

**HMO PARTNERS, INC.
D/B/A HEALTH ADVANTAGE
PRACTITIONER CREDENTIALING STANDARDS**

ELIGIBLE DISCIPLINES: Doctor of Medicine
Doctor of Osteopathy
Oral Surgeons
Psychologist
CRNA

Review Item(s)	Credentialing Standard
<p>A. Site Visit Medical Record(s) Review</p> <p>(For Primary Care Physician. Usually at re-credentialing only but may be used at initial credentialing at the sole discretion of Health Advantage)</p>	<p>Performance Scores: 91% - 100% - minor deficiencies or no deficiencies. 81% - 90% - recommendations for improvement. 71% - 80% - requires written response within 30 days. Non compliance may result in denial or removal from the network. 61% - 70% - requires written response for deficiencies within 30 days and progress report in 90 days or follow-up visit. Non compliance may result in denial or removal from the network. 60% or less - requires written response for deficiencies within 30 days and a follow-up visit after 90 days. Non compliance may result in denial or removal from the network.</p> <p>Note: the foregoing is the process for routine site visits and medical records audits. Health Advantage reserves the right to take immediate action up to and including possible termination for other forms of medical records deficiencies or problems, including but not limited to failure to keep contemporaneous records of medical treatment or office visits, as required by the network participation agreement, refusal to furnish medical records upon request, or falsification or tampering with any medical records.</p>
<p>B. Office Site Review: PCP OB/Gyn</p> <p>(Usually for initial credentialing only but may be used at re-credentialing at the sole judgment of Health Advantage)</p>	<p>Performance Scores: 91% - 100% - minor deficiencies or no deficiencies. 81% - 90% - recommendations for improvement. 71% - 80% - requires written response within 30 days. Non compliance may result in denial or removal from the network. 61% - 70% - requires written response for deficiencies within 30 days and progress report in 90 days or follow-up visit. Non compliance may result in denial or removal from the network. 60% or less – requires written response for deficiencies within 30 days and a follow-up visit after 90 days. Non compliance may result in denial or removal from the network.</p> <p>Note: The foregoing is the process for routine office site review. Health Advantage reserves the right to take immediate action up to and including possible termination for other forms of office deficiencies or problems, including but not limited to member complaints, citations, reports or actions of any governmental agency, or any risk to the health or safety of patients.</p>
<p>C. Member Complaints</p> <p>(Re-Credentialing Only)</p>	<p>Included in review at recredentialing. Practitioners with 4 or more complaints per 24 months are brought to the attention of the Credentialing Committee and may result in network restrictions or exclusion, depending on nature, volume of complaints. For PCPs, these complaints will automatically be presented to the Credentialing</p>

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	Committee when the number of complaints, within the most recent 24 months, is at least 4 and is greater than or equal to 3% of the practitioner's Health Advantage patient base. If the number is less than 3%, but greater than or equal to 4, the complaints will be reviewed by the applicable Regional Medical Director to determine the need for presenting the information to Credentialing Committee. In addition, Health Advantage, in its sole discretion, may determine that the nature of any single complaint or series of complaints warrants presentation to the Credentialing Committee, or any other appropriate action, including possible network restriction termination or exclusion.
D. Clinical/Focused Quality Activities	Usually used at re-credentialing only but may be used at initial credentialing if data available, at the sole discretion of Health Advantage. Practitioners with 2 or more validated quality issues per year are considered to have an issue, which may be evaluated by the Credentialing Committee and may form the basis for network restriction or exclusion. Note: This standard addresses only a specific part of the quality review criteria ("Clinical/Focused Quality Activities") that Health Advantage may use to evaluate participating practitioners. In addition to this standard, where review may be triggered by two or more validated quality issues per year, Health Advantage may also review any participating practitioner at any time for quality concerns with respect to multiple or even a single complaint, incident or issue. This standard shall not be interpreted to preclude Health Advantage from taking action at any time, up to and including possible termination, with respect to any identified quality concern or issue with respect to a participating practitioner's actions or inactions related to Health Advantage Members or other patients, or to the competency or quality of such practitioner.
E. ABCBS Preferred Payment Plan (PPP)	Must participate in the Arkansas Blue Cross and Blue Shield Preferred Payment Plan to be eligible for participation in Health Advantage networks.
F. Other Networks	All practitioners must participate in US Able Corporation's True Blue PPO Network to be eligible for participation in Health Advantage networks. Health Advantage network applicants must participate in all commercial Health Advantage Networks.
G. DEA	All MDs, DOs, and oral surgeons who prescribe medication must have an active Drug Enforcement Agency (DEA) certificate. Required for all Primary Care Physicians. CRNAs are not required to hold a DEA certificate, however they must comply with the requirements of their licensing board and all state and federal laws and regulations related to medications.
H. State Disciplinary Board/Commission	Disciplinary board action(s) or ongoing sanction(s) are considered to be an issue and must be reviewed by the Credentialing Committee to determine if the practitioner's behavior warrants network restriction, termination, or exclusion. Disciplinary board action(s) include but are not limited to complaints, allegations, or findings regarding sexual misconduct; violations of laws regulating the possession, distribution and control of scheduled drugs; quality of care issues; etc. The foregoing standard shall not preclude Health Advantage from acting immediately or without Credentialing Committee review as deemed appropriate in its sole discretion with respect to any past or pending disciplinary hearing, action, or matter.
I. License	(a) All participating practitioners must hold and maintain continuously a current, active and unrestricted license (or licenses, if more than one is required under applicable law or regulation) to practice in the state(s) where the practitioner conducts any medical practice or delivers any health care services. For purposes of this standard, a "restricted" license shall be deemed to include any revocation, suspension, reduction in scope, or voluntary or involuntary surrender of a license, or any other limitation of any kind on the practitioner's license(s), as well as any probation, monitoring, control, oversight, or restraint placed on the license(s), practice or professional activities of a practitioner. (b) Any practitioner whose license(s) to practice has been restricted shall be ineligible to participate in any network or contract, and shall be excluded therefrom for the

