

CREDENTIALING ELIGIBILITY CRITERIA

SLHP/BrightPath maintains a Credentialing/Recredentialing Program to assist in selection and reevaluation of all providers within its delivery system. This application includes fields to enter race, ethnicity, language, and the type of insurance accepted. Providing this information is optional. SLHP/BrightPath does not discriminate on ethnicity, language, or the type of insurance accepted. All providers must successfully complete the credentialing process to be approved for SLHP/BrightPath Participation. The provider has the right to review information obtained in the process of evaluating the credentialing and recredentialing application exclusive of peer review information.

Provider Criteria Consists of the Following:

1. Provider will have an executed Participating Provider Agreement with SLHP or BrightPath or be joining a group Tax ID who has an executed Agreement with SLHP/BrightPath.
2. Provider must participate in the initial credentialing process and will be required to recredential at least every three (3) years. The credentialing process requires verification of licensure, education, training experience of the Provider and other such information as may be required by SLHP/BrightPath and the established NCQA compliant process.
3. Must hold a current unrestricted license to practice for each state as applicable.
4. Providers, if they are Medical Doctors, Doctors of Osteopathy, Doctors of Podiatric Medicine, Nurse Practitioners or Physician Assistants shall either hold active Medical Staff admitting privileges at an in-network full-service hospital or use an admitting group or hospitalist service as designated by the participating hospital or make other suitable arrangements, as approved by SLHP. **Exceptions to this requirement are Anesthesiology, Pathology, Radiology, Emergency Medicine, Psychiatry, or Telemedicine.*
5. A current, unrestricted DEA and State Board of Pharmacy certificates as applicable. Multiple state locations will require individual DEA certificates.
6. Provider, if a physician, is either Board Certified, Board Admissible or is otherwise approved for credentialing by SLHP through its Participating Provider Committee. If not a physician, Provider shall be appropriately certified or credentialed.
7. Continuous work history of, at least, the most recent five (5) years including from and to dates MM/YYYY with an explanation of any gaps that exceed three (3) months.
8. Proof of Professional Liability insurance for at least the amount listed:
 - \$1,000,000 per occurrence and \$3,000,000 aggregate.
9. Provider shall be, and remain, enrolled in the Medicare program unless granted an exception, by SLHP.
10. Provider will practice within the accepted community standards of care as deemed appropriate by the SLHP Participating Provider Committee.

11. The applicant has the right, upon request, subject to policies and procedures, to be informed of the status of their application. The Credentialing Department will make every effort to provide status at the time of request and, if unable, will respond by telephone or in writing within three (3) working days.
12. Applicants have the right to revise, supplement or correct erroneous information to the Credentialing and Recredentialing Applications. This may be done at the provider's discovery or if deficiencies are discovered during the verification process by SLHP. Credentialing staff will provide notice to the Provider and must receive a response within 30 days of the date of the notification in order to correct, amend or provide the incorrect and/or omitted information. If no response is received from the Provider after 30 calendar days, a second attempt to contact the Provider is made by credentialing staff. If a second attempt to contact the Provider is unsuccessful, notification will be sent to the Provider that failure to respond within 15 business days will invalidate the application and the Provider will not be credentialed. All supplemental documents and correspondence is to be forwarded to the Credentialing Department at PO Box 1990 Boise, ID 83702 or faxed to (208) 381-9444.
13. If information is not received by the Credentialing Department within sixty (60) days of request, an updated Attestation may be required prior to final processing.
14. National Practitioner Identifier (NPI) Number.
15. Credentialing and Recredentialing is non-transferrable.
16. A copy of any portion/section of this Criteria Sheet and or Credentialing Application has the same force and effect as the original.
17. The applicant certifies by his/her signature on the application that the information in the entire application is complete, accurate, current and acknowledges that any misstatements in or omissions from this application constitute cause for denial of membership/participation or cause for summary dismissal by the entity to which this statement has been made. A photocopy of the application has the same force and effect as the original. The applicant confirms that he/she has reviewed this information as of the most recent date listed in the application.
18. Copy of W-9.