1. POLICY STATEMENT

HEALTH ALLIANCE PLAN and its subsidiaries (Alliance Health Life Insurance Company, HAP Preferred Inc. and HAP Midwest Health Plan, Inc.) ensure that all practitioners applying for affiliation meet rigorous credentialing standards prior to approval for participation. All credentialing and recredentialing decisions are non-discriminatory and not based upon an applicant's race, ethnic/national identity, gender, or age sexual orientation.

2. STANDARDS

HEALTH ALLIANCE PLAN and its subsidiaries (Alliance Health Life Insurance Company, HAP Preferred Inc. and HAP Midwest Health Plan, Inc.) have a well-defined Credentialing and recredentialing process for evaluating and selecting licensed Independent practitioners to provide care to its members.

3. REGULATORY REQUIREMENTS AND REFERENCES

- National Committee for Quality Assurance (NCQA) standards
- Centers for Medicare & Medicaid Services (CMS) guidelines
- Michigan Department of Community Health (MDHHS) guidelines
- Michigan Department of Insurance and Financial Services (DIFS)

4. DEFINITIONS

- CMS: Centers for Medicare & Medicaid Services guidelines
- DIFS: Michigan Department of Insurance and Financial Services
- MDHHS: Michigan Department of Health and Human Services
- NCQA: National Committee for Quality Assurance standards
5. PROCEDURES

<table>
<thead>
<tr>
<th>Relevant Standard</th>
<th>Procedure</th>
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<tbody>
<tr>
<td>All</td>
<td>Assessment and Review of Practitioners who provide care to HAP members</td>
<td>Credentialing Manager</td>
</tr>
</tbody>
</table>

Practice/Procedure/Requirements for Compliance

1. **Types of practitioners to credential and recredential:**

   This policy applies to practitioners who have an independent relationship including Allopaths (MD), Osteopaths (DO), Dentists (DDS) (only oral and maxillofacial surgeons providing care under medical benefits), Podiatrists (DPM), Chiropractors (DC), Nurse Practitioners (NP), Physician Assistants (PA), Certified Nurse Midwives (CNM), Certified Registered Nurse Anesthetists (CRNA), Optometrists (OD), Board Certified Behavior Analysts (BCBA), fully licensed Psychologists (PhD/PsyD), Master Level Psychologists (LLP), Master Level Social Workers (LMSW), Licensed Professional Counselors (LPC) and Psychiatric Clinical Nurse Specialists.

   PCP availability: A PCP is described as a MD or DO who is listed as a General Practice, Family Medicine, Pediatrician or Internal Medicine Practitioner. OB/Gyn practitioners and other specialists may be designated as a PCP if they agree to provide care for all medical conditions. PCPs must provide or arrange for coverage of services 24 hours per day, 7 days per week. PCPs must be available to see patients a minimum of 20 hours per practice location per week.

   Practitioners who do not need to be credentialed are those who practice exclusively within the inpatient setting and provide care for organization members only as a result of members being directed to the hospital or another inpatient setting (i.e., hospitalists, pathologists, radiologists, anesthesiologists, neonatologists and emergency room physicians), practitioners who practice exclusively within freestanding facilities and who provide care for organization members only as a result of members being directed to the facility and locum tenens, general dentistry.

2. **Verification sources used for credentialing and recredentialing:**

   Verification is documented using a checklist which includes the name of the source used, the date of verification, the signature or initials of the person who verified the information and the report date, if applicable.

   **Application:**

   The CAQH application must include a signed current attestation confirming correctness and completeness of the application within the required time frame of 180 days prior to the Credentialing Committee's decision. If the signature attestation exceeds 180 calendar days before the credentialing decision, the practitioner must reattest that the information on the application is current and complete. The application must also include the following:
• Reasons for inability to perform the essential functions of the position.
• 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 malpractice insurance coverage.

**Licensure:**

HAP verifies a current, valid license to practice and a controlled-substance license as applicable in states where the practitioner provides care to its members is present, is within the prescribed time limit of 180 calendar days and is active at the time of the Credentialing Committee’s Decision.

