


Provider Services	 ASPIRE HEALTH PLAN		<u>Effective Date</u>	
			01/01/2014	
			<u>Policy #</u>	
			AHP-PS001	
PROVIDER NETWORK CREDENTIALING STANDARDS – CR 1		<u>Review Date</u>	<u>Applicable to:</u>	
		06/24/2022	<input checked="" type="checkbox"/> Medicare Advantage <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Anthem HMO <input checked="" type="checkbox"/> Blue Shield Trio	
<u>Approver's Name & Title</u>		Eva Balint, MD - Chief Medical Officer		

1.0 PURPOSE

- 1.1 AHP promulgates credentialing and recredentialing decision guidelines for Practitioners directly contracted with AHP and Practitioners credentialed and contracted by AHP, to perform these activities.
- 1.2 AHP is required to adhere to all procedural and reporting requirements under state and federal laws and regulations regarding the credentialing and recredentialing process, including the confidentiality of Practitioner information obtained during the credentialing process.
- 1.3 AHP must demonstrate a rigorous process to select and evaluate Practitioners.

POLICY AHP ASO HS068

2.0

- 2.1 This policy applies to all Aspire Health Plan (AHP) contracted Providers, regardless of network affiliation.
- 2.2 AHP has a well-defined credentialing and recredentialing process for evaluating and selecting licensed independent Practitioners to provide care to its Members.
- 2.3 AHP notifies Practitioners about their right to review information submitted to support their credentialing application.
- 2.4 AHP has a process that describes how primary source information is received, dated and stored; how modified information is tracked and dated from its initial verification; the staff who are authorized to review, modify and delete information, and circumstances when modification or deletion is appropriate; the security controls in place to protect the information from unauthorized modification; and how the organization audits the processes and procedures.
- 2.5 AHP's recredentialing policies and procedures require that information from quality improvement activities and Member complaints be used in the recredentialing decision making process.
- 2.6 AHP policies and procedures must ensure that it only contracts with Physicians who have not opted out of Medicare.
- 2.7 AHP prohibits employment or contracting with Practitioners (or entities that employ or contract with such Practitioners) that are excluded/sanctioned from participation (Practitioners or entities found on Office of Inspector General (OIG) Report).
- 2.8 AHP does not contract with practitioners who are precluded from receiving payment for Medicare Advantage (MA) items and services Part D drugs furnished or prescribed to Medicare

beneficiaries.

3.0 DEFINITIONS

3.1 Refer to AHP Definitions Manual

4.0 PROCEDURE

4.1 AHP has a well-defined credentialing and re-credentialing process for evaluating and selecting licensed independent Practitioners to provide care to its Members that includes Practitioner Credentialing Guidelines that specify:

4.2 The types of Practitioners it credentials and re-credentials. Credentialing requirements apply to:

4.2.1 Practitioners who are licensed, certified, or registered by the State of California to practice independently (without direction or supervision).

4.2.2 Practitioners who have an independent relationship with the organization.

4.2.2.1 An independent relationship exists when the organization directs its Members to see a specific Practitioner or group of Practitioners, including all Practitioners whom Members can select as Primary Care Providers (PCPs).

4.2.3 Practitioners who provide care to Members under the organization's medical benefits.

4.2.4 The criteria listed above apply to Practitioners in the following settings:

4.2.4.1 Individual or group practices.

4.2.4.2 Facilities.

4.2.4.3 Telemedicine.

4.2.5 AHP is required to contract with and credential all Practitioners defined as a PCPs, Specialists, and Non-Physician Practitioners, including employed Physicians participating on the Provider Panel and published in external directories who provide care to Members. At minimum, they include:

4.2.5.1 Doctor of Medicine (M.D.)

4.2.5.2 Doctor of Osteopathic Medicine (D.O.)

4.2.5.3 Doctor of Podiatric Medicine (D.P.M.)

4.2.5.4 Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.), credentialed for the provision of medical services only

4.2.5.5 Occupational Therapists (O.T.)

4.2.5.6 Physical Therapy (P.T.)

4.2.5.7 Speech Pathologists (S.P.)

4.2.5.8 Psychiatrists (M.D.)

- 4.2.5.9 Nurse Practitioners (N.P.) (with Behavioral Health Designations)
- 4.2.5.10 Physician Assistants (P.A.) or Physician Assistants Certified (P.A.-C) (with Behavioral Health Designations)
- 4.2.5.11 Licensed Marriage and Family Therapists (L.M.F.T.)
- 4.2.5.12 Licensed Clinical Social Workers (L.C.S.W.)
- 4.2.5.13 Psychologists (Ph.D., Psy.D.)
- 4.2.5.14 Doctor of Chiropractic (D.C.)
- 4.2.5.15 Licensed Acupuncturists (L.Ac.)
- 4.2.5.16 Optometrists (O.D.)
- 4.2.5.17 Other Behavioral Healthcare Practitioners
 - 4.2.5.17.1 Addiction Medicine Specialists
 - 4.2.5.17.2 Master Level Clinical Nurses
 - 4.2.5.17.3 Licensed Professional Clinical Counselors (L.P.C.C.) who have met couples and family's requirement only.
- 4.2.5.18 AHP does not require covering Practitioners and locum tenens that do not have an independent relationship with AHP to be credentialed.
- 4.2.5.19 AHP does not require Practitioners that are employed directly by a Hospital to be credentialed.¹
- 4.2.5.20 Listed below are the sources used by AHP to verify credentialing information of each of the following criterion listed below. All verification sources must be included in policy to ensure compliance.
 - 4.2.5.20.1 **State License to Practice:** (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision date). All Practitioners must be licensed by the State of California by the appropriate state licensing agency. The following license verifications must be obtained by the licensing board or their designated licensing and enforcement systems. The following licensures may be verified through BreEZe Online services or directly with the licensing board via phone or mail:
 - 4.2.5.20.1.1 Medical Board of California (M.D.)
 - 4.2.5.20.1.2 Osteopathic Medical Board of California (D.O.)
 - 4.2.5.20.1.3 Board of Podiatric Medicine (D.P.M)
 - 4.2.5.20.1.4 Board of Behavioral Sciences (L.M.F.T., L.C.S.W., M.F.C.C., L.P.C.C)

¹ National Committee for Quality Assurance (NCQA), 2022 HP Standards and Guidelines, CR 1, Element A, Factor 1.

- 4.2.5.20.1.5 Board of Psychology (Ph.D., Psy.D.)
- 4.2.5.20.1.6 Dental Board of California (D.D.S., D.M.D.)
- 4.2.5.20.1.7 California Board of Occupational Therapy (O.T.)
- 4.2.5.20.1.8 California State Board of Optometry (O.D.)
- 4.2.5.20.1.9 Physical Therapy Board of California (P.T.)
- 4.2.5.20.1.10 Physician Assistant Committee (P.A., P.A.-C)
- 4.2.5.20.1.11 California Board of Registered Nursing (C.N.M., N.P.)
- 4.2.5.20.1.12 California Board of Chiropractic Examiners (D.C.)
- 4.2.5.20.1.13 Speech-Language Pathology & Audiology Board (S.P.)
- 4.2.5.20.1.14 Acupuncture Board (L.Ac.)

