



## Office Manual—Credentialing Section Table of Contents

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Healthcare providers who participate in Midlands Choice gain access to a network membership base of more than 550,000 people covered by healthcare plans throughout Iowa, Nebraska and South Dakota.

All healthcare professionals must successfully complete our URAC-accredited credentialing process to be accepted as Midlands Choice network providers. Credentialing, a process which ensures that providers meet a set of membership standards, can take from several weeks to a few months, depending on the complexity of the application. We highly recommend reading through this entire section, including the Credentialing FAQs before beginning the process and the Application Checklist before submitting your application.

**Non-Discrimination**

Participation in Midlands Choice shall not be denied on the basis of sex, race, age, creed, national origin, or disability unrelated to the capability to fulfill the duties and responsibilities of the provider's profession or the provider agreement.

**Confidentiality**

Information collected during credentialing is considered confidential and is not discussed with anyone inside or outside Midlands Choice except when required in the normal course of business or as required by law. Proceedings of the Credentialing Committee are also confidential.

- What types of providers are eligible for participation in the Midlands Choice network?**
- What are your Level I and Level II network participation criteria for practitioners, hospitals and facilities?**
- How are effective dates assigned?**
- How are chiropractors credentialed?**
- If a practitioner is already credentialed by an IPA or PHO, does he or she also need to be credentialed by Midlands Choice?**
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- What information is verified during the application review?**
- What is the function of the facility contracting committee?**
- What are providers' rights during the credentialing process?**
- Can the credentialing committee's decision be appealed?**
- When are new providers listed in the directory?**

#### [What types of providers are eligible for credentialing?](#)

We credential the practitioner and facility types listed below who operate in our service area:

##### Practitioners:

- Physicians—MDs and DOs
- Podiatrists
- Optometrists
- Physician's Assistants
- Advanced Nurse Practitioners
- Nurse Midwives
- CRNAs (Nurse Anesthetists)
- Master's Level Behavioral Health and Licensed Psychologists

##### Facilities:

- Alcohol/Drug Center
- Ambulance Service
- Ambulatory Surgery
- Audiology
- Dialysis Centers
- Durable Medical Equipment
- Home Health Care
- Hospice
- Hospitals
- Infusion Therapy
- Laboratory
- Physical/Occupational Therapy
- Prosthetics/Orthotics
- Radiology Center
- Sleep Disorder
- Speech Therapy

- Urgent Care

Providers who already are credentialed through a delegated credentialing entity are not required to also be credentialed by Midlands Choice. [back to top](#)

### [What are your Level I and Level II network participation criteria for practitioners, hospitals and facilities?](#)

- Practitioners (MD and DO, podiatrist, chiropractor, optometrist, nurse practitioner, physician assistant, psychologist, master's level behavioral health, physical therapist, occupational therapist, speech therapist, audiologist)
- Hospitals
- Facilities [back to top](#)

### [How are effective dates assigned?](#)

For individual practitioners, the effective date is the day participation is approved by our credentialing committee, which meets on the second Wednesday of each month. For facilities, the effective date is approximately 30 days after committee approval. Providers are notified via letter of their application approval and effective date.

Except as required by law for Iowa physicians, we do not backdate applications. [back to top](#)

### [How are chiropractors credentialed?](#)

To be part of the Midlands Choice network, chiropractors should contact one of these organizations:

ICPC  
6950 NE 14th St., Ste 34  
Ankeny, IA 50023  
(515) 225-0393  
E-mail

Pinnacle Physicians Network  
13215 Birch Dr., Ste 200  
Omaha, NE 68164  
(402) 934-4744  
E-mail

Advantage Chiropractic Network  
100 E. Grand Ave., Ste. 240  
Des Moines, IA 50309  
(515) 867-2806  
E-mail

Chiropractic Associates of South Dakota and Minnesota  
2301 Research Park Way, Ste. 221  
Brookings, SD 57006  
(800) 658-2214 [back to top](#)

### [If a practitioner is already credentialed by an IPA or PHO, does he or she also need to be credentialed by Midlands Choice?](#)

We have relationships with 17 IPAs and PHOs to whom we have delegated credentialing responsibilities for practitioners with whom they contract. Additional credentialing by Midlands Choice is not required. The IPAs and PHOs are:

- Avera Health Network, Sioux Falls, SD

- Avera Tri State Health Physicians/Allied Health, Sioux Falls, SD
- Cedar Rapids PHO, Cedar Rapids, IA
- Medical Associates of Dubuque, Dubuque, IA
- Medimore, Des Moines, IA
- Mercy Hospital North IA, Mason City, IA
- Mercy Iowa City PHO, Iowa City, IA
- Methodist Health Partners, Omaha, NE
- Northern Colorado IPA, Greeley, CO
- Northwest Illinois IPA, Freeport, IL
- Sanford Health System, Sioux Falls, SD
- Sentinel Health Care, Kearney, NE
- Trinity PHO, Rock Island, IL
- UniNet, Omaha, NE
- University of Iowa Hospital/Clinics, Iowa City, IA
- University Physicians, Denver, CO
- UNMC Physicians, Omaha, NE [back to top](#)

### [What are practitioners' contracting options \(individual, group, etc.\)?](#)

We credential each practitioner individually, but practitioners may contract with Midlands Choice individually, as part of a group, through an IPA or PHO, or through multiple contracts. Because claims must be submitted with the tax identification number of the contracted entity, practitioners who anticipate billing under a separate tax identification number must contract individually.

Providers who contract with Midlands Choice through a group, IPA, or PHO that is enrolled under a delegated credentialing arrangement must be re-credentialed upon leaving the contracted entity if they want to continue as network providers. Their in-network status continues during the re-credentialing period. Notifying Midlands Choice when practitioners join or leave a group or independently contracted practice is the responsibility of the contracted entity.

When a hospital, facility or group practice adds or relocates a service such as urgent care, physical therapy or an imaging center, additional credentialing, and possibly additional contracting, are required if claims will be submitted under a separate tax identification number. [back to top](#)

### [What is the make-up of the credentialing committee?](#)

Members of the committee are current Midlands Choice network providers from a variety of practice disciplines and specialties. Because evaluation of provider credentials requires objective assessment of qualifications and other relevant information, members of the credentialing committee who are partners, associates, relatives, employees, employers, or in direct economic competition, will abstain from participation in the credentialing process if the member believes participation represents a conflict of interest. [back to top](#)

### [How does Midlands Choice handle Locum Tenens \(temporary\) arrangements?](#)

Locum Tenens is defined as a provider who provides coverage for a network provider during a temporary absence of up to to six months. If you have any questions about participating as a Locum Tenens provider, contact Contracting.

