Policy: **Credentialing Program**

Date of Implementation: **February 18, 2003**

Product: **Specialty**

SCOPE

American Specialty Health – Specialty (ASH) maintains credentialed practitioners providing acupuncture, athletic trainer, chiropractic, massage therapy, naturopathic services, nutrition services, occupational therapy, physical therapy, virtual physical therapy, podiatry and speech therapy. All practitioners wishing to provide these services must successfully meet the credentialing requirements prior to participation with ASH. All practitioners must meet applicable educational requirements, having graduated from approved professional institutions or demonstrated appropriate training in the specified disciplines listed above.

Credentialed practitioners and ASH clinical staff whose job description requires licensure or certification must demonstrate an on-going ability to meet credentialing standards, including the recredentialing process. Recredentialing is performed every 36 months, or more frequently as mandated by state regulations or delegation agreements.

All ASH clinical staff, including those who perform medical necessity verification determinations, must meet all ASH credentialing and recredentialing criteria.

Each applicant and credentialed practitioner has a confidential credentialing file that contains credentialing information. ASH maintains separate confidential files for quality assurance information. Documents within these files are current at all times. Each credentialed practitioner is required to report to ASH immediately any change in status of the information maintained in the credentialing file.

Each applicant and credentialed practitioner's credentialing file must be presented and reviewed by the Practice Review Committee (PRC) within 90 calendar days of receipt of a complete credentialing application. Each applicant and credentialed practitioner is notified of the outcome of the decision by PRC within 10 business days of the date of the decision.

A complete application includes the following:

CR 1 Revision 34 – S
Credentialing Program
Revised – November 6, 2024
To SPW for review 11/04/2024
SPW reviewed 11/04/2024
To CHSO for review 11/06/2024
CHSO reviewed and approved 11/06/2024
To PCC KPT for informational review 01/08/2025
PCC KPT reviewed as informational 01/08/2025
To PRC for informational review 01/16/2025
PRC reviewed as informational 01/16/2025
To QIC for informational review 02/04/2025
QIC reviewed as informational 02/04/2025
To QOC for review and adoption 02/20/2025
QOC reviewed and adopted 02/2025

- An accurate, fully completed and signed application, that includes an attestation and disclosure statement;
- Completed and signed services agreement including a completed W-9 form, as applicable (initial credentialing);
- Evidence of current professional liability insurance.

State and federal regulations, including Department of Labor (DOL) standards, as well as national industry standards established by the National Committee for Quality Assurance (NCQA) and URAC, are monitored continually to evaluate ASH's compliance with applicable standards. Health plan clients are notified and regulatory filings are updated when policies are revised, as applicable.

To support accreditation standards, signature dates on practitioner applications must not be older than 180 calendar days at the time of the PRC presentation and determination. Documents for any applicant or credentialed practitioner must be no more than 180 calendar days old at the time of the PRC presentation and determination. If the signature date on an application exceeds 180 calendar days, the practitioner is required to review, re-sign, and date the application. If any documents are over 180 calendar days old, they must be updated. Additionally, primary source verification activities greater than 180 calendar days are re-verified. In no event shall the timeframe for completion of all credentialing and recredentialing activities exceed 180 days from the date of signature on the application.

Policies are maintained that define the credentialing and recredentialing criteria and process. The PRC provides input into the development of new credentialing policies and reviews current credentialing policies and program. The credentialing program is annually reviewed, revised as needed and approved by the appropriate quality committee and the Quality Oversight Committee (QOC). A designated clinical manager has direct responsibility for, and participation in, the credentialing program.

DESIGNATED STAFF RESPONSIBILITIES

ASH's organizational chart reflects the staff and reporting structures. Staff position descriptions and committee charters explain associated responsibilities and duties. Reporting relationships are clearly defined in the charters.

Clinical Staff Responsibilities

Chief Health Services Officer

The Chief Health Services Officer/Executive Vice President (CHSO) serves on the Quality Oversight Committee (QOC) as executive sponsor and oversees the Clinical Services

departments, which includes Clinical Quality Administration, Clinical Quality Evaluation, and Health Services, which includes Health Services Research. The CHSO reports to the Board of Directors (BOD). The CHSO holds a current, active, unrestricted license to practice in his/her respective healthcare discipline, meets ASH credentialing criteria. The CHSO is responsible for overseeing the Credentialing Program including the development of key goals and quality improvement strategies in conjunction with senior management and ASH's clinical committees. This integral role includes overseeing, directing, and ensuring effective and timely completion of quality improvement activities. The CHSO, with support from officers and management, is responsible for the implementation and support of programs approved by the appropriate quality committees and QOC.

The CHSO has the authority to approve policies when regulatory, accreditation or delegation requirements require urgent review and approval prior to QOC adoption.

Senior Vice President, Clinical Services

The Senior Vice President, Clinical Services reports to the BOD by means of the CHSO and is responsible for oversight of all clinical operations and services. The Senior Vice President, Clinical Services holds a current and unrestricted license to practice chiropractic and meets ASH credentialing criteria.

Additional responsibilities include:

- Development and implementation of the Credentialing Program;
- Co-Chairing the ASH Quality Improvement Committee (QIC);
- Oversight of the activities of the clinical staff and peer-review committees;
- Management of the clinical operational linkage between the corporate strategy and the implementation of the Credentialing Program;
- Development and implementation of clinical policy and guidelines, in conjunction with the clinical policy work groups and the Clinical Quality Team (CQT);
- Supervision of all credentialing decisions and the decision-making quality processes and outcomes;
- Provision of adequate resources to support and provide oversight of the development of quality improvement activities related to the credentialing process; and
- Analysis of the effectiveness of the Credentialing Program.

Vice President, Virtual Physical Therapy

The Vice President, Virtual Physical Therapy reports to the CHSO and supports the Vice President, Clinical Services to assure the appropriate credentialing oversight, quality of

care, and monitoring of virtual physical therapy (telehealth services) practitioners. As applicable, the Vice President, Virtual Physical Therapy holds a current, active, unrestricted license to practice in his/her respective healthcare discipline and meets ASH credentialing criteria.

Senior Medical Directors

The Senior Medical Director, Health Services and the Senior Medical Director, Clinical Services, report to the Chief Health Services Officer and hold current and unrestricted licenses to practice medicine (MD/DO) in a state, territory or commonwealth of the United States, requisite certifications as required by state regulation(s) and meet ASH credentialing criteria.

