

1 **Policy:** **Credentialing Program**

2

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

4

5 **Product:** **Specialty**

6

7

8 **SCOPE**

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

17

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

22

23 All ASH clinical staff, including those who perform medical necessity verification  
24 determinations, must meet all ASH credentialing and recredentialing criteria, including  
25 assessment of Medicare and Medicaid sanctions.

26

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

32

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

1 A complete application includes the following:

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

7  
8 State and federal regulations, including Department of Labor (DOL) standards, as well as  
9 national industry standards established by the National Committee for Quality Assurance  
10 (NCQA) and URAC, are monitored continually to evaluate ASH’s compliance with  
11 applicable standards. Health plan clients are notified and regulatory filings are updated  
12 when policies are revised, as applicable.

13  
14 To support accreditation standards, signature dates on practitioner applications must not be  
15 older than 180 calendar days at the time of the PRC presentation and determination.  
16 Documents for any applicant or credentialed practitioner must be no more than 180  
17 calendar days old at the time of the PRC presentation and determination. If the signature  
18 date on an application exceeds 180 calendar days, the practitioner is required to review, re-  
19 sign, and date the application. If any documents are over 180 calendar days old, they must  
20 be updated. Additionally, primary source verification activities greater than 180 calendar  
21 days are re-verified. In no event shall the timeframe for completion of all credentialing and  
22 recredentialing activities exceed 180 days from the date of signature on the application.

23  
24 Policies are maintained that define the credentialing and recredentialing criteria and  
25 process. The PRC provides input into the development of new credentialing policies and  
26 reviews current credentialing policies and program. The credentialing program is annually  
27 reviewed, revised as needed and approved by the appropriate quality committee and the  
28 Quality Oversight Committee (QOC). A designated clinical manager has direct  
29 responsibility for, and participation in, the credentialing program.

30  
31 **DESIGNATED STAFF RESPONSIBILITIES**

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

35  
36 **Clinical Staff Responsibilities**

37 **Chief Health Services Officer**

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

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

11  
 12 The CHSO has the authority to approve policies when regulatory, accreditation or  
 13 delegation requirements require urgent review and approval prior to QOC adoption.

14  
 15 **Vice President, Health Services**

16 The Vice President, Health Services chairs the QOC which has responsibility for the  
 17 development and oversight of the Quality Improvement (QI) Program (QI Program).

18  
 19 **Vice President, Clinical Services**

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

24  
 25 Additional responsibilities include:

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

1 **Vice President, Virtual Physical Therapy**

2 The Vice President, Virtual Physical Therapy reports to the CHSO and supports the Vice  
3 President, Clinical Services to assure the appropriate credentialing oversight, quality of  
4 care, and monitoring of virtual physical therapy (telehealth services) practitioners. As  
5 applicable, the Vice President, Virtual Physical Therapy holds a current, active,  
6 unrestricted license to practice in his/her respective healthcare discipline and meets ASH  
7 credentialing criteria.

8  
9 **Medical Director**

10 Medical Directors report to either the Vice President, Clinical Services or the Vice  
11 President, Health Services and hold current and unrestricted licenses to practice medicine  
12 (MD/DO) in a state, territory or commonwealth of the United States, requisite certifications  
13 as required by state regulation(s) and meet ASH credentialing criteria.

14  
15 Responsibilities include, as defined in applicable job descriptions:

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

1 **Administrative Staff Responsibilities**

2 **Senior Vice President, Specialty Network Operations**

3 The Senior Vice President, Specialty Network Operations reports to the President/Chief  
4 Operations Officer and oversees the operational area of Practitioner Contract  
5 Administration, and as such, is responsible for overseeing implementation of the  
6 operational components of the Credentialing Program and policies.

7  
8 **Vice President, Specialty Network Operations**

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

12  
13 **Vice President, Health Services Administration**

14 The Vice President, Health Services Administration, in support of the QOC, is responsible  
15 for the development and implementation of the QI Program including development of key  
16 goals and quality strategies in conjunction with senior management and ASH’s clinical  
17 committees. The QOC oversees approval and adoption of the QI Program and supporting  
18 policies regarding the operations, outcomes, and quality improvement initiatives.

19  
20 The Associate Vice President, Health Services provides policy development, document  
21 control and content review oversight.

