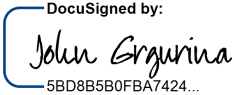


SAN FRANCISCO HEALTH PLAN CR-04: Credentialing of HIV-AIDs Specialists

APPROVAL/REVIEW/REVISION HISTORY			
Signature	Title	Date	Action
 DocuSigned by: <i>John Grigurina</i> 5BD8B5B0FBA7424...	CEO	2/2/2021	Biennial Review



SFHP POLICY AND PROCEDURE

HIV/AIDS Specialty Designation

Policy and Procedure number:	CR-04
Department Owner:	Provider Network Operations
Lines of Business Affected:	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Healthy Workers HMO <input type="checkbox"/> Healthy SF <input type="checkbox"/> City Option <input type="checkbox"/> All lines of business and coverage programs as listed above

POLICY STATEMENT

SFHP provides members with HIV access to qualified specialists. This policy defines the additional qualifications for designating practitioners with an HIV/AIDS specialty in the SFHP network.

All practitioners are credentialed, recertified, screened, and enrolled according to policy and procedure CR-06.

PROCEDURE

I. REQUIRED QUALIFICATIONS: Practitioners can be designated as an HIV specialist if both of the following requirements are met.

1. Valid unrevoked and unsuspended California state medical license
2. Meets one of the 4 qualifications below:
 - a. Credentialed as an "HIV Specialist" by the American Academy of HIV Medicine (AAHM)
 - b. Board certified, or has earned a Certificate of Added Qualification, in the field of HIV medicine granted by a member board of the American Board of Medical Specialties (ABMS);
 - c. Board certified in the field of infectious diseases by a member board of the ABMS, and meets the following requirements:
 - i. In the immediately preceding 12 months has clinically managed care to a minimum of 25 HIV patients; and
 - ii. In the immediately preceding 12 months has successfully completed a minimum of 15 hours of continuing medical education in the prevention of HIV infection, combined with diagnosis,

treatment, or both, of HIV patients, including a minimum of five (5) hours related to antiretroviral therapy per year.

- d. In the immediately preceding 24 months has clinically managed care to a minimum of 20 HIV patients and has completed one of the following:
 - i. In the immediately preceding 12 months has obtained board certification or recertification in the field of infectious diseases from a member board of the ABMS; or
 - ii. In the immediately preceding 12 months has successfully completed a minimum of 30 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV patients; or
 - iii. In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients and has successfully completed the HIV Medicine Competency Maintenance Examination administered by the AAHM.

II. NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS:

Nurse practitioners and physician assistants may be designated with HIV/AIDS specialty if they are under the supervision of an HIV/ AIDS physician specialist and meet all the qualifications set forth in Section I of this policy.

III. CREDENTIALING PROCEDURE:

1. Any practitioner who wants to serve as an HIV/AIDS specialist must request to be credentialed as one using the HIV/AIDS Specialist Designation form in the credentialing packet.
2. HIV/AIDS Specialist applicants will be subjected to the credentialing requirements and process described in policy and procedure CR-06 Initial Credentialing, Recredentialing, Screening, and Enrollment of Practitioners.
3. HIV/AIDS Specialist applicants attest that they meet licensure, board certification, and work experience requirements established in Section I of this policy.
4. Physician Advisory/Peer Review/Credentialing Committee (PAC) reviews and approves all HIV/AIDS Specialist credentialing applications as described in policy and procedure CR-06.
5. A list of HIV/AIDS Specialists is kept current in the provider directory according to policy PR-21 and is searchable based on the HIV specialist designation.

MONITORING

Monitoring: Credentialing team ensures HIV/AIDS Specialists are monitored for their qualifications as part of the recredentialing process every 36 months, at minimum.

Committee Review: The Peer Review and Advisory Committee (PAC) review all cases for approval or denial and provide feedback or request additional information or corrections as needed at regularly scheduled PAC meetings.

DEFINITIONS

Continuing Medical Education:

- (1) For physicians, continuing medical education courses recognized as qualifying for Category 1 credit by the Medical Board of California;
- (2) For nurse practitioners, continuing education contact hours recognized by the California Board of Registered Nursing;
- (3) For physician assistants, continuing education units approved by the American Association of Physician Assistants or those described in either subsection (1) or (2), above.

Credentialing: a process of reviewing and evaluating licenses, permits, training, and other qualifications of independent practitioners and organizational providers.

Initial Credentialing: initial and pre-contractual review of a practitioner or organizational provider credentials

Peer Review and Advisory Committee (PAC): is a forum for network physicians that provide comments and recommendations to SFHP on standards of care; this committee is a subcommittee of the Quality Improvement Committee (QIC).

Practitioner: a licensed or certified professional who provides medical or behavioral healthcare services (source NCQA).

Recredentialing: reprocessing of credentialing verification. At SFHP, recredentialing of providers and practitioners occurs every 36 months.

AFFECTED DEPARTMENTS/PARTIES

Compliance and Regulatory Affairs
Physician Advisory/Peer Review/Credentialing Committee

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

CR-01: SFHP Credentialing Program Charter
CR-03: Notification to Authorities of Practitioner Disciplinary Actions
CR-06: Initial Credentialing, Recredentialing, Screening, and Enrollment of Practitioners
CR-07: Credentialing Verification Sources
CR-08: Practitioners Rights and Responsibilities

CR-09: Ongoing Monitoring of Licenses and Other Key Documents
CR-10: Ongoing Monitoring of Sanctions and Interventions
CR-11: Office Site Visits
DO-06: Oversight of Delegated Credentialing
MC-04: Print Provider Directory
PR-21: Provider Data Maintenance
QI-15: Quality Improvement Program
QI-11: Physician Advisory, Peer Review, and Credentialing Committee

REVISION HISTORY

Original date of Issue: June 16, 2006
Revision Date(s): February 06, 2009; January 25, 2012; December 23, 2015;
February 13, 2019; January 21, 2021

REFERENCES

- California HSC, § 1374.16 (a)
- [CCR 28 § 1300.74.16. Standing Referral to HIV/AIDS Specialist](#)
- DHCS Contract Exhibit A, Attachment 4, Provisions 10C, 12
- DHCS APL 19-004 Provider Credentialing / Recredentialing and Screening / Enrollment
- NCQA 2021 Health Plan Credentialing Standards