

HEALTH PLAN OF SAN JOAQUIN			
Subject: Credentialing of Providers			
Department: Medical Management			Policy #: QA23
Applies to: MCL, HF, HK, HC			Scope: QI
Effective Date: 9/1/96	Revised Date: 3/21/05	Approved by: Chief Executive Officer	

POLICY

- A.** The policy of the Health Plan of San Joaquin (HPSJ) is to assure through the credentialing process, that physicians and non-physician medical practitioners are licensed and certified in accordance with State and Federal requirements.
- B. Authority and Responsibility**
1. The Commission, as the governing body of the HPSJ, has a responsibility to maintain a system that encourages, promotes and requires a high quality of care to be delivered to its members. The Commission has the authority to delegate roles and responsibilities for the credentialing process to the appropriate HPSJ staff and the Peer Review/Credentialing Committee. The responsibilities of the respective delegated bodies are as follows:
 - a) The Medical Director (or his Physician designee) has been delegated authority to make decisions and take actions regarding compliance with HPSJ’s standards, protocols, policies, and provisions specified in the Medical, Podiatric, and Allied Service Agreements.
 - The oversight and review of the Provider Credentialing policy to ensure it reflects current requirements of the appropriate regulatory bodies and the standards and policies of HPSJ;
 - The preview or the verification files to ensure accuracy and completeness prior to the Committee meetings;
 - The oversight of the credentialing verification process, and staff;
 - Monitoring and reporting of each primary care physician’s performance on facility and medical record reviews and ensuring the Quality Improvement provider profiles are present in the verification files when presented to the Committee;
 - The review of the list of providers to be presented for review prior to the Committee meetings to determine if any of them have clinical quality of care issues that may require discussion during Peer Review; and

- The coordination and follow-up on clinical quality of care recommendations by the Committee.
- b) The Medical Director and/of her/his physician designee has been delegated authority to:
- Provide input regarding criteria or facility and medical record review;
 - Review member and provider clinical quality of care complaint summaries which are presented in the recredentialing decision making process;
 - Preview clinical quality of care cases to be reviewed by the Committee.
- c) The Committee reviews and evaluates the qualifications of each provider applying to become a contracted provider or seeking reappointment as a contracted provider. The Committee has been delegated authority to:
- Review the quality of care findings resulting from the credentialing and quality monitoring and improvement activities of the HPSJ;
 - Act as the final decision maker in regards to the initial and subsequent credentialing of providers based on clinical competency and/or professional conduct
 - Monitor the credentialing policies and procedural activities and make recommendations for changes to these policies;
 - Impose corrective actions as described in the Quality Improvement Plan.

C. HPSJ shall credential the following types of licensed independent practitioners:

1. Practitioners who have an independent relationship with the HPSJ. An independent relationship exists when HPSJ selects and directs its members to see a specific practitioner or group of practitioners, including all practitioners whom members can select as primary care practitioners (PCP). An independent relationship is no synonymous with an independent contract. Examples of these types of medical practitioners include:
 - a) Medical Doctors (MD)
 - b) Dentists (DDS)
 - c) Chiropractors (DC)
 - d) Doctors of Osteopathy (DO)
 - e) Doctors of Podiatric Medicine (DPM)
2. Practitioners who see members outside the inpatient hospital setting or outside ambulatory freestanding facilities

3. Practitioners who are hospital-based but who see HPSJ's members as a result of their independent relationship with HPSJ. Examples of these types of practitioners include but is not limited to:
 - a) Anesthesiologists with pain management practices
 - b) Cardiologists
 - c) University faculty who are hospital-based and who also have private practices
4. Non-physician practitioners who have an independent relationship with HPSJ as defined above, and who provide care under HPSJ's medical benefits. Examples of these types of practitioners include but is not limited to:
 - a) Nurse Practitioners
 - b) Nurse Midwives
 - c) Physician Assistants
 - d) Optometrists
 - e) Physical Therapists
 - f) Occupational Therapists
 - g) Speech and Language Therapists

D. Practitioners who do not need to be credentialed:

1. Practitioners who meet any of the following criteria are not included in the credentialing and recredentialing process:
2. Practitioners who practice exclusively within the inpatient setting and who provide care for HPSJ's members only as a result of members being directed to the facility. Examples of these types of practitioners include but is not limited to:
 - a) Pathologists
 - b) Radiologists
 - c) Anesthesiologists
 - d) Neonatologists
 - e) Emergency department physicians
 - f) Behavioral health care practitioners
 - g) Hospitalists
 - h) Telemedicine consultants
3. Practitioners who practice exclusively within freestanding facilities and who provide care for HPSJ members only as a result of members being directed to the facility. Examples of this type of facility include but are not limited to:
 - a) Mammography centers
 - b) Urgent care centers

- c) Surgery centers
- d) Ambulatory behavioral health care facilities (psychiatric and addiction disorder clinics)
- 4. Covering practitioners (e.g., locum tenens)
- 5. Practitioners who do not provide care for members in a treatment setting (e.g., board certified consultants)

E. Non Discrimination Policy for Providers

- 1. No provider shall be denied an agreement with the HPSJ, have any corrective actions imposed, or have their agreement suspended or terminated on the basis of race, color, age, sex, marital status, religious creed, ancestry, national origin or physical or mental disability.