If coverage will be provided for less than six weeks, bill for services under the name of the practitioner for whom coverage is being provided. If coverage will be provided for more than six months, you are not a Locum Tenens provider and must request an application and complete the process to become a participating network provider. [back to top](#)

### [How does Midlands choice handle credentialing for new graduates?](#)

For physicians completing residencies or fellowships, application requirements are the same as for any provider. However, provisional status can be granted once for up to 60 days while hospital privileges and education are verified. [back to top](#)

### [What are the steps in the credentialing process?](#)

**Step 1:** Request an application.

**Step 2:** For facilities, we schedule review by our contracting committee to determine whether they may proceed with submitting an application; this step is not required for practitioners.

**Step 3:** You will receive an application and supporting documents by mail. Complete the application, review the Application Checklist, then submit your application.

**Step 4:** Our credentialing staff verifies credentials and prepares applicants' files for review by the credentialing committee. Office site surveys are no longer required during initial credentialing for primary care providers or Ob/Gyn specialists prior to committee review. However, any network provider's office is subject to review if we receive a patient complaint regarding physical accessibility, physical appearance or adequacy of waiting room and exam room space, or as part of our office site/medical record review quality program.

**Step 5:** The credentialing committee, which meets on the second Wednesday of each month, determines whether the application is approved or denied. We will notify you of the committee's decision.

Office Site Review Criteria:

- Site
- Medical Records

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### [What information is verified during the application review?](#)

For practitioners:

- Licensure, including DEA
- Professional liability coverage
- Board certification
- Education/training
- Professional liability claim history
- Medicare/Medicaid exclusions or sanctions
- Work history
- National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank (HIPDB) Reports

For facilities:

- Licensure, including DEA
- Documentation of accreditation by TJC, CARF, AAAHC or CCAC or similar accrediting organization, or participation in Medicare/Medicaid
- Professional liability claims history
- Complaints
- Medicare/Medicaid exclusions or sanctions
- Professional liability coverage
- Healthcare Integrity and Protection Data Bank (HIPDB) Reports [back to top](#)

### What is the function of the facility contracting committee?

Requests from facilities to join the network are evaluated by the contracting committee, which meets quarterly. In evaluating the facility's request, the committee reviews such factors as:

- Requests from payer partners and employer groups for specific providers or services in our service area
- Applicants' potential to reduce patient waiting times, increase access to services (including rural areas), reduce travel time or provide services for lower fees than current providers
- Applicants' referral relationships with current providers
- Potential for applicants' network membership to enhance Midlands Choice cost effectiveness through preferential pricing, minimization of administrative costs, and effective medical/practice management
- Applicants' participation in competitor networks
- Potential to help Midlands Choice and its business partners build and implement new healthcare delivery products

If the request is approved, the facility may submit a credentialing application. If the request is not approved, the facility will be notified of the reasons for the decision and may appeal for reconsideration. Appeal procedures are outlined in the letter notifying the provider of the contracting committee's decision.

Contact Contracting if you have questions about the process for being considered for network participation by the contracting committee. [back to top](#)

### What are providers rights during the credentialing process?

Applicants have the right to review the information we gather during application processing, to ask about the status of your application while it is in process, and to correct any information submitted by another party you feel is incorrect.

Information we gather during application processing includes information that we have obtained from outside primary sources such as malpractice insurance carriers or state licensing boards. By law, we are not allowed to release information submitted to the National Practitioner Data Bank, or information that is considered to be peer-review protected.

During the credentialing process, if we receive information that varies significantly from information submitted on the application, we will provide an opportunity to explain the discrepancy. [back to top](#)

### Can the credentialing committee's decision be appealed?

Yes. Procedures for appealing the credentialing committee's decision are outlined in the letter notifying the provider of the credentialing committee's decision. [back to top](#)

### When are new providers listed in the directory?

New providers will be listed in the on-line provider directory within 10-15 business days of the contract effective date and in the printed directory as production schedules allow.

Medical specialty listings will be based on education, professional experience and board certification, according to American Board of Medical Specialties standards. [back to top](#)

## Midlands Choice Office Medical Records Review Criteria

Indicator	Met	Not Met
1. Member identification is noted on every page and document.	Every page/document contains the member's identification to include the patient's first and last name <u>OR</u> the patient's social security number <u>OR</u> a unique patient identification number. If information appears on both sides of a page the name should also appear on both sides.	Patient name or ID number is not documented on each page of the medical record.
2. All entries in the medical record are dated.	The month, day, and year are documented for each entry in the medical record to include, but not limited to, progress notes, prescription requests/refills, phone encounters, diagnostic results, correspondence etc.	The month, day, and year are not documented for each entry as described under 'Met'.
3. All entries in the medical record are legible to someone other than the author.	The reviewer is able to read sufficient words in each entry in the progress note in order to understand the content. This also includes faxes and other documents placed in the record.	Two reviewers are not able to read sufficient words in order to understand the content.

Indicator	Met	Not Met
<p>4. All entries in the medical record contain author identification.</p>	<p>All entries in the medical record by the physician contain author initials and/or signatures that are typed, handwritten or electronically designated OR a number that identifies the individual provider/physician. All entries in the medical record by authorized office personnel contain author identification.</p>	<p>Entries in the medical record do not contain author identification as described.</p>
<p>5. The medical record contains patient biographical/personal data.</p>	<p>Biographical/personal data is documented in the medical record and includes address, employer, home and work telephone numbers, and marital status/or accessible by a computer printout.</p>	<p>Biographical/personal data are not documented in the medical record.</p>
<p>6. Ongoing/chronic illness and medical conditions are indicated on a problem list.</p>	<p>A current problem list is included in the file which documents ongoing/chronic medical illnesses or conditions. The problem list should be updated as new problems are encountered and should be located in an established location in the medical record.</p>	<p>A current problem list is not included in the medical record documenting ongoing/chronic medical illnesses or conditions.</p>
<p>7. The presence or absence of allergies and/or adverse reactions is consistently documented in a prominent and uniform location of the medical record.</p>	<p>Documentation is in a prominent and uniform location, e.g., in the same place on every record. You should not have to search for this information.</p>	<p>Prominent documentation of allergy status and/or adverse reactions status is not present. Notation of allergy status and/or adverse reaction status in other areas not included under 'Met' is not adequate.</p>

