Anthem®

Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

Anthem Blue Cross and Blue Shield

Credentialing and Recredentialing:
A Companion Guide to the Indiana Medicaid Provider Manual

For Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

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Welcome

Thank you for being part of the Anthem Blue Cross and Blue Shield (Anthem) provider network. This Companion Guide to the Indiana Medicaid Provider Manual is designed to provide the vital information you need to assist you with the credentialing and recredentialing process.

You can visit us online at **www.anthem.com/inmedicaiddoc** and click on *The Anthem Network* to find out more about credentialing.

If you have any questions, you can contact your Network Relations consultant or call Provider Services at the following numbers:

- Hoosier Healthwise — **1-866-408-6132**
- Healthy Indiana Plan — **1-844-533-1995**
- Hoosier Care Connect — **1-844-284-1798**

Anthem Blue Cross and Blue Shield

CREDENTIALING AND RECREDENTIALING

Credentialing Scope

Anthem credentials the following health care practitioners:

- Medical doctors
- Doctors of osteopathic medicine
- Doctors of podiatry
- Chiropractors
- Optometrists providing health services covered under the Health Benefits Plan
- Doctors of dentistry providing health services covered under the Health Benefits Plan including oral maxillofacial surgeons
- Psychologists who are state certified or licensed and have doctoral or master's level training
- Clinical social workers who are state certified or state licensed and have master's level training
- Psychiatric nurse practitioners who are nationally or state certified or state licensed or behavioral nurse specialists with master's level training
- Other behavioral health care specialists who are licensed, certified or registered by the state to practice independently
- Telemedicine practitioners who have an independent relationship with Anthem and who provide treatment services under the Health Benefits Plan
- Medical therapists (e.g., physical therapists, speech therapists, and occupational therapists)
- Licensed genetic counselors who are licensed by the state to practice independently
- Audiologists who are licensed by the state to practice independently
- Acupuncturists (non-medical doctors or doctors of osteopathic medicine) who are licensed, certified or registered by the state to practice independently
- Nurse practitioners who are licensed, certified or registered by the state to practice independently
- Certified nurse midwives who are licensed, certified or registered by the state to practice independently
- Physician assistants (as required locally)

Anthem also certifies the following behavioral health practitioners (including verification of licensure by the applicable state licensing board to independently provide behavioral health services):

- Certified behavioral analysts
- Certified addiction counselors
- Substance abuse practitioners

Anthem credentials the following Health Delivery Organizations (HDOs):

- Hospitals
- Home health agencies
- Skilled nursing facilities
- Nursing homes
- Freestanding surgical centers
- Behavioral health facilities providing mental health and/or substance abuse treatment in an inpatient, residential or ambulatory setting, including:

    - Adult family care/foster care homes
    - Ambulatory detox
    - Community mental health centers (CMHC)
    - Crisis stabilization units
    - Intensive family intervention services
    - Intensive outpatient – mental health and/or substance abuse
    - Methadone maintenance clinics
    - Outpatient mental health clinics
    - Outpatient substance abuse clinics
    - Partial hospitalization – mental health and/or substance abuse
    - Residential treatment centers (RTC) – psychiatric and/or substance abuse
- Birthing centers
- Convenient care centers/retail health clinics
- Intermediate care facilities
- Urgent care centers
- Federally qualified health centers (FQHC)
- Home infusion therapy agencies
- Rural health clinics

Credentials Committee

The decision to accept, retain, deny or terminate a practitioner's participation in a network or Plan program is conducted by a peer review body, known as Anthem's Credentials Committee (CC). The CC will meet at least once every forty-five (45) calendar days. The presence of a majority of voting CC members constitutes a quorum. The chief medical officer, or a designee appointed in consultation with the vice president of Medical and Credentialing Policy will designate a chair of the CC, as well as a vice-chair in states or regions where both commercial and Medicaid contracts exist. The chair must be a state or regional lead medical director, or an Anthem medical director designee and the vice-chair must be a lead medical officer or an Anthem medical director designee, for that line of business not represented by the chair. In states or regions where only one line of business is represented, the chair of the CC will designate a vice-chair for that line of business also represented by the chair. The CC will include at least five, but no more than ten, external physicians representing multiple medical specialties (in general, the following specialties or practice-types should be represented: pediatrics, obstetrics/gynecology, adult medicine (family medicine or internal medicine); surgery; behavioral health, with the option of using other specialties when needed as determined by the chair/vice-chair). CC membership may also include one to two other types of credentialed health providers (e.g., nurse practitioner, chiropractor, social worker, podiatrist) to meet priorities of the geographic region as per chair/vice-chair's discretion. At least two of the physician committee members must be credentialed for each line of business (e.g., commercial, Medicare and Medicaid) offered within the geographic purview of the CC. The chair/vice-chair will serve as a voting member(s) and provide support to the credentialing/re-credentialing process as needed.

