Provider Services	ASPIRE HEALTH PLAN	Effective Date: 01/01/2014	
		Policy #: AHP-PS003	
	PROVIDER NETWORK CREDENTIALING – CR 3	**Review Date:** 6/23/2022	**Applicable to:** ☑ Medicare Advantage ☑ Commercial ☑ Anthem HMO ☑ Blue Shield Trio
	Approver's Name & Title	Eva Balint, MD – Chief Medical Officer	

1.0 PURPOSE

1.1 AHP conducts timely verification of information to ensure that Practitioners have the legal authority and relevant training and experience to provide quality care.

2.0 DEFINITION

2.1 Verification Time Limit (VTL): National Committee for Quality Assurance (NCQA) counts back from the decision date to the verification date to assess timeliness of verification.

2.2 Each file contains evidence of verification, defined by NCQA as "Appropriate documentation." AHP documents verification in the credentialing files using any of the following methods or a combination:

2.2.1 Credentialing documents signed (or initialed) and dated by the verifier.

2.2.2 A checklist that includes for each verification:

2.2.2.1 The source used.

2.2.2.2 The date of verification.

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

2.2.2.4 The report date, if applicable.

2.2.3 A checklist with a single signature and a date for all the verifications that has a statement confirming that the signatory verified all the credentials on that date and that includes for each verification.

2.2.3.1 The source used.

2.2.3.2 The report date, if applicable.

2.2.3.3 If the checklist does not include checklist requirements listed above, appropriate credentialing information must be included.

2.3 Verbal Verification - Requires a dated, signed document naming the person at the primary source who verified the information, his/her title, the date and time of verification and include what was verified verbally.

2.4 Automated Verification - Requires there be a mechanism to identify the name of the entity verifying the information, the date of the verification, the source, and the report date, if

applicable.

2.5 Written Verification - Requires a letter or documented review of cumulative reports. AHP must use the latest cumulative report, as well as periodic updates released by the primary source. The date on which the report was queried, and the volume used must be noted.

2.6 Using the Internet for Primary Source Verification (PSV): PSV on documents that are printed/processed from an internet site (e.g. BreEZe, National Practitioner Data Bank (NPDB) etc.), the data source date (as of date, release date) must be queried within the timeframe. The date of the query must be verified prior to the Credentialing Decision. If there is no data source date, the verifier must document the review date on the verification or the checklist. Verification must be from an NCQA approved and appropriate state-licensing agency.

2.7 PSV Documentation Methodology. The organization may use an electronic signature or unique electronic identifier of staff to document verifications (to replace the dating and initialing of each verification) if it can demonstrate that the electronic signature or unique identifier can only be entered by the signatory. The system must identify the individual verifying the information and the date of verification.

2.8 NPPES - CMS National Plan and Provider Enumeration System.

2.9 CMS Preclusions List - List of prescribers and individuals or entities who fall within any of the following categories: Are currently revoked from Medicare, are under an active re- enrollment bar, and CMS has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program.

3.0 POLICY

3.1 AHP verifies that the following are within the prescribe time limits: License to Practice, Drug Enforcement Administration (DEA), education and training, board certification, work history and malpractice history.

3.2 AHP verifies the following sanction information for credentialing: State sanctions, restrictions on licensure or limitations on scope of practice, Medicare and Medicaid sanctions.

3.3 AHP ensures applications for credentialing and recredentialing include reasons for inability to perform the essential functions of the position, lack of present illegal drug use, history of loss of license and felony convictions, history of loss or limitation of privileges or disciplinary actions, current malpractice insurance coverage, and a current and signed attestation confirm the correctness and completeness of the application.

3.4 AHP verifies that Practitioners have clinical privileges in good standing. Practitioners must indicate their current hospital affiliation or admitting privileges at a participating hospital.

3.5 AHP monitors its credentialing files to ensure that Practitioners have not opted out of Medi-Cal, Medicaid and/or Medicare.

3.5.1 Practitioners that have opted out of Medi-Cal, Medicaid and/or Medicare may participate in networks that do not prohibit this restriction.

3.6 AHP includes information from the quality improvement activities and Member complaints in the recredentialing decision-making process.

3.7 AHP confirms all Practitioners maintain an active individual NPI number registered through the CMS National Plan and Provider Enumeration System (NPPES) and must be registered to an address in State of California.