Indicator	Met	Not Met
<p>8. For Adults (over 18 years) seen three or more times, past medical and significant family history is documented in the medical record.</p>	<p>The patient history should be easily identifiable in the medical record. Easily identifiable means it should be located in a central location, not scattered throughout the record. The patient history should include :</p> <ul style="list-style-type: none"> <li>• Significant medical conditions and illnesses</li> <li>• Accidents</li> <li>• Surgeries</li> <li>• Pregnancies (if applicable)</li> <li>• Family history of contributory diseases/medical conditions.</li> </ul> <p>Or</p> <p>Documentation of PMH and/or Family history as negative.</p>	<p>No documentation regarding past medical conditions or family history is present.</p>

Indicator	Met	Not Met
<p>9. For Children (18 years and younger) seen three or more times, past medical history is documented in the medical record.***</p>	<p>The patient history should be easily identifiable in the medical record. Easily identifiable means it should be located in a central location, not scattered throughout the record. The patient history should include :</p> <ul style="list-style-type: none"> <li>• Significant medical conditions and illnesses</li> <li>• Accidents</li> <li>• Surgeries</li> <li>• Pregnancies (if applicable)</li> <li>• Prenatal care</li> <li>• Birth history</li> <li>• Childhood illnesses</li> <li>• Family history of contributory diseases/medical conditions.</li> </ul> <p>Or</p> <p>Documentation of PMH and/or Family history as negative.</p>	<p>No documentation regarding past medical conditions is present.</p>

Indicator	Met	Not Met
<p>10. For patients twelve years and older, seen three or more times, the medical record contains a notation regarding smoking habits and the use of alcohol, drugs or other substances.</p>	<p>Documentation of smoking habits, alcohol use, street drug use, and use of other substances <u>OR</u> a notation that the patient states he/she does not use any of the above <u>OR</u> documentation that the patient has received health education regarding alcohol, drug, and substance abuse.</p>	<p>No documentation reflecting that the patient is questioned and/or has received health education about the use of alcohol, drugs, or other addictive substances.</p>
<p>11. An immunization record for children (12 years and younger) is current, or an appropriate history is documented in the medical record for adults (over 18).</p>	<p>For children, a completed, current (age appropriate) immunization record <u>OR</u> documentation that the parents refuse immunizations, <u>OR</u> documentation of the child's previous adverse reaction <u>OR</u> documentation of illness preventing immunization <u>OR</u> documentation that the immunizations were administered by another physician <u>OR</u> clinic or documentation that immunizations are up to date.</p> <p>For adults, a completed immunization record <u>OR</u> documentation in the medical record that the immunizations are current or documentation to support objection to the immunizations. These immunizations can include tetanus, influenza, and pneumovax.</p>	<p>For children, documentation of immunizations administered elsewhere without specific dates or specific immunizations does not meet the criteria.</p> <p>This standard is considered not met if the patient falls under the following category:</p> <ul style="list-style-type: none"> <li>• over age 65,</li> <li>• has chronic condition (i.e., DM, COPD, CHF) or is immunosuppressed;</li> <li>• has a penetrating injury with trauma to tissue (i.e., puncture of skin with knife or foreign object) for which reason the patient has sought treatment.</li> </ul>

Indicator	Met	Not Met
<p>12. Consultant summaries/referral, laboratory, and imaging results reflect the primary care physician's (PCP) review.</p>	<p>The primary care/referring physician's signature/initials/electronic designation is noted on the reports <u>OR</u> a copy of a letter to the patient from the primary care/referring physician regarding the date of testing and results is in the chart <u>OR</u> there is a note in the medical record referring to the results and reflecting the physician's review.</p>	<p>Laboratory, x-ray, or consultation reports ordered are not signed, initialed, referenced in the progress note, or included in a letter to the patient.</p>
<p>13. Consultation, abnormal lab, and imaging study results have an explicit notation in the record for follow-up plans.</p>	<p>There is a notation in the medical record regarding the results of the consultation and/or abnormal lab and imaging studies with a specific treatment and/or follow up plan.</p>	<p>Notation of the consultation and abnormal findings without addressing a treatment and/or follow up plan does not meet this criteria.</p>
<p>14. If a consultation is requested, there is documentation from the consultant in the record.</p>	<p>The medical record contains a report/letter from the consultant. For acute problems, the report/letter should be received within 10-14 days of the referral. For chronic problems, the report/letter should be received within 4-6 weeks.</p>	<p>The medical record does not contain a notation, letter, or report from the consultant <u>OR</u> the report/letter is not received within the time frames specified under "Met".</p>
<p>15. A chief complaint or the purpose for the visit is clearly stated.</p>	<p>The reason for the patient visit is noted <u>OR</u> the chief complaint is clearly documented for each visit.</p>	<p>The reason for the patient being seen is not documented at each visit.</p>
<p>16. The provider's objective findings are documented.</p>	<p>Physical examination results are documented at each visit to include objective information pertinent to the patient's presenting complaints/purpose for the visit.</p>	<p>Physical examination findings are not documented. Documentation of vital signs alone does not meet the criteria.</p>

Indicator	Met	Not Met
<p>17. Diagnosis or medical impression consistent with subjective and objective findings is documented. ***</p>	<p>Documentation of a working diagnosis or medical impression is consistent with the physical findings and is clearly documented.</p>	<p>The working diagnosis or medical impression is not documented or is not consistent with the physical findings. If the reviewer is unable to determine if the diagnosis or medical impression is consistent with the subjective and objective findings, a referral will be made to the medical director.</p>
<p>18. A treatment plan consistent with the diagnosis(es) or medical impression is documented for the patient encounter. ***</p>	<p>Documentation of a treatment plan consistent with the diagnosis/medical impression consisting of, but not limited to, diagnostic tests, therapies or treatments, referrals or consultations, follow up care, medications prescribed etc.</p>	<p>A treatment plan is not documented after each visit and/or is not consistent with the diagnosis of medical impression. If the reviewer is unable to determine if the treatment plan is consistent with the diagnosis/medical impression, a referral will be made to the medical director.</p>
<p>19. Follow up care is documented for each patient encounter.</p>	<p>Follow-up care is specific and noted in days, weeks, months, or PRN.</p>	<p>Plans for follow up care are not documented in the record.</p>

