



PacificSource Health Plans and PacificSource Community Health Plans (PacificSource, collectively) make every effort to maintain contracts with highly qualified practitioners by using strict recredentialing standards. To maintain status as a participating provider, each practitioner must successfully complete the recredentialing process at a minimum every 36 months.

Recredentialing Criteria:

Practitioners are required to submit an Oregon Practitioner Recredentialing Application, or an application approved by PacificSource, if practicing outside of the state of Oregon. If the application is incomplete, or required attachments are not included, the credentialing staff will send the application back to the provider with an explanation stating what was omitted from the original submission, and informing the practitioner that the recredentialing process will not begin until all information is received.

Applications for recredentialing must include the following:

- A. A dated, signed attestation page from the applicant as to the following:
 - Reasons for any inability to perform the essential functions of the position, with or without accommodation.
 - Lack of present illegal drug use.
 - History of loss of license and felony convictions.
 - History of loss or limitation of privileges or disciplinary actions.
 - Current professional liability insurance coverage.
 - Correctness and completeness of the application. (***This attestation must be signed and dated no more than 180 days prior to the credentialing decision date.***)
- B. A signed and dated Authorization and Release form. (***This authorization must be signed and dated no more than 180 days prior to the credentialing decision date.***)
- C. A current, valid, unrestricted license to practice.
- D. Clinical privileges in good standing at primary admitting facility (must be active admitting privileges at a participating hospital, or a written admit plan), as applicable to practitioner's specialty.
- E. A valid DEA or CDS certificate in each state the practitioner will be rendering services to PacificSource members, if applicable. (***The DEA certificate must be effective at the time of the credentialing decision.***)
- F. Relevant work history. Full disclosure of work history to include at least the past three years, with an explanation for any gap greater than two months.
- G. Board certification. MDs, DOs and DPMs must be board certified in their respective specialty through a board recognized by the American Board of Medical Specialties, American Osteopathic Association, American Board of Podiatric Surgery, American Board of Podiatric Orthopedics and Primary Podiatric Medicine or Royal College of Physicians and Surgeons, Canada, when maintaining certification in the maintenance of certification program. Board certification is verified at recredentialing to ensure it is current at the time of the recredentialing decision.

- H. Current professional liability insurance coverage with minimum coverage amounts of \$1,000,000 per occurrence and \$3,000,000 aggregate.
- I. Minimum of the past five years of history of professional liability claims that have been filed, those that have settled or judgments paid by or on behalf of the practitioner, with explanation from the practitioner.
- J. Explanation for history of loss, limitation, suspension, denial, voluntary relinquishment of privileges or any disciplinary activity by any healthcare facility or healthcare provider.
- K. Explanation for history of denial, revocation, limitation, voluntary relinquishment, sanction, or suspension of any licenses.
- L. Explanation for history of revocation, limitation, suspension, or voluntary or involuntary relinquishment of DEA number or CDS Certificate.
- M. Explanation for history of felony convictions.
- N. Provider must have satisfactory professional history that is free of significant adverse actions and/or determinations by state/medical licensing boards, hospital medical staff, or other credentialing entities, significant adverse malpractice claims experience, instances of sexual misconduct, or other egregious unprofessional conduct, which in the opinion of the Credentialing Committee constitutes a pattern of substandard care or unprofessional conduct.
- O. The National Practitioner Data Bank (NPDB) has been queried and information received is included in the credentialing file.
 - Follow-up on professional liability history included on the application.
 - Follow-up on information from the application regarding actions taken by hospitals and managed care organizations that limited, suspended, or terminated the practitioner's privileges.
- P. Information has been received about sanctions or limitations on licensure from the State Board of Medical Examiners, Federation of State Medical Boards, or the NPDB, and is included in the credentials file.
- Q. A review has been done for Medicare/Medicaid sanctions (if applicable) and is included in the practitioner file. (**Note:** PacificSource will not execute Medicare/Medicaid contracts with providers that have been sanctioned by Medicare/Medicaid, nor will it execute Medicare contracts with providers that are not eligible to participate in Medicare).
- R. Credentialing staff will review Medicare opt out list at the time of credentialing and recredentialing to ensure practitioners on the list are not applying for participation in Medicare plans.
- S. The following areas are taken into consideration as part of the recredentialing process.
 - 1. Member complaints
 - 2. Information from quality of care concerns
 - 3. Information from grievance and appeals
 - 4. Information from member satisfaction surveys