4.2.5.21 **Drug Enforcement Administration (DEA) or Controlled Dangerous Substance (CDS) certificate, if applicable** (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision date). All Practitioners who are qualified to write prescriptions, except non-prescribing Practitioners, must have a valid and current DEA certificate verified through one (1) of the following sources:

- 4.2.5.21.1 A photocopy of the current DEA certificate, with the date stamped and initialed by the Credentialing Specialist or assigned designee to show receipt and review prior to the credentialing decision.
- 4.2.5.21.2 AHP may credential a Practitioner whose DEA certificate is pending or pending a DEA with a California address, by obtaining written documentation that the Practitioner with a valid DEA certificate will write all prescriptions requiring a DEA number for the prescribing Practitioner until the Practitioner has a valid DEA certificate. The prescribing Practitioner's name, DEA number and NPI number will be documented in the Practitioner's file; or
- 4.2.5.21.3 If a Practitioner does not have a DEA or CDS certificate, AHP must have a documented process to require an explanation why the Practitioner does not prescribe medications and to provide arrangements for the Practitioner's patients who need prescriptions requiring DEA certification.

4.2.5.22 **Education and Training** (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision date)

AHP may use any of the following to verify education and training:

- 4.2.5.22.1 The primary source from the Medical School;
- 4.2.5.22.2 The state licensing agency or specialty board if the state agency or specialty board, respectively, perform primary source verification. The organization obtains, at least annually, written confirmation of this fact,

uses a printed, dated screenshot of the state licensing agency's or specialty board's website displaying the statement that it performs primary source verification of Practitioner education and training information or provides evidence of a state statute requiring licensing to obtain verification of education and training directly from the institution;

4.2.5.22.3 Sealed transcripts if the organization provides evidence that it inspected the contents of the envelope and confirmed that Practitioner completed (graduated from) the appropriate training program; or

4.2.5.22.4 Below are acceptable sources for Physicians (M.D., D.O.) to verify graduation from Medical School:

4.2.5.22.4.1 American Medical Association (AMA) Physician Master File.

4.2.5.22.4.2 American Osteopathic Association (AOA) Official Osteopathic Physician Report or AOA Physician Master File.

4.2.5.22.4.3 Educational Commission for Foreign Medical Graduates (ECFMG) for international medical graduates licensed after 1986.

4.2.5.22.5 Below are acceptable sources for Physicians (M.D., D.O.) to verify completion of residency training:

4.2.5.22.5.1 Primary source from the institution where the postgraduate medical training was completed.

4.2.5.22.5.2 AMA Physician Master File.

4.2.5.22.5.3 AOA Official Osteopathic Physician Profile Report or AOA Physician Master File.

4.2.5.22.5.4 Federation Credentials Verification Services (FCVS) for closed residency programs.

4.2.5.22.5.4.1 NCQA only recognizes residency programs accredited by the Accredited Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) (in the United States) or by the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada.

4.2.5.22.6 Below are the acceptable sources for Licensed Professional Clinical Counselors (L.P.C.C.'s) to verify training in Couples and Families:

4.2.5.22.6.1 The certification must be recognized and verified through BreEZe Online services website or directly with the licensing board via phone or mail.

4.2.5.22.7 Below is the acceptable source for Nurse Practitioners with a Behavioral Health (BH) designation, to verify training in Psych/Mental Health;

4.2.5.22.7.1 The certification must be recognized and verified through BreEZe Online services website or directly with the licensing board via phone

or mail.

4.2.5.22.8 Below is the acceptable source for Physician Assistants with a Behavioral Health (BH) designation:

4.2.5.22.8.1 Primary source verification from an accredited Physician Assistant School to confirm a completed Fellowship in Primary Care Psychiatry.

4.2.5.22.9 **Boards Certification** (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision date). Below are the acceptable sources to verify board certification:

4.2.5.22.9.1 For all Practitioner types

4.2.5.22.9.1.1 The primary source (appropriate specialty board).

4.2.5.22.9.1.2 The state licensing agency if the primary source verifies board verification.

4.2.5.22.9.2 For Physicians (M.D., D.O.)

4.2.5.22.9.2.1 American Board of Medical Specialties (ABMS) or its member boards, or an official ABMS Display Agency, where a dated certificate of primary-source authenticity has been provided.

4.2.5.22.9.2.2 AMA Physician Master File.

4.2.5.22.9.2.3 AOA Official Osteopathic Physician Profile Report or AOA Physician Masterfile.

4.2.5.22.9.2.4 Boards in the United States that are not members of the ABMS or AOA if the organization documents within its policies and procedures which specialties it accepts and obtains annual written confirmation from the boards that the boards performs primary source verification of education and training.

4.2.5.22.9.3 For other health care professionals

4.2.5.22.9.3.1 Registry that performs primary source verification of board that the registry performs primary source verification of board certification status.

4.2.5.22.9.4 For Podiatrists (D.P.M)

4.2.5.22.9.4.1 American Board of Foot and Ankle Surgery (formerly The American Board of Podiatric Surgery).

4.2.5.22.9.4.2 The American Board of Podiatric Medicine.

4.2.5.22.9.4.3 American Board of Multiple Specialties in Podiatry.

4.2.5.22.9.5 For Nurse Practitioners (N.P.)

4.2.5.22.9.5.1 American Association of Nurse Practitioners (AANP).

4.2.5.22.9.5.2 American Nurses Credentialing Center (ANCC).

4.2.5.22.9.5.3 National Certification Corporation for the Obstetrics, Gynecology and Neonatal Nursing Specialties (NCC).

4.2.5.22.9.5.4 Pediatric Nursing Certification Board (PNCB).

4.2.5.22.9.5.5 American Association of Critical-Care Nurses (AACN).

4.2.5.22.9.6 For Physician Assistants (P.A.-C).

4.2.5.22.9.6.1 National Commission of Certification of P.A.'s (NCCPA).

4.2.5.22.9.7 For Psychologists (Ph.D., Psy.D.).

4.2.5.22.9.7.1 American Board of Professional Psychology (ABPP).

4.2.5.22.10 **Work History** (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision date) AHP must obtain a minimum of the most recent five (5) years of work history as a health professional through the application, Curriculum Vitae (CV) or work history summary/attachment, providing it has adequate information.

4.2.5.22.10.1 If the practitioner has fewer than five years of work history, the time frame starts at the initial licensure date.

4.2.5.22.10.1.1 If a gap in employment exceeds six months, the practitioner clarifies the gap verbally or in writing. AHP documents a verbal clarification or includes the written notice in the practitioner's credentialing file.

4.2.5.22.10.1.2 If the gap in employment exceeds one year, the practitioner clarifies the gap in writing and the organization documents review.

