


PROVIDER SERVICES			<u>Effective Date</u> January 1, 2014	
	PROVIDER NETWORK CREDENTIALING COMMITTEE – CR 2		<u>Policy #</u> AHP-PS002	
			<u>Review Date</u> 03/29/2024	<u>Applicable to:</u> <input checked="" type="checkbox"/> Medicare Advantage <input checked="" type="checkbox"/> Commercial ASO <input checked="" type="checkbox"/> Elevance Health HMO <input checked="" type="checkbox"/> Blue Shield Trio
	<u>Approver's Name & Title</u>		Gilly Guez, MD – Chief Medical Officer	

1.0 PURPOSE

- 1.0 AHP designates the Credentialing Committee who uses a peer-review process to make recommendations regarding credentialing decisions.
- 1.1 AHP obtains meaningful advice and expertise from participating Practitioners when it makes credentialing decisions.
- 1.2 Assessment of Timeliness. In accordance with National Committee for Quality Assurance (NCQA) guidelines, AHP uses the Credentialing Committee or Medical Director or Chief Medical Officer decision date to assess timeliness in the file review elements if a review board or governing body reviews decisions made by the Credentialing Committee or Medical Director or Chief Medical Officer.
- 1.3 Providing care to Members. AHP does not permit Practitioners to provide care to its Members before they are credentialed.

2.0 POLICY

- 2.0 This policy applies to all Aspire Health Plan (AHP) contracted Providers, regardless of network affiliation.
- 2.1 AHP designates the Credentialing Subcommittee who uses a peer-review process to make recommendations regarding credentialing decisions. Activities of the Subcommittee are reported to Quality Management (QM) Committee on a quarterly basis or more frequently for issues of a more serious nature.
- 2.2 AHP's Credentialing Committee reviews the credentialing for Provider(s) who do not meet established thresholds and gives thoughtful consideration of the credentialing information. AHP's Credentialing Committee obtains meaningful advice and expertise from participating Practitioners when it makes credentialing decisions.
- 2.3 AHP's Credentialing Committee ensures that files that meet established criteria are reviewed and approved by a medical director or designated Physician.

3.0 DEFINITIONS

- 3.0 Refer to AHP Definitions Manual

4.0 PROCEDURE

- 4.0 The Credentialing Committee is structured to provide review of Practitioners applying for

participation with AHP and to ensure compliance with AHP requirements.

4.0.1 AHP uses participating Practitioners to provide advice and expertise for credentialing decisions. AHPs voting rights are restricted to the appointed Committee Members.

4.0.1.1 AHP Chief Medical Officer or designee as Chairperson;

4.0.1.1.1 AHP's Chief Medical Officer is directly responsible for the credentialing process, policies and procedures, and has overall responsibility and participation in the credentialing process.

4.0.2 At least four (4) multidisciplinary participating Primary Care Providers (PCPs) or specialty Physician representative of network Practitioners;

4.0.2.1 Any other specialty not represented by Committee membership including vision and behavioral health serves on an ad hoc basis for related issues.

4.0.2.1.1 Prospective appointed Physician Members of the Credentialing Committee are subject to verification of licensure, Drug Enforcement Agency (DEA) and malpractice history prior to participating on the Credentialing Committee.

4.0.2.1.2 Prospective Physician Members not providing requested information to perform verification in a timely manner, or who do not meet AHP's requirements upon verification may not participate on the Credentialing Committee.

4.0.2.1.3 The full term for practicing primary care and specialists Committee voting Members is three (3) years, with replacements selected from network Practitioners.

4.0.2.1.3.1 The determination of whether a Practitioner Member may serve additional terms is at the sole discretion of the Chief Medical Officer or Medical Director, with approval of the Credentialing Committee.