3.8 AHP ensures unaccredited Providers are informed that they may be required to pass an on-site site review conducted by AHP or its designee per NCQA requirements. (See “AHP-PS017 Assessment of Organizational Providers.”)

3.9 AHP must obtain Social Security Numbers for all new and existing Practitioners participating Providers.

3.10 AHP monitors its Provider network and ensures their Providers are not included in the Centers Medicare & Medicaid Services (CMS) Preclusions List.

3.11 AHP must ensure all Practitioners practice within the scope of the appropriate age range practice parameters to ensure compliance with AHP guidelines. (See “AHP-PS001 Provider Network Credentialing Standards and Section 4.1.18 listed below in this policy".)

3.12 AHP must obtain appropriate documentation from Practitioners requesting to expand or limit their practice parameters for AHP review and approval.

3.13 AHP must ensure and obtain the appropriate documentation for all Advanced Practice Practitioners (i.e., Physician Assistants (PAs), Nurse Practitioners (NPs), and Certified Nurse Midwives (CNMs) between the Mid-Level and Supervising Physician, and ensure these documents are readily available upon request.

4.0 PROCEDURE

4.1 AHP verifies that the following are within the prescribed time limits:

4.1.1 A current and valid license to practice in California (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision date).

4.1.1.1 Must be valid, current, and unencumbered at the time of committee and remain valid and current throughout the Practitioner's participation with AHP.

4.1.1.2 For web queries, the data source data - e.g. release date or as of date is used to assess timeliness of verification.

4.1.1.3 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 State Licensing Boards and the BreEZe Online Services online or directly with the licensing board via phone or mail:

4.1.1.3.1 Medical Board of California (M.D.)
4.1.1.3.2 Osteopathic Medical Board of California (D.O.)
4.1.1.3.3 Board of Podiatric Medicine (D.P.M.)
4.1.1.3.4 Board of Behavioral Sciences (L.M.F.T., L.C.S.W., M.F.C.C)
4.1.1.3.5 Board of Psychology (Ph.D., Psy.D.)
4.1.1.3.6 Dental Board of California (D.D.S., D.M.D.)
4.1.1.3.7 California Board of Occupational Therapy (O.T.)
4.1.1.3.8 California State Board of Optometry (O.D.)
4.1.1.3.9 Physical Therapy Board of California (P.T.)
4.1.1.3.10 Physician Assistant Committee (P.A., P.A.-C)
4.1.1.3.11 California Board of Registered Nursing (C.N.M., N.P.)
4.1.1.3.12 California Board of Chiropractic Examiners (D.C.)

4.1.1.3.13 Speech-Language Pathology & Audiology Board (S.P., Au)

4.1.1.3.14 Acupuncture Board (L.Ac.)

4.1.1.4 Failure to maintain a valid and current license at all times, will result in an administrative termination of the Practitioner.[1]

4.1.2 A valid DEA or Controlled Dangerous Substances (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.

4.1.2.1 Must be valid and current at the time of committee and remain valid and current throughout the Practitioner's participation with AHP and registered with an address in State of California.

4.1.2.2 Verification may be in the form of a photocopy of the current DEA certificate, with date stamped and initialed by the reviewer to show receipt and review prior to the credentialing decision.

4.1.2.3 Any Practitioner with a DEA with an "EXEMPT" Fee or status, the DEA is only valid at the exempting institution and any affiliate Hospital or Clinic rotations within the scope of training. AHP must confirm the Practitioner's practice and exempting institutions relationship and document their findings in the Provider file, if the address on the DEA does not match the Providers practice location. If a Practitioner is practicing outside of the exempting institution and/or its affiliates, the Practitioner must obtain a "Paid" status DEA.

4.1.2.4 AHP may credential a Practitioner whose DEA certificate is pending or pending a DEA with a California address; AHP must obtain written documentation from the Provider of their arrangements with another Practitioner who 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 NPT number will be documented in the Practitioner's file.

4.1.2.5 If a Practitioner does not have a DEA or CDS certificate, AHP must obtain an explanation to why the Practitioner does not prescribe medications and to provide arrangements for the Practitioner's patients who need prescriptions requiring DEA certification.

4.1.2.6 Failure to maintain an active DEA, may result in an administrative termination of the Practitioner.[2]

4.1.3 Education and training (VTL: Prior to the Credentialing Decision) All Practitioners must have completed appropriate education and training for practice in the U.S. or a residency program recognized by NCQA, in the designated specialty or subspecialty they request to be credentialed and contracted . AHP verifies the highest of the following three levels of education and training obtained by the Practitioner, as appropriate.