The CC will access various specialists for consultation as needed to complete the review of a practitioner's credentials. A committee member will disclose and abstain from voting on a practitioner if the committee member (i) believes there is a conflict of interest, such as direct economic competition with the practitioner; or (ii) feels his or her judgment might otherwise be compromised. A committee member will also disclose if he or she has been professionally involved with the practitioner. Determinations to deny an applicant's participation, or terminate a practitioner from participation in

one or more Networks or Plan programs, require a majority vote of the voting members of the CC in attendance, the majority of whom are network practitioners.

During the credentialing process, all information that is obtained is highly confidential. All CC meeting minutes and practitioner files are stored in locked cabinets and can only be seen by appropriate Credentialing staff, medical directors and CC members. Documents in these files may not be reproduced or distributed, except for confidential peer review and credentialing purposes; and peer review protected information will not be shared externally.

Practitioners and HDOs are notified that they have the right to review information submitted to support their credentialing applications. This right includes access to information obtained from any outside sources with the exception of references, recommendations or other peer review protected information. Providers are given written notification of these rights in communications from Anthem which initiates the credentialing process. In the event that credentialing information cannot be verified, or if there is a discrepancy in the credentialing information obtained, the Credentialing staff will contact the practitioner or HDO within thirty (30) calendar days of the identification of the issue. This communication will specifically notify the practitioner or HDO of the right to correct erroneous information or provide additional details regarding the issue in question. This notification will also include the specific process for submission of this additional information, including where it should be sent. Depending on the nature of the issue in question, this communication may occur verbally or in writing. If the communication is verbal, written confirmation will be sent at a later date. All communication on the issue(s) in question, including copies of the correspondence or a detailed record of phone calls, will be clearly documented in the practitioner's credentials file. The practitioner or HDO will be given no less than fourteen (14) calendar days in which to provide additional information. Upon request, applicant will be provided with the status of his or her credentialing application. Written notification of this right may be included in a variety of communications from Anthem which includes the letter which initiates the credentialing process, the provider web site or Provider Manual. When such requests are received, providers will be notified whether the credentialing application has been received, how far in the process it has progressed and a reasonable date for completion and notification. All such requests will be responded to verbally unless the provider requests a written response.

Anthem may request and will accept additional information from the applicant to correct or explain incomplete, inaccurate, or conflicting credentialing information. The CC will review the information and rationale presented by the applicant to determine if a material omission has occurred or if other credentialing criteria are met. We will notify applicants of initial credentialing decisions and recredentialing denials within 60 calendar days from the CC's decision.

Nondiscrimination Policy

Anthem will not discriminate against any applicant for participation in its networks or Plan programs on the basis of race, gender, color, creed, religion, national origin, ancestry, sexual orientation, age, veteran or marital status or any unlawful basis not specifically mentioned herein. Additionally, Anthem will not discriminate against any applicant on the basis of the risk of population they serve or against those who specialize in the treatment of costly conditions. Other than gender and language capabilities that are provided to the covered individuals to meet their needs and preferences, this information is not required in the credentialing and re-credentialing process. Determinations as to which practitioners/HDOs require additional individual review by the CC are made according to predetermined criteria related to professional conduct and competence as outlined in Anthem Credentialing Program

Standards. CC decisions are based on issues of professional conduct and competence as reported and verified through the credentialing process.

Initial Credentialing

Each practitioner or HDO must complete a standard application form when applying for initial participation in one or more of Anthem's networks or Plan programs. This application may be a state mandated form or a standard form created by or deemed acceptable by Anthem. For practitioners, the Council for Affordable Quality Healthcare (CAQH), a Universal Credentialing Datasource is utilized. CAQH built the first national provider credentialing database system, which is designed to eliminate the duplicate collection and updating of provider information for health plans, hospitals and practitioners. To learn more about CAQH, visit their web site at **www.CAQH.org**.

Anthem will verify those elements related to an applicants' legal authority to practice, relevant training, experience and competency from the primary source, where applicable, during the credentialing process. All verifications must be current and verified within the 180 calendar-day period prior to the CC making its credentialing recommendation or as otherwise required by applicable accreditation standards.

During the credentialing process, Anthem will review verification of the credentialing data as described in the following tables unless otherwise required by regulatory or accrediting bodies. These tables represent minimum requirements.

