



## **CREDENTIALING CRITERIA FOR PARTICIPATION**

PPNI's credentialing criteria meets and exceeds the Association of Managed Healthcare Organizations (AMHO) (formerly AAPPO) standards. All providers must go through an extensive credentialing process at the time of application prior to acceptance into the CorCare network and on a regularly scheduled on-going basis.

Credentialing is completed in the local offices using the credentialing software developed by PPNI for this purpose. Any providers who do not meet PPNI's credentialing standards must be referred to and reviewed by the local Provider Network Quality Assurance Committee.

### **Hospitals**

Must be JCAHO and Medicare certified. Copies of these accreditations/certifications will be obtained at time of application. For small and/or rural hospitals, JCAHO accreditation may be waived following review by the Provider Network Quality Assurance Committee.

Must have adequate professional liability insurance and/or self-insurance plan that is consistent with community standards for each type of facility.

Must have written Hospital By-Laws including professional/physician staff requirements.

### **Physicians**

Licensure: A copy of a current license to practice medicine must be provided. There can be no restrictions to practice medicine.

Federal DEA/BNDD: A copy of a current DEA/BNDD certificate is obtained. This certificate cannot be restricted or limited in any way. This requirement may be waived for those specialties (e.g. pathologists, radiologists) who do not prescribe controlled medications upon review and approval by the local Provider Network Quality Assurance Committee.

Professional Liability Insurance: A copy of the current Certificate of Insurance (COI) is obtained. Physicians must carry a minimum of \$1 million per occurrence and \$3 million aggregate (\$1m/\$3m) professional liability coverage.

Malpractice Suit History: Physicians may not have had more than three (3) undefended malpractice suits within the past five (5) years. If pending or prior claims are indicated, physicians must include a completed Malpractice Claims Information Form with his/her application and request written documentation from the appropriate insurance carrier be submitted to PPNI with the following information included:

- a) Patient's Name, Age and Sex
- b) Diagnosis
- c) Date of Incident
- d) Date suit filed

- e) Additional defendants named
- f) Description of allegations
- g) Status of suit
- h) Amount of judgment/settlement

Hospital Affiliations: Physicians must maintain active hospital privileges at a hospital participating in the CorCare network with no past revocation, suspension or limitation of hospital privileges. This requirement may be waived for physicians who do not routinely admit patient to hospitals (e.g. allergists, dermatologists, etc.).

Board Certification: Board certification for specialists is required. A copy of this certificate must be provided to PPNI at time of application. This requirement may be waived only if the physician is Board Eligible and he/she meets each of the following conditions:

- a) Eligibility has been less than 5 years
- b) Physician has 10 years experience in his/her specialty
- c) Completed a U.S. or Canadian residency
- d) Meets all other credentialing criteria

This requirement may be waived upon approval of the QA Committee if the specialty is essential to provide complete healthcare services in a particular service area.

Medicare/Medicaid Status: Physician must be in good standing with the Medicare or Medicaid programs with no past sanctions or suspension.

Continuing Education: Physicians must comply with specific state requirements as applicable to continuing education.

Personal Background:

- a) No past disciplinary action by hospital, medical society, licensing board or regulatory body within the past ten (10) years. All offices must reference the Questionable Doctors Manual published by the Public Citizen Health Research Group to verify that the physician has not been listed.
- b) No treatment of chemical dependency, substance abuse or mental disorders within the past 10 years. This criteria may be waived in extenuating circumstances upon approval of the Provider Network Quality Assurance Committee upon receipt of documentation that treatment has been successful and there are no restrictions on the applicant's license or DEA/BNDD certificate.
- c) No past felony convictions.

Professional References: All physicians must provide three (3) professional references. These references are contacted by PPNI to discuss the applicant's practice.

## **Chiropractors**

Licensure: A copy of a current license to practice chiropractic medicine is obtained. There can be no restrictions to practice.

Professional Liability Insurance: A copy of a current COI is obtained. Chiropractors must carry a minimum of \$200,000 per occurrence and \$600,000 aggregate (\$200,000/\$600,000) professional liability coverage.

Malpractice Suit History: Chiropractors may not have had more than three (3) undefended malpractice suits within the past five (5) years. If pending or prior claims are indicated,

chiropractors must include a completed Malpractice Claims Information Form with his/her application and request written documentation from the appropriate insurance carrier be submitted to PPNI with the following information included:

- a) Patient's Name, Age and Sex
- b) Diagnosis
- c) Date of Incident
- d) Date suit filed
- e) Additional defendants named
- f) Description of allegations
- g) Status of suit
- h) Amount of judgment/settlement

Medicare/Medicaid Status: Chiropractors must be in good standing with the Medicare or Medicaid programs with no past sanctions or suspension.

Continuing Education: All chiropractors must complete a minimum of 12 Continuing Education Credits every two (2) years.

Personal Background:

- a) No past disciplinary action by hospital, medical society, licensing board or regulatory body within the past ten (10) years. All offices must reference the Questionable Doctors Manual published by the Public Citizen Health Research Group to verify that the chiropractor has not been listed.
- b) No treatment of chemical dependency, substance abuse or mental disorders within the past 10 years. This criteria may be waived in extenuating circumstances upon approval of the Provider Network Quality Assurance Committee upon receipt of documentation that treatment has been successful and there are no restrictions on the applicant's license.
- c) No past felony convictions.

Professional References: All chiropractors must provide three (3) professional references. These references are contacted by PPNI to discuss the applicant's practice.

### **Allied Healthcare Professionals**

Licensure: A copy of a current license/certificate is obtained. There can be no restrictions to practice.

Professional Liability Insurance: Must maintain professional liability insurance in accordance with state/industry norms for provider's profession. A copy of a current COI is obtained.

Malpractice Suit History: Provider may not have had more than three (3) undefended malpractice suits within the past five (5) years. If pending or prior claims are indicated, provider must include a completed Malpractice Claims Information Form with his/her application and request written documentation from the appropriate insurance carrier be submitted to PPNI with the following information included:

- a) Patient's Name, Age and Sex
- b) Diagnosis
- c) Date of Incident
- d) Date suit filed
- e) Additional defendants named
- f) Description of allegations

- g) Status of suit
- h) Amount of judgment/settlement

Medicare/Medicaid Status: Provider must be in good standing with the Medicare or Medicaid programs with no past sanctions or suspension.

Personal Background:

- a) No past disciplinary action by hospital, licensing board or regulatory body within the past ten (10) years
- b) No treatment of chemical dependency, substance abuse or mental disorders within the past 10 years. This criteria may be waived in extenuating circumstances upon approval of the Provider Network Quality Assurance Committee upon receipt of documentation that treatment has been successful and there are no restrictions on the applicant's license.
- c) No past felony convictions.