



“Practitioner Golden-Globe Award” (PGA)

Virginia Premier Health Plan, Inc. (“VPH”) values **quality** and **safety first**, especially when coordinating and managing care for our members. In an effort to promote, enhance and salute excellence in the VPH Network, the Plan has developed and implemented a new program.

Requirements for Participation:

1. The practitioner’s license must be unrestricted, current and valid.
2. The practitioner must be in good standing with VPH.

Good Standing: Most recent site visit score and medical record keeping scores meet the Plan’s thresholds; the practitioner submits quality information, recredentialing applications, etc. per policy; and the practitioner continuously follows and adheres to VPH’s policies and procedures.

3. The practitioner cannot have founded grievances/complaints filed against him/her in the last 12 months prior to being published in the Newsletters and/or on the Website.
4. The practitioner cannot have any founded quality issues in the last 12 months noted on the National Practitioner Data Bank Report, Department of Health Professions – Board of Medicine Sanctions Report or

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the Office of the Inspector General Sanctions Report.

5. The practitioner cannot be involved in any founded legal issues that could impede the safe care of members.
6. The practitioner must complete the designated form and submit within the current year of the accolade.

Benefits for Participation:

Exemption:

- Practitioner may be exempt from site visits and medical record keeping reviews on initial credentialing. (*Ex. If a practitioner has received the NCQA Physician Practices Award, VPH may exempt him/her from a site visit.*)

Recognition:

- Members, colleagues, and the public will have access to this information via member and provider newsletters and possibly the VPH Website.

Quality Commitment:

- Practitioner exemplifies a commitment to quality, excellence and continuous health education.

❖ Receipt of an Award from VPH
(*Only awarded to one practitioner annually*)

VPH encourages each practitioner that is recognized to proudly display the award in his or her office.

Specifics of the Program:

- **Who is eligible?** All participating VPH practitioners are eligible to participate, to include all medical, allied health, and behavioral health practitioners.
- **Who can nominate a practitioner?** The practitioner can submit the form on his/her own behalf, a colleague who is a participating VPH practitioner, an associate or a VPH member can submit the form.
- **What accolade(s) are eligible for recognition?** Practitioners can be recognized if he/she has received an award and/or special designation in his/her field, appointment to a health related Local, State or National Committee, has received any of the National Committee for Quality Assurance recognition awards to include the Diabetes Physician Recognition Program, the Heart/Stroke Physician Recognition Program or the Physician Practice Connection designation, etc.
- **When will the practitioner be recognized?** Practitioners will be recognized quarterly.
- **Where will the accolade be published?** Practitioners will be recognized in the Member and Provider Newsletters and possibly on the VPH Website.
- **How does the practitioner participate?** The practitioner must complete the **PGA** form for award(s) received within the current year.

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- **How many awards can be presented in 1 year?** At least once per quarter, as newsletters are published quarterly.

**Do not submit duplicate recognition/awards*

***“Practitioner Golden-Globe Award”
(PGA Form)***

Date: _____

Practitioner’s Name and Credentials: _____

Practitioner’s Physical Location: _____

Practitioner’s/Point of Contact Phone #: _____

Practitioner’s Fax #: _____

Practitioner’s Email Address: _____

Date the accolade was awarded: _____

Brief Description of the accolade to be recognized:

Please attach a copy of the accolade to serve as proof. Accomplishments cannot be published without proof of receipt. (Letterhead of awarding organization preferred)

Verification contact: Name _____

Phone _____ or E-mail _____

I agree by signing and dating this form to be publicly recognized in VPHP publications, and other publications as deemed appropriate by VPHP at any time.



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Virginia-the people we serve

Premier-the quality of service we offer

Health-maintaining your health is our first concern

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