Indicator	Met	Not Met
<p>20. Unresolved medical problems from previous patient encounters are addressed at subsequent visits until resolved.</p>	<p>Documentation of unresolved or ongoing medical problems noted at previous patient encounters are addressed at following patient visits until resolved.</p>	<p>The medical record does not contain documentation of unresolved medical problems at subsequent visits.</p>
<p>21. There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic treatment. ***</p>	<p>Diagnostic or therapeutic treatments do not place the patient at an inappropriate risk. i.e., testing appropriate for diagnosis, medications/prescriptions appropriate for diagnosis, treatments appropriate for diagnosis.</p>	<p>The patient is placed at inappropriate risk by a diagnostic or therapeutic treatment i.e., testing inappropriate for diagnosis, medications/prescriptions inappropriate for diagnosis, treatments inappropriate for diagnosis.</p> <p>If the reviewer is unable to determine if a diagnostic or therapeutic treatment places the patient at inappropriate risk, a referral will be made to the medical director.</p>
<p>22. If the practitioner treats patients over 65 years of age, the medical record should have supporting documentation on the discussion of advanced directives.</p>	<p>If documentation is found in the medical record that includes the discussion of advanced directives, i.e., DNR order, living will, etc. for the member seen three (3) or more times.</p>	<p>If the member has been seen three (3) or more times, and documentation can't be found to support that advanced directives has been addressed.</p>

credMCMedical Records Survey Criteria (2009)

## Midlands Choice Office Site Review Criteria

### Availability

Indicator	Met	Not Met
1. There are provisions for patient care coverage when the office is closed.	<p>Patient care coverage when the office is closed to include an answering service and a physician available by phone <b>OR</b> specific, clear, documented instructions to patients on how to receive after hours care.</p> <p>To comply with this criteria, both elements (answering service and physician available by phone) must be present <b>OR</b> the patient instructions regarding after hours care must be written in an office brochure/pamphlet/letter given or mailed to all patients or posted in a conspicuous patient care area that is clearly visible and easy to read, (the notice must be visible to the reviewer without direction from the office staff), <b>OR</b> instructions on an office answering machine message.</p>	<p>There are no provisions for patient coverage when the office is closed <b>OR</b> there are no specific, clear, and documented instructions to patients on how to receive after hours care. An entry into the local phone book does not satisfy the criteria.</p>
2. The office has a protocol for scheduling appointments within the guidelines established by Midlands Choice.	<p>Documentation/evidence of a method to triage patients and schedule appointments as follows:</p> <ul style="list-style-type: none"> <li>• Emergency cases are seen immediately</li> <li>• Acute, symptomatic cases seen within 24 hours</li> <li>• Routine symptomatic cases seen within 3-7 days or referred appropriately.</li> <li>• Routine non-symptomatic cases seen within 6-8 weeks</li> </ul> <p>To comply with this criterion, the provider's appointment scheduling protocol must be within the time frames outlined above.</p>	<p>There is no documentation/ evidence that an appointment triage system is in place, <b>OR</b> the protocol for scheduling appointments falls below the guidelines established by Midlands Choice.</p>

## Midlands Choice Office Survey Criteria

### Availability cont'd

Indicator	Met	Not Met
<p>3. The office should be identified externally and office hours should be posted available for view.</p>	<p>There is a sign posted or the name of the practice is located on the door, or building. Office hours can be posted either in the waiting room, on the external entrance door, or in some informational source given to the patient.</p>	<p>The office does not have a sign or the name of the practice is not posted on the entrance door. Office hours are not readily accessible by location in the waiting room, external entrance door, or in an informational source.</p>
<p>4. The office should have protocol (written or verbal) for average waiting time to be less than one (1) hour.</p>	<p>There is an established waiting time to be less than one (1) hour. If the patient can not be seen in that time frame, the patient has been given the option of seeing another provider or re-scheduling.</p>	<p>The office does not have protocol (written or verbal) that patients are seen within an hour of waiting time. The patient is not given the option of seeing another provider or re-scheduling the visit.</p>

## Midlands Choice Office Survey Criteria

### Physical Accessibility/Safety and Comfort

Indicator	Met	Not Met
1. The office is accessible to disabled patients.	There are no architectural barriers limiting access to the office, exam rooms, and bathroom i.e. stairs. If architectural barriers are present, provisions have been made to accommodate handicapped/disabled patients, i.e. handicapped entrance ramp <ul style="list-style-type: none"> <li>At least one entry to the office is of sufficient size to accommodate an adult wheelchair (32inches wide)</li> <li>At least one exam room entry is of sufficient size to accommodate an adult wheelchair (32inches wide)</li> <li>At least one bathroom is disabled accessible to include an entry of sufficient size to accommodate an adult wheel chair and safety bars</li> </ul>	If there are no provisions for disabled patients as outlined under 'Met', the criteria is not satisfied.  To fully comply with this criteria, all elements must be present. If some of the element are present, partial compliance is granted.
2. There are designated parking spaces available for disabled patients.	A parking space indicated by standard disabled parking sign(s) is reserved for disabled patients.	There are no designated disabled parking spaces.
3. The office environment is safe and Hazard free.	Walkways, hallways, entrances, exam or treatment rooms, and patient waiting areas are free of any potentially hazardous obstructions that could result in patient or staff injury, i.e. extension cords, boxes, furniture, equipment, loose flooring.	Walkways, hallways, entrances, exam or treatment rooms, and patient waiting areas are obstructed and there is potential danger to patient and staff safety.
4. The office complies with OSHA Hazard Communication Standards.	The office complies with OSHA Hazard Communication Standards to make sure that all chemicals imported into, produced, or used in the workplace are evaluated and that this hazard information is transmitted to staff through training and appropriate labeling and MSD sheets.	The office does not comply with OSHA Hazard Communication Standards.
5. The office has a plan to address potential violence in the workplace.	The office has assessed the risk of violence in their facility and developed appropriate programs and policies to address the risk.	The office has not addressed workplace violence.
6. There is adequate waiting area seating.	Adequate seating is routinely available to accommodate everyone in the patient waiting area.	On a routine day, there is inadequate seating to accommodate everyone in the patient waiting area.