4.1.3.1 If the Practitioner is not board certified in the specialty or sub-specialty in which he/she is applying, there must be evidence of verification of residency and training in the sub- specialty (e.g. Fellowships in Cardiology, Rheumatology,

[1] NCQA, 2022 HP Standards and Guidelines, CR 3, Element A, Factor 1
[2] NCQA, 2022 HP Standards and Guidelines, CR 3, Element A, Factor 2

Pediatric Endocrinology etc.), as relevant to the credentialed specialty.

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

4.1.3.2.1 The primary source from the Medical School.

4.1.3.2.2 The state licensing agency or specialty board if the state agency and 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.

4.1.3.2.3 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.

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

4.1.3.2.4.1 AMA Physician Master File

4.1.3.2.4.2 National Student Clearing House

4.1.3.2.4.3 American Osteopathic Association (AOA) Official

4.1.3.2.4.4 Osteopathic Physician Profile Report or AOA Physician Master File

4.1.3.2.4.5 Education Commission for Foreign Medical Graduates (ECFMG) for international medical graduates licensed after 1986.

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

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

4.1.3.2.5.2 AMA Physician Master File.

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

4.1.3.2.5.4 FCVS for closed residency program.

4.1.3.2.5.5 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.

4.1.4 Board certification status, if applicable (VTL: one hundred-eighty (180) calendar days prior to credentialing decision date).

4.1.4.1 AHP verifies current certification status of Practitioners who state that they are board certified.

4.1.4.2 AHP must document the expiration date of the board certification within the credential file:

4.1.4.2.1 If a practitioner has a "lifetime" certification status and there is no expiration date for certification, the organization verifies that the board certification is current and documents the date of the verification.6

4.1.4.2.2 If the board certification has expired, it may be used as verification of education and training.

4.1.4.2.3 Verification must be performed through a letter directly from the board or an online query of the appropriate board as long as the board states that they verify education and training with primary source, is an acceptable source by NCQA, and indicate that this information is correct.

4.1.4.3 Below are the acceptable sources to verify board certification.

4.1.4.3.1 For all Practitioner types:

4.1.4.3.1.1 The primary source (appropriate specialty board).

4.1.4.3.1.2 The state licensing agency if the primary source verifies board certification.

4.1.4.3.2 For all Physicians (M.D., D.O.)

4.1.4.3.2.1 ABMS or its Member boards, or an official ABMS Display Agency, where a dated certificate of primary-source authenticity has been provided.

4.1.4.3.2.2 AMA Physician Master File.

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

4.1.4.3.2.4 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 completion of education and training.

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[6] NCQA, 2022 HP Standards and Guidelines, CR 3, Element A, Factor 4

4.1.4.3.3 For other Healthcare professionals

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

4.1.4.3.4 For Podiatrists (D.P.M.)

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

4.1.4.3.4.2 The American Board of Podiatric Medicine.

4.1.4.3.4.3 American Board of Multiple Specialties in Podiatry

4.1.4.3.5 For Nurse Practitioners (NP)

4.1.4.3.5.1 American Association of Nurse Practitioners (AANP)

4.1.4.3.5.2 American Nurses Credentialing Center (ANCC)

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

4.1.4.3.5.4 Pediatric Nursing Certification Board (PNCB)

4.1.4.3.5.5 American Association of Critical-Care Nurses (AACN)

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

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

4.1.4.3.6.2 For Certified Nurse Midwives (C.N.M.)

4.1.4.3.6.3 American Midwifery Certification Board (AMCB)

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

4.1.4.3.7.1 American Board of Professional Psychology (ABPP)

4.1.4.3.8 If AHP is unable to verify the board certification, the Practitioner is notified and given the right to review and correct erroneous information. In addition, further review of the Providers attestation may be required for correction.

4.1.5 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.

4.1.5.1 AHP must document review of work history on the application, CV, or checklist that includes the signature or initials of staff who reviewed work history and the date of review. Documentation of work history must meet the following:

4.1.5.1.1 Must include the beginning and ending month and year for each work experience.

4.1.5.1.2 The month and year do not need to be provided if the Practitioner has had continuous employment at the same site for five (5) years or more. The year-to-year documentation at that site meets the intent.

4.1.5.1.3 If the Practitioner completed education and went to straight into practice, this will be counted as continuous work history.

