

CREDENTIALING CRITERIA

For a Provider to participate in America's PPO network the following information must be in good standing and received:

Credentialing Application. One of the following:
MN/SD/IA Uniform Credentialing Application,
Universal Credentialing Application, or
America's PPO Credentialing Application

Provider's License(s).

Provider's Malpractice Insurance Policy.

Copy of Malpractice Documents (if applicable).

Copy of American Board Certificate (if applicable).

Credentialing requirements for PCP's & Specialists

America's PPO Credentialing and Re-Credentialing process requires that:

- Physicians must be in good standing with at least one America's PPO preferred hospital.
- Physicians must have a current license in good standing with the state Board of Examiners.
- Physicians must be board-certified or board-eligible.
- Physicians must present history of any previous malpractice suits before being granted preferred provider status.
- Ongoing verification of provider credentials occurs every two years.

Each application is reviewed to ensure the following information has been completed:

- ✓ Federal Tax ID Number (TIN)
- ✓ Provider Name, Date of Birth, Social Security Number
- ✓ Clinic Name, Primary address, Billing address, any other location addresses and phone number(s)
- ✓ Clinic Manager Name
- ✓ Practice Limitations
- ✓ Educational background (Medical School, Internship, Residency, Fellowship)

- ✓ Board Certification in Specialty/Subspecialty by ABMS, AOA, or the College of Family Physicians of Canada
- ✓ Foreign Language(s) Spoken
- ✓ License and Malpractice Insurance Information
- ✓ DEA Certificate, if applicable
- ✓ Participating Hospital Affiliations
- ✓ Malpractice Suit(s) Detail (Appropriate malpractice coverage is required for physicians 1 million each occurrence and 3 million aggregate)
- ✓ 24 Hour Call Coverage

Credentialing requirements for Hospitals

1. The hospital must fill out the Inpatient Facility Application which states their demographic information, the names of their key administrative personnel, the inpatient services (General and Specialized, e.g., Coronary Care, Emergency Services, Hospice Services, etc.) they provide, their outpatient services (DME, Home Health, Radiology, etc.) and other relevant information, including ownership and malpractice and negligence suits during the past five year. The hospital must also provide information on the diagnostic or medical facilities to which they refer patients on a regular basis and the accreditation or regulatory agency approvals for their facility.
2. Hospitals are required to provide a copy of their current state operating license and their malpractice insurance coverage, plus an explanation of any malpractice suits that have been settled for greater than \$30,000 during the past five years.
3. The entire application and accompanying documents are then submitted to the Medical Director for his review and approval.

The majority of our hospitals are JCAHO accredited (Joint Commission on Accreditation of Hospitals) with the exception of select hospitals in rural areas.