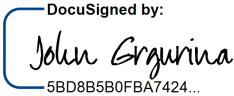


SAN FRANCISCO HEALTH PLAN

CR-06: Initial Credentialing, Recredentialing, Screening, and Enrollment of Practitioners

APPROVAL/REVIEW/REVISION HISTORY

Signature	Title	Date	Action
 DocuSigned by: <i>John Grigurina</i> 5BD8B5B0FBA7424...	CEO	7/27/2020	Biennial



SFHP POLICY AND PROCEDURE

Initial Credentialing, Recredentialing, Screening, and Enrollment of Practitioners

Policy and Procedure number:	CR-06
Department Owner:	Provider Network Operations
Lines of Business and Coverage Programs 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

San Francisco Health Plan (SFHP) conducts initial credentialing, recredentialing, screening, and enrollment of practitioners, including telemedicine consultants, who have an independent relationship with the Health Plan, and provide care under SFHP's medical and behavioral health benefits. Practitioners who practice within the inpatient setting or free-standing facilities while providing care to SFHP members are exempt from the SFHP credentialing, re-credentialing, screening, and verification processes. Initial credentialing, recredentialing, screening, and enrollment requirements are applied to all licensed practitioners credentialed by SFHP and its delegated medical groups.

Credentialing, recredentialing, screening, and enrollment standards used by SFHP are based on federal and state requirements, and comply with SFHP's contract with the Department of Health Care Services (DHCS) and license from the Department of Managed Health Care (DMHC). SFHP adopts current National Committee for Quality Assurance (NCQA) credentialing standards.

SFHP requires every practitioner contracted to provide care to SFHP members to be credentialed according to the appropriate standards before delivering care to SFHP members.

SFHP assures that all information obtained during credentialing, recredentialing, and screening activities remains confidential, except as required by law.

The Physician Advisory/Peer Review/Credentialing Committee (PAC) and SFHP Governing Board review the Credentialing Program annually and applicable SFHP Credentialing Policies and Procedures.

PROCEDURE

Credentialing, screening, and enrollment are conducted prior to contracting with SFHP. Documents gathered by or for any applicant for consideration as an SFHP Provider by the PAC cannot be more than 180 calendar days old at the time of the committee's dated decision. Practitioners agree to report any change in status of the information contained in the credentialing files within 10 calendar days of the change in status.

Practitioners have the right, upon request, to be informed of the status of their application. Any correspondence by SFHP will be in writing addressed to the practitioner or practitioner's representative within 30 calendar days of the request.

- I. Types of practitioners credentialed, screened, and enrolled by SFHP**
SFHP and its delegates credential, recredential, and screen the types of practitioners listed in Section III Table A below.
- II. The following type of practitioners do not need to be screened, credentialed, or enrolled by SFHP and its delegates:**
 - A. Practitioners who practice exclusively within the inpatient setting (hospital based), and who provide care for SFHP members only as a result of members being directed to the hospital or another inpatient setting. This includes, but is not limited to, most:
 1. Pathologists
 2. Diagnostic Radiologists
 3. Anesthesiologists
 4. Neonatologists
 5. Emergency room physicians
 6. Hospitalists
 7. Covering practitioners (e.g. locum tenens)
 8. Resident Physicians
 9. Nurse Anesthetists
 - B. Practitioners who practice exclusively within free-standing facilities, and provide care for SFHP members only as a result of members being directed to the facility.
 1. Mammography centers
 2. Urgent-Care centers
 3. Ambulatory surgical centers
 4. Ambulatory behavioral healthcare facilities
 5. Psychiatric and addiction disorder clinics
 6. Dialysis Centers
 - C. Pharmacists who work for a pharmacy benefits management (PBM) organization to which the organization delegates utilization management (UM) functions.

- D. Practitioners who do not provide care for members in a treatment setting (e.g. External Physician Reviewer).

III. Initial Credentialing and Recredentialing

A. **Application:** Upon receipt of the application, the credentialing staff verifies that the application is signed and dated. Applications that are missing signature and date are returned to the practitioner. All applications must have a wet signature; electronic signatures are not accepted by SFHP. The application should be typed or legibly printed in black or blue ink. SFHP will conduct primary source verification of the practitioner’s credentials.

- 1. **Rescreening, Recredentialing, and Re-enrolling:** Fewer than thirty six months from the last credentialing approval, SFHP will send a copy or reproduction of the Initial Application or Last Recredentialing Application for the practitioner’s review, verification, or correction of the information and attestation of its accuracy. SFHP will conduct primary source verification of the practitioner’s credentials.