Practitioners

Verification Element
License to practice in the state(s) in which the practitioner will be treating covered individuals.
Hospital admitting privileges at a TJC, NIAHO or AOA accredited hospital, or a network hospital previously approved by the committee.
DEA, CDS and state controlled substance certificates The DEA/CDS must be valid in the state(s) in which practitioner will be treating covered individuals. Practitioners who see members in more than one state must have a DEA/CDS for each state.
Malpractice insurance
Malpractice claims history
Board certification or highest level of medical training or education
Work history
State or Federal license sanctions or limitations
Medicare, Medicaid or FEHBP sanctions
National Practitioner Data Bank report

HDOs

Verification Element
Accreditation, if applicable
License to practice, if applicable
Malpractice insurance
Medicare certification, if applicable
Department of Health Survey Results or recognized accrediting organization certification
License sanctions or limitations, if applicable
Medicare, Medicaid or FEHBP sanctions

Recredentialing

The recredentialing process incorporates re-verification and the identification of changes in the practitioner's or HDO's licensure, sanctions, certification, health status and/or performance information (including, but not limited to, malpractice experience, hospital privilege or other actions) that may reflect on the practitioner's or HDO's professional conduct and competence. This information is reviewed in order to assess whether practitioners and HDOs continue to meet Anthem credentialing standards.

During the recredentialing process, Anthem will review verification of the credentialing data as described in the tables under Initial Credentialing unless otherwise required by regulatory or accrediting bodies. These tables represent minimum requirements.

All applicable practitioners and HDOs in the network within the scope of Anthem Credentialing Program are required to be recredentialed every three years unless otherwise required by contract or state regulations.

Health Delivery Organizations

New HDO applicants will submit a standardized application to Anthem for review. If the candidate meets Anthem screening criteria, the credentialing process will commence. To assess whether Network HDOs, within the scope of the Credentialing Program, meet appropriate standards of professional conduct and competence, they are subject to credentialing and recredentialing programs. In addition to the licensure and other eligibility criteria for HDOs, as described in detail in Anthem Credentialing Program Standards, all Network HDOs are required to maintain accreditation by an appropriate, recognized accrediting body or, in the absence of such accreditation, Anthem may evaluate the most recent site survey by Medicare, the appropriate state oversight agency, or a site survey performed by a designated independent external entity within the past 36 months for that HDO.

Recredentialing of HDOs occur every three years unless otherwise required by regulatory or accrediting bodies. Each HDO applying for continuing participation in Networks or Plan Programs must submit all required supporting documentation.

On request, HDOs will be provided with the status of their credentialing application. Anthem may request, and will accept, additional information from the HDO to correct incomplete, inaccurate, or conflicting credentialing information. The CC will review this information and the rationale behind it, as presented by the HDO, and determine if a material omission has occurred or if other credentialing criteria are met.

Ongoing Sanction Monitoring

To support certain credentialing standards between the recredentialing cycles, Anthem has established an ongoing monitoring program. Credentialing performs ongoing monitoring to help ensure continued compliance with credentialing standards and to assess for occurrences that may reflect issues of substandard professional conduct and competence. To achieve this, the credentialing department will review periodic listings/reports within 30 calendar days of the time they are made available from the various sources including, but not limited to, the following:

- Office of the Inspector General (OIG)

- Federal Medicare/Medicaid Reports
- Office of Personnel Management (OPM)
- State licensing boards/agencies
- Covered Individual/Customer Services Departments
- Clinical Quality Management Department (including data regarding complaints of both a clinical and nonclinical nature, reports of adverse clinical events and outcomes, and satisfaction data, as available)
- Other internal Anthem Departments
- Any other verified information received from appropriate sources

When a practitioner or HDO within the scope of credentialing has been identified by these sources, criteria will be used to assess the appropriate response including, but not limited to:

- Review by the Chair of Anthem CC
- Review by the Anthem Medical Director
- Referral to the CC, or termination.

Anthem credentialing departments will report practitioners or HDOs to the appropriate authorities as required by law.

Appeals Process

Anthem has established policies for monitoring and re-credentialing practitioners and HDOs who seek continued participation in one or more of Anthem's networks or Plan programs. Information reviewed during this activity may indicate that the professional conduct and competence standards are no longer being met, and Anthem may wish to terminate practitioners or HDOs. Anthem also seeks to treat network practitioners and HDOs, as well as those applying for participation, fairly and thus provides practitioners and HDOs with a process to appeal determinations terminating participation in Anthem's networks for professional competence and conduct reasons, or which would otherwise result in a report to the National Practitioner Data Bank (NPDB). Additionally, Anthem will permit practitioners and HDOs who have been refused initial participation the opportunity to correct any errors or omissions which may have led to such denial (informal/reconsideration only). It is the intent of Anthem to give practitioners and HDOs the opportunity to contest a termination of the practitioner's or HDO's participation in one or more of Anthem's networks or Plan programs and those denials of request for initial participation which are reported to the NPDB that were based on professional competence and conduct considerations. Immediate terminations may be imposed due to the practitioner's or HDO's suspension or loss of licensure, criminal conviction, or Anthem's determination that the practitioner's or HDO's continued participation poses an imminent risk of harm to covered individuals. A practitioner/HDO whose license has been suspended or revoked has no right to informal review/reconsideration or formal appeal.

