



MINIMUM STANDARDS FOR PROVIDER PARTICIPATION PHYSICIANS & ALLIED HEALTH PROFESSIONALS

I. Policy for Physician Participation

USA Managed Care Organization, Inc. and its affiliate networks (USA) maintain a national network of contracted physicians to complement its geographically and demographically located hospitals.

In accordance with USA's goal of building a comprehensive health care delivery system, we look to appoint licensed independent practitioners (LIPs) based on recommendations from other qualified providers, including JCAHO-accredited and Medicare-certified hospitals. JCAHO's recognition of the quality of the hospital's internal functions through accreditation affords USA the ability to incorporate the outcome of the privileging process as validation of a provider's competence. Acknowledging the stringent JCAHO standards already met, USA takes into account these de facto recommendations as it performs its own review of all credentialing applications. All applications reviewed are submitted to the Medical Director and, subsequently, the Medical Review Committee for a final decision on participation status.

Physician applicants are subject to a credentialing process and must meet minimum standards for participation. Physician applicants must comply with USA Policies for Member Provider Participation including state specific requirements for USA Workers Injury Network as outlined in Exhibit A. This is an ongoing process and is updated regularly.

- A. The following list of "Core Competencies" is required for all physician applicants. Those applicants unable to meet the following standards will not be considered for Network participation.
 1. Physicians must be graduates of an accredited allopathic or osteopathic medical school
 2. Physicians must have completed an approved residency program
 3. Physicians must possess a current, unrestricted license to practice medicine
 4. Physicians must possess a current, valid, unrestricted DEA/CDS license (if the physician's scope of practice allows prescribing)
 5. Physicians must maintain current, adequate malpractice insurance
 6. Physicians must not have been convicted of any felonies
 7. Physicians must not have been convicted of any fraud
 8. Physicians requiring certification by State Workers' Compensation boards must maintain current adequate certification, if participating in USA's Workers Injury Network
 9. Physicians must possess a current unrestricted CLIA Certificate, if applicable

- B. Physicians must meet the following "Competency" standards. Those not meeting the competency standards will be referred to the USA Medical Director and/or USA/MCO Credentials Committee for review and evaluation. Evaluations and participation decisions will be made on an individual basis, and in response to documented local needs.
 1. Physicians must be Board Certified in a specialty recognized by the American Board of Medical Specialties or the American Osteopathic Association.

Physicians who are not Board Certified submitting applications after May 1996, may be considered with the following supporting documentation:

- a) Letter of recommendation from the chairman of the department or chief of staff to which the physician is assigned. This letter must address the length of professional acquaintance, clinical competence, moral and ethical behavior of the applicant; and
- b) Letter of recommendation from a physician (MD or DO) who is Board Certified and is a member in good standing in the medical community. Letter must be from physician in same or similar specialty, not associated in the same group, preferably from an in-network provider. This letter must address the length of professional acquaintance, clinical competence, moral and ethical behavior of the applicant.

2. Physicians must have the ability to demonstrate a history of no license restrictions, modifications, revocations and/or history of probation.

Physicians with a history of license restrictions, modifications, revocations and/or probation may be considered with the following supporting documentation

- a) Narrative statements from the applicant addressing previous license restrictions, probation, suspensions, modifications and/or revocations, together with any other documentation as may be requested by the Medical Director and/or Credentials Committee.

3. Physicians must have unrestricted clinical privileges at a participating USA facility.

Physicians without clinical privileges may be considered for participation with the following supporting documentation:

- a) Two letters from physicians (MD or DO) who are Board Certified and members in good standing in the medical community. Letters must be from physicians in same or similar specialty, not associated in the same group, preferably from an in-network provider. These letters must address the length of professional acquaintance, clinical competence, moral and ethical behavior of the applicant
- b) A statement from the applicant explaining the reason for the lack of hospital privileges.

4. Physicians must not possess a history of chemical dependency or substance abuse.

Physicians with a history of chemical dependency or substance abuse may be considered with the following supporting documentation:

- a) Narrative statements from the applicant addressing the chemical dependency and/or substance abuse issues and any other documentation as may be requested by the Medical Director and/or Credentials Committee.

5. Physicians must not possess a history of physical or mental illness that has the potential to affect the applicant's ability to function as a physician.

Physicians with a history of physical or mental illness may be considered with the following supporting documentation:

- a) Narrative statements from the applicant addressing the physical or mental illness issues and any other documentation as may be requested by the Medical Director and/or Credentials Committee.

6. Physicians must not possess a history of unprofessional conduct or involvement in disciplinary action by any hospital, medical society or state-licensing agency including, but not limited to, receipt of letters of concern, admonition or censure.

Physicians with a history of disciplinary action or unprofessional conduct may be considered with the following documentation:

- a) Narrative statements from the applicant addressing unprofessional conduct issues or disciplinary action including, but not limited to, receipt of letters of concern, admonition or censure and any other documentation as may be requested by the Medical Director and/or Credentials Committee.
7. Physicians must not possess a history of malpractice/negligence settlements or judgments.

