

CRITERIA FOR SELECTION OF NETWORK PROVIDERS

1.0. CRITERIA FOR SELECTION OF INDIVIDUAL NETWORK PROVIDERS

NOTE: The requirements in this Addendum incorporate and supplement the TRICARE/CHAMPUS-authorized provider certification requirements in the [Policy Manual, Chapter 10](#) and [32 CFR 199.6](#).

1.1. In addition to ensuring that all providers are TRICARE-authorized, the contractor shall verify qualifying educational degree(s), post-graduate training, fellowship certificates and board certificates for requested clinical privileges or scope of practice; and

1.2. Obtain evidence of current state licenses or otherwise authorizing documentation in accordance with the requirements of the state in which the provider practices (Note: A list of all health care licenses held in the last ten years shall be provided and an explanation of any licenses that are not current, have been voluntarily relinquished or have been subjected to disciplinary action shall be attached.), and

1.2.1. Nurse Practitioners (NP), Certified Nurse Midwives (CNM), and Nurse Anesthetists (CRNA) shall maintain current certification by a professional organization offering certification in the specialty of practice and current licensure in the state in which they are practicing. Their scope of practice is expected to be consistent with the Nurse Practice Act of the state by which they are licensed to practice.

1.2.2. Physician Assistants (PA) shall maintain current national certification as physician assistants (PA-C) by the National Commission for the Certification of Physician Assistants. In addition, they shall maintain current physician assistant practice status granted by the state in which they are practicing. This may be in the form of a state certificate, license, or registration, depending on the state.

1.2.3. Registered nurses are expected to have current licenses to practice in the jurisdiction in which they work. Their scope of practice is expected to be in compliance with the Practice Act of the state in which they practice.

1.3. A statement of physical and mental health status provided by the provider which certifies the absence of health contraindication to deliver the care expected for the designated scope of practice, to include any history of drug or alcohol abuse; and

1.4. A chronological practice experience to account for all periods of time after graduation; and

1.5. A statement of the provider's ability to perform his or her professional activities and proof of current professional competence (letters of recommendation from program or

training director and a recent description of clinical privileges or scope of practice by the directors of the facility in which the provider currently is practicing); and

1.6. A statement of entire history of malpractice experience, including claims, settlements, or judicial or administrative adjudications, and adverse privileging actions/disciplinary action by a hospital, state licensing board, or other civilian government agency. This shall include voluntary or involuntary termination of professional/medical staff membership or voluntary or involuntary suspension, limitation, restriction, or revocation of clinical privileges at a hospital or other health care delivery setting, and any resolved or open charges of misconduct, unethical practice, or substandard care; and

1.7. Drug Enforcement Agency certificate, and

1.8. Current report from National Practitioner Data Bank (NPDB) for all physician and dentist providers; and

1.9. Statement of criminal history per Criminal Control Act, P.L. 101-647, Section 231 (CC Act 1990, 42 U.S.C. Section 13041).

1.10. (Physicians who have a hospital-based practice) Current medical staff appointment and delineated clinical privileges at a JCAHO accredited institution for the scope of practice for which the individual is being considered.

1.11. Non-board certified physicians who indicate they are specialists shall have two letters attesting to their clinical competence by physicians certified in the specialty in which the non-board certified physicians are practicing. All physician specialists are expected to maintain a medical staff appointment and delineated privileges in their areas of specialty at an institution with current accreditation by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

1.12. Those physicians who have not completed their initial period of qualification for board certification shall have two letters attesting to their clinical competence from board certified specialists who have current knowledge of their clinical practice and evidence of medical staff appointment and delineated clinical privileges in their stated areas of specialty at an institution accredited by the JCAHO.

1.13. A signed statement consenting to the inspection of records and documents pertinent to consideration of his/her request for appointment and privileges.

1.14. A signed statement attesting to the accuracy of all information provided. Substantial errors of fact involving documents discovered before or after appointment can be the basis for non-selection or, after appointment, adverse action including termination. Action on application shall be delayed until information is available.