Reporting Requirements

When Anthem takes a professional review action with respect to a practitioner's or HDO's participation in one or more of its networks or Plan programs, Anthem may have an obligation to report such to the NPDB. Once Anthem receives a verification of the NPDB report, the verification report will be sent to the state licensing board. The credentialing staff will comply with all state and federal regulations in regard to the reporting of adverse determinations relating to professional conduct and competence. These reports will be made to the appropriate, legally designated agencies. In the event that the procedures

set forth for reporting reportable adverse actions conflict with the process set forth in the current NPDB Guidebook, the process set forth in the NPDB Guidebook will govern.

Anthem Credentialing Program Standards

Eligibility Criteria

Health care practitioners

Initial applicants must meet the following criteria in order to be considered for participation:

- Must not be currently federally sanctioned, debarred or excluded from participation in any of the following programs: Medicare, Medicaid or FEHBP; and
- Possess a current, valid, unencumbered, unrestricted and non-probationary license in the state(s) where he/she provides services to covered individuals; and
- Possess a current, valid, and unrestricted Drug Enforcement Agency (DEA) and/or Controlled Dangerous Substances (CDS) registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat covered individuals; the DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating covered individuals. Practitioners who see covered individuals in more than one state must have a DEA/CDS registration for each state.

Initial applications should meet the following criteria in order to be considered for participation, with exceptions reviewed and approved by the CC:

- For MDs, DOs, DPMs, and oral and maxillofacial surgeons, the applicant must have current, in force board certification (as defined by the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC), American Board of Podiatric Surgery (ABPS), American Board of Podiatric Medicine (ABPM), or American Board of Oral and Maxillofacial Surgery (ABOMS)) in the clinical discipline for which they are applying. Individuals will be granted five years after completion of their residency program to meet this requirement.
    - As alternatives, MDs and DOs meeting any one of the following criteria will be viewed as meeting the education, training and certification requirement:
        - Previous board certification (as defined by one of the following: ABMS, AOA, RCPSC, CFPC) in the clinical specialty or subspecialty for which they are applying which has now expired AND a minimum of 10 consecutive years of clinical practice. OR
        - Training which met the requirements in place at the time it was completed in a specialty field prior to the availability of board certifications in that clinical specialty or subspecialty. OR
        - Specialized practice expertise as evidenced by publication in nationally accepted peer review literature and/or recognized as a leader in the science of their specialty AND a faculty appointment of Assistant Professor or higher at an academic medical center and teaching facility in Anthem's Network AND the applicant's professional activities are spent at that institution at least fifty percent (50%) of the time.
    - Practitioners meeting one of these three alternative criteria above will be viewed as meeting all Anthem education, training and certification criteria and will not be required to undergo additional review or individual presentation to the CC. These alternatives are subject to Anthem review and approval. Reports submitted by delegate to Anthem must contain sufficient documentation to support the above alternatives, as determined by Anthem.

- For MDs and DOs, the applicant must have unrestricted hospital privileges at a The Joint Commission (TJC), National Integrated Accreditation for Healthcare Organizations (NIAHO), an AOA accredited hospital, or a Network hospital previously approved by the committee. Some clinical disciplines may function exclusively in the outpatient setting, and the CC may at its discretion deem hospital privileges not relevant to these specialties. Also, the organization of an increasing number of physician practice settings in selected fields is such that individual physicians may practice solely in either an outpatient or an inpatient setting. The CC will evaluate applications from practitioners in such practices without regard to hospital privileges. The expectation of these physicians would be that there is an appropriate referral arrangement with a network practitioner to provide inpatient care.