## Midlands Choice Office Survey Criteria

### Fire/Disaster Planning

Indicator	Met	Not Met
1. The office has a written fire/disaster plan.	A written fire/disaster plan that is documented. This can include the following:  Written policy/protocol in an office policy and procedure manual, <b>OR</b> a written memo to staff, <b>OR</b> , a map/diagram posted to indicate fire/disaster escape routes and exits.	There is no evidence of a fire/disaster plan <b>OR</b> the staff is unaware of fire/disaster plan.
2. There is access to a functioning fire extinguisher.	A fire extinguisher is readily available to office personnel (no more than 75 feet from the office), <b>AND</b> , the fire extinguisher has a current inspection tag (within the past year), <b>AND</b> , the office staff can demonstrate knowledge of where the fire extinguisher is located.	There is no fire extinguisher with a current inspection tag available, or the staff cannot demonstrate knowledge of where the extinguisher is located.
3. Exits are marked.	Exits are clearly marked with standard exit signs. Exit signs must be visible to the reviewer without direction from the office staff. Doors that could be confused with an exit are clearly marked "Not An Exit".	Exits are not marked <b>OR</b> they are not marked clearly with standard exit signs <b>OR</b> the exit signs are not clearly visible to the reviewer. Doors that can be confused with an exit are not clearly marked "Not An Exit".
4. Staff is trained on fire/disaster plan.	There is evidence/documentation that office personnel are trained on the fire/disaster plan when hired and receive follow up training on a yearly basis.	There is no evidence that training is done when office personnel are hired or on a yearly basis thereafter.

## Midlands Choice Office Survey Criteria

<b>Infection Control</b>		
Indicator	Met	Not Met
1. Hand washing facilities are readily available to patients and staff.	Each examining room contains or has ready access to facilities that allow convenient hand washing between patients. This would include a sink, running water, antibacterial soap, and paper towels.	The exam rooms do not contain a sink, running water, antibacterial soap, and paper towels nor is there ready access for the staff to conveniently wash their hands between patients.
3. Non-sterile patient care articles are clean.	Each bathroom contains a sink, running water, soap, and paper towels. Used patient care articles such as examination and pillow covers, patient gowns, etc. are discarded or sanitized between patient use.	Each bathroom does not contain a sink, running water, soap, and paper towels. Used patient care articles are not discarded or sanitized between patient use.
4. Infectious materials are handled safely.	Office staff can demonstrate or explain how infectious materials contaminated with blood/body fluids are discarded separately, bagged, and identified as 'Hazardous Waste'. And, staff can locate personal protective equipment, i.e., gloves, gown, goggles, etc.	The reviewer does not receive an explanation of how infectious materials are separated from other trash, bagged, and labeled. Or, staff can not demonstrate that they know where personal protective items are found.
5. Needles are disposed of in a safe manner.	Evidence that needles are not bent, broken or removed from syringes before disposal <b>AND</b> evidence that needles are disposed in a rigid, labeled, color-coded, leak proof container that can't be punctured, and the container is sealed before being discarded.	Office staff is not able to verbally confirm or demonstrate that needles are disposed of without being bent, broken, or removed from syringes, nor is there a labeled, color-coded, leak proof, rigid, and sealed container for disposal of needles and syringes.
6. Invasive medical equipment is sterilized.	Evidence that invasive medical devices/equipment used for patient treatment/diagnosis are either individually disposable, routinely autoclaved, or chemically sterilized before use.	No evidence that invasive medical devices/equipment used for patient treatment/diagnosis are either individually disposable, routinely autoclaved, or chemically sterilized before use.
7. Non-invasive medical equipment is cleaned.	Evidence that non-invasive medical devices/equipment (reflex hammer, stethoscope) used for patient treatment/diagnosis are cleansed with a detergent or as recommended by the manufacturer.	No evidence that non-invasive medical devices/equipment used for patient treatment/diagnosis are cleansed with a detergent or as recommended by the manufacturer.

## Midlands Choice Office Survey Criteria

<b>Infection Control cont'd</b>		
<p>8. The office has documented infection control policies/procedures.</p>	<p>There are written infection control policies/procedures to include Universal Precautions' concepts and OSHA Guidelines. <b>AND</b>, the policies/procedures are reviewed and updated annually.</p>	<p>There are no documented infection control policies/procedures including the Universal Precautions' concepts and OSHA Guidelines or they are not updated and reviewed annually.</p> <p>To fully comply with this criteria, all elements under 'Met' must be present. If some of the elements are present, partial compliance is granted.</p>

## Midlands Choice Office Survey Criteria

Medication Control		Indicator	Met	Not Met
1. Controlled substances (Schedule I-V) administered to patients are logged.	A log tracking the administration of controlled substances to patients is maintained in a complete and accurate manner to include:  * Name of drug * Dosage * Unique patient identifier * Name of person dispensing the drug * Date drug dispensed * Quantity dispensed	A log tracking the administration of controlled substances to patients is not maintained.	To fully comply with this criteria, all elements under 'Met' must be present. If some of the elements are present, partial compliance is granted.	
2. There is a procedure for periodically accounting for controlled substances.	Evidence that controlled substances are periodically counted or otherwise reconciled with the controlled substance log.	There are no provisions for accounting or reconciling controlled substances.		
3. Controlled substances are secured.	Controlled substances are kept in a locked drawer or cabinet. Access to the locked drawer or cabinet is restricted to authorized staff, i.e. a narcotic key assigned to one (1) authorized person who carries the key at all times.	Controlled substances are not kept in a locked drawer or cabinet, <b>OR</b> access to the locked drawer or cabinet is not restricted to authorized staff, <b>OR</b> individuals not authorized to have access to the locked cabinet can easily obtain access (key hanging next to locked drawer).		
4. Sample drugs are current.	A random review of sample medications (a maximum of 10) in the office does not reveal an expired date on any medication. The sample drugs are to be checked at least quarterly (every 3 months) for expiration.	A random review of sample medications (a maximum of 10) in the office reveals an expired date on a medication. The sample drugs are checked for expiration dates > every quarter (every 3 months.)	Not applicable if the office does not store sample medications.	

