Credentialing/Recredentialing Criteria
Non-Physician HealthCare Practitioner
CHIROPRACTOR

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 shall 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.

In addition to the requirements of Policies CR-01A and CR-02A, Chiropractors 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 chiropractic 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.

2. Graduate of an accredited Doctor of Chiropractic (D.C.) program recognized by the Council on Chiropractic Education (CCE), successful completion of National Board of Chiropractic Examiners (NBCE) examinations, and current, unrestricted licensure as a Doctor of Chiropractic in the state(s) of practice.

3. Practitioners must complete and provide documentation of twenty (20) continuing education credit hours annually 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 that may be 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 that may be 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 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 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.