

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 Organizational providers.
 - 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 Non-Facility-Based Nurse Practitioners (N.P.) (with Behavioral Health Designations)
- 4.2.5.10 Non-Facility-Based Physician Assistants (P.A.) or Non-Facility-Based 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.)

¹ National Committee for Quality Assurance (NCQA), 2024 HP Standards and Guidelines, CR 1, Element A, Factor1.

- 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)
- 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 BreZE Online services website or directly with the licensing board via phone

or mail.

4.2.5.22.7 Below is the acceptable source for Non-Facility-Based 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 BreZE Online services website or directly with the licensing board via phone or mail.

4.2.5.22.8 Below is the acceptable source for Non-Facility-Based 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 Non-Facility-Based 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 Non-Facility-Based 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)

² National Committee for Quality Assurance (NCQA), 2024 HP Standards and Guidelines, CR 3, Element B, Factor2

³ DHCS APL 19-004 Supersedes APL 17-019, "Provider Credentialing / Recredentialing and Screening /Enrollment"

- 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.
- 4.2.5.22.12.6 List of Excluded Individuals and Entities (maintained by OIG).
- 4.2.5.22.12.7 Medicare Exclusions Database.
 - 4.2.5.22.12.7.1 State Medicaid Agency or intermediary and Medicare intermediary.
- 4.2.5.22.12.8 For practitioners screened using Continuous Query (formerly Proactive Disclosure Service (PDS))

4.2.5.22.13 **National Provider Identifier (NPI) Number:** 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.

4.3 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)
 - 4.3.1.2.1.3.1 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 Association (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. Residency 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 states Member transfers will take place within

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>.

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 Officer. 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 will not be credentialed and contracted 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 Network Only: 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.

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

4.3.3.1 Attestation To:

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

4.3.3.1.2 Lack of present illegal drug use.

4.3.3.1.3 History of loss of license and felony convictions.

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

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

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

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

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

4.3.3.2 Release of Information, used for primary source verification

4.3.3.3 Addendum A

4.3.3.4 Practice Location Information

4.3.3.4.1 Practitioner Type

4.3.3.4.2 Practice Type

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

4.3.3.4.4 Age Limitations

4.3.3.4.5 Practitioner Office Hours

4.3.3.4.6 Practitioner's written plan for continuity of care if they do not have hospital privileges

4.3.3.4.7 Languages spoken by Physician

4.3.3.4.8 Languages spoken by staff

4.3.3.5 Addendum B, used for Professional Liability Action explanation(s).

4.3.3.6 Addendum C, used to confirm Practitioner's status as a:

4.3.3.6.1 Certified Workers Compensation Provider

4.3.3.6.2 Reservist

4.3.3.7 Addendum D, Notice to Practitioners of Credentialing Rights/Responsibilities

4.3.3.8 Addendum E, applicable to General Practice and Obstetrics/Gynecology providers who are PCP's.

4.3.3.9 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.

4.3.3.10 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:

4.3.3.10.1 Psychiatrists

4.3.3.10.2 Psychologists

4.3.3.10.3 Addiction Medicine Specialists

4.3.3.10.4 Master Level Clinical Nurses

4.3.3.10.5 Licensed Clinical Social Workers

4.3.3.10.6 Licensed Marriage Family Therapists

4.3.3.10.7 License Professional Clinical Counselors who have met
"Couples and Families" requirement, only

4.3.3.10.8 Physician Assistants who completed a Primary Care
Psychiatry Fellowship

4.3.4 **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:

4.3.5 **Provider Network**

4.3.5.1 Practice within AHP's service area.

4.4 Nondiscriminatory Credentialing and Recredentialing

- 4.4.1 AHP's credentialing and re-credentialing decisions are not based on the applicant's race, ethnic/national identity, gender, age, or sexual orientation.
- 4.4.2 AHP prohibits any termination or non-renewal of a provider's agreement, or discrimination, based or otherwise penalize the provider, based solely on a civil judgement issued in another state, a criminal conviction in another state, or another disciplinary action in another state if the judgement, conviction or disciplinary action in another state, is based solely on the application of another state's law that interferes with a person's right to receive care that would be lawful if provided in this state.
- 4.4.3 AHP's procedure for monitoring and preventing discriminatory credentialing decisions may include, but are not limited to:
 - 4.4.3.1 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).
 - 4.4.3.2 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.⁷
- 4.5 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:
 - 4.5.1 Actions on license.
 - 4.5.2 Malpractice history.
 - 4.5.3 Board certification, education and training.
 - 4.5.4 Any incomplete or blank sections on the application
- 4.6 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:
 - 4.6.1 Identification of the discrepancy.
 - 4.6.2 Identification of the source of the discrepancy.
 - 4.6.3 Informs the Practitioner that the Practitioner has ten (10) business days to submit missing and/or corrected information.
 - 4.6.4 The format for submitting correction.

⁷ NCQA, 2024 HP Standards and Guidelines, CR 1, Element A, Factor 6.