• Obtains internet verification, oral or written verification directly from the State of Michigan Department of Licensing and Regulatory Affairs (LARA) or certification agency.
• Obtains either oral, written, or Internet verification for all other state licenses utilizing the appropriate state-licensing agency.
• Review of information of sanctions, licensures, or scope of practice covers the most recent five-year period available through the data source.
• Information on state sanctioning activity from the State of Michigan Department of Consumer and Industry Services Bureau of Health Services at the time of license verification.

**DEA or CDS Certificates:**

HAP verifies a current and valid DEA or CDS certificate with no restrictions or limitations (if applicable) in each state where the practitioner provides care to members through one of the following. Verification is obtained prior to the credentialing decision. Recent graduates or fellows applying for initial credentialing have 45 days to obtain their DEA certificate.

• Confirmation with the state pharmaceutical licensing agency, where applicable
• A copy of DEA or CDS certificate
• Documented visual inspection of the original certificate
• Confirmation with the DEA or CDS agency
• Confirmation with the National Technical Information Services (NTIS) database
• Confirmation with the American Medical Association (AMA) Physician Master File
• The DEA and CDS certificate is not applicable to chiropractors.

**Education and Training:**

Practitioners must have completed at least three years of post-graduate medical education in an approved internship and/or residency program (MD or DO) or DO's with only one-year post-graduate training before 1989 in an approved program and board certification.
Verification of board certification meets the requirement for verification of education and training since medical specialty boards verify both.

HAP verifies the highest of the three levels of education and training obtained by the practitioner prior to the credentialing decision. Graduation from medical or professional school, residency, if appropriate, and board certification, if appropriate.

The agencies/authorities recognized at the time of this policy are the following:

- The Accreditation Council for Graduate Medical Education (ACGME)
- American Medical Association (AMA) Physician Master Profile
- The American Osteopathic Association (AOA)
- Royal College of Physicians and Surgeons of Canada
- The American Podiatric Medical Association (AMPA) Council on Podiatric Medical Education
- Graduation from a Commission on Dental Accreditation (CODA) accredited training program – Oral Surgeons
- Completion of an accredited psychologist program with an approved internship/clinical practice requirements
- Chiropractic College
- Confirmation from state licensing agency, at least annually HAP obtains written confirmation from the state licensing agency that it obtains primary source verification directly from the training program.

**Board Certification:**

HAP verifies board certification and documents the expiration date within the 180 calendar day time limit including lifetime certification status. If the medical board does not provide the expiration date for a practitioner’s board certification, verification of the board certification status and date of verification is documented within the practitioners file.

Board Certification is verified by one or more of the following HAP recognized agencies/authorities are:

- American Board of Medical Specialties (ABMS Certifacts)
- American Osteopathic Association (AOA) Physician Profile Report
- Royal College of Physicians and Surgeons of Canada
- American Board of Addiction Medicine
- American Board of Sleep Medicine
- American Board of Oral and Maxillofacial Surgery
- American Podiatric Medical Association (APMA)
- American Board of Foot and Ankle Surgery (ABFAS)
• American Board of Lower Extremity Surgery (ABLES)
• American Board of Multiple Specialties in Podiatry (ABMSP)
• American Midwifery Certification Board (AMCB)
• National Commission on Certification of Physician Assistants
• Nurse Practitioners meet the advanced practice certification standards of one of the following certification organizations:
  a. American Nurses Credentialing Center (ANCC)
  b. American Academy of Nurse Practitioners
  c. National Certification Board of Pediatric Nurse Practitioners and Nurses, Inc.
  d. National Certification Corporation (NCC) for obstetric, gynecologic, and neonatal nursing specialties
  e. Oncology Nursing certification corporation
  f. Pediatric Nursing Certification Board

**Work History:**

HAP obtains a minimum of the most recent five years of relevant work history through the practitioner’s application or CV. Relevant experience includes work as a health professional. If the practitioner has practiced fewer than five years from the date of verification of work history, the timeframe starts at the date of initial licensure. The application or CV must include the beginning and ending month and year for each position the practitioner’s employment experience. If the practitioner has had continuous employment for five years or more with no gaps in work history providing the year is acceptable.

• Clarify either verbally or in writing each gap in employment that exceeds six months.
• If the gap in work history exceeds one year, the practitioner clarifies the gap in writing.
• Document its review of work history, including any gaps, within the credentialing file.
• Work history can be documented on the application, CV or checklist. Documentation will include the signature or initials of staff who reviewed work history and the date of review.