22  
23 **Practitioner Contract Administration Department**

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

29  
30 **Staff Orientation**

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

1 **Provisional Credentialing**

2 ASH uses a Memorandum of Understanding (MOU) process to trigger provisional  
3 credentialing to ensure continuity of care and to limit member disruption. The Vice  
4 President, Clinical Services or clinical designee will sign off on provisionally credentialed  
5 files on behalf of the PRC.

6  
7 **INITIAL CREDENTIALING**

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

12  
13 **Credentialing Application: Attestation and Disclosure Statement Sections**

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

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

29  
30 Practitioners must sign and date a statement in the application authorizing ASH to collect  
31 any information necessary to verify the information in the credentialing application.

32  
33 In addition to the standard credentialing process, ASH may choose to implement targeted  
34 recruitment, practice pattern analytics, and supplemental onboard processes for evaluation  
35 and identification for specialty products (e.g., physical therapy practitioners for virtual  
36 physical therapy [telehealth services]).

1 **CANCELLED APPLICATIONS**

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

5  
6 **RECREDEntIALING**

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

14  
15 The cycle begins with the date of the previous credentialing or recredentialing decision by  
16 the Practice Review Committee (PRC). Prior to continued participation, all recredentialing  
17 files are required to be reviewed by the PRC, which includes credentialed, peer  
18 representation and internal clinical managers. Appropriately licensed, peer specialty  
19 clinical staff review the files for areas of clinical concern or inadequate information.

20  
21 If ASH does not have the necessary information for recredentialing, ASH informs the  
22 practitioner that additional information is needed at least 30 calendar days before the  
23 recredentialing deadline and that without the necessary information, the practitioner will  
24 be administratively terminated. ASH includes this notification in the practitioner’s  
25 credentialing file. If the practitioner is subsequently terminated for lack of information, the  
26 termination notice should be in the practitioner’s file.

27  
28 If ASH fails to recredential a practitioner with the 36-month timeframe and did not  
29 terminate the practitioner, ASH may recredential the practitioner within 30 calendar days  
30 of missing the original deadline. If ASH is not able to complete the recredentialing within  
31 those additional 30 calendar days, ASH must initially credential the practitioner.

32  
33 **Recredentialing Application: Attestation and Disclosure Statement Sections**

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

- 1 • Reasons for inability to perform essential functions of the position with or without
- 2 accommodation;
- 3 • Any physical or behavioral health conditions that could impede the practitioner’s
- 4 ability to provide care or telehealth services (VPT practitioners);
- 5 • Lack of present illegal drug use;
- 6 • History of loss of license/certificate/registration and/or felony convictions;
- 7 • History of loss or limitation of privileges or disciplinary action;
- 8 • Current professional liability (malpractice) insurance coverage; and
- 9 • Professional liability (malpractice) claims history.

10  
11 The credentialed practitioner’s credentials and qualifications are verified using primary  
12 source verification as in the initial credentialing process, except for education, training, and  
13 work history.

#### 14 **Primary Source Verification Elements**

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

17  
18 All primary source verification will be conducted no more than 180 calendar days prior to  
19 the PRC decision.

20  
21 In the event that ASH is unable to complete primary verification within 90 days of receipt  
22 of the completed application because of delays caused by a third party to provide necessary  
23 documentation, the timeframe may be extended, subject to notification to the practitioner  
24 of such extension. ASH makes every effort to obtain the information from the third party  
25 as soon as possible.

26  
27 The verification is electronic, written or verbal. Electronic verification requires the run or  
28 processing date of the query and/or report and requires the initials and date of the person  
29 running/verifying the report. If verification is from a website, the printed document must  
30 include the URL and date. Verbal verification requires a signed and dated document in the  
31 credentialing file documenting the agency/source and name of the person who provided  
32 the information. In addition, ASH verifies the Medicare number and Medicaid number for  
33 applicable states for all practitioners with the Centers for Medicare and Medicaid Services  
34 (CMS) website and documents verification on the PV cover sheet.

