Credentialing/Recredentialing Criteria
Non-Physician HealthCare Practitioner
MASSAGE THERAPY

In order to be able to treat members, the Plan must assure itself that practitioners affiliating with the Plan are appropriately credentialed. To that end, the following items constitute the credentialing and recredentialing criteria for Massage Therapy.

In addition to the requirements of Policies CR-01A and CR-02A, Massage Therapists must meet the following specialty-specific credentialing and recredentialing criteria:

1. Have been and continue to be in good standing in the practitioner community, including holding a valid current license to practice Massage Therapy recognized by the State of New York or the appropriate licensing authority as evidence of the practitioner's ability to render services to the general public.

2. Practitioners must complete and provide documentation of continuing education credits as required by New York State law as part of the recredentialing process.

3. Not have been convicted of a felony or crime involving moral turpitude, dishonesty, or false statement, or other acts that may be grounds for suspension or termination of the practitioner's right to practice.

4. All changes in licensure or alleged medical liability involving any member must be reported to the Plan within ten (10) business days of notification to the practitioner.

5. Have sufficient facilities and support staff needed to provide all services that may be required of members for the specialty practiced by the practitioner.

6. Have professional liability insurance coverage of $1,000,000 per occurrence and $3,000,000 aggregate.

7. Be willing to participate in and accept the results of the Utilization Management and Quality Management Programs.

8. The practitioner must authorize the release of information regarding professional history and agree to absolve the Plan and its personnel from any liability associated with the review and/or evaluation of the practitioner's credentials.

9. Have completed and certified the accuracy of the information provided in the application and provide documentation upon request regarding previous and current challenges to licensure, loss of membership in any professional organization, and previous and current pending medical liability actions.

10. Be able to provide all services that may be required in a timely manner pursuant to agreement for the designated appointment category.

11. Practitioner coverage must be provided by another Plan participating practitioner.

12. The practitioner must be willing to be listed as a participating practitioner in Plan literature.

13. Applicant will submit three (3) references including at least one (1) reference from a department head or direct supervisor.

14. Be in good mental and physical health.

15. Have appropriate background, training, experience, and current clinical competence.