2.0. ADDITIONAL CRITERIA FOR SELECTION OF PSYCHIATRISTS

2.1. A physician with either a doctor of medicine (MD) or doctor of osteopathic medicine (DO) degree with a current license to practice medicine in the jurisdiction in which the services are rendered; and

- 2.2. Has completed a training program approved by the American Council of Graduate Medical Education (ACME) or Osteopathic approved training program in psychiatry; and
- 2.3. Is board certified in psychiatry. Non-board certified physicians who allege to be specialists in psychiatry shall have two letters attesting to their clinical competence by board certified psychiatrists with medical staff appointment and delineated privileges at a JCAHO or Committee for the Accreditation of Rehabilitation Facilities (CARF) accredited institution. Physician (psychiatrist) providers are expected to have current medical staff appointment and delineated privileges at either a JCAHO accredited or CARF accredited facility.

3.0. ADDITIONAL CRITERIA FOR SELECTION OF NON-PHYSICIAN MENTAL HEALTH PROVIDERS

Contractors who use the services of non-physician therapists (psychologists, social workers, clinical nurse specialists) are expected to have “credentials files” that contain the following information on each of their providers:

- 3.1. Primary source verification of current unrestricted practice authority (license/certification) within the jurisdiction of employment;
- 3.2. The stated absence of health contraindication of the provider in delivering appropriate patient care;
- 3.3. Statement of history of malpractice experience, adverse privileging actions, and restriction of license to practice. The contractor should state the mechanism to obtain the history of malpractice experience and adverse privileging history from the NPDB; and
- 3.4. The scope of practice for these individuals is expected to be consistent with the Practice Act of the state in which they are licensed.
- 3.5. The following additional requirements apply to specific provider classes:

3.5.1. Psychologists

Psychologists who admit patients must have admitting privileges at either a JCAHO or CARF accredited institution and have a professional relationship with a physician who is accountable for the physical assessment of the psychologist's patients while they are hospitalized.

3.5.2. Psychiatric-Mental Health Clinical Nurse Specialists

A psychiatric-mental health clinical nurse specialist is a licensed, registered nurse who may provide covered care independent of physician referral and supervision when practicing within the scope of license and the Practice Act of the state of practice and who is certified by the American Nurses Credentialing Center as a Clinical Specialist in Adult (or Child) Psychiatric and Mental Health Nursing.

4.0. CRITERIA FOR THE SELECTION OF RESOURCE SHARING PERSONNEL

In addition to the requirements specified in this chapter, and those criteria specified previously in this Attachment, the contractor shall ensure that all resource sharing personnel meet the below stated criteria and agree to comply with the below stated provisions:

- 4.1. Documented evidence of licensure and current clinical competence in assigned patient care responsibilities reviewed and approved by the MTF commander or designee before nursing personnel from an outside source(s) engage in patient care activities.
- 4.2. The individual possesses a currently valid license or certificate to practice nursing or to perform nursing care activities, as required by applicable law or regulation; and,
- 4.3. The performance of these nursing personnel in the hospital is evaluated as defined by hospital policy.
- 4.4. The responsibility for documenting licensure and current clinical competence is defined in a written contract, written agreement, letter, or memorandum of understanding that has been approved by the hospital.
- 4.5. Nursing care responsibilities are assigned to a nursing staff member in accordance with:
 - 4.5.1. The degree of supervision needed by the individual and its availability; and
 - 4.5.2. The complexity and dynamics of the condition of each patient to whom the individual is to provide services and the complexity of the assessment required for each patient, including the factors that must be considered to make appropriate decisions regarding the provision of nursing care, and the technology employed in providing nursing care. It is the responsibility of the contractor to provide personnel who can meet the above standards.