Criteria for Selecting Practitioners

<u>New Applicants (Credentialing)</u>

- Submission of a complete application and required attachments that must not contain intentional misrepresentations;
- Application attestation signed date within 180 calendar days of the date of submission to the CC for a vote;
- Primary source verifications within acceptable timeframes of the date of submission to the CC for a vote, as deemed by appropriate accrediting agencies;
- No evidence of potential material omission(s) on application;
- Current, valid, unrestricted license to practice in each state in which the practitioner would provide care to covered individuals;
- No current license action;
- No history of licensing board action in any state;
- No current federal sanction and no history of federal sanctions (per System for Award Management (SAM), OIG and OPM report nor on NPDB report);
- Possess a current, valid, and unrestricted DEA/CDS registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat covered individuals. The DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating covered individuals. Practitioners who treat covered individuals in more than one state must have a valid DEA/CDS registration for each applicable state.
- Initial applicants who have NO DEA/CDS registration will be viewed as not meeting criteria and the credentialing process will not proceed. However, if the applicant can provide evidence that he/she has applied for a DEA/CDS registration, the credentialing process may proceed if all of the following are met:
    - It can be verified that this application is pending.
    - The applicant has made an arrangement for an alternative practitioner to prescribe controlled substances until the additional DEA/CDS registration is obtained.
    - The applicant agrees to notify Anthem upon receipt of the required DEA/CDS registration.
    - Anthem will verify the appropriate DEA/CDS registration via standard sources.
        - The applicant agrees that failure to provide the appropriate DEA/CDS registration within a 90-calendar day time frame will result in termination from the Network.
        - Initial applicants who possess a DEA/CDS registration in a state other than the state in which they will be treating covered individuals will be notified of the need to obtain the additional DEA/CDS registration. If the applicant has applied for additional DEA/CDS registration the credentialing process may proceed if ALL the following criteria are met:
            - It can be verified that this application is pending,

  - The applicant has made an arrangement for an alternative practitioner to prescribe controlled substances until the additional DEA/CDS registration is obtained,
  - The applicant agrees to notify Anthem upon receipt of the required DEA/CDS registration,
  - Anthem will verify the appropriate DEA/CDS registration via standard sources; applicant agrees that failure to provide the appropriate DEA/CDS registration within a 90 calendar day timeframe will result in termination from the Network, AND
  - Must not be currently federally sanctioned, debarred or excluded from participation in any of the following programs: Medicare, Medicaid or FEHBP.
- No current hospital membership or privilege restrictions and no history of hospital membership or privileges restrictions;
- No history of or current use of illegal drugs or history of or current alcoholism;
- No impairment or other condition, which would negatively impact the ability to perform the essential functions in their professional field.
- No gap in work history greater than six months in the past five years with the exception of those gaps related to parental leave or immigration where 12-month gaps will be acceptable. Other gaps in work history of 6 to 24 months will be reviewed by the Chair of the CC and may be presented to the CC if the gap raises concerns of future substandard professional conduct and competence. In the absence of this concern, the Chair of the CC may approve work history gaps of up to two years.
- No history of criminal/felony convictions or a plea of no contest;
- A minimum of the past 10 years of malpractice case history is reviewed.
- Meets Credentialing Standards for education/training for the specialty(ies) in which practitioner wants to be listed in Anthem's network directory as designated on the application. This includes board certification requirements or alternative criteria for MDs and DOs and board certification criteria for DPMs, and oral and maxillofacial surgeons;
- No involuntary terminations from an HMO or PPO;
- No "yes" answers to attestation/disclosure questions on the application form with the exception of the following:
  - Investment or business interest in ancillary services, equipment or supplies;
  - Voluntary resignation from a hospital or organization related to practice relocation or facility utilization;
  - Voluntary surrender of state license related to relocation or nonuse of said license;
  - A NPDB report of a malpractice settlement or any report of a malpractice settlement that does not meet the threshold criteria.
  - Non-renewal of malpractice coverage or change in malpractice carrier related to changes in the carrier's business practices (no longer offering coverage in a state or no longer in business);
  - Previous failure of a certification exam by a practitioner who is currently board certified or who remains in the five-year post-residency training window;
  - Actions taken by a hospital against a practitioner's privileges related solely to the failure to complete medical records in a timely fashion;
  - History of a licensing board, hospital or other professional entity investigation that was closed without any action or sanction.

Note: the CC will individually review any practitioner that does not meet one or more of the criteria required for initial applicants.

Practitioners who meet all participation criteria for initial or continued participation and whose credentials have been satisfactorily verified by the Credentialing department may be approved by the Chair of the CC after review of the applicable credentialing or recredentialing information. This information may be in summary form and must include, at a minimum, practitioner's name and specialty.

Currently Participating Applicants (Recredentialing)

- Submission of complete re-credentialing application and required attachments that must not contain intentional misrepresentations;
- Re-credentialing application signed date within 180 calendar days of the date of submission to the CC for a vote;
- Primary source verifications within acceptable timeframes of the date of submission to the CC for a vote, as deemed by appropriate accrediting agencies;
- No evidence of potential material omission(s) on re-credentialing application;
- Currently participating providers must not be currently federally sanctioned, debarred or excluded from participation in any of the following programs, Medicare, Medicaid or FEHBP. If, once a Practitioner participates in Anthem's programs or provider network(s), federal sanction, debarment or exclusion from the Medicare, Medicaid or FEHBP programs occurs, at the time of identification, the practitioner will become immediately ineligible for participation in the applicable government programs or provider network(s) as well as Anthem's other credentialed provider network(s). Special consideration regarding the practitioner's continued participation in Anthem's other credentialed practitioner network(s) may be requested by the Vice President (VP) responsible for that network(s) if, in the opinion of the requesting VP, the following criteria are met:
    - The federal sanction, debarment or exclusion is not reflective of significant issues of professional conduct and competence, and
    - Participation of the practitioner is important for network adequacy.