Responsibilities include, as defined in applicable job descriptions:

- Participation in the Practice Review Committee (PRC), which is responsible for evaluating medical necessity review and quality issues and trends on both the practitioner and network levels;
- Supports the research and development of clinical content, guidelines, policies, and protocols as necessary;
- Supports CQA regarding clinical investigation of credentialing, verification of medical necessity, and quality of care issues for presentation to committees as requested;
- Supports clinical credentialing and medical record review as identified to meet ASH deliverables and client expectations;
- Supports clinical program, policy, guideline, and protocol development and implementation;
- Performance of medical necessity review and quality assurance activities in accordance with accreditation and regulatory requirements;
- Examination and provision of direction regarding the identification and management of clinical matters that require allopathic-specialty practitioner co-management;
- Voting member of the QIC (the Senior Medical Director, Clinical Services also serves as the Co-Chairperson of QIC); and
- Voting member of the QOC.

Administrative Staff Responsibilities

Senior Vice President, Operations

The Senior Vice President, Operations reports to the Chief Operations Officer, Clinical Network Programs and oversees the operational area of Practitioner Contract

Administration, and as such, is responsible for overseeing implementation of the operational components of the Credentialing Program and policies.

Vice President, Operations

The Vice President, Operations reports to the Senior Vice President, Operations and oversees the Practitioner Contracting Administration (PCA) and Provider Contracting Support (PCS) teams.

Senior Vice President, Health Services Administration

The Senior Vice President, Health Services Administration, who is the chairperson of the QOC, is responsible for the development, implementation, and oversight of the Quality Improvement (QI) Program (QI Program) including development of key goals and quality strategies in conjunction with senior management and ASH's clinical committees. The QOC oversees approval and adoption of the QI Program and supporting policies regarding the operations, outcomes, and quality improvement initiatives.

The Senior Vice President, Health Services Administration provides policy development, document control and content review oversight.

Practitioner Contract Administration Department

The Practitioner Contract Administration department provides the administrative functions associated with the credentialing process, including provider and practitioner interface. Representatives of the Practitioner Contract Administration department are responsible for collecting the core credentialing criteria and contractual requirements, as applicable of the credentialing process.

Staff Orientation

The importance of staff orientation and ongoing training in job responsibilities is understood and supported by ASH management. To achieve these ends, departments involved in the credentialing process develop ongoing training methods to educate staff regarding credentialing processes, accreditation and regulatory credentialing standards, and their role in supporting daily operations of the Credentialing Program. Completion of training and ongoing educational activities is documented and maintained by department managers.

Provisional Credentialing

ASH uses a Memorandum of Understanding (MOU) process to trigger provisional credentialing to ensure continuity of care and to limit member disruption. The Vice

President, Clinical Services or clinical designee will sign off on provisionally credentialed files on behalf of the PRC.

INITIAL CREDENTIALING

Prior to participating, all credentialing files are reviewed by Practice Review Committee (PRC), which includes credentialed, peer practitioner representation and internal clinical managers. Appropriately licensed, peer specialty clinical staff review the files for areas of clinical concern or inadequate information.

Credentialing Application: Attestation and Disclosure Statement Sections

All practitioners are required to sign and date an industry standard credentialing application. Acceptable signature types include faxed, digital, electronic, scanned or photocopied signatures. Signature stamps are not acceptable. The PRC reviews the application within 180 calendar days of the date of the practitioner's signature on these documents. The attestation contains at a minimum attestation to the completeness and correctness of the application. At a minimum, the disclosure statement includes:

- Reasons for inability to perform essential functions of the position with or without accommodation;
- Any physical or behavioral health conditions that could impede the practitioner's ability to provide care or telehealth services (VPT practitioners);
- Lack of present illegal drug use;
- History of loss of license/certification/registration and/or criminal convictions;
- History of loss or limitation of privileges or disciplinary action;
- Current professional liability (malpractice) insurance coverage; and
- Professional liability (malpractice) claims history.

Practitioners must sign and date a statement in the application authorizing ASH to collect any information necessary to verify the information in the credentialing application.

In addition to the standard credentialing process, ASH may choose to implement targeted recruitment, practice pattern analytics, and supplemental onboard processes for evaluation and identification for specialty products (e.g., physical therapy practitioners for virtual physical therapy [telehealth services]).

CANCELLED APPLICATIONS

A practitioner may withdraw his/her application at any time prior to committee decision. ASH will send a letter to the practitioner confirming the cancellation of the application. The practitioner may reapply at any time.

RECREDENTIALING

Recredentialing is performed no later than every 36 months from the date of either the initial credentialing approval or the last recredentialing approval, or more frequently as mandated by state regulations or delegation agreements. If ASH cannot recredential a practitioner within the 36 month time frame because the practitioner is (a) on active military assignment, (b) on medical leave (e.g., maternity leave) or (c) on sabbatical, ASH will document the reason and will recredential the practitioner within 60 calendar days of being notified by the practitioner that he/she is returning to practice.

The cycle begins with the date of the previous credentialing or recredentialing decision by the Practice Review Committee (PRC). Prior to continued participation, all recredentialing files are required to be reviewed by the PRC, which includes credentialed, peer representation and internal clinical managers. Appropriately licensed, peer specialty clinical staff review the files for areas of clinical concern or inadequate information.

If ASH does not have the necessary information for recredentialing, ASH informs the practitioner that additional information is needed at least 30 calendar days before the recredentialing deadline and that without the necessary information, the practitioner will be administratively terminated. ASH includes this notification in the practitioner's credentialing file. If the practitioner is subsequently terminated for lack of information, the termination notice should be in the practitioner's file.

If ASH fails to recredential a practitioner within the 36-month timeframe and did not terminate the practitioner, ASH may recredential the practitioner within 30 calendar days of missing the original deadline. If ASH is not able to complete the recredentialing within those additional 30 calendar days, ASH must initially credential the practitioner.

