Arkansas Blue Cross Credentialing Standards for all eligible disciplines

PRACTITIONER CREDENTIALING STANDARDS APPLICABLE TO ALL INDIVIDUAL NETWORK PARTICIPANTS AND APPLICANTS FOR THE PREFERRED PAYMENT PLAN NETWORK, BLUEMEDICARE PFFS, BLUEMEDICARE USABLE HMOS NETWORKS OF ARKANSAS BLUE CROSS AND BLUE SHIELD.

Note: references herein to "network" or "networks" shall mean Arkansas Blue Cross and Blue Shield and shall include any network sponsored by Arkansas Blue Cross and Blue Shield

NOTE ON UPDATES: The following information may contain additions and changes to previously published network credentialing standards. Such changes are considered to be effective immediately upon publication in Providers' News, posting to the ABCBS website, or distribution in other media, unless otherwise specifically stated.

ELIGIBLE DISCIPLINES

- Physician
  - Medical Doctor
  - Doctor of Osteopathy
- Advance Practice Registered Nurse (APRN)
  - Certified Nurse Practitioner
  - Certified Nurse-Midwife
  - Certified Registered Nurse Anesthetist
  - Clinical Nurse Specialist
- Audiologist
- Behavioral Analyst
- Chiropractor
- Dietician
- Doula
- Lactation Consultants
- Licensed Alcohol and Drug Counselor
- Licensed Certified Social Worker
- Licensed Marriage and Family Therapist
- Licensed Psychological Practitioner
- Occupational Therapist
- Optometrist
- Pathologist
- Pharmacist
- Physical Therapist
- Physician Assistant
- Podiatrist
- Professional Counselor
- Psychological Examiner
- Psychologist
- Respiratory Therapist
- Speech Language Pathologist Pathologist

CATEGORY	CREDENTIALING STANDARD
A. Office Site Review: All Disciplines **Required on all Initial credentialing applicants' primary practice location (except the following MD/DO specialties:** ▪ Anesthesiology ▪ Emergency Medicine ▪ Hospitalist ▪ Neonatology ▪ Pathology ▪ Diagnostic Radiology ▪ CRNA ▪ ANY re-credentialing applicants may be selected on a random basis(*)	**Performance Scores:** 90% -100% - minor deficiencies or no deficiencies. 80% - 89% - recommendations for improvement. Below 80% -FAILURE, ineligible for network participation until passing score is achieved Corrective Action Plan required for failing score of <80% and/or unmet critical elements Note: The foregoing is the process for routine office site review. Arkansas Blue Cross and Blue Shield (ABCBS) 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. *(*) Applicants who are employed by a network participating hospital or an organization that has contracted with ABCBS to conduct delegated credentialing may be exempted from the site visit requirement on Initial credentialing if the hospital or delegated organization provides written certification of the applicant's compliance with all network site visit survey standards.*
B. Clinical/Focused Quality Activities	When data is available, ABCBS may, upon initial credentialing, re-credentialing, or ongoing monitoring, consider the relative quality, or lack thereof, of any services provided by any practitioner. Issues concerning quality of services may be submitted by ABCBS for review at any time (not just upon initial credentialing or re-credentialing) by the Credentialing Committee. ABCBS 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.

