

Network Participation Requirements.

Network Participation Decisions

To ensure Select Health members consistently receive quality care, decisions regarding participation on our provider networks will be made based in part on:

- Quality of care
- Member satisfaction
- Support of Select Health goals and policies
- Compliance with pre-authorization and medical review procedures
- Maintenance of appropriate licensure (including DEA Certificate where applicable, adequate liability insurance, board certification or eligibility, etc.)
- Active medical staff privileges at an appropriate Intermountain Healthcare hospital
- Appropriate billing practices (e.g., no evidence of up-coding, unbundling, etc.)
- Network access needs for specialty

Board Certification/Recertification

Select Health requires all network providers to be board certified/eligible with a board recognized by the American Board of Medical Specialists (ABMS) or a comparable American Osteopathic Association (AOA) in the specialty of practice.

NOTE: This board certification/eligibility requirement may be waived by Select Health (in its sole discretion) under extenuating circumstances for previously approved Select Health providers who are no longer eligible to take the appropriate board examination.

Network participation is conditional for providers who are first-time board eligible but are not yet board certified. The provider must become certified in the specialty to be practiced within three (3) years of the date they first become eligible to take the applicable board exam. Recertification, if required, is required for all Select Health participating providers. Failure to achieve recertification within one year of the certification expiration may be grounds for participation termination.

Re-credentialing Process

The Select Health re-credentialing process is done through the Council for Affordable Quality Healthcare (CAQH) every three years. You will be required to log in to CAQH to ensure that all your information is up to date.

Select Health intends to provide appropriate feedback and notification to providers to allow them, where possible, to correct existing deficiencies. Noncompliance in any of the previously-mentioned areas may constitute grounds for Select Health network termination.

General Compliance and Fraud, Waste, and Abuse (FWA) Requirements (Medicare Only)

Any provider and organization contracting with us to participate in the Select Health Advantage® provider or pharmacy network is considered a “first-tier entity, downstream, and related entity” (FDR) under the Centers for Medicare & Medicaid Services (CMS) guidelines. Select Health providers, FDRs, employees who perform services related to the Select Health Advantage product or enrollees are required to:

- Implement a compliance program
- Annually train employees and contractor supporting Select Health Medicare Advantage plans on compliance policies and FWA.
- Attest to compliance with these requirements.

NOTE: FDRs no longer need to conduct training within 90 days of contract/hire; however, Select Health suggests this time frame as a best practice.

NOTE: Nothing in this information modifies any terms or provisions of a provider's Participating Provider Services Agreement.

[Access more compliance/FWA program details.](#)

