

**GEISINGER HEALTH PLAN
GEISINGER INDEMNITY INSURANCE COMPANY
GEISINGER QUALITY OPTIONS, INC.**

PRACTITIONER CREDENTIALING CRITERIA

Each health care practitioner must, at the time of application for initial empanelment with Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. (collectively, "GHP") and throughout his/her empanelment with GHP for all lines of business, satisfy the credentialing criteria set forth in this document.

1) All Practitioners:

1.1 Complete application together with all requested information necessary to properly evaluate the application. (NOTE: Unless and until GHP receives complete and accurate information as requested in the credentialing application, including information regarding the Practitioner Credentialing Criteria and any other criteria set forth in the Credentialing Policy, an application will be deemed incomplete. If the application remains incomplete for a period of sixty (60) days, the applicant will be deemed to have voluntarily withdrawn the request for empanelment and the credentialing process will be discontinued.)

1.2 Absence of current physical or mental health problems which interfere with practitioner's ability to care for GHP members;

1.3 Absence of current impairment due to alcohol or chemical dependency;

1.4 Proof of current competence and demonstrated ability (minimum of two in the past three years recent and continual experience) to provide clinical care in each of practitioner's specialty(ies) that he/she practices for GHP. If the practitioner does not meet this experience requirement, a detailed time line of professional activities and/or specific reason(s) for non-activity is to be provided as part of the application, which will be considered by the Credentials Committee on a case-by-case basis. Failure to provide the requested detail may render the application incomplete.

1.5 No experience of prior GHP denial/involuntary termination, provided, however that a practitioner who would otherwise fall into this category may be eligible for consideration if the practitioner has a demonstrated record of no quality issues and no adverse malpractice judgments arising in the five (5) year period prior to application.

1.6 No experience of denial/involuntary termination from any vendor with which GHP has a contractual relationship for the provision of healthcare services to GHP members, provided, however that a practitioner who would otherwise fall into this category may be eligible for consideration if the practitioner has a demonstrated record of no quality issues and no adverse malpractice judgments arising in the five (5) year period prior to application; and

1.7 Appropriate quality and utilization patterns after review of data obtained from hospitals, managed care organizations, Medicare, Medical Assistance, insurance entities, professional liability insurance carriers, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, GHP internal data and other information as available. (This information will be obtained during the credentialing process.) The Health Plan, at its discretion, will investigate and request further documentation from practitioners when any of the following professional liability claims situations exist:

1.7.1 Allegations of sexual misconduct;

1.7.2 Non-surgical physicians or other health care practitioners with two or more claims in a biennium and any surgical physician with four or more claims in a biennium; and

1.7.3 Intentional harm or intentional abuse.

1.7.4 May not appear on an exclusion list at any applicable regulatory oversight agency, including, but not limited to, Office of Inspector General, CMS, and Department of Human Services.

2) All Physicians:

2.1 M.D., D.O. or D.P.M. degree from an accredited medical school;

2.2 Current, unrestricted license(s) to practice medicine or osteopathy. A license status of probation will be adjudicated on a case-by-case basis;

2.3 Current Drug Enforcement Agency certificate (except radiologists and pathologists) or evidence of successful participation in the Pennsylvania Physician's Health Program if Drug Enforcement Agency certificate has been suspended/rescinded;

2.4 Current certificate of insurance indicating professional liability insurance coverage (state licensure board minimum required limits);

2.5 Effective January 1, 2003, for M.D.'s and D.O.'s GHP requires board certification or proof of board qualification/eligibility in the orderly process of obtaining board certification by a board accredited by the American Board of Medical Specialties, the American Osteopathic Association, or the National Board of Physicians and Surgeons. The following exceptions to this criteria may be allowed:

2.5.1 Physician practicing in Pennsylvania Department of Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA)

2.5.2 Physician whose practicing specialty and/or location of practice is necessary for GHP to meet applicable regulatory Access and Availability Standards.

2.5.3 Physician who has not yet practiced for a sufficient length of time to complete board certification. Physician who is not yet board certified will be required to achieve board certification within four (4) years of either the date of board qualification/eligibility or the date of GHP empanelment, whichever is later, to qualify for continued GHP empanelment.

2.5.4 At the time of physician's credentialing or recredentialing review, 50 percent or more of the existing practice's credentialed associates (including the physician who is undergoing the credentialing /recredentialing process) are already board certified in the specialty being requested, and the physician has completed an approved, applicable residency or fellowship in the specialty of practice.

2.5.6 A physician practicing in a rural (non-Metropolitan Statistical Area (MSA)) area must have greater than five years of experience in the specialty in which they practice and have completed an approved applicable residency or fellowship in the specialty of practice.

2.5.7 Physician whose participation with GHP is limited to a coverage arrangement for another participating physician.

2.6 Recertification in the physicians' GHP practicing specialty(ies) must be achieved within two (2) years of the expiration of the certification for continued GHP specialty/subspecialty empanelment.

