TELEMEDICINE PRACTITIONER CREDENTIALING STANDARDS APPLICABLE TO ALL INDIVIDUAL NETWORK PARTICIPANTS AND APPLICANTS FOR THE PREFERRED PAYMENT PLAN NETWORK, MEDI-PAK® ADVANTAGE PFFS NETWORK, MEDI-PAK® ADVANTAGE LPPO NETWORK, MEDI-PAK® ADVANTAGE HMO NETWORK, ARKANSAS' FIRSTSOURCE® PPO, TRUE BLUE PPO, AND HEALTH ADVANTAGE HMO NETWORKS **(the foregoing referred to collectively hereinafter as the "Networks").**

NOTE ON UPDATES: The following information may contain additions and changes to previously published network credentialing standards. Such changes are considered to be effective immediately upon publication in *Providers' News*, posting to the Networks' websites, or distribution in other media, unless otherwise specifically stated. To be eligible for network participation, all telemedicine practitioners and services are required to adhere to applicable state and federal regulatory requirements and to the following guidelines, standards and network policies.

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1. TeleSite Review: All Disciplines Required on all Initial credentialing applicants' primary practice location ANY re-credentialing applicants may be selected on a random basis(*)	Performance Scores: 90% -100% - minor deficiencies or no deficiencies. 80% - 89% - recommendations for improvement. Below 80% - FAILURE; ineligible for network participation until passing score is achieved. Corrective Action Plan required for failing score of <80% and/or unmet critical elements. Note: The foregoing is the process for routine office site review. The Networks reserve the right to take immediate action up to and including declining the request for network participation or possible termination of current network providers for other forms of office deficiencies or problems, including but not limited to member complaints, citations, reports or actions of any governmental agency, or any risk to the health or safety of patients. Full credentialing is required at the originating site at which the patient is located and the distant site. If telemedicine practitioner is offering telehealth services for a patient located within hospital or critical access facility, the facility is required to be a Medicare participating facility or have deemed status. The professional or entity at the distant site must be an enrolled Arkansas Medicaid provider. As part of the telesite review process, each practitioner is required to complete the **"Attestation for Recognition of Telemedicine Providers"**.
2. Clinical/Focused Quality Activities	When data is available, the Networks may, upon initial credentialing or re-credentialing, consider the relative quality, or lack thereof, of any services provided by any practitioner. Issues concerning quality of services may be submitted by the Networks for review at any time (not just upon initial credentialing or re-credentialing) by the Credentialing Committee. The Networks may also separately or simultaneously evaluate any quality issues or concerns with respect to any practitioner, and the relative quality, or lack thereof, of any services may be grounds for network participation decisions, including but not limited to denial of

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	participation, termination of participation or limits, restrictions or conditions on network participation.
3. DEA and Arkansas Prescription Monitoring Program	All practitioners are responsible for complying with all applicable state and federal laws and regulations related to the prescribing and administration of medications. This includes a network requirement (consistent with applicable law) that applicants or current network participants who prescribe or intend to prescribe controlled medications must hold an active Drug Enforcement Agency certificate and Bureau of Narcotics ("BON") certificate (in applicable states) in good standing. In addition, applicants and current network participating practitioners who hold an active DEA certificate must be registered with the Arkansas Prescription Monitoring Program as a condition of network participation. A practitioner whose DEA certificate or Bureau of Narcotics certificate (in applicable states) is subject to any Action (as hereinafter defined) shall lose eligibility to participate in the network for the longer of (a) 365 days or (b) the date that the network determines, in its sole discretion, that the conditions leading to any Action have been appropriately alleviated or redressed by the practitioner and any applicable disciplinary board oversight or monitoring program. For purposes of this standard, "Action" means any voluntary or involuntary surrender, restriction, limitation, suspension or revocation of a DEA or BON certificate, including but not limited to any arrangement whereby the practitioner agrees to a surrender, restriction, limitation, suspension or revocation of the DEA or BON certificate, or any arrangement whereby practitioner's use of the DEA certificate is limited or restricted (voluntarily or involuntarily) in terms of the scope or classifications of medications that may be prescribed, the location(s) or conditions under which the DEA or BON certificate may be utilized to legally prescribe medications, or the length of time that the DEA or BON certificate may be utilized without further review or approval from any government agency or disciplinary board or program. Any practitioner whose DEA or BON certificate is subject to any Action must give written notice of the same to the network not later than three business days following the Action, and failure to promptly provide such notice shall, in itself, constitute separate grounds upon which network participation may be denied or terminated. The preceding notwithstanding, the network recognizes one exception under which a practitioner who has been subject to an Action may, in the judgment of the network, remain eligible for network participation and not be excluded from the network as provided in subpart (b), above: if the practitioner is actively enrolled in and fully compliant with all terms of a practitioner health/rehabilitation program that is officially sanctioned and overseen by the practitioner's applicable disciplinary board or agency and such practitioner is (i) otherwise in good standing with the practitioner's applicable disciplinary board or agency; and (ii) otherwise in good standing with all regulatory authorities and state and federal agencies and programs, including but not limited to Medicaid and Medicare; and (iii) otherwise in good standing with the network and in compliance with all other terms and conditions of the practitioner's network participation agreement and network terms and conditions; and (iv) practicing with competence and quality and in a manner that does not pose a risk of harm to the network's members, as determined in the network's sole discretion.
4. Collaborating and Supervisory Physician Agreements Required for APRNs, PAs and certain other practitioners	Certified Nurse Practitioners (CNPs), Clinical Nurse Specialists (CNSs) and Physician Assistants (PAs), collectively referred to as Extender, must hold a certificate of prescriptive authority maintain a Collaborating Practice Agreement, with Quality Assurance Plan, or Physician Assistant Protocol and Delegation of Services Agreement, which meets all the requirements of their respective licensing board, with a collaborating/supervising physician that is currently a participating provider in good standing in the Networks. The collaborating or supervising physician must be skilled and trained in the same scope of practice as the care that will be provided by the CNP, CNM, CNS or PA, i.e., Networks require that the practice specialty or scope of actual practice of the collaborating or supervising physician must match the practice specialty or scope of actual practice in which the CNP, *CNM,* CNS or PA is