B. **Documentation:** The following documents must be submitted along with the application:

TABLE: A

Practitioner Type	Required Documents
Medical Practitioners: <ul style="list-style-type: none"> • Allopathic medical doctors (MD) • Osteopathic medical doctors (DO) • Chiropractors • Podiatrists • Oral surgeons 	<ul style="list-style-type: none"> • Credentialing Application signed and dated • Credentialing Questionnaire signed and dated • Addendum A: Practitioner Rights signed and date • Addendum B: Professional Liability Action Explained, if applicable, signed and dated • Addendum C: DHCS Provider Agreement signed and dated, or proof of Medi-Cal FFS enrollment • Addendum D: DHCS Supplemental Questions signed and dated, or proof of Medi-Cal FFS enrollment • State Medical/Professional License(s) • DEA/CDS/NPF Certificate (if applicable) • Face Sheet of Professional Liability Policy or certification • Curriculum Vitae or Resume (For initial applications only) • Highest Level Diploma or Transcripts (For initial applications only) • Educational Commission for Foreign Medical Graduates (ECFMG) - if applicable • Board Certification (MDs and DOs if applicable) • Specialty Board Certification (if applicable) • Documentation of Hospital Privileges or explanation of use of hospitalist

Practitioner Type	Required Documents
	<ul style="list-style-type: none"> • Signed and dated New Provider Training Attestation (For initial applications only) • Completed Language Capacity Self-Assessment, if speak a language other than English (For initial applications only)
<p>Non-Physician Medical Practitioners:</p> <ul style="list-style-type: none"> • Nurse Practitioners (NP) • Physicians Assistants (PA) • Nurse Midwives • Dentists providing care under medical benefits 	<ul style="list-style-type: none"> • Credentialing Application signed and dated • Credentialing Questionnaire signed and dated • Addendum A: Practitioner Rights signed and date • Addendum B: Professional Liability Action Explained, if applicable, signed and dated • Addendum C: DHCS Provider Agreement signed and dated or proof of Medi-Cal FFS enrollment • Addendum D: DHCS Supplemental Questions signed and dated or proof of Medi-Cal FFS enrollment • State Medical/Professional License(s) • DEA/CDS/NPF Certificate (if applicable) • Face Sheet of Professional Liability Policy or certification • Curriculum Vitae or Resume (For initial applications only) • Highest Level Diploma or Transcripts (For initial applications only) • Signed and dated New Provider Training Attestation (For initial applications only) • Completed Language Capacity Self-Assessment, if speak a language other than English (For initial applications only)
<p>Allied Health:</p> <ul style="list-style-type: none"> • Acupuncturist • Physical Therapists • Occupational Therapists • Speech and Language Therapists • Audiologists • Hearing Aid Dispenser • Ocularist • Electrology Specialist • Registered Dietitian 	<ul style="list-style-type: none"> • Credentialing Application signed and dated • Credentialing Questionnaire signed and dated • Addendum A: Practitioner Rights signed and dated • Addendum B: Professional Liability Action Explained, if applicable, signed and dated • Addendum C: DHCS Provider Agreement signed and dated or proof of Medi-Cal FFS enrollment • Addendum D: DHCS Supplemental Questions signed and dated or proof of Medi-Cal FFS enrollment • State Medical/Professional License(s) • Face Sheet of Professional Liability Policy or certification • Curriculum Vitae or Resume (For initial applications only)

Practitioner Type	Required Documents
	<ul style="list-style-type: none"> • Highest Level Diploma or Transcripts (For initial applications only) • Signed and dated New Provider Training Attestation (For initial applications only). • Completed Language Capacity Self-Assessment, if speak a language other than English (For initial applications only)
<p>Telemedicine Consultants:</p> <ul style="list-style-type: none"> • Allopathic medical doctors (MD) • Osteopathic medical doctors (DO) 	<ul style="list-style-type: none"> • Credentialing process delegated to and managed by telemedicine vendor
<p>Behavioral Health Practitioners:</p> <ul style="list-style-type: none"> • Psychiatrists and other physicians (MD, DO) • Addiction medicine specialists • Doctoral or master's-level psychologists who are state certified or licensed • Master's-level clinical social workers who are state certified or licensed • Master's-level clinical nurse specialists or psychiatric nurse practitioners who are nationally or state certified or licensed • Autism services practitioner • Other behavioral healthcare specialists, who are licensed, certified or registered by the state to practice independently 	<ul style="list-style-type: none"> • Credentialing process delegated to and managed by behavioral health plan

C. **Verification Process:** SFHP conducts timely verification of credentialing information to ensure that practitioners have the legal authority and relevant training and expertise to provide quality care. Practitioners' credentials are screened through the Verification Process described in Table B below.