## Midlands Choice Office Survey Criteria

<b>Medical Emergency Procedure and Supplies</b>		
Indicator	Met	Not Met
1. The office has a policy and procedure regarding medical emergencies involving a patient or staff member.	There is evidence of a written policy and procedure for handling a medical emergency which includes the initiation of CPR and a process to obtain medical emergency assistance.	There is no written evidence that a policy or procedure exists for handling a medical emergency or the procedure does not include initiation of CPR and a process to obtain medical emergency assistance.
2. Office staff is CPR certified.	There is at least one staff member available during patient care office hours that has a current CPR certification.	A staff member with current CPR certification is not available during patient care office hours.
3. The office has basic medical emergency supplies.	Medical emergency supplies are available to include oxygen, an ambubag, and/or protective CPR devices for adults, children, and infants. The supplies should be readily available and kept in a safe manner. (If the clinic is located within the hospital then oxygen is not required in the clinic if it is available through the hospital.)  Oxygen is stored securely fastened in an upright position and clinic staff should be aware of where it is stored.  If the office has a defibrillator/AED, there is a procedure to routinely conduct scheduled and preventive maintenance checks according to the manufacturer's recommendations.	Medical emergency supplies do not include oxygen, ambubag or infant, adult/pediatric protective CPR devices.  This criteria is not met if the office has emergency supplies, however, they are not readily available to the staff.  And oxygen is not stored safely, i.e., secured in an upright position.  There is no policy/procedure for checking defibrillator/AED on a routine basis.
4. Office staff is educated on medical emergency policies and procedures.	There is evidence/documentation that office personnel are trained on the medical emergency policies and procedures when hired and receive follow up training on a yearly basis.	There is no evidence/documentation that office personnel are trained on the medical emergency policies and procedures when hired and receive follow up training on a yearly basis.
5. Medical emergency supplies and drugs are current.	A random review of emergency drugs or supplies (a maximum of ten will be reviewed overall) does not reveal an expired date on any emergency drug or supply.	A random review of emergency drugs or supplies (a maximum of ten will be reviewed overall) does reveal an expired date on any emergency drug or supply.  Not applicable if the office does not have emergency drugs or supplies.

## Midlands Choice Office Survey Criteria

<b>Laboratory Service Department</b>		<b>Indicator</b>	<b>Met</b>	<b>Not Met</b>
1.	Laboratory has a specific work space.	The laboratory work space is separate from the patient waiting area and exam/treatment rooms. The laboratory is clean with no obvious specimen spills.	The laboratory work space is not separate from the patient waiting area and exam/treatment rooms and/or there is evidence of specimen spills.	
2.	The laboratory has written policies and procedures.	There is a written laboratory policy and procedure manual. The manual may include policies and procedures for tests conducted by the laboratory such as collecting, labeling, preserving and preparing the specimens; STAT specimens; instrument calibration, infection control, and testing for accuracy.	There is no written policy and procedure manual.	
3.	Equipment is cleaned, calibrated, and checked on a routine basis.	There is a procedure for cleaning, checking, and calibrating equipment on a regular basis.	Equipment is not cleaned, checked or calibrated on a regular basis.	
4.	There is a separate refrigerator for specimens and medications.	There are separate refrigerators for specimens and medications, and staff has a separate refrigerator for food items.	There are not separate refrigerators for specimens and medications and staff food items.	
5.	The lab/medication refrigerator is monitored to assure that the temperatures remain in appropriate range.	There is evidence that the refrigerator is monitored for temperature.	There is no evidence that the refrigerator is monitored for temperature.	
6.	The laboratory has complied with CLIA requirements.	Each laboratory must provide evidence of one of the following:  * A CLIA Certificate of Waiver, <b>OR</b>  * CLIA Certificate of Compliance or Accreditation from the Health Care Financing Administration (HCFA), <b>OR</b>  * Application having been made for a Clinical Laboratory Improvement Amendment (CLIA) registration certificate.	The office staff is unable to produce evidence of a CLIA Certificate of Waiver, or a CLIA Certificate of Compliance or Accreditation from the Health Care Financing Administration (HCFA), or an application having been made for a Clinical Laboratory Improvement Amendment (CLIA) registration certificate.	

## Midlands Choice Office Survey Criteria

### Radiology Service Department

Indicators	Met	Not Met
1. The radiology service area has a specific work space.	The radiology service area is separated from the patient waiting area(s) and exam/treatment rooms.	The radiology service area is not separated from the patient waiting area(s) and exam/treatment rooms.
2. A current license/certificate is posted.	A current license/certificate of registration from the State is posted or available.	A current license/certificate of registration from the State is not posted or available.
3. The radiology equipment has a current State inspection that shows no deficiencies.	Evidence that a State inspection of the radiology equipment has been performed within the prior two (2) years and no deficiencies have been found.	The State has inspected the equipment within the past two years and deficiencies were noted.
4. Radiology equipment is maintained in proper working order.	This standard is not applicable if an inspection has not been conducted.	
4. Radiology equipment is maintained in proper working order.	Documentation of inspection and maintenance of radiology equipment in compliance with the manufacturers written recommendations.	There is no evidence of inspection and maintenance of radiology equipment in compliance with the manufacturers written recommendations.
5. Radiology staff is qualified to provide x-ray services.	X-ray system operators or technicians will provide evidence of a State license or certificate.	X-ray system operators or technicians cannot provide evidence of a State license or certificate.
6. Warning signs are posted.	A posted warning sign cautioning pregnant women. The sign must be clearly visible to the reviewer without direction from the staff.	There is no posted warning sign cautioning pregnant women or the posted warning sign is not clearly visible.

