

Credentialing/Recredentialing Criteria Non-Physician HealthCare Practitioner – CHIROPRACTORS

To ensure the delivery of safe, high-quality care to members, the Plan must verify that practitioners seeking participation in the network meet established credentialing standards. Accordingly, the following criteria will be used to evaluate Chiropractors for initial credentialing and recredentialing. Network participation is contingent upon satisfaction of all credentialing requirements and the Plan's assessment of geographic access and network adequacy needs.

1. Have been and continue to be in good standing in the provider community, including: holding a current license to practice Chiropractic practice and have such license be recognized by the State of New York or the appropriate licensing authority as proof of the provider's ability to render services to the general public.
2. Graduate of an accredited Doctor of Chiropractic (D.C.) program, successful completion of National Board of Chiropractic Examiners (NBCE) examinations, and current unrestricted state licensure as a Doctor of Chiropractic.
3. Chiropractors are required to provide 20 continuing education credit hours per year as part of the recredentialing process. Continuing education credits must be obtained in accredited courses related to patient care. At least 50% of the credits must be related to musculoskeletal care. The remaining credits can be from the areas of risk management and/or other areas related to chiropractic care as defined by New York State Education Department Laws and Regulations.
4. Not have been convicted of a felony or crime involving moral turpitude, dishonesty, or false statement, or other acts, which may be grounds for suspension or termination of your 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 provider.
6. Have sufficient facilities and support staff needed to provide all the services which may be required of members for the specialty practiced by the provider.
7. Have \$1,000,000.00 per occurrence / \$3,000,000.00 general aggregate professional liability insurance.
8. Be willing to participate in and accept the results of the Utilization Management and Quality Management Programs.
9. The provider must authorize the release of information regarding professional history and agrees to absolve the Plan and its personnel from any liability to the provider or associate with review and/or evaluation of the provider's credentials.
10. Have completed and certified the accuracy of the information provided in the application and provided documentation upon request regarding previous and current challenges to licensure, loss of membership in any professional organization, and previous and current pending medical liability actions.

11. Be able to provide all services which 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 provider must be willing to be listed as a participating provider 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.