

Credentialing/Recredentialing Criteria Non-Physician HealthCare Practitioner – PODIATRISTS

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

1. Have been and continue to be in good standing in the provider community, including holding a current license to practice Podiatry 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. Hold the degree of Doctor of Podiatric Medicine from an accredited institution. All podiatrists are expected to be board certified and maintain or continue their certification with the American Board of Foot and Ankle Surgery or the American Board of Podiatric Medicine. All podiatrists **eligible** to sit for the board certification examination who are unable to provide proof of certification, will be required to provide confirmation of actively pursuing Board Certification. This includes active enrollment in the certification process or registration to sit for the next available board examination.
3. Podiatrists must meet the NYS Education Department requirements to obtain privileges to perform standard or advanced ankle surgery privileges and/or meet the state requirements to be issued a limited permit to perform the surgery in hospitals or other Article 28 facilities under **direct supervision** of a supervising physician or podiatrist.
4. The scope of podiatrists is expanded to include the treatment of wounds if they are contiguous with wounds relating, originating, or in the course of treatment of a wound on the foot within the podiatric scope of practice. The law explicitly limits treatment of wound care, however, to care not beyond the level ending at the tibial tuberosity.
5. 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.
6. 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.
7. 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.
8. Have \$1,000,000.00 per occurrence / \$3,000,000.00 general aggregate professional liability insurance.
9. Be willing to participate in and accept the results of the Utilization Management and Quality Management Programs.
10. 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.

11. 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.
12. Be able to provide all services which may be required in a timely manner pursuant to agreement for the designated appointment category.
13. Practitioner coverage must be provided by another Plan participating practitioner.
14. The provider must be willing to be listed as a participating provider in Plan literature.
15. Applicant will submit three (3) references including at least one (1) reference from a department head or direct supervisor.
16. Be in good mental and physical health.
17. Have appropriate background, training, experience and current clinical competence.
18. A valid DEA and hospital privileges are required if applicable.