

**HMO PARTNERS, INC.  
d/b/a HEALTH ADVANTAGE  
PRACTITIONER CREDENTIALING STANDARDS**

**ELIGIBLE DISCIPLINES:**      Chiropractors  
                                                  Optometrists  
                                                  Podiatrists  
                                                  Advance Nurse Practitioners  
                                                  Certified Nurse-Midwives  
                                                  Clinical Nurse Specialists  
                                                  Physicians Assistant

<b>Review Item(s)</b>	<b>Credentialing Standard</b>
<p><b>A. Site Visit Medical Record(s) Review</b></p> <p>Applies to Chiropractors</p> <p>(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. Patient records reflecting compliance with the standards may be requested. 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. Patient records reflecting compliance with standards required. 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. Patient records reflecting compliance with standards required at the end of the 30-day period. 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>B. Office Site Review:</b></p> <p>Applies to Chiropractors</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><b>C. Member Complaints</b></p>	<p>Included in review at recredentialing. Practitioners with 4 or more like complaints per</p>

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(Re-Credentialing Only)	24 month period are brought to the attention of the Credentialing Committee and may result in network restrictions or exclusion, depending on the nature and volume of the complaints. 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.
<b>D. Clinical/Focused Quality Activities</b>	<p>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.</p> <p>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 members who access the Health Advantage networks or other patients, or to the competency or quality of such practitioner.</p>
<b>E. ABCBS Preferred Payment Plan (PPP)</b>	Must participate in the Arkansas Blue Cross and Blue Shield Preferred Payment Plan to be eligible for participation in the Health Advantage networks.
<b>F. Other Networks</b>	All practitioners must participate in the US Able Corporation 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.
<b>G. Collaborating and Supervisory Physician Agreements Required for APNs and PAs</b>	<p>Advanced Practice Nurses (APNs) must have in place at the time of application and continuously maintain thereafter an acceptable collaborating practice agreement with a physician that is currently a participating provider in good standing in the Health Advantage HMO network. Likewise, Physician Assistants (PAs) must have in place at the time of application and continuously maintain thereafter an acceptable Physician Assistant Protocol and Delegation of Services Agreement (supervisory agreement) with their supervising physician, who must also be a participating provider in good standing in the Health Advantage HMO network. If at any time the network status of the collaborating/supervising physician is terminated the network participating status of the APN or PA will also be terminated (unless an acceptable replacement collaborating practice agreement or supervisory agreement with a participating physician is obtained and in place prior to the termination of the collaborating/supervising physician).</p> <p>A fully-executed copy of the current collaborating agreement or the physician assistant protocol and delegation of services agreement must be submitted to the network at the time of initial application or when the agreement changes or is replaced with a new agreement. Upon request, each APN and PA shall be obligated to provide full information to Provider Network Operations ("PNO") regarding the circumstances or status of any collaborative or supervisory agreement or relationship with a collaborating or supervising physician, including but not limited to access to all related records to verify the status, nature or extent of the collaborative or supervisory agreement or relationship. The network sponsoring-organization is not obligated to accept all collaborating practice agreements or supervisory agreements as written, but reserve the right to evaluate whether the terms of such agreements are adequate to ensure proper oversight and management by the collaborating or supervising physician of the activities of the APN or PA. In the event that the network-sponsoring</p>