TABLE: B

Document	Verification	Time Limit
Credentialing Application	<ul style="list-style-type: none"> • Confirm that all required data elements are filled out. • Confirm that the application is signed and dated. • Confirm that Addendum A: Practitioner’s Rights is signed and dated. • Confirm that Addendum B: Professional Liability Action Explained is signed and dated (if applicable). • Confirm that Addendum C: DHCS Provider Agreement is signed and dated. • Confirm that Addendum D: DHCS Supplemental Questions is signed and dated. • Re-verification during recredentialing is required. 	<ul style="list-style-type: none"> • Verification must be completed within 180 calendar days from date of the signed application.
Attestation Questions	<ul style="list-style-type: none"> • SFHP confirms that the attestation questions and Addendum D: Supplemental Questions are signed and dated. • At initial credentialing, practitioners attest to all of the statements since their initial licensure. At recredentialing, practitioners attest to all statements since the last credentialing cycle. • When any of the questions is answered “yes”: <ul style="list-style-type: none"> • Practitioners must submit a written explanation of the 	<ul style="list-style-type: none"> • Verification must be completed within 180 calendar days from date of the signed application. • If the signed attestation exceeds the time limit before the credentialing decision, the practitioner must attest that the information on the application remains correct and complete, but is not required to complete another application. SFHP will send a copy of the completed application with the new attestation

Document	Verification	Time Limit
	<p>answer.</p> <ul style="list-style-type: none"> • The CMO will review the credentialing file, may request additional information or conduct further investigation, and will submit recommendations for next steps to the PAC. • The PAC makes the final decision in the credentialing process. • Re-verification during recredentialing is required. 	<p>form when it requests the practitioner to update the attestation.</p>
Clinical License	<ul style="list-style-type: none"> • Confirm that the practitioner holds a valid, current clinical California license. • Re-verification during recredentialing is required. 	<ul style="list-style-type: none"> • Verification must be completed within 180 calendar days from date of the signed application. • License must be in effect at the time of the decision.
DEA (as applicable)	<ul style="list-style-type: none"> • Confirm that the practitioner holds a valid, current DEA certificate. • If a practitioner has a pending DEA certificate application, the practitioner may be provisionally credentialed. To award a provisional credentialing status, SFHP must obtain documented evidence that another practitioner with a valid DEA certificate will write all prescriptions until the applicant has a valid DEA certificate. 	<ul style="list-style-type: none"> • Prior to the credentialing decision. • DEA must be in effect at the time of the decision.

Document	Verification	Time Limit
	<ul style="list-style-type: none"> • Re-verification during recredentialing is required. 	
Education and Training	<ul style="list-style-type: none"> • SFHP verifies the highest of the following three levels of education and training obtained by the practitioner as appropriate: <ul style="list-style-type: none"> • Board certification. • Completion of Residency. • Graduation from medical or professional school. • Re-verification during recredentialing is not required. 	Verification must be completed within 180 calendar days from date of the signed application.
Board Certification (if provided)	<ul style="list-style-type: none"> • Board certification is not required; however, SFHP verifies current certification status of practitioners who state that they are board certified. • SFHP documents the expiration date of the Board certification. If a practitioner has a "Lifetime" certification status and there is no expiration date for certification, SFHP verifies that Board certification is current. 	Verification must be completed within 180 calendar days from date of the signed application.
Work History	<ul style="list-style-type: none"> • SFHP verifies practitioners' work history through the practitioner's application, resume, or CV. If the practitioner has fewer than five (5) years of 	Verification must be completed within 180 calendar days from date of the signed application

Document	Verification	Time Limit
	<p>work history, the time frame starts at the initial licensure date.</p> <ul style="list-style-type: none"> • If there is a gap in employment exceeds six (6) months, the practitioner must clarify the gap verbally or in writing. SFHP will document a verbal clarification in the practitioner's credentialing file by noting the name of the individual who provided the clarification, organization, title, email, phone number, and date the clarification was made. • If the gap in employment exceeds one (1) year, the practitioner clarifies the gap in writing. PAC may request that practitioner be subject to proctoring; practitioner must submit written, and signed, confirmation that proctoring has occurred. PAC may request employment verification from primary sources if employment gap is longer than one (1) year. 	
Malpractice History	<ul style="list-style-type: none"> • SFHP obtains written confirmation of the past five (5) years of history of malpractice settlements from the malpractice carrier, or by querying the National Practitioner Data Bank (NPDB). 	Verification must be completed within 180 calendar days from date of the signed application

