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, nutrition, podiatry, occupational therapy, physical therapy, speech therapy, virtual physical therapy, virtual occupational therapy, and virtual speech therapy services. 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/certification/registration 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.

CR 1 Revision 35 – S
Credentialing Program
Revised – May 16, 2025
To CHSO for review and approval 05/16/2025
CHSO reviewed and approved 05/16/2025
To SPW for informational review 06/02/2025
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To PRC for informational review 06/12/2025
PRC reviewed as informational 06/12/2025
To QIC for informational review 07/01/2025
QIC reviewed as informational 07/01/2025
To QOC for review and adoption 07/17/2025
QOC reviewed and adopted 07/17/2025

A complete application includes the following:

- 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 120 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 120 calendar days old, they must be updated. Additionally, primary source verification (PSV) activities greater than 120 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 (CHSO) serves on the QOC as executive sponsor and oversees the Clinical Services departments, which includes Clinical Quality Administration (CQA), Clinical Quality Evaluation (CQE), and Health Services (HLS), 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 their respective healthcare discipline, and 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 Senior Vice President, Clinical Services to assure the appropriate credentialing oversight, quality of care, and monitoring of virtual physical therapy and virtual occupational therapy (telehealth services) practitioners. As applicable, the Vice President, Virtual Physical Therapy holds a current, active, unrestricted license to practice in their 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 CHSO 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 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, protocols, and credentialing criteria 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 Credentialing (CRD), and as such, is responsible for overseeing implementation of the operational components of the Credentialing Program and policies.

Vice President, Clinical Program Operations

The Vice President, Clinical Program Operations reports to the Senior Vice President, Operations and oversees the CRD and Practitioner Data Management (PDM) 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 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.

Credentialing Department

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

Staff Orientation and Training

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 Senior 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 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 (VPTOT practitioners);
- Lack of present illegal drug use;
- History of loss of license/certification/registration, civil liabilities, and/or criminal/felony convictions;
- History of loss or limitation of privileges or disciplinary action;
- Current professional liability (malpractice) insurance coverage;
- Option to provide race, ethnicity, and language; and
- Professional liability (malpractice) claims history.

The ASH Credentialing Application includes a statement that the organization does not discriminate or base credentialing decisions on the applicant's race, ethnicity or language, and providing the information is optional.

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 and occupational therapy practitioners for VPTOT [telehealth services]).

CANCELLED APPLICATIONS

A practitioner may withdraw their 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 they are returning to practice.

The cycle begins with the date of the previous credentialing or recredentialing decision by the 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 administratively terminated for lack of information, the termination notice is included in the practitioner's credentialing 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.

ASH may reinstate a practitioner within 30 calendar days of administrative termination (not quality related) and is not required to perform initial credentialing. ASH requires the practitioner to submit an initial credentialing application and conducts initial credentialing when there is a gap in network participation exceeding 30 calendar days.

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 (VPTOT practitioners);
- Lack of present illegal drug use;
- History of loss of license/certificate/registration, civil liabilities, and/or criminal/felony convictions;
- History of loss or limitation of privileges or disciplinary action;
- Option to provide race, ethnicity, and language;
- Current professional liability (malpractice) insurance coverage; and
- Professional liability (malpractice) claims history.

Application must include fields to enter race, ethnicity and language, and a statement that the organization does not discriminate or base credentialing decisions on the applicant's race, ethnicity or language, and providing the information is optional.

The credentialed practitioner's credentials and qualifications are verified using PSV 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 PSV requirements.

All PSV will be conducted no more than 120 calendar days prior to the PRC decision.

In the event that ASH is unable to complete PSV 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.

Appropriate Documentation

ASH uses a combination of methods to document information and activities in the credentialing file.

- Credentialing documents signed (or initialed) and dated by the verifier
- A checklist for each verification:
    - Date of verification;
    - Signature/initials of verifier; and
    - Report date, if applicable.

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 PSV cover sheet.

Appendices A-C of this policy outlines specific PSV elements for practitioner types credentialed by ASH.

Medical Board Certification/Eligibility

Verification time limit: 120 calendar days

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

Verification time limit: 120 calendar days

All applicants and credentialed practitioners must meet the applicable state requirements for licensure/certification/registration. All practitioners must hold a current and 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. CRD 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.

ASH will verify provider/practitioner fellowship program or completion of fellowship if it is communicated to members (e.g., in a directory, newsletter; by member services staff), as applicable. Verification of fellowship does not qualify as verifying highest level of education or training.

