



POLICY TYPE:

Corporate

Divisional

EFFECTIVE DATE:

November 2007

INITIAL APPROVAL DATE:

November 2007

NEXT REVIEW DATE:

May 2017

POLICY NUMBER:

7700.8

REVISION APPROVAL DATE:

11/08, 12/09, 12/10, 11/11, 11/12, 4/13, 11/13, 11/14, 11/15, 6/16

APPLIES TO PRODUCT TYPE:

Medi-Cal

CMC

PAGE:

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POLICY APPLIES TO: **Operations, Health Care Services, Managed Care Services, Provider Manuals**

CLASSIFICATION SERIES:

Operations

SUBJECT:

Minimum Practitioner Standards

Policy: CHG requires that all Practitioners who provide services to CHG members meet the Minimum Practitioner Standards as defined in this policy and be credentialed in accordance with CHG policies. The Minimum Practitioner Standards include:

1. Valid California license to practice medicine or other applicable profession that is not subject to probation or other limitations;
2. Current professional liability (malpractice) insurance coverage in the minimum amounts of \$1 million per occurrence and \$3 million aggregate per year;
3. Not currently excluded, suspended, or otherwise ineligible to participate in any State or Federal health care programs;
4. Never been excluded from participation in Federal and/or State health care programs based on conduct that supports a mandatory exclusion under the Medicare program set forth in 42 U.S.C. § 1396a-7(a) as follows:
 - a) A conviction of a criminal offense related to the delivery of an item or service under Federal and/or State health care programs;
 - b) A felony conviction related to the neglect or abuse of patients in connection with the delivery of a health care item or service;
 - c) A felony conviction related to health care fraud; and/or
 - d) A felony conviction related to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance.
5. No felony conviction in the seven (7) year period prior to the date of the execution of the Minimum Practitioner Standards Questionnaire.

Practitioners must continue to meet all of the above Minimum Practitioner Standards during the time that they furnish items and/or services to CHG members, including the term of any contract.

The Minimum Practitioner Standards will apply to all Practitioners providing services to CHG members. Practitioners who fail to meet one (1) or more of the Minimum Practitioner Standards at any time will not be eligible to submit claims and/or receive reimbursement from CHG. Any amounts paid during the time any Practitioner does not meet one (1) or more of the Minimum Practitioner Standards will be subject to repayment to and/or recoupment by CHG.

Notwithstanding the foregoing, in the event the Board or its designee makes a determination, in its sole discretion, that waiving one or more of the Minimum Practitioner Standards with respect to one or more Practitioners is in the interests of CHG or its members, the Board or its designee may waive the application of the Minimum Practitioner Standards on a temporary or permanent basis. The Board's (or designee's) decision whether to grant such waiver shall not constitute a peer review decision and shall not constitute grounds for a hearing pursuant to the Fair Hearing Plan.



Purpose: To identify the Minimum Practitioner Standards approved by the Boards of Directors of Community Health Group and CHG Partnership Plan (collectively, "CHG") that must be met in order for a Practitioner to participate as a Participating Provider in any CHG Plan or provide services to CHG members. "Practitioners" covered by this Policy include licensed physicians, including Doctors of Medicine (MD), Doctors of Osteopathy (DO), Doctors of Podiatric Medicine (DPM), and Doctors of Dental Surgery (DDS) furnishing services to CHG members.

PROCEDURE

1. Minimum Standards Approval
 - a. CHG's Chief Medical Officer may take recommendations for changes to the Minimum Practitioners Standards, and he or she shall present said changes to the Board of Directors.
 - b. The CHG Board of Directors shall approve the Minimum Practitioners Standards.
2. Practitioners shall complete the CHG Minimum Practitioner Standards Questionnaire attached to this Policy and satisfy all of the Minimum Practitioner Standards set forth in this Policy prior to being provided with a credentialing application, unless a waiver is granted as provided in Section II.D.



Community Health Group and CHG Partnership Plan

Minimum Practitioner Standards Questionnaire

The Boards of Directors of Community Health Group and CHG Partnership Plan (collectively, "CHG") approved "Minimum Practitioner Standards" for practitioners furnishing services to CHG members. A practitioner must meet all Minimum Practitioner Standards in order to receive a credentialing application to participate in any CHG Plan. Any practitioner who does not return a Minimum Practitioner Standards Questionnaire will not be eligible to receive a credentialing application from CHG. All practitioners who participate in the CHG program must meet all Minimum Practitioner Standards in order to submit claims and/or receive reimbursement from CHG. Any amounts paid during the time that a practitioner does not meet one or more minimum practitioner standard will be subject to repayment to and/or recoupment by CHG.

Please answer the following questions either Yes (Y) or No (N).

A. Do you have a valid California license to practice medicine that is not subject to any limitations, including probation?

Y N

B. Do you have current professional liability (malpractice) insurance or self-insurance (e.g., trust, escrow accounts, etc.) coverage in the minimum amounts of \$1 million per occurrence and \$3 million aggregate per year?

Y N

C. Are you currently excluded, suspended, or otherwise ineligible to participate in any State or Federal health care programs?

Y N

D. Have you ever been excluded from participation in Federal and/or State health care programs based on conduct that supports a mandatory exclusion under the Medicare program set forth in 42 U.S.C. § 1396a-7(a) as follows: (1) a conviction of a criminal offense related to the delivery of an item or service under Federal and/or State health care programs; (2) a felony conviction related to the neglect or abuse of patients in connection with the delivery of a health care item or service; (3) a felony conviction related to health care fraud and/or (4) a felony conviction related to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance?

Y N

E. Do you have any felony convictions in the seven (7)-year period prior to the date of execution of this questionnaire set forth below?

Y N

I hereby attest that the information submitted in this Questionnaire is true, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in ineligibility to receive a credentialing application, denial of any subsequent credentialing or termination of any privileges, employment or provider participation agreement.

Print Name Here: _____ **License #:** _____

Physician Signature: _____ **Date:** _____
(Stamped Signature is NOT acceptable)

Physician Address and Telephone Number: _____
(Address & telephone number are required.)



POLICY NUMBER:
7700.8

CLASSIFICATION SERIES:

Operations

PAGE:

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Access Privileges To: All _____

NCQA:

Attachments: Credentiaing Levels Criteria

Policy Status: Signed (Signature on File) Active Draft Policy In Development

Approved By: Signature: _____

Department Head: Sandra Coleman, Credentialing Manager _____

Date: 10/11/16 _____

Signature: _____

Division Chief: Edward D. Hutt, MD, MBA _____

Date: 10/11/16 _____