35  
36 The table on the following pages outlines the primary source verification elements for each  
37 practitioner type credentialed by ASH.  
38

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

**CR 1 Revision 32 – S**

Credentialing Program

**Revised – April 20, 2023**

To SPW for review 03/27/2023

SPW reviewed 03/27/2023

To PCC KPT for review 03/29/2023

PCC KPT reviewed and recommended for approval 03/29/2023

To PRC for review and approval 03/30/2023

PRC reviewed and approved 03/30/2023

To QIC for review and approval 04/04/2023

QIC reviewed and approval 04/04/2023

To QOC for review and approval 04/20/2023

QOC reviewed and approved 04/20/2023

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

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To SPW for review 03/27/2023

SPW reviewed 03/27/2023

To PCC KPT for review 03/29/2023

PCC KPT reviewed and recommended for approval 03/29/2023

To PRC for review and approval 03/30/2023

PRC reviewed and approved 03/30/2023

To QIC for review and approval 04/04/2023

QIC reviewed and approval 04/04/2023

To QOC for review and approval 04/20/2023

QOC reviewed and approved 04/20/2023

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

1

**CR 1 Revision 32 – S**  
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**Revised – April 20, 2023**  
 To SPW for review 03/27/2023  
 SPW reviewed 03/27/2023  
 To PCC KPT for review 03/29/2023  
 PCC KPT reviewed and recommended for approval 03/29/2023  
 To PRC for review and approval 03/30/2023  
 PRC reviewed and approved 03/30/2023  
 To QIC for review and approval 04/04/2023  
 QIC reviewed and approval 04/04/2023  
 To QOC for review and approval 04/20/2023  
 QOC reviewed and approved 04/20/2023

- 1 Definitions:
- 2 • CMS: Centers for Medicare & Medicaid Services
  - 3 • ABFAS: American Board of Foot and Ankle Surgery
  - 4 • ABMS: American Board of Medical Specialties
  - 5 • ABPM: American Board of Podiatric Medicine
  - 6 • CCE: Counsel on Chiropractic Education
  - 7 • CDR: Commission on Dietetic Registration
  - 8 • AOA: American Osteopathic Association
  - 9 • BOC: Board of Certification for the Athletic Trainer
  - 10 • NPDB: National Practitioner Data Bank
  - 11 • DHHS: Department of Health and Human Services
  - 12 • CIN-BAD: Chiropractic Information Network-Board Action Databank

**CR 1 Revision 32 – S**

Credentialing Program

**Revised – April 20, 2023**

To SPW for review 03/27/2023

SPW reviewed 03/27/2023

To PCC KPT for review 03/29/2023

PCC KPT reviewed and recommended for approval 03/29/2023

To PRC for review and approval 03/30/2023

PRC reviewed and approved 03/30/2023

To QIC for review and approval 04/04/2023

QIC reviewed and approval 04/04/2023

To QOC for review and approval 04/20/2023

QOC reviewed and approved 04/20/2023

1 **Medical Board Certification/Eligibility**

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

9  
10 **License/Certification/Registration**

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

15  
16 Verification of license/certificate/registration (including sanctions and limitations) for a  
17 minimum of the most current five (5) years is completed on all professional clinical  
18 licenses, certifications, or registrations reported on the application by the practitioner,  
19 regardless of the state in which the practitioner is practicing. Verification is performed for  
20 current and previous licenses in all states when disclosed on the practitioner application.  
21 Licensure/certification/registration status and actions against  
22 licensure/certification/registration are verified with the appropriate clinical board(s) (either  
23 directly from the state licensing agency or its website) for all clinical  
24 licenses/certificates/registrations, as applicable. Reported state board actions are  
25 investigated.

26  
27 Practitioners’ license/certificate/registration(s) must be in good standing as determined by  
28 the PRC and in effect at the time of the credentialing decision. Practitioners are required to  
29 report any adverse change in license/certificate/registration status to ASH in a timely  
30 manner. The details of this requirement are stipulated in the applicable services agreement.

31  
32 **License Re-Verification**

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

1 **Transition of Existing Non-Licensed Practitioners**

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

8  
9 **Professional Education and Training**

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

17  
18 **Professional Education and Training**

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

22  
23 **Professional Education and Training for Non-Physician Acupuncturists Participating**  
24 **in Medicare Part B**

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

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

33  
34 **Professional Liability (Malpractice) Coverage**

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

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

3  
4 If a practitioner maintains coverage as part of a group policy, the following is required:

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

13  
14 If a practitioner is employed by a provider group or entity that is self-insured, evidence of  
15 coverage, either through a list provided by the carrier of all practitioners covered under the  
16 group policy or, where a list of all practitioners is unavailable, through contractual evidence  
17 that all employees of the policyholder are covered, must be supplied to meet the  
18 requirements for credentialing.

19  
20 **Professional Liability (Malpractice) History**

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

25  
26 PRC will review professional liability (malpractice) or claims information received from  
27 professional liability (malpractice) insurance carrier(s) if:

- 28 • There has been litigation and a settlement for any one (1) case of more than  
29 \$2,999.99; or
- 30 • There has been litigation and settlements for more than three (3) cases in the last  
31 two (2) years.