Recredentialing Application: Attestation and Disclosure Statement Sections

All credentialed practitioners are required to sign and date an industry standard recredentialing application. Acceptable signature types include faxed, digital, electronic, scanned or photocopied signatures. Signature stamps are not acceptable. The PRC reviews the completed application within 180 calendar days of the date of the practitioner's signature on these documents. The attestation contains at a minimum attestation to the completeness and correctness of the application. At a minimum, the disclosure statement includes:

- Reasons for inability to perform essential functions of the position with or without accommodation;

- Any physical or behavioral health conditions that could impede the practitioner's ability to provide care or telehealth services (VPT practitioners);
- Lack of present illegal drug use;
- History of loss of license/certificate/registration and/or felony convictions;
- History of loss or limitation of privileges or disciplinary action;
- Current professional liability (malpractice) insurance coverage; and
- Professional liability (malpractice) claims history.

The credentialed practitioner's credentials and qualifications are verified using primary source verification as in the initial credentialing process, except for education, training, and work history.

Primary Source Verification Elements

All applicants, credentialed practitioners and ASH clinical staff whose job description requires licensure or certification must meet the primary source verification requirements.

All primary source verification will be conducted no more than 180 calendar days prior to the PRC decision.

In the event that ASH is unable to complete primary verification within 90 days of receipt of the completed application because of delays caused by a third party to provide necessary documentation, the timeframe may be extended, subject to notification to the practitioner of such extension. ASH makes every effort to obtain the information from the third party as soon as possible.

The verification may be electronic, written or verbal. Electronic verification requires the run or processing date of the query and/or report and requires the initials and date of the person running/verifying the report. If verification is from a website, the printed document must include the URL and date. Verbal verification requires a signed and dated document in the credentialing file documenting the agency/source and name of the person who provided the information. In addition, ASH verifies the Medicare number and Medicaid number for applicable states for all practitioners with the Centers for Medicare and Medicaid Services (CMS) website and documents verification on the PV cover sheet.

The table on the following pages outlines the primary source verification elements for each practitioner type credentialed by ASH.

Specialty	Legal Conviction	CMS Sanction	Professional Liability (Malpractice) History	Education	Board Certification	Hospital Privileges	License/ Certification Status	License/ Certification Actions
Acupuncturist	State Board	DHHS	Professional Liability (Malpractice) Carrier	State Board/ Educational Institution	N/A	N/A	State Board	State Board
Athletic Trainer	Choice Point	NPDB or DHHS	Professional Liability (Malpractice Carrier)	State Board	N/A	N/A	State Board	State Board
Chiropractic	State Board	NPDB or DHHS or CIN-BAD	NPDB or Professional Liability (Malpractice) Carrier	State Board/ Educational Institution	N/A	N/A	State Board	State Board
Massage Therapy	Choice Point	DHHS	Professional Liability (Malpractice) Carrier	State Board/ Educational Institution	N/A	N/A	State Board (if applicable)	State Board
Medical	State Board	NPDB or DHHS	NPDB or Professional Liability (Malpractice) Carrier	State Board	ABMS or AOA	Verbal/ Letter of good standing from hospital, if applicable	State Board	State Board

Specialty	Legal Conviction	CMS Sanction	Professional Liability (Malpractice) History	Education	Board Certification	Hospital Privileges	License/ Certification Status	License/ Certification Actions
Naturopathy	State Board	DHHS	Professional Liability (Malpractice) Carrier	Educational Institution	N/A	N/A	State Board	State Board
Nutrition Services	Choice Point	DHHS	Professional Liability (Malpractice) Carrier	CDR/State Board	N/A	N/A	State Board/CDR	State Board
Occupational Therapy	State Board	NPDB or DHHS	NPDB or Professional Liability (Malpractice) Carrier	State Board	N/A	N/A	State Board	State Board
Osteopathy	State Board	NPDB or DHHS	NPDB or Professional Liability (Malpractice) Carrier	State Board	AOA or ABMS	Verbal/ Letter of good standing from hospital, if applicable	State Board	State Board

Specialty	Legal Conviction	CMS Sanction	Professional Liability (Malpractice) History	Education	Board Certification	Hospital Privileges	License/ Certification Status	License/ Certification Actions
Pharmacist	State Board	NPDB or DHHS	NPDB or Professional Liability (Malpractice) Carrier	State Board	PV-VeriPoint	PV-VeriPoint	State Board	State Board
Physical Therapy including Virtual Physical Therapy	State Board	NPDB or DHHS	NPDB or Professional Liability (Malpractice) Carrier	State Board	N/A	N/A	State Board	State Board
Podiatry	State Board	NPDB or DHHS	NPDB or Professional Liability (Malpractice) Carrier	State Board	ABFAS or ABPM	Verbal/ Letter of good standing from hospital, if applicable	State Board	State Board
Speech Therapy	State Board	NPDB or DHHS	NPDB or Professional Liability (Malpractice) Carrier	State Board	N/A	N/A	State Board	State Board

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Definitions:

- CMS: Centers for Medicare & Medicaid Services
- ABFAS: American Board of Foot and Ankle Surgery
- ABMS: American Board of Medical Specialties
- ABPM: American Board of Podiatric Medicine
- CCE Counsel on Chiropractic Education
- CDR: Commission on Dietetic Registration
- AOA: American Osteopathic Association
- BOC: Board of Certification for the Athletic Trainer
- NPDB: National Practitioner Data Bank
- DHHS: Department of Health and Human Services
- CIN-BAD: Chiropractic Information Network-Board Action Databank

Medical Board Certification/Eligibility

In order to participate in ASH, medical physicians must be board certified or board eligible in a direct patient care specialty. Board eligible physicians must complete certification within twelve months of credentialing committee approval of their application. The board certification must be recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA). Applicants and credentialed practitioners with board certification in non-direct patient care specialties will be evaluated on a case by case basis.

License/Certification/Registration

All applicants and credentialed practitioners must meet the applicable state requirements for licensure/certification/registration. All practitioners must hold a current, valid license, certification, or registration. Applicants are asked to provide a list of clinical licenses held or previously held in all states.

Verification of license/certificate/registration (including sanctions and limitations) for a minimum of the most current five (5) years is completed on all professional clinical licenses, certifications, or registrations reported on the application by the practitioner, regardless of the state in which the practitioner is practicing. Verification is performed for current and previous licenses in all states when disclosed on the practitioner application. Licensure/certification/registration status and actions against licensure/certification/registration are verified with the appropriate clinical board(s) (either directly from the state licensing agency or its website) for all clinical licenses/certificates/registrations, as applicable. Reported state board actions are investigated.

