

Thank you for your interest in becoming a provider with PHP.

Credentialing Criteria

Call 1-800-982-6257 or 260-432-6690 • Hearing impaired 260-459-2600 • Fax 260-436-4809

Providers who would like to apply to be a participating provider must first complete and return to our Credentialing Coordinator, **a Participation Application Request form along with a copy of their professional liability insurance cover sheet or declaration sheet and unrestricted state license or certification.** The completed documents may be faxed to 260-436-4809.

INITIAL CREDENTIALING

The following provider types are required to successfully complete the credentialing process:

Physicians:

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| Doctors of Medicine | Doctors of Osteopathic Medicine |
| Doctors of Podiatry | Doctors of Dentistry (including oral maxillofacial surgeons) |

Allied Health:

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| Nurse Midwives | Clinical Nurse Specialists | Addiction Counselors |
| Chiropractors | Doctoral & Clinical Psychologists Master's | Licensed Mental Health Counselors |
| Optometrists | Level Clinical Social Workers | Nurse Practitioners in Independent Practice |

Facilities:

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| Home Health Agencies | In-patient Rehabilitation Hospitals | Behavioral Health Hospitals |
| Skilled Nursing Facilities | Ambulatory Surgical Centers | Long & Short Term Acute Care Hospitals |
| Specialty Facilities such as Cancer Hospitals and Birthing Centers | | |

Upon receipt of the completed Participation Application Request Form and attached documents, your request will be reviewed and if you meet the requirements, you will be sent directions for completion of the formal application. As required by the State of Indiana for Health Plans, PHP utilizes the Council for Affordable Quality Healthcare (CAQH) application for practitioners. If you are not already a registered user, you will be sent directions on how to access the application. Facility providers will be sent directions for a separate application.

Once the application has been completed, attestations signed, and our Credentialing Department notified, the formal credentialing process begins. This process includes primary source verification of key elements of your application. Should incomplete, inaccurate or conflicting information be identified, the applicant will be contacted and given an opportunity to correct the information and resubmit it to the Credentialing Department. It is the applicant's responsibility to work with the organization that reported the inaccurate, conflicting or incomplete information to get it corrected.

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Fort Wayne, IN 46804-4163
phpni.com



PHYSICIANS HEALTH PLAN
THE INSURANCE YOUR HEALTH DESERVES

Credentialing Criteria *(continued)*

The applicant, at any time during the credentialing process, may also contact the Credentialing Department to check the status of their application. Once the verification process is completed, the applicant will be notified within 10 business days of the recommendation of the Credentials Committee.

Once the credentialing process is complete, you will be contacted by the Provider Services Department to initiate contracting with PHP.

RECREREDENTIALING

At least every three years from the date of the initial appointment, providers will be recredentialed and evaluated for continued participation in the PHP Network. The CAQH application is again used, and the provider should keep this application form up-to-date. An updated signed attestation form will also be required. Information that may have changed since your initial application will be verified with the the primary source. If inaccurate, conflicting or incomplete information is identified, the provider will be contacted and given an opportunity to correct the information and resubmit it to the Credentialing Department. It is the applicant's responsibility to work with the organization that reported the inaccurate, conflicting or incomplete information to get it corrected. At any time during the recredentiaing process, the provider may contact the Credentialing Department to check the status of their recredentiaing.

At the conclusion of the recredentiaing process and recommendation of the Credentials Committee, the provider is considered to be recredentiaed unless otherwise notified. Providers will be notified by letter when the recommendation of the Credentials Committee is other than full reappointment. This letter is sent within 10 business days of the recommendation of the Credentials Committee.

HOSPITAL BASED PROVIDERS

Providers who are only hospital based, such as Emergency Department Physicians, Hospitalists, Radiologists, Pathologists, hospital-based Nurse Practitioners or Clinical Nurse Specialists, see patients as a result of their being admitted or directed to the hospital, and are not listed in our Provider Directory, are not required to be credentialed in order to participate in the PHP Network.

However, if the provider is listed in our Provider Directory, or has a private practice outside the hospital, they must go through the formal credentialing process.

OTHER HEALTH SERVICE INDIVIDUALS OR ORGANIZATIONS

PHP contracts for many types of health services provided by individuals or organizations that are not required to be credentialed as described in our Credentials Plan or summarized above. These individuals and organizations must still meet certain standards of participation, which will be verified. Clinical individuals and organizations are required to provide proof of professional medical liability insurance at a level not less than \$250,000 per occurrence/\$750,000 in the aggregate. There are specific standards to each service type that must be met and PHP verified before the contracting process can be initiated. Please contact the Provider Services Department at 800-982-6257, ext. 11, for a list of individuals or organizations that fit in this category and their specific requirements.