32  
33 If there is any claims history, documented information is required about the case(s) from  
34 the practitioner and insurance carrier(s), if available, and will be provided to PRC for  
35 review and consideration.

36  
37 **National Practitioner Data Bank**

38 The NPDB is a federally established data bank that contains practitioner information,  
39 including but not limited to medical professional liability (malpractice) payments,

1 licensure/disciplinary actions, adverse actions that affect a practitioner’s professional  
 2 society membership, specific exclusions from state and federal programs (including  
 3 Medicare and Medicaid), civil judgments, criminal convictions, and contract terminations  
 4 as they relate to quality of patient care.

5  
 6 At the time of initial credentialing, NPDB is queried on new applicants, if applicable.  
 7 NPDB is also queried at recredentialing of credentialed practitioners, if applicable. NPDB  
 8 is also queried, as appropriate, during investigations related to quality of care.

9  
 10 **Sanctions and Exclusions**

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

15  
 16 All practitioners are checked against the Federal agencies sanctions lists during initial  
 17 credentialing and recredentialing process on a monthly basis.

18  
 19 The Federal agencies include:

- 20 • Office of the Inspector General (OIG)
- 21 • OIG Most Wanted Fugitives
- 22 • System Award Management (SAM)
- 23 • National Medicare Opt Outs
- 24 • Medicaid Exclusion 50 States
- 25 • Social Security Death Master File (SSDMF),
- 26 • List of Excluded Individuals/Entities (LEIE)
- 27 • National Provide Identification (NPI)
- 28 • Office of Foreign Assets Control (OFAC)
- 29 • CMS Preclusion List

30  
 31 If an applicant is found on any of the above exclusion lists, the report is forwarded to the  
 32 credentialing representative and the application is cancelled. If a practitioner is found on  
 33 any of the above exclusion lists, the practitioner is processed for termination.

34  
 35 ASH prohibits employment or credentialing with practitioners (or entities that employ or  
 36 contract with such practitioners) that are found on any of the excluded/sanctioned lists.

1 **Disclosure of Ownership (Medicare and Medicaid only)**

2 At the time of initial credentialing and during each recredentialing cycle, ASH confirms  
3 the Disclosure of Ownership is present in all practitioners’ credentialing files.  
4

5 **Medicare Numbers and Participation**

6 At the time of initial credentialing and during each recredentialing cycle, ASH verifies  
7 Medicare numbers (when applicable) for all practitioner to ensure that they are active with  
8 CMS.  
9

10 As stated in the applicable services agreement, in order to participate with ASH, licensed  
11 practitioners who are Medicare eligible, may not opt out of Medicare participation and  
12 subsequently enter into private contracts with Medicare patients (Reference: Medicare  
13 Benefit Policy Manual, Chapter 15: Covered Medical and Other Health Services, Section  
14 40.04).  
15

16 **Medicaid Numbers**

17 At the time of initial credentialing and during each recredentialing cycle, ASH verifies  
18 Medicaid numbers (when applicable) for all practitioners to ensure that they are active with  
19 state Medicaid agencies.  
20

21 **Hospital Privileges**

22 Hospital privileges will be queried for practitioners who indicate they have admitting or  
23 consulting privileges. Hospital privileges must be in good standing as verified by the  
24 hospital’s Medical Staff Office.  
25

26 **DEA or CDS Certificate**

27 As applicable, ASH verifies a DEA or Controlled Dangerous Substances (CDS) certificate  
28 in each state where a practitioner provides care to members.  
29

30 **ADDITIONAL ELEMENTS**

31 **Work History**

32 Applicants for initial credentialing must include professional work history from the most  
33 current five (5) years or as otherwise required by state and Federal laws and regulations.  
34 The credentialed practitioner is responsible for submitting post-licensure/clinical education  
35 work history information. Work history may be provided on the credentialing application  
36 or by curriculum vitae. Any gaps of six months (6) or more, or as otherwise required by  
37 state and Federal laws and regulations, must be explained in writing by the applicant and  
38 included in the practitioner’s credentialing file. The explanation of the gap needs to be  
39 sufficient to ascertain that the gap did not occur as a result of adverse and/or reportable  
40 situations, occurrences, or activities. The work history, with an explanation of a gap, as

1 applicable, must be initialed and dated by the staff member reviewing the work history and  
2 must have been received within 180 calendar days of the applicant’s application signature  
3 date and forwarded to Practice Review Committee (PRC) for review.

