

Additional Participating Provider Responsibilities

Credentiailling



Credentialed provider types

The following provider types are required to be credentialed by GHP prior to providing covered services to members:

- Medical Doctor (MD)
- Doctor of Osteopathy (DO)
- Oral Surgeon (DMD, DDS)
- Doctor of Podiatric Medicine (DPM)
- Doctor of Chiropractic (DC)
- Psychologists, marriage and family therapists, social workers and professional counselors
- Certain allied health professionals, such as optometrists and certified nurse midwives
- Hospitals
- Skilled Nursing Facilities (SNFs)
- Home Health and/or Hospice agencies
- Ambulatory Surgical Centers (ASCs)
- Other organizational provider types

General credentialing information

- Approved applicants will receive notification from GHP's Credentials Committee that includes their effective date. Providers should not service GHP members prior to their effective date.
- Re-credentialing of participating providers occurs every three years and includes verification of new education/training, re-verification of licensure and board certification and a review of relevant quality indicators such as member concerns/complaints, as applicable.
- Applicants/participating providers have the right to be informed of the status of their application and to review information received by Geisinger Health Plan from outside primary sources obtained during the credentialing/re-credentialing process, unless laws prohibit disclosure of such information.
- Participating providers are required to notify Geisinger Health Plan immediately of any changes which may affect credentialing status, including but not limited to:
 - Provider termination
 - Suspension or temporary or permanent loss of required local, state or federal approval, license, permit, certification, or accreditation regarding the provision of services provided under provider's agreement with GHP

- Any actions relating to medical care filed against provider regarding services provided under provider's agreement with GHP.
- Failure to notify GHP of such changes may jeopardize a provider's status and may ultimately result in termination from the GHP network. Any demographic changes must be submitted to GHP in writing a minimum of 30 days prior to the effective date of the change. Participating providers who have terminated their participation with GHP and wish to re-apply may be required to complete the credentialing process again if the time frame is greater than 30 days from the termination.
- Provider shall ensure all persons or entities who serve as volunteers for provider or who are employed or subcontracted by provider, and who provide any services to members, are properly licensed or certified to practice in accordance with state and federal law, appropriately insured and credentialed.

Credentialing criteria for all practitioners

- We request providers register and/or update information in the CAQH® online credentialing database and allow GHP access.
 - Missing or outdated information will be deemed incomplete; if remaining incomplete for a period of 60 days, the applicant will be considered to have withdrawn the request for empanelment, and the credentialing process will be discontinued.
 - Absence of current physical or mental health problems which interfere with a practitioner's ability to care for GHP members
 - Absence of current impairment due to alcohol or chemical dependency
- Proof of current competence and demonstrated ability (minimum of 2 in the past 3 years' recent and continual experience) to provide clinical care in each of practitioner's specialties.
 - 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.
- No experience of prior denial/involuntary termination from any vendor with which GHP has a contractual relationship for the provision of healthcare services to GHP members
 - If a provider has experienced this, the practitioner may still be eligible for consideration if there is a demonstrated record of no quality issues and no adverse malpractice judgments in the five-year period prior to application.
- 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 and GHP internal data and other information as available. (This information will be obtained during the credentialing process.)
- Geisinger Health Plan, at its discretion, will investigate and request further documentation from practitioners when any of the following professional liability claims situations exist:
 - Allegations of sexual misconduct

- 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
- Intentional harm or intentional abuse
- May not appear on an exclusion list of any applicable regulatory oversight agency including, but not limited to, the Office of Inspector General, CMS and the Department of Human Services
- Practitioners must provide and maintain a written documented coverage arrangement with another GHP participating physician with admitting privileges at a GHP participating hospital.
- Surgical specialties must obtain and maintain hospital admitting/surgical privileges at a GHP participating hospital appropriate to their practicing specialty(-ies).

