

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

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

Review Item(s)	Credentialing Standard
<p><b>A. Office Site Review: All Disciplines</b></p> <p>Required on all Initial credentialing applicants (except facility based practitioners) / re-credentialing applicants may be selected on a random basis.</p>	<p>Performance Scores:            90% - 100% - minor deficiencies or no deficiencies.            80% - 89% - recommendations for improvement.            70% - 79% - requires written response within 30 days. Non compliance may result in denial or removal from the network.            60% - 69% - 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.            Below 60%– 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. US Able Corporation reserves the right to take immediate action up to and including declining the request for network participation or possible termination of current network providers 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><b>B. Clinical/Focused Quality Activities</b></p>	<p>When data is available, Health Advantage may, upon initial credentialing or re-credentialing, consider the relative quality, or lack thereof, of any services provided by any practitioner. Issues concerning quality of services may be submitted by Health Advantage for review at any time (not just upon initial credentialing or re-credentialing) by the Credentialing Committee. Health Advantage may also separately or simultaneously evaluate any quality issues or concerns with respect to any practitioner, and the relative quality, or lack thereof, of any services may be grounds for network participation decisions, including but not limited to denial of participation, termination of participation or limits, restrictions or conditions on network participation.</p>
<p><b>C. Other Networks</b></p>	<p>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.</p>
<p><b>D. DEA</b></p>	<p>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.</p>
<p><b>E. State Disciplinary Board/Commission</b></p>	<p>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.</p>

Review Item(s)	Credentialing Standard
<p><b>F. License</b></p>	<p>(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.</p> <p>(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 there from for the 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.</p> <p>(c) The foregoing notwithstanding, if the only restriction on a practitioner’s license consists of a contract<sup>1</sup> or arrangement 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, or, in the case of non-physicians subject to these standards, a similar monitoring body of the relevant licensing Board or agency, 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"> <li>(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 body or agency for such programs, and</li> <li>(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 body or agency immediate notification of any violation by the practitioner of any contract with the Physician Health Committee or similar monitoring body or 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 relevant licensing Board or agency) is involuntary, i.e., follows disciplinary action or notice from the Board or agency or is imposed by the Board or agency as a condition of revocation or temporary lifting of any Board or agency 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 (or similar monitoring body or agency) program. Any practitioner whose participation in the Physician Health Committee program (or similar program as approved by the relevant licensing Board or agency) is voluntary (i.e., resulting from voluntary contact by the practitioner with the Board or agency or Physician Health Committee (or similar monitoring body or agency) prior to any other disciplinary action or notice from the Board or agency), shall be eligible for consideration for conditional participation in networks or contracts at any time, in the discretion</li> </ul>

Review Item(s)	Credentialing Standard
	<p>of the Credentialing Committee,</p> <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><sup>1</sup> 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 or agency.</p>
<p><b>G. Board Certification</b></p> <p>(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 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.</p>
<p><b>H. Felony Convictions</b></p>	<p>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.</p>
<p><b>I. Alcohol or Drug Abuse</b></p>	<p>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 "F. License" standard) or similar monitoring body or agency must submit a letter from their treating physician or the Physician's Health Committee or similar monitoring body or agency with complete details and verification of compliance with treatment plan(s).</p>
<p><b>J. Practitioner Impairment</b></p>	<p>Must be physically and mentally capable to fully perform professional and medical staff duties required to provide medical services to members.</p>
<p><b>K. Professional Liability Claims History</b></p>	<p>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>
<p><b>L. Medicare/Medicaid Sanctions, Fraud, Insurance Program Restrictions or Irregularities</b></p>	<p>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.</p>
<p><b>M. Applications, Release and Attestation</b></p>	<p>All practitioners must complete a standard application and sign and date a release and attestation on forms as required by Health Advantage.</p>
<p><b>N. Initial Credentialing Decisions</b></p>	<p>Practitioners who do not meet minimum credentialing criteria as stated above will be excluded from Health Advantage networks. Those determined to have issues</p>

Review Item(s)	Credentialing Standard
	<p>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.</p>
<p><b>O. Recredentialing Decisions</b></p>	<p>Recredentialing of practitioners will normally occur every <b>36</b> months. This cycle could vary in individual cases to allow compliance with regulatory requirements or should US Able Corporation decide re-credentialing at an earlier date is necessary. 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.</p>