4.0.3 AHPs non-physician staff invited to the Credentialing Committee do not have voting rights and may consist of the following:

4.0.3.1 Director Health Plan Operations;

4.0.3.2 Director of Compliance;

4.0.3.3 Provider Networks Credentialing Manager

4.0.3.3.1 Credentialing ensures the timeframe for notifying applicants of their credentialing decisions for both credentialing and recredentialing, does not exceed sixty (60) calendar days from the committee's decision.

4.0.3.4 Director of Utilization Management;

4.0.3.5 Other AHP staff, as necessary.

4.0.4 The following AHP staff may attend as permanent members of the Credentialing Committee.

4.0.4.1 Provider Services Specialist.

4.0.4.1.1 Act as secretary to the Credentialing Committee.

4.0.4.1.2 AHP's Credentialing Committee reviews the credentials for Providers who do not meet established thresholds and give thoughtful consideration of the credentialing information. AHP's Credentialing Committee obtains meaningful advice and expertise from participating Practitioners when it makes credentialing decision.¹

4.0.5 The committee's discussion must be documented within its meeting minutes. The Credentialing decision date is used to determine the timeliness requirements for credentialing.

4.0.5.1 Credentialing Committee meetings and decision making may take place in the form of real-time virtual meetings (e.g., through video conferencing or web conferencing with audio). Meetings may not be conducted through email.

4.0.5.2 Voting cannot occur unless there is a quorum of voting Members present. For decision purposes a quorum is composed of the following:

4.0.5.2.1 The Chairperson, (who is the AHP Chief Medical Officer or designee) and three (3) appointed Committee Members.

4.0.5.3 Credentialing Committee decisions cannot be based on applicant's race, ethnic/national identity, gender, age, or sexual orientation, or on type of procedure or patient (i.e., Medi-Cal) in which the Practitioner specializes. Policies and procedures must describe specific steps that the organization prevent and monitor discriminatory practices. This does not preclude the organization from including in its network Practitioners who meet certain demographic or specialty needs (i.e., meeting cultural needs of the Members).

4.0.5.4 In-depth minutes are recorded at each meeting by the Provider Services Specialist, with review by the Credentialing Manager and AHP Medical Director or Chief Medical Officer.

4.0.5.4.1 Minutes include all activities addressed in the Credentialing meetings, including credentialing and recredentialing decisions, and other business related to credentialing and recredentialing of Practitioners including thoughtful discussion and consideration of all Practitioners being credentialed and recredentialed before a credentialing decision is determined.

4.0.5.4.2 Minutes are dated, signed and reflect the responsible person for follow-up actions.

4.0.5.4.3 Credentialing minutes are stored in a confidential and secure location with access only to authorized staff.

4.0.5.5 Updates of activities including minutes and appropriate reports are submitted to Quality Management (QM) Committee on a quarterly basis, or more frequently as needed.

¹ Coordinated Care Initiative (CCI) Three-Way Contract, January 2018, Section 2.10

- 4.0.5.6 The Credentialing Committee meets monthly with additional meetings as needed.
- 4.0.5.7 Ensures that files that meet established criteria are reviewed and approved by a medical director or designated Physician. The AHP “Clean File” process is designated to the Medical Director or Chief Medical Officer other designated Physician for review and approval of clean files, all practitioners determined to be “clean” may be submitted to the Medical Director or Chief Medical Officer for sign-off and do not require approval by the Credentials Committee.
- 4.0.6 AHP’s Medical Director or Chief Medical Officer is directly responsible for the credentialing process. Credentialing policies and procedures and has overall responsibility and participation in the credentialing process.
- 4.0.7 Evidence of the Medical Director or equally qualified Physician’s review will be present on a list or file of the Practitioners who meet the established criteria.

AHP’s Medical Director or Chief Medical Officer reviews, analyzes, and recommends any changes to the AHP Credentialing and Recredentialing Program policies and procedures on an annual basis or as deemed necessary.

5.0 TRAINING

- 5.0 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

- 6.0 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

- 7.0 National Committee for Quality Assurance (NCQA), 2024 HP Standards and Guidelines

8.0 POLICY VIOLATION

- 8.0 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.