Credentialing Criteria

PacificSource Health Plans and PacificSource Community Health Plans (PacificSource, collectively) make every effort to contract with highly qualified practitioners by using strict credentialing standards. Before a practitioner can become a participating provider, they must successfully complete the credentialing process.

The following criteria are applied to each practitioner to be credentialed by PacificSource. Each practitioner is responsible for fully complying with the PacificSource credentialing requirements, and to inform PacificSource of any deviation from these criteria. All practitioners requesting participation with PacificSource will receive a copy of the below criteria and will be required to complete the applicable Oregon state mandated practitioner credentialing application, or an application approved by PacificSource if rendering services 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 credentialing process will not begin until all information is received.

Applications for credentialing must include the following:

- 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.)***
- 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.)***
- A current, valid, unrestricted license to practice.
- 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.
- A valid DEA 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.)***
- Relevant work history. The application or curriculum vitae must include the most recent five years of relevant work history with an explanation for any gaps of two months or more.

- Completion of Board Certification or education/training as applicable in designated specialty. Board Certification is required for all MDs, DOs and DPMs 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.
- Current professional liability insurance coverage with amounts of at least $1,000,000 per occurrence and $3,000,000 aggregate.
- A professional liability claims history with an explanation for any professional liability claims filed against the practitioner.
- Explanation for history of loss, limitation, suspension, denial, voluntary relinquishment of privileges, or any disciplinary activity by any healthcare facility or healthcare provider.
- Explanation for history of denial, revocation, limitation, voluntary relinquishment, sanction, or suspension of any licenses.
- Explanation for history of revocation, limitation, suspension, or voluntary or involuntary relinquishment of DEA number or CDS Certificate.
- Explanation for history of felony convictions.
- 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.
- 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.
- 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.
- 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).
- Credentialing staff will review the Medicare opt out list at the time of credentialing and recredentialing to ensure practitioners on the list are not applying for participation in Medicare Advantage plans.

PacificSource Community Health Plans, Inc. is an HMO/PPO plan with a Medicare contract.