Practitioners' license/certificate/registration(s) must be in good standing as determined by the PRC and in effect at the time of the credentialing decision. Practitioners are required to report any adverse change in license/certificate/registration status to ASH in a timely manner. The details of this requirement are stipulated in the applicable services agreement.

License Re-Verification

State licenses are subject to expiration and renewal on a periodic basis that varies from state to state. Practitioner Contract Administration staff will conduct primary source verification of a credentialed practitioner's license from the state-licensing agency in the state(s) in which the credentialed practitioner practices at the time of license renewal, as well as each state in which the credentialed practitioner reports an active license.

Transition of Existing Non-Licensed Practitioners

In situations where a state changes practitioner licensing laws between recredentialing cycles, practitioners will be afforded an 18-month transitional period to obtain the new licensure, unless stipulated by state regulations. If the practitioner's anticipated recredentialing date falls within the 18-month period, the new state licensing requirement will be applicable, and the new license will be primarily verified at the subsequent recredentialing date.

Professional Education and Training

Practitioners must have completed the appropriate education, training, and administrative requirements for licensure/certification/registration. For practitioners governed by a state board or other agency, a letter is obtained annually from the state board or other agency responsible for licensure/certification/registration verifying the primary verification activity of education. This documentation is maintained on file. Where documentation of primary verification by the entity responsible for licensure/certification/registration is not obtained, ASH performs primary verification of education with the educational institution.

Professional Education and Training

Based on the variation of massage therapy education and training and state licensure education requirements, ASH requires that all massage therapists have at least 500 hours of training in order to be contracted and credentialed with ASH.

Professional Education and Training for Non-Physician Acupuncturists Participating in Medicare Part B

To qualify for participation in the Medicare Part B chronic low back pain benefit, ASH will verify that non-physician acupuncture practitioners have the following credentials:

- A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM), and
- A current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e., Puerto Rico) of the United States, including the District of Columbia

Professional Liability (Malpractice) Coverage

A copy of the professional liability (malpractice) certificate is obtained from the practitioner or the insurer and must be in effect at the time of review by PRC. The coverage indicated on the professional liability (malpractice) certificate must meet the insurance limit required by the applicable services agreement or the state in which the practitioner

practices, whichever is greater. Verification of continued coverage is obtained as a component of each recredentialing cycle or more often as needed.

If a practitioner maintains coverage as part of a group policy, the following is required:

- Either: 1) The carrier must supply a list of all practitioners that are covered under the group policy, or 2) Where a list of all practitioners is unavailable, the carrier must supply contractual evidence that all employees of the policyholder are covered; and
- The carrier must verify that individual malpractice claims history is available for each practitioner covered by the group policy;
- The carrier must verify that the applicant (each applicant, if more than one in the group is applying) is covered by at least the minimum coverage required.

If a practitioner is employed by a provider group or entity that is self-insured, evidence of coverage, either through a list provided by the carrier of all practitioners covered under the group policy or, where a list of all practitioners is unavailable, through contractual evidence that all employees of the policyholder are covered, must be supplied to meet the requirements for credentialing.

Professional Liability (Malpractice) History

Written confirmation of at least five (5) years history of professional liability claims that resulted in settlements or judgments paid by or on behalf of a practitioner is obtained from the National Practitioner Data Bank (NPDB) or directly from the professional liability (malpractice) carrier.

PRC will review professional liability (malpractice) or claims information received from professional liability (malpractice) insurance carrier(s) if:

- There has been litigation and a settlement for any one (1) case of more than $2,999.99; or
- There has been litigation and settlements for more than three (3) cases in the last two (2) years.

If there is any claims history, documented information is required about the case(s) from the practitioner and insurance carrier(s), if available, and will be provided to PRC for review and consideration.

National Practitioner Data Bank

The NPDB is a federally established data bank that contains practitioner information, including but not limited to medical professional liability (malpractice) payments, licensure/disciplinary actions, adverse actions that affect a practitioner's professional society membership, specific exclusions from state and federal programs (including Medicare and Medicaid), civil judgments, criminal convictions, and contract terminations as they relate to quality of patient care.

At the time of initial credentialing, NPDB is queried on new applicants, if applicable. NPDB is also queried at recredentialing of credentialed practitioners, if applicable. NPDB is also queried, as appropriate, during investigations related to quality of care.

Sanctions and Exclusions

At the time of initial credentialing and during each recredentialing cycle, all applicants and credentialed practitioners are reviewed for Medicare/Medicaid sanctions/exclusions. The review of Medicare/Medicaid sanctions will cover at a minimum the most recent 3-year period available through data sources.

All practitioners are checked against the Federal agencies sanctions lists during initial credentialing and recredentialing process and on a monthly basis.

The Federal agencies include:

- Office of the Inspector General (OIG)
- OIG Most Wanted Fugitives
- System Award Management (SAM)
- National Medicare Opt Outs
- Medicaid Exclusion 50 States
- Social Security Death Master File (SSDMF),
- List of Excluded Individuals/Entities (LEIE)
- National Provider Identification (NPI)
- Office of Foreign Assets Control (OFAC)
- CMS Preclusion List

If an applicant is found on any of the above exclusion lists during initial credentialing, the report is forwarded to the credentialing representative and the application is cancelled. If a credentialed practitioner going through a recredentialing cycle is found on any of the above exclusion lists, the practitioner is processed for termination.

If a credentialed practitioner is listed as sanctioned, documentation will be forwarded to PRC for review. PRC will make a determination regarding the practitioner's continued participation with ASH.

ASH prohibits employment or credentialing with practitioners (or entities that employ or contract with such practitioners) that are found on any of the excluded lists.

Disclosure of Ownership (Medicare and Medicaid only)

At the time of initial credentialing and during each recredentialing cycle, ASH confirms the Disclosure of Ownership is present in all practitioners' credentialing files.

Medicare Numbers and Participation

At the time of initial credentialing and during each recredentialing cycle, ASH verifies Medicare numbers (when applicable) for all practitioners to ensure that they are active with CMS.