**Malpractice History:**

HAP obtains confirmation of the past five years of history of malpractice settlements from the malpractice carrier or the National Practitioner Databank (NPDB) within 180 calendar day time limit.

The five-year period may include residency or fellowship years. HAP does not need to
obtain confirmation from the carrier for practitioners who had a hospital insurance policy during a residency or fellowship.

**Hospital Affiliation:**

HAP verifies all current hospital affiliations as attested to on the application. In the event of a "red flag", previous hospitals affiliations are also verified.

**Sanction Information:**

HAP reviews and evaluates State sanctions, restrictions on licensure, limitations on scope of practice, and Medicare and Medicaid Sanctions prior to making a credentialing/recredentialing decision. The practitioner’s file will contain sufficient documentation to demonstrate that the credentialing information is present at the time of the credentialing decision within the 180 calendar day time limit from the following agencies/sources:

- NPDB
- State Medicaid agency or intermediary and the Medicare intermediary
- List of Excluded Individuals and Entities (maintained by OIG), available over the Internet
- Medicare Exclusion Database
- SAMS web-based system that identifies those parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits
- AMA Physician Master File entry
- FSMB

3. **Criteria for credentialing and recredentialing:**

HAP assures that all practitioners applying for affiliation meet rigorous credentialing standards prior to providing care to members.

- Completion of a CAQH application.
- Completion of at least three years of post-graduate training in an approved internship and/or residency program (MD or DO) or DOs with only one-year post-graduate training before 1989 in an approved program and board certification.
- Completion of an accredited physician assistant program with an approved internship/clinical practice requirements and hold a current active certification by the National Commission on Certification of Physician Assistants.
- Completion of an accredited nurse midwife program, nurse practitioner, clinical nurse specialists or CRNA program with an approved internship/clinical practice requirements.
- Nurse Practitioners and Physicians Assistants must submit evidence of collaborative or practice agreement between applicant and a designated HAP credentialed physician.
- Board certification in the requested area of practice is recommended. Board certification does not apply to chiropractors or psychologists.
Recent graduates of residency programs who are not board certified at the time of application are encouraged to **attain board certification within four years of completing the training program.**

Specialties such as OB/GYN and all surgery related specialties are encouraged to **attain board certification within six years of completing the training program.**

Non-boarded practitioners see Section 4 Process for making credentialing and recredentialing decisions.

Unrestricted Licensure in the State of Michigan.

Unrestricted DEA in the State of Michigan or arrangements with a HAP contracted/credentialed provider with a valid DEA for required prescriptions will be considered for approval or denial at the discretion of the Credentialing Committee. For initial practitioners or practitioners that move from another state, they may have a covering practitioner for up to six months until they obtain their DEA.

Affiliation with a hospital, as applicable. Select specialists including Physical Medicine & Rehab, Dermatology, Ophthalmology and Psychology are not required to have an affiliation with a hospital. All others must have hospital affiliations. For PCPs, hospital affiliation is not required if they are able to identify a credentialed contracted practitioner to oversee the care of their members.

Current Malpractice insurance, with at least $100,000/$300,000 coverage. Verify malpractice coverages and amounts from the CAQH application or obtain a copy of face sheet from practitioner.

Federal Torte Coverage - In lieu of malpractice insurance for practitioners delivering care at federal facilities, the file must include a copy of the federal tort letter or an attestation from the practitioner of federal tort coverage.

For practitioners requesting assignment of a dual PCP and specialist, each designation must be assigned to a separate network.

Eligible to participate in Medicare and Medicaid and must not be excluded from participation in any governmental healthcare program

Has elected to participate in Medicare and does not appear on the Medicare Opt-Out List.

Lack of current sanction and/or suspension from Medicare or Medicaid, or Federal Employees Health Benefits (FEHB). Exclusion or sanctions from a federal health care program shall cause an automatic termination as an affiliated practitioner.

Willingness to cooperate with Quality Management and Utilization Management programs, including willingness to permit a credentialing site visit and medical record-keeping practices review if requested.

Willingness to accept the HAP fee schedule as payment in full.

Willingness to accept new patients for all contracted product lines.

Favorable professional liability history including malpractice claims history with no more than $200,000 per claim or no more than 5 claims within the past five years.

