

Healthcare Resources NW

OPERATIONS POLICY

Policy: 801

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SECTION: Provider Service

SUBJECT: Provider Classification

POLICY: To establish Provider categories according to Credentialing, Contract requirements, Referrals, PPO Eligibility, and Reimbursement. To ensure the quality of providers serving HRNW members.

PROCEDURE:

Provisional Providers

- Credentialing required
- Standard Primary Care Group contract or Provider Service Agreement.
- Approval of credentialing application by Chief Medical Officer (CMO)
- Subject to final approval by Care Management Committee (CMC)/Board
- Hospital membership at AMC if an MD/DO/DPM
- Accepts direct referrals from other Participating Providers
- Eligible for PPO participation
- Paid at contracted rates subject to risk-sharing guidelines
- Listed in provider directory

Participating Providers

- All the above
- Approval of CMO's decision by CMC/Board

Covering Providers (eff 2/1/13)

- No credentialing required
- No contract required; connection to Provider Service Agreement established via relationship with Participating Providers. Must be an employee, partner, etc., of the legal entity of a Participating Provider.
- No allowance for direct referrals. Call coverage only.
- Must bill using the following modifier: Q5 – substitute provider
- Not eligible for PPO participation; Payor policy may provide otherwise

- Not listed in provider directory
- Paid at contracted rates subject to risk-sharing guidelines and withhold

Locum Tenens Providers (less than 90 days)

Definition: A Locum Tenens (Locum) arrangement is made when a Participating Provider must leave his or her practice temporarily due to illness, vacation, leave of absence or any other reason. The Locum is a temporary replacement for that Participating Provider, usually for a specified amount of time (not more than 90 days). Typically, the Locum should possess the same professional credentials, certifications and privileges as the Participating Provider he/she is replacing.

- No credentialing required
- No contract required; connection to Provider Service Agreement established via relationship with Participating Providers.
- Must bill using the following modifiers: Q5 – substitute provider
Q6 – locum tenens provider
- Participating Provider's name should appear in Box 31. The names of both providers should be elsewhere on the form. For example, Deb Smith MD covering for Kim Brown MD.
- Risk-sharing payments to be made to the legal entity hosting the Locum.
- Not eligible for PPO participation.

Non-Participating Contracted Providers

- No credentialing required. Must not be legally related to Participating Providers.
- Unique contract agreement. Provider must not be legally related to Participating Providers.
- No allowance for direct referrals. Patients seen via non-par referral process or call coverage.
- Simply defines payment terms in the event of services rendered.
- Not eligible for PPO participation.
- Paid at unique contracted rates, not subject to risk-sharing guidelines.

Non-Participating Providers

- No credentialing required. Must not be legally related to Participating Providers.
- No contract required.
- Does not allow direct referral. Patients seen via non-par referral process or call coverage.
- Not eligible for PPO participation.
- Prior authorized non-par referrals paid at HRNW standard Non-par rates. Call coverage also paid at standard Non-par rates.

To Note:

Participating contracts, regardless if signed by entity or individual physician, are limited to those physicians specifically invited to participate and successfully credentialed.

Providers joining the legal entity of a Participating Provider are not automatically considered participating. Each provider must meet the approval of the HRNW CMC/Board and be successfully credentialed.

Additional providers to Non-participating Contracted Provider agreements will be allowed by simple notification.

Primary Care Providers accepting patients for PCP assignment must meet the approval of the HRNW CMC/Board and be successfully credentialed. Covering and Locum Providers may not accept patients for PCP assignment.

HRNW will run periodic reports to ensure Policy is being followed. In the event HRNW discovers or questions a provider to be out of compliance, HRNW will

- contact the clinic, gather information, provide education, if necessary, and document the resolution
- if the provider continues to be noncompliant, future claims for the specific provider will be denied

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