As stated in the applicable services agreement, in order to participate with ASH, licensed practitioners who are Medicare eligible, may not opt out of Medicare participation and subsequently enter into private contracts with Medicare patients (Reference: Medicare Benefit Policy Manual, Chapter 15: Covered Medical and Other Health Services, Section 40.04).

Medicaid Numbers

At the time of initial credentialing and during each recredentialing cycle, ASH verifies Medicaid numbers (when applicable) for all practitioners to ensure that they are active with state Medicaid agencies.

Hospital Privileges

Hospital privileges will be queried for practitioners who indicate they have admitting or consulting privileges. Hospital privileges must be in good standing as verified by the hospital's Medical Staff Office.

DEA or CDS Certificate

As applicable, ASH verifies a DEA or Controlled Dangerous Substances (CDS) certificate in each state where a practitioner provides care to members.

ADDITIONAL ELEMENTS

Work History

Applicants for initial credentialing must include professional work history from the most current five (5) years or as otherwise required by state and Federal laws and regulations. The credentialed practitioner is responsible for submitting post-licensure/clinical education work history information. Work history may be provided on the credentialing application or by curriculum vitae. Any gaps of six months (6) or more, or as otherwise required by state and Federal laws and regulations, must be explained in writing by the applicant and included in the practitioner's credentialing file. 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. The work history, with an explanation of a gap, as applicable, must be initialed and dated by the staff member reviewing the work history and must have been received within 180 calendar days of the applicant's application signature date and forwarded to Practice Review Committee (PRC) for review.

Office Facility and Medical Records Standards and Thresholds

ASH has established standards and thresholds for practitioner office facility and medical record keeping. As part of the contracting process, the contracted parties agree to abide by such standards and thresholds.

Failure to comply with the contractual standards and thresholds may lead to corrective actions up to and including termination or decredentialing.

Practitioners or providers delivering virtual or telehealth services must render services from a facility or setting professional in appearance and conducive to effective video and audio communications.

Please see the *Office Facility Standards (QM 20 – S)* and the appropriate specialty-specific Office Facility Standards addendum for more information.

ONGOING MONITORING OF SANCTIONS AND COMPLAINTS

ASH performs ongoing monitoring of practitioner quality to ensure ongoing compliance with credentialing standards and quality criteria. All practitioners are checked against the Federal agencies' sanctions/exclusion lists on a monthly basis.

The Federal agencies include:

- Office of the Inspector General (OIG)
- OIG Most Wanted Fugitives

- System Award Management (SAM)
- National Medicare Opt Outs
- Medicaid Exclusion 50 States
- Social Security Death Master File (SSDMF)
- List of Excluded Individuals/Entities (LEIE)
- National Provide Identification (NPI)
- Office of Foreign Assets Control (OFAC)
- CMS Preclusion List

All practitioners are also checked for Medicare sanctions, restrictions or limitations on licensure or scope of practice on a monthly basis. Practitioners excluded from Medicare will be terminated or decredentialed.

In addition, the following elements are monitored on a monthly basis and are reported to PRC, as appropriate:

- Medicare and Medicaid sanctions;
- Medicare Opt Outs for all practitioners who are eligible to opt out of providing services to Medicare members;
- State board and other regulatory agency actions and sanctions against a license/certificate/registration;
- Current, active license/certificate/registration status;
- Member or other customer complaints/grievances;
- Quality Performance Management Alerts; and
- Clinical Services Management Alerts.
- Medical Record Documentation

The review of information obtained from the above reports is conducted within 30 calendar days of the release of the report.

If a credentialed practitioner is found on any of the above exclusion lists, the practitioner is processed for immediate termination.

If a credentialed practitioner is listed as sanctioned, documentation will be forwarded to PRC for review. PRC will make a determination regarding the practitioner's continued participation with ASH.

Practitioner sanctions, complaints, and adverse events between credentialing cycles are monitored on an ongoing basis, at least every 6 months, and appropriate action is taken when occurrences of poor quality of care or service are identified.

Any ongoing monitoring that identifies a compliance issue with credentialing standards and quality criteria that does not result in termination or decredentialing will be included in the recredentialing review process.

Policies and procedures are maintained to monitor quality-related practitioner activity on an ongoing basis between credentialing cycles.

Failure to Maintain Credentialing Requirements on an Ongoing Basis

Failure of credentialed practitioner or clinical staff to maintain ongoing credentialing requirements may result in a Corrective Action Plan (CAP) or other appropriate action, up to and including termination or decredentialing from ASH or termination of employment, as applicable. Examples of ongoing credentialing requirements include, but are not limited to, an active unrestricted license, certification, or registration (as applicable to the clinician's specialty), evidence of adequate professional liability coverage, unrestricted participation with applicable state and federal healthcare entities, and board certification, as required.

Failure of credentialed practitioner to maintain an active unrestricted license, certification, or registration will result in immediate termination or decredentialing from ASH and restricted from participating in peer review activities.

Failure of clinical staff to maintain an active unrestricted license, certification, or registration will result in restriction from participating in peer review activities until such time as their license, certification or registration is reinstated.

Notification to Authorities and Practitioner Appeal Rights

A process is in place for documentation and reporting of quality deficiencies to applicable authorities, as appropriate. An appeal process has been established for instances in which ASH chooses to alter the conditions of a credentialed practitioner's participation based on quality of care and/or service issues. The credentialed practitioner is notified in writing of the quality event and appeal rights process.

Procedures for Reporting to Authorities

During the review or investigation of a quality of care issue or member complaint about a credentialed practitioner, the PRC or Quality Improvement Committee (QIC) may encounter cases that necessitate submitting a report to the agency responsible for licensing/certification/registration. When a majority vote of the members of the PRC or QIC recommends or is required to report to the state agency, the applicable chairperson or designee will issue a letter and/or send a copy of the National Practitioner Data Bank (NPDB) report to the regulatory entity detailing the credentialed practitioner's alleged violations of the rules adopted by the appropriate regulatory agency in the state where the credentialed practitioner practices.

During the reporting process, confidential information, in accordance with ASH policy, will be shared on a need-to-know basis. Under no circumstances are any clinical quality committee meeting minutes or any other peer review documentation disclosed to any entity or individual unless ordered by subpoena or otherwise authorized for disclosure by the Chief Health Services Officer (CHSO). Standard procedures for the protection of patient/member confidentiality are followed. The Regulatory and Program Compliance department addresses any further disclosure issues as they arise.

