PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA
An Independent Licensee of the Blue Cross Blue Shield Association

Credentialing Criteria and Standards

All healthcare practitioners/providers must meet (as applicable) and maintain the following credentialing standards to be accepted or continue as a network practitioner/provider. Our Credentialing Committee uses these standards in making credentialing decisions.

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<tr><th>REVIEW ITEM(S)</th><th>SOURCE OF INFORMATION AND/OR DATA</th><th>STANDARD</th><th>CREDENTIALING COMMITTEE ACTION</th></tr>
<tr><td>1. REVIEW OF MEMBER COMPLAINTS</td><td>• Member complaint data is collected by the Complaints and Appeals Department and reviewed by the Quality Program Department.</td><td>Applies to all practitioners/providers.
Collection and review of member complaint data.
Member complaints shall be reviewed by the Credentialing Committee if there are two or more member complaints within a 6-month period.</td><td>Credentialing Committee reviews member complaints as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.</td></tr>
<tr><td>2. REVIEW OF ADVERSE QUALITY OF CARE ISSUES</td><td>• Potential quality of care issues are reviewed by the Quality Program Department.
• Network Development
• Medical Director(s)</td><td>Applies to all practitioners/providers.
Potential quality of care issues are reviewed by the Quality Program Department in consultation with the medical director. The Quality Program Department assigns a severity level. Severity levels are as follows:
<table>
<tr><th>Level</th><th>Classification</th><th>Definition</th></tr>
<tr><td>0</td><td>No error, no harm</td><td>No error in the care process, without harm</td></tr>
<tr><td>1</td><td>No error, adverse event</td><td>No error in the care process, with harm</td></tr>
<tr><td>2</td><td>Error, or appearance of error, no harm</td><td>An error (action or medication) occurred, but did not result in harm</td></tr>
<tr><td>3</td><td>Error, harm</td><td>Death, injury or impairment from an action or medication causing complications or risk</td></tr>
</table></td><td>Credentialing Committee reviews level 2 and level 3 qualities of care issues to ratify the medical director's assignment of the severity level and assess for continued participation in our networks.</td></tr>
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REVIEW ITEM(S)	SOURCE OF INFORMATION AND/OR DATA	STANDARD	CREDENTIALING COMMITTEE ACTION
3. LICENSE	• Practitioner application • Licensing agency	Must have a valid, current license.	Credentialing Committee reviews license issues as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.
4. HOSPITAL ADMITTING PRIVILEGES OR IN-PATIENT COVERAGE PLAN A coverage plan means that one or more credentialed practitioner(s) with hospital admitting privileges have agreed to admit and manage patients in a hospital on behalf of the practitioner who doesn't have admitting privileges.	• Practitioner application • The Data Bank • Admitting hospital • State Disciplinary Board/Quality Assurance Commission • Inpatient coverage plan	Must have active admitting privileges in good standing at an admitting facility, or have an in-patient coverage plan as applicable. No loss or restrictions/limitations on admitting privileges. An acceptable coverage plan includes participation/management of care from a hospitalist or hospitalist group. Practitioners of obstetric services are required to have hospital admitting privileges or admit through a physician(s) with obstetric privileges at that facility. Midwives who don't have admitting privileges must complete the Company's coverage form. Applies to MDs/DOs/DPMs/Oral Surgeons with medical contracts/PAs, Midwives and ARNPs who are acting as PCPs.	Credentialing committee reviews any hospital privilege issues or lack of admitting privileges as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.

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5. ACTIVE DRUG ENFORCEMENT AGENCY (DEA) OR DEA COVERAGE PLAN A coverage plan is one or more credentialed practitioner(s) agreeing to write all prescriptions on behalf of the practitioner until the practitioner has a valid DEA certificate. The covering practitioner(s) is participating with the Company.	• Practitioner application • DEA certificate • DEA Data files-CSA National Technical Information Service (NTIS) printout	Must have a valid DEA.	Credentialing Committee reviews issues related to DEA as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.
6. FELONY CONVICTION	• Practitioner application • The Data Bank • Newspaper articles State Disciplinary Board	No felony convictions.	Credentialing Committee reviews any felony conviction as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.
REVIEW ITEM(S)	**SOURCE OF INFORMATION AND/OR DATA**	**STANDARD**	**CREDENTIALING COMMITTEE ACTION**

