

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

**ELIGIBLE DISCIPLINES:** Physical Therapists  
Occupational Therapists  
Speech Pathologists  
Audiologists  
Licensed Professional Counselors  
Respiratory Therapists  
Licensed Certified Social Workers  
Licensed Psychological Examiners  
Licensed Dieticians  
Certified Orthotists  
Certified Prosthetists

<b>Review Item(s)</b>	<b>Credentialing Standard</b>
<b>A. Member Complaints</b>  (reviewed at recredentialing)	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 and/or volume of complaints. These complaints will automatically be presented to the Credentialing Committee when 4 complaints are received within the most recent 24 months. . 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>B. Clinical/Focused Quality Activities</b>  (reviewed at recredentialing)	Usually used at re-credentialing only but may be used at initial credentialing if data is 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.
<b>C. 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 Health Advantage networks.
<b>D. Other Networks</b>	All practitioners must participate in the USAble 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>E. State Disciplinary Board/Commission</b>	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

Review Item(s)	Credentialing Standard
	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.
<b>F. License</b>	<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 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</p>

Review Item(s)	Credentialing Standard
	standards  <sup>1</sup> <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 licensing board.</u>
<b>G. Additional license and certification requirements</b>	The following practitioners are required to maintain the following licensure status or professional certification in addition to basic licensure: <ul style="list-style-type: none"> <li>• Physical Therapists must possess at least one advanced licensure/certification and be in good standing with the American Board of Physical Therapy Specialties.</li> <li>• Occupational Therapists must possess at least one advanced licensure/certification and be in good standing with the Occupational Therapy Association Specialties Board.</li> <li>• Registered Dieticians performing diabetic education must be a registered category I professional member of the American Diabetes Association.</li> </ul>
<b>H. Independent Practice</b>	Practitioners agree services will be provided in an independent setting, not associated with the delivery of patient services in a facility setting. 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(s) practicing at this location.
<b>I. Felony Convictions</b>	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.
<b>J. Alcohol or Drug Abuse</b>	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 or a similar monitoring body approved by the practitioner's licensing board to provide practitioner monitoring services (see also "F. License" standard) must submit a letter from their treating physician or the Physician's Health Committee or a similar monitoring body approved by the practitioner's licensing board to provide practitioner monitoring services, with complete details and verification of compliance with treatment plan(s).
<b>K. Practitioner Impairment</b>	Must be physically and mentally capable to fully perform professional and medical staff duties required to provide medical services to members.
<b>L. Professional Liability Claims History</b>	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.
<b>M. Medicare/Medicaid Sanctions, Fraud, Insurance Program Restrictions or Irregularities</b>	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.
<b>N. Applications, Release and Attestation</b>	All practitioners must complete a standard application and sign and date a release and attestation on forms as required by Health Advantage.
<b>O. Initial Credentialing Decisions</b>	Practitioners who do not meet minimum credentialing criteria as stated above will be excluded from Health Advantage networks. Those determined to have issues

Review Item(s)	Credentialing Standard
	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.
<b>P. Recredentialing Decisions</b>	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.