Document	Verification	Time Limit
Liability Insurance	<ul style="list-style-type: none"> SFHP obtains proof of current and adequate liability insurance with minimum coverage: <ul style="list-style-type: none"> \$100,000 per incident \$300,000 annual aggregate 	Liability must be in effect at the time of the decision.

D. Screening Process: All practitioners are stratified into Limited, Moderate, and High Risk categories in accordance with the guidelines established by the DHCS in All Plan Letter (APL) 17-019. The practitioner types listed in Table A are all considered Limited Risk and screened through the process described in Table C below.

- At re-credentialing, practitioners will be re-stratified in accordance with the guidelines established by the DHCS in APL 19-004 and will be re-screened through the process described in Table C below.

TABLE: C

Document	Verification	Time Limit
National Practitioner Identifier (NPI)	<ul style="list-style-type: none"> Confirm that the NPI provided belongs to the applicant using to the National Plan & Provider Enumeration System. 	<ul style="list-style-type: none"> Verification must be completed within 180 calendar days from date of the signed application.
Social Security Administration Death Master File (SSADM)	<ul style="list-style-type: none"> Confirm that the applicant's social security number does not appear in the SSADM. 	<ul style="list-style-type: none"> Verification must be completed within 180 calendar days from date of the signed application.
Federal and State Sanctions	<ul style="list-style-type: none"> Applicant must not be listed in any of the following databases: <ul style="list-style-type: none"> List of Excluded Individuals/Entities (LEIE). DHCS Suspended and Ineligible Provider List (S&I). System for Awards Management (SAM).Restricted Provider Database (RPD) 	<ul style="list-style-type: none"> Verification must be completed within 180 calendar days from date of the signed application.

SFHP uses primary sources to verify credentialing information. SFHP may also use a contracted agent of the primary source and NCQA-accepted sources. See policy and procedures CR 07 Verification Sources, for detail regarding sources used by SFHP.

In the event that verification information obtained by the credentialing staff substantially differs from that supplied by practitioners, the credentialing staff will contact practitioners to have them either correct or explain the differences. Practitioners have the right to correct erroneous information submitted during the application process; corrections must be submitted in writing to the Credentialing Department within 15 calendar days of the notification.

- E. **Credentialing Verification:** Credentialing staff will apply a secure individualized Adobe signature with a date stamp to every verified item once it has been verified against the sources listed in policy CR-07. These signatures are unique and secure based on SFHP's Password Policy, IS-25. Staff will check off which items have been verified in the credentialing checklist.

- F. **Credentialing Files:** are treated as confidential and are kept electronically in a SharePoint site with restricted access to the Peer Review & Credentialing Committee, Credentialing Staff and those assisting with credentialing & screening functions, Provider Network Operations Director, and Compliance Department. The files are protected from discovery by Section 1157 of the Evidence Code. Documents in these files may not be reproduced or distributed, except for confidential peer review and credentialing purposes consistent with Section 1157. The Peer Review/Credentials file is open to review by Federal and State agencies.

Files, screening, credentialing, and enrollment materials and documents are retained for ten years.

In addition to all documents reviewed during initial credentialing and recredentialing, the following documents are kept current and maintained in the practitioner's file:

1. Current state clinical license.
2. Valid DEA certification, if applicable.
3. Current, adequate malpractice insurance.

Initial Credentialing and Recredentialing **files are considered clean** when the following criteria are met:

1. The application is complete, signed, and dated.
2. The questionnaire is complete, signed, dated, and no responses require details or explanation according to the questionnaire's instructions.
3. Addendum C is complete, signed, and dated.
4. Addendum D is complete, signed, dated, and no responses require details or explanation according to the questionnaire's instructions.
5. All the required documents are current and present in the file.

6. All information requiring verification has been verified within the specified time limits, and there are no issues with the results of the verification.
7. The practitioner possesses current and adequate liability insurance coverage.
8. There are no findings in NPDB within ten years prior to verification.
9. There are no findings in the Federal and State Sanctions databases.
10. There are no findings in SFHP quality monitoring, such as Potential Quality Issues (PQIs) and grievances determined to require review by PAC (see CMO Review, below).

