

CREDENTIALING STANDARDS

1. Complete and sign a Jefferson Health Plans Provider Data Collection Form (PDCF), which includes Principles of Ethics attestation. This applies to professional providers only.
2. Complete and sign and date a Participating Provider Application, PA Standard Application or CAQH, JHP Ancillary, JHP Facility. This must include all questions answered regarding the following: reasons for inability to perform essential functions of position without accommodations, lack of present illegal drug use, history of loss of license and felony convictions, history of loss of limitations or privileges or disciplinary action, attestation to the correctness of the application and signature within 180 days.
3. Submit one signed and dated Health Partners Plans Participating Provider Agreement. *
4. Submit a current, unrestricted license to practice in the Commonwealth of Pennsylvania or License to practice within the State of practicing medicine, if not Pennsylvania. A current active license indicates all continuing education requirements have been met. JHP does recognize an "On Probation" status license as an active license, however, any provider with this status will be deferred to our credentials committee for decision making. If the license is current and active but has had a sanction action taken on behalf of other states or within PA, it will not need credentials committee review.
5. Submit a current DEA or CDS certificate with a Pennsylvania address or in the State of practicing medicine if not Pennsylvania, if applicable. *
6. Submit evidence of professional liability insurance with limits of liability as required by the Commonwealth of Pennsylvania or within the State of practicing medicine if not Pennsylvania.
7. There is a 5-year history for initial cred and 3-year for Re-credentialing of professional liability claims that are open, or settlement paid by or on behalf of the provider.
8. Providers who render services in a hospital setting are required to have an affiliation at a hospital participating in the Jefferson Health Plans network for each JHP line of business which the provider participates. In place of maintaining a hospital affiliation at a JHP participating hospital the provider may enter into a covering agreement with another JHP participating provider in the same practicing specialty who has a hospital affiliation at a JHP participating hospital.
Primary Care Providers (PCPs) are not required to maintain an active hospital affiliation.
9. All providers must be free of felony convictions and preclusion from participation. Review of NPDB, OIG, SAM and Medcheck will be conducted at the time of initial credentialing and recredentialing.
10. All providers must provide current Pennsylvania State Medicaid Numbers (MAID), for the individual provider and group/practice level, if applicable.
11. All providers must provide current vendor (billing) and individual NPI numbers.
12. Specialist practitioners must be board certified in the specialty for which they are applying; or considered "board eligible" which is a probationary period allowed between the completion of an approved specialty training program and passing the Specialty Certifying Examination. Please review the below *appendix* for a listing of Boards recognized by Jefferson Health Plans. The following exceptions to this requirement will be considered by the credentials committee however, it does not secure approval into the Jefferson Health Plans network. *
 - ❖ There is a business need defined by Jefferson Health Plans determined by Leadership to meet the limited adequacies in these three areas
 - Language / geographic zones / limited specialty needs in their group
 - ❖ Committee Peer review needed which is a case-by-case discussion
 - The provider submits a documented plan to sit for the boards within a reasonable time frame
 - Provider is well established in their specialty and comes highly recommended by superiors/colleagues
 - Provider is foreign trained and/or has board certification from a foreign accrediting board *not* on the *Appendix*
13. Documentation of CMEs, if applicable. *
14. Collaborative agreement for CRNPs & CNMs and a Substitute Supervising Physician Registration (includes the supervising physicians name), a Protocol is needed for PA-Cs. This document is to be submitted with the initial credentialing application and if changed during the recredentialing processing.
15. Facility and ancillary providers must have appropriate accreditation for their type of facility and/or a DOH survey review Documentation is required at initial credential.
16. Practitioner must possess a Medicare number and *NOT* appear on Medicare Opt-Out or Medicare Preclusion listing to participate in the JHP Medicare product.
17. Work history gaps greater than 6 months, must be explained in writing and provide a copy of the providers CV. There is a 5 year look back period.
18. A PCP must have ability to perform or directly supervise ambulatory primary care services of Members.