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	engaged or intends to engage. The collaborating/supervising physician must be licensed by the state(s) at which they provide services to be a telemedicine practitioner. If at any time the network participation status of the collaborating/supervising physician is terminated, the network participating status of the Extender will also be terminated (unless an acceptable replacement collaborating practice agreement or supervisory agreement, as outlined above, with another participating physician is obtained and in place prior to the termination of the current collaborating/supervising physician). Upon request, each Extender shall be obligated to provide a complete copy of the current agreement with the collaborating/supervising physician to the Networks, including any information or documentation regarding the circumstances or status of any collaborative or supervisory agreement or relationship with a collaborating or supervising physician, including but not limited to access to all related records to verify the status, nature or extent of the collaborative or supervisory agreement or relationship. The Networks are not obligated to accept all collaborating practice or supervisory agreements, as written, but reserves the right to evaluate whether the terms of such agreements are adequate to ensure proper oversight and management by the collaborating or supervising physician of the activities of the Extender. In the event that the Networks identify any deficiencies in the terms of a collaborating practice agreement or supervisory agreement, the Networks may decline to admit or to continue participation of any Extender in the Networks, or may condition admission or continued participation upon revisions to the terms of any such agreement. In addition, the Networks shall be entitled to review the actual practice activities, oversight and monitoring methods or practices, physical proximity between any Extender and their collaborating or supervising physician, and other conditions of the relationship to verify that the written terms of the collaborating or supervisory agreement are, in fact, being fulfilled by both parties to the agreement, and that adequate procedures, protocols and protections are in place to ensure proper oversight of the activities of the Extenders. Should the Networks or its representatives identify any breach or violation of the terms of the collaborating or supervising agreement, or should failure to honor the terms of such agreements come to the attention of the Networks, the network participation of the applicable Extender shall be subject to immediate termination for failure to meet network credentialing standards.
5. License	All participating practitioners must hold and maintain continuously a current, active and unrestricted license(s) to practice in the state(s) where the practitioner conducts any medical practice or delivers any health care services and in the state(s) at which the patient is located, as determined by the applicable disciplinary board or licensing or oversight agency. In addition, license restrictions in other states or countries (i.e., states other than the state where a practitioner currently conducts any medical practice or delivers any health care services) will be considered in applying these license standards, i.e., even if a practitioner no longer practices or intends to practice in a given jurisdiction, if the practitioner's license in any jurisdiction is restricted (including but not limited to any limitation, restriction, suspension, surrender (whether voluntary or involuntary), withdrawal or revocation of any license due to any disciplinary action or investigation, or while under investigation, or to avoid investigation or a final administrative finding) then in such circumstances the affected practitioner shall be deemed ineligible for network participation pursuant to this "License" standard. While the networks have adopted a policy of deferring to the applicable disciplinary board or licensing or oversight agency on the question of whether a particular action by such board or agency constitutes a "restriction" on the license of a practitioner, in the absence of a clear, official statement or direction from any such board or agency that specifies whether a particular action constitutes a "restriction" on a license, the networks have adopted and will apply the following rules for what constitutes a "restriction" on a license:

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	In the absence of clear, official direction or specification by the applicable disciplinary board or agency as to whether a particular action constitutes a "restriction" on a license, a license shall be deemed "restricted" by any action of a disciplinary board or agency that imposes any requirements on the practitioner not generally and equally applied to all licensees, including but not limited to continuing medical education requirements, fines, penalties or assessments of any costs of proceedings against the practitioner, proctoring, chaperone or monitoring requirements of any kind in which the practice activities of the practitioner are subject to any form of oversight or review, any requirements or stipulations as to the location(s) where the practitioner may practice, any limitation on a practitioner's scope or manner of practice (including but not limited to any restrictions as to performance of any specific service, procedure or treatment), any limitations on the numbers or categories of patients the practitioner may serve, or any ongoing audit or reporting requirements as to the practitioner's practice activities, competency, qualifications or care of patients. In assessing whether a "restriction" on the license exists – in the absence of clear, official direction or specification by the applicable disciplinary board or agency – restrictions, conditions or limitations arising from any "Agreed Order," "Consent Order" or any other form of agreement or voluntary arrangement or negotiation with any disciplinary board or agency shall be considered the same as restrictions, conditions or limitations imposed without agreement or consent of the practitioner. The preceding notwithstanding, unless otherwise indicated by the applicable disciplinary board or agency, the networks do not intend to treat the following circumstances as constituting a "restriction" on a license: (a) Requirements (short of revocation or suspension of license) imposed on a practitioner solely due to missing deadlines for mandatory minimum continuing medical education requirements, provided the practitioner promptly addresses such deficiencies and is not subject to any other disciplinary action; or (b) Requirements (short of revocation or suspension of license) imposed on a practitioner solely due to omissions to meet purely administrative standards for licensure, such as payment of annual or periodic license fees or completion of related actions or forms, provided the practitioner promptly addresses such deficiencies and is not subject to any other disciplinary action; or (c) Requirements (short of revocation or suspension of license) imposed for minor infractions of applicable disciplinary or agency rules, procedures or standards that do not involve any lapse in professional competency, quality or the standard of care provided to any patient, nor any imposition of any proctoring, monitoring or chaperone requirements, nor restriction or limitation of any kind on scope or manner of practice; or (d) Voluntary enrollment in any impaired practitioner program of a disciplinary board or agency, i.e., self-reporting prior to being subjected to any disciplinary board or agency orders or investigation, provided the applicable board or agency permits such practitioner to continue to practice under its oversight or monitoring, and provided such practitioner complies fully at all times with all requirements of such impaired practitioner program, including but not limited to successfully completing any required rehabilitation, education and testing. (With respect to involuntary participation in any impaired practitioner program, in the absence of contrary, clear and official indication by the applicable disciplinary board or agency, such practitioners shall be deemed to have a "restricted" license for two years from the date of their enrollment in such program, and shall be ineligible to participate in any network until after two years of successful participation, including but not limited to successfully completing any required rehabilitation and testing during such two-year period. "Involuntary" participation is construed to be any participation not resulting from self-referral by a practitioner prior to any form of disciplinary board or agency action or investigation, including but not limited to any situation in which a