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C. DEA and Arkansas Prescription Monitoring Program	All practitioners are responsible for complying with all applicable state and federal laws and regulations related to the prescribing and administration of medications. This includes a network requirement (consistent with applicable law) that applicants or current network participants who prescribe or intend to prescribe controlled medications must hold an active Drug Enforcement Agency and Bureau of Narcotics ("BON") (in applicable states) certificate in good standing. In addition, applicants and current network participating practitioners who hold an active DEA certificate must be registered with the Arkansas Prescription Monitoring Program as a condition of network participation. A practitioner whose DEA certificate or Bureau of Narcotics certificate (in applicable states) is subject to any Action (as hereinafter defined) shall lose eligibility to participate in the network and shall be terminated therefrom for a period of 180 days during which time the network will assess whether, based on all the circumstances, including but not limited to any appeal arguments or documentation presented by the practitioner, the practitioner's lack of a DEA/Bureau of Narcotics certificate constitutes a quality or competency concern or whether the circumstances are such that the practitioner's loss of a DEA/Bureau of Narcotics certificate through an Action does not implicate quality or competency concerns for the practitioner's continued in-network status. At the end of the 180-day network exclusion, if the network concludes that the loss of DEA certificate or Bureau of Narcotics certificate constitutes a quality or competency concern, the practitioner's network exclusion shall be extended until the earlier to occur of (i) the date the Action has been resolved by restoration of the practitioner to pre-Action DEA/Bureau of Narcotics status; or (ii) the date the network concludes, based on all the circumstances, that despite the lack of full restoration to pre-Action status of the DEA/Bureau of Narcotics certificate, the practitioner's lack of the certificate no longer implicates a quality or competency concern. For purposes of this standard, "Action" means any voluntary or involuntary surrender, restriction, limitation, suspension or revocation of a DEA or BON certificate, including but not limited to any arrangement whereby the practitioner agrees to a surrender, restriction, limitation, suspension or revocation of the DEA or BON certificate, or any arrangement whereby practitioner's use of the DEA or BON certificate is limited or restricted (voluntarily or involuntarily) in terms of the scope or classifications of medications that may be prescribed, the location(s) or conditions under which the DEA or BON certificate may be utilized to legally prescribe medications, or the length of time that the DEA or BON certificate may be utilized without further review or approval from any government agency or disciplinary board or program.

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	Any practitioner whose DEA or BON certificate is subject to any Action must give written notice of the same to the network not later than five business days following the Action, and failure to promptly provide such notice shall, in itself, constitute separate grounds upon which network participation may be denied or terminated. The preceding notwithstanding, the network recognizes one exception under which a practitioner who has been subject to an Action may, in the judgment of the network, remain eligible for network participation and not be excluded from the network as otherwise provided above: if the practitioner is actively enrolled in and fully compliant with all terms of a practitioner health/rehabilitation program that is officially sanctioned and overseen by the practitioner's applicable disciplinary board or agency and such practitioner is (i) otherwise in good standing with the practitioner's applicable disciplinary board or agency; and (ii) otherwise in good standing with all regulatory authorities and state and federal agencies and programs, including but not limited to Medicaid and Medicare; and (iii) otherwise in good standing with the network and in compliance with all other terms and conditions of the practitioner's network participation agreement and network terms and conditions; and (iv) practicing with competence and quality and in a manner that does not pose a risk of harm to the network's members, as determined in the network's sole discretion.
D. Collaborating and Supervisory Physician Agreements Required for APRNs, Pas, Lactation Consultants and certain other practitioners	Certified Nurse Practitioners (CNPs), Certified Nurse Midwifes (CNMs), Clinical Nurse Specialists (CNSs) and Physician Assistants (PAs), (collectively referred to as "Extender"), must hold a certificate of prescriptive authority and maintain a Collaborating Practice Agreement, with Quality Assurance Plan, or Physician Assistant Protocol and Delegation of Services Agreement, which meets all the requirements of their respective licensing board, with a collaborating/supervising physician that is currently a participating provider in good standing in the network (unless the applicable state licensing board or agency has deemed you exempt from this requirement). The collaborating or supervising physician must be skilled and trained in the same scope of practice as the care that will be provided by the CNP, CNM, CNS or PA, i.e., the network 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 CNP, CNM, CNS or PA is engaged or intends to engage.