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ITEM #	CREDENTIAL	PCP	PCP W/NEXPLANON	SPECIALIST	PODIATRIST	PHYSICIAN ASSISTANT
1	PROVIDER DATA COLLECTION FORM (PDCF)	X	X	X	X	X
2	APPLICATION (CAQH)	X	X	X	X	X
3*	PROVIDER AGREEMENT	X	X	X	X	X
4	VALID PENNSYLVANIA LICENSE (OR State where Practicing Medicine)	X	X		X	X
5*	DEA / CDS	X	X	X	X*	X*
6	LIABILITY INSURANCE	X	X	X	X	X
7	HISTORY OF LIABILITY CLAIMS	X	X	X	X	X
8*	ACTIVE/ADMITTING PRIVILEGES	N/A	N/A	X	N/A	N/A
9	FREE OF FELONY CONVICTIONS	X	X	X	X	X
10	PROMISe ID	X	X	X	X	X
11	GROUP AND INDIVIDUAL NPIs	X	X	X	X	X
12*	BOARD CERTIFIED	N/A	N/A	X	X*	X
13*	CME DOCUMENTATION	N/A	N/A	N/A	N/A	N/A
14	COLLABORATIVE AGREEMENT / PROTOCOL	N/A	N/A	N/A	N/A	X
15	ACCREDITATION	N/A	N/A	N/A	N/A	N/A
16	MEDICARE PARTICIPATION	X	X	X	X	X
17	WORK HISTORY GAPS EXPLAINED	X	X	X	X	X
18	PCP Supervise Ambulatory Care	X	N/A	N/A	N/A	N/A

ITEM #	CREDENTIAL	CRNP	CNM	FP w/OB	GERIATRICIAN	ACUPUNCTURIST
1	PROVIDER DATA COLLECTION FORM (PDCF)	X	X	X	X	X
2	APPLICATION (CAQH)	X	X	X	X	X
3*	PROVIDER AGREEMENT	PCP & Specialist	Specialist	PCP & Specialist	PCP & Specialist*	Specialist
4	VALID PENNSYLVANIA LICENSE (OR State where Practicing Medicine)	X	X	X	X	X
5*	DEA / CDS	X *	X*	X	X	N/A
6	LIABILITY INSURANCE	X	X	X	X	X
7	HISTORY OF LIABILITY CLAIMS	X	X	X	X	X
8*	ACTIVE/ADMITTING PRIVILEGES	X	X	X	X	N/A
9	FREE OF FELONY CONVICTIONS	X	X	X	X	X
10	PROMISe ID	X	X	X	X	X
11	GROUP AND INDIVIDUAL NPIs	X	X	X	X	X
12*	BOARD CERTIFIED	X*	X	N/A	X	N/A
13*	CME DOCUMENTATION	N/A	N/A	X*	X Specialist Only	35 in 3 years
14	COLLABORATIVE AGREEMENT	X	X	N/A	N/A	N/A
15	ACCREDITATION	N/A	N/A	N/A	N/A	N/A
16	MEDICARE PARTICIPATION	X	X	X	X	X
17	WORK HISTORY GAPS EXPLAINED	X	X	X	X	X
18	PCP Supervise Ambulatory Care	X	N/A	N/A	N/A	N/A

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ITEM #	CREDENTIAL	HOSPITAL	ANCILLARY	PECC	PED NURSING HOME	CHIROPRACTOR
1	PROVIDER DATA COLLECTION FORM (PDCF)	N/A	N/C	N/A	N/A	X
2	APPLICATION (CAQH)	X	X	X	X	X
3*	PROVIDER AGREEMENT	Facility	Ancillary	Ancillary	Ancillary	Specialist
4	VALID PENNSYLVANIA LICENSE (OR State where Practicing Medicine)	X	X	X	X	X
5*	DEA / CDS	N/A	N/A	N/A	N/A	N/A
6	LIABILITY INSURANCE	X	X	X	X	X
7	HISTORY OF LIABILITY CLAIMS	X	X	X	X	X
8*	ACTIVE/ADMITTING PRIVILEGES	N/A	N/A	N/A	N/A	N/A
9	FREE OF FELONY CONVICTIONS	X	X	X	X	X
10	PROMISe ID	X	X	X	X	X
11	GROUP AND INDIVIDUAL NPIs	X	X	X	X	X
13*	BOARD CERTIFIED	N/A	N/A	N/A	N/A	N/A
14*	CME DOCUMENTATION	N/A	N/A	N/A	N/A	N/A
15	COLLABORATIVE AGREEMENT	N/A	N/A	N/A	N/A	N/A
16	ACCREDITATION	X	X	X	N/A	N/A
17	MEDICARE PARTICIPATION	N/A	N/A	N/A	N/A	X
20	WORK HISTORY GAPS EXPLAINED	N/A	N/A	N/A	N/A	X
21	PCP Supervise Ambulatory Care	N/A	N/A	N/A	N/A	N/A