Not excluded from SAMS.

Lack of present illegal drug use.

Attest to any felony convictions.

No unexplained gaps in work history.
• Obtain disclosure of Ownership and control of network provider

• Lack of fraud, waste and abuse documentation from Audit Department or FWA Response Team.

4. Process for making credentialing and recredentialing decisions:

Decision-making is governed by a majority vote of the Credentialing Committee for practitioners who do not meet minimum HAP standards and is nondiscriminatory. Each decision is based upon information, documents and/or evidence created, collected, maintained or otherwise arising out of matters that are under review, or have been reviewed pursuant to these policies Committee decisions will be kept confidential by all participants except as required by law or at the discretion of the Credentialing Committee in order to encourage candor and careful assessment necessary to effect peer review and quality assurance. All credentialing activities are in compliance with NCQA, State of Michigan Department of Consumer and Industry Services Bureau of Health Services, and all other applicable laws and regulatory bodies.

The Credentialing Committee considers all applicants, including those who have been granted waivers in the context of all available information. In the case of waivers, the Committee must weigh the lack of adherence to standards with factors such as:

• Perceived value to HEALTH ALLIANCE PLAN and its subsidiaries (Alliance Health Life Insurance Company, HAP Preferred Inc. and HAP Midwest Health Plan, Inc.) and/or the membership, which merits approval despite failure to meet the standard, and/or

• Perceived professional qualities, which may not be appropriately reflected in the HAP standard requiring board certification and residency training, including:

  a. Demonstrated motivation to participate in HAP and follow managed care procedures
  b. Special need for practitioners in the geographic area/network
  c. Reputation in the community
  d. Prominence in the network’s managed care organization
  e. Professional experience/Continuing Medical Education experience
  f. Partnership with current HAP practitioners of perceived exceptional quality

• Board certification waivers are reviewed for initial applicants only. To be considered for a board certification waiver, the practitioner must submit a letter of recommendation including network need from their (hospital) department chair or three letters of recommendation from HAP contracted and credentialed practitioners. Board certification waivers will be considered for approval or denial at the discretion of Credentialing Committee.

• Board certification extensions are granted to recredentialing applicants who provide proof from board stating they are scheduled to sit for the exam. Credentialing Committee reserve the right for approval or denial of Board certification extensions.
• Physician's certificates that expired and who fail to become recertified, or those physicians whose board eligible period expired or lapsed and have no plans of certifying or recertifying must provide a written explanation to Credentialing Committee to continue their affiliation. Credentialing Committee reserves the right for approval or denial.

• The Credentialing Committee may determine that some applicants who meet minimum HAP standards should not be approved for participation, for example:
  a. Lack of demonstrated motivation to participate cooperatively as a practitioner and follow the managed care/quality management procedures
  b. Lack of perceived need for practitioners in the geographic area/network
  c. Unfavorable reputation in the community
  d. Lack of good standing at affiliated hospital
  e. Perceived lack of quality of medical school/residency experience
  f. Failure to comply with the ethics of the profession

5. Process for managing credentialing files that meet the organization's established criteria:
   • All credentialing files that do not meet minimum credentialing standards must be reviewed by the Credentialing Committee.
   • Credentialing files that meet minimum credentialing standards, "clean files", are reviewed and approved by the medical director or an equally qualified practitioner.
   • Medical Director's Review of Clean Files.
     a. The Medical Director reviews and approves all practitioners that meet minimum requirements.
     b. The Medical Director's approval is obtained through a handwritten signature.
     c. The list of clean files is documented in the meeting minutes and the total number of clean files is presented to the Credentialing Committee

6. Process for delegating credentialing or recredentialing:
   • The credentialing process for affiliation with HAP may be delegated to another credentialing body when a signed delegated credentialing agreement is executed.
   • In all cases, HEALTH ALLIANCE PLAN and its subsidiaries (Alliance Health Life Insurance Company, HAP Preferred Inc. and HAP Midwest Health Plan, Inc.) retains ultimate authority over the process and engage in oversight activities to ensure that minimum standards are applied. (Refer to CR 8 Delegated Credentialing)
7. Process for ensuring that credentialing and recredentialing are conducted in a nondiscriminatory manner:

- The Credentialing Committee does not discriminate on the basis of the applicant's race, nationality/country of origin, gender, age, sexual orientation, or types of procedures or patients cared for by the practitioner.

