



# SelectHealth Provider Network Participation Requirements

## NETWORK PARTICIPATION DECISIONS

To ensure SelectHealth 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 SelectHealth 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.)

SelectHealth will provide appropriate feedback and notification to providers to allow them, where possible, to correct existing deficiencies. Noncompliance with any of the indicators listed above may constitute grounds for network termination. Nothing in this information modifies any terms or provisions of a provider's Participating Provider Services Agreement.

## BOARD CERTIFICATION/RECERTIFICATION

SelectHealth 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 SelectHealth (in its sole discretion) under extenuating circumstances for previously approved SelectHealth 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 SelectHealth participating providers. Failure to achieve recertification within one year of the certification expiration may be grounds for participation termination.

## REAPPOINTMENT PROCESS

Where applicable, SelectHealth provider reappointments will generally coincide with the reappoint-ment schedule of the Intermountain Healthcare facility(s) where the provider holds privileges. Pro-viders may receive the Intermountain Healthcare hospital (facility) and the SelectHealth reappoint-ment application packets in the same envelope. Note: Reappointment by SelectHealth is separate from hospital (re)appointment decisions.

## GENERAL COMPLIANCE AND FRAUD, WASTE, AND ABUSE (FWA) REQUIREMENTS (MEDICARE ONLY)

Any provider and organization contracting with us to participate in the SelectHealth 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.

SelectHealth providers, FDRs, employees who perform services related to the SelectHealth Advantage product or enrollees are required to:

- > Implement a compliance program
- > Annually train employees and contractors supporting SelectHealth 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, SelectHealth suggests this time frame as a best practice.

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