4.2.5.22.10.2 **Malpractice Claim History.** A history of professional liability claims that resulted in settlement or judgement paid on behalf of the Practitioner. (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision date). AHP will obtain confirmation of the past (7) years of malpractice settlements through one (1) of the following sources:

4.2.5.22.10.2.1 Malpractice Insurance Carrier.

4.2.5.22.10.2.2 National Practitioner Data Bank Query; or

4.2.5.22.10.2.3 Evidence of Continuous Query (formerly Proactive Disclosure Services (PDS). Continuous Query must be reviewed within one hundred-eighty (180) calendar days of the initial credentialing decision. Evidence must be

documented in the file or checklist.

4.2.5.22.10.3 **Current Malpractice Insurance Coverage.** AHP requires that a copy of the insurance face sheet or Certificate of Insurance (COI) or written verification from the insurance carrier directly, be obtained in conjunction of collecting information on the application. (VTL: Must be evidence that the Practitioner has current and adequate malpractice coverage prior to the Credentialing Committee date and remain valid and current throughout the Practitioner's participation with AHP.

4.2.5.22.10.3.1 For Practitioners with federal tort coverage, the Practitioner must submit a copy of the federal tort letter or an attestation from the Practitioner of federal tort coverage.

4.2.5.22.10.4 **Hospital Admitting Privileges:** AHP must verify that Practitioners have clinical privileges in good standing. Practitioner must indicate their current Hospital affiliation or admitting privileges at a participating hospital. Verification that all clinical privileges are in good standing to perform functions for which the Practitioner is contracted, to include verification of admitting privileges, must be confirmed with the Hospital, in writing, via approved website or verbally.

4.2.5.22.10.5 If a published Hospital directory is used, the list must include the necessary information and be accompanied by a dated letter from the Hospital attesting that the Practitioner is in "good standing."

4.2.5.22.10.6 If the practitioner does not have clinical privileges, AHP must have a written statement delineating the inpatient coverage arrangement documented in the provider's file. (See Policy, "Hospital Privileges").

4.2.5.22.10.7 Allied Health Professionals (Non-physicians i.e. Chiropractors, Optometrists) will not have Hospital privileges and documentation in the file is not required for these types of Practitioners.

4.2.5.22.10.8 Advanced Practice Practitioners (Physician Assistants (PA) and Nurse Practitioners (NP) may not have Hospital privileges. However, if they provide AHP their Hospital privileges, AHP will be responsible for verifying if those privileges are active and ensure they are in good standing.

4.2.5.22.10.9 Specialists (MDs, DOs and DPMs) may not have Hospital privileges. Documentation must be noted in the file as to the reason for not having privileges (e.g. A note stating that they do not admit as they only see patients in an outpatient setting is sufficient).

4.2.5.22.11 **State Sanctions and Restrictions on Licensure and Limitation on Scope of Practice.** State sanctions, restrictions on licensure or limitation on scope of practice (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision).

4.2.5.22.11.1 Verification sources for sanctions or limitations on licensure

include:

- 4.2.5.22.11.1.1 Chiropractors: State Board of Chiropractic Examiners, NPDB.
- 4.2.5.22.11.1.2 Oral Surgeons: State Board of Dental Examiners, or State Medical Board, NPDB.
- 4.2.5.22.11.1.3 Physicians: Appropriate state board agencies, Federation of State Medical Boards (FSMB), NPDB.
- 4.2.5.22.11.1.4 Non-physician Healthcare Professionals: State licensure or certification board, appropriate state agency, NPDB.
- 4.2.5.22.11.1.5 For practitioners screened using Continuous Query (formerly Proactive Disclosure Service (PDS))
 - 4.2.5.22.11.1.5.1 Evidence of current enrollment must be provided.
 - 4.2.5.22.11.1.5.2 Report must be reviewed within one hundred-eighty (180) calendar days of the initial credentialing decision.
 - 4.2.5.22.11.1.5.3 Evidence of review must be documented in the file or checklist.
- 4.2.5.22.12 **Medicare/Medicaid Sanctions.** (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision). Verification Sources for Medicare/Medicaid Sanctions:
 - 4.2.5.22.12.1 To ensure compliance with CMS, the OIG must be one of the verification sources for Medicare sanctions.²
 - 4.2.5.22.12.1.1 Date of query and staff initials must be evident on a checklist or the OIG page must be in the file.
 - 4.2.5.22.12.2 To ensure compliance with the DHCS, the Medi-Cal Suspended and Ineligible list must be one of the verification sources for Medicaid sanctions.³
 - 4.2.5.22.12.2.1 Date of query and staff initials must be evident on a checklist or the report page must be in the file.
 - 4.2.5.22.12.3 National Practitioner Data Bank (NPDB)
 - 4.2.5.22.12.4 Federation of State Medical Boards (FSMB)
 - 4.2.5.22.12.5 Federal Employees Health Benefits Program (FEHB) program Department Record, published by the Office of Personnel Management, OIG.

² DHCS APL 19-004 Supersedes APL 17-019, "Provider Credentialing / Recredentialing and Screening /Enrollment"

³ National Committee for Quality Assurance (NCQA), 2022 HP Standards and Guidelines, CR 1, Element B, Factor2

4.2.5.22.12.6 List of Excluded Individuals and Entities (maintained by OIG).

4.2.5.22.12.7 Medicare Exclusions Database.

4.2.5.22.12.8 State Medicaid Agency or intermediary and Medicare intermediary.

4.2.5.22.12.9 For practitioners screened using Continuous Query (formerly Proactive Disclosure Service (PDS))

4.2.5.22.13 **National Provider Identifier (NPI) Number:** (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision). Practitioners must hold and maintain a valid and active individual National Provider Identification Number (NPI) that can be verified through the NPPES website.

4.2.5.22.13.1 Group NPI Numbers may be requested by AHP, in addition to the mandatory individual NPI number^{4,6}.

4.3 AHP verifies that the following are within the prescribed time limits, for all credentialing applications, before Practitioners can provide care to Members. AHP does not allow provisional credentialing. Policies must define the criteria required to reach a credentialing decision and must be designed to assess the Practitioner's ability to deliver care. Practitioners who do not meet the criterion set forth in this policy are subject for review by the Aspire Health Plan (AHP) Provider Credentialing Committee and/or AHP Peer Review Subcommittee. This criterion is used to determine which Practitioners may participate in its network, which may include, but are not limited to:

4.3.1 **Verification of Credentials**

4.3.1.1 A current and valid, unencumbered **license to practice medicine in California**, at the time of Credentialing decision.

4.3.1.2 **Current and valid DEA** registered in California, applies to Practitioner who are required to write prescriptions.

4.3.1.2.1 If the practitioner designates another practitioner to write all prescriptions on their behalf, while their DEA is still pending, the Practitioner must provide the following information for the designation physician to ensure compliance with NCQA:

4.3.1.2.1.1 Practitioner Name

4.3.1.2.1.2 NPI (AHP requirement)

4.3.1.2.1.2.1 Used as a unique identifier for the prescribing practitioner

4.3.1.2.1.3 DEA Number (AHP requirement)

⁴ NCQA, 2022 HP Standards and Guidelines, CR 1, Element A, Factor 2.; DHCS APL19-004 Supersedes APL 17-019, "Provider Credentialing / Recredentialing and Screening /Enrollment".

