

| Title  | Requirement  |
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| State Application  | Oklahoma Complete Health accepts the Oklahoma DOH Uniform Credentialing form or CAQH.  |
| Admitting Privileges                                       | <p>Verify Hospital privileges from the primary hospital as indicated on the credentialing application using one of the following acceptable sources for confirmation:</p> <ol style="list-style-type: none"> <li>application attestation;</li> <li>letter from facility;</li> <li>roster from facility;</li> <li>verbal confirmation from the facility; or</li> <li>Copy of online directory information provided by the hospital's website specifying admitting privileges.</li> </ol> <p>If the practitioner does not have privileges, a statement (written or verbal) is obtained regarding the practitioner's alternate admitting arrangements.</p> <p>Required for the following practitioner types MD, DO, DPM, CMW, NP and PA</p>   |
| Malpractice Insurance Coverage                             | <p>Verify existence and currency using one of the following acceptable sources:</p> <ol style="list-style-type: none"> <li>A current malpractice facesheet,</li> <li>application attestation or</li> <li>primary source verification from the carrier or</li> <li>federal coverage through the Federal Torts Claims Act may be confirmed by a copy of the Federal Tort letter or an attestation from practitioner</li> </ol> <p>Standard: \$1,000,000/\$3,000,000:<br/>All exceptions send to Contracting to review</p>  |
| DEA Certificate  | <p>Current valid federal DEA certificate(s) in each state where practitioner provides care to Plan members (as applicable). Verify through one of the following methods:</p> <ol style="list-style-type: none"> <li>Current Certificate,</li> <li>the DEA Diversion website, NTIS,</li> <li>an AMA Profile,</li> <li>American Osteopathic Physician Profile Report, or</li> <li>Attestation of DEA Coverage Plan with name of covering physician OR covering practice name. If the practitioner states in writing that they do not prescribe controlled substances and that in their professional judgment, the patients receiving their care do not require controlled substances, they are therefore not required to have a DEA/CDS certificate, but must describe their process for handling instances when a patient requires a controlled substance. The organization includes the practitioner's statement and process description in the credentialing file.</li> </ol> |
| State Controlled Substance Registration                    | <p>Current valid State Controlled Substance registration in each state where practitioner provides care to Plan members (as applicable). For example: CSR, CDS. Verify through one of the following methods:</p> <ol style="list-style-type: none"> <li>Current Certificate or</li> <li>through the issuing state agency.</li> </ol>   |
| CLIA Certificate or Waiver                                 | <p>Evidence of CLIA Waiver or Certificate for the provision of laboratory services. Acceptable formats for review include</p> <ol style="list-style-type: none"> <li>a current copy of certificate or waiver, or</li> <li>information obtained directly from CLIA.</li> </ol>  |
| License  | Current, unrestricted state license to practice, if license is required to practice. Validation required in each state where practitioner provides care to Plan members. Verify by querying the applicable state licensing board(s).   |
| Education and Training - via Board Cert                    | Because medical specialty boards verify education and training, verification of board certification meets the requirement. Verify the current version of the ABMS Directory of Medical Specialists via CertiFacts or other NCQA/URAC-approved  |
| Education and Training - no Board Cert                     | Verify the highest level of education and training obtained by the practitioner. Graduation from medical school is only accepted if practitioner has not completed residency; residency is considered the highest level even if a fellowship has been completed, but we must verify fellowship if required for requested specialty See P&P for approved sources to verify. CC.Cred.01 & CC.Cred.10   |
| Board Certification  | <p>Board certification is not required, but if a practitioner claims to be board certified, Credentialing verifies current board certification. Requirement is for Physician level only.</p> <ol style="list-style-type: none"> <li>If the practitioner's board certification does not expire, a lifetime certification status is verified and documented.</li> <li>If the medical board does not provide the expiration date, Credentialing verifies that the board certification is current and documents the date of verification.</li> </ol>   |
| Work History   | <p>Work history review is performed on at least the last five (5) years and the results of the review, including gaps, are documented within the credentialing file. Relevant work history is obtained through the practitioner's application or Curriculum Vitae (CV). Relevant experience includes work as a health professional. Each gap in employment exceeding six (6) months is clarified either verbally or in writing. Each gap that exceeds one (1) year will be clarified in writing. Gaps over 1year in work history must be documented in writing and reviewed by committee.</p>  |
| Application Attestation Questions                          | Verify all questions have been answered and that practitioner has attested via signature as to the correctness and completeness of the application. Must be signed within 180 days of committee  |
| Covid DEA Licensure Update                                 | DEA license exemption-Acknowledge an active license in another state   |
| Committee Approval Notification                            | Notification of Committee Approval is mailed to the applicant within forty five (45) calendar days of the determination  |
| Covid Licensure Update                                     | Oklahoma will issue and allow temporary licenses for practitioners holding a license issued by any other US State.   |
| Medicare Opt-Out*  | To ensure practitioner has not opted-out of receiving Medicare funds the regional Medicare administrator must be   |
| Exclusion Checking*  | Review OIG website for Medicare/Medicaid-specific exclusions   |
| Debarment, Suspension, Exclusion Checking*                 | Review SAM website for determination if a practitioner has been debarred, suspended, or otherwise excluded from participating in federal procurement activities  |
| NPI*   | National Plan and Provider Enumeration System (NPPES) - (Medicaid Requirement) Verification time limit: 180 calendar days - NPPES is queried to confirm practitioners have reported accurate individual NPI numbers. The NPI number verified on the NPPES site must match the NPI number disclosed on the application. The verification from the NPPES website must be in the practitioner's file. Checklist entry of the verification is not acceptable.  |
| Preclusion List*   | The preclusion list shall be queried   |
| Malpractice History*                                       | National Practitioner Data Bank (NPDB) is queried and reviewed. Review history of all settled malpractice claims against a practitioner with a settlement date within the past five (5) years from date of report  |
| Social Security Death Master File*                         | Social Security Administration's Death Master File must be queried for determination if practitioner has deceased  |
| * Primary Source Verified by Credentialing Team vs. in the |  |