Credentialing criteria for all physicians

- M.D., D.O. or D.P.M. degree from an accredited medical school
- Current, unrestricted license(s) to practice medicine or osteopathy
- 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
- Current certificate of insurance indicating professional liability insurance coverage (state licensure board minimum required limits)
- Effective Jan. 1, 2003, 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 or the American Osteopathic Association for M.D.s and D.O.s. The following exceptions to this criteria may be allowed:
 - Physician practicing in Pennsylvania Department of Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA)
 - Physician whose practicing specialty and/or location of practice is necessary for GHP to meet applicable regulatory Access and Availability Standards
 - 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 years of either the date of board qualification/eligibility or the date of GHP empanelment, whichever is later, to qualify for continued GHP empanelment
 - 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
 - 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
 - Physician whose participation with GHP is limited to a coverage arrangement for another participating physician.
- Recertification in the physicians' GHP practicing specialty(-ies) must be achieved within two years of the expiration of the certification for continued GHP specialty/subspecialty empanelment.

- Any physicians who are GHP credentialed/contracted prior to Jan. 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 Jan. 1, 2003 will not be permitted to change their status to a specialty or subspecialty unless the above criteria are followed with respect to achieving and maintaining board certification.
- 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 of vascular surgery will not be required to recertify in general surgery).
- 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).
- Additional training, experience and/or documentation of specialty-specific continuing medical education courses may be required to perform specific procedures.
- To qualify as a primary care physician (PCP), physician must:
 - Practice as a PCP at least 50 percent of the time in which the physician practices medicine
 - Be available to see members a minimum of 20 hours per week
 - Have focused his/her practice of medicine in General Practice, Family Practice, General Internal Medicine and/or General Pediatrics for at least two 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)
- 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:
 - Detailed CME from the immediate preceding two year time period;
 - Clinical templates (office visit schedules including dates of appointments/reasons for visits); and
 - Hospital discharge summaries including dates of service and patient diagnoses for the immediate past two year period.
- All primary care providers must provide documentation of privileges at a GHP participating hospital, verifiable via primary source, or;
 - Maintain a written documented coverage arrangement with another GHP participating physician with admitting privileges at a GHP participating hospital, or
 - Submit a documented care plan that explains the how GHP's members will be cared for in a GHP participating hospital setting (i.e., Admit to Hospitalist, Admit through ER, etc.).
- Specialty providers must obtain and maintain hospital admitting/surgical privileges at a GHP participating hospital appropriate to their practicing specialty(ies). Exceptions to this criterion are:
 - Dermatologists, allergists, rheumatologists, infectious disease specialists
 - Non-surgical podiatrists, who have attested to practice only in an office-based setting

- Non-surgical ophthalmologists who have attested to practice only in an office-based setting
- 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

Other licensed practitioners

- Post-secondary education degree and, if applicable, post-graduate training appropriate to the specialty care provided to members
- Current, unrestricted license(s) to practice the practitioner's specialty(-ies)
- Current Drug Enforcement Agency certificate, if applicable
- Current certificate of insurance indicating professional liability insurance coverage (state licensure board minimum required limits)
- If applicable to the specialty, documentation of specialty specific continuing medical education and proof of current competence and demonstrated ability.

Locum tenens

- GHP does not require the credentialing of a covering practitioner temporarily taking the place of another practitioner, if the locum tenens meets the following criteria;
 - The participating practitioner for whom the locum is covering remains participating (but not active) with GHP for a period not to exceed six months
 - Claims will be submitted in the name of the participating supervising physician, with the Q6 modifier used to indicate a locum tenens
- If the locum tenens will be providing services for more than six months OR claims will not be submitted under a participating supervising physician, then the locum tenens must be credentialed with GHP.