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	practitioner enters into an "Agreed Order" or "Consent Order" or any other form of agreement or consensual arrangement to enroll in a program, but does so only after having been subjected to action or investigation by the disciplinary board or agency).
6. Board Certification / Residency Training (Applies to MD's and DO's)	Recognized certifying Boards for MDs and DOs are the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA). Board Certification is preferred but not required. Physicians who have completed an ABMS or AOA approved residency/fellowship are not considered to have an issue which requires presentation to the Credentialing Committee. However, Physicians who request a specialty and have not completed an ABMS or AOA approved residency/fellowship[1] for that specialty are considered to have an issue and must be reviewed by the Credentialing Committee with details regarding their education, CME, work history and hospital privileges. The Credentialing Committee may, in its sole discretion, recommend approval or denial of credentials and, if approved, the specialty. Physicians who are determined by the Credentialing Committee not to meet standards for a requested specialty may be denied participation or may be restricted in participation. Physicians who are in the process of residency/fellowship training for a specialty are not eligible to be admitted to the networks as specialists until successful completion of such residency/fellowship, but, after completion of their second year in such residency/fellowship program, may apply for provisional admission to the networks as General Practitioners, pending completion of the residency/fellowship for the requested specialty, subject to the following conditions: (a) admission as a General Practitioner shall be at the discretion of the Credentialing Committee; and (b) the applying physician must, at the time of application, have successfully completed two years in the applicable specialty residency program, and be in good standing with such residency program; and (c) the applying physician must agree in writing to limit her/his network practice during such pre-residency/fellowship completion period to performing only such services/treatments as a non-specialist, General Practitioner would perform, i.e., the applying physician must agree not to perform or bill for any specialty services to network members during such pre-residency/fellowship completion period; and (d) the applying physician must agree to restrict the location of his/her practice during the pre-residency/fellowship completion period to the emergency department of a network-participating hospital or to an urgent care clinic approved by the Networks
7. Felony Convictions	Must have no felony convictions or guilty pleas. Two exceptions may be recognized, in the sole discretion of the Networks, in the following circumstances: (a) **Pardon**: If the practitioner has been pardoned by the appropriate governmental executive and the Networks conclude, based on available information, that the practitioner has been rehabilitated; or (b) **Exemplary Conduct Over Time**: If at least 10 years have elapsed since the felony conviction or guilty plea, during which the practitioner has demonstrated exemplary conduct with no additional infractions of the law, provided the practitioner furnishes references or other documentation satisfactory to Networks to establish that the practitioner has been fully rehabilitated. The preceding notwithstanding, the Networks reserve the right to refuse network participation to any practitioner with a felony conviction or guilty plea, regardless of any pardon, the passage of time, or any claim of rehabilitation, including but not limited to any case in which a felony conviction or guilty plea involves fraudulent submission of insurance or health plan claims, or egregious crimes causing serious physical or psychological injury to patients or other individuals.
8. Use or Abuse of Drugs, Alcohol or other Substances	Practitioners shall not use illegal drugs or substances, and shall not abuse alcohol or legal drugs. Practitioners whose use or abuse of any drug or substance, whether legal or illegal, interferes with or impairs their ability to practice medicine or deliver health care services in accordance with accepted standards of care, leads to a lapse in quality, competency or professionalism, or poses a risk to the health or safety of any patient or the public, may be excluded from network participation until such time as they can demonstrate adequate rehabilitation and assurance of appropriate conduct. At a minimum, any practitioner exhibiting substance abuse problems or impairment due to legal or illegal use of alcohol or drugs must establish that he or she has enrolled in a recognized, supervised treatment

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	program approved by the Arkansas State Medical Board or the practitioner's equivalent licensing authority, and must show full compliance with the requirements of any such treatment program. The network-sponsoring organizations may require a minimum period of successful participation in a treatment program before an impaired practitioner is eligible for admission or reinstatement to network participation.
9. Practitioner Impairment	Must be physically and mentally capable to fully perform professional and medical staff duties required to provide medical services to members.
10. Professional Liability Claims History	All applicants must provide a history, with complete description, of all professional liability claims in which they have been named, including dropped, dismissed, pending, settled, or found for defendant dispositions. Applicants must respond timely to all inquiries made by the Credentialing Committee, the Networks or Provider Network Operations for additional details of malpractice suits filed.
11. Medicare/Medicaid Sanctions, Fraud, Insurance Program Restrictions or Irregularities	Must not be currently under sanction by Medicare/Medicaid or any other government agency, nor be ineligible to participate in any government program for any reason. In addition, the Networks reserve the right to review all participating practitioners at any time for suspected fraud or abusive claims practices. Participating practitioners must fully cooperate with the Networks in any review of suspected fraudulent or abusive claims activity by responding promptly to information requests, and by making appropriate staff available to address questions or provide data. If fraud or abuse is detected, the Networks may terminate network participation, report the fraudulent or abusive activity to state or federal agencies, and pursue other appropriate legal recourse.
12. Applications, Release and Attestation	All practitioners must complete a standard application and sign and date a release and attestation on forms as required by the Networks and the Arkansas State Medical Board (for Arkansas MDs and DOs).
13. Initial Credentialing Decisions	Practitioners who do not meet minimum credentialing criteria as stated above will be excluded from the Networks. Those determined to have issues regarding qualification or compliance with established standards will be reviewed and approved or denied by the Credentialing Committee, subject only to appeal rights and the Networks' right to amend or apply these Standards. The Networks reserve the right, in its sole discretion, to decline any application that does not meet all credentialing standards and terms and conditions for network participation.
14. Recredentialing Decisions	Recredentialing of practitioners will normally occur every **36** months. This cycle could vary in individual cases to allow compliance with regulatory requirements or should the Networks decide re-credentialing at an earlier date is necessary. Practitioners who do not meet minimum credentialing standards as stated above will be excluded from the Networks. Those determined to have issues regarding qualification or compliance with established standards will be reviewed and approved or denied by the Credentialing Committee, subject only to appeal rights and the Networks' right to amend or apply these Standards. The Networks reserve the right, in its sole discretion, to decline any application that does not meet all credentialing standards and terms and conditions for network participation.
15. Telemedicine Fee	New MDs and DOs telemedicine applicants that practice outside of the state of Arkansas and will be providing services to an Arkansas member must include a check for $195.00 with their application for the True Blue PPO and Health Advantage HMO networks in order to cover the cost of the Arkansas State Medical Board – Centralized Credentials Verification Service profile fee. Existing network out-of-state MD/DO telemedicine physicians are required to pay $215.00 at time of re-credentialing for continued network participation. Personal or company checks are the only acceptable payment methods. Payment check and network application should be sent to: Provider Network Operations Manager Attn: Telemedicine Fee P.O. Box 2181 Little Rock, AR 72203-2181