Professional Education and Training for Massage Therapists

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 for Acupuncture and Herbal Medicine (ACAHM) (previously known as 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

Verification time limit: 120 calendar days

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.

Licensure Sanctions, Restrictions, and Limitations

Verification time limit: 120 calendar days

ASH verifies licensure state sanctions, restrictions, and limitation on scope in all states where the practitioner provides care or has provided care to member for the most recent five (5) year period. If the practitioner were licensed in more than one state in the most recent five (5) year period, all states must be reviewed for licensure state sanctions, restrictions, and limitations on scope.

The following sources may be used for verification:

- Physicians:
  - Appropriate state agencies.
  - Federation of State Medical Boards (FSMB).
- Chiropractors:
  - State Board of Chiropractic Examiners.
  - Federation of Chiropractic Licensing Boards' Chiropractic Information Network-Board Action Databank (CIN-BAD).
- Podiatrists:
  - State Board of Podiatric Examiners.
  - Federation of Podiatric Medical Boards.
- Other nonphysician health care professionals:
  - State licensure or certification board.
  - Appropriate state agency.

Medicare/Medicaid Sanctions

Verification time limit: 120 calendar days

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

The following source must be used for Medicaid sanctions, plus an additional source listed below:

- Medicaid
    - State Medicaid Agency.

At least one of the following sources may be used for verification of sanction for Medicaid and Medicare, as appropriate:

- Medicare/Medicaid
    - Federal Employees Health Benefits Plan (FEHB) Program department record, published by the Office of Personnel Management, Office of the Inspector General.
    - AMA Physician Master File.
    - FSMB.
    - NPDB.
    - SAM.gov.

If a credentialed practitioner is listed as sanctioned but not listed on the exclusion or preclusion list, documentation will be forwarded to PRC for review. PRC will make a determination regarding the practitioner's continued participation with ASH.

ASH may use ongoing monitoring of sanction information, if the information is no more than 120 calendar days old at the time of credentialing decision.

Medicare/Medicaid Exclusions and Preclusions

Verification time limit: 120 calendar days

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

The following source must be used for Medicaid exclusions, plus an additional source listed below:

- Medicaid
    - State Medicaid Agency

At least one of the following sources may be used for verification of exclusion and preclusion for Medicaid and Medicare, as appropriate:

- Medicare/Medicaid

- Medicare Exclusion Database.
- List of Excluded Individuals and Entities, maintained by OIG and available over the internet.
- NPDB.

If an applicant is found on any of the above Medicare/Medicaid exclusion or preclusion 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 Medicare/Medicaid exclusion or preclusion lists, the practitioner is processed for termination or decredentialing.

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

All terminations resulting from Medicare/Medicaid exclusion or preclusion lists are reported informationally to PRC monthly.

Additional Lists Monitored

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

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 a credentialed practitioner is listed as sanctioned but not listed on the exclusion or preclusion list, documentation will be forwarded to PRC for review. PRC will make a determination regarding the practitioner's continued participation with ASH.

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.

Drug Enforcement Administration or Controlled Dangerous Substances Certificate
As applicable, ASH verifies a Drug Enforcement Administration (DEA), or Controlled Dangerous Substances (CDS) certificate is valid and current in each state where a practitioner provides care to members.

Work History
Verification time limit: 120 calendar days
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. If the practitioner has fewer than five (5) years work history, the time frame start at the initial licensure date. Any gaps of six (6) months 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. Any gaps exceeding one (1) year are explained in writing 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.

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 AND INTERVENTIONS

Practitioner sanctions, and complaints 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. Practitioner adverse events, including but not limited to, injury or harm while receiving care are monitored at least monthly, For more specific process details, please see the remainder of this ongoing monitoring and intervention sections below.

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.

Licensure Sanctions, Restrictions, and Limitations

ASH performs ongoing monitoring of practitioner quality to ensure ongoing compliance with credentialing standards and quality criteria. All practitioners are checked against sanctions, restrictions, and limitations of licensure lists on a monthly basis or within 30 calendar days of a new alert or report release.

ASH collects and reviews expiration of all licenses/certifications/registrations from the state licensing or certification agency (or its website) and documents in the credentialing file.