- All members and guests of the Credentialing Committee sign a statement of confidentiality and nondiscriminatory decision-making on an annual basis.

- On an annual basis the Credentialing Committee reviews credentialing files (in-process, denied and approved files) to ensure that there is no pattern of discrimination or evidence of individual discrimination.

8. Process for notifying practitioners if information obtained during the organization's credentialing process varies substantially from the information they provided to the organization:

- If the information received varies substantially from the information provided on the application, the credentialing staff requests clarification from the practitioner and provides the practitioner an opportunity to amend the erroneous information. Notification of erroneous information is sent to provider by certified mail or secured e-mail.

9. Process for ensuring that practitioners are notified of the credentialing and recredentialing decision within 60 calendar days of the committee's decision:

Practitioners are notified within 60 calendar days of the committee's decision.

- Approval notices are forwarded from Credentialing to Provider Contracting for processing and distribution to the practitioners.

- Denial notices are sent from Credentialing to the practitioner via certified mail.

10. Medical director or other designated physician's direct responsibility and participation in the credentialing program:

- The Medical Director is responsible for the Credentialing and Oversight Committees.

- The Medical Director ensures that HEALTH ALLIANCE PLAN and its subsidiaries (Alliance Health Life Insurance Company, HAP Preferred Inc. and HAP Midwest Health Plan, Inc.) carries out its credentialing activities in the most efficient, effective way possible and that all credentialing activities are in compliance with the Credentialing Policies, NCQA standards, State of Michigan Department of Consumer and Industry Service Bureau of Health Services, and all other applicable laws and regulations. The Medical Director may approve initial and recredentialing files that meet all credentialing criteria or may determine that additional review is necessary by the Credentialing Committee.
11. Process for ensuring the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law:

- All members and guests of the Credentialing and Oversight Committees sign a statement of confidentiality and nondiscriminatory decision-making on an annual basis.

- Members and guests of the Credentialing and Oversight Committees will not discuss or share information that was obtained at this meeting, or in preparation or follow-up to the meeting. Information is to be utilized only as it is originally intended.

- Information, documents and/or evidence created, collected, maintained or otherwise arising out of matters that are under review, or have been reviewed pursuant to these policies, will be kept confidential by all participants except as required by law or at the discretion of the Credentialing Oversight Committee in order to encourage candor and careful assessment necessary to effect peer review and quality assurance.

- Committee members and guests will not discuss, share or use any peer review information for any purpose other than peer review.

- Access to credentials documents will be restricted to authorized staff, Committee members, peer reviewers and reporting bodies as authorized by the Credentialing Oversight.

- Minutes, reports and files of Credentialing Oversight Committee meetings will be maintained in a confidential manner in locked cabinets or in the physicians file imaging system. The physician file once it has been imaged is transferred offsite in a secure and restricted environment for the duration of seven (7) years. At the end of seven (7) years, the file is shredded/destruction in compliance with Offsite Records Storage, Retrieval, Destruction (Office Services Corporate Policy).

- Copies of the minutes will not be allowed to be removed from the site of the Credentialing Committee. All minutes and documentation will be shredded immediately following the meeting.

- The identity of a person whose condition or treatment has been studied in the Committee is confidential and the Committee shall remove the person’s name and address from the record before the Committee releases or publishes a record of its proceedings, or its report, findings, and conclusions. Except as otherwise provided, the record of proceedings and the reports, findings, and conclusions and data collected by or for this Committee are confidential, are not public records, and are not discoverable and shall not be used as evidence in a civil action or administrative proceeding.

- Disclosure of credentialing information is limited to information needed (i.e., name, address, network, specialty, education and training, board certification status, hospital affiliation) for provider directory, provider assignment or on-line directory.

- All Credentialing staff is required to change their passwords every 180 days. For maintaining confidentiality, staff will not write down their password; but remember it. If a user leaves the organization, a system administrator will make sure to delete that person’s user account within 30 days.
12. Process for ensuring those listings in practitioner directories and other materials for members are consistent with credentialing data.

The practitioner directory excludes all practitioners that are not independently contracted and credentialed who practice in an inpatient setting. The directory may differ based on member's benefit level.

