Selection Standards

As part of the application process, each healthcare professional/provider must demonstrate that he or she meets the selection standards listed below.

1. The healthcare professional/provider must enter into the then current written provider agreement and abide by and comply with all terms and conditions of the provider agreement and fulfill all obligations imposed on the healthcare professional/provider under such provider agreement. Concurrent with Anthem’s periodic recredentialing, the healthcare professional/provider must enter into the then current written participation agreement.

2. The healthcare professional/provider who participates in the networks/programs of any other Missouri corporate affiliate in the WellPoint family of companies must be in good standing with such affiliates, abiding by and complying with all terms and conditions of the affiliate’s provider agreement and fulfill all obligations imposed on the healthcare professional/provider under the affiliate’s such provider agreement.

3. The healthcare professional/provider’s primary office location must be located within the Anthem service area or within the approved counties contiguous to the Anthem service area.

4. The healthcare professional/provider must not be restricted from participating in one or more of Anthem’s programs or networks by an exclusive or other arrangement with any person or entity other than Anthem.

5. In certain geographical areas, the healthcare professional/provider may be required to participate in one or more of the Anthem programs or networks through an intermediary with whom the Anthem has an exclusive or other restrictive arrangement.

6. Active hospital privileges must be maintained by the healthcare professional/provider with at least one or more of the network hospitals pertaining to the Company’s specific programs or networks of interest, where applicable. The healthcare professional/provider may also provide for hospital coverage by using the services of in-network hospital-based providers.

7. The healthcare professional/provider practice must not consist of a boutique, concierge, or retainer-type arrangement with its patients.

8. The healthcare professional must not receive, give, provide or condone any incentives or kickbacks, monetary or otherwise, in exchange for the referral of a covered person to other healthcare professionals or facilities.

9. The healthcare professional/provider must maintain professional liability insurance coverage, on a per occurrence basis, in the amount of $500,000, and $1,000,000 in the aggregate. The healthcare professional/provider is encouraged to maintain professional liability insurance coverage, on a per occurrence basis, in the amount of $1,000,000, and $3,000,000 in the aggregate.
10. If the healthcare professional is a primary care physician or OB/GYN, he or she must be available to treat patients at least twenty (20) hours per week.

11. The healthcare professional/provider must provide or arrange for twenty-four (24) hours, seven (7) days per week coverage for members who participate in Anthem’s programs/networks.

12. The healthcare professional/provider may be excluded from participation if the professional/provider’s application or other information obtained as part of the application or review process:
   a. is found to be incomplete,
   b. contains unacceptable information,
   c. is believed or determined to contain untrue, misrepresented or fraudulent statements, or
   d. contains information or is determined to be unacceptable by Anthem, for any reason(s) listed above, or for any other reason, including, without limitation, the following reasons:
      i. the healthcare professional/provider’s liability claims history or outcomes of litigation raises questions regarding the care that may be provided by the healthcare professional or provider;
      ii. the healthcare professional/provider’s background raises questions regarding the ethical conduct of the healthcare professional/provider;
      iii. the healthcare professional/provider’s application was previously denied by the Company or one of its affiliates within the past thirty-six (36) months;
      iv. the healthcare professional/provider’s provider agreement or participation under a provider agreement with the Company was previously suspended or terminated;
      v. review of the healthcare professional/provider’s practice indicates that the healthcare professional/provider practices, or provides services in a manner that might unreasonably increase the Company’s cost of providing health care services to its members;
      vi. the healthcare professional is joining a professional practice or a professional group practice that is currently being investigated by the Special Investigations Unit and/or the Clinical Investigations Unit; or
      vii. the healthcare professional is joining a professional practice or a professional group practice that has demonstrated continued non-compliance with Anthem policies and procedures and/or the policies and procedures of any other Missouri corporate affiliate in the WellPoint family of companies.

Participation in one or more of Anthem Blue Cross and Blue Shield’s programs or networks is also subject to our credentialing policies and procedures.

Credentialing Criteria

Initial applicants must meet the following credentialing criteria in order to be considered for participation:

1. Submit a current and complete credentialing application and signed attestation, along with any supporting documentation as requested.

2. Possess a current, valid, and unrestricted, and non-probationary license in the state(s) where he/she provides services to the Company’s members.

3. Possess a current, valid, and unrestricted DEA and/or CDS registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat the Company’s members.

4. Must not be currently debarred or excluded from participation Medicare, Medicaid or FEHBP.

5. For MDs and DOS, DPMs and Oral & Maxillofacial Surgeons, the applicant must be board certified (as defined by the ABMS, AOA, RCPSC, CFPC, ABPS, ABPOPPM or ABOMS) in the clinical discipline for which they are applying. Individuals will be granted five years after completion of their residency program to meet this requirement.
6. For MDs and DOS, the applicant must have unrestricted hospital privileges at a JCAHO or HFAP accredited hospital, or a network hospital previously approved by the Credentials Committee. Some clinical disciplines may function exclusively in the outpatient settings and the Credentials Committee may, at its discretion, deem hospital privileges not relevant to these specialties. Also, the organization of an increasing number of physician practice settings in selected fields is such that individual physician may practice solely in either an outpatient or inpatient setting. The Credentials Committee will evaluate applications from practitioners in such practices without regard to hospital privileges. The expectation of these physicians would be that there was an appropriate referral arrangement with a network physician providing inpatient care that exists.

7. Acceptable site visit and medical record review results for Internists, Family Practitioners, General Practitioner, Pediatricians, Obstetricians/Gynecologists (OB-GYNs), Geriatricians and Psychiatrists requesting participation in the HMO.