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	<p>duration of any restriction or for two years from the initial date of the restriction, whichever is longer. With respect to past restrictions which are more than two years old, and which are no longer in effect at the time of a practitioner's application for participation or upon recredentialing review, the Credentialing Committee will review such instances on a case-by-case basis, and may, in its sole discretion, recommend either full or conditional participation for the practitioner, as the circumstances may justify in the Committee's discretion. In order to be eligible for such discretionary review of past restrictions by the Credentialing Committee, a practitioner must first receive from the Regional Medical Director a recommendation for participation.</p> <p>(c) The foregoing notwithstanding, if the only restriction on a practitioner's license consists of a contract¹ with the Physician Health Committee in association with the Arkansas State Medical Board, or a similar monitoring body approved by the Arkansas State Medical Board to perform physician monitoring services, the Credentialing Committee, in its sole discretion, may recommend conditional participation in a network or contract, upon such terms, conditions and restrictions as the Credentialing Committee shall establish. At a minimum, such terms, conditions and restrictions shall include</p> <ul style="list-style-type: none"> (i) a requirement that the practitioner must, at all times during any participation in a network or contract, comply with all terms and conditions set by the Arkansas State Medical Board, the Physician Health Committee, or a similar monitoring agency for such programs, and (ii) a requirement that the practitioner must sign all releases and make all authorizations needed in order for the Credentialing Committee to receive from the Physician Health Committee or similar monitoring agency immediate notification of any violation by the practitioner of any contract with the Physician Health Committee or similar monitoring agency, and a complete report and disclosure of all relevant details of such violation, and the status of the practitioner's rehabilitation, progress or lack thereof. Any practitioner whose participation in the Physician Health Committee program (or similar program as approved by the Board) is involuntary, i.e., follows disciplinary action or notice from the Board or is imposed by the Board as a condition of revocation or temporary lifting of any Board sanctions), shall not be eligible for consideration of conditional participation in any network or contract until after successful completion of two years without violations in the Physician Health Committee program. Any practitioner whose participation in the Physician Health Committee program (or similar program as approved by the Board) is voluntary (i.e., resulting from voluntary contact by the practitioner with the Board or Physician Health Committee prior to any other disciplinary action or notice from the Board), shall be eligible for consideration for conditional participation in networks or contracts at any time, in the discretion of the Credentialing Committee, <p>(d) License restrictions or disciplinary actions in other states or countries (i.e., states other than the state where a practitioner currently conducts any medical practice or delivers any health care services) may be considered in applying these license standards.</p> <p>¹ <u>Whether the contract is a result of voluntary action by the practitioner or is required as a condition for a stay or conditional lifting of an involuntary revocation or suspension of license by the Board.</u></p>
J. Hospital Privileges	Practitioner shall, at all times maintain the highest level of staff privileges (full, active, admitting, etc.) granted by a hospital, which is a Contracting Provider. Psychologists and CRNAs may not be eligible for admitting privileges; however, they must possess the highest level of privileging granted by the Contracting Provider

