

First Choice Health Criteria for Denial or Termination

Criteria for Denial of a Provider

The FCHN Credentialing Committee shall approve or deny participation. Denial based upon quality of care is a reportable issue. The criteria for denying participation may include, but is not limited to:

1. Submission of inaccurate or misleading information on the application, or failure to disclose relevant information.
2. Inability of FCHN to complete the credentialing/recredentialing due to the applicant's failure to provide relevant information or the necessary release.
3. Previous loss of, or restrictions to, or sanctions to professional license, certification/registration or authorization to practice.
4. Any current restrictions or sanctions on licensure, certification/registration or authorization to practice including, but not limited to, probationary status, chaperone or related requirements (i.e., monitoring, open doors, etc.), or prescribing limitations.
5. Current or previous loss of, or restrictions to, DEA certificate.
6. Current or previous loss of or restrictions to hospital, clinic, facility, surgical center, network or other healthcare privileges.
7. Criminal record affecting professional practice.
8. Current or past sanctions by Medicare/Medicaid.
9. Current chemical dependency or substance abuse.
10. History of malpractice claims judged excessive by the Credentialing Committee. Professional liability claims history is defined as cases that are settled and have resulted in an adverse judgement against the provider.
11. History of fraud, deceit, dishonesty or moral turpitude.
12. History of practicing without valid license, registration/certification or authorization.
13. History of providing patient care outside of the scope of license, registration/certification or authorization.
14. History of practice trends that raise concerns regarding provider's ethics, quality of care and/or practice standards.
15. History of restrictions on hospital privileges or scope of practice.
16. History of concerning quality of care issues.
17. Practice inconsistent with professional standards of care.
18. History of significant patient complaints documented by licensing authority, healthcare facility, health plan, or network administrator.

19. History of unethical conduct in violation of laws or standards governing the practice of health care.
20. History of a felony conviction.
21. History of non-compliance with FCHN Provider Contract.
22. Inadequate medical record practices or inappropriate billing practices (i.e., upcoding, failure of adequate chart documentation to support submitted claims, etc).
23. Insufficient or inadequate malpractice insurance coverage.
24. Lack of local hospital admitting privileges or inpatient coverage plan (if applicable).
25. Failure to become Board certified in practice speciality, when applicable.
26. Failure to maintain Board certification in practice speciality for specialties that require periodic recertification.
27. Quality issues as reported by National Practitioner Data Bank (NPDB)/Healthcare Integrity Data Bank (HIPDB), licensing boards or prior work/training sites.
28. Voluntary relinquishment, withdrawal or failure to proceed with an application in order to avoid an adverse action or to preclude an investigation or while under investigation relating to professional competence or conduct.
29. Current physical or mental health problem(s) which significantly impair provider's ability to perform within the scope of his/her professional duties.
30. Lack of Network and/or membership needs.

Termination

All providers must meet the credentialing and recredentialing requirements of FCHN. Failure to meet established standards or guidelines can result in the termination of a provider. Termination of provider contract must comply with the specific terms of the provider's contract.

A participating provider may be terminated without cause with 90 days written notice. Criteria considered by FCHN in making the decision to terminate without cause include, but are not limited to administrative reasons.

A participating provider may be terminated immediately with cause when charges are serious enough to warrant urgent action and/or members are at immediate risk of harm or imminent danger.

Criteria considered by FCHN in making the decision to terminate include, but are not limited to the criteria for denial of a provider, as well as the following:

1. Submission of inaccurate or misleading information on the application, or failure to disclose relevant information.
2. Failure to notify FCHN of any changes in clinical privileges, any changes in hospital staff privileges, any changes in practice scope; any sanctions or restrictions or any medical or mental health problems that could effect the care of patients.
3. Refusal, revocation, suspension or restrictions of hospital staff privileges at any hospital.
4. Loss of local hospital admitting privileges or inadequate inpatient coverage plan (if applicable).
5. Failure to become board certified in practice specialty within five years of completion of residency (when applicable).

6. Failure to maintain board certification for specialties that require periodic recertification.
7. Censured or excluded by Medicare/Medicaid.
8. Renders or has rendered any services outside the scope of his/her license, registration/certificate, or other authorization.
9. Submission of erroneous, improper, or incomplete claims.
10. Failure to comply with procedures implemented in connection with the administration of utilization review or failure to cooperate with the quality management activities.
11. Chemical dependency/substance abuse problem.
12. Physical or mental health condition that may impair the provider's ability to practice within the full scope of licensure and qualifications or may impose a risk of harm to patients.
13. Notification from a confidential program for chemically impaired providers (i.e., Washington Physicians Health Program) documenting that they can no longer provide advocacy for the provider because of instability in his/her recovery and/or for non-compliance with the Program/Contract.
14. Revocation of license or authorization to practice.
15. Loss of, or inadequate malpractice insurance coverage.
16. Any restrictions or limitations or sanctions on licensure, certification/registration or authorization to practice, including but not limited to, probationary status, chaperone requirements or related requirements (i.e., monitoring, open doors, etc), prescribing limitations, required supervision, or restricted hospital privileges.
17. Voluntary relinquishment, withdrawal or failure to proceed with an application in order to avoid an adverse action or to preclude an investigation or while under investigation relating to professional competence or conduct.
18. Felony conviction.
19. Revocation of DEA certificate.
20. Unethical conduct in violation of laws or standards governing the practice of health care.
21. Acts of fraud, deceit, dishonesty or moral turpitude.
22. Non-compliance with FCHN Provider Contract.
23. Practice inconsistent with the professional standard of care.
24. Evidence of compromised quality of care.