- Practitioner-specific information, including education and training, board certification status, specialty, hospital affiliation, gender and language information, that is made available to HAP and its subsidiaries (all products lines) and the general public is derived directly from the Credentialing department's database.

- All practitioner-specific information (education and training, board certification status, specialty, hospital affiliation, gender and language information) is verified through the credentialing process and entered into CACTUS. After the Credentialing Committee's approval, this information is entered into the claims database, where practitioner directories and all practitioner-specific information are derived.

- The Credentialing staff is responsible for entering practitioner specific information into CACTUS. Any discrepancies are validated and corrected within 30 days.

- Practitioner-specific information is also validated during the recredentialing process which takes place every three years.

Practitioners Rights

1. HAP notifies practitioner about their rights to:

- It is the practitioner's right to review information obtained to evaluate the practitioners credentialing application, attestation or CV.

- Each practitioner has the right to review certain information obtained during the verification process. Practitioners do not have the right to review information such as recommencements or other information that is considered to be peer-review protected.

- The practitioner may review credentialing policies and procedures upon written request.

2. Correction of erroneous information:

- If the information received varies substantially from the information provided on the application, HAP requests clarification from the practitioner and provides the practitioner an opportunity to amend the erroneous information. Notification of erroneous information is sent to provider by certified mail or secured e-mail.

- The practitioner is asked to respond in writing within 14 days of receipt of the certified letter.

- The practitioner mails the response to the Manager of Credentialing by certified mail.

- If the practitioner chooses to exercise his or her right to correct the erroneous information:
a. HEALTH ALLIANCE PLAN and its subsidiaries (Alliance Health Life Insurance Company, HAP Preferred Inc. and HAP Midwest Health Plan, Inc.) further investigate the primary source information.

b. This information, along with the practitioner’s response, is presented to the Credentialing Committee for review and resolution.

c. The practitioner is notified via certified mail within 14 days of the Credentialing Committee's decision.

d. If the practitioner chooses not to exercise his or her right to correct the erroneous information, or does not respond within 14 days:

e. The information is presented to the Credentialing Committee for review and resolution, without input from the practitioner.

f. The practitioner is notified of the committee decision via standard procedure.

3. Receive the status of their credentialing or recredentialing application, upon request:

   • If the practitioner requests the status of his/her application, HAP provides practitioner with approximate date when the application will be presented to the Credentialing Committee and any outstanding primary source verification letters either by telephone or written correspondence. Practitioners do not have the right to review information such as recommendations or other information that is considered to be peer-review protected.

4. Notification of Practitioner Rights:

   • Practitioners are notified of these rights upon their initial request for a contract and on an ongoing basis. CR1 is sent along with the initial request for a contract. Credentialing policies and procedures are made available to all HAP contracted practitioners on an ongoing basis on the provider portal of the website and practitioners are notified annually and offered hard copies of the policies and procedures if web access is unavailable.

6. ADDITIONAL INFORMATION / ATTACHMENTS

   Vice President Quality, Credentialing and Disease Management, AVP Quality, Credentialing and Disease Management, Credentialing Committee, Credentialing Oversight Committee: Credentialing Department Employees are responsible for reporting any observed violations of this policy to the Office of Compliance.

7. REVIEW PERIOD

   This policy is reviewed annually.
8. REVIEW AND REVISION HISTORY:

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<tr>
<th>Date</th>
<th>Summary of Modifications made</th>
<th>Revised By</th>
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<td>4/20/95; 9/25/96; 6/2/97; 3/17/98; 7/31/02; 3/22/05; 10/23/06; 4/7/09; 2/2/10; 6/1/11; 2/7/12; 2/12/13; 8/12/14; 9/1/15; 10/25/16; 04/25/2017</td>
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<td>9/14/10</td>
<td>Revised to be aligned with NCQA Standards</td>
<td>Credentialing</td>
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<td>9/1/15</td>
<td>Integration of HAP and HAP Midwest Credentialing Department Policies</td>
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<tr>
<td>10/25/16</td>
<td>Transitioned Policy to new template format</td>
<td>Credentialing</td>
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HAP MIDWEST HEALTH PLAN, INC.
Information Form required by 42CFR455.101, 104 & 106*

A. Name of Provider: ____________________________

Practice Name [if different than above]: ____________________________

B. Provider Address: ____________________________

number & street

city, state & zip code [must have 9 digits]

