




CORPORATE POLICY & PROCEDURE

Department: Credentialing		Policy Name: Locum Tenens	
Version: 4		Policy Number: CR13	
Revised Date: 5/23/19		Creation Date: 12/12/1996	
Review Date:		Review Date:	
Line of Business: <input type="checkbox"/> All <input checked="" type="checkbox"/> Umpqua Health Alliance <input type="checkbox"/> Umpqua Health Management <input type="checkbox"/> Umpqua Health - Harvard <input type="checkbox"/> Physician eHealth Services <input type="checkbox"/> Umpqua Health - Newton Creek <input checked="" type="checkbox"/> Umpqua Health Network <input type="checkbox"/> UHA Community Activities <input type="checkbox"/> ACE Network <input type="checkbox"/> Professional Coding and Billing Services			
Signature:			
 Approved By: F. Douglas Carr, M.D., Chief Medical Officer		Date: 8/5/19 Date: 8/5/19	
Approved By: Credentialing Committee			

POLICY STATEMENT

Umpqua Health Alliance (UHA) through the Umpqua Health Network (UHN) ensures the continuous provision of quality of patient care and serving of the community in an efficient manner. To ensure there is no gap in access of care at times the use of a locum tenens will be utilized.

PURPOSE

The purpose of this policy is to outline how UHN will formally acknowledge the use of locum tenens by providers, criteria required to use locum tenens, and what providers must do when using locum tenens.

RESPONSIBILITY

Credentialing Department and Credentialing Committee

DEFINITIONS

Locum Tenens (i.e. substitute physician): A provider who substitutes for another provider, while he or she is absent for reasons such as illness, vacation, continuing medical education, pregnancy, etc. in accordance with OAR 410-120-1260(14)(a).

Reciprocal Billing Arrangement: A substitute provider retained on an occasional basis.

PROCEDURES

Providers must notify UHN's Contracting or Credentialing Department if a locum tenens is needed to cover their practice during an absence (OAR 410-120-1260(14)(a)).

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1. Requirements of locum tenens (OAR 847-008-0020):
 - a. Must have an official Oregon State medical license.
 - b. Must not have practiced more than 240 consecutive days in a two-year period and a total of 240 days on an intermittent basis in a two-year period with a locum tenens registration status.
 - c. Oregon State medical license must not be registered as inactive and must be reactivated to locum tenens registration status prior to practicing in Oregon.
2. Upon receiving a provider's notification request of the use of a locum tenen, UHN's Provider Network Department will request the following:
 - a. Dates the locum tenen will be covering.
 - b. The provider the locum tenen is covering for.
 - c. Reason for locum tenen coverage.
 - d. Copy of locum tenen State license.
 - e. Copy of locum tenen DEA certificate.
 - f. locum tenen's current malpractice face sheet.
 - g. Professional questions to be completed by locum tenen; and
 - h. Attestation form to be signed by the locum tenen.
3. If providers fail to notify UHA's Provider Network of the use of locum tenens, UHA will attempt to obtain the required information under section 2(a)-(h) of this policy. If the requested information is not received by the assigned deadline, payments to the provider will be suspended and services will not be reimbursed.
 - a. Three attempts will be made by UHA to obtain the information.
 - b. Locum tenen claims will be paid if billed correctly with the Q6 or Q5 modifier but if claims for locum tenen providers are received after the 60 days of acting as a locum and the requested information has not been received by UHA, all claims will be suspended & denied and UHA will request reimbursement for all claims paid prior.
4. Exclusion reports will be completed monthly on the locum tenen provider to confirm no Medicare or Medicaid sanctions are held.
5. UHA recognizes that an absentee provider enrolled under UHN may retain a locum tenen or as part of a reciprocal billing arrangement. The absentee provider must bill with their individual assigned provider number and receive payment for covered services provided by the locum tenen.
 - a. Services provided by the locum tenen must be billed with a modifier Q6.
 - b. Services provided in a reciprocal billing arrangement by the locum tenen must

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- be billed with a modifier Q5.
- c. In entering the Q5 or Q6 modifier, the absentee physician is certifying that the services are provided by a locum tenen identified in a record of the absentee physician that is available for inspection and are services for which the absentee physician is authorized to submit a claim.
 - d. A physician or other person who falsely certifies that the requirements are met may be subject to possible civil and criminal penalties for fraud including and up to termination, and the enrolled provider's right to receive payment or to submit claims may be revoked (CR10 – Disciplinary Action, Appeals, and Fair Hearings).
 - e. This does not apply to substitute arrangements among providers in the same medical practice when claims are submitted in the name of the practice or group name.
6. A locum tenen may not be retained to take over a deceased physician's professional practice without becoming enrolled with UHN and completing the initial credentialing process (CR6 – Initial Credentialing Process).
 7. If a locum tenen is needed for more than 60 days UHN will follow the initial credentialing procedures (CR6 – Initial Credentialing Process).

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