CORPORATE POLICY & PROCEDURE

	Policy Name: CR13 - Locum Tenens
Department: Credentialing	Policy Number: CR13
Version: 6	Creation Date: 12/12/1996
Revised Date: 5/23/19, 6/15/22, 10/5/23	
Line of Business: ☐ All ☒ Umpqua Health Alliance ☐ Umpqua Health - Newton Creek	☒ Umpqua Health Management ☒ Umpqua Health Network
Approved By: Quality Improvement Committee, Douglas Carr (Medical Director)	Date: 10/05/2023

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
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(15)(a)(A).

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

PROCEDURES

Providers must notify UHN at UHNProviderServices@UmpquaHealth.com if a locum tenens is needed to cover their practice during an absence (OAR 410-120-1260(15)(a)(A)).

1. Requirements of locum tenens (OAR 847-008-0020):
    a. Must have an official Oregon State medical license (as applicable based on practice location) and only perform services within their scope of 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.

d. The locum tenens must be the same type of provider as the authorizing provider (for instance: an MD can only authorize another MD as a locum tenens, a DC can only authorize another DC, an ARNP can only authorize another ARNP, etc.). There is one exception to this rule, MD and DO are now interchangeable according to licensure and board certification. To be considered for locum tenens status, the temporary provider must be one of the following provider types:
    i. Doctor of Medicine (MD)
    ii. Physician's Assistant (PA)
    iii. Doctor of Dental Surgery (DDS)
    iv. Doctor of Dental Medicine (DMD)
    v. Doctor of Podiatry (DPM)
    vi. Doctor of Optometry (OD)
    vii. Doctor of Osteopathy (DO)
    viii. Doctor of Chiropractic (DC)
    ix. Doctor of Naturopathy (ND)
    x. Advanced Registered Nurse Practitioner (ARNP)
    xi. Physical Therapists (PT)

2. Upon receiving a provider's notification request of the use of a locum tenens, UHN's Provider Services will request the following:
    a. Dates the locum tenens will be covering.
    b. The provider the locum tenens is covering for.
    c. Reason for locum tenens coverage.
    d. Copy of locum tenens' State license.
    e. Copy of locum tenens' DEA certificate.
    f. Locum tenens' current malpractice face sheet.
    g. Completion of disclosure of exclusion monitoring and Exclusion Form.
    h. Professional questions to be completed by locum tenens; and
    i. Attestation form to be signed by the locum tenens.
3. If providers fail to notify UHN's Provider Services of the use of locum tenens, UHN will attempt to obtain the required information under section 2(a)-(i) 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 (3) attempts will be made by UHN to obtain the information.
    b. Locum tenens claims will be paid if billed correctly with the Q6 or Q5 modifier but if claims for locum tenens providers are received after the 60 days of acting as a locum and the requested information has not been received by UHN, 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 tenens provider to confirm no Medicare or Medicaid sanctions are held.
5. UHN recognizes that an absentee provider enrolled under UHN may retain locum tenens 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 tenens.
    a. Services provided by the locum tenens must be billed with a modifier Q6.
    b. Services provided in a reciprocal billing arrangement by the locum tenens must 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 tenens 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 tenens 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. In accordance with 1842(b)(6)(D)(iii) of the Social Security Act and CMS general billing requirements locum tenens may not bill longer than 60 consecutive days, unless a participating provider is being called to active duty in the Armed Forces, then a locum tenens may be used for longer than the 60-day limitation (Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSE), Section 116 of Public Law 110-173).
    a. UHN's policy for the use of a locum tenens provider by a participating provider is limited to 60 days per 12-month period. However, UHN may, within its sole discretion, and under exceptional circumstances, grant an extension to this rule.
    b. If a locum tenens is needed for more than 60 days UHN will follow the initial credentialing procedures (CR6 - Credentialing and Re-Credentialing Process).
    c. Any claims received on the 61st day will be denied or funds recouped.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Credentialing	NA	NA	NA	NA

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