ITEM #	CREDENTIAL	NUTRITIONIST	SPEECH-LANGUAGE PATHOLOGIST	AUDIOLOGIST	CRNA	
1	PROVIDER DATA COLLECTION FORM (PDCF)	X	X	X	X	
2	APPLICATION (CAQH)	X	X	X	X	
3*	PROVIDER AGREEMENT	Specialist	Specialist	Specialist	Specialist	
4	VALID PENNSYLVANIA LICENSE (OR State where Practicing Medicine)	X	X	X	X	
5*	DEA / CDS	N/A	N/A	N/A	N/A	
6	LIABILITY INSURANCE	X	X	X	X	
7	HISTORY OF LIABILITY CLAIMS	X	X	X	X	
8*	ACTIVE/ADMITTING PRIVILEGES	N/A	N/A	N/A	N/A	
9	FREE OF FELONY CONVICTIONS	X	X	X	X	
10	PROMISe ID	X	X	X	X	
11	GROUP AND INDIVIDUAL NPIs	X	X	X	X	
13*	BOARD CERTIFIED	N/A	N/A	N/A	X	
14*	CME DOCUMENTATION	N/A	N/A	N/A	N/A	
15	COLLABORATIVE AGREEMENT	N/A	N/A	N/A	N/A	
16	ACCREDITATION	N/A	N/A	N/A	N/A	
17	MEDICARE PARTICIPATION	X	X	X	X	
20	WORK HISTORY GAPS EXPLAINED	X	X	X	X	
21	PCP Supervise Ambulatory Care	N/A	N/A	N/A	N/A	

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ITEM #	CREDENTIAL	DOULA	PHARMACIST
1	PROVIDER DATA COLLECTION FORM (PDCF)	X	X
2	APPLICATION (CAQH)	X	X
3*	PROVIDER AGREEMENT	Specialist	Specialist
4	VALID PENNSYLVANIA LICENSE (OR State where Practicing Medicine)	N/A	X
5*	DEA / CDS	N/A	X
6	LIABILITY INSURANCE	X	X
7	HISTORY OF LIABILITY CLAIMS	X	X
8*	ACTIVE/ADMITTING PRIVILEGES	N/A	N/A
9	FREE OF FELONY CONVICTIONS	X	X
10	PROMISE ID	X	X
11	GROUP AND INDIVIDUAL NPIs	X	X
13*	BOARD CERTIFIED	X	N/A
14*	CME DOCUMENTATION	N/A	N/A
15	COLLABORATIVE AGREEMENT	N/A	N/A
16	ACCREDITATION	N/A	N/A
17	MEDICARE PARTICIPATION	X	X
20	WORK HISTORY GAPS EXPLAINED	X	X
21	PCP Supervise Ambulatory Care	N/A	N/A

CREDENTIALING STANDARDS

* Exceptions Apply

- **DEA** – Not all Physician Extenders (CRNPs, CNMs, and PA-Cs) write prescriptions. If they do not, a DEA is not required. For DPMs practicing as Podiatric Medicine, if there is no DEA, written confirmation is required.
- **Hospital Privileges** – This is required for providers applying as a Specialist but Radiology is on a case-by-case basis. It is not a requirement for providers at a Federally Qualified Health Center, providers practicing Allergy, Dermatology, Podiatric Medicine and Rheumatology, and Physician Extenders (CRNPs, CNMs, and PA-Cs).
- **Board Certification** – JHP may make an exception to this requirement during the credentialing committee peer review process. If the applying provider meets all other requirements and is skilled and experienced in his/her specialty or if there is a network need. An exception request may be submitted in writing from the applying provider. This exception requires additional documentation to be completed & received prior to submission. Documents required are current CV, Chairman letter from the affiliated hospital within the same specialty discipline, and a signed statement with details outlining why the applying provider decided not to seek board certification. This type of exception request may apply to a non-board-certified specialist, expired board certification that was not renewed or a lapse of certification in practicing specialty. For CRNPs, board certification is not required if the Pennsylvania State, “Certified Nurse Practitioner (CRNP)” License type was issued on or before February 7, 2005. For Podiatrists, board certification is only required for a provider applying as Podiatric Surgery.
- **CME** – Primary Care Physicians that wish to be setup as Family Medicine/OB privileges must submit at a minimum 20 hours of current continuing medical education (CMEs) certificates relating to courses taken within the scope of prenatal care. At the time of each re-credentialing cycle (every 3 years) the PCP will be required to maintain 20 hours of CMEs within prenatal care to remain active as a Family Medicine/OB privileges physician. Primary care Physicians that have just completed residency may use the educational transcripts in lieu of CMEs.
For Specialist Physicians that wish to be setup in a dual role of Specialist/PCP, the physician must be board certified in both practicing specialty and primary care*. There must be two separate billing Group NPIs if serving as both a PCP and a Specialist at the same practicing location, and the JHP contract must be aligned. A provider requesting to be credentialed as a PCP & Specialist would be required to have admitting privileges at a participating hospital. If admitting privileges are not confirmed and verified, the provider would be made *not eligible* for the Medicaid & CHIP Line of Business. It is a requirement to participate with the Medicaid & CHIP product under the DHS guidelines.
*If not, board certified in both practicing specialties, CME documentation is needed along with additional documentation and an exception request in writing from the applying provider to be presented to the credentials committee for recommendation and determination.
- **Agreement** – Geriatricians; if not board certified; only PCP agreement is needed.