Physicians with a history of malpractice/negligence settlements or judgments may be considered with the following supporting documentation:

- a) Narrative statements from the applicant addressing the settlement and/or judgment issues and any other documentation as may be requested by the Medical Director and/or Credentials Committee.

II. Policy for Allied Health Professional Participation

USA maintains a national network of contracted allied health professionals to complement its geographically and demographically located hospitals. Allied Health Professionals are defined as: physician assistants, nurse practitioners, psychologists and mental health/substance abuse clinicians, certified registered nurse anesthetic, certified nurse midwives, clinical nurse specialist, certified registered nurse first assistant, optometrists, physical therapists, occupational therapists, audiologists, speech/language pathologists and chiropractors.

Applicants are subject to a credentialing process and must meet minimum standards for participation. Applicants must comply with USA Policies for Member Provider Participation including State specific requirements for USA Workers Injury Network as outlined in Exhibit A. This is an ongoing process and is updated regularly.

- A. The following list of “Core Competencies” is required for all allied health professional applicants. Those applicants not able to meet the following standards will not be considered for Network participation.
 - 1. Applicants must be graduates of an accredited postgraduate program.
 - 2. Applicants practicing the specialties listed below must possess the following certifications or educational requirements:
 - a. Mental health/substance abuse clinicians, audiologists, speech/language pathologists and nurse practitioners must have completed a minimum of a Master’s level degree.
 - b. Speech/language pathologists must have a Certificate of Clinical Competence (CCC) established by ASHLA.
 - c. Physician Assistants must have completed NCCPA examination.
 - d. Providers requiring certification by State Workers’ Compensation boards must maintain current, adequate certification, if participating in USA’s Workers Injury Network.
 - e. Certified Nurse Midwives must be certified by ACNM.
 - f. Certified Registered Nurse First Assistant must be certified by CCI formally known as CBPN and must have a participating USA provider as an Authorizing Physician.
 - 3. Applicants must possess a current, unrestricted license to practice.
 - 4. If the applicant’s scope of practice allows prescribing, the applicant shall possess a current, valid, unrestricted DEA/CDS license.
If the applicant’s scope of practice does not allow prescribing, this requirement shall be waived.
 - 5. Applicants must maintain current, adequate malpractice insurance.
 - 6. If the applicant’s scope of practice allows hospital privileges, the privileges shall be unrestricted.
If the applicant’s scope of practice does not permit hospital privileges, this requirement shall be waived.
 - 7. Applicants must not have been convicted of any felonies.

8. Applicants must not have been convicted of any fraud.
 9. Applicants must provide two letters of recommendation from peers or physicians in same or similar specialty, not associated in the same group, preferably from an in-network provider, personally acquainted with the applicant's professional and clinical performance either in a teaching facility or in other healthcare settings.
 10. Applicant must possess a current unrestricted CLIA Certificate, if applicable.
- B. Applicants must meet the following "Competency" standards. Those not meeting the competencies will be referred to the USA Medical Director and/or USA/MCO Credentials Committee for review and evaluation. Evaluations and participation decisions will be made on an individual basis and in response to documented local needs.
1. Applicants must not possess history of chemical dependency or substance abuse.
Applicants with a history of chemical dependency or substance abuse may be considered with the following supporting documentation:
 - a) Narrative statements from the applicant addressing the chemical dependency and/or substance abuse issues and any other documentation as may be requested by the Medical Director and/or Credentials Committee.
 2. Applicants must not possess a history of physical or mental illness that has the potential to affect the applicant's ability to function as an allied health professional.
Applicants with a history of physical or mental illness may be considered with the following supporting documentation:
 - a) Narrative statements from the applicant addressing the physical or mental illness issues and any other documentation as may be requested by the Medical Director and/or Credentials Committee.
 3. Applicants must not possess a history of unprofessional conduct or involvement in disciplinary action by any hospital, medical society or state-licensing agency including, but not limited to, receipt of letters of concern, admonition or censure.
Applicants with a history of disciplinary action or unprofessional conduct may be considered with the following documentation:
 - a) Narrative statements from the applicant addressing unprofessional conduct issues or disciplinary action including, but not limited to, receipt of letters of concern, admonition or censure and any other documentation as may be requested by the Medical Director and/or Credentials Committee.
 4. Applicants must not possess a history of malpractice/negligence settlements or judgments.
Applicants with a history of malpractice/negligence settlements or judgments may be considered with the following supporting documentation:
 - a) Narrative statements from the applicant addressing the settlement and/or judgment issues and any other documentation as may be requested by the Medical Director and/or Credentials Committee.

III. USA's policies and procedures provide for the practitioners right to:

1. review information submitted to support the credentialing application;
2. right to correct erroneous information;
3. right, upon request, to be informed of the status of the credentialing or recredentialing application; and
4. the right to be notified of these rights.

