



Standards for Participation

To become a THP provider, a physician must meet the standards of participation as developed by The Health Plan. Practitioners cannot provide medical care to our members until they are fully credentialed.

A physician must have the following credentials:

- Drug Enforcement Administration (DEA) registration number if the scope of practice would warrant the physician to have a DEA.
- Professional liability - Minimum amount of 1 million, any amount below minimum will be reviewed by the credentials committee.
- Admitting privileges at a participating hospital.
- Clear report from the National Data Bank.
- Board-certified or board-eligible. If not board-certified or board-eligible, the physician must demonstrate appropriate training for specialty listed.
- Signed and dated agreement.
- Office site survey for primary care physicians (PCP), OB/GYN, and those providers designated by the plan as high-volume specialist and who provide services to Medicaid recipients.
- Proof of current medical license(s).
- Sufficient information concerning any malpractice actions.
- NPI number and UPIN or PTAN number.
- Completed application.

Practitioners/providers eligible for participation with The Health Plan are:

- Medical doctor
- Doctor of osteopathy
- Doctor of podiatric medicine
- Doctor of dental surgery
- Doctor of chiropractic medicine
- Audiologist
- Certified nurse practitioner (Must submit a copy of their collaborative agreement and/or prescriptive authority (if applicable) with a physician who is a participating practitioner with The Health Plan)
- Certified nurse midwife (Must have a collaborative agreement with an obstetrician)
- Physician assistant (The collaborating physician must be participating with The Health Plan and submit a copy of the practice agreement)



- Independent physical therapist
- Optometrist
- Fully-licensed psychologist
- Clinical licensed master social worker
- Ambulance provider
- Durable medical equipment
(Must be accredited and possess a surety bond; if applicable)
- Independent speech language pathologist
- Registered Dietitian, Diabetic Educator and Nutritionist

Provider/facilities eligible for affiliation in The Health Plan network are:

- Ambulatory surgical centers (Must be accredited)
- End-stage renal disease facilities
- Federally-qualified health centers
- Rural health clinics
- Home health care facilities
- Infusion therapy providers
(Must be accredited)
- Hospitals (must be accredited)
- Critical access hospitals
- Long-term acute care hospitals
- Outpatient physical therapy facilities
- Skilled nursing facilities
- Accredited behavioral health facilities

Providers and facilities must meet certain requirements to be a participating provider with The Health Plan. Please contact our Network Development Department or Provider Relations Department for specific requirements.

The agreement will not be executed on behalf of The Health Plan until the credentialing process has been completed and the practitioner has been approved for participation.

Notification of acceptance and/or rejection will be sent, in written form, within 60 days of the decision.

The Health Plan will complete the credentialing process within 90 days of receipt of the application or 180 days from the date of signature on the attestation statement of the application.



In addition to the above credentials, The Health Plan quality improvement committee has identified the following behaviors and expectations for The Health Plan physicians, who should:

- Have 24-hour availability, seven days a week, with backup coverage.
- Accept members of any or all THP products, as required by The Health Plan.
- Admit THP patients to participating hospitals.
- Accept and support The Health Plan policies.
- Allow medical records and office to be reviewed as part of collaborative quality program.
- Have records and office meet criteria established by The Health Plan and participating physician.
- May not discriminate against The Health Plan patients or “de-market” The Health Plan.
- Admit under own service to participating hospitals if patient’s condition is within physician’s range of expertise and scope of privileges.
- Meet the CME requirement that is required for state licensure.

The following guidelines are for PCPs only:

A PCP shall be required to provide a minimum of 20 hours per week of patient care availability in a county to be considered as a PCP in that county. The only exception shall be practitioners who provide services at multiple sites.

In the instance of multiple sites, these shall be acceptable providing the alternate location is within 30 miles or 60 minutes driving time of the primary location and the alternate location meets all the necessary requirements, as determined appropriate by the credentials committee and/or the executive management team. The PCP must also provide coverage 24 hours a day, seven days per week and have privileges at a provider facility or have arranged with a contracting provider/hospitalist group to handle all inpatient care for his/her patients.

The PCP maintains at least 50 percent primary care practice.

The following guidelines are for specialty providers (specialists and secondary care physicians):

Specialist practitioners who provide patient care access fewer than 20 hours per week in a THP county shall be considered as a practitioner in that region only if the specialty service of the physician is not otherwise available through sufficient plan practitioners residing in that region. Furthermore, the ability of the specialist to provide the necessary service locally including inpatient care, surgery and backup support shall be considered by the credentials committee and/or executive management team in making the determination of the acceptance of the practitioner as a plan provider.

The committee shall consider the specific needs of the specialty and how the physician will accommodate his/her patient needs. Practitioners who provide only limited services locally shall not be permitted to be accepted as a plan provider. In addition, if it is determined that the physician specialty requires the physician to be available locally, the practitioner shall not be accepted as a plan provider.