Files are **considered not clean** when one or more of the clean file criteria above are not met.

G. Chief Medical Officer (CMO) Review

1. As chair of the Peer Review and Advisory Committee (PAC), the CMO has the authority to approve practitioners' credentialing or recredentialing files when they are considered clean. The CMO may approve practitioners' files that are not clean, only when the reason for the exception is in benefit of member care, or when the timeline for Committee review exceeds the established schedule. The PAC will review and provide final approval of all files approved by the CMO.
2. As a standing member of the Grievance Review Committee, the CMO has experience with all member grievances. As such, as part of the recredentialing process, the CMO will review any grievances filed against a provider and determine if it is severe enough to warrant discussion with the PAC. If the CMO determines the grievance is not severe enough to discuss in PAC, a note will be made in the credentialing checklist and the file will be considered clean.

H. Credentialing Decisions: All practitioners participating in the SFHP network must be approved by the SFHP PAC. When issues are found during the credentialing process, the PAC reviews the file and makes the determination to approve or reject the practitioners' application. The PAC may not approve practitioners who are suspended or terminated by a State or Federal agency or with an active accusation under review by the Medical Board of California.

In circumstances of dire need, such as to support network adequacy, provisional credentialing may be granted to practitioners applying to the SFHP network for the first time. All provisionally credentialed practitioners must complete a credentialing application, attestation, and have at minimum a valid California license to practice. The Credentialing Staff will complete primary source verification of the previous five (5) years from National Practitioner Data Bank (NPDB), and review malpractice claims and settlements from malpractice carriers prior to submitting recommendation for committee approval. A follow-up plan for obtaining full credentialing status must be approved by the PAC, and a follow-up review must be conducted within 60 days of the original credentialing decision.

I. Medi-Cal Enrollment Process:

SFHP providers that participate in Medi-Cal must enroll in the Medi-Cal Program, or to an equivalent standard. Providers who provide services pursuant to temporary Letters of Agreement, continuity of care arrangements, or on an urgent or emergent basis are not required to enroll in the Medi-Cal Program. Providers may enroll in the Medi-Cal program through DHCS, SFHP, or another Medi-Cal managed care plan's process when it is equivalent to Medi-Cal's.

SFHP verifies prospective providers' and practitioners' enrollment with the DHCS prior to enrolling them with SFHP. SFHP may collaborate with DHCS and other Medi-Cal Managed Care Plans in California to share provider enrollment results. If the provider or practitioner has not completed the Medi-Cal enrollment process through DHCS, the provider or practitioner will complete SFHP's Medi-Cal enrollment process once they have been approved by SFHP's Credentialing Committee.

Providers that apply as a partnership, corporation, governmental entity, or nonprofit organization must disclose ownership or control information, and are required to enter into a provider enrollment agreement with the DHCS as a condition of participating in Medi-Cal Managed Care. Participating Medi-Cal providers who are unincorporated sole-proprietors are not required to disclose ownership and control information.

Enrollment into the SFHP Provider Network is completed within 120 days of credentialing committee approval. SFHP issues providers who complete the SFHP enrollment process a "verification of enrollment" included in the notification of credentialing decisions.

SFHP revalidates providers' enrollment in the Medi-Cal program, or ensures an equivalent standard is applied, during the recredentialing verification process.

- J. Non-discrimination:** Initial credentialing and recredentialing decisions are made solely based on the results of the screening and verification processes. Annually, the PAC signs an affirmation confirming that credentialing decisions are not made based on an applicant's race, ethnicity/national identity, gender, age, sexual orientation, or area in which the practitioner specializes. Applicants' demographic information is not provided to the PAC.

All credentialing applications are logged and their status (Approved/Denied) recorded. Annually, the credentialing staff provides a summary report to the PAC. The purpose of this report is to review all denials; PAC member are instructed to assess whether or not discrimination played a role in any case. The CMO is responsible for finding trends in discrimination, and the Governing Board is responsible for ensuring that a plan of corrective action has been implemented and followed.

K. Notification of the Credentialing Decision: SFHP notifies, in writing, applicants of initial credentialing and recredentialing decisions within 60 days from the date the decision was made.