NATIONAL PRACTITIONER DATA BANK REPORTING

In accordance with National Practitioner Data Bank (NPDB) guidelines, ASH has determined that terminations or resignations during the course of an investigation related to professional competence or conduct are reportable. As an eligible entity of NPDB, ASH files a report within 30 calendar days (including Saturdays, Sundays, and Federal holidays) to NPDB of the final adverse determination. If the professional competence or conduct is so egregious that an immediate termination is warranted, a summary suspension will be issued along with a termination notice allowing for due process prior to a final adverse determination. The credentialed practitioner must have exhausted all options to appeal the initial determination prior to reporting the final adverse termination determination. If the summary suspension had or will have had clinical privileges affected for at least 30 days; then an initial adverse action report is entered. If no appeal is filed by the practitioner, or an authorized representative on behalf of the practitioner, within the allotted time, a revision-to-action report is entered noting the final adverse termination determination. If the practitioner, or an authorized representative on behalf of the practitioner, appeals the summary suspension, a notice of appeal is filed noting that the action is under appeal. If the appeal is granted and the action reversed or overturned, the report will be voided. If the appeal is not granted and results in a final adverse termination determination, a revision-to-action report will be entered.

Written notification is mailed to the credentialed practitioner within 10 business days of the date of ASH's determination of an appeal. If a credentialed practitioner utilizes the appeal or hearing right and the adverse determination is upheld, a report is filed within 30 calendar days (including Saturdays, Sundays, and Federal holidays) for NPDB of the final resolution of the adverse determination.

Reporting to State Boards, State Agencies, Law Enforcement Agencies and Health Plans

As applicable, ASH will report summary suspensions and terminations related to quality of care or suspected fraud to appropriate state and federal regulatory boards or agencies, and state and federal law enforcement agencies.

ASH reports quality of care issues resulting in summary suspensions or immediate termination or decredentialing to health plans within five (5) days from the date of the summary suspension or immediate termination or decredentialing.

PRACTITIONER NOTIFICATION

Applicants who meet credentialing criteria and contracting requirements, as applicable, are activated as a credentialed practitioner. Practitioners who are approved for participation by Practice Review Committee (PRC) are notified in writing of the committee's decision within 10 business days of the date of the decision.

Applicants who fail to meet credentialing criteria are notified in writing of the committee's decision within 10 business days of the date of the decision. The notification includes the basis for the decision and information regarding the applicant's right to appeal the credentialing decision. When a practitioner has been denied participation, the practitioner may reapply after a six-month (6-month) period of time. Six (6) months will be calculated from the date of the PRC's non-approval of the initial application.

Credentialed practitioners who meet recredentialing criteria remain as a participating practitioner and are notified in writing of the committee's decision within 10 business days of the date of the decision.

When the PRC determines that a credentialed practitioner fails to meet recredentialing criteria, PRC will terminate or decredential the practitioner. The practitioner is notified in writing within 10 business days of the date of the decision. The notification describes the basis for termination or decredentialing and the practitioner's right to appeal.

PRACTITIONER DENIALS AND APPEALS

New applicants who are not approved for participation are afforded a one-level appeal process. The applicant is notified in writing of the basis for non-approval of participation and appeal rights within 10 business days of the date of the Practice Review Committee (PRC) decision.

PRACTITIONER TERMINATION AND APPEALS

The Practice Review Committee (PRC) may terminate or decredential a credentialed practitioner "for cause" immediately or with 30 days' notice as determined by state regulations or stipulated in the applicable services agreement. The credentialed practitioner is notified in writing of the basis for termination and appeal rights. Credentialed practitioners who are terminated or decredentialed are afforded a two-level appeals process.

PROTECTION OF PRACTITIONER RIGHTS

Practitioners are given the right to review the information submitted in support of their credentialing or recredentialing application. All practitioners are notified of their right to correct erroneous information on the credentialing application. The recruitment materials and the "Instructions" section of the ASH credentialing application states that, Applicants/Practitioners have the right to review and correct the information they submit in support of the Credentialing/Recredentialing application. If any information provided in the application varies substantially from the information received during the credentialing process, practitioners will be notified in writing by the credentialing examiner, explaining the area of differing information and will be given the opportunity to respond or correct any erroneous information within five (5) days of receipt of the notice.

Practitioners have the right, upon request, to be informed of the status of their application by contacting the Practitioner Contract Administration department at any time during the credentialing process. Practitioners are informed of this right in the recruitment materials and the "Instructions" section of the ASH credentialing application. Practitioners will be contacted by the Practitioner Contract Administration department via telephone within 24 hours of a practitioner request and informed of the status of their application. ASH does not allow a practitioner to review references, recommendations, or other peer review-protected information as defined in the Health Care Quality Improvement Act of 1986.

Practitioners may review and correct information on their application at any time until a determination is made by the Practice Review Committee (PRC). If a practitioner desires to modify the application, ASH returns a copy of the original application via mail or fax to

the practitioner. The practitioner is instructed to make any changes directly on the application, initial the changes and return to the credentialing representative via mail or fax. The corrected application, initialed by the practitioner, is documented and retained in the practitioner's permanent file for review by PRC.

If any information received during the credentialing process varies substantially from the information provided by the practitioner, the practitioner will be notified in writing by the credentialing examiner, explaining the area of differing information. The practitioner is given the opportunity to correct any erroneous information obtained by responding via letter or fax within five (5) days of receipt of the notice. The information returned to ASH by the practitioner is documented as received and retained in the practitioner's permanent file for review by PRC.

PROVIDER/PRACTITIONER DIRECTORIES

ASH has a written procedure, including timeframes, for updating its provider/practitioner directory information when a provider/practitioner:

a) Has completed the credentialing process and been approved for participation by the Practice Review Committee (PRC);
b) Is not recredentialed or no longer meets credentialing requirements;
c) Has notified ASH of a change in contact or credentialing information; and
d) Has been terminated or decredentialed.