4.3.1.2.1.3.1 Used to validate that the DEA is current, active and registered in California

4.3.1.3 **Education and Training.** Medical Doctors (M.D.) and Doctor of Osteopathic (D.O.) must meet the education and training requirements set forth by the American Board of Medical Specialties (ABMS) or American Osteopathic (AOA) and additional criterion set by AHP and noted below, if applicable. All AHP specific specialty requirements are subject for review by the AHP Medical Director or Chief Medical Officer. Further review may be completed by the AHP Provider Network Credentialing Committee and/or AHP Peer Review Subcommittee who will either approve or deny.

AHP will consider all relevant information including practice site demographics, Provider training, experience and practice capacity issues before granting any such change.

4.3.1.4 If the Practitioner is not board certified in the subspecialty in which he/she is applying, there must be evidence of verification of residency and training in the subspecialty (e.g. Fellowship in Cardiology, Rheumatology, Pediatric Endocrinology, etc.), as relevant to the credentialed specialty, and meet the training requirements as set forth by ABMS or AOA.

4.3.1.4.1 Practitioners who do not meet graduate medical training requirements as set forth by ABMS or AOA for Provider's requested subspecialty, will be subject to review by the AHP Provider Network Credentialing Committee for review. Further review may be completed by the AHP Peer Review Subcommittee.

4.3.1.4.2 AHP specific specialty requirements:

4.3.1.4.2.1 **Bariatric Surgery** requirements effective January 1, 2019: Meet the education and training requirements for General Surgery; and one (1) of the following criteria:

4.3.1.4.2.1.1 Completion of an accredited bariatric fellowship.

4.3.1.4.2.1.2 Documentation of didactic training in bariatric surgery (AHP recommends the American Society for Metabolic and Bariatric Surgery Course). This information will be verified through:

4.3.1.4.2.1.2.1 Bariatric training certificate and/or supporting letter from supervising bariatric surgeon, which will be verified by Credentialing. Supporting letter will include the minimum criteria:

4.3.1.4.2.1.2.1.1 Supervising bariatric surgeon qualifications.

4.3.1.4.2.1.2.1.2 Supervising bariatric surgeon relationship with applicant.

4.3.1.4.2.1.2.1.3 Duration of relationship of supervising bariatric surgeon with applicant; and

4.3.1.4.2.1.2.1.4 Assessment of applicant's competency to perform bariatric surgery by supervising bariatric surgeon.

4.3.1.4.2.1.3 Attestation of bariatric surgery case volume assigned by applicant (See Attachment, "Bariatric Surgeon Case Volume Attestation" in Section 5) to indicate volume of the following:

4.3.1.4.2.1.3.1 One (1) proctored cases; and

4.3.1.4.2.1.3.2 Two (2) cases where applicant was the primary surgeon.

4.3.1.4.2.1.3.2.1 AHP requires a minimum of fifteen (15) cases where applicant was the primary surgeon.

4.3.1.4.2.1.4 Current or past "Regular or Senior Member" of American Society of Metabolic and Bariatric Surgery (ASMBS). Verification of membership will be obtained by the Credentialing Department; or

4.3.1.4.2.1.5 AHP recommends applicant actively participates with the MBSAQIP (Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program) or an equivalent regional or national quality improvement program.

4.3.1.4.2.1.5.1 Supportive documentation of participation with program is to be submitted with Credentialing application.⁵

4.3.1.4.2.2 **Family Practice I: Family Practice Providers with Obstetrics (OB) services**, must meet the education and training requirements for Family Practice, set forth by ABMS or AOA and provide the following:

4.3.1.4.2.2.1 Provide a copy of a signed agreement that

⁵ American Society for Metabolic and Bariatric Surgery, Joint Task Force Recommendations for Credentialing of Bariatric Surgeons, published June 2013, accessed on 07/15/18 at: <https://asmbs.org/resources/joint-task-force-recommendations-for-credentialing-of-bariatric-surgeons>.

states Member transfers will take place within the first twenty-eight (28) weeks of gestation and a protocol for identifying and transferring high risk Members with a contracted and credentialed OB.

4.3.1.4.2.2.1.1 The OB must be within the same network as the Family Practice Provider and hold admitting privileges to the AHP contracted Hospital linked with the IPA network.

4.3.1.4.2.3 Family Practice 2: Family Practice that includes full OB services and delivery) must:

4.3.1.4.2.3.1 Have and maintain full delivery privileges at an AHP contracted Hospital.

4.3.1.4.2.3.2 Provide written agreement for an available OB back up Provider is required.

4.3.1.4.2.3.2.1 The OB Provider must be credentialed, contracted and hold admitting privileges to the AHP Hospital linked with the Family Practice Provider, and

4.3.1.4.2.3.2.2 Provide a protocol for identifying and transferring high risk Members and stated types of deliveries performed (i.e. low-risk, cesarean sections, etc.).

4.3.1.4.2.4 Obstetrics/Gynecology (OB/GYN) Providers who would like to participate as a Primary Care Provider only, will provide outpatient well woman services only with no Hospital or surgical privileges, must provide the following information for consideration:

4.3.1.4.2.4.1 Documentation of Primary Care Provider in the United States.

4.3.1.4.2.4.2 Twenty-five (25) Continuing Medical Education (CME) units for most recent three (3) year period, of which must be in primary care related areas.

4.3.1.4.2.4.3 Applicants must provide two (2) letters of recommendation from Physician coworker (i.e. Primary Care Providers with work experience associated with the applicant in the preceding twenty-four (24) months); and

4.3.1.4.2.4.3.1 The Physician coworkers must hold an active board certification in a Primary Care Specialty (i.e. board certified in Internal Medicine, Family Practice or Pediatrics).

- 4.3.1.4.2.4.4 In lieu of having full hospital delivery privileges, provide a written agreement with an OB Provider, that includes a protocol for identifying and transferring high risk Members, stated types of deliveries performed (i.e. low-risk, cesarean section etc.), must be available for consultations, as needed and that the OB will provide prenatal care after twenty-eight (28) weeks gestation including delivery.
 - 4.3.1.4.2.4.4.1 The Agreement must include back-up Physician's full delivery privileges at AHP network Hospital, in the same network as the non-admitting OB Provider.
 - 4.3.1.4.2.4.4.2 The OB Provider must be credentialed and contracted within the same network.
 - 4.3.1.4.2.4.5 These OB/GYNs provide outpatient well woman services only with no Hospital or surgical privileges. The exception must be reviewed and approved by AHP Medical Director or Chief Medical Office. Further review may be completed by the AHP Provider Network Credentialing Committee and/or the AHP Peer Review Subcommittee who will either approve or deny.
- 4.3.1.4.2.5 **Pediatric Providers** may practice outside of scope (with expanding age ranges to all ages) and will be processed with a secondary specialty of General Practice, for review and approval by the AHP Medical Director or Chief Medical Officer (CMO). Further review may be completed by the AHP Provider Network Credentialing Committee and/or the AHP Peer Review Subcommittee who will either approve or deny. The following documents are required for consideration:
- 4.3.1.4.2.6 General Preventative Medicine PCPs must complete the following, in addition to meeting the education requirements set by ABMS or AOA:
 - 4.3.1.4.2.6.1 Twelve (12) months internship; and
 - 4.3.1.4.2.6.2 Nine (9) months direct patient care experience (during or after residency).
- 4.3.1.4.2.7 Specialties not recognized by either board (ABMS or AOA) are subject to Medical Director or Chief Medical Officer Review. Further review may be completed by the AHP Provider Network Credentialing Committee and/or the AHP Peer Review Subcommittee, who will either approve or deny.