## Midlands Choice Office Survey Criteria

<b>Medical Record Keeping</b>		<b>Indicator</b>	<b>Met</b>	<b>Not Met</b>
1.	Each patient has an individual medical record.	An individual medical record, separate from any other patient's record, (progress notes and all supporting documentation) is present for each patient.	One folder for a family is acceptable if progress notes and all supporting documentation for each family member is separated and clearly marked within the folder.	Each patient does not have an individual medical record, i.e. his/her progress notes and supporting documentation is combined with other patient's records.
2.	Individual medical records are organized and secure within a folder.	Individual medical records are organized to provide efficient, consistent, and accurate access to patient information. For example, patient folders contain dividers, tabs, clips, etc. separating progress notes, diagnostic testing results, problem list, etc. <b>AND</b> medical records are secured within the folder to prevent loss.	Individual medical records are organized to provide efficient, consistent, and accurate access to patient information. For example, patient folders contain dividers, tabs, clips, etc. separating progress notes, diagnostic testing results, problem list, etc. <b>AND</b> medical records are secured within the folder to prevent loss.	There is no method to organize Individual medical records in a consistent manner, <b>OR</b> medical records are not secured.
3.	Medical records contain consistent and standard documentation.	The office staff is able to demonstrate that the following is consistently documented in all patient medical records:  *Problem List, <b>AND</b>  *Patient registration and demographics, <b>AND</b>  *Allergies and adverse reactions	The office staff is not able to demonstrate that a problem list, patient registration and demographics, and allergies/adverse reactions are consistently documented.	
4.	Medical records are kept in an organized and systematic manner.	The office staff can demonstrate that medical records are filed and stored in a systematic manner. This would include alphabetical order, color coded, numerical order based on medical record numbers, or computerized medical record keeping.	The office staff cannot demonstrate a systematic method for medical record keeping.	
5.	Medical records are secure and accessible only to authorized staff.	*Stored in an area separate from the patient waiting, treatment, and exam areas, <b>OR</b>  *Stored in an area that can be locked, or stored in locked cabinets.	Medical records are not secured in an area separate from the patient waiting, treatment, and exam areas <b>OR</b> are not stored in an area that can be locked or in locked cabinets.	

**Request an Application - Practitioner**  
**\*Required Fields**

Did you know that you can request an application on our website? Go to [www.midlandschoice.com](http://www.midlandschoice.com) and click on the "Credentialing" tab in the provider portal, then click "Request an Application" in the left menu. If you'd rather, complete the following form and submit via email to [contracting@midlandschoice.com](mailto:contracting@midlandschoice.com) or fax to 402-390-7267.

Today's Date\*

<b><u>Contact &amp; Mailing Information</u></b>			
Name*	Organization*		
Address to mail application(s)*			
City*	ST*	Zip*	
Phone*	Email*		

<b><u>Practice Information</u></b>			
Practice Name*	TaxID*		
<input type="checkbox"/> Check here if practice address is same as mailing address above			
Address*			
City*	ST*	Zip*	
Phone*	Fax*	Website*	

<b><u>Practitioner Information</u></b>			
First and Last Name*	Middle		
NPI*	TaxID*	Specialty*	Degree*
If Degree is PA, Supervising Physician & License #			
Provider Type (check one)*	<input type="checkbox"/> Physician (MD, DO)	<input type="checkbox"/> Podiatrist (DPM)	<input type="checkbox"/> Optometrist (OD)
	<input type="checkbox"/> Allied Health (PA, Nurse Practitioner, Nurse Midwife, CRNA)	<input type="checkbox"/> Mental Health (PHD, LMHP, LMFT, LCSW, LPC)	
Name of Primary Hospital Affiliation (if applicable)			

*If you have multiple practitioners for whom you are requesting applications, continue entering them on the next page or attach a spreadsheet with the required information for each practitioner.*

Comments:
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**Practitioner Information**

First and Last Name\*

Middle

NPI\*

TaxID\*

Specialty\*

Degree\*

If Degree is PA, Supervising Physician & License #

Provider Type (check one)\*  Physician (MD, DO)  Podiatrist (DPM)  Optometrist (OD)

Allied Health (PA, Nurse Practitioner, Nurse Midwife, CRNA)  Mental Health (PHD, LMHP, LMFT, LCSW, LPC)

Name of Primary Hospital Affiliation (if applicable)

**Practitioner Information**

First and Last Name\*

Middle

NPI\*

TaxID\*

Specialty\*

Degree\*

If Degree is PA, Supervising Physician & License #

Provider Type (check one)\*  Physician (MD, DO)  Podiatrist (DPM)  Optometrist (OD)

Allied Health (PA, Nurse Practitioner, Nurse Midwife, CRNA)  Mental Health (PHD, LMHP, LMFT, LCSW, LPC)

Name of Primary Hospital Affiliation (if applicable)

**Practitioner Information**

First and Last Name\*

Middle

NPI\*

TaxID\*

Specialty\*

Degree\*

If Degree is PA, Supervising Physician & License #

Provider Type (check one)\*  Physician (MD, DO)  Podiatrist (DPM)  Optometrist (OD)

Allied Health (PA, Nurse Practitioner, Nurse Midwife, CRNA)  Mental Health (PHD, LMHP, LMFT, LCSW, LPC)

Name of Primary Hospital Affiliation (if applicable)

**Practitioner Information**

First and Last Name\*

Middle

NPI\*

TaxID\*

Specialty\*

Degree\*

If Degree is PA, Supervising Physician & License #

Provider Type (check one)\*  Physician (MD, DO)  Podiatrist (DPM)  Optometrist (OD)

Allied Health (PA, Nurse Practitioner, Nurse Midwife, CRNA)  Mental Health (PHD, LMHP, LMFT, LCSW, LPC)

Name of Primary Hospital Affiliation (if applicable)

3/20/09

**E-MAIL to [contracting@midlandschoice.com](mailto:contracting@midlandschoice.com) or FAX to 402-390-7267**

**Request an Application - Facility**  
**\*Required Fields**

Did you know that you can request an application on our website? Go to [www.midlandschoice.com](http://www.midlandschoice.com) and click on the "Credentialing" tab in the provider portal, then click "Request an Application" in the left menu. If you'd rather, complete the following form and submit via email to [contracting@midlandschoice.com](mailto:contracting@midlandschoice.com) or fax to 402-390-7267.