4  
5 **Office Facility and Medical Records Standards and Thresholds**

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

9  
10 Failure to comply with the contractual standards and thresholds may lead to corrective  
11 actions up to and including termination or decredentialing.

12  
13 Practitioners or providers delivering virtual or telehealth services must render services from  
14 a facility or setting professional in appearance and conducive to effective video and audio  
15 communications.

16  
17 Please see the *Office Facility Standards (QM 20 – S)* and the appropriate specialty-specific  
18 Office Facility Standards addendum for more information.

19  
20 **ONGOING MONITORING OF SANCTIONS AND COMPLAINTS**

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

24  
25 The Federal agencies include:

- 26 • Office of the Inspector General (OIG)
- 27 • OIG Most Wanted Fugitives
- 28 • System Award Management (SAM)
- 29 • National Medicare Opt Outs
- 30 • Medicaid Exclusion 50 States
- 31 • Social Security Death Master File (SSDMF)
- 32 • List of Excluded Individuals/Entities (LEIE)
- 33 • National Provide Identification (NPI)
- 34 • Office of Foreign Assets Control (OFAC)
- 35 • CMS Preclusion List

36  
37 All practitioners are also checked for Medicare sanctions, restrictions or limitations on  
38 licensure or scope of practice on a monthly basis. Practitioners excluded/sanctioned from  
39 Medicare will be terminated or decredentialed.

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

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

13  
14 The review of information obtained from the above reports is conducted within 30 calendar  
15 days of the release of the report. Should a credentialed practitioner be listed as  
16 excluded/sanctioned, documentation will be forwarded to PRC for review. PRC will make  
17 a determination regarding the practitioner’s continued participation with ASH. .

18  
19 Practitioner sanctions, complaints, and adverse events between credentialing cycles are  
20 monitored on an ongoing basis, at least every 6 months, and appropriate action is taken  
21 when occurrences of poor quality of care or service are identified.

22  
23 Any ongoing monitoring that identifies a compliance issue with credentialing standards  
24 and quality criteria that does not result in termination or decredentialing will be included  
25 in the recredentialing review process.

26  
27 Policies and procedures are maintained to monitor quality-related practitioner activity on  
28 an ongoing basis between credentialing cycles.

29  
30 **Failure to Maintain Credentialing Requirements on an Ongoing Basis**

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

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

4  
5 Failure of clinical staff to maintain an active unrestricted license, certification, or  
6 registration will result in restriction from participating in peer review activities until such  
7 time as their license, certification or registration is reinstated.

8  
9 **Notification to Authorities and Practitioner Appeal Rights**

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

15  
16 **Procedures for Reporting to Authorities**

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

26  
27 During the reporting process, confidential information, in accordance with ASH policy,  
28 will be shared on a need-to-know basis. Under no circumstances are any clinical quality  
29 committee meeting minutes or any other peer review documentation disclosed to any entity  
30 or individual unless ordered by subpoena or otherwise authorized for disclosure by the  
31 Chief Health Services Officer (CHSO). Standard procedures for the protection of  
32 patient/member confidentiality are followed. The Regulatory and Program Compliance  
33 department addresses any further disclosure issues as they arise.

34  
35 **NATIONAL PRACTITIONER DATA BANK REPORTING**

36 In accordance with National Practitioner Data Bank (NPDB) guidelines, ASH has  
37 determined that terminations or resignations during the course of an investigation related  
38 to professional competence or conduct are reported. As an eligible entity of NPDB, ASH  
39 files a report within 30 calendar days (including Saturdays, Sundays, and Federal holidays)  
40 to NPDB of the final adverse determination. The credentialed practitioner must have

1 exhausted all options to appeal the initial determination prior to reporting or have had  
2 clinical privileges affected for at least 30 days prior to reporting; therefore, if an immediate  
3 termination has been in effect for over 30 days and the credentialed practitioner has  
4 appealed the action, the report is entered but it is noted in the report that the action is under  
5 appeal and the report is updated after the appeal is resolved, if necessary.

6  
7 Written notification is mailed to the credentialed practitioner within 10 business days of  
8 the date of ASH’s determination of an appeal. If a credentialed practitioner utilizes the  
9 appeal or hearing right and the adverse determination is upheld, a report is filed within 30  
10 calendar days (including Saturdays, Sundays, and Federal holidays) for NPDB of the final  
11 resolution of the adverse determination.