4.3.1.4.2.8 Urgent Care Providers must meet the education and training requirements set forth by ABMS or AOA for at least one (1) of the following Specialty boards:

4.3.1.4.2.8.1 American Board of Pediatrics.

4.3.1.4.2.8.2 American Board of Family Practice.

4.3.1.4.2.8.3 American Board of Internal Medicine.

4.3.1.4.2.8.4 American Board of Obstetrics and Gynecology.

4.3.1.4.2.8.5 American Board of Emergency Medicine.

4.3.1.4.2.8.6 Osteopathic Board of Pediatrics.

4.3.1.4.2.8.7 Osteopathic Board of Family Physicians.

4.3.1.4.2.8.8 Osteopathic Board of Internal Medicine.

4.3.1.4.2.8.9 Osteopathic Board of Obstetrics and Gynecology.

4.3.1.4.2.8.10 Osteopathic Board of Emergency Medicine.

4.3.1.4.2.8.11 If the Practitioner is board certified or eligible in a specialty and/or subspecialty recognized by the American Board of Medical Specialties or American Osteopathic Association not referenced above, then those Providers are subject to Medical Director or Chief Medical Officer Review. Further review may be completed by the AHP Provider Network Credentialing Committee and/or the AHP Peer Review Subcommittee, who will either approve or deny. For their review and consideration, the following documents must be submitted:

4.3.1.4.2.8.11.1 Provide evidence of twenty-five (25) CME units in Pediatric Primary Care completed within the last three (3) years if the provider is requesting to treat Pediatric patients.

4.3.1.4.2.8.11.2 Provide evidence of twenty-five (25) CME units in Adult Primary Care completed within the last three (3) years if the Provider is requesting to treat Adult patients; and

4.3.1.4.2.8.11.3 Applicants must provide two (2) letters of recommendation from a Physician

coworker (i.e., Primary Care Providers with work experience associated with the applicant in the preceding twenty-four (24) months). The Physician coworkers must hold an active board certification in Pediatrics, Family Practice or Internal Medicine.

- 4.3.1.5 **Board Certification.** AHP does not require board certification, however, AHP must verify the certification status of the practitioners who state they are board certified, to include the board eligibility requirements are met.
- 4.3.1.6 **Work History.** AHP must obtain a minimum of the most recent five (5) years of work history as a health professional through the practitioner's application or Curriculum Vitae (CV). If the practitioner has fewer than (5) years of work history, the time frame starts at the initial licensure date. The application or CV includes the beginning and ending month and year for each position if employment experience, unless the practitioner has had continuous employment for five (5) years or more with no gap. In such a case, providing the year meets the intent of this factor.
- 4.3.1.7 **Malpractice History:** For Practitioners with history of malpractice suits or decisions, the following criteria warrants full Credentialing Subcommittee Review of the history and should be applied in making credentialing and re-credentialing decisions:
 - 4.3.1.7.1 Number of claims – any claims within the prior (7) years.
 - 4.3.1.7.2 Results of cases – any settlements within the prior seven (7) years.
 - 4.3.1.7.2.1 Settlements with a minimum payout of \$30,000 or more.
 - 4.3.1.7.2.2 Settlements resulting in major permanent injury or death.
 - 4.3.1.7.3 Trends in cases – Practitioners with multiple malpractice claims in a similar area (e.g., missed diagnosis, negative surgical outcomes, etc.).
- 4.3.1.8 **Hospital Admitting Privileges.** Practitioner must have clinical privileges in good standing. Practitioner must indicate their current hospital affiliation(s) or admitting privileges at a participating hospital. Practitioners must have appropriate admitting privileges or arrangements with AHP's contracted Hospitals, if applicable.
 - 4.3.1.8.1 Providers are not required to maintain Hospital admitting privileges if they are only practicing at an Urgent Care or providing Telehealth Services only.
- 4.3.1.9 **NPI:** Must confirm Provider has an active Individual NPI with a Primary address that must be registered to an address in

California.

4.3.1.9.1 Group NPI may be submitted to AHP in conjunction to the Individual NPI.

4.3.1.9.2 Telehealth Providers are not required to have an NPI registered with a primary address in California.

4.3.1.10 **Grievance History** (if applicable)

4.3.1.10.1 Lower than average grievance rate

4.3.1.10.2 Absence of grievance trend

4.3.1.11 **All PCP and Urgent Care Providers** must meet the requirements set forth in “AHP-PS016 Provider Office Site Visits” for facility site reviews and medical record reviews (FSR/MMR).

4.3.2 **Sanction Information.** AHP must verify the following sanction information for Credentialing.

4.3.2.1 State Sanctions, restrictions on licensure and limitations on scope of practice:

4.3.2.1.1 Any actions, restrictions or limitations on licensure or scope of practice, are presented for review and discussion to the AHP Provider Network Credentialing Committee and/or the AHP Peer Review Subcommittee.

4.3.2.2 Medicare and Medicaid Sanctions

4.3.2.2.1 Medi-Cal Suspended & Ineligible List Providers are deemed suspended and ineligible from Medi-Cal will be terminated or not be credentialed and contracted with for Medi-Cal line of business. AHP does not allow Medi-Cal Suspended & Ineligible List Providers to participate in the AHP network.

4.3.2.2.2 Providers Excluded/Sanctioned by Medicare or Medicaid (OIG). AHP prohibits employment or contracting with Practitioners (or entities that employ or contract with such Practitioners) that are excluded/sanctioned from participation (Practitioners found on OIG report). Providers identified on the OIG report will not be credentialed or contracted and will be terminated from the network if they are existing Providers.

4.3.2.2.3 Medicare Opt-Out Providers who are identified on the Medicare Opt-Out will not be contracted or credentialed and will be terminated from the network if they are existing Providers.

4.3.2.2.3.1 Providers that have opted-out may participate in networks that do not prohibit this restriction.

4.3.2.2.4 Preclusions List: Providers identified on the preclusions list

will be terminated or not be credentialed and contracted.