ASH collects and reviews sanctions and limitations on licensures from at least one of the following sources as appropriate:

- For all practitioner types:
  - NPDB.
  - Federal Employees Health Benefits Plan (FEHB) Program department record, published by the Office of Personnel Management, Office of the Inspector General.
- Physicians:
  - Appropriate state agencies.
  - FSMB.
- Chiropractors:
  - State Board of Chiropractic Examiners.
  - Federation of Chiropractic Licensing Boards' Chiropractic Information Network-Board Action Databank (CIN-BAD).
- Podiatrists:
  - State Board of Podiatric Examiners.
  - Federation of Podiatric Medical Boards.
- Nonphysician healthcare practitioners:
  - Appropriate state agency.
  - State licensure or certification board.

Intervention

ASH Monitors all practitioner licenses to validate expiration status. Any practitioner with an expired license is added to an ASH weekly published report. Those appearing in the report are processed for immediate termination or decredentialing.

State Board Actions, sanctions, and limitations on licensure are presented to PRC for peer review and recommendation of appropriate interventions

Medicare/Medicaid Sanctions

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 lists monthly or within 30 calendar days of a new alert or report release.

The following source must be used for Medicaid sanctions, plus an additional source listed below:

- Medicaid
  - State Medicaid Agency.

At least one of the following sources may be used for verification of sanction for Medicaid and Medicare, as appropriate:

- Medicare/Medicaid
  - AMA Physician Master File.
  - FSMB.
  - NPDB.
  - SAM.gov.

Intervention

If a credentialed practitioner is listed as sanctioned but not listed on the exclusion or preclusion list, findings will be forwarded to PRC for review and recommendation of appropriate interventions.

Medicare/Medicaid Exclusions and Preclusions

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' exclusions and preclusion lists on a monthly basis or within 30 calendar days of a new alert or report release.

The following source must be used for Medicaid exclusions, plus an additional source listed below:

- Medicaid
  - State Medicaid Agency

At least one of the following sources may be used for verification of exclusion or preclusion for Medicaid and Medicare, as appropriate:

- Medicare/Medicaid
  - Medicare Exclusion Database.

- List of Excluded Individuals and Entities, maintained by OIG and available over the internet).
- NPDB.

Intervention

Practitioners precluded or excluded from Medicare/Medicaid will be terminated or decredentialed. All terminations resulting from the Medicare/Medicaid exclusion lists are reported to PRC as informational items monthly.

Collecting and Reviewing Member Complaints

ASH promptly investigates all practitioner-specific member complaints upon receipt. As part of the investigation, ASH evaluates the practitioner's history of member complaints, if applicable.

Intervention

Upon conclusion of the investigation, all reports of practitioner-specific member complaints undergo review by PRC at the next available meeting. Additionally, complaints for all practitioners undergo evaluation at least every 6 months. Findings will be forwarded to PRC for review and recommendation of appropriate interventions.

Adverse Events

ASH promptly investigates any adverse events of bodily injury or harm while a member is receiving care from a credentialed practitioner upon receipt. As part of the investigation, ASH evaluates the practitioner's history of adverse events, if applicable.

Intervention

Additionally, adverse events undergo investigation by clinical staff, findings of adverse events investigations and findings are presented at the next available PRC meeting for review and recommendation of appropriate interventions.

Additional Lists Monitored

All practitioners are checked against the Federal agencies lists monthly.

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

Additionally, the following elements are monitored:

- State board and other regulatory agency actions and sanctions against a license/certificate/registration;
- Current, active license/certificate/registration status;
- Quality Performance Management Alerts;
- Clinical Services Management Alerts; and
- Medical Record Documentation.

Intervention

If a credentialed practitioner is listed as sanctioned but not listed on the exclusion or preclusion list, documentation will be forwarded to PRC for review. PRC will make a determination regarding the practitioner's continued participation with ASH. If a practitioner is on an additional list monitored, findings will be forwarded to PRC for review and recommendation of appropriate interventions.

Intervention Process

ASH investigates and reports the findings of sanctions, complaints, and adverse events to PRC at the next available meeting after the identified occurrence.

PRC reviews and recommends appropriate interventions. After determining which interventions are appropriate, ASH acts to address quality and safety issues.

The range of interventions can include:

- Educational telephone outreach by ASH.
- Educational letter.
- Corrective Action Plan (CAP) to address specific quality or professional behavior deficiencies.
- Practitioner termination or provider decredentialing.

ASH reports include the following:

- Affected practitioner.
- Incident date.
- Quality issue.
- Date reported to PRC.
- Recommended Actions.