12  
13 **Reporting to State Boards, State Agencies, Law Enforcement Agencies and Health**  
14 **Plans**

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

18  
19 ASH reports quality of care issues resulting in immediate termination or dec credentialing to  
20 health plans within five (5) days from the date of immediate termination or dec credentialing.

21  
22 **PRACTITIONER NOTIFICATION**

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

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

33  
34 Credentialed practitioners who meet rec credentialing criteria remain as a participating  
35 practitioner and are notified in writing of the committee’s decision within 10 business days  
36 of the date of the decision.

37  
38 When the PRC determines that a credentialed practitioner fails to meet rec credentialing  
39 criteria, PRC will terminate or dec credential the practitioner. The practitioner is notified in

1 writing within 10 business days of the date of the decision. The notification describes the  
2 basis for termination or decredentiaing and the practitioner’s right to appeal.

3  
4 **PRACTITIONER DENIALS AND APPEALS**

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

9  
10 **PRACTITIONER TERMINATION AND APPEALS**

11 The Practice Review Committee (PRC) may terminate or decredentia a credentialed  
12 practitioner “for cause” immediately or with 30 days’ notice as determined by state  
13 regulations or stipulated in the applicable services agreement. The credentialed practitioner  
14 is notified in writing of the basis for termination and appeal rights. Credentialed  
15 practitioners who are terminated or decredentiaed are afforded a two-level appeals  
16 process.

17  
18 **PROTECTION OF PRACTITIONER RIGHTS**

19 Practitioners are given the right to review the information submitted in support of their  
20 credentialing or recredentiaing application. All practitioners are notified of their right to  
21 correct erroneous information on the credentialing application. The recruitment materials  
22 and the “Instructions” section of the ASH credentialing application states that,  
23 Applicants/Practitioners have the right to review and correct the information they submit  
24 in support of the Credentialing/Recredentiaing application. If any information provided in  
25 the application varies substantially from the information received during the credentialing  
26 process, practitioners will be notified in writing by the credentialing examiner, explaining  
27 the area of differing information and will be given the opportunity to respond or correct  
28 any erroneous information within five (5) days of receipt of the notice.

29  
30 Practitioners have the right, upon request, to be informed of the status of their application  
31 by contacting the Practitioner Contract Administration department at any time during the  
32 credentialing process. Practitioners are informed of this right in the recruitment materials  
33 and the “Instructions” section of the ASH credentialing application. Practitioners will be  
34 contacted by the Practitioner Contract Administration department via telephone within 24  
35 hours of a practitioner request and informed of the status of their application. ASH does  
36 not allow a practitioner to review references, recommendations, or other peer review-  
37 protected information as defined in the Health Care Quality Improvement Act of 1986.

38  
39 Practitioners may review and correct information on their application at any time until a  
40 determination is made by the Practice Review Committee (PRC). If a practitioner desires

1 to modify the application, ASH returns a copy of the original application via mail or fax to  
2 the practitioner. The practitioner is instructed to make any changes directly on the  
3 application, initial the changes and return to the credentialing representative via mail or  
4 fax. The corrected application, initialed by the practitioner, is documented and retained in  
5 the practitioner’s permanent file for review by PRC.

6  
7 If any information received during the credentialing process varies substantially from the  
8 information provided by the practitioner, the practitioner will be notified in writing by the  
9 credentialing examiner, explaining the area of differing information. The practitioner is  
10 given the opportunity to correct any erroneous information obtained by responding via  
11 letter or fax within five (5) days of receipt of the notice. The information returned to ASH  
12 by the practitioner is documented as received and retained in the practitioner’s permanent  
13 file for review by PRC.

14  
15 **PROVIDER/PRACTITIONER DIRECTORIES**

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

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

23  
24 **COMMITTEE ACCOUNTABILITY**

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

32  
33 **Practice Review Committee**

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

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

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

11  
 12 Committee structure, including membership, participation of credentialed practitioners,  
 13 voting rights, and quorum requirements, are included in the PRC charter.

### 14 **Quality Improvement Committee**

15 The Quality Improvement Committee (QIC) is primarily responsible for the following peer  
 16 review functions:  
 17

- 18 • Peer review and decision determination for credentialing denial appeals;
- 19 • Peer review and decision determination for termination or decredentialing appeals  
 20 – 1<sup>st</sup> Level;
- 21 • Peer review and decision determination for clinical performance tier appeals;
- 22 • Review, make language modification recommendations, and approve clinical  
 23 policy and clinical practice guidelines.