C. Provider phone number: ____________________________ Fax: ____________________________

area code / number area code / number

Email: ____________________________

D. Full Name(s) of Individual(s) or corporation with ownership or control interest of 5% or greater:* per definition at 42CFR455.104 [Indicate on line 1 “N/A Non- profits” or “N/A<5%” if entity has no one with 5% or more ownership]

1: ____________________________ * % ____________________________ *  

SSN: ____________________________ Date of Birth: ____________________________

Owner’s address, city, st & zip-code [9 digits]

2: ____________________________ * % ____________________________ *  

SSN: ____________________________ Date of Birth: ____________________________

Owner’s address, city, st & zip-code [9 digits]

If additional owners, please add a separate sheet with name and percentage.*

E. Do any of the owners [regardless of %], own any other companies which are contracted with Midwest Health Plan or its affiliated companies? Yes / No [circle answer] If Yes describe / list on back of sheet.

Must identify the full name of managing employee. See definition of managing employee at 42CFR455.101

F. Name of Managing Employee:* ____________________________

Managing Employee’s Date of Birth:* ____________________________

Managing Employee’s SSN:* ____________________________

Federal Requirement rev. 20130102
Please answer the following questions for any provider/owner/agent/managing employee of entity: See description at 42CFR455.106

G: 1: Does any person who has ownership or control interest in the provider, or is an agent or managing employee of the provider ever been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of these programs? [Briefly describe to rule out need to report.]

______________________________________________ Yes No
If yes, name of person & SSN________________________________________
List areas and dates: _____________________________________________________________________________

2: Convicted of a misdemeanor/felony in any state? ____________________________ Yes No
If yes, name of person & SSN________________________________________

3: Under indictment for any crime? ____________________________ Yes No
If yes, name of person & SSN________________________________________

4: Sanctioned by any government program or agency for any reason? _________ Yes No
If yes, name of person & SSN________________________________________

Individual answering yes to above questions will be reported to HHS/OIG and MIPS within 30 days of receipt of form.

II: ATTESTATION TO CORRECTNESS OF INFORMATION:

I attest that the information provided on this form is correct and complete to the best of my knowledge. I am aware that any deliberate omissions or misrepresentations constitutes fraud on this form and will cause denial of participation in Midwest Health Plan.

Signature: ____________________________ Date: ____________________________
Print name of person signing form________________________________________

*Federal Regulations website: http://www.gpoaccess.gov/cgi-bin/retrieve.html

Summary only of these federal requirements [see above for entire wording]:

42CFR455.101 Disclosure of Information by providers and fiscal agents [Definitions]: Agent means any person who has been delegated the authority to obligate or act on behalf of the provider. Managing employee means a general manager, business manager, administrator, director or person who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

42CFR455.104 Disclosure of information by providers and fiscal agents [Information on ownership and control]: The name and address of each person with an ownership or control interest, any subcontractor with direct or indirect ownership of 5% or more.

42CFR455.106 Disclosure of information by providers and fiscal agents [Information on persons convicted of crimes]: Has ownership or control interest in the provider, or is an agent or managing employee of the provider been convicted of criminal offense.........
COLLABORATIVE PHYSICIAN AGREEMENT

In providing care to Health Alliance Plan of Michigan members, I, ______________________________________ MD/DO agree to collaborate with ______________________________________ NP/PA.

1. I confirm that I am the Collaborating Physician for the above named Nurse Practitioner or Physician Assistant.

2. I agree to abide by all laws, rules and regulations, including policies and procedures governing the collaboration of Nurse Practitioners or Physician Assistants at Health Alliance Plan of Michigan participating hospitals.

3. I agree to inform Health Alliance Plan of Michigan in the event that I have concerns with regard to the quality of care provided by the Collaborative Nurse Practitioner or Physician Assistant.

4. I agree to immediately notify Health Alliance Plan of Michigan in the event the scope or nature of my professional affiliation with the Collaborative Nurse Practitioner or Physician Assistant changes.

5. I agree to comply with all regulations of the State Medical Board and the Michigan Public Health Code with respect to my supervision of the Collaborative Nurse Practitioner or Physician Assistant.

__________________________________________  __________________________
Signature, Collaborative Physician               Date