4.1.5.1.4 If the Practitioner has practiced fewer than five (5) years from the date of credentialing. The work history starts at the time of initial licensure.

4.1.5.1.5 AHP must review for any gaps in work history. If a work history gap of six (6) months to one (1) year is identified, AHP must obtain an explanation from the Practitioner. Verification may be obtained verbally or in writing for gaps of six (6) months to one (1) year.[3]

4.1.5.1.6 Any gap in work history that exceeds one (1) year must be clarified in writing from the Practitioner. The explanation of the gap needs to be sufficient to ascertain that the gap did not occur as a result of adverse and/or reportable situations, occurrences or activities.

4.1.5.1.7 A history of professional liability claims that resulted in settlement or judgment paid on behalf of the Practitioner. (VTL: one hundred-eighty (180) calendar days prior toCredentialing decision date)

4.1.5.1.7.1 AHP will obtain confirmation of the past seven (7) years of malpractice settlements through one of the following sources:

4.1.5.1.7.1.1 Malpractice Insurance Carrier

4.1.5.1.7.1.2 National Practitioner Data Bank (NPDB)

4.1.5.1.7.1.3 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 on a check list.

4.1.5.1.7.1.4 A minimum of seven (7) years of claims history must be reviewed for initial credentialing and all claim history activities after the previous credentialing decision date, will be reviewed for recredentialing.

4.1.5.1.7.1.5 The seven (7) year period may include residency and fellowship years. AHP is not required to obtain confirmation from the carrier for Practitioners who had a hospital

[3] NCQA, 2022 HP Standards and Guidelines, CR 3, Element A, Factor 5

insurance policy during a residency and fellowship.[4]

4.1.6 AHP will verify the following sanctions information for credentialing and recredentialing:

4.1.6.1 State sanctions, restrictions on licensure or limitations on scope of practice (VTL: one hundred-eighty (180) calendar days prior to credentialing decision).

4.1.6.1.1 If a Practitioner is identified by their respective licensing board with an action, the Credentialing Specialist obtains and reviews the action(s) identified.

4.1.6.1.2 Verification sources for sanctions or limitations on licensure include:

4.1.6.1.2.1 Chiropractors: State Board of Chiropractic Examiners CTN-BAD, NPDB

4.1.6.1.2.2 Oral Surgeons: State Board of Dental Examiners, or State Medical Board, NPDB

4.1.6.1.2.3 Physicians: Appropriate state board agencies, FSMB, NPDB

4.1.6.1.2.4 Podiatrists: State Board of Podiatric Examiners, Federations of Podiatric Medical Boards, NPDB

4.1.6.1.2.5 Non-physician AHP Professionals: State Licensure or certification board, appropriate state agency, NPDB

4.1.6.1.2.6 For Practitioner's screened using the Continuous Query (formerly Proactive Disclosure Service (PDS)):

4.1.6.1.2.6.1 Evidence of current enrollment must be provided

4.1.6.1.2.6.2 Report must be reviewed within one hundred-eighty (180) calendar days of the initial credentialing decision

4.1.6.1.3 If the practitioner is new applicant to the network, Credentialing will prepare the file for the next scheduled AHP Credentialing Committee for review and decision.

4.1.6.1.4 If the practitioner is new applicant to the network, Credentialing will prepare the file for the next scheduled AHP Credentialing Committee for review and decision.

4.1.6.1.5 If the practitioner is an existing Provider, the Credentialing Specialist will confirm if this licensure action was reviewed by AHP Credentialing Committee.

4.1.6.1.5.1 If so, the Credentialing Specialist will document in the Provider's file when the Provider's licensure actions were reviewed and discussed by the AHP Credentialing Committee.

[4] NCQA, 2022 HP Standards and Guidelines, CR 3, Element B, Factor 2

4.1.6.1.5.2 If not, the Credentialing Specialist will prepare the Practitioner's file for the review and discussion at the next scheduled AHP Credentialing Committee meeting.

4.1.6.2 Medicare and Medicaid sanctions. (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision). AHP uses the OIG's Exclusion Database website, a sanction screening service to monitor its Provider network and ensures their Providers are reviewed for Medicare and Medicaid sanctions.

4.1.6.2.1 During the credentialing or recredentialing process, the Credentialing Specialist or designee will submit the Provider to the OIG's Exclusion Database website for screening. The results are reviewed by the Credentialing Specialist and included in the Provider file.