  The request with supporting information will be brought to Anthem's geographic Credentials Committee for consideration and final determination, without practitioner appeal rights related to the special consideration, regarding the practitioner's continued participation in Anthem's other credentialed provider network(s), if such participation would be permitted under applicable State regulation, rule or contract requirements.
- Current, valid, unrestricted license to practice in each state in which the practitioner provides care to covered individuals;
- *No current license probation;
- *License is unencumbered;
- No new history of licensing board reprimand since prior credentialing review;
- *No current federal sanction and no new (since prior credentialing review) history of federal sanctions (per SAM, OIG and OPM Reports or on NPDB report);
- Current DEA/CDS registration and/or state controlled substance certification without new (since prior credentialing review) history of or current restrictions;
- No current hospital membership or privilege restrictions and no new (since prior credentialing review) history of hospital membership or privilege restrictions; OR for practitioners in a specialty defined as requiring hospital privileges who practice solely in the outpatient setting there exists a defined referral relationship with a network practitioner of similar specialty at a network HDO who provides inpatient care to covered individuals needing hospitalization;

- No new (since previous credentialing review) history of or current use of illegal drugs or alcoholism;
- No impairment or other condition which would negatively impact the ability to perform the essential functions in their professional field;
- No new (since previous credentialing review) history of criminal/felony convictions, including a plea of no contest;
- Malpractice case history reviewed since the last CC review. If no new cases are identified since last review, malpractice history will be reviewed as meeting criteria. If new malpractice history is present, then a minimum of last five years of malpractice history is evaluated and criteria consistent with initial credentialing is used.
- No new (since previous credentialing review) involuntary terminations from an HMO or PPO;
- No new (since previous credentialing review) "yes" answers on attestation/disclosure questions with exceptions of the following:
    - Investment or business interest in ancillary services, equipment or supplies;
    - Voluntary resignation from a hospital or organization related to practice relocation or facility utilization;
    - Voluntary surrender of state license related to relocation or nonuse of said license;
    - An NPDB report of a malpractice settlement or any report of a malpractice settlement that does not meet the threshold criteria;
    - Nonrenewal of malpractice coverage or change in malpractice carrier related to changes in the carrier's business practices (no longer offering coverage in a state or no longer in business);
    - Previous failure of a certification exam by a practitioner who is currently board certified or who remains in the five year post residency training window;
    - Actions taken by a hospital against a practitioner's privileges related solely to the failure to complete medical records in a timely fashion;
    - History of a licensing board, hospital or other professional entity investigation that was closed without any action or sanction.
- No QI data or other performance data including complaints above the set threshold.
- Recredentialed at least every three years to assess the practitioner's continued compliance with Anthem standards.

*It is expected that these findings will be discovered for currently credentialed Network practitioners and HDOs through ongoing sanction monitoring. Network practitioners and HDOs with such findings will be individually reviewed and considered by the CC at the time the findings are identified.

Note: the CC will individually review any credentialed Network practitioners and HDOs that do not meet one or more of the criteria for recredentialing. Additional Participation Criteria and Exceptions for Behavioral Health practitioners (Non Physician) Credentialing.

- Licensed Clinical Social Workers (LCSW) or other master level social work license type:
    - Master or doctoral degree in social work with emphasis in clinical social work from a program accredited by the Council on Social Work Education (CSWE) or the Canadian Association on Social Work Education (CASWE).
    - Program must have been accredited within three years of the time the practitioner graduated.
    - Full accreditation is required, candidacy programs will not be considered.