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	<p>hospital for their specialty. Medical Staff privileges which have limitations on the level or frequency of admissions, for example courtesy or consulting privileges, would not meet the requirement. The Contracting Provider hospital should not be located more than 35 miles in driving distance from the practitioner’s primary practice location. Exceptions to this “highest level of full admitting privileges” standard may include one or more of the following, as applicable to a given provider:</p> <ol style="list-style-type: none"> (1) Temporary hospital privileges may be accepted in the sole discretion of Health Advantage provided, at a minimum, that the applicable hospital’s review procedures and standards for granting temporary staff privileges are equivalent in scope to the review procedures and standards for full, active staff privileges. (2) Health Advantage may grant exceptions to the staff privileges standard for the following specialist categories: Allergy, Dermatology, Pathology, Radiology, or other physicians who are hospital-based and are employed by the Contracting Provider hospital, provided, however, that even within these categories, no exceptions will be permitted for physicians who perform or intend to perform any type of invasive procedure not appropriate for an office setting. (3) Primary Care Physicians (considered to be General Practice, Family Practice, Internal Medicine and Pediatric physicians), whose medical practice is exclusively office-based, and who therefore do not wish to obtain hospital privileges (“Applicant”) may apply for an waiver of the hospital privilege requirement, and may be exempted in the sole discretion of Health Advantage, if all of the following requirements are met: <ol style="list-style-type: none"> (i) Professional references from three physicians currently participating and in good standing with Health Advantage, who are not part of the Applicant’s practice group or clinic, must be furnished. (ii) A written plan must be submitted outlining in detail how the Applicant’s patients will receive services in a Contracting Provider hospital in the event hospital services are required. (iii) The written plan must include specific identification of other participating physicians who will act to provide coverage for the Applicant to admit or order services for the Applicant’s patients with a Contracting Provider hospital. (iv) The identified covering physicians must sign and submit a written statement affirming that they have agreed to provide coverage for the Applicant, as described. <p>Alternative arrangements, as outlined above, must be submitted to Health Advantage in writing and must be in place and approved by Health Advantage prior to the loss, restriction, or surrender of any staff privileges. If prior submission of a written plan is rendered impossible through no fault of Physician, alternative arrangements can be submitted after loss, restriction or surrender of staff privileges but any such alternative arrangements acceptable to Health Advantage must be submitted in writing and must be in place no later than five business days following loss, restriction, or surrender of any staff privileges. Physician shall, as quickly as possible, and in any event within three business days, notify Health Advantage of any loss, suspension, restriction, or limitation of Physician's staff privileges or other ability to provide health care services in any Contracting Provider hospital or in any non-Contracting Provider hospital.</p>
<p>K. Board Certification (Applies to MD’s and DO’s)</p>	<p>Recognized certifying Boards of MDs and DOs are the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA). Board Certification is preferred but not required. Physicians who completed postgraduate training/residency prior to 1988 are eligible to be “grandfathered” into a specialty. Physicians who have completed an ABMS or AOA approved residency/fellowship are not considered to have an issue which requires presentation to the Credentialing Committee. However, Practitioners who request a specialty and have not completed</p>

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	an ABMS or AOA approved residency/fellowship for that specialty are considered to have an issue and must be reviewed by the Credentialing Committee with details regarding their education, CME, work history, and hospital privileges. The Credentialing Committee recommends approval or denial of credentials and, if approved, the specialty. Physicians who are determined by the Credentialing Committee not to meet standards for a requested specialty may be denied participation or restricted in participation.
L. Felony Convictions	Must have no felony convictions or guilty pleas. An exception may be granted, in the sole discretion of Health Advantage, if the practitioner has been pardoned by the appropriate governmental executive and Health Advantage concludes, based on available information, that the practitioner has been rehabilitated.
M. Alcohol or Drug Abuse	Must refrain from use of any illegal drug or any abuse of alcohol or legal drugs. Practitioners who are currently being treated for substance abuse or who have completed a treatment program, or who are reporting to the Physician's Health Committee (see also "I. License" standard) must submit a letter from their treating physician or the Physician's Health Committee with complete details and verification of compliance with treatment plan(s).
N. Practitioner Impairment	Must be physically and mentally capable to fully perform professional and medical staff duties required to provide medical services to members.
O. Professional Liability Claims History	All applicants must provide a history of professional liability claims, settlements and/or judgments including a complete description and response to inquiries by the Credentialing Committee or Health Advantage.
P. Medicare/Medicaid Sanctions, Fraud, Insurance Program Restrictions or Irregularities	Must not be currently under sanction by Medicare/Medicaid or any other government agency nor be ineligible to participate in any government program for any reason. In addition, Health Advantage reserves the right to review all participating practitioners at any time for suspected fraud or abusive claims practices. Participating practitioners must fully cooperate with Health Advantage in any review of suspected fraudulent or abusive claims activity by responding promptly to information requests, and by making appropriate staff available to address questions or provide data. If fraud or abuse is detected, Health Advantage may terminate network participation, report the fraudulent or abusive activity to state or federal agencies, and pursue other appropriate legal recourse.
Q. Applications, Release and Attestation	All practitioners must complete a standard application and sign and date a release and attestation on forms as required by Health Advantage.
R. Initial Credentialing Decisions	Practitioners who do not meet minimum credentialing criteria as stated above will be excluded from Health Advantage networks. Those determined to have issues regarding qualification or compliance with established standards will be reviewed and approved or denied by the Credentialing Committee, subject only to appeal rights and Health Advantage's right to amend or apply these Standards. Health Advantage reserves the right, in its sole discretion, to decline to present any Applicant to the Credentialing Committee for review.
S. Recredentialing Decisions	Recredentialing of practitioners normally occurs every 24 months. This period could vary in individual cases to allow compliance with regulatory requirements or other unanticipated reasons. Practitioners who do not meet minimum credentialing standards as stated above will be excluded from Health Advantage networks. Those determined to have issues regarding qualification or compliance with established standards will be reviewed and approved or denied by the Credentialing Committee, subject only to appeal rights and Health Advantage's right to amend or apply these Standards. Health Advantage reserves the right, in its sole discretion, to decline to present any Applicant to the Credentialing Committee for review.