Additional process can be found in the *Practitioner Credentialing: Administrative Terminations and Appeals (CR 3 – S)*, and the *Clinical Services Alerts, Clinical Performance Alerts, and Corrective Action Plans (Practitioner Clinical Issues) (QM 2 – S)* policies.

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 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 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 CHSO. Standard procedures for the protection of patient/member confidentiality are followed. The Regulatory and Program Compliance (RPC) department addresses any further disclosure issues as they arise.

NATIONAL PRACTITIONER DATA BANK REPORTING

In accordance with 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 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 PRC decision.

PRACTITIONER TERMINATION AND APPEALS

The 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 CRD 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 CRD 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 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 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 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 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 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.

Credentialing decision-making criteria are reviewed and approved by PRC or Medical Director.

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

Quality Improvement Committee

The 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 CRD 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 CRD 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 comments 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 NCQA accredited organization, 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 (minimum);
- Annual review of delegate's credentialing policies and procedures;
- Process for evaluation the sub-delegated entity's performance;
- The remedies, including suspension or termination 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 within 12 months prior to implementing 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, NCQA, and DOL standards. If the time between the predelegation evaluation and implementation of delegation exceeds 12 months, ASH conducts another predelegation evaluation.

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 evaluate~~s~~ 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.

The delegate protects the integrity of the credentialing information used in the credentialing process. The delegation agreement specifies documentation and updates to credentialing information that are inappropriate. Additionally, ASH or the delegate annually audits (as applicable) the delegate's credentialing files for inappropriate documentation and updates, which include:

- The application and attestation.
- Credentialing documents received from the source or agent.
- Documentation of completion of credentialing activities:
- Verification dates.
- Report dates.
- Credentialing decision dates.
- Signature or initials of the verifier or reviewer.

- Credentialing checklist, if used.

The following are inappropriate documentation and updates:

- Falsifying credentialing dates (e.g., licensure dates, credentialing decision dates, staff verifier dates, ongoing monitoring dates).
- Creating documents without performing the required activities.
- Fraudulently altering existing documents (e.g., credentialing minutes, clean-file reports, ongoing monitoring reports).
- Attributing verification or review to an individual who did not perform the activity.
- Updates to information by unauthorized individuals.

For each delegate, the audit universe includes practitioner files processed by the delegate for all initial credentialing and recredentialing decisions made or due to be made within the look-back period.

If the organization conducts the annual audit, it audits each delegate using one of the following methods:

- 5% or 50 files, whichever is less.
    - 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.
- The NCQA "8/30 methodology"

Either methodology is allowed, for consistency with other delegation oversight requirements for annual file audits.

The delegate that conducts the annual audit has two audit options.

Option 1: Audit each client using one method:

- The "5% or 50 files" method, ***or***
- The NCQA "8/30" method.

Option 2: Conducts one audit across all clients if the delegate uses the same staff, policies and procedures and CR system for all clients. In this case:

- The delegate must demonstrate that the same staff, policies and procedures and CR system are used for all clients.

- The audit universe includes practitioner files processed for its clients by the delegate for all initial credentialing decisions made and recredentialing decisions made or due to be made within the look-back period.
- The delegate must audit using the "5% or 50 files" method.

The organization provides an auditing and analysis report for each delegate that includes:

- The date of the report.
- The title of staff who conducted the audit.
- The audit methodology:
- 5% or 50 files or the 8/30 methodology, as applicable.
- Audit period.
- Audit universe size (Audit universe is described above).
- Audit sample size.
- File identifier (individual practitioner).
- Type of credentialing information audited (e.g., licensure).
- Findings for each file.
- Conclusion, if inappropriate documentation and updates occur.
- Number or percentage and total inappropriate documentation and updates by type of credentialing information.

The delegate or organization must provide a completed audit report even if no inappropriate finding were found.

If the organization uses the delegate's audit results, it must provide evidence (e.g., report, meeting minutes) that it reviewed and evaluated the delegate's findings.

For each delegate with inappropriate documentation and updates (findings) identified, the organization or delegate documents corrective actions taken or planned, including the time frame for actions, to address all findings identified. One action may be used to address more than one finding, if appropriate.

If any fraud or misconduct is identified, the delegate will make a report to NCQA's Reporting Hotline.

- Toll-Free Telephone:
- English-speaking USA and Canada: 844-440-0077 (not available from Mexico).
- Spanish-speaking North America: 800-216-1288 (from Mexico, user must dial 001-800-216-1288).

- Website: https://www.lighthouse-services.com/ncqa.
- Email:reports@lighthouse-services.com (must include NCQA's name with the report).
- Fax: 215-689-3885 (must include NCQA's name with the report).