4.3.2.3 **Credentialing Application.** Practitioners must submit an application or reapplication that includes the following:

4.3.2.3.1 Attestation To:

4.3.2.3.1.1 Reasons for inability to perform the essential functions of the position.

4.3.2.3.1.2 Lack of present illegal drug use.

4.3.2.3.1.3 History of loss of license and felony convictions.

4.3.2.3.1.4 History of loss or limitation of privileges or disciplinary actions.

4.3.2.3.1.5 Malpractice Insurance Coverage: Must have current and adequate malpractice insurance coverage that meets the following criteria:

4.3.2.3.1.5.1 Minimum \$1 million per claim/\$3 million per aggregate.

4.3.2.3.1.5.2 Coverage for the specialty the Provider is being credentialed and contracted for.

4.3.2.3.1.5.3 Coverage for all locations the Provider will be treating AHP patients.⁶

4.3.2.3.1.6 Current and signed attestation confirming the correctness and completeness of the application.

4.3.2.3.2 Release of Information, used for primary source verification

4.3.2.3.3 Addendum A

4.3.2.3.3.1 Practice Location Information

4.3.2.3.3.2 Practitioner Type

4.3.2.3.3.3 Practice Type

4.3.2.3.3.4 Name(s) of any employed Advanced Practice Practitioners, if applicable (e.g. Nurse Practitioners or Physician Assistants)

4.3.2.3.3.5 Age Limitations

4.3.2.3.3.6 Practitioner Office Hours

⁶ NCQA, 2022 HP Standards and Guidelines, CR1, Element C, Factor 5.

- 4.3.2.3.3.7 Practitioner's written plan for continuity of care if they do not have hospital privileges
- 4.3.2.3.3.8 Languages spoken by Physician
- 4.3.2.3.3.9 Languages spoken by staff
- 4.3.2.3.4 Addendum B, used for Professional Liability Action explanation(s).
- 4.3.2.3.5 Addendum C, used to confirm Practitioner's status as a:
 - 4.3.2.3.5.1 Certified Workers Compensation Provider
 - 4.3.2.3.5.2 Reservist
- 4.3.2.3.6 Addendum D, Notice to Practitioners of Credentialing Rights/Responsibilities
- 4.3.2.3.7 Addendum E, applicable to General Practice and Obstetrics/Gynecology providers who are PCP's.
- 4.3.2.3.8 Verification of Qualifications for HIV/AIDS Specialist form (See Attachment, "Screening for Identification of Qualified HIV/AIDS Practitioners") required for Practitioners who would like to be designated as an HIV/AIDS Specialist.
- 4.3.2.3.9 Behavioral Health (Area(s)) of Expertise Form. To ensure Practitioners are listed with the types of services they offer, this form is required for all Practitioners with a Behavioral Health Affiliation/Designation, to include but are not limited to:
 - 4.3.2.3.9.1 Psychiatrists
 - 4.3.2.3.9.2 Psychologists
 - 4.3.2.3.9.3 Addiction Medicine Specialists
 - 4.3.2.3.9.4 Master Level Clinical Nurses
 - 4.3.2.3.9.5 Licensed Clinical Social Workers
 - 4.3.2.3.9.6 Licensed Marriage Family Therapists
 - 4.3.2.3.9.7 License Professional Clinical Counselors who have met "Couples and Families" requirement, only
 - 4.3.2.3.9.8 Physician Assistants who completed a Primary Care Psychiatry Fellowship
- 4.3.2.4 **Adverse History Guidelines:** AHP will review all Practitioners with evidence of adverse history are presented to Credentialing

Committee for review and documented in the meeting minutes, that may include, but is not limited to Providers who have:

4.3.2.4.1 **Provider Network**

4.3.2.4.1.1 Practice within AHP's service area.

4.4 All Practitioners who do not meet the criterion set forth above, must be reviewed by the AHP Provider Network Credentialing Committee. AHP's Provider Network Credentialing Committee will review, discuss and document their findings in the respective committee minutes. At a minimum:

4.4.1 The Credentialing Committee must receive and review the credentials of the Practitioners who do not meet AHP's established criteria for the Practitioners applying directly to AHP to provide advice and expertise for credentialing decisions.

4.4.2 If retrospective review by AHP's Credentialing Department reveals that a Practitioner approved by a Delegate does not meet the above requirements, AHP can submit the Practitioner to AHP's Peer Review Subcommittee for review.⁷

4.5 AHP utilizes a Clean File Process (See Policy Credentialing and Recredentialing Clean File Sign-Off). All Practitioners who meet the criterion set forth above, are determined as "clean" and may be submitted to the AHP Medical Director for sign-off. The sign-off date is the Committee date and evidence of the AHP's Medical Director signature will be documented in the Practitioners file or on a list of all Practitioners who meet the established criteria.

4.5.1 The AHP Medical Director, who is responsible for oversight of the credentialing process, has been identified as the individual with the authority to determine that a file is "clean" and to sign off on it as complete, clean and approved.⁸

4.5.2 AHP's credentialing and re-credentialing decisions are not based on the applicant's race, ethnic/national identity, gender, age, or sexual orientation.

4.5.3 AHP's procedure for monitoring and preventing discriminatory credentialing decisions may include, but are not limited to:

4.5.3.1 Monitoring: Periodic audits of Practitioner complaints to determine if there are complaints alleging discrimination. Audits are conducted annually in AHP's Online Monitoring Tool (OMT).

4.5.3.2 Preventing: Maintaining a heterogeneous Credentialing Committee membership and requiring those responsible for credentialing decisions to sign an affirmative action statement on, which is included on the sign-in sheet, to make decisions in a non-discriminatory manner.⁹

⁷ NCQA, 2022 HP Standards and Guidelines, CR 1, Element A, Factor 4.

⁸ NCQA, 2022 HP Standards and Guidelines, CR 1, Element A, Factor 5.

⁹ NCQA, 2022 HP Standards and Guidelines, CR 1, Element A, Factor 6.

- 4.5.4 Practitioners are notified verbally or in writing, when credentialing information obtained from other sources varies substantially from that provided. The Credentialing Specialist notifies the Practitioners by fax or email, within ten (10) business days, of any information obtained during the credentialing process that varies substantially from the information provided by the Practitioner that includes but is not limited to:
 - 4.5.4.1 Actions on license.
 - 4.5.4.2 Malpractice history.
 - 4.5.4.3 Board certification, education and training.
 - 4.5.4.4 Any incomplete or blank sections on the application
- 4.5.5 AHP is not required to reveal the source of the information if the law prohibits the disclosure. The notification to the Practitioner includes the following:
 - 4.5.5.1 Identification of the discrepancy.
 - 4.5.5.2 Identification of the source of the discrepancy.
 - 4.5.5.3 Informs the Practitioner that the Practitioner has ten (10) business days to submit missing and/or corrected information.
 - 4.5.5.4 The format for submitting correction.
 - 4.5.5.5 The person to whom the corrections must be submitted; and
 - 4.5.5.6 Where to submit the information.
- 4.5.6 The Practitioner has ten (10) business days from the receipt of the notification to correct erroneous information and is responsible for submitting additional or corrected information including any other supporting or pertinent information in writing, to the AHP Credentialing Specialist.
 - 4.5.6.1 Upon receipt, the Provider Services Specialist (electronically) stamps the document in MDStaff with the date received, to include the name of the reviewer, and verifies the information is correct. A copy of the document(s) is uploaded to the Provider's profile in MDStaff. If it's correct, the document is included in the Practitioner's credentialing file for review and approval by the Credentialing Committee.
 - 4.5.6.2 For Credentialing files: If the requested information is not received within ten (10) business days, the Provider is notified that their credentialing process is ceased due to non-compliance to credentialing or Recredentialing.
 - 4.5.6.3 For Re-credentialing files: If the requested information is not received within ten (10) business days, the Provider Services Specialist will notify the Provider Networks and Contracting

Manager that the Provider has outstanding items and are approaching their re-credentialing due dates. Failure to provide all re-credentialing documents timely may result in an administrative termination.¹⁰

4.5.7 Practitioners are notified verbally or in writing, when credentialing information obtained from other sources varies substantially from that provided. The Credentialing Specialist notifies the Practitioners by fax or email, within ten (10) business days, of any information obtained during the credentialing process that varies substantially from the information provided by the Practitioner that includes but is not limited to:

4.5.7.1 Actions on license.

4.5.7.2 Malpractice history.

4.5.7.3 Board certification, education and training.

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4.5.7.5.3 Informs the Practitioner that the Practitioner has ten (10) business days to submit missing and/or corrected information.