- 4.6.5 The person to whom the corrections must be submitted; and
- 4.6.6 Where to submit the information.
- 4.7 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.
 - 4.7.1 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 is correct, the document is included in the Practitioner's credentialing file for review and approval by the Credentialing Committee.
 - 4.7.2 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.
 - 4.7.3 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.⁸
 - 4.7.4 Practitioners are notified of their credentialing and re-credentialing decisions within sixty (60) calendar days of the Committee's decision or Medical Director or Chief Medical Officer sign off.⁹
 - 4.7.5 AHP's Medical Director or Chief Medical Officer's overall responsibility and participation in the credentialing program includes, but is not limited to:
 - 4.7.5.1 Possession of a current license to practice in the State of California.
 - 4.7.5.2 His/her role in implementation, development and coordination in the functions of the Credentialing Program.
 - 4.7.5.3 Oversight of the Credentialing Program, policies and procedures.
 - 4.7.5.4 Membership, attendance and/or chairmanship at all Credentialing Committee meetings; and
 - 4.7.5.5 Description of the reporting structure and responsibilities for Medical Director/Chief Medical Officer, Committee and Board of Directors for final recommendation for participation, as

⁸ NCQA, 2024 HP Standards and Guidelines, CR 1, Element A, Factor 7.

⁹ NCQA, 2024 HP Standards and Guidelines, CR 1, Element A, Factor 8

applicable.¹⁰

4.7.6 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:

4.7.6.1 Confidentiality statements are signed by the Committee and Credentialing staff.

4.7.6.2 Practitioner files (hard copies) are maintained in locked file cabinets and are only accessible by authorized personnel; and

4.7.6.3 Security for database systems is maintained through passwords or other means to limit access to Practitioner information to authorized personnel staff only.¹¹

4.7.7 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.¹²

4.8 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.

4.8.1 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.¹³

4.8.1.1 AHP is not required to make available:

4.8.1.1.1 References.

4.8.1.1.2 Recommendations.

4.8.1.1.3 Peer-Review protected information.

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

4.8.1.2.1 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

¹⁰ NCQA, 20242 HP Standards and Guidelines, CR 1, Element A, Factor 8

¹¹ NCQA, 2024 HP Standards and Guidelines, CR 1, Element A, Factor 10.

¹² NCQA, 2024 HP Standards and Guidelines, CR 1, Element A, Factor 11.

¹³ NCQA, 2024 HP Standards and Guidelines, CR 1, Element B, Factor 1

information on:¹⁴

4.8.1.2.1.1 Action on a license.

4.8.1.2.1.2 Adverse history.

4.8.1.2.1.2.1 Malpractice Claim History

4.8.1.2.1.2.2 Criminal History

4.8.1.2.1.2.3 Sanction History

4.8.1.2.1.2.4 Clinical Privileges History

4.8.1.2.1.3 Board Certification

4.8.1.2.1.4 Education and Training

4.8.1.2.1.4.1 Insufficient years of training in desired specialty

4.8.1.2.1.5 Practitioners must submit their corrections in writing.

4.8.1.2.1.6 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) 574-4939

E-mail: network_support@aspirehealthplan.org

4.8.1.2.1.7 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.

4.8.1.2.1.8 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.¹⁵

4.9 AHP only processes electronic applications through its MD Staff and CAQH systems.

4.9.1 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

¹⁴ NCQA, 2024 HP Standards and Guidelines, CR 1, Element B, Factor 2

¹⁵ NCQA, 2024 HP Standards and Guidelines, CR 1, Element B, Factor 3

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).

4.9.1.1 Upon receipt, the Credentialing Team Member will:

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

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

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

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

4.9.2.1 Ensuring each PSV must include the following:

4.9.2.1.1 The source used.

4.9.2.1.2 The Date of verification.

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

4.9.2.1.4 The report date, if applicable.

4.9.2.2 Populating the following information on the Credentialing Checklist:

4.9.2.2.1 The date of verification.

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

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

4.9.3 The Credentialing Team Member is responsible for ensuring the accuracy and completeness of the credentialing file prior to review by the Medical Director or Chief Medical Officer or Credentialing Committee.

4.9.4 All Practitioners who do not meet the criterion set forth above or in the Clean File process, must be reviewed by the AHP Provider Network Credentialing Committee in accordance with [AHP-PS003 Provider Network Credentialing - CR3](#).¹⁶

4.9.4.1 Credentialing files may be reviewed through MD Staff's Virtual Committee tool and access to the tool must be in accordance with [AHP-PS012 Provider Services Credentialing System Controls](#).

¹⁶ NCQA, 2024 HP Standards and Guidelines, CR 1, Element A, Factors 3-4.

- 4.9.5 The Medical Director or Chief Medical Officer is responsible for signing all credentialing files reviewed during AHP Provider Network Credentialing Committee meetings or in accordance with [AHP-PS013 Clean Credentialing and Recredentialing Files](#).
- 4.10 Credentialing Team Members may only modify PSVs from its initial verification in accordance with [AHP-PS012 Provider Services Credentialing System Controls](#).¹⁷
- 4.11 AHP audits credentialing files to identify and assess risk and to ensure that specified policies and procedures are followed in accordance with [AHP-PS012 Provider Services Credentialing System Controls](#).¹⁸
- 4.12 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.¹⁹
- 4.13 Medicare Network Only: 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.²⁰
- 4.14 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.²¹
- 4.15 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

- 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), 2023 HP Standards and Guidelines

¹⁷ NCQA, 2024 HP Standards and Guidelines, CR 1, Element C, Factors 1-4.

¹⁸ NCQA, 2024 HP Standards and Guidelines, CR 1, Element C, Factor 5.

¹⁹ 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".

²⁰ Medicare Managed Care Manual, Chapter 6 "Relationships with Providers", Chapter 6 § 60.2.

²¹ Department of Health Care Services (DHCS) All Plan Letter (APL) 19-004 Supersedes APL 17-019, "Provider Credentialing / Recredentialing and Screening / Enrollment".

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.