4.1.6.2.2 The document will identify when the Provider was screened, and if the Provider was identified on any of the ongoing monitoring of sanctions review required by AHP, to include but is not limited to the OIG Exclusions List and/or Medi-Cal Suspended & Ineligible List.

4.1.6.2.3 If a Practitioner is not identified on any reports, the OIG's Exclusion Database website findings are included in the Provider file and date stamped by the reviewer, to ensure that findings were reviewed within the one hundred-eighty (180) calendar-day timeframe.

4.1.6.2.4 If a Practitioner is identified on the report for the OIG Exclusions List and/or Medi-Cal Suspended & Ineligible List, the Credentialing Specialist obtains and reviews the information.

4.1.6.2.5 Verification Sources for Medicare/Medicaid Sanctions: OIG must be the verification source for Medicare sanctions, to ensure compliance with CMS. Date of query and staff initials must be evident on a checklist or the OIG page must be in the file.

4.1.6.2.6 The Medi-Cal Suspended and Ineligible list must be the verification source for Medicaid sanctions. Date of query and staff initials must be evidence on a checklist, or the report page must be in the file.

4.1.6.2.7 The OIG's Exclusion Database website findings are included in the Provider file and date stamped by the review, to ensure the findings were reviewed within one hundred eighty (180) calendar-days of the AHP Credentialing Committee decision.

4.1.6.2.7.1 If the Practitioner is a new applicant to the network, Credentialing will notify the Practitioner that their credentialing is closed due to AHP not allowing Practitioners identified on the OIG Exclusions List and/or Medi-Cal Suspended & Ineligible List to participate in the network.

4.1.6.2.7.2 If the Practitioner is an existing Provider, the Credentialing Specialist will send the Provider a notification to terminate due to AHP not allowing Practitioners identified on the OIG Exclusions List and/or Medi-Cal Suspended & Ineligible List to participate in the network.

4.1.6.2.7.3 The Credentialing Specialist will prepare these documents for the AHP Credentialing Committee's review and discussion for Practitioners identified through ongoing monitoring of sanctions.

4.1.7 Medicare Opt-Out (VTL: one hundred-eighty (180) calendar days prior to Credentialing decision).

4.1.7.1 The Medicare Opt-Out list is reviewed to ensure providers have not opted-out.

4.1.7.1.1 Practitioners that have opted out of Medi-Cal, Medicaid and/or Medicare may participate in networks that do not prohibit this restriction.

4.1.7.2 The findings are included in the Provider file and date stamped by the reviewer, to ensure the findings were reviewed within one hundred eighty (180) calendar-days of the AHP Credentialing Committee decision.

4.1.7.3 If the Practitioner is a new applicant to the network, Credentialing will notify the Practitioner that their credentialing is closed due to AHP not allowing Practitioners identified on the Medicare Opt-Out report to participate in the network.

4.1.7.4 If the Practitioner is an existing Provider, the Credentialing Specialist will send the Provider a notification to terminate due to AHP not allowing Practitioners identified on the Medicare Opt-Out to participate in the network.

4.1.7.5 The Credentialing Specialist will prepare these documents for the AHP Credentialing Committee's review and discussion for Practitioners identified through ongoing monitoring.

4.1.8 AHP includes information from the quality improvement activities and Member complaints in the recredentialing decision-making process. (Verification Time Limit: Last recredentialing cycle to present).

4.1.8.1 Quality activities include, but are not limited to:

4.1.8.1.1 Adverse events

4.1.8.1.2 Medical record review

4.1.8.1.3 Data from Quality Improvement Activities

4.1.8.2 Performance Information may include but is not limited to:

4.1.8.2.1 Utilization Management Data

4.1.8.2.2 Enrollee Satisfaction surveys

4.1.8.2.3 Other activities of the organization

4.1.8.2.4 Not all quality activities need to be present

4.1.8.2.5 Grievance/Complaints

4.2 AHP applications for credentialing and recredentialing must include the following:

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

4.2.2 Lack of present illegal drug use.

4.2.2.1 AHP application may use alternative language or general language that may not be exclusive to present use or only illegal substances.[5]

4.2.4 History of loss of license and felony convictions.

4.2.4.1 At initial credentialing, the Practitioner must attest to any loss of license or felony convictions since their initial licensure.

4.2.4.2 At recredentialing, the Practitioners may attest to any loss of licensure or felony convictions since their last credentialing cycle.

4.2.5 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).