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	Lactation Consultants holding a Certified Breastfeeding Counselor certification by the international Breastfeeding Institute or a Certified Lactation Counselor certified by the Academy of Lactation Policy and Practice, must be employed by one of the following, in-network providers: a. An agency led by an International Board-Certified Lactation consultant b. A physician, advance practice nurse, or a physician assistant c. A local health unit, d. A hospital If at any time the network participation status of the collaborating/supervising physician is terminated, the Extender will have 30 days to replace the collaborating/supervising physician with a physician contracted and in good standing in the network. If lack of a collaborating /supervising physician is not cured within 30 days of the physician's termination date, the Extender will be terminated. Upon request, each Extender shall be obligated to provide a complete copy of the current agreement with the collaborating/supervising physician to the network , including any information or documentation 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 is not obligated to accept all collaborating practice or supervisory agreements, as written, but reserves 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 Extender. In the event that the network identifies 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 Extender in the networks, or may condition admission or continued participation upon revisions to the terms of any such agreement. In addition, the network shall be entitled to review the actual practice activities, oversight and monitoring methods or practices, physical proximity between any Extender 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, protocols and protections are in place to ensure prop oversight of the activities of the Extenders. Should the network or its representatives identify any breach or violation of the terms of the collaborating or

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	should failure to honor the terms of such agreements come to the attention of the network, the network participation of the applicable Extender shall be subject to immediate termination for failure to meet network credentialing standards.
E. License	All participating practitioners must maintain a license in good standing with the applicable disciplinary board or licensing or oversight agency. So long as the practitioner is permitted by the applicable disciplinary board or licensing or oversight agency to retain any form of license and to continue practicing thereunder, the practitioner shall be deemed to hold a license in good standing for purposes of this network license requirement, provided only that in any case where discipline or conditions have been imposed by the applicable disciplinary board or licensing or oversight agency, a practitioner must comply with all requirements and conditions of the applicable disciplinary board or licensing or oversight agency in order to retain network eligibility under this license standard.
F. Additional license and certification requirements for Registered Dieticians and Pharmacists	The following practitioners are required to maintain the following licensure status or professional certification in addition to basic licensure: ▪ Registered Dieticians performing diabetic education must be a registered category I professional member of the American Diabetes Association. ▪ Pharmacists must possess the additional license certification for the authority to administer medications / immunizations which requires the following: **1.** Successfully completion of a Pharmacy Board-approved course of study, examination and certification related to immunization; **2.** Obtain and maintain current certification in cardiopulmonary resuscitation (CPR) or basic cardiac life support (BCLS); **3.** Successfully complete one (1) hour of CE related to immunization every year.
G. Independent Practice	Practitioner agrees 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 practicing at this location.

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H. Board Certification / Residency Training (Applies to MD's and DO's)	Recognized certifying Boards for 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 have completed an ABMS or AOA approved residency/fellowship are not considered to have an issue which requires presentation to the Credentialing Committee. However, Physicians 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 may, in its sole discretion, recommend 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 may be restricted in participation. Physicians who are in the process of residency/fellowship training for a specialty are not eligible to be admitted to the networks as specialists until successful completion of such residency/fellowship, but, after completion of their second year in such residency/fellowship program, may apply for provisional admission to the networks as General Practitioners, pending completion of the residency/fellowship for the requested specialty, subject to the following conditions: (a) admission as a General Practitioner shall be at the discretion of the Credentialing Committee; and (b) the applying physician must, at the time of application, have successfully completed two years in the applicable specialty residency program, and be in good standing with such residency program; and (c) the applying physician must agree in writing to limit her/his network practice during such pre-residency/fellowship completion period to performing only such services/treatments as a non-specialist, General Practitioner would perform, i.e., the applying physician must agree not to perform or bill for any specialty services to network members during such pre-residency/fellowship completion period; and (d) the applying physician must agree to restrict the location of his/her practice during the pre-residency/fellowship completion period to the emergency department of a network-participating hospital or to an urgent care clinic approved by the network.