    - If master's level degree does not meet criteria and practitioner obtained PhD training as a clinical psychologist, but is not licensed as such, the practitioner can be reviewed. To meet the criteria, the doctoral program must be accredited by the American Psychological Association (APA) or be regionally accredited by the Council for Higher Education Accreditation (CHEA). In addition, a doctor of social work from an institution with at least regional accreditation from the CHEA will be viewed as acceptable.
- Licensed professional counselor (LPC) and marriage and family therapist (MFT) or other master level license type:
    - Master's or doctoral degree in counseling, marital and family therapy, psychology, counseling psychology, counseling with an emphasis in marriage, family and child counseling or an allied mental field. Master or doctoral degrees in education are acceptable with one of the fields of study above.
    - Master or doctoral degrees in divinity do not meet criteria as a related field of study.
    - Graduate school must be accredited by one of the Regional Institutional Accrediting Bodies and may be verified from the Accredited Institutions of Post-Secondary Education, APA, Council for Accreditation of Counseling and Related Educational Programs (CACREP), or Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) listings. The institution must have been accredited within three years of the time the practitioner graduated.
    - If master's level degree does not meet criteria and practitioner obtained PhD training as a clinical psychologist, but is not licensed as such, the practitioner can be reviewed. To meet criteria this doctoral program must either be accredited by the APA or be regionally accredited by the CHEA. In addition, a doctoral degree in one of the fields of study noted above from an institution with at least regional accreditation from the CHEA will be viewed as acceptable.
- Clinical nurse specialist/psychiatric and mental health nurse practitioner:
    - Master's degree in nursing with specialization in adult or child/adolescent psychiatric and mental health nursing. Graduate school must be accredited from an institution accredited by one of the Regional Institutional Accrediting Bodies within three years of the time of the practitioner's graduation.
    - Registered Nurse license and any additional licensure as an Advanced Practice Nurse/Certified Nurse Specialist/Adult Psychiatric Nursing or other license or certification as dictated by the appropriate State(s) Board of Registered Nursing, if applicable.
    - Certification by the American Nurses Association (ANA) in psychiatric nursing. This may be any of the following types: Clinical Nurse Specialist in Child or Adult Psychiatric Nursing, Psychiatric and Mental Health Nurse Practitioner, or Family Psychiatric and Mental Health Nurse Practitioner.
    - Valid, current, unrestricted DEA/CDS registration, where applicable with appropriate supervision/consultation by a Network practitioner as applicable by the state licensing board. For those who possess a DEA registration, the appropriate CDS registration is required. The DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating covered individuals.
- Clinical psychologists
    - Valid state clinical psychologist license.
    - Doctoral degree in clinical or counseling, psychology or other applicable field of study from an institution accredited by the APA within three years of the time of the practitioner's graduation.

- Education/Training considered as eligible for an exception is a practitioner whose doctoral degree is not from an APA accredited institution, but who is listed in the National Register of Health Service Providers in Psychology or is a Diplomat of the American Board of Professional Psychology.
- Master's level therapists in good standing in the network, who upgrade their license to clinical psychologist as a result of further training, will be allowed to continue in the Network and will not be subject to the above education criteria.

- Clinical Neuropsychologist
  - Must meet all the criteria for a clinical psychologist listed in C.4 above and be Board certified by either the American Board of Professional Neuropsychology (ABPN) or American Board of Clinical Neuropsychology (ABCN).
  - A practitioner credentialed by the National Register of Health Service Providers in Psychology with an area of expertise in neuropsychology may be considered
  - Clinical neuropsychologists who are not Board certified, nor listed in the National Register, will require CC review. These practitioners must have appropriate training and/or experience in neuropsychology as evidenced by one or more of the following:
    - Transcript of applicable pre-doctoral training, OR
    - Documentation of applicable formal one year post-doctoral training (participation in CEU training alone would not be considered adequate), OR
    - Letters from supervisors in clinical neuropsychology (including number of hours per week), OR
    - Minimum of five years' experience practicing neuropsychology at least ten hours per week.
- Licensed Psychoanalysts
  - Applies only to practitioners in states that license psychoanalysts.
  - Practitioners will be credentialed as a licensed psychoanalyst if they are not otherwise credentialed as a practitioner type detailed in Credentialing Policy (e.g. psychiatrist, clinical psychologist, licensed clinical social worker).
  - Practitioner must possess a valid psychoanalysis state license.
    - Practitioner shall possess a master's or higher degree from a program accredited by one of the Regional Institutional Accrediting Bodies and may be verified from the Accredited Institutions of Post-Secondary Education, APA, CACREP, or the COAMFTE listings. The institution must have been accredited within three years of the time the practitioner graduates.
    - Completion of a program in psychoanalysis registered by the licensing state as licensure qualifying; or accredited by the American Board for Accreditation in Psychoanalysis (ABAP) or another acceptable accrediting agency; or determined by the licensing state to be the substantial equivalent of such a registered or accredited program.
- A program located outside the United States and its territories may be used to satisfy the psychoanalytic study requirement if the licensing state determines the following:
  - It prepares individuals for the professional practice of psychoanalysis; and
  - Is recognized by the appropriate civil authorities of that jurisdiction; and
  - Can be appropriately verified; and
  - Is determined by the licensing state to be the substantial equivalent of an acceptable registered licensure qualifying or accredited program.
- Meet minimum supervised experience requirement for licensure as a psychoanalyst as determined by the licensing state.
- Meet examination requirements for licensure as determined by the licensing state.