4.5.7.5.4 The format for submitting correction.

4.5.7.5.5 The person to whom the corrections must be submitted; and

4.5.7.5.6 Where to submit the information.

4.5.7.6 The Practitioner has ten (10) business days from the receipt of the notification to correct erroneous information and is responsible for submitting additional or corrected information including any other supporting or pertinent information in writing, to the AHP Credentialing Specialist.

4.5.7.6.1 Upon receipt, the Provider Services Specialist (electronically) stamps the document in MDStaff with the date received, to include the name of the reviewer, and verifies the information is correct. A copy of the document(s) is uploaded to the Provider's profile in MDStaff. If it's correct, the document is included in the Practitioner's credentialing file for review and

¹⁰ NCQA, 2022 HP Standards and Guidelines, CR 1, Element A, Factor 7.

approval by the Credentialing Committee.

- 4.5.7.6.2 For Credentialing files: If the requested information is not received within ten (10) business days, the Provider is notified that their credentialing process is ceased due to non-compliance to credentialing or Recredentialing.
- 4.5.7.6.3 For Re-credentialing files: If the requested information is not received within ten (10) business days, the Provider Services Specialist will notify the Provider Networks and Contracting Manager that the Provider has outstanding items and are approaching their re-credentialing due dates. Failure to provide all re-credentialing documents timely may result in an administrative termination.¹¹
- 4.5.7.7 Practitioners are notified of their credentialing and re-credentialing decisions within sixty (60) calendar days of the Committee's decision or Medical Director sign off.¹²
- 4.5.7.8 AHP's Medical Director's overall responsibility and participation in the credentialing program includes, but is not limited to:
 - 4.5.7.8.1 Possession of a current license to practice in the State of California.
 - 4.5.7.8.2 His/her role in implementation, development and coordination in the functions of the Credentialing Program.
 - 4.5.7.8.3 Oversight of the Credentialing Program, policies and procedures.
 - 4.5.7.8.4 Membership, attendance and/or chairmanship at all Credentialing Committee meetings; and
 - 4.5.7.8.5 Description of the reporting structure and responsibilities for Medical Director/physician designee, Committee and Board of Directors for final recommendation for participation, as applicable.¹³
- 4.5.7.9 The information obtained in the credentialing process is kept confidential and AHP mechanisms to ensure confidentiality of the information collected during the credentialing process includes, but is not limited to:
 - 4.5.7.9.1 Confidentiality statements are signed by the Committee and Credentialing staff.
 - 4.5.7.9.2 Practitioner files (hard copies) are maintained in locked file cabinets and are only accessible by authorized personnel; and

¹¹ NCQA, 2022 HP Standards and Guidelines, CR 1, Element A, Factor 7.

¹² NCQA, 2022 HP Standards and Guidelines, CR 1, Element A, Factor 8

¹³ NCQA, 2022 HP Standards and Guidelines, CR 1, Element A, Factor 9.

4.5.7.9.3 Security for database systems is maintained through passwords or other means to limit access to Practitioner information to authorized personnel staff only.¹⁴

4.5.7.10 All information provided by AHP for Member materials and Practitioner directories is consistent with the information obtained during the credentialing and Recredentialing process, regarding Practitioner education, training, certification and designated specialty. Information collected and verified during the credentialing and re-credentialing process and requests received in between cycles, is entered into and maintained in MDStaff by the Credentialing Department to ensure consistency.¹⁵

4.6 AHP notifies Practitioners of their rights to review information submitted to support their credentialing application, correct erroneous information, and receive the status of their credentialing/re-credentialing application, upon request, through the Provider Manual, and Provider application.

4.6.1 Practitioners may review information submitted to support their credentialing application that are obtained from outside sources (e.g. malpractice insurance carriers, state licensing boards) to support their credentialing application.

4.6.1.1 AHP is not required to make available:

4.6.1.1.1 References.

4.6.1.1.2 Recommendations.

4.6.1.1.3 Peer-Review protected information.

4.6.1.2 Practitioners have the right to correct erroneous information (submitted by another source) and must clearly state:

4.6.1.2.1 Practitioners have fifteen (15) business days of notification of discrepancy from the date the Credentialing Department provides notice to correct any erroneous information. Erroneous information may include substantial variation in information on:

4.6.1.2.1.1 Action on a license.

4.6.1.2.1.2 Adverse history.

4.6.1.2.1.2.1 Malpractice Claim History

4.6.1.2.1.2.2 Criminal History

4.6.1.2.1.2.3 Sanction History

¹⁴ NCQA, 2022 HP Standards and Guidelines, CR 1, Element A, Factor 10.

¹⁵ NCQA, 2022 HP Standards and Guidelines, CR 1, Element A, Factor 11.

4.6.1.2.1.2.4 Clinical Privileges History

4.6.1.2.1.3 Board Certification

4.6.1.2.1.4 Education and Training

4.6.1.2.1.4.1 Insufficient years of training in desired specialty

4.6.1.2.1.5 Practitioners must submit their corrections in writing.

4.6.1.2.1.6 Practitioners must send their written requests via confidential fax, email or letter to the Credentialing Department:

10 Ragsdale Drive, Suite 101
Monterey, CA 939340
Fax: (831) 657-0700
E-mail: network_support@aspirehealthplan.org

4.6.1.2.1.7 AHP is not required to reveal the source of information that was not obtained to meet the verification requirements or if federal or state law prohibits disclosure. AHP documents receipt of corrected information in the Practitioner's credentialing file in MDStaff.

4.6.1.2.1.8 Practitioners have the right to be informed, upon request, of the status of their credentialing or re-credentialing application. Following receipt of the Practitioner's request, the Practitioner will be contacted by the Credentialing Department with their status.¹⁶

4.6.1.3 AHP process for both paper and electronic processes for Credentialing System Controls include:

4.6.1.3.1 Credentialing Team Members receive, store, review, track and date Primary Source Verification (PSV) information using the following methods or combination of: PSV obtained during the credentialing process are received directly from the issuing source or the primary source's designated agent by way of secure electronic information (Email, RightFax, approved website, facsimile, U.S. Mail, or telephone).