Appendix:

American Board of Medical Specialties (ABMS)*, American Osteopathic Association (AOA), American Board of Foot and Ankle Surgeons (ABFAS), American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPM), American Board of Sleep Medicine (ABSM), American Board Internal Medicine (ABIM), American Board of Obesity Medicine (ABOM), American Board of Oral and Maxillofacial Surgery (ABOMS), The National Board of Physicians & Surgeons (NBPAS), American Nurses Credentialing Center (ANCC), American Academy of Nurse Practitioners (AANP), American Certification Nurse Midwives (ACNM), Pediatric Nursing Certification Board (PNCB), The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), National Commission on Certification of Physician Assistants (NCCPA), National Certification Corporation (NCC), Commission on Dietetic Registration (CDR), American Speech-Language-hearing Association (ASHA), National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), National Board of Chiropractic Examiners (NBCE), Royal College of Physicians and Surgeons, Oncology Nursing Certification Corporation (ONCC), American Association of Critical-Care Nurse (AACN), and Pennsylvania Certification Board (for Doulas).

*For physician candidates who had completed training, but not yet achieved initial certification in a specialty, please use this link for the ABMS Board Eligibility Policy http://www.abms.org/media/84743/abms_board_eligibility_policy_by_board.pdf

CREDENTIALING STANDARDS

JHP Foreign Specialty Boards Deemed comparable to American Boards

Argentina	Board of Pediatrics Argentine Society of Pediatrics	
Australia	Royal Australian College of Physicians	Royal Australian College of Radiologists
Brazil	Brazilian College of Surgeons	
Belgium	Belgium Board of Anesthesia (Ministry of Public Health)	
British Columbia	Royal College of Physician and Surgeons of British Columbia	
Canada	Royal College of Family Physicians of Canada	
Chile	Chile Board of Pediatrics	Chile Board of Pediatric Pulmonology
Columbia	Columbia Board of General Surgery	
England	Royal College of OB & GYN of London, England Royal College of Physicians of London, England Royal College of Psychiatrists of London, England	Royal College of Radiologists of London, England Royal College of Surgeons of London, England
Europe	European Board of Urology	
France	Board of Neurology of France	Board of Psychiatry of France
Germany	German Medical Board of Anesthesia & Critical Care	
India	National Board of India – Pediatrics	National Board of India – Radio Diagnosis
Iran	Iranian Board of Neurological Surgery	
Iraq	Iraqi Commission for Medical Specialization – General Surgery	
Ireland	Royal College of Physicians of Ireland	Royal College of Surgeons of Ireland
Israel	Israeli Board of Internal Medicine Israeli Board of Clinical & Radiation Oncology Israeli Board of Pediatrics Israeli Board of Ophthalmology	Israeli Board of Otolaryngology Israeli Board of Family Medicine Israeli Board of Radiology
Italy	Italian Board of Cardiology Italian Board of Cardiovascular Surgery	Italian Specialty Boards in Radiology
Japan	Japanese Board of Gen Surgery & Gastroenterological Surgery	Japan Surgical Society
Jordan	Arab Board of Pediatrics	
Norway	Board of Pediatrics of Norway	
Philippines	Philippine Board of General Surgery	Philippine Pediatric Society
Poland	Polish Board of Pediatrics	
Scotland	Royal College of Physicians of Edinburgh, Scotland Royal College of Surgeons of Edinburgh, Scotland	Royal College of Physicians & Surgeons of Glasgow, Scotland
South Africa	College of Medicine of South Africa	The South African Medical and Dental Council – Pediatrics
Switzerland	Swiss Board of Medical Radiology/Diagnostic Radiology	
Thailand	Royal College of Anesthesiologists – Thailand	
Turkey	Turkish Board of OB/GYN Turkish Board of Pediatrics	Turkish Board of Otolaryngology