304.17C-080 Plan for selection and reevaluation of providers.

- (1) Each insurer shall have a process for the selection of health care providers who will be on the plan's list of participating providers, with written policies and procedures for review and approval used by the plan.
- (2) The plan shall establish minimum professional requirements for participating health care providers. An insurer may not discriminate against a provider solely on the basis of the provider's license by the state.
- (3) The plan shall demonstrate that it has consulted with appropriately qualified health care providers to establish the minimum professional requirements.
- (4) The plan's selection process shall include verification of each health care provider's license, history of license suspension or revocation, and liability claims history.
- (5) An insurer shall establish a formal written, ongoing process for the reevaluation of each participating health care provider within a specified number of years after the provider's initial acceptance into the plan. The reevaluation shall include an update of the previous review criteria and an assessment of the provider's performance pattern based on criteria such as enrollee clinical outcomes, number of complaints, and malpractice actions.

Effective: July 15, 2002

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