

Scott & White Health Plan Guidelines for Selection and Continued Affiliation of Practitioners

Scott & White Health Plan is responsible for contracting directly with physicians and providers for the Scott & White Health Plan network. In determining whether to initially contract, or continue an existing contract, with a particular physician or provider, Scott & White Health Plan has developed a set of criteria to assist in guiding its decision. Such criteria is for guidance only, and the fact that a particular physician or provider meets all or some of the criteria will not necessarily result in Scott & White Health Plan seeking an offer to contract from that physician or provider. Below are some of the criteria Scott & White Health Plan uses to consider a practitioner or organizational provider for affiliation. The Scott & White Health Plan reserves the right to use criteria based on needs of the Scott & White Health Plan. The Scott & White Health Plan is not obligated to contract directly with any physician or provider. (Please see Texas Insurance Code §843.111)

Category I. Eligibility for Participation

1. Professional: credentials in accordance with regulatory requirements and Scott & White Health Plan policy and procedure.
 - Valid Texas State License.
 - Appropriately credentialed and actively admitting at a relevant facility affiliated with the Scott & White Health Plan or if you do not have privileges at a SWHP network hospital, our expectations are that you will have prior established relationships with physicians who are on the active medical staff who can admit the member. Referring to the "physician on city call" would **not** be acceptable.
 - Current ABMS Board certification, board eligible, or equivalent, in the specialty applying for credentialing.
2. Malpractice limits of at least \$1,000,000/\$3,000,000 or the minimum requirements of the Scott & White Health Plan affiliated hospital where privileged. Higher levels of coverage may be required as determined necessary by Scott & White Health Plan.

Category II. Quality of Services/Care

1. Facility management: If a reasonable member complaint is received, an office site visit will be conducted to review physical accessibility, physical appearance, adequacy of waiting/examining room space, availability of appointments, and adequacy of treatment record keeping. A score of at least 90% must be achieved from the site review.
2. HEDIS/Utilization/Member Complaint measures: Quality of service and utilization levels will be evaluated to ensure that Scott & White Health Plan's high standards of quality are being met, and that the level of utilization is appropriate.
3. Quality Reviews: Providers will cooperate with data collection for quality initiatives.
4. Physicians who do procedures that require consent forms have adopted and implemented the Joint Commission standards for wrong site/wrong procedure and the "Time Out" policy.

Category III. Member Needs in Accordance with Contractual Benefits

1. Appointments accessible in accordance with medical accessibility standards, i.e. eye refraction within six weeks, urgent care within 24-48 hours, emergency care same day, primary care within 5 days, preventative care within 6 weeks.
2. Geographic location.
3. Distance from other practice sites with same type of provider.
4. Hours of operation, after-hours coverage, emergency call provisions.
5. Areas of Scott & White Health Plan membership growth trends.
6. Comprehensiveness, nature, and scope of service.
7. Unique expertise not found among other providers/physicians.

Category IV. Personal Attributes

1. Good communication skills, language enhancements.
2. Experience – in field of practice, in geographic area, and with Scott & White.
3. Stability, commitment to professionalism.
4. Professional appearance, attire.
5. Commitment to patient safety protocols and initiatives.

Category V. Organizational Fit

1. Professional reputation.
2. Practice and referral patterns.
3. Commitment to patient care.
4. Cost appropriate for service provided in conjunction with member need.
5. Commitment to community.
6. Efficient, solvent, and properly managed business practice patterns.
7. Demonstrates attitude of cooperation and willingness to work within the Scott & White system.
8. Will submit to billing audits.
9. Accurate and appropriate billing practices.

Category VI. Other

Any other factor, which might either enhance or dilute the ability to provide comprehensive, personalized, high quality health care in a cost effective manner will be taken into consideration.

Rights of Applicants to the Scott & White Health Plan

A. Right to Inquire About Credentialing Status

Each applicant to the Scott & White Health Plan retains the right to at anytime inquire about their credentialing status. The practitioner at any time may contact the Provider Relations Department to obtain the current status.

B. Right to Review

Practitioners will have the right to review the information submitted in support of their credentialing applications. However, SWHP respects the right of the Peer Review aspects that are integral in the credentialing process. Therefore, practitioners will not be allowed to review references or recommendations or any other information that is peer review protected. In the event that through the review process, a practitioner discovers an error in the credentialing file, the practitioner does have the right to request a correction of the information in question.

C. Right to Notification

Practitioners will be notified of any information obtained during the credentialing process that varies substantially from the information provided by the practitioner.

D. Right to Correct Erroneous Information

Practitioners will have the right to correct erroneous information. The practitioner will be afforded fifteen (15) working days to provide corrected information in a written format to the QI Coordinator and/or Credentialing Delegate.

If you have any questions regarding your rights as an applicant to the Scott & White Health Plan, please do not hesitate to contact the Provider Relations office at (245) 298-3064 or email SWHPPROVIDERRELATIONSDEPARTMENT@swmail.sw.org

Please sign and date these guidelines. Return with Provider Data Form and a copy of your CV(Resume) via fax to 254-298-3044.

Acknowledged by: _____
Signature _____ ***Print Name*** _____

Date: _____