COMMITTEE ACCOUNTABILITY

The Board of Directors (BOD) has empowered committees and formal work teams to support and oversee various components of ASH credentialing related clinical or administrative operations activities. These committees are multi-disciplinary and are comprised of staff members and contracted practitioners, as applicable. Credentialed practitioners participate actively in the Credentialing Program. The Quality Oversight Committee (QOC) has been empowered by the BOD to review and approve credentialing programs, policies, and reports on its behalf.

Practice Review Committee

A credentialing committee, (Practice Review Committee [PRC]), including credentialed, licensed/certified/registered, peer clinicians, has been designated to make determinations regarding credentialing and recredentialing decisions using a peer review process. PRC reports to the BOD.

The PRC reviews and makes the final decision regarding the participation of practitioners during the initial credentialing and recredentialing process. The PRC is primarily responsible for the following peer review functions:

- Peer review and evaluation of information provided on the credentialing or recredentialing application;
- Peer review of verifications of credentialing information;
- Peer review of medical record evaluations;
- Peer review of site evaluation results; and
- Ongoing peer review of incidents of member grievances, complaints, potential quality of care issues, and adverse outcomes that may impact members.

Committee structure, including membership, participation of credentialed practitioners, voting rights, and quorum requirements, are included in the PRC charter.

Quality Improvement Committee

The Quality Improvement Committee (QIC) is primarily responsible for the following peer review functions:

- Peer review and decision determination for credentialing denial appeals;
- Peer review and decision determination for termination or decredentialing appeals – 1st Level;
- Peer review and decision determination for clinical performance tier appeals;
- Review, make language modification recommendations, and approve clinical policy and clinical practice guidelines.

Committee structure, including membership, participation of credentialed practitioners, voting rights, and quorum requirements, are included in the QIC charter.

Committee Chair Responsibilities

The committee chairperson or official designee is responsible for:

- Effective meeting management;
- Priority setting for agenda items;
- Approval of guest attendance;
- Signing approved documents on behalf of the committee;
- Ensuring committee tasks are completed;
- Calling for votes and ensuring a quorum;
- Following up on committee issues;
- Ensuring that accurate meeting minutes are maintained; and

- Reporting to supervisory committees.

Administrative File Review

A mechanism is in place to review credentialing/recredentialing files to identify practitioner files requiring additional information, further evaluation, or committee discussion.

Representatives of the Practitioner Contract Administration department are responsible for collecting the core credentialing criteria and contractual requirements of the credentialing process.

Upon completion of the collection of prescribed documentation by the Practitioner Contract Administration department the credentialing files are presented to PRC.

Practice Review Committee Decision Protocol

Prior to acceptance or approval for continued participation, practitioners' credentialing files are reviewed and accepted/approved by the PRC. PRC has decision-making authority for credentialing decisions that admit practitioners into or maintain participation of credentialed practitioners.

As part of the credentialing and recredentialing process PRC reviews and verifies the following elements:

- Licensure/Certification/Registration status and actions
- Professional Liability Insurance (Malpractice) Coverage and History
- Sanctions and Exclusions (Medicare/Medicaid)
- Disclosure of Ownership (Medicare and Medicaid only)
- Medicare Numbers and Participation
- Medicaid Numbers
- Credentialing application, including Attestations and Disclosures Statement
- Medical Board Certification/Eligibility (if applicable)
- National Practitioner Data Base reports
- Professional Education and Training
- Work History
- Hospital Privileges, as applicable
- DEA or Control Dangerous Substances (CDS) certificates
- Member Complaints (Recredentialing only)
- Quality Performance Management Alerts (Recredentialing only)

Credentialing/Recredentialing files that meet all criteria noted above (i.e., do not contain any adverse reports) may be presented for consensus approval by the PRC. Files that present questionable information are presented individually for committee discussion and determination.

Credentialed practitioners who fail to meet credentialing criteria are terminated or decredentialed.

For practitioners not admitted or maintained in the network, QIC has the decision making authority upon appeal.

PRC evaluates applicants and credentialed practitioners on the totality of information provided. Decisions are not made solely on the basis of community knowledge. Community knowledge is noted and investigated, and all documented evidence to support the community knowledge is taken into account in the credentialing decision.

Urgent Issues Between Meetings

Ad hoc meetings may be called when issues require immediate resolution. The PRC chair reports the issue to the committee at the next meeting. Committee members may also be reached via fax, email, or teleconference when committee input is necessary. Documentation of such communication and comment will be maintained.

Guest Attendance at Committee Meetings

Health plan representatives and other guests may attend PRC meetings with permission of the President/Chief Executive Officer and/or PRC chair. All non-staff guests sign a confidentiality statement for each meeting they attend. Guests may only attend portions of the PRC meeting pertinent to their business with ASH.

Meeting Minutes

Contemporaneous minutes of PRC meetings include discussion, decisions made by the committee, and documentation of all actions.

PRC meeting minutes are dated, signed by the chair and recorder, and are available for review by health plan, regulatory, and accreditation auditors. Confidentially maintained minutes reflect additional committee decisions and actions, including review and evaluation of activities, tracking of key monitors, and review of policies.

Minutes also include actions instituted by the committee, including appropriate follow up, review of documents, and active practitioner participation.

Minutes are reviewed and approved by vote of the appropriate committee in a timely manner, with best efforts made to finalize at the next scheduled meeting. All agendas, minutes, reports, and documents presented to committees are maintained in a confidential electronic format and are available upon request, as appropriate. PRC activity is reviewed and approved by QOC on a regular basis.

Tracking and Trending Credentialing Activities

Credentialing activities related to the number of practitioners credentialed and not credentialed are routinely tracked. Data are collected regarding the reasons for failure to meet credentialing criteria and are reported to the QIC on a quarterly basis. Evaluation of the data is used to identify improvement opportunities relating to the development and revision of credentialing criteria. A trend of increased non-approval rates relating to specific criteria is investigated to determine if ASH criteria continue to be supported by professionally recognized standards of practice. Information relating to the credentialing process is reviewed and presented to the BOD on a regular basis.

DELEGATION

If any element of credentialing is sub-delegated to another entity such as a credentials verification organization (CVO), ASH will assure the entity meets or exceeds ASH and accreditation requirements and establish a mutually agreed upon document describing:

- The responsibilities of ASH and the sub-delegated entity;
- The delegated activities;
- Semi-annual reporting (minimal);
- Annual review of delegate's credentialing policies and procedures;
- Process for evaluation the sub-delegated entity's performance;
- The delegate's credentialing system security controls to protect data from unauthorized modification;
- How the delegate monitors its credentialing system security controls at least annually;
- How the organization monitors the delegate's credentialing system security controls at least annually; and
- The remedies, including revocation of the delegation, if the sub-delegated entity does not fulfill its obligation.