4.2.5.1 All Practitioners must have current and adequate malpractice insurance coverage that is current and:

4.2.5.1.1 Meet AHP's standard of $1 million/$3 million. Professional Liability Insurance coverage and amounts of coverage must be verified with the insurance carrier or through the Practitioner via a copy of the policy and the signed attestation completed by the Practitioner. The copy of the Practitioner's certificate must be initialed, and date stamped to show receipt prior to the credentialing decision and to show it was effective at the time of the credentialing decision.

4.2.5.1.2 Must include coverage for the specialty the Practitioner is being credentialed for and for all locations the Practitioner will be treating AHP patients.

4.2.5.1.3 If the specialty coverage and/or the locations are not identified on the malpractice insurance certificate, the coverage must be verified with the insurance carrier and documented in the Practitioner's file.

4.2.5.2 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.

4.2.5.3 There must be evidence that the Practitioner has current and adequate malpractice coverage prior to the Credentialing Committee approval date.

4.2.5.4 Failure to maintain current malpractice coverage for the specialty the Provider is being credentialed for and for all locations the Practitioner will be treating AHP patients, will result in an administrative termination of the Practitioner.

[5] NCQA, 2022 HP Standards and Guidelines, CR 3, Element C, Factor 2

4.2.6 Current and signed attestation confirm the correctness and completeness of the application. Attestation must be:

4.2.6.1 Signed and dated within the timeframe and must include all elements to be compliant.

4.2.6.2 The one hundred-eighty (180) calendar day timeframe is based on the date the Practitioner signed the application.

4.2.6.3 If the signature or attestation exceeds one hundred-eighty (180) calendar days the Practitioner must only attest that the information on the application remains correct and complete, be re-signing and re-dating the attestation. Practitioner does not need to complete another application.

4.2.6.4 Signed with a full signature, if the attestation needs to be re-signed by the Practitioner; dating and initialing is not acceptable.

4.2.6.5 If the attestation is not signed and/or dated, within the appropriate time frame, all application elements are non-compliant (except current malpractice coverage since AHP requires a face sheet is obtained).

4.2.6.6 If a question is answered incorrectly, AHP is responsible for notifying the Practitioner to have them review the question.

4.2.6.6.1 If the Provider chooses not to change their response, then AHP will document their attempt to have the Practitioner review their response and that the provider chose not to change their response.

4.2.7 When reviewing AHP application, AHP must review attestation questions in addition to the form that contains the generated date and the last updated (attestation date).

4.2.7.1 If the generated date on the form is older than one hundred-eighty (180) calendar date, but there is a current attestation date, then AHP may accept the application.

4.2.8 AHP must verify that Practitioners must have clinical privileges in good standing. Practitioner must indicate their current hospital affiliation or admitting privileges at a participating hospital.

4.2.8.1 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 and must include:

4.2.8.1.1 The date of appointment;

4.2.8.1.2 Scope of privileges, restrictions (i.e., restricted, unrestricted) and recommendations;

4.2.8.1.3 Confirmation Provider has admitting privileges in the specialty the Provider is credentialed and contracted for;

4.2.8.1.4 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."

4.2.8.2 Practitioner must meet the requirements for Hospital Privileges as required by AHP admitter requirements, confirming coverage for all inpatient work covering the entire age range of the Practitioner must be included in the Practitioner's credentialing file.

4.2.8.3 These arrangements must be provided to AHP for all Practitioners participating in the AHP network, via Provider application, admitter report or attachment.

4.2.8.4 If the Provider utilized an admitter or hospitalist arrangement, AHP will document these arrangements in the Provider file, to include when the Provider was notified. Documentation must include:

4.2.8.4.1 The date the practitioner was notified;

4.2.8.4.2 Name(s) of the admitter and/or hospitalist, admitting on behalf of the Provider;

4.2.8.4.3 Name(s) of the Hospital, affiliated with the inpatient coverage arrangements.

4.2.8.5 If the Practitioner does not have clinical privileges, then AHP must have a written statement delineating the inpatient coverage arrangement documented in the providers file.

4.2.8.6 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.

4.2.8.7 Advanced Practice Practitioners (i.e., PAs, NPs, and CNMs) may not have hospital privileges. However, if the Advanced Practice Practitioners provides AHP their hospital privileges, AHP will be responsible for verifying if those privileges are active and ensure they are in good standing.

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

4.2.8.9 These arrangements must be provided to AHP for all Practitioners participating in the AHP network, via Provider application, admitter report or attachment and are subject to AHP's review and approval.

