LINE OF BUSINESS

This document applies to the following line(s) of business:
All Lines of Business

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

None.

POLICY

Expedited credentialing may be performed for practitioners who are applying to the Scott & White Health Plan (SWHP)/Insurance Company of Scott & White (ICSW) for the first time and joining as a partner, shareholder, or employee of another physician who is contracted with SWHP/ICSW to provide medical or healthcare services to members.

If a practitioner qualifies for expedited credentialing, our claims system is able to process claims from the practitioner as if the practitioner were in the Network no later than thirty (30) calendar days after receipt of a complete application. No practitioner remains in expedited status for more than sixty (60) calendar days.

A practitioner who has been in the SWHP/ICSW’s network via a delegation/contract arrangement is not eligible for expedited credentialing by SWHP/ICSW, if the delegation/contract arrangement is terminated or if the practitioner is no longer affiliated with the delegate.

The practitioner may not be designated as a primary care provider and does not appear in the SWHP/ICSW Provider Directory until SWHP/ICSW Credentials Committee approves full credentialing.

The following practitioner types qualify for expedited credentialing:

- Physicians
- Podiatrists
- Therapeutic Optometrists
- Dentist (SWHP uses a carve-out for dental)
- Dental specialists including dentists and physicians providing dental specialty care
- Licensed clinical social workers
- Licensed professional counselors
- Licensed marriage and family therapists
- Psychologists
**PROCEDURE**

**Expedited Credentialing**

1. In order to be expedited, the following occurs:
   - Be licensed in Texas and in good standing with the Texas Medical Board
   - Have a current and complete application with signed attestation.

2. The SWHP/ICSW follows the same process for presenting files to the Credentials Committee as for regular credentialing.

3. The practitioner agrees to comply with the terms of SWHP/ICSW’s participating provider agreement currently in force with the applicant physician’s established medical group.

4. Applicants that submit incomplete applications are notified of missing information in writing within five business days.

5. Pending approval of the application, SWHP excludes the applicant from the SWHP directory and the practitioner cannot be considered as a Primary Care Provider.

6. Expedited practitioners qualifying for expedited credentialing are able to process claims as if the practitioner were in the Network no later than (thirty) 30 calendar days after receipt of a complete application—even if SWHP has not yet completed full credentialing process.

7. If, on completion of the credentialing process, SWHP determines that the applicant practitioner does not meet SWHP’s credentialing requirements, SWHP may recover from the applicant or the medical group:
   - An amount equal to the difference between payments for in-network benefits and out-of-network benefits
   - The applicant practitioner or the practitioner’s medical group may retain any copayments collected or in the process of being collected as of the date of SWHP’s determination

**ATTACHMENTS**

None.

**RELATED DOCUMENTS**

None.

**REFERENCES**

HB 1594 by Legislative of the State of Texas, Section 1, Chapter 1452
Centers for Medicare and Medicaid Services (CMS) – Medicare Managed Care Manual, Chapter 6
Texas Government Code § 533.0064

The information contained in this policy is confidential and proprietary and may not be shared without the express permission of the Scott and White Health Plan. Further, the information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the “Approver” deems appropriate under the circumstances.