Today's Date\*

**Contact & Mailing Information**

Name\* Organization\*

Address to mail application(s)\*

City\* ST\* Zip\*

Phone\* Email\*

**Facility/Hospital Information**

Facility/Hospital Name\* TaxID\*

Facility/Hospital Name (as it appears on billing statements)\*

Check here if facility/hospital address is same as mailing address above

Address\*

City\* ST\* Zip\*

Phone\* Fax\* Website\*

**Selection Factors**

*In developing and maintaining a readily accessible, quality, cost-effective health care provider network, Midlands Choice will consider at least the following priority market factors.*

This request is for a (check one)\*  Hospital  Facility If Facility, is it free standing  Yes  No

What types of services/products do you provide (check all that apply below)\*

Alcohol/Drug Center  Hospice  Radiology Center

Ambulance Service  Infusion Therapy  Sleep Disorder

Ambulatory Surgery  Laboratory  Speech Therapy

Audiology  Durable Medical Equipment  Urgent Care

Dialysis  Physical/Occupational Therapy

Home Health Care  Prosthetics/Orthotics

Other (please specify):

**Selection Factors continued**

*Responses to all questions below are required\**

Questions	No	Yes	Explanation/Comments
Have you received requests from specific payers (insurance companies, TPAs,) or employer groups to join the Midlands Choice Network? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Explain/Comment:</i>
Will inclusion of your facility into the Midlands Choice network reduce waiting time, or offer easier patient accessibility to the services you provide? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Explain/Comment:</i>
Does your facility offer unique or specialized services not otherwise available in your service area? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Explain/Comment:</i>
Does your facility have referral relationships with current network providers? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If yes, Indicate # of providers*:</i>
Does your facility currently serve Midlands' PPO patients on an out-of-network basis? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If yes, Approx # per month*:</i>
Do you agree to follow Midlands' plan utilization management program and any preauthorization requirements of our payers? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Explain/Comment:</i>
Do you agree to contract with Midlands Choice for only the service locations in our service area? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Explain/Comment:</i>
Do you understand that any agreements into which you enter with national payers who contract with Midlands Choice may supersede your agreement with Midlands Choice? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Explain/Comment:</i>
Do you currently have the ability to submit claims electronically (EDI)? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Tell us what types of claims you submit (UB04, CMS1500, or both) and in what format (paper or electronic)*:</i>

**In what communities or geographical areas does your organization provide services? \***

**What discount off your usual and customary charges are you willing to offer Midlands? \***

*Note: Some ancillary providers fall under preset Fee Schedules such as PT/OT, Speech Therapy, Laboratory, Free Standing Radiology Centers, Urgent Care and Ambulatory Surgery Centers. All others are a percentage off the facility billed charges.*

**What other networks do you currently participate (check all that apply)? \***

- Blue Cross Blue Shield (IA, NE, SD)    United Healthcare    Coventry    Medicare    Medicaid
- Other (please specify):

**Comments:**

*If you have any documentation you would like Midlands Choice to review as part of your request, please submit with this form.*

3/20/09

**E-MAIL to [contracting@midlandschoice.com](mailto:contracting@midlandschoice.com) or FAX to 402-390-7267**

## Provider Demographic Updates

**\*Required Fields**

Did you know that you can update your information on our website? Go to [www.midlandschoice.com](http://www.midlandschoice.com) and click on the "Credentialing" tab in the provider portal, then click "Update Demographic Form" in the left menu. If you'd rather, complete the following form and submit via email to [credential@midlandschoice.com](mailto:credential@midlandschoice.com), fax to 402-390-1595, or mail to Midlands Choice, Attn: Provider Credentialing, 8420 W. Dodge Rd., Ste., 210, Omaha, NE 68114.

Today's Date\*

<b><u>Contact Information</u></b>	
<i>Complete the following with information for the person we can contact with questions about this request.</i>	
Name*	Organization*
Phone*	Email*

<b><u>Type of Update &amp; Effective Date</u></b>			
Type of Update*	<input type="checkbox"/> Add new location	<input type="checkbox"/> Add network provider to existing location	<input type="checkbox"/> Update existing location
	<input type="checkbox"/> Terminate location	<input type="checkbox"/> Other (please specify)	
Effective date of change/termination*			

<b><u>Practice/Facility Information</u></b>			
Practice/Facility Name*	TaxID*		
Address*			
Address Type (check all that apply) * <input type="checkbox"/> Primary <input type="checkbox"/> Alternate <input type="checkbox"/> Billing <input type="checkbox"/> Mailing			
City*	ST*	Zip*	
Phone*	Fax*	Email*	

<b><u>Providers Associated with Update</u></b>				
Provider Name*	NPI*	Degree	Specialty	Supervising Physician & License Number <i>(required if degree is P.A.)</i>

*If necessary, continue provider list on additional sheet of paper.*

Comments:
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Before we can begin the credentialing process, we must have a complete application. Incomplete applications will be held for 30 days, then removed from consideration, if we do not receive all required information.

Applicants are also responsible for producing current, accurate and sufficient information for evaluation of qualifications and for updating any information that changes during review.

Requirements for **all** providers:

- All questions answered on the application
- Explanations of any affirmative responses on the questionnaire
- Proof of current liability insurance in required amounts
- Signed release allowing Midlands Choice to verify credentials
- Signed and dated application attestation
- National Provider Identifier (NPI) numbers

Additional requirements for **practitioners**:

- Education and work history, with explanations for any gaps of six months or more
- Copy of current federal controlled substance certificate or waiver, if applicable
- Copy of current state controlled substance certificate or waiver, if applicable

Additional requirements for **facilities**:

- Copy of current state license registration certificate
- Documentation of accreditation through TJC, CARF, AAAHC, CCAC or similar accreditation organization
- Medicare/Medicaid number and a copy of most recent Medicare and Medicaid surveys or letter approving participation
- For **hospitals**, a list of hospital-based providers (e.g. emergency room physicians, pathologists, radiologists and anesthesiologists) for whom charges will be submitted
- For **medical laboratories**, a copy of current CLIA Certificate of Accreditation, compliance, registration or waiver
- For **radiology facilities**, copies of current state and federal radiology licenses, permits, registrations or certifications for x-ray emitting equipment, mammography and nuclear medicine.
- For **freestanding physical and occupational therapy facilities**, a copy of policies and procedures for verifying staff credentials

At three-year intervals, we recredential providers and facilities to verify that criteria for participation continue to be met. To allow sufficient time for processing and committee review, we send renewal applications at least four months before the third anniversary of the contract date. If the contract anniversary date is missed before recredentialing is complete, participation is considered to have expired unless renewed by Midlands Choice.

In addition to updates of the documentation that was required for initial credentialing (license, education, certification, as applicable to the provider or facility type), renewal information presented to the credentialing committee will include any member complaints, network sanctions, and deficient scores from medical records or site surveys.

Incomplete applications are held open for 30 days to allow time for submission of any required information or documentation that is missing. If information is not received within 30 days, the application will be treated as having been withdrawn and the provider's participation will be terminated according to the terms of the Plan Provider Agreement.

Network physicians' medical records are reviewed two years after initial credentialing as part of our quality review process.

#### Medical Records Criteria