24  
 25 Committee structure, including membership, participation of credentialed practitioners,  
 26 voting rights, and quorum requirements, are included in the QIC charter.

### 27 **Committee Chair Responsibilities**

28 The committee chairperson or official designee is responsible for:  
 29

- 30 • Effective meeting management;
- 31 • Priority setting for agenda items;
- 32 • Approval of guest attendance;
- 33 • Signing approved documents on behalf of the committee;
- 34 • Ensuring committee tasks are completed;
- 35 • Calling for votes and ensuring a quorum;
- 36 • Following up on committee issues;
- 37 • Ensuring that accurate meeting minutes are maintained; and
- 38 • Reporting to supervisory committees.

1 **Administrative File Review**

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

5  
6 Representatives of the Practitioner Contract Administration department are responsible for  
7 collecting the core credentialing criteria and contractual requirements of the credentialing  
8 process.

9  
10 Upon completion of the collection of prescribed documentation by the Practitioner  
11 Contract Administration department the credentialing files are presented to PRC.

12  
13 **Practice Review Committee Decision Protocol**

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

18  
19 As part of the credentialing and recredentialing process PRC reviews and verifies the  
20 following elements:

- 21 • Licensure/Certification/Registration status and actions
- 22 • Professional Liability Insurance (Malpractice) Coverage and History
- 23 • Sanctions and Exclusions (Medicare/Medicaid)
- 24 • Disclosure of Ownership (Medicare and Medicaid only)
- 25 • Medicare Numbers and Participation
- 26 • Medicaid Numbers
- 27 • Credentialing application, including Attestations and Disclosures Statement
- 28 • Medical Board Certification/Eligibility (if applicable)
- 29 • National Practitioner Data Base reports
- 30 • Professional Education and Training
- 31 • Work History
- 32 • Hospital Privileges, as applicable
- 33 • DEA or Control Dangerous Substances (CDS) certificates
- 34 • Member Complaints (Recredentialing only)
- 35 • Quality Performance Management Alerts (Recredentialing only)

36  
37 Credentialing/Recredentialing files that meet all criteria noted above (i.e., do not contain  
38 any adverse reports) may be presented for consensus approval by the PRC. Files that

1 present questionable information are presented individually for committee discussion and  
2 determination.

3  
4 Credentialed practitioners who fail to meet credentialing criteria are terminated or  
5 decredentialed.

6  
7 For practitioners not admitted or maintained in the network, QIC has the decision making  
8 authority upon appeal.

9  
10 PRC evaluates applicants and credentialed practitioners on the totality of information  
11 provided. Decisions are not made solely on the basis of community knowledge.  
12 Community knowledge is noted and investigated, and all documented evidence to support  
13 the community knowledge is taken into account in the credentialing decision.

14  
15 **Urgent Issues Between Meetings**

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

20  
21 **Guest Attendance at Committee Meetings**

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

26  
27 **Meeting Minutes**

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

30  
31 PRC meeting minutes are dated, signed by the chair and recorder, and are available for  
32 review by health plan, regulatory, and accreditation auditors. Confidentially maintained  
33 minutes reflect additional committee decisions and actions, including review and  
34 evaluation of activities, tracking of key monitors, and review of policies.

35  
36 Minutes also include actions instituted by the committee, including appropriate follow up,  
37 review of documents, and active practitioner participation.

38  
39 Minutes are reviewed and approved by vote of the appropriate committee in a timely  
40 manner, with best efforts made to finalize at the next scheduled meeting. All agendas,

1 minutes, reports, and documents presented to committees are maintained in a confidential  
2 electronic format and are available upon request, as appropriate. PRC activity is reviewed  
3 and approved by QOC on a regular basis.

4  
5 **Tracking and Trending Credentialing Activities**

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

14  
15 **DELEGATION**

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

- 19 • The responsibilities of ASH and the sub-delegated entity;
- 20 • The delegated activities;
- 21 • Semi-annual reporting (minimal);
- 22 • Process for evaluation the sub-delegated entity’s performance;
- 23 • The delegate’s credentialing system security controls to protect data from  
24 unauthorized modification;
- 25 • How the delegate monitors its credentialing system security controls at least  
26 annually;
- 27 • How the organization monitors the delegate’s credentialing system security  
28 controls at least annually; and
- 29 • The remedies, including revocation of the delegation, if the sub-delegated entity  
30 does not fulfill its obligation.