2.7 Any physicians who are GHP credentialed/contracted prior to January 1, 2003 who are not board certified in their GHP practicing specialty(ies) will be exempt from these board certification requirements/criteria. However, physicians who are credentialed/contracted with GHP prior to January 1, 2003 will not be permitted to change their status to a specialty or subspecialty unless the above criteria is followed with respect to achieving and maintaining board certification.

2.8 Specialists who are subspecialty certified will not be required to maintain board certification/eligibility in their general specialty as long as the subspecialty certification is maintained (i.e., general surgeons subspecialty certified in vascular surgery will not be required to recertify in general surgery).

2.9 Primary care physicians who are subspecialty certified will be required to maintain their general specialty certification to continue participation as a primary care physician (i.e., an internal medicine physician subspecialty certified in cardiology acting as a primary care physician in internal medicine and a specialist in cardiology will need to maintain both the internal medicine and cardiology certifications for continued participation as a primary care physician and specialist).

2.9.1 Additional training, experience and/or documentation of specialty-specific continuing medical education courses may be required to perform specific procedures.

2.10 To qualify as a primary care physician ("PCP"), physician must:

2.10.1 Practice as a PCP at least fifty (50) percent of the time in which the physician engages in the practice of medicine; and

2.10.1.1 Be available to see members a minimum of twenty (20) hours per week; and

2.10.1.2 Have focused his/her practice of medicine in General Practice, Family Practice, General Internal Medicine and/or General Pediatrics for at least two (2) years prior to applying to GHP to become a PCP. (New graduates from subspecialty fellowship training programs under the aforementioned specialties are excluded from this requirement [i.e. a new graduate from a cardiology fellowship program may qualify as a PCP in Internal Medicine]).

2.11 Physician specialists who have not completed a training program in one of the aforementioned primary care specialties will be required to provide the following documentation for review by GHP:

2.11.1 Detailed CME from the immediate preceding two (2) year time period;

2.11.2 Clinical templates (office visit schedules including dates of appointments/reasons for visits); and

2.11.3 Hospital discharge summaries including dates of service and patient diagnoses for the immediate past two (2) year period.

2.12 All Primary Care Providers must provide documentation of privileges at a GHP participating hospital, verifiable via primary source, or;

2.12.1 Maintain a written documented coverage arrangement with another GHP participating physician with admitting privileges at a GHP participating hospital, or;

2.12.2 Submit a documented care plan that explains the manner in which GHP's members will be cared for in a GHP participating hospital setting, i.e., Admit to Hospitalist, Admit through ER, etc.

2.13 Specialty Providers **must** obtain and maintain hospital admitting/surgical privileges at a GHP participating hospital appropriate to their practicing specialty(ies). Exceptions to this criteria are:

2.13.1 Dermatologists, Allergists, Rheumatologists, Infectious Disease Specialists, Psychiatrists,

2.13.2 Non-surgical Podiatrists, who have attested to practice only in an office-based setting,

2.13.3 Non-surgical Ophthalmologists who have attested to practice only in an office-based setting,

2.13.4 Specialists who are privileged to perform invasive procedures at a GHP participating Surgical Center. Verification of clinical privileges via primary source must be obtained prior to empanelment.

3) Other Licensed Practitioners:

3.1 Post-secondary education degree and, if applicable, post-graduate training appropriate to the specialty care provided to members;

3.2 Current, unrestricted license(s) to practice the practitioner's specialty(ies);

3.3 Current Drug Enforcement Agency certificate, if applicable;

3.4 Current certificate of insurance indicating professional liability insurance coverage (state licensure board minimum required limits);

3.5 If applicable to the specialty, documentation of specialty specific continuing medical education and proof of current competence and demonstrated ability.

4) Genetic Counselors:

4.1 M.S. or Ph.D. degree from a genetic counseling program approved/recognized by the American Board of Genetic Counseling or the American Board of Medical Genetics.

4.2 Board certified or board qualified/eligible in the orderly process of obtaining board certification by the American Board of Genetic Counseling or American Board of Medical Genetics and proof of current competence and demonstrated ability (minimum of two in the past three years recent and continual experience). If the genetic counselor has not become board certified he/she will be required to produce documented proof of board eligibility and collaboration with a board certified genetics counselor.

4.3 Current professional liability insurance certificate with minimum coverage limits in an amount equal to or greater than the then-current requirements for physicians licensed in the state in which the Genetic Counselor is licensed.

5) Non-Credentialed Practitioners

5.1 GHP does not require facility-based pathologists, anesthesiologists, radiologists, emergency medicine specialists or hospitalists, who practice exclusively in an acute care hospital setting, or within a free-standing facility, and who provide care for GHP members only as a result of members being directed to the facility, to complete the credentialing process. However, these practitioners must complete the appropriate provider agreements to participate with GHP.

5.2 Physician Assistants who are employed by, or under contract to, a GHP participating medical services provider are not required to complete the credentialing process.

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