The organization's or delegate's corrective action plan identifies staff (by title) who are responsible for implementing corrective actions.

The organization reviews (e.g., report, meeting minutes) and approves corrective action plans that are developed and implemented by its delegate.

The organization or delegate audits the effectiveness of corrective actions on findings for each delegate within 3–6 months of the annual audit completed.

For each delegate, the audit universe includes practitioner files processed by the delegate for all initial credentialing decisions made and for recredentialing decisions made or due to be made 3–6 months after the annual audit.

The organization or delegate conducts a qualitative analysis if it identifies integrity issues during the follow-up audit.

If the organization uses the delegate's audit results, the organization must provide evidence (e.g., a report, meeting minutes, other evidence) that it reviewed and evaluated the delegate's findings.

The organization draws conclusions on the overall effectiveness of corrections implemented.

The organization uses information from its predelegation evaluation, ongoing reports, or annual evaluation to identify areas of improvement.

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 ASHDocs. 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/ASHDocs) 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.

Appendix A – Credential Verification Sources

Specialty	Current/ Valid License/ Certification/ Registration	Valid DEA or CDS Certificate	Education and Training	Boad Certification Status	Hospital Privileges	Work History
Verification Time Limit	120 calendar days			120 calendar days		120 calendar days
Acupuncturist	State Board	N/A	State Board	N/A	N/A	Credentialing Application
			or Educational Institution			or Curriculum Vitae
Athletic Trainer	State Board	N/A	State Board	N/A	N/A	Credentialing Application
						or Curriculum Vitae
Chiropractic	State Board	N/A	State Board	N/A	N/A	Credentialing Application
			or Educational Institution			or Curriculum Vitae
Massage Therapy	State Board (as applicable)	N/A	State Board	N/A	N/A	Credentialing Application
			or Educational Institution			or Curriculum Vitae
Medical	State Board	DEA	State Board	ABMS	Verbal/Letter of good standing from hospital (as applicable)	Credentialing Application
		or CDS		or AOA		or Curriculum Vitae

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Credentialing Program
Revised – May 16, 2025
To CHSO for review and approval 05/16/2025
CHSO reviewed and approved 05/16/2025
To SPW for informational review 06/02/2025
SPW reviewed as informational 06/02/2025
To POC KPT for informational review 06/04/2025
POC KPT reviewed as informational 06/04/2025
To PRC for informational review 06/12/2025
PRC reviewed as informational 06/12/2025
To QIC for informational review 07/01/2025
QIC reviewed as informational 07/01/2025
To QOC for review and adoption 07/17/2025
QOC reviewed and adopted 07/17/2025

Specialty	Current/ Valid License/ Certification/ Registration	Valid DEA or CDS Certificate	Education and Training	Boad Certification Status	Hospital Privileges	Work History
Verification Time Limit	120 calendar days			120 calendar days		120 calendar days
Naturopathy	State Board	N/A	Educational Institution	N/A	N/A	Credentialing Application
						or Curriculum Vitae
Nutrition Services	State Board	N/A	State Board	N/A	N/A	Credentialing Application
	or CDR		or CDR			or Curriculum Vitae
Occupational Therapy including Virtual Occupational Therapy	State Board	N/A	State Board	N/A	N/A	Credentialing Application
						or Curriculum Vitae
Osteopathy	State Board	N/A	State Board	AOA	Verbal/Letter of good standing from hospital (as applicable)	Credentialing Application
				or ABMS		or Curriculum Vitae
Pharmacist	State Board	N/A	State Board	PSV - VPoint	PSV - VPoint	Credentialing Application
						or Curriculum Vitae
Physical Therapy	State Board	N/A	State Board	N/A	N/A	Credentialing Application

Specialty	Current/ Valid License/ Certification/ Registration	Valid DEA or CDS Certificate	Education and Training	Boad Certification Status	Hospital Privileges	Work History
Verification Time Limit	120 calendar days			120 calendar days		120 calendar days
including Virtual Physical Therapy						or Curriculum Vitae
Podiatry	State Board	DEA	State Board	ABFAS	Verbal/Letter of good standing from hospital (as applicable)	Credentialing Application
		or CDS		or ABPM		or Curriculum Vitae
Speech Therapy including Virtual Speech Therapy	State Board	N/A	State Board	N/A	N/A	Credentialing Application
						or Curriculum Vitae

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Appendix B – Sanction & Exclusion Verification Sources

