



Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Provider eligibility and credentialing 101

2020 Indiana Health Care Programs
annual seminar



Agenda

- Nondiscrimination policy
- Credentialing scope
- Credentials committee
- Anthem Blue Cross and Blue Shield (Anthem) credentialing program standards
- Health delivery organization (HDO)
- Initial credentialing
- Re-credentialing
- Ongoing sanction monitoring
- Appeals process
- Reporting requirements

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.

Who can be credentialed

Anthem credentials health care practitioners including, but not limited to, the following types:

- Medical doctors
- Doctors of osteopathic medicine
- Chiropractors
- Telemedicine practitioners who have an independent relationship with Anthem and who provide treatment services under the health benefits plan
- Medical therapists (for example, physical therapists, speech therapists, and occupational therapists)
- 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)

For more information refer to Chapter 14 in the Anthem Provider Manual at https://mediproviders.anthem.com/Documents/ININ_CAID_ProviderManual.pdf

Who can be credentialed (cont.)

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

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

Who can be credentialed (cont.)

Anthem credentials the following health delivery organizations (HDOs):

- Hospitals
- Home health agencies
- Skilled nursing facilities
- Nursing homes
- Free-standing surgical centers
- Urgent care centers
- Federally qualified health centers (FQHC)
- Home infusion therapy agencies
- Rural health clinics

Who can be credentialed (cont.)

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

Credentials Committee

- The Credentials Committee (CC) is a peer review body with decision-making authority to accept, retain, deny or terminate a practitioner's participation in a network or Plan.
- The CC will meet at least once every 45 calendar days.
- The chief medical officer, or a designee appointed in consultation with the vice president of Medical and Credentialing Policy, will chair the CC and serve as a voting member (the Chair of the CC).
- The CC will include at least two participating practitioners, including one who practices in the specialty type that most frequently provides services to Company members and who falls within the scope of the credentialing program, having no other role in Company network management.

Anthem credentialing program standards

Eligibility criteria for health care practitioners:

- Initial applicants must meet all of 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
 - Possess a current, valid, unencumbered, unrestricted and non-probationary license in the state(s) where he/she provides services to covered individuals
 - Possess a current, valid, and unrestricted Drug Enforcement Agency (DEA) and/or Controlled Dangerous Substances (CDS) registration for prescribing controlled substances

Anthem credentialing program standards (cont.)

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:
 - American Board of Medical Specialties (ABMS)
 - American Osteopathic Association (AOA)
 - Royal College of Physicians and Surgeons of Canada 167 (RCPSC)
 - College of Family Physicians of Canada (CFPC)
 - American Board of Podiatric Surgery (ABPS)
 - American Board of Podiatric Medicine (ABPM)
 - American Board of Oral and Maxillofacial Surgery (ABOMS)
- Individuals will be granted five years after completion of their residency program to meet this requirement.
- 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.

Anthem credentialing program standards (cont.)

- For MDs and DOs, the applicant must have unrestricted hospital privileges at a the following:
 - The Joint Commission (TJC)
 - National Integrated Accreditation for Healthcare Organizations (NIAHO)
 - An AOA accredited hospital or a network hospital previously approved by the committee

Anthem credentialing program standards (cont.)

Criteria for selecting practitioners new applicants:

- 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)

Anthem credentialing program standards (cont.)

Criteria for selecting practitioners:

- 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 credentialing program standards (cont.)

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 timeframe 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
 - Must not be currently federally sanctioned, debarred or excluded from participation in any of the following programs: Medicare, Medicaid or FEHBP

Anthem credentialing program standards (cont.)

Criteria for selecting practitioners

- No current or a history of hospital membership or privilege
- 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 six 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

Anthem credentialing program standards (cont.)

Criteria for selecting practitioners

- 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

Health delivery organizations (HDO)

- New HDO applicants will submit a standardized application to Anthem for review.
- If the candidate meets Anthem screening criteria, the credentialing process will commence.
- Re-credentialing of HDOs occur every three years unless otherwise required by regulatory or accrediting bodies.
- 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.

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.
- HDOs are re-credentialed at least every three years to assess the HDO's continued compliance with Anthem standards.

HDO eligibility criteria (cont.)

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)
- 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

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 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.
 - To learn more about CAQH, visit their web site at www.CAQH.org.
- 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.

Additional Participation Criteria for HDO Provider Type

Medical facilities

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
Birth 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

For more information refer to Chapter 14 in the Anthem Provider Manual at https://mediproviders.anthem.com/Documents/ININ_CAID_ProviderManual.pdf

Additional Participation Criteria for HDO Provider Type (cont.)

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

Additional Participation Criteria for HDO Provider Type (cont.)

Rehabilitation

Facility Type (Medical 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

Recredentialing

- The re-credentialing process incorporates re-verification and the identification of changes in the practitioner's or HDO's:
 - Licensure
 - Sanctions
 - Certification
 - Health status
 - 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

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

Ongoing Sanction Monitoring

To support certain credentialing standards between the re-credentialing cycles, Anthem has established an ongoing monitoring program to help ensure continued compliance with credentialing standards. 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

Ongoing Sanction Monitoring (cont.)

- 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 CC, review by the Medical Director, referral to the CC, or termination. Anthem credentialing departments will report practitioners or HDOs to the appropriate authorities as required by law.