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I. Felony Convictions	Must have no felony convictions or guilty pleas. Three exceptions may be recognized, in the sole discretion of the network, in the following circumstances: a. **Pardon**: If the practitioner has been pardoned by the appropriate governmental executive and the network concludes, based on available information, that the practitioner has been rehabilitated; or b. **Exemplary Conduct Over Time**: If at least 10 years have elapsed since the felony conviction or guilty plea, during which the practitioner has demonstrated exemplary conduct with no additional infractions of the law, provided the practitioner furnishes references or other documentation satisfactory to the network to establish that the practitioner has been fully rehabilitated. c. **Proof of Reversal/Withdrawal/Dismissal of Charges**: If the practitioner presents sufficient documentation that the felony charges on which a conviction or guilty plea was based have been finally reversed, withdrawn or dismissed by either the order of a court of competent jurisdiction, or by official withdrawal/dismissal action and public notice of the applicable prosecutor, as accepted by the applicable court of competent jurisdiction. The preceding notwithstanding, the network reserves the right to refuse network participation to any practitioner with a felony conviction or guilty plea, regardless of any pardon, the passage of time, or any claim of rehabilitation, including but not limited to any case in which a felony conviction or guilty plea involves fraudulent submission of insurance or health plan claims, or egregious crimes causing serious physical or psychological injury to patients or other individuals.

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J. Use or Abuse of Drugs, Alcohol or other Substances	Practitioners shall not use illegal drugs or substances and shall not abuse alcohol or legal drugs. Practitioners whose use or abuse of any drug or substance, whether legal or illegal, interferes with or impairs their ability to practice medicine or deliver health care services in accordance with accepted standards of care, leads to a lapse in quality, competency or professionalism, or poses a risk to the health or safety of any patient or the public, may be excluded from network participation until such time as they can demonstrate adequate rehabilitation and assurance of appropriate conduct. At a minimum, any practitioner exhibiting substance abuse problems or impairment due to legal or illegal use of alcohol or drugs must establish that he or she has enrolled in a recognized, supervised treatment program approved by the Arkansas State Medical Board or the practitioner's equivalent licensing authority, and must show full compliance with the requirements of any such treatment program. The network-sponsoring organizations may require a minimum period of successful participation in a treatment program before an impaired practitioner is eligible for admission or reinstatement to network participation.
K. Practitioner Impairment	Must be physically and mentally capable to fully perform professional and medical staff duties required to provide medical services to members.
L. Professional Liability Claims History	All applicants and network participants must provide a history, with complete description, of all professional liability claims or lawsuits in which the applicant/participant has been accused of professional malpractice or misconduct and in which (i) an award, fine, penalty or judgment has been entered against the applicant/participant or (ii) a settlement amount has been paid by the applicant/participant or by any person or insurer on the applicant/participant's behalf. Applicants/participants must respond timely to all inquiries made by the Credentialing Committee, the network, or Provider Network Operations for additional details of malpractice suits filed. Any applicant/participant may be excluded or terminated from the network based on the above-described history of professional liability claims or lawsuits if, in the judgment of the network, such history and the circumstances of the claims or lawsuits involved indicate a deficiency in the applicant/participant's quality or competency of services, conduct or judgment, or that the applicant/participant failed to meet the applicable standard of care.

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M. Medicare/Medicaid Sanctions, Fraud, Insurance Program Restrictions or Irregularities	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, ABCBS reserves the right to review all participating practitioners at any time for suspected fraud or abusive claims practices. Participating practitioners must fully cooperate with ABCBS 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, ABCBS may terminate network participation, report the fraudulent or abusive activity to state or federal agencies, and pursue other appropriate legal recourse.
N. Applications, Release and Attestation	All practitioners must complete a standard application and sign and date a release and attestation on forms as required by ABCBS and the Arkansas State Medical Board (for Arkansas MDs and DOs).
O. Initial Credentialing Decisions	Practitioners who do not meet minimum credentialing criteria as stated above will be excluded from the ABCBS 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 ABCBS's right to amend or apply these Standards. ABCBS reserves the right, in its sole discretion, to decline any application that does not meet all credentialing standards and terms and conditions for network participation.
P. Recredentialing Decisions	Recredentialing of practitioners will normally occur every 36 months. This cycle could vary in individual cases to allow compliance with regulatory requirements or should ABCBS decide re-credentialing at an earlier date is necessary. Practitioners who do not meet minimum credentialing standards as stated above will be excluded from the ABCBS 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 ABCBS's right to amend or apply these Standards. ABCBS reserves the right, in its sole discretion, to decline any application that does not meet all credentialing standards and terms and conditions for network participation.