

## **Exhibit 3**

### **Credentialing and Recredentialing**

Credentialing and Recredentialing services are not currently being sought from this ITN; these services may be required at a later date.

In the event these services become required the ICS will be responsible for credentialing providers who participate in CMS in the regions they serve except for specialty providers for Early Steps, Child Protection Teams, Regional Perinatal Intensive Care Centers and providers who only wish to see CMS Medicaid enrollees. When making credentialing decisions, the ICS must adhere to the Children's Medical Services Program credentialing standards. The ICS shall have written credentialing policies and procedures that ensure quality of care and assure that all physicians are currently licensed and qualified to perform necessary services for children with special health care needs. The ICS shall submit a copy of the policies to the CMS Contract Manager for approval prior to final execution of the contract resulting from this solicitation. The policies must include a credentialing committee process, processes for monitoring and corrective action procedures for physician providers, and an appeal process.

A practitioner, who meets all credentialing standards, is credentialed by the ICS for three (3) years and then must be recredentialed every three (3) years.

The ICS credentialing process must include, but is not limited to verification of the following:

#### **Physicians and Dentists**

- Valid, current State of Florida medical license;
- Current board certification or actively in the process of obtaining board certification in area of practice( \*see exception criteria below);
- Current Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) certification;
- National Provider Identification number;
- Current curriculum vitae;
- Previous five (5) year work history, explaining any gaps in employment;
- Current malpractice coverage or bond that complies with the physician's relevant practice act in the Florida Statutes;
- Summary of professional liability claim(s) pending or filed against you within the past five (5) years. Including date of occurrence, brief summary of events, present status of claim, and amount paid, if applicable;

- Summary of Medicaid and Medicare sanctions within the past five (5) years;
- Current, full active admitting privileges at a CMS approved hospital; or Letter of Transfer Agreement with a CMS approved physician in good standing who has current admitting privileges at a CMS approved hospital (Physicians only); and
- Provider is not on the federal List of Excluded Individuals and Entities

\* The physician credentialing process shall include a process to grant a waiver, on an individual basis, of board certification for primary care or sub-specialty physicians, to provide services in underserved areas of the state, including inner city or rural areas, or if the access standards cannot be met otherwise. In order to grant a board certification waiver the ICS must have a letter from the local CMS Medical Director documenting the need and granting their approval for the waiver. Waivers shall be valid for not more than three (3) years or until the next credentialing cycle, whichever is less. It shall be the responsibility of the ICS to track when waivers must be renewed.

### **Licensed Non-physician**

- Valid, current State of Florida medical license;
- Current certifications in area of practice;
- National Provider Identification number;
- Current curriculum vitae;
- Previous five (5) year work history, explaining any gaps in employment;
- Current malpractice coverage;
- Summary of professional liability claim(s) pending or filed against you
- within the past five (5) years;
- Summary of Medicaid and Medicare sanctions within the past five (5) years;

### **Participation Criteria: Non-licensed**

Non-licensed health care professionals wishing to participate in the CMS network of providers must comply with the CMS approval and re-approval processes and criteria.

If the ICS network provider is not licensed, regulated or certified by a regulating government body, the ICS has written policies and procedures for the initial and ongoing assessment of organizational service providers with which it intends to do business

The ICS confirms in writing that the ICS network provider continues to be in good standing with the state and federal regulatory bodies every three (3) years.

## **Recredentialing**

The ICS must recredential each service provider in its network every three (3) years. The recredentialing process must, at a minimum, document each provider's continued adherence to the credentialing criteria. Information from quality improvement activities should be incorporated into the recredentialing decision-making process for primary care physicians.

The ICS credentialing and recredentialing policies and procedures must include ongoing monitoring of practitioner corrective actions between credentialing cycles. Appropriate action must be taken against practitioners when occurrences of poor quality are identified.

When the ICS has taken actions against a practitioner for quality reasons, the ICS must offer a formal written appeal process and report the action to the CMS Central Office.

## **Delegation of Credentialing and Recredentialing Activities**

The ICS may delegate credentialing or recredentialing activities. If they choose to delegate there must be a formal agreement that:

- Delineates the responsibilities of the ICS and the delegated entity;
- Describes the activities that are being delegated; and
- Describes the process by which the ICS evaluates the delegated entity's performance and the remedies, including revocation of the delegation, available to the ICS if the delegated entity does not fulfill its obligations.

The ICS must evaluate at least annually the entity's capacity to perform the delegated activities and that the activities are being conducted in accordance with the CMS credentialing and recredentialing standards.

## **Credentialing Files**

Monthly the ICS must submit a credentialing file to the CMS contract manager that contains all required fields in the format that will be specified by CMS in the resulting contract from this solicitation.