4.2.8.9 AHP may request inpatient coverage arrangements for the Practitioner, if AHP identified that specialty as a specialty that requires hospital admitting arrangements.

4.2.8.10 CNMs may provide care of mothers and newborns through the maternity cycle of pregnancy, labor, birth and delivery services only after they are fully credentialed and approved by the same Provider network. CNM Providers must meet the

following criteria:

4.2.8.10.1 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.

4.2.8.10.2 The arrangement must include back-up physician's full delivery privileges at AHP network hospital, in the same network as the CNM Provider.

4.2.8.10.3 The OB Provider must be credentialed and contracted within the same practice and network.

4.2.8.11 Family Practice including outpatient Obstetrics (OB) services (FP-1) must provide a copy of a signed agreement that states:

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

4.2.8.11.2 The OB must be contracted and credentialed by the same network as the Family Practice Provider and must hold admitting privileges to the AHP hospital linked to AHPs Direct Network.

4.2.8.11.3 Family Practice including full Obstetrics services and delivery (FP-2). Providers that fulfill these requirements may be referred to and see Ob/GYN Members within AHPs Direct Network, and must have:

4.2.8.11.3.1 Full delivery privileges at an AHP network hospital; and the OB Provider must be credentialed, contracted and hold admitting privileges to the AHP hospital lined with the Family Practice Provider; and

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

4.2.8.11.3.3 Must be available for consultations, as needed and that the OB will provide prenatal care after twenty-eight (28) weeks gestation including delivery.

4.2.8.11.3.4 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.

4.2.8.11.3.5 The OB Provider must be credentialed and contracted within the same network.

4.2.8.12 Urgent Care Providers are not required to maintain hospital privileges if they are exclusively practicing at an Urgent care.

4.2.9 AHP utilizes the OIG's Exclusion Database website, https://exclusions.oig.hhs.gov/, a sanction screening service via MDStaff to monitor its Provider network to ensure have not opted out of Medicare.

4.2.9.10

4.2.9.11 During the credentialing or recredentialing processprocess, the Credentialing Specialist or designee will submit the Provider via MDStaff to the OIG's Exclusion Database website, https://exclusions.oig.hhs.gov/ for screening. The results are reviewed by the Credentialing Specialists and included in the Provider file.

4.2.9.12

4.2.9.13 The document will identify when the Provider was screened, and if the Provider was identified on any of the ongoing monitoring of sanctions review required by AHP, to include but is not limited to the Medicare Opt-out Report

4.2.9.14

4.2.9.15 If a Practitioner is not identified on any reports, the OIG's Exclusion Database findings are included in the Provider file and date stamped by the reviewer, to ensure that findings were reviewed within the one hundred-eighty (180) calendar-day timeframe.

4.2.9.16

4.2.9.17 If a Practitioner is identified on the report for Medicare Opt-out, the Credentialing Specialist reviews the information via hard copies, electronic or one (1) of the CMS.gov Opt-out sites. The OIG's Exclusion Database findings are included in the Provider file and data stamped by the review, to ensure the findings were reviewed one hundred-eighty (180) calendar-days of the AHP Provider Network Credentialing Committee decision.

4.2.9.18

4.2.9.19 The Credentialing Specialist will include these findings in the Provider's file and prepare these documents for AHP Provider Network Credentialing Committee review and discussion

4.2.9.20

4.2.9.21 Certain healthcare Providers categories cannot opt-out of Medicare. These include Chiropractors, Physical Therapist and Occupational Therapists in independent practice.[6]

4.2.10 AHP must ensure all Practitioners hold and maintain a valid and active National Provider Identifier (NPI) Practitioners individual NPI number, and the information provided must be:

4.2.9.1 Verified through the NPPES website

4.2.9.2 Active while in the AHP network

4.2.9.3 Current at all times (i.e. Primary Practice Address must be registered to an address within California)

4.2.9.4 Practitioners that have a group NPI numbers may submit that information to AHP, in addition to the mandatory individual NPI number

4.2.11 AHP must obtain Social Security Numbers (SSN) for all new and existing participating Providers.

4.2.10.1 All Provider Applications for participation in the AHP network, must include the Provider's full Social Security Number (SSN).

4.2.10.2 Applications without a SSN will be ceased and not processed by AHP.

4.2.10.3 Existing Providers without a SSN will be notified. Providers are required to provide all missing SSNs to AHP.

4.2.10.4 Providers who do not provide the requested information will be placed on a Corrective Action Plan (CAP), until all missing SSNs are submitted.

