

As part of the myNEXUS healthcare network, we have designed a comprehensive set of standards to ensure patients have confidence they will receive the best service available. Please REVIEW all requirements listed within this document prior to applying/reapplying to the network.

- Please contact if you have questions at Contracting@myNEXUScare.com or Credentialing@myNEXUScare.com
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Procedure: General Requirements

- Completion of an application with current signed and dated attestation.
- Offer on-call support services 24 hours / 7 days a week.
- Copy of a current W-9 and/or W-8 (if applicable) if not supplied during contracting.
- Disclosure of Ownership and Control Interest Statement
- Must have appropriate license(s) and certification(s) mandated by governmental regulatory agencies, including, but not limited to, state license (if applicable).
- Facility shall maintain comprehensive general liability insurance at minimum levels required by Payer, but in no event less than \$1,000,000 per claim and \$3,000,000 in the annual aggregate and submit a copy of current general liability face sheet indicating the applicant as the insured with policy period and coverage amounts.
 - Facility's insurance shall cover the acts and omissions of its agents and employees and will ensure that participating providers have adequate coverage.
 - The Network Management Committee, in states where the maximum amount of coverage obtainable is less than the limits above, may make exceptions.
- Practitioner shall maintain professional liability insurance at minimum levels required by Payer, but in no event less than \$1,000,000 per claim and \$3,000,000 in the annual aggregate and submit a copy of current professional liability face sheet indicating the applicant as the insured, with policy period and coverage amounts.
 - The Network Management Committee, in states where the maximum amount of coverage obtainable is less than the limits above, may make exceptions.
- Provide a malpractice claims history and/or litigation documentation for the preceding five years – if applicable. When a judgment / settlement includes a confidentiality agreement or is pending, the applicant must provide a brief statement detailing the facts of the claim, the allegation and the response of the

applicant. The applicant must submit a corrective action plan that details areas of deficiency, action steps implemented and relevant prevention initiatives.

- Medicare certification letter
- Must maintain a good standing with Medicare and Federal programs.
 - Facilities or Practitioners cannot be excluded from participating in federal government contracts or funded health care programs.

The following required criteria are specific to Home Health Agencies (HHA):

- Hold current accreditation with one of the following CMS recognized accrediting organizations or supply a current (within the last 3 years) Site Survey with supporting documentation if deficiencies were identified.
 - Accreditation Commission for Health Care, Inc (ACHC)
 - The Joint Commission (TJC)
 - Community Health Accreditation Program (CHAP)
- If your agency lacks accreditation, its required you supply a current (within the last 3 years) Site Survey with supporting documentation if deficiencies were identified.
- Maintain a star rating at a minimum of 1.5 or higher to demonstrate your Facility strives to achieve quality results consistent or better than the surrounding market.
 - Exceptions to this requirement can be made if access to care isn't met.
- CLIA certification

The following required criteria are specific to Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS):

- Hold current accreditation with one of the following CMS recognized accrediting organizations listed below:
 - Accreditation Commission for Health Care, Inc (ACHC)
 - American Board for Certification in Orthotics & Prosthetics, Inc. (ABCOP)
 - Board of Certification/Accreditation International
 - Commission on Accreditation of Rehabilitation Facilities (CARF)
 - Community Health Accreditation Program (CHAP)
 - HealthCare Quality Association on Accreditation (HQAA)
 - National Association of Boards of Pharmacy (NABP)
 - The Compliance Team, Inc.
 - The Joint Commission (TJC)

The following required criteria are specific to Practitioner's:

- Current board certification in the specialty practicing, if applicable to specialty.
 - If Non-MD or DO, highest level of Education or Training will be verified.
- If applicable, must possess a current Drug Enforcement Administration (DEA) Certification and/or State Controlled Substance (CDS) certificate.
- Practitioner must attest to the following:
 - Not been convicted of a felony. *Practitioner only*
 - No history of loss of license.
 - Reports loss of privileges or disciplinary actions.
 - Practitioner is in good health. *Practitioner only*
 - Practitioner shall report any physical or mental problems that may affect his/her ability to practice.
 - No history of abusing drugs or alcohol. *Practitioner only*
 - If not met, an explanation must be obtained, and Facility or Practitioner's file is presented to the committee for review.
- Foreign medical school graduates must submit an Educational Commission for Foreign Medical Graduates (ECFMG) Certificate.
- Practitioner disclosure of all work history gaps in the past 5 years that are greater than 6 months.
- Practitioner has not and shall not have been disciplined, suspended or terminated for cause, from a PPO, HMO, hospital privileges or other managed care organization.

The following criteria apply to all facilities serving the network unless superseded by applicable state laws or regulations and are NOT required criteria, but shall be collected from the facility as available:

Facility Setting:

- Be handicapped accessible to all patients, including, but not limited to, its entrance, parking and bathroom facilities. Regulatory "grandfathering" provisions will be accepted.
- Have a waiting room able to accommodate at least five patients and a sufficient number of changing rooms to allow for patient privacy.
- Posted office hours.
- The Provider shall maintain appropriate medical records and shall, subject to applicable law, provide such records to myNEXUS as deemed necessary by myNEXUS, in its sole discretion, for the purpose of utilization management and/or quality assessment.

Closed Markets:

- Business needs of the organization could be evaluated to determine a markets capacity to support further contracting efforts. If a contract request is received in a market that is closed, the facility or Practitioner initiating the contract request will be notified of the closure. All contracts materials submitted will be kept on file for 6 months. Evaluations of market need is periodically performed to ensure compliance with CMS, state and federal requirements.