L. Directory Listings: Once a practitioner is approved by PAC, at minimum, the following information is entered in the system; information marked with an asterisk (*) is published in the directory:

1. Last and First Name and Middle Initial (*)
2. Degree (*)
3. Date of Birth
4. Gender (*)
5. CA License Number (*)
6. NPI Number (*)
7. Clinic / Practice Address (*)
8. Hospital Affiliations (*)
9. Specialty (*)
10. Board Status (Certified, Eligible, N/A) (*)
11. Provider Language Abilities (other than English) (*)
12. Provider Type (PCP, Specialist, Mid-Level) (*)
13. If Mid-Level, List Supervising PCP Name

Members can find the provider in SFHP's online directory at www.sfhp.org. In addition, SFHP updates the printed directory regularly as outlined in [MC-04]. For a detailed description of the process for managing provider data, refer to policy and procedure PR-21 Provider Data Maintenance.

M. Practitioners' Termination and Reinstatement: If a practitioner's contract is terminated and later reinstated, the practitioner must be initially credentialed prior to reinstatement if there is a break in service of more than 30 calendar days.

SFHP re-verifies credentials that are no longer within re-verification time limits (credentials that will not be in effect when the PAC or CMO make the credentialing decision).

N. Delegation: Where SFHP delegates credentialing and recredentialing to a medical group, health plan, or vendor, SFHP also delegates screening, verification, and enrollment. SFHP ensures through regular audits and reports that the delegated providers and their sub-delegates perform these functions in compliance with industry-approved requirements. Credentialing Verification Organizations (CVOs), Health Plans, and Hospitals that hold current NCQA or The Joint Commission (TJC) accreditation are deemed in compliance with credentialing standards but are still subject to audits and reporting requirements by SFHP.

SFHP retains the right to approve, suspend and terminate individual practitioners, providers, and sites in situations where it has delegated decision making.

MONITORING

Monitoring: On a monthly basis, Manager Provider Relations reviews turnaround times for processing and approval of credentialing files.

Annual Audit: Manager, Provider Relations conducts an annual internal audit of initial credentialing and recredentialing files. Manager uses file review methodology described in policy and procedure DO-06 Oversight of Delegated Credentialing Functions. A passing score is 95% or higher.

Committee Review: The Peer Review and Advisory Committee (PAC) will review all cases for approval or denial and provide feedback, or request additional information or corrections as needed in accordance with PAC meetings.

DEFINITIONS

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

Enrollment: a process of entering into the SFHP Provider Network providers and practitioners whose screening and credentialing process have been completed, and who have been approved to participate. These providers and practitioners may be published in the SFHP Provider directory according to Policy MC-04: Provider Directory.

Freestanding Facility: an entity that furnishes health care services, and that is not integrated with any other entity as a main provider, a department of a provider, remote location of a hospital, satellite facility, or a provider-based entity.

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

PAC: Physician Advisory/Peer Review/Credentialing Committee holds the responsibility for reviewing credentialing activities of SFHP and of its delegates.

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

Provider: an institution or organization that provides services, such as a hospital, residential treatment center, home health agency, or rehabilitation facility (source NCQA).

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

Screening: a background check appropriate to a provider or practitioner's risk level, potentially including fingerprinting and verification of any state and federal sanctions.

AFFECTED DEPARTMENTS/PARTIES

Compliance and Regulatory Affairs
Physician Advisory/Peer Review/Credentialing Committee (PAC)
Quality Improvement Committee (QIC)

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

1. CR-01: Credentialing Program Charter
2. CR-02: Credentialing of Organizational Providers
3. CR-03: Notification to Authorities of Practitioner Disciplinary Actions
4. CR-04: Credentialing of HIV-AIDS Specialists
5. CR-07: Credentialing Verification Sources
6. CR-08: Practitioners Rights and Responsibilities
7. CR-09: Ongoing Monitoring of Licenses and Other Key Documents
8. CR-10: Ongoing Monitoring of Sanctions and Interventions
9. CR-11: Office Site Visits
10. DO-06: Oversight of Delegated Credentialing Functions
11. IS-25: Password Policy
12. MC-04: Print Provider Directory
13. QI-11: Physician Advisory / Peer Review / and Credentialing Committee
14. QI-15: Quality Improvement Program

REVISION HISTORY

Effective Date: February 28, 2019
Revision Date(s): April 22, 2020; July 16, 2020

REFERENCES

1. DHCS Contract Exhibit A, Attachment 4, Provisions 6, 10C, 12
2. DHCS APL 19-004 Provider Credentialing / Recredentialing and Screening / Enrollment
3. NCQA Health Plan Credentialing Standards
4. DHCS Provider Enrollment Division requirements (*re: liability insurance amounts*)