Specialty	License/ Certification/ Registration Sanction/ Restriction/ Limitation	Medicare Sanctions	Medicaid Sanctions	Medicare Exclusions	Medicaid Exclusions
Verification Time Limit	120 calendar days	120 calendar days	120 calendar days	120 calendar days	120 calendar days
Acupuncturist	State Board	DHHS	State Medicaid Agency	DHHS	State Medicaid Agency
Athletic Trainer	State Board	NPDB	State Medicaid Agency	NPDB	State Medicaid Agency
		or DHHS		or DHHS	
Chiropractic	State Board	NPDB	State Medicaid Agency	NPDB	State Medicaid Agency
		or DHHS		or DHHS	
		or CIN-BAD		or CIN-BAD	
Massage Therapy	State Board (as applicable)	DHHS	State Medicaid Agency	DHHS	State Medicaid Agency
Medical	State Board	NPDB	State Medicaid Agency	NPDB	State Medicaid Agency
		or DHHS		or DHHS	
Naturopathy	State Board	DHHS	State Medicaid Agency	DHHS	State Medicaid Agency
Nutrition Services	State Board	DHHS	State Medicaid Agency	DHHS	State Medicaid Agency

Specialty	License/ Certification/ Registration Sanction/ Restriction/ Limitation	Medicare Sanctions	Medicaid Sanctions	Medicare Exclusions	Medicaid Exclusions
Verification Time Limit	120 calendar days	120 calendar days	120 calendar days	120 calendar days	120 calendar days
Occupational Therapy including Virtual Occupational Therapy	State Board	NPDB or DHHS	State Medicaid Agency	NPDB or DHHS	State Medicaid Agency
Osteopathy	State Board	NPDB or DHHS	State Medicaid Agency	NPDB or DHHS	State Medicaid Agency
Pharmacist	State Board	NPDB or DHHS	State Medicaid Agency	NPDB or DHHS	State Medicaid Agency
Physical Therapy including Virtual Physical Therapy	State Board	NPDB or DHHS	State Medicaid Agency	NPDB or DHHS	State Medicaid Agency
Podiatry	State Board	NPDB or DHHS	State Medicaid Agency	NPDB or DHHS	State Medicaid Agency

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PRC reviewed as informational 06/12/2025
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QIC reviewed as informational 07/01/2025
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Specialty	License/ Certification/ Registration Sanction/ Restriction/ Limitation	Medicare Sanctions	Medicaid Sanctions	Medicare Exclusions	Medicaid Exclusions
Verification Time Limit	120 calendar days	120 calendar days	120 calendar days	120 calendar days	120 calendar days
Speech Therapy including Virtual Speech Therapy	State Board	NPDB	State Medicaid Agency	NPDB	State Medicaid Agency
		or DHHS		or DHHS	

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Appendix C – Additional Verification Sources

ASH assesses and reviews whether state boards conduct criminal background checks as a part of the professional licensure process. If the state boards do not perform this function, ASH conducts a background check with First Advantage.

Specialty	Hospital Privileges	Preclusions	Legal Conviction
Verification Time Limit			
Acupuncturist	N/A	CMS Preclusion List	State Board
Athletic Trainer	N/A	CMS Preclusion List	State Board
			or First Advantage (as applicable)
Chiropractic	N/A	CMS Preclusion List	State Board
Massage Therapy	N/A	CMS Preclusion List	State Board
			or First Advantage (as applicable)
Medical	Verbal/Letter of good standing from hospital (as applicable)	CMS Preclusion List	State Board

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Specialty	Hospital Privileges	Preclusions	Legal Conviction
Verification Time Limit			
Naturopathy	N/A	CMS Preclusion List	State Board
Nutrition Services	N/A	CMS Preclusion List	First Advantage
Occupational Therapy including Virtual Occupational Therapy	N/A	CMS Preclusion List	State Board
Osteopathy	Verbal/Letter of good standing from hospital (as applicable)	CMS Preclusion List	State Board
Pharmacist	PSV - VPoint	CMS Preclusion List	State Board
Physical Therapy including Virtual Physical Therapy	N/A	CMS Preclusion List	State Board
Podiatry	Verbal/Letter of good standing from hospital (as applicable)	CMS Preclusion List	State Board
Speech Therapy including	N/A	CMS Preclusion List	State Board

Specialty	Hospital Privileges	Preclusions	Legal Conviction
Verification Time Limit			
Virtual Speech Therapy			

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