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	<p>organization or PNO identify any deficiencies in the terms of a collaborating practice agreement or supervisory agreement, the network may decline to admit or to continue participation of any APN or PA in the network, or may condition admission or continue participation upon revisions to the terms of any such agreement. In addition, the network-sponsoring organization, through PNO or otherwise, shall be entitled to review the actual practice activities, oversight and monitoring methods or practices, physical proximity between any APN or PA and their collaborating or supervising physician, and other conditions of the relationship to verify that the written terms of the collaborating or supervisory agreement are, in fact, being fulfilled by both parties to the agreement, and that adequate procedures and protections are in place to ensure proper oversight of the activities of the APN or PA. Should the network-sponsoring organization or its representatives identify any breach or violation of the terms of the collaborating or supervising agreement, or should failure to honor the terms of such agreements come to the attention of the network-sponsoring organization, the network participation of the applicable APN or PA shall be subject to immediate termination for failure to meet network credentialing standards.</p>
<p><b>H. Collaborating and Supervisory Physician specialty match requirements for APNs and PAs</b></p>	<p>The collaborating physician of the APN or the supervising physician of the PA must be skilled and trained in the same scope of practice as the care that will be provided by the APN or PA, i.e., the network-sponsoring organization requires that the practice specialty or scope of actual practice of the collaborating or supervising physician must match the practice specialty or scope of actual practice in which the APN or PA is engaged or intends to engage. By way of example only, the following are acceptable arrangements: PAs acting as an assistant at surgery who have a supervisory agreement with the operating surgeon; a Clinical Nurse Specialist certified in Adult Psychiatric and Mental Health who maintains an acceptable collaborating agreement with a psychiatrist. The following are some examples of arrangements that would not be because they fail to properly match the skill and training of the collaborating or supervising physician with the practice activities of the APN or PA, as required under this network credentialing standard: PAs providing pediatric care who are proposed to be supervised by a general surgeon. A Certified Nurse Midwife who proposes to maintain a collaborating agreement with a cardiologist. These examples should not be considered as an all inclusive listing of acceptable or non-acceptable arrangements and the network will apply this standard based on the professional training of both the applicant and the collaborating/supervising physician. All APN or PA applicants or network participants and their collaborating or supervising physicians must agree to provide full access to all records and premises, as requested by the network-sponsoring organization or PNO, as deemed necessary by PNO to evaluate whether the skill and training of a collaborating or supervising physician matches the actual practice activities of the APN or PA, so as to meet this network credentialing standard.</p>
<p><b>I. DEA</b></p>	<p>All Podiatrists, Optometrists, Physicians Assistants and Advanced Practice Nurses who prescribe medication must have an active Drug Enforcement Agency certificate.</p>
<p><b>J. 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>
<p><b>K. 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</p>

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	<p>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. Optometrists must be licensed as an "Optometric Physician." Advanced Practice Nurses are required to possess prescriptive authority.</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 therefrom 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. 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 contract<sup>1</sup> with a monitoring body approved by the Practitioner's licensing Board to perform practitioner 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"> <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 approved monitoring body,</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 monitoring agency immediate notification of any violation by the practitioner of any contract with the 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 a monitoring program is involuntary (i.e., follows disciplinary action or notice from the licensing Board or is imposed by the Board as a condition of staying 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 monitoring program. Any practitioner whose participation in the monitoring program is voluntary (i.e., resulting from voluntary contact by the practitioner with the Board 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.</li> </ul> <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</p>

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	revocation or suspension of license by the Board.
<b>L. Additional license and certification requirements</b>	<p>The following practitioners are required to maintain the following licensure status or professional certification in addition to basic licensure:</p> <ul style="list-style-type: none"> <li>• Advanced Nurse Practitioners and Clinical Nurse Specialists must hold a certificate of prescriptive authority and have a written collaborative practice agreement with their supervising physician.</li> <li>• Optometrists must be licensed as an “Optometric Physician.”</li> </ul>
<b>M. Independent Practice</b>	<p>Except for APNs and PAs (who must meet collaborating or supervising physician requirements stated elsewhere herein), Practitioner must present himself/herself to the community as a separately identifiable individual practitioner or group practice that clearly separates his/her services from those provided by like employees of a facility or institution. An example of this is a separate clearly identifiable professional office with signage identifying the practitioner practicing at this location.</p>
<b>N. Felony Convictions</b>	<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>
<b>O. Alcohol or Drug Abuse</b>	<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 a monitoring body approved by the Practitioner’s licensing Board (see also “H. License” standard) must submit a letter from their treating physician or the monitoring body approved by the Practitioner’s licensing Board with complete details and verification of compliance with treatment plan(s).</p>
<b>P. Practitioner Impairment</b>	<p>Must be physically and mentally capable to fully perform professional and medical staff duties required to provide medical services to members.</p>
<b>Q. Professional Liability Claims History</b>	<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>
<b>R. Medicare/Medicaid Sanctions, Fraud, Insurance Program Restrictions or Irregularities</b>	<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>
<b>S. Applications, Release and Attestation</b>	<p>All practitioners must complete a standard application and sign and date a release and attestation on forms as required by Health Advantage.</p>
<b>T. Initial Credentialing Decisions</b>	<p>Practitioners who do not meet minimum credentialing criteria as stated above will be excluded from the Health Advantage HMO network. 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>
<b>U. Recredentialing Decisions</b>	<p>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 the Health Advantage HMO network. Those</p>

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	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.