5.0. APPOINTMENT AND REAPPOINTMENT OF INDIVIDUAL NETWORK PROVIDERS

5.1. The contractor shall ensure that the processes of appointment and reappointment and granting delineated privileges to network providers shall comply with the provisions of [Chapter 5, Section 2](#) and applicable standards of the Joint Commission on Accreditation of Health Care Organizations, or National Committee for Quality Assurance. Information and documents required for the selection and appointment of network providers must be collected and maintained by the contractor. The contractor shall verify current licenses by letter, telephone (must be documented), or computer printout obtained from the appropriate state licensing board; and relevant training and or experience from the primary source when feasible. The contractor shall state the methods used to conduct verification of education, certification, and current competence. For providers with current medical staff appointments and delineated privileges at an accredited health care organization [JCAHO, CARF, NCQA and other nationally recognized organization as approved by the ASD(HA)], written verification from each privileging organization of current license and educational and training experience, DEA certificate, NPDB report, statement of health, malpractice and/or adverse privilege actions history, and/or proof of malpractice insurance, may be substituted

for the contractor's requirement to collect and maintain and verify these credential documents. The contractor shall ensure that action on an individual's application for appointment or reappointment is withheld until such information is made available and verified.

5.2. The contractor shall ensure that appointments and reappointments are made for time periods that do not exceed two years. The contractor has an ongoing responsibility to update all documents in the provider files required in the appointment process. Prior to reappointment, any information in which there could have been changes shall be verified by the contractor, to include querying the NPDB (physicians and dentists only) regarding malpractice claims and adverse privileging actions. Written verification of reappointment status and renewal of delineated clinical privileges at accredited health care organizations and current credentials (license, etc.) may be used to fulfill the contractor's responsibility to verify current provider information. The contractor must state the mechanisms used to evaluate the ongoing performance of independent network providers not performing patient care services at accredited health care organizations. Partial fulfillment of these requirements can be met through ongoing monitoring, evaluation, and documentation of clinical outcomes in individual credentials files to serve as a basis for reappointment.

5.3. The contractor shall ensure that substandard performance and reportable misconduct is evaluated, that prompt corrective action is taken and that timely reports are filed with applicable federal, state, and national organizations as specified in the Health Care Quality Improvement Act of 1986.

6.0. SELECTION OF NETWORK INSTITUTIONAL PROVIDERS

For the purpose of this contract, institutional providers are those institutions or health care agencies that engage by contract in direct treatment of DoD beneficiaries. By nature of the contract, these institutional providers are considered 'network' institutional providers and can expect preference in receiving referrals of patients who require care from the DoD designated managed care network of preferred providers. The contractor shall ensure that all network institutional providers are TRICARE-authorized providers in accordance with the [32 CFR 199.6](#) and the Policy Manual; and that they are characterized by and meet the following criteria:

6.1. Institutions are autonomous governing bodies; however, they shall maintain and provide evidence of full unrestricted accreditation by relevant accreditation bodies.

6.2. All network hospitals shall maintain and be able to provide evidence of full accreditation by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

6.3. All network Home Health agencies shall maintain and be able to provide evidence of full accreditation by either the Community Health Accreditation Program, Inc. (CHAP) or by the JCAHO.

6.4. All substance use treatment centers shall maintain and be able to provide evidence of full accreditation by the Commission for the Accreditation of Rehabilitation Facilities (CARF) or by the JCAHO.

6.5. All freestanding ambulatory care clinics shall maintain and be able to provide evidence of full accreditation by the JCAHO or by the Accreditation Association of Ambulatory Health Care (AAAHC).

6.6. All freestanding surgicenters shall maintain and be able to provide evidence of full accreditation by the JCAHO or by the AAAHC.

7.0. RENEWAL OF CONTRACTS WITH NETWORK INSTITUTIONAL PROVIDERS

The contractor shall not contract with institutional providers for a period of more than two years. Network institutional provider contracts shall not be renewed until the contractor has documented evidence of the network institutional providers' fulfillment of the above specified criteria and that no unresolved quality of care problems remain with the network institutional providers.