HDO Eligibility Criteria

All HDOs must be accredited by an appropriate, recognized accrediting body or in the absence of such accreditation, Anthem may evaluate the most recent site survey by Medicare, the appropriate state oversight agency, or site survey performed by a designated independent external entity within the past 36 months. Non-accredited HDOs are subject to individual review by the CC and will be considered for covered individual access need only when the CC review indicates compliance with Anthem standards and there are no deficiencies noted on the Medicare or state oversight review which would adversely affect quality or care or patient safety. HDOs are recredentialed at least every three years to assess the HDO's continued compliance with Anthem standards.

General Criteria for HDOs

- Valid, current and unrestricted license to operate in the state(s) in which it will provide services to covered individuals. The license must be in good standing with no sanctions.
- Valid and current Medicare certification.
- Must not be currently federally sanctioned, debarred or excluded from participation in any of the following programs; Medicare, Medicaid or the FEHBP. Note: If, once an HDO participates in Anthem's programs or provider Network(s), exclusion from Medicare, Medicaid or FEHBP occurs, at the time of identification, the HDO will become immediately ineligible for participation in the applicable government programs or provider Network(s) as well as Anthem's other credentialed provider Network(s). Special consideration regarding the HDO's continued participation in Anthem's other credentialed practitioner Network(s) may be requested by the Vice President (VP) responsible for that Network(s) if, in the opinion of the requesting VP, the following criteria are met: the federal sanction, debarment or exclusion is not reflective of significant issues of professional conduct and competence, and participation of the HDO is important for network adequacy. The request with supporting information will be brought to Anthem's geographic Credentials Committee for consideration and final determination, without HDO appeal rights related to the special consideration, regarding the HDO's continued participation in Anthem's other credentialed provider Network(s), if such participation would be permitted under applicable State regulation, rule or contract requirements.
- Liability insurance acceptable to Anthem.
- If not appropriately accredited, HDO must submit a copy of its CMS, state site or a designated independent external entity survey for review by the CC to determine if Anthem's quality and certification criteria standards have been met.

Additional Participation Criteria for HDO by Provider Type

<u>Medical Facilities</u>

Facility Type (Medical Care)	Acceptable Accrediting Agencies
Acute Care Hospital	CIQH, CTEAM, HFAP, DNV/NIAHO, TJC
Ambulatory Surgical Centers	AAAASF, AAAHC, AAPSF, HFAP, IMQ, TJC
Birthing Center	AAAHC, CABC
Clinical Laboratories	CLIA, COLA
Convenient Care Centers (CCCs)/Retail Health Clinics (RHC)	DNV/NIAHO, UCAOA
Dialysis Center	TJC
Federally Qualified Health Center (FQHC)	AAAHC
Free-Standing Surgical Centers	AAAASF, AAPSF, HFAP, IMQ, TJC

Home Health Care Agencies (HHA)	ACHC, CHAP, CTEAM , DNV/NIAHO, TJC
Home Infusion Therapy (HIT)	ACHC, CHAP, CTEAM, HQAA, TJC
Hospice	ACHC, CHAP, TJC
Intermediate Care Facilities	CTEAM
Portable x-ray Suppliers	FDA Certification
Skilled Nursing Facilities/Nursing Homes	BOC INT'L, CARF, TJC
Rural Health Clinic (RHC)	AAAASF, CTEAM, TJC
Urgent Care Center (UCC)	AAAHC, IMQ, TJC, UCAOA

Behavioral Health

Facility Type (Behavioral Health Care)	Acceptable Accrediting Agencies
Acute Care Hospital—Psychiatric Disorders	CTEAM, DNV/NIAHO, TJC, HFAP
Acute Inpatient Hospital – Chemical Dependency/Detoxification and Rehabilitation	HFAP, NIAHO, TJC
Adult Family Care Homes (AFCH)	ACHC, TJC
Adult Foster Care	ACHC, TJC
Community Mental Health Centers (CMHC)	AAAHC, TJC
Crisis Stabilization Unit	TJC
Intensive Family Intervention Services	CARF
Intensive Outpatient – Mental Health and/or Substance Abuse	ACHC, DNV/NIAHO, TJC, COA, CARF
Outpatient Mental Health Clinic	HFAP, TJC, CARF, COA
Partial Hospitalization/Day Treatment – Psychiatric Disorders and/or Substance Abuse	CARF, DNV/NIAHO, HFAP, TJC, for programs associated with an acute care facility or Residential Treatment Facilities.
Residential Treatment Centers (RTC) – Psychiatric Disorders and/or Substance Abuse	DNV/NIAHO, TJC, HFAP, CARF, COA

Rehabilitation

Facility Type (Behavioral Health Care)	Acceptable Accrediting Agencies
Acute Inpatient Hospital – Detoxification Only Facilities	DNV/NIAHO, HFAP, TJC
Behavioral Health Ambulatory Detox	CARF, TJC
Methadone Maintenance Clinic	CARF, TJC
Outpatient Substance Abuse Clinics	CARF, COA, TJC