F. Additional Credentialing Requirements for HIV/AIDS Specialists

- 1. Physicians applying for initial credentialing are required to complete an HIV/AIDS Specialist designation survey as part of the application process for internal medicine physicians, *Attachment A*
- 2. An HIV/AIDS specialist is a physician who holds a valid, unrevoked and unsuspended certificate to practice medicine in the state of California who meets any one of the following four criteria:
 - (a) Is credentialed as an “HIV” Specialist” by the American Academy of HIV Medicine; or
 - (b) Is board certified, or has earned a Certificate of Added Qualification, in the field of HIV medicine granted by a member board of the American Board of Medical Specialties, should a member board of that organization establish board certification, or a Certificate of Added Qualification, in the field of HIV medicine; or
 - (c) Is board certified in the field of infectious diseases and/or disease management by a member board of the American Board of Medical Specialties and meets the following qualifications:
 - In the immediately preceding 12 months has clinically managed medical care to a minimum of 25 patients who are infected with HIV; and
 - In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients, including a minimum of 5 hours related to antiretroviral therapy per year; or
 - (d) Meets the following qualifications:

- In the immediately preceding 24 months has clinically managed medical care to a minimum of 20 patients who are infected with HIV; and has completed the following:
- (e) In the immediately preceding 12 months has obtained board certification or re-certification in the field of infectious diseases from a member board of the American Board of Medical Specialties; or
 - (f) In the immediately preceding 12 months has successfully completed a minimum of 30 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients; or
 - (g) In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients and has successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV medicine.

G. Right of Practitioners to review credentialing application information

1. Practitioners have the right to review the information in their credentialing files, which are used by the Medical Director and/or Committee to determine participation or contract continuation.
 - a) Credentialing staff notifies practitioners of this right in a number of ways:
 - On the credentialing application and/or
 - In the practitioner contract and/or
 - In the Provider Services Manual and/or
 - Other publications.

H. Notification to Practitioners of Information Discrepancies

1. In the event that credentialing information obtained by HPSJ varies substantially from that provided by the practitioner on the application materials, HPSJ credentialing staff will notify the practitioner by letter, telephone, or fax. If the notification is conducted by telephone it will be documented and the documentation retained in the credentialing file.
2. HPSJ staff is not required to reveal to a practitioner the source of the information if the information is not obtained to meet HPSJ's credentialing verification requirements, or if law prohibits disclosure.

I. Right of Practitioners to Correct Erroneous Information

1. Practitioners have the right to correct erroneous information submitted by another party in the course of the credentialing process.
2. Credentialing staff will notify practitioners of this right in a number of ways:
 - a) On the credentialing application and/or
 - b) In the practitioner contract and/or
 - c) In the Provider Services Manual and/or
 - d) Other publications

J. Medical Director Responsibility and Participation

1. The HPSJ Medical Director serves as the chair of the Committee.
2. The HPSJ Medical Director directs the activities of HPSJ credentialing staff.
3. The HPSJ Medical Director is responsible for contacting practitioners whose applications are denied before the applications and recommendations are submitted to the Commission. If a provider wishes to withdraw the application, the application will be kept in a confidential file in the Quality Improvement Department and will not be forwarded to the Commission.

K. Confidentiality of Information Obtained during the Credentialing Process

1. All information obtained during the credentialing process is kept confidential.
2. Credentialing files are retained in locked cabinets in the Quality Improvement Department.
3. Credentialing Profile packets presented at the Committee are retrieved at the end of the meeting. All retrieved copies are destroyed and only the master credentialing file copy is retained.
4. Minutes of the Committee are confidential and are kept in a locked cabinet in the credentialing office.
5. Committee members and HPSJ staff are required to sign confidentiality statements annually.

L. Credentialing Action

1. A specialty provider applicant, who upon review receives recommendation for participation by the Committee, may at the recommendation of the Medical Director and at the discretion of the HPSJ CEO be granted temporary participation, pending final action by the Commission. Primary care provider applicants who receive recommendation for participation will not be granted temporary participation, and must wait until final action by the Commission.
2. The Medical Director, prior to the recommendation being submitted to the Commission, will notify an applicant who is denied participation of the decision. If the provider applicant wishes to withdraw his/her application, the application will remain in a confidential file at HPSJ and will not be forwarded to the Commission.

3. The Commission will take final action in executive session, accepting or denying recommendations for participating provider status. Credentialing staff will notify the applicant of the results, by letter within one week of the final decision.