4.2.10.5 If a Practitioner's SSN is correctly stated but the name and Date of Birth (DOB do not match, AHP will request:

4.2.10.5.1 A copy of the Social Security Card

4.2.10.5.2 A photo ID

4.2.10.5.3 A signed attestation from the Practitioner confirming they are who they say they are

4.3 AHP uses OIG's Exclusion Database website, https://exclusions.oig.hhs.gov/, a sanction screening service via MDStaff to monitor its Provider network. AHP also monitors the CMS Prelusion List to ensure Providers are not included on that list.

4.3.1 The Credentialing Specialist or designee will submit the Provider to OIG's Exclusion Database for screening. The results are date stamped and included in the Provider file and are reviewed by the Credentialing Specialist.

4.3.2 The Credentialing Specialist reviews the CMS Preclusion List provided by AHP's Compliance Department. The CMS Preclusion List findings are included in the Providers file and date stamped by the reviewer.

4.3.3 If the Practitioner is a new applicant to the network and is found to be on either the OIG Exclusion and/or the CMS Preclusion List, the Credentialing Specialist will notify the Practitioner that their credentialing is closed due to AHP not allowing Practitioners identified to participate in the network.

4.3.4 If the Practitioner is an existing network provider and is found to be on either the OIG Exclusion and/or the CMS Preclusion List, the Credentialing Specialist will send the Practitioner a notification to terminate due to AHP not allowing Practitioners identified on the CMS Preclusion List to participate in the network.

4.3.5 The Credentialing Specialist will include these findings in the Provider's file and

will prepare these documents for the AHP Credentialing Committee's review and discussion.

4.3.6 If a Practitioner is identified on the screening list with a sanction or action, the Credentialing Specialist uses the monthly sanction tracking log as a reference to track the following information:

4.3.6.1 Report Month & Year

4.3.6.2 Publication Date

4.3.6.3 Review Date

4.3.6.4 Reviewer

4.3.6.5 Name of Identified Provider

4.3.6.6 Type of Sanction or action identified

4.3.7 If there are no new Practitioners identified, the Credentialing Specialist includes "none reported" in the Credentialing Committee meeting minutes for the month.

4.4 AHP must ensure all Practitioners practice within the scope of the appropriate age range practice parameter guidelines.

4.4.1 Specialists member age ranges are specific to the specialty involved, training, and education of the physician.

4.4.2 Non-Physician Practitioners which include NPs, PAs, CNMs, Physical Therapists (PT), Occupational Therapists (OT), Speech/Language Therapists (S/LT) Opticians, Optometrists (OD), Chiropractors (DC), Dieticians and Nutritionists are as applicable to the training and certification of the non-physician Practitioner.

4.5 AHP must obtain appropriate documentation to expand or limit their practice parameters for review and approval.

4.5.1 Primary Care Providers age range expansions

4.5.1.1 PCPs authorized to expand their assigned practice parameters age range from the Pediatric age range of 0-20 years old to include *all ages*, will be processed with a secondary General Practice assignment. The PCP must provide the following information for review and consideration by the AHP Credentialing Committee to support their practice parameters age range expansion request:

4.5.1.1.1 Provide documentation of primary care practice in the United States for the past five (5) years which includes a mix of pediatric and adult patients.

4.5.1.1.2 Provide evidence of twenty-five (25) CME units in Adult Primary Care

completed within the last three (3) years.

4.5.1.1.3 Applicants must provide two (2) letters of recommendations from a physician coworker (i.e., Primary Care Providers with work experience associated with the applicant in the preceding twenty-four (24) months). They Physician coworkers must hold an active board certification in Internal Medicine or Family Practice.

4.5.1.1.4 Malpractice coverage for the age range Provider is requesting for all locations the Provider will be treating AHP Members.

4.5.2 Provider Privilege Adjustment

4.5.2.1 Practitioners who request a change in practice parameters (i.e., reduction of Member age range, additional specialty) must submit a detailed explanation that includes the following for review and consideration:

4.5.2.1.1 Practice site demographics;

4.5.2.1.2 Practical experience relating to the request (e.g., Continuing Medical Education (CME), Post-graduate training, etc…).

5 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 REVIEW PERIOD

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 REGULATORY REQUIREMENTS AND REFERENCES

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

8 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.