and re-credentialing process may incorporate available information from utilization management, case management, quality management, external audit, member satisfaction surveys, member complaints, medical records reviews and site reviews. The

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provider must comply with these quality improvement activities. This information will be utilized as a component in determining the provider's acceptability for participation and continued participation.

19. The provider must provide professional services to our members in a professional setting that meets PEHP's standards and requirements.

20. PEHP has the right to deny or terminate the provider if PEHP determines, in good faith and in its sole discretion, that the provider poses a threat or risk of harm to Members.

21. The provider must comply with PEHP's requirement for re-credentialing. All requests for re-credentialing information must be submitted in a prompt and timely manner.

22. Providers denied initial network participation for not meeting PEHP's credentialing standards has the right to submit an appeal. Appeals must be submitted in writing within 30 days from the date the denial notice was received. Appeals are reviewed by the Provider Review Committee. Appeal should be submitted to:

Provider Review Committee  
Attn: Provider Relations Director  
560 East 200 South  
Salt Lake City, UT 84102

23. Providers denied participation for not meeting PEHP's credentialing standards may not re-apply for participation for a minimum of 12 months from the date of denial.

#### **B. Additional Criteria for Supervised Mid-level providers**

A mid-level provider must comply with all Utah laws and applicable regulations regarding supervision, direct physician relationships, and other restrictions on provider practices before that provider is eligible to be credentialed.

##### 1. Supervised Mid-level providers

a) Must have approved practice/sponsoring plan with the Licensing Board.

b) Must have a sponsoring physician who is contracted with PEHP.

c) To bill services under a supervising physician as providing direct supervision over the services, PEHP requires both of the following criteria to be met:

1) The mid-level provider must follow Medicare's incident-to guidelines and

2) The supervising physician must be present in the same building as the mid-level provider at the time the service is performed.