4.6.1.3.1.1 Upon receipt, the Credentialing Team Member will:

4.6.1.3.1.1.1 Date stamp and store electronic information in the provider's credentialing profile in MDStaff.

4.6.1.3.1.1.2 Date stamp, scan, hard copy files and save them in the credentialing folder in the designated shared drive:

¹⁶ NCQA, 2022 HP Standards and Guidelines, CR 1, Element B, Factors 1-3.

4.6.1.3.1.1.2.1 Copies of fax coversheets, routine notifications, and duplicate copies of documents will not be routinely kept in the credential files.

4.6.1.3.1.2 The Credentialing Team Member is responsible for processing the file and for:

4.6.1.3.1.2.1 Ensuring each PSV must include the following:

4.6.1.3.1.2.1.1 The source used.

4.6.1.3.1.2.1.2 The Date of verification.

4.6.1.3.1.2.1.3 The signature or initials of the person who verified the information.

4.6.1.3.1.2.1.4 The report date, if applicable.

4.6.1.3.1.2.2 Populating the following information on the Credentialing Checklist:

4.6.1.3.1.2.2.1 The date of verification.

4.6.1.3.1.2.2.2 Expiration date (if applicable)

4.6.1.3.1.2.2.3 The signature or initials of the person who processed the credentialing file.

4.6.1.3.1.2.2.4 The date the file was completed by the Credentialing Team Member.

4.6.1.3.1.2.3 Ensuring the accuracy and completeness of the credentialing file prior to review by the Medical Director or Credentialing Committee¹⁷

4.6.1.4 Credentialing Team Members cannot modify PSVs from its initial verification. In the event there is an updated PSV received during the credentialing process, both verifications are date stamped and kept in the credentialing file in MDStaff. The most current verification will be documented on the credentialing checklist.¹⁸

4.6.1.5 Only AHP Team Members with direct involvement in the Credentialing process are authorized to review and access credentialing information, as necessary to fulfill their respective responsibilities.

4.6.1.5.1 PSVs are never modified from their initial verification.

4.6.1.5.1.1 Removal of the PSV is appropriate only if the verification

¹⁷ NCQA, 2022 HP Standards and Guidelines, CR 1, Element C, Factor 1.

¹⁸ NCQA, 2022 HP Standards and Guidelines, CR 1, Element C, Factor 2.

response is an exact duplicate of the initial verification.

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- 4.6.1.6 To protect the accuracy of information gathered from primary sources and NCQA-approved sources:
 - 4.6.1.6.1 Physical access to credentialing information is limited to only those individuals with direct involvement in the credentialing process.
 - 4.6.1.6.2 For preventing unauthorized access, changes to and release of Credentialing information is controlled and granted only to those individuals with direct involvement in the credentialing process.
 - 4.6.1.6.3 Password protecting electronic systems, including user requirements, are in accordance with and enforced through AHP's Information Technology (IT) Department, that requires:
 - 4.6.1.6.3.1 Use of strong passwords
 - 4.6.1.6.3.2 Avoid writing down passwords
 - 4.6.1.6.3.3 Use different passwords for different accounts
 - 4.6.1.6.3.4 Change passwords periodically
 - 4.6.1.6.4 Changing or withdrawing passwords, including alerting appropriate staff who oversee computer security, such as AHP IT Department, to:
 - 4.6.1.6.4.1 Change passwords when appropriate
 - 4.6.1.6.4.2 Disable or remove passwords of employees who leave the organization
 - 4.6.1.6.4.2.1 AHP contracts with an external entity, MD Staff to outsource storage of credentialing information.²⁰
- 4.6.1.7 AHP's Credentialing audit process for identifying and assessing risk and ensuring that specified policies and procedures are followed, includes:
 - 4.6.1.7.1 Using a Credentialing Audit Tool, the Provider Networks and Contracting Manager, Provider Services Specialist, Compliance Officer, and Compliance Manager, will be involved in the audit process. These audits will be conducted at least quarterly.
 - 4.6.1.7.1.1 A pull list that includes all practitioners who were

¹⁹ NCQA, 2022 HP Standards and Guidelines, CR 1, Element C, Factor 3.

²⁰ NCQA, 2022 HP Standards and Guidelines, CR 1, Element C, Factor 4

credentialed and re-credentialed within the look back period, will be reviewed.

4.6.1.7.1.2 Ten (10) files will be selected for audit review.

4.6.1.7.1.3 Results of audits are compiled into a master report and shared with the Credentialing Staff to determine the root cause analysis and develop a corrective action plan for improvement.

4.6.1.7.1.4 The results, root cause analysis and corrective action plans for improvement are provided to the Provider Networks and Contracting Manager, for oversight of the Credentialing System Controls Audit.²¹

4.6.1.8 AHP collects information from quality improvement activities and Member complaints for all Practitioner files undergoing the re-credentialing process, to be included in the re-credentialing decision making process.²²

4.6.1.9 During the AHP credentialing, re-credentialing, and ongoing monitoring process, Providers are reviewed to ensure that AHP only contracts with Physicians who have not opted out of Medicare, by verifying that its Practitioners are not included on the Medicare Opt-Out list. AHP does not allow Medicare Opt-Out Providers to participate in the AHP network for all lines of business.²³

4.6.1.10 AHP prohibits employment or contracting with Practitioners (or entities that employ or contract with Practitioners) that are excluded/sanctioned from participation (Practitioners found on OIG report). Providers identified on the OIG report, will not be credentialed or contracted, and terminated from our network if they are existing providers.²⁴

4.6.1.11 AHP does not contract with Practitioners who are precluded from receiving payment for Medicare Advantage (MA) items and services Part D drugs furnished or prescribed to Medicare beneficiaries. AHP does not allow Practitioners identified on the preclusions list to participate in the AHP network.

5.0 TRAINING

5.1 Training is provided to each employee at the new employee orientation within 90 days of hire, when there are updates to the policies, and annually thereafter.

6.0 REVIEW PERIOD

²¹ NCQA, 2022 HP Standards and Guidelines, CR 1, Element C, Factor 5.

²² Medicare Managed Care Manual, Chapter 6 "Relationships with Providers", Chapter 6 § 60.3; Department of Health Care Services (DHCS) All Plan Letter (APL) 19-004 Supersedes APL 17-019, "Provider Credentialing / Recredentialing and Screening / Enrollment".

²³ Medicare Managed Care Manual, Chapter 6 "Relationships with Providers", Chapter 6 § 60.2.

²⁴ Department of Health Care Services (DHCS) All Plan Letter (APL) 19-004 Supersedes APL 17-019, "Provider Credentialing / Recredentialing and Screening / Enrollment".

- 6.1 Regulatory and compliance policies are reviewed by the Policy Owner annually at a minimum (more frequently if a change, regulatory or otherwise, that causes a change to the policy).

7.0 REGULATORY REQUIREMENTS AND REFERENCES

- 7.1 National Committee for Quality Assurance (NCQA), 2022 HP Standards and Guidelines

8.0 POLICY VIOLATION

- 8.1 Any AHP associate or contractor who fails to abide by this policy may be subject to disciplinary action, up to, and including termination. Please refer to AHP's Disciplinary Guidelines and Enforcement Policy for further details.