31  
32 If the delegation arrangement includes the use of member protected health information by  
33 the delegate, the delegation document also includes the following provisions:

- 34 • A list of the allowed uses of member health information;
- 35 • A description of delegate safeguards to protect the information from inappropriate  
36 use or further disclosure;
- 37 • A stipulation that the delegate will ensure that sub-delegates have similar  
38 safeguards;

- 1 • A stipulation that the delegate will provide members with access to their
- 2 information;
- 3 • A stipulation that the delegate will inform the organization if inappropriate uses of
- 4 the information occur; and
- 5 • A stipulation that the delegate will ensure protected information is returned,
- 6 destroyed, or protected if the delegation agreement ends.

7  
8 The sub-delegated entity’s capacity to perform the activities are evaluated prior to  
9 delegation and evaluated annually whereto the sub-delegate’s activities are being  
10 conducted in accordance with ASH policy, federal regulations, URAC, National  
11 Committee for Quality Assurance (NCQA), and Department of Labor (DOL) standards. If  
12 the delegate is accredited for credentialing, annual file audit and evaluation is waived,  
13 provided that the delegate submits evidence of current accreditation.

14  
15 If the delegate is not accredited by NCQA and/or URAC for credentialing ASH will  
16 conduct an annual audit of the delegate’s credentialing policies and procedures, and  
17 conduct an annual audit of their credentialing and recredentialing files against NCQA  
18 and/or URAC standards. ASH will also annually evaluate the delegate’s performance  
19 against NCQA and/or URAC standards for any delegated activities as well as semi-  
20 annually evaluates reports.

21  
22 All delegates are required to submit reports at least semi-annually. ASH will monitor the  
23 effectiveness of the delegate's recertification processes at least annually. Final decision-  
24 making authority regarding network participation status for any practitioner is maintained  
25 by ASH. The right to approve new practitioners and sites and to terminate suspend or  
26 decredential individual practitioners or sites is retained by ASH.

27  
28 For delegates that store, create, modify or use credentialing data for ASH:

- 29 • ASH will annually monitor the delegate’s credentialing system security controls to
- 30 protect data from unauthorized modification.
- 31 • ASH will ensure the delegate annually monitors and follows its own credentialing
- 32 system security controls policies and procedures.
- 33 • ASH will document and review all non-compliant credentialing data modifications
- 34 that did not meet the modification criteria allowed by the delegation agreement or
- 35 by the delegates’ policies and procedures.
- 36 • Auditing is allowed only if delegate does not use a credentialing system that can
- 37 identify all noncompliant modifications in which case the staff roles or department

involved in the audit are documented and one of the following methods to audit files:

- Five percent or 50 of its files, whichever is less, to ensure that information is verified appropriately
  - At a minimum, the sample includes at least 10 credentialing files and 10 recredentialing files. If fewer than 10 practitioners were credentialed or recredentialed since the last annual audit, the organization audits the universe of files rather than a sample
- The NCQA “8/30 methodology”
- For any non-compliant credentialing modifications made by the delegate ASH will:
  - Document all actions taken or planned to address the non-compliant modification findings.
  - Implement a quarterly monitoring process to assess the effectiveness of its actions on all findings. Continue the monitoring until the delegate demonstrates improvement of at least one finding over three consecutive quarters.
  - The organization identified findings less than three quarters before the survey submission date, it submits all monitoring information it has available.

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

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

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

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

**Credentialing File Storage and Maintenance**

All credentialing information is stored in PROMIS ASH’s proprietary database, and electronic copies are maintained in SharePoint and permanently stored in Xendocs. If documents are received in paper format, they are scanned and saved, then shredded per company policy. All systems are maintained in the strictest confidence and are on a secure

1 server accessible to authorized credentialing staff members only. ASH’s credentialing  
2 information systems (PROMIS/SharePoint/Xendocs) are password-protected with access  
3 granted only to authorized staff members.

4  
5 **CONFIDENTIALITY**

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

12  
13 **NON-DISCRIMINATION**

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

24  
25 ASH does not discriminate against practitioners who service high risk populations or who  
26 specialize in the treatment of costly conditions.

27  
28 ASH has an open access network with procedures for monitoring and preventing  
29 discrimination.

30  
31 The procedures for monitoring (i.e., tracking and identifying discrimination) and  
32 preventing discriminatory credentialing decisions include but are not limited to:

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

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

3

4 **DATA CONTAINED IN MEMBER MATERIALS**

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