


Provider Network Credentialing	 ASPIRE HEALTH PLAN		<u>Effective Date</u>	
			01/03/2022	
			<u>Policy #</u>	
			AHP-PS004	
Provider Network Recredentialing Cycle Length – CR 4		<u>Review Date</u>	<u>Applicable to:</u>	
		6/16/2022	<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, Chief Medical Officer		

1.0 PURPOSE

- 1.1 AHP conducts timely recredentialing.

2.0 POLICY

- 2.1 This policy applies to all AHP contracted Providers, regardless of network affiliation.¹
- 2.2 AHP is responsible for formally recredentialing its contracted Practitioners (i.e. Primary Care Physicians (PCPs), Non-Physician Practitioners, Specialists, and Admitting Physicians) at least every thirty-six (36) months from their last credentialing decision date.

3.0 PROCEDURE

- 3.1 The length of the recredentialing cycle is within the required thirty-six (36) month time frame. The thirty-six (36) month recredentialing cycle begins on the date of the previous credentialing decision. The thirty-six (36) month cycle is counted to the month, not to the day.
 - 3.1.1.1 All written and verbal communications regarding recredentialing applications are documented within the Credentialing database, by the person who made the attempt, to ensure all attempts are documented and readily available for those providers terminated due to non-compliance with recredentialing.
 - 3.1.1.2 Three (3) months prior to the recredentialing due date, the Credentialing Department generates and sends out the recredentialing applications to the respective providers.
 - 3.1.1.3 The practitioner is provided a due date within sixty (60) calendar days from the initial notification to return the completed recredentialing application to the Credentialing Department.
 - 3.1.1.3.1 If the practitioner does not submit the application within thirty (30) days of the initial notification, the Credentialing Specialist (or designee) will send a second notification via phone, email, and/or office visit to the practitioner's office.
 - 3.1.1.3.1.1 The Chief Medical Officer and the Vice-President of Operations will be copied on the second notification.

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

- 3.1.1.3.1.2 The Credentialing Specialist will include the following information in the second notification:
 - 3.1.1.3.1.2.1 Confirm the best contact email address for the re-credentialing application;
 - 3.1.1.3.1.2.2 Remind the provider of the application due date;
 - 3.1.1.3.1.2.3 Describe the implication of failure to timely submit the application
- 3.1.1.4 If the practitioner does not submit the application within fourteen (14) days of the second notification, the CMO will send a third and final notification via phone, email, and/or office visit to the practitioner's office.
- 3.1.1.5 If the practitioner fails to submit the application by the deadline, the Credentialing Specialist will notify the practitioner in writing that:
 - 3.1.1.5.1 Their recredentialing application is past due;
 - 3.1.1.5.2 The file will be recommended for termination due to non-compliance with the recredentialing timeline; and
 - 3.1.1.5.3 If the practitioner wants to continue participation in the ASPIRE HEALTH PLAN network, the practitioner may be required to undergo the initial credentialing process.
- 3.1.1.6 If the practitioner submits the application after the deadline, but before the end of the 36-month recredentialing cycle time frame, the Plan may, on a case-by-case basis, process the application.
- 3.1.1.7 If the practitioner fails to submit the application by his/her thirty-six (36) month recredentialing cycle time frame, the Credentialing Specialist will send the practitioner a termination letter stating:
 - 3.1.1.7.1 The practitioner has been terminated due to non-compliance with recredentialing standards.
 - 3.1.1.7.2 If the practitioner would like to continue his/her participation with the AHP network, the provider must undergo the initial credentialing process and submit a new letter of interest to network_support@aspirehealthplan.org to initiate the process.²
- 3.1.1.8 AHP may extend a practitioner's recredentialing cycle time frame (beyond the thirty-six (36) months) if the Practitioner is:
 - 3.1.1.8.1 On active military assignment
 - 3.1.1.8.2 On medical leave (e.g. maternity leave)
 - 3.1.1.8.3 On Sabbatical

² NCQA, 2022 HP Standards and Guidelines, CR 4, Element A

3.1.1.8.4 If the Credentialing Department is made aware of any of the reasons above, Credentialing must obtain written documentation from the Practitioner's office that includes an anticipated date of return. The Credentialing Department must recredential the practitioner within sixty (60) calendar-days of the Practitioners return to practice.

3.1.1.8.5 AHP must perform initial credentialing if reinstatement is more than thirty (30) days after termination. However, if the provider is termed due to non-compliance to recredentialing, Provider must undergo the initial credentialing process.

4.0 TRAINING

4.1 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.

5.0 REVIEW PERIOD

5.1 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).

6.0 REGULATORY REQUIREMENTS AND REFERENCES

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

7.0 POLICY VIOLATION

7.1 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.