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7. ALCOHOL OR DRUG ABUSE	• Practitioner application • State Disciplinary Board • Newspaper articles	No evidence of ongoing alcohol or drug abuse.	Credentialing Committee reviews the issue as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.
8. PRACTITIONER IMPAIRMENT	• Practitioner application • State Disciplinary Board	No physical or mental impairment which prevents adequate care.	Credentialing Committee reviews the issue as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.
9. MINIMUM MALPRACTICE INSURANCE COVERAGE	• Practitioner application • Practitioners' malpractice face sheet • Self-insured documentation	Required malpractice limits. **Practitioners (MD, DO, DPM, DDS, DMD, Midwives, Nurse Practitioners and PAs with PCP specialty)** $1,000,000 per incident; $3,000,000 per aggregate. **<u>Allied Health Practitioners</u>** a. Chiropractors $200,000 per incident; $600,000 per aggregate. b. Physical Therapist Occupational Therapist Optometrist Psychologist Master Level Therapist and other non-PCP specialists $1,000,000 per incident; $1,000,000 per aggregate c. Unique demographic/geographic consideration given in cases which serve the best interest of subscribers/members for adequate access to care. Exceptions to the malpractice insurance limit requirement will be at the discretion of a medical director.	N/A

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10. PROFESSIONAL LIABILITY CLAIMS HISTORY	• Practitioner application • Malpractice carrier • The Data Bank • State Disciplinary Board	Malpractice actions settled against the practitioner don't suggest any pattern of significant risk to The Company's membership.	Credentialing Committee reviews the malpractice experience as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.
11. PATTERN(S), BEHAVIOR(S) OR MISREPRESENTATION(S) WHICH IS A CAUSE OF CONCERN IN THE COMMITTEE'S JUDGMENT Including but not limited to: Complaints Allegations Incidents Issues Failure to deliver quality service/care Failure to meet standard of care Boundary issues Providing services outside the scope of malpractice coverage	• Practitioner application • Practitioners' communication • Member complaints • Malpractice carrier • The Data Bank • State Disciplinary Board	No history of a pattern(s), behavior(s) or misrepresentation(s) which is a cause of concern for the committee. This includes but isn't limited to complaints, allegations, incidents, medical necessity, issues, or failure to deliver quality service/care.	Credentialing Committee reviews the patterns, behaviors, or misrepresentation as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.
12. FRAUD AND/OR ABUSE OR OTHER BILLING IRREGULARITIES Including but not limited to: Provider up-coding Incorrect use of modifiers Incorrect coding Billing for services not rendered Billing for services when unlicensed Medicare/Medicaid sanctions	• Practitioner application • State Disciplinary Board • The Data Bank • Special Investigation Unit • Sanction check • Newspaper articles	No evidence of fraud and/or abuse and/or other billing irregularities that result in inappropriate payment.	Credentialing Committee reviews the billing irregularities as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.

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13. STATE/FEDERAL ACTIONS AND/OR DISCIPLINARY BOARD ACTIONS	• Practitioner application • The Data Bank • State Department of Licensing • State Disciplinary Board • Newspaper articles • OIG • SAM/EPLS • Medicare Opt Out	No State/Federal Disciplinary Board action(s) and/or sanction(s).	Credentialing Committee reviews the board action as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.
14. SEXUAL MISCONDUCT	• Practitioner application • State Department of Licensing • State Disciplinary Board • Newspaper articles	No sexual misconduct.	Credentialing Committee reviews the issue as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.
15. COMPLIANCE WITH CREDENTIALING/RECREDENTIALING AND NOTIFICATION REQUIREMENTS IN CONTRACT	• State Disciplinary Board • Newspaper articles • Practitioner application	Must comply with contractual requirements, including requests for credentialing and recredentialing materials.	Credentialing Committee reviews the issue as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.
16. NATIONAL PRACTITIONER DATA BANK (NPDB)	• NPDB	No adverse NPDB Reports.	Credentialing Committee reviews the issue as part of the credentialing and recredentialing process and may be the basis for denial or termination from our networks.

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