If the delegation arrangement includes the use of member protected health information by the delegate, the delegation document also includes the following provisions:

- A list of the allowed uses of member health information;
- A description of delegate safeguards to protect the information from inappropriate use or further disclosure;
- A stipulation that the delegate will ensure that sub-delegates have similar safeguards;
- A stipulation that the delegate will provide members with access to their information;
- A stipulation that the delegate will inform the organization if inappropriate uses of the information occur; and
- A stipulation that the delegate will ensure protected information is returned, destroyed, or protected if the delegation agreement ends.

The sub-delegated entity's capacity to perform the activities are evaluated in a predelegation audit prior to delegation including but not limited to credentialing policies, processes, procedures, and credentialing and recredentialing files and then evaluated annually thereafter to ensure the sub-delegate's activities are being conducted in accordance with ASH policy, federal regulations, URAC, National Committee for Quality Assurance (NCQA), and Department of Labor (DOL) standards.

ASH will conduct an annual oversight audit of the delegate's credentialing policies and procedures, and their credentialing and recredentialing files against NCQA and/or URAC standards as applicable. ASH will also annually evaluate the delegate's performance against NCQA and/or URAC standards for any delegated activities as well as semi-annually evaluates reports.

All delegates are required to submit reports at least semi-annually. ASH will monitor the effectiveness of the delegate's recertification processes at least annually. Final decision-making authority regarding network participation status for any practitioner is maintained by ASH. The right to approve new practitioners and sites and to terminate suspend or decredential individual practitioners or sites is retained by ASH.

For delegates that store, create, modify or use credentialing data for ASH:

- ASH will annually monitor the delegate's credentialing system security controls to protect data from unauthorized modification.

- ASH will ensure the delegate annually monitors and follows its own credentialing system security controls policies and procedures.
- ASH will document and review all non-compliant credentialing data modifications that did not meet the modification criteria allowed by the delegation agreement or by the delegates' policies and procedures.
- Auditing is allowed only if delegate does not use a credentialing system that can identify all noncompliant modifications in which case the staff roles or department involved in the audit are documented and one of the following methods to audit files:
    - Five percent or 50 of its files, whichever is less, to ensure that information is verified appropriately
        - At a minimum, the sample includes at least 10 credentialing files and 10 recredentialing files. If fewer than 10 practitioners were credentialed or recredentialed since the last annual audit, the organization audits the universe of files rather than a sample
    - The NCQA "8/30 methodology"
- For any non-compliant credentialing modifications made by the delegate ASH will:

    - Document all actions taken or planned to address the non-compliant modification findings.
    - Implement a quarterly monitoring process to assess the effectiveness of its actions on all findings. Continue the monitoring until the delegate demonstrates improvement of at least one finding over three consecutive quarters.
    - The organization identified findings less than three quarters before the survey submission date, it submits all monitoring information it has available.

For delegates that store, create, or use credentialing data for ASH <u>but do not allow</u> credentialing information modifications, ASH will require that the delegate provides:

- Policies and procedures that describe the functionality of the system; and
- Documentation or evidence of advanced system control capabilities that automatically record dates and prevent modifications that do not meet modification criteria.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

ASH strives to comply with all applicable HIPAA requirements and maintains policies relating to HIPAA compliance. All HIPAA-related policies are posted and accessible to all employees for review on the ASH Intranet site. Ongoing mandatory educational seminars are afforded to staff.

Credentialing File Storage and Maintenance

All credentialing information is stored in PROMIS ASH's proprietary database, and electronic copies are maintained in SharePoint and permanently stored in Xendocs. If documents are received in paper format, they are scanned and saved, then shredded per company policy. All systems are maintained in the strictest confidence and are on a secure server accessible to authorized credentialing staff members only. ASH's credentialing information systems (PROMIS/SharePoint/Xendocs) are password-protected with access granted only to authorized staff members.

CONFIDENTIALITY

ASH defines confidential information as non-public, proprietary information. The guidelines established in the *Confidentiality Policy (QM 8 – S*) policy are followed in order to secure the confidentiality of the credentialing and peer review records and proceedings. In accordance with regulatory compliance, committee and peer review processes that include the review of credentialing/recredentialing information, including medical records, are structured to protect confidential information from inadvertent release and discovery.

NON-DISCRIMINATION

ASH does not discriminate against a member, provider, or practitioner for any reason and does not support any discriminating against members for any reason, including but not limited to age, sex, gender, gender identification (e.g.; transgender), gender dysphoria, marital status, religion, ethnic background, national origin, ancestry, race, color, sexual orientation, patient type (e.g., Medicaid), mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, source of payment, geographic location within the service area or based on political affiliation. ASH renders credentialing, clinical performance, and medical necessity decisions in the same manner, in accordance with the same standards, and within the same time availability to all members, providers, practitioners, and applicants.

ASH does not discriminate against practitioners who service high risk populations or who specialize in the treatment of costly conditions.

ASH has an open access network with procedures for monitoring and preventing discrimination.

The procedures for monitoring (i.e., tracking and identifying discrimination) and preventing discriminatory credentialing decisions include but are not limited to:

- Monitoring practitioner credentialing decision appeals to identify appeals relating to discrimination; and
- Maintaining a multi-specialty credentialing committee membership and requiring those responsible for credentialing decisions to annually sign an affirmative statement to make decisions in a non-discriminatory manner.

ASH's procedures for monitoring discriminatory credentialing decisions include that said monitoring will be done at least annually.

DATA CONTAINED IN MEMBER MATERIALS

ASH confirms that the practitioner information as submitted by the practitioner and available to members is consistent with the credentialing data, which may include education, training, certification, and specialty. The data collected from practitioners through the credentialing/recredentialing process as well as any additional data received from practitioners through direct communication outside the credentialing/recredentialing process are captured electronically in ASH's practitioner credentialing/recredentialing database. This database is the sole source of content used to produce hardcopy and electronic practitioner directories and any other member materials containing practitioner information.