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	If Arkansas MD or DO is enrolling thorough the Networks' delegated vendor, MDLive, this fee is waived as MDLive is covering the profile cost.
16. Coverage Policy Requirements	**Any provider who seeks to participate in the Networks as a telemedicine provider must agree to abide by the Networks' telemedicine Coverage Policy, as outlined herein. Per that Coverage Policy, Telemedicine is covered only when ALL of the following conditions are met:** 1. The service is one which is allowed (meaning that it is clearly within the scope of practice, training, qualification, competency and licensure) for the specific provider type when done in a face-to-face setting, and which can be safely, effectively and legally performed via telemedicine to at least the same standard of care and at least the same degree of accuracy, efficiency, efficacy, thoroughness, quality and competency as would be possible in a face-to-face visit. 2. The telemedicine encounter and services must be conducted via media and equipment, and in a manner that ensures privacy and security for all aspects of the patient experience and interchange with the telemedicine practitioner, including full compliance with all applicable state or federal privacy and security standards, including but not limited to HIPAA. Without limiting the scope or breadth of the preceding requirement, this means that all telemedicine services must be provided in an environment where the telemedicine practitioner and the patient are afforded a strictly private setting not impeded or interrupted by any third parties not directly involved in the patient's care. 3. If the originating site is a clinical setting, a Presenter is available at the Originating Site to orient the patient, operate the equipment, problem solve, and gather clinical data. 4. The encounter is by real-time interactive audio communication with store and forward capabilities. 5. A clinical record of the encounter which contains at least the same elements as are included in a face-to-face encounter record is maintained and must be available to the applicable claims processor or payer at any time upon request; the location of the Originating Site and Distant Site, along with the date and time of the connection must be recorded in the note. 6. For visits which include a physical exam, the equipment allows for remote examination by the provider (eg stethoscope, otoscope, etc giving a diagnostic-quality signal to the provider) OR a qualified, licensed person capable of performing the exam supplements the examination and relays the findings to the provider. 7. Data transmission must be accomplished using a HIPAA-compliant network, with sufficient bandwidth and screen resolution to permit adequate interaction with the patient and assessment of behavioral and physical features. The network must maintain a log of connections, with time, date, and duration. An example of a compliant network is Arkansas e-Link. (To connect to the Arkansas e-Link network, providers may call the Center for Distance Health at 501-686-6998 or enroll online at arkansaselink.com.). The following minimal security protocols/technology must be in place to promote minimal privacy and security of the electronic interaction between the telemedicine provider and patient: 8. The Distant Site provider must hold all licenses, certifications, registrations or approvals required by applicable law or regulation for performance of the telemedicine services, including but not limited to such licensure as is required by the appropriate state's Medical Board, and the service provided must be within the scope of practice for that provider. 9. All prescriptions of any medications must be issued in accordance with applicable state and Federal Laws and Drug Enforcement Agency ("DEA") requirements. **Technology Requirements:** • High Speed service. Minimum 10Mbps. Faster is better for video consultations. Check your speed at: https://fast.com • PC-4GB memory, 2.0 GHz or faster processor. Webcam and microphone. • Google Chrome (v.61+) is preferred browser. Firefox, Safari (11+), Internet Explore (10+) may also be used.

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	• Mobile-Android 4.1 and above. iOS 8.0 or later.