EXHIBIT A

USA MANAGED CARE ORGANIZATION, INC. POLICIES FOR PROVIDER PARTICIPATION USA WORKER'S INJURY NETWORK TEXAS SPECIFIC

Pursuant to the agreement of the parties set out in Section 1(a) of the Health Care Service Provider Agreement, USA Managed Care Organization, Inc. (USA) has adopted the following policies and procedures for Provider participation in the USA Worker's Injury Network that are applicable to those Providers organized in the State of Texas or providing services under the Worker's Compensation statutes of Texas.

1. Provider may not send an invoice to or attempt to collect any amounts of payment from an employee who is employed in the State of Texas and subject to the Texas Worker's Compensation laws for injuries that are compensable under those laws under any circumstances, including the insolvency of the insurance carrier of the employee or insolvency of USA.
2. Provider must follow treatment guidelines, return-to-work guidelines and individual treatment protocols adopted by USA and set out in Exhibit A, Cost Containment Guidelines, to the Health Care Service Provider Agreement.
3. Provider may not deny treatment for a compensable injury to an employee solely on the basis that the treatment is not specifically addressed by the treatment guidelines used by USA or an insurance carrier.
4. USA may not refuse to renew a contract with a Provider because the Provider has, on behalf of an employee, filed a complaint against an insurance carrier that is a client of USA or appealed a decision or requested reconsideration or independent review of the decision of an insurance carrier.
5. If the Health Care Service Provider Agreement with a Provider is terminated for any reason, at Provider's request, Provider will continue to be paid or reimbursed (as applicable) the agreed upon rates (as set out in Exhibit B to the Health Care Service Provider Agreement) for care of an employee with a life-threatening condition or an acute condition for which disruption of care will harm the employee for a period of ninety (90) days from the termination date. If there is a dispute regarding the continuity of care for an employee being provided services by a Provider whose contract with USA has terminated, the parties must resolve the dispute through the complaint resolution process set out in Texas Insurance Code §§ 1305.401-1305.405 and TASC Title 28, Chapter 10, Subchapter G.
6. If the Health Care Service Provider Agreement is terminated for any reason other than its expiration:
 - a. USA agrees to give the Provider notice of termination at least ninety (90) days prior to the effective date of termination that it intends to terminate the Agreement;
 - b. The Provider, on receipt of the termination notice may request a review of the termination by USA's advisory panel within thirty (30) days from the date the notice is received.
 - c. For purpose of the review of Provider contract termination, USA will set up an advisory review panel that consists of three providers with the same licensure and the same or similar specialty as that of the terminated Provider with the authority to review the termination of Provider.
 - d. The USA advisory panel will be provided with the documentation necessary to review the termination and the advisory panel must complete its review prior to the effective date of the termination.
 - e. USA may not notify any patient of the Provider that the Provider is no longer a part of the USA WIN Network until the earlier of (i) the effective date of the termination or (ii) the date the advisory review panel makes a formal recommendation (assuming that the report of the advisory review panel confirms the termination).
 - f. If there is potential of imminent injury or harm to the health of an employee who is the patient of the Provider that is being terminated for suspension or termination of an applicable license to practice, or a

fraudulent act, USA may terminate the Provider immediately and will immediately notify the employees (if any) receiving medical services from the Provider that the Provider has been terminated.

- g. If a Provider terminates its contract with USA, USA will notify employees of the clients of USA who are receiving medical care from the terminating Provider as soon as practicable and no later than the termination date that the Provider is terminating its agreement with USA.
7. Provider must post a notice to employees containing information required by Texas Insurance Code Section 1305.405 on the process for resolving workers' compensation health care network complaints in the office of the Provider. The notice must include the Texas Department of Insurance toll free telephone number for filing a complaint and must list all workers' compensation health care networks with which the Provider contracts.
8. USA will furnish Provider a list of any treatments that require pre-certification or pre-authorization and the procedures to obtain that certification or authorization.
9. The Health Care Service Provider Agreement may not be interpreted in a manner that would allow the transfer of risk to an employee, as the transfer of risk is defined in Texas Insurance Code Section 1305.004(a)(26).
10. Provider and any subcontracting provider must comply with all applicable statutory and regulatory requirements under both the laws of the State of Texas and the United States of America.
11. Exhibit B to the Health Care Service Provider Agreement sets out the rates for medical services that are applicable to the Provider agreement with USA.
12. A Provider whose specialty has been designated by USA as treating doctor is a network treating doctor and agrees to any applicable provision as a treating doctor.
13. Billing by Provider and payment to Provider will be made in the manner and process set out in Texas Labor Code §408.027 and applicable rules.
14. Provider must provide treatment to injured employees who are presented to Provider through USA WIN Network and contracted INSURERS of the USA WIN Network.
15. USA will require contracted INSURERS to not use financial incentives or make payment to Provider that acts directly or indirectly as an inducement to limit medically necessary services.