

Provider Selection Criteria for PreferredOne Participating Physicians

General Criteria

1. Practitioner must serve a specialty and/or geographic need for the good of the PreferredOne product for which they are applying.
2. Practitioner must have a current unrestricted/unconditional license/registration in each state services are provided and certification as required.
3. If a practitioner has hospital admitting or attending privileges, the practitioner must have privileges and be a member in good standing of the medical staff at a PreferredOne participating hospital. The existence of any restrictions on privileges must be disclosed and will be examined and acted upon as deemed necessary by the Credentialing Committee.
4. Practitioner must accept PreferredOne fee schedules.
5. Practitioner must have arranged for 24-hour coverage, 7 days per week.
6. Practitioner must accept patients from all purchasers of the specific PreferredOne products applied for.
7. Practitioner must agree to maintain referrals and admissions at all times within the existing provider network except as authorized by the Medical Director or designee.
8. Practitioner must maintain professional liability (malpractice) insurance in amounts as established from time to time by PreferredOne Boards of Directors.
9. The presence of any past disciplinary or corrective action or current investigation by the State Licensing, Certifying or Registering Board or any other regulatory authority (i.e. Medicare, Medicaid, etc.) having jurisdiction over the practitioner must be disclosed and will be examined and acted upon as deemed necessary by the Credentialing Committee.
10. The existence of any pending or past professional liability claims must be disclosed and will be examined and acted upon as deemed necessary by the Credentialing Committee.
11. Practitioner agrees to authorize review organizations to release to PreferredOne and information relating to practitioner's professional competence or conduct. Practitioner may present his/her own information also.
12. Practitioner agrees to participate in and cooperate fully with all procedural terms and requirements of the PreferredOne Network Management Services Program that monitors provider performance in terms of chart review (both inpatient and outpatient) for the purpose of identifying quality issues.
13. Practitioner must disclose any restricted/conditioned licensure/registration in each state services are provided. The information will be examined and acted upon as deemed necessary by the Credentialing Committee.
14. A practitioner must be able to document his/her:
 - Training, experience, and demonstrated competence
 - Adherence to the ethics of their profession, good reputation, and character
 - Physical & emotional health status
 - Ability to work with others

15. Practitioner agrees to promptly inform PreferredOne of any changes in licensure, disciplinary actions, professional liability actions, or practice circumstances.
16. Practitioner agrees to inform PreferredOne if charges are pending or if currently charged with or ever been indicted or found guilty of a felony, gross misdemeanor, misdemeanor (other than a minor traffic violation), or other offense.
17. Practitioner must have an absence of a physical or mental condition that would adversely affect the practitioner's ability with or without accommodation, to provider appropriate care to patients and must be able to perform the essential functions in the practitioner's area of practice without posing a health or safety risk to patients.

Specific Criteria for Physicians

1. Physician must be a graduate of a medical or osteopathic school located in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME) or the AOA Bureau of Professional Education (BPE) or physicians who have graduated from a medical school in a country other than the U.S.A. or Canada must possess an ECFMG Certificate.
2. Physicians who prescribe medications must have a current valid DEA and/or CDS in each state where care is provided. If the physician does not hold a DEA/CDS license or it is pending, there must be documented process for allowing a participating physician with a valid DEA/CDS certificate to write all prescriptions.
3. Physician must have successfully completed a residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or its international equivalent in the specialty in which the applicant intends to practice. An exception to this may be extended under certain circumstances to residents providing medical care outside of their training programs.
4. To be listed in a specialty the physician must be certified by the appropriate specialty board in the area requested or admissible for examination for certification in a specialty recognized by the American Board of Medical Specialists (ABMS), The American Osteopathic Association (AOA), The Royal College of Physicians and Surgeons of Canada, or The College of Family Physicians of Canada. Allowances will be made for those physicians who have been "grandfathered."
5. Specialty practitioners making application to work as Primary Care Practitioners will be designated as General Practice and must be able to meet the following requirements:
 - Part of a Primary Care Group Practice
 - Access to immediate consultation within the practice
 - Prior to going into solo practice or practice of a different specialty, the practitioner must demonstrate current professional competence which may be verified.

Pre-Application for Physicians

This pre-application serves to provide us with general information regarding your practice and professional background. **This form must be completed for each practitioner in the clinic and returned along with a completed "New Clinic/Facility Information Form"**. Incomplete pre-applications will be immediately pended. Thank you for your interest. Please print or type.

Name:	Degree/License:
NPI #:	

1. Please list all current State Licensure numbers:

State Licensure:	Number:	Expiration Date:
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2. Please list current DEA number:

Number:	Expiration Date:
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3. Are you Board Certified?

<input type="checkbox"/> Yes	Board Name:	Date:
<input type="checkbox"/> No	Eligibility Status:	

4. Are you currently a PreferredOne Provider with a different practice? **Yes** **No**

If yes, will you continue to practice at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Please list any Special/Unusual Skills or Services?

6. Please list your professional liability carrier:

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7. Please list Hospital Staff Appointments:

<i>Hospital</i>	<i>Department</i>

6. Who provides on-call coverage for your practice?

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I affirm that the foregoing are True Statements and Facts

Signature:	Date:
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(If filling out this form electronically, please just check the above box and type in your name and date)

Provider Assurance Statement for Telemedicine

Provider Name	NPI
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This Assurance Statement is an addendum to the Provider Agreement.

Telemedicine definition

Telemedicine is the delivery of health care services or consultations through electronic communication while the patient at one site and the licensed health care provider at a distant site. Effective January 1, 2018, PreferredOne covers medically necessary services and consultation by a licensed health care provider through telemedicine in the same manner as if the service or consultation was delivered in person. (Minn. Stat. 256B.0625, Subd. 36).

Applicant Assurance Statement

By initialing each requirement and signing below, I, the above-named applicant, attest to compliance with the following and acknowledge that I will maintain documentation proving compliance with these requirements:

_____ I have written policies and procedures specific to telemedicine services that I review and update regularly.

_____ I have policies and procedures that adequately address patient safety, before during and after the telemedicine service is rendered.

_____ I have established quality assurance process related to telemedicine services which includes all applicable Health Insurance Portability and Accountability Act (HIPPA) requirements.

_____ My agency has documentation of each occurrence of a health care service provided by telemedicine that includes all of the following

- The type of service provided
- The time the service began and the time the service ended
- A description of the provider's basis for determining that telemedicine is an appropriate and effective means for delivering service to the recipient
- The mode of transmission of the telemedicine service
- The location of the originating and the distant site

APPLICANT NAME (authorized representative)	APPLICANT SIGNATURE	Date
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(Internal use only)

Comments/Instructions	

System Updated					
<input type="checkbox"/> Episodes	Date:	Initials:	<input type="checkbox"/> Facets	Date:	Initials:
<input type="checkbox"/> Provider Guide	Date:	Initials:	<input type="checkbox"/> NetworksPro	Date:	Initials:
			Tracking Number:		