Credentialing/Recredentialing Criteria
Non-Physician HealthCare Practitioner
ACUPUNCTURIST

In order to be able to treat members, the Plan must assure itself that practitioners affiliating with the Plan are appropriately credentialed. To that end, the following items constitute the credentialing and recredentialing criteria for Acupuncturists.

In addition to the requirements of Policies CR-01A and CR-02A, Acupuncturists must meet the following specialty-specific credentialing and recredentialing criteria:

1. Have been and continue to be in good standing in the practitioner community, including holding a current license to practice acupuncture recognized by the State of New York or the appropriate licensing authority as evidence of the practitioner's ability to render services to the general public. Practitioners must re-register with New York State every three (3) years to maintain their authority to practice acupuncture.

2. Must be board certified by the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) or have successfully completed all required module examinations and be eligible to sit for the NCBAHM certification examination. Certification must be obtained within four (4) years of completing the required module examinations and Clean Needle Technique course. Practitioners must maintain certification in accordance with NCBAHM requirements.

3. Practitioners must complete and provide documentation of fifteen (15) continuing education credit hours annually as part of the recredentialing process.

4. Not have been convicted of a felony or crime involving moral turpitude, dishonesty, false statements, or other acts that may constitute grounds for suspension or termination of the practitioner's right to practice.

5. All changes in licensure or alleged medical liability involving any Plan member must be reported to the Plan within ten (10) business days of notification to the practitioner.

6. Have sufficient facilities and support staff needed to provide all services required of members for the specialty practiced by the practitioner.

7. Have professional liability insurance coverage of $1,000,000 per occurrence and $3,000,000 aggregate.

8. Be willing to participate in and accept the results of the Utilization Management and Quality Management Programs.

9. The practitioner must authorize the release of information regarding professional history and agree to absolve the Plan and its personnel from any liability associated with the review and/or evaluation of the practitioner's credentials.

10. Have completed and certified the accuracy of the information provided in the application and provide documentation upon request regarding previous and current licensure challenges, loss of membership in any professional organization, and pending or resolved medical liability actions.

11. Be able to provide all services that may be required in a timely manner pursuant to agreement for the designated appointment category.

12. Practitioner coverage must be provided by another Plan participating practitioner.

13. The practitioner must be willing to be listed as a participating practitioner in Plan literature.

14. Applicant will submit three (3) references, including at least one (1) reference from a department head or direct supervisor.

15. Be in good mental and physical health.

16. Have appropriate background, training, experience, and current clinical competence to practice within the specialty.