PROCEDURE

A. Initial Credentialing of Physicians

1. Some information must be verified from primary sources. “Primary source” refers to an entity with legal responsibility for originating a document and ensuring the accuracy of the information, such as a state-licensing agency. The following information must be verified from primary sources:
 - a) License to practice;
 - b) Education and training, including evidence of graduation from the appropriate professional school and completion of a residency or specialty training, and
 - c) Board certification, if claimed at time of application.
2. The following information is required but does not require primary source verification:
 - a) Work history;
 - b) Clinical privileges in good standing (if applicable), including review of past history of curtailment or suspension of medical staff privileges;
 - c) Valid drug enforcement administration (DEA) number;
 - d) Current, adequate malpractice insurance;
 - e) Professional liability claims history;
 - f) Information from the National Practitioner Data Bank;
 - g) Medicare and Medi-Cal/Medicaid sanctions, and
 - h) Sanctions or limitations on licensure from State agencies or licensing boards.
3. The practitioner signs a statement indicating any limitations or inability to perform the essential functions of the position, with or without accommodation. The signed and dated application includes an attestation as to the correctness and completeness of the information.

B. Non-Physician Practitioner Credentialing

1. HPSJ ensures that the credentials of Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants are properly verified and meet State requirements to practice, as described below:
 - a) Nurse Practitioners
 - California Registered Nursing license;
 - Nurse Practitioner number, issued by the Board of Registered Nursing (BRN);
 - Nurse Practitioner Furnishing number issued by the BRN; and

- DEA number if prescribing controlled substances.
- b) Certified Nurse Midwives
- California Registered Nursing license;
 - Nurse Midwife certification from the BRN or Medical Board of California;
 - Furnishing number issued by the BRN; and
 - DEA number if prescribing controlled substances.
- c) Physician Assistant
- Physician Assistant license issued by the Medical Board of California;
 - DEA number if prescribing controlled substances.

C. Credentialing Process

1. Applications are received and processed by the credentialing staff who are responsible for completing the following:
 - a) Verifying that the application is complete. Missing information may be obtained by contacting the applicant by phone, or the application can be returned with a letter requesting the information be completed, and resubmitted to HPSJ for processing.
 - b) Entering the application into the credentialing database - Networks Pro.
 - c) Electronically querying the National Practitioner Data Bank (NPDB).
 - d) Verifying the license to practice through the State Medical Board of California.
 - e) Requesting information, if necessary, from the State Medical Board of California regarding issues against the provider license. Verifying medical education, residency and fellowship as applicable.
 - f) Inquiring, through the appropriate certification board or designated agent, about board eligibility or certification status, as applicable.
 - g) Verifying Medicare/Medi-Cal sanction activity, through the NPDB query.
 - h) Verifying hospital privileges, for HPSJ contracted hospitals.
 - i) Verifying malpractice and other insurance coverage, which may include property and casualty.
 - j) For mid-level practitioners, verifying current licensing and as appropriate, a furnishing number or certification issued by the State of California Physician Assistant Licensing Board or the Board of Registered Nursing.
 - k) Checking that the signed attestation statement has been returned by the practitioner regarding any physical or mental health problems, history of chemical dependency/substance abuse, history of loss of license and/or

felony convictions, or a history of loss or limitation of privileges or disciplinary actions.

- l) If the situation appears to warrant, a personal interview with the applicant by HPSJ's Medical Director or designee may be required.
 - m) Documenting the results of the procedures, which are included in the credentialing file, and presenting a credentialing profile form to the Committee.
2. The Quality Improvement Department shall conduct a facility audit of any applicant proposing to become a primary care physician office as required by the Department of Health Care Services contract. This includes conducting and documenting a structured review of the applicant's office facility and reviewing medical record keeping practices, to be sure they meet with HPSJ standards.

REFERENCE

- A. DHS Contract, Exhibit A, Attachment 4, Credentialing and Recredentialing
- B. DHS MMCD Policy Letter 02-
- C. NCQA MCO Surveyor Guidelines
- D. CCR, Title 28, 1300.67.60

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
9/1/96	3/5/01 D. Lesko	2/28/02 S. Steely	3/21/05 S. Steely	6/27/08	

**Practitioner 2168 Fax Back Form
HIV/AIDS Specialist Designation Request**

Fax To: _____

Fax Number: _____

Return By Date: _____

- No, I do not wish to be designated as an HIV/AIDS specialist.
- Yes, I do wish to be designated as an HIV/AIDS specialist based on the below criteria:
 - I am credentialed as an “HIV Specialist” by the American Academy of HIV Medicine.
 - OR
 - I am board certified in HIV Medicine or have earned a Certificate of Added Qualification in the field of HIV medicine by a member board of the American Board of Medical Specialties;
 - OR
 - I am board certified in Infectious Disease and in the past 12 months have clinically managed at least 25 HIV patients and completed 15 hours of category 1 CME in HIV medicine, five hours of which was related to antiretroviral therapy;
 - OR
 - In the past 24 months I have provided clinical management to 20 HIV patients and in the past 12 months have completed board certification in Infectious Disease;
 - OR
 - In the past 24 months I have provided clinical management to 20 HIV patients and in the past 12 months have completed 30 hours of category 1 CME in HIV medicine;
 - OR
 - In the past 24 months I have clinically managed at least 20 HIV patients and in the past 12 months have completed 15 hours of category 1 CME in HIV medicine and successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV Medicine.

I attest that, to the best of my knowledge, the information can be supported by documentation (if required).

Physician’s Name (Print) _____ Date _____

Signature _____ License # _____

Telephone # _____

Name and Title of Person Submitting Form _____