Organizational providers

- GHP contracts with the following types of organizational providers:
 - Ambulance transport
 - Ambulatory Surgical Centers (ASCs)
 - Audiology services
 - Birth centers
 - Convenience clinics
 - Dialysis services
 - Durable Medical Equipment (DME)
 - Home Health
 - Hospice
 - Hospitals
 - Infusion therapy services
 - Clinical laboratories
 - Ocularists
 - Optical hardware suppliers
 - Pharmacies
 - Prosthetics and orthotics

- Radiology facilities
- Rehabilitation facilities
- Residential treatment facilities
- Skilled Nursing Facilities (SNFs)
- Transplant services
- Urgent care facilities
- Organizational provider credentialing criteria
 - Must complete, sign and date a GHP facility application and include all required supporting documentation
 - Must be Medicare certified or have an accreditation through one of the following accrediting agencies that have approval from the Centers for Medicare & Medicaid Services (CMS):
 - Joint Commission Accreditation of Healthcare Organizations (JCAHO)
 - Accreditation Association for Ambulatory Health Care (AAAHC)
 - American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
 - American Osteopathic Association (AOA)
 - Commission on Accreditation of Rehabilitation Facilities (CARF)
 - Community Health Accreditation Program (CHAP)
 - National Integrated Accreditation for Healthcare Organizations (NIAHO)
 - Accreditation Commission for Health Care (ACHC)
 - Must have all required local, state and federal approvals; current, unrestricted license(s); and/or applicable required permits, certifications, and accreditations to provide services
 - Cannot have any current or pending sanction or adverse change in status with Medicare, Medicaid, accrediting bodies or state, federal or other regulatory agencies
 - Must have liability insurance through a commercial carrier or statutory authority with minimum coverage amounts as may be required by applicable state law
 - Must have demonstrated acceptable quality performance measurements for services provided, as outlined by CMS, for those organizational provider types reviewed and rated by CMS
 - Should have no experience of prior GHP denial/involuntary termination
 - Must allow GHP to conduct investigations as deemed appropriate for the provision of information necessary to comply with state health agencies, National Committee on Quality Assurance (NCQA), and CMS; and supply GHP with copies of necessary documentation upon request
 - Ensure all health care providers who serve as volunteers, or who are employed or subcontracted by the organizational provider and who provide any services to GHP members are:
 - properly licensed or certified to practice in their applicable state
 - appropriately insured
 - credentialed
 - Agree to notify GHP immediately of organizational provider or subcontracted provider termination, suspension or temporary or permanent loss of required local, state or federal approval, license, permit, certification, or accreditation regarding the provision of services to GHP members
- Organizational provider re-credentialing criteria
 - Must comply with the GHP's requirement for re-credentialing; all requests for re-credentialing documentation must be completed and submitted promptly

- Must maintain an unencumbered, current license in the state of operation and must be in good standing with state and federal regulatory bodies
- Demonstrate compliance, or have acceptable plan of correction in place, with the most recent Medicare recertification survey
- The re-credentialing process will incorporate available information from utilization management, case management, regulatory audits, member complaints, medical care concerns and site visits. This information must be reviewed and deemed acceptable for continued participation.
- If applicable, the organizational provider continues in good standing with an approved accrediting body.
- In addition to the above criteria, additional quality criteria may exist for specific organizational provider types. Detail is available by contacting your provider account manager or the Geisinger Health Plan credentialing department.

Genetic counselors

- 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
- Board certification (or in the process of obtaining board certification) by the American Board of Genetic Counseling or the American Board of Medical Genetics
 - Proof of current competence and demonstrated ability – a minimum of 2 of the past 3 years' continual experience
 - If not board certified, the genetic counselor will be required to produce documented proof of board eligibility and collaboration with a board-certified genetics counselor
- 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 of the counselor's license.

Non-credentialed practitioners

- GHP does not require the following practitioners to complete the credentialing process, however these practitioners must be either employed by or under contract with GHP to provide services to our members:
 - Facility-based pathologists, anesthesiologists, radiologists, emergency medicine specialists or hospitalists 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
 - Physician Assistants

Credentialing contact information

- For questions or additional information, the GHP provider network management/credentialing department is available at 800-876-5357 or 570-271-6751, Monday through Friday, 8:00 a.m. – 5:00 p.m.

Non-discrimination

Credentialing and re-credentialing decisions are not based solely on an applicant's race, ethnic/national identity, gender, age, or sexual orientation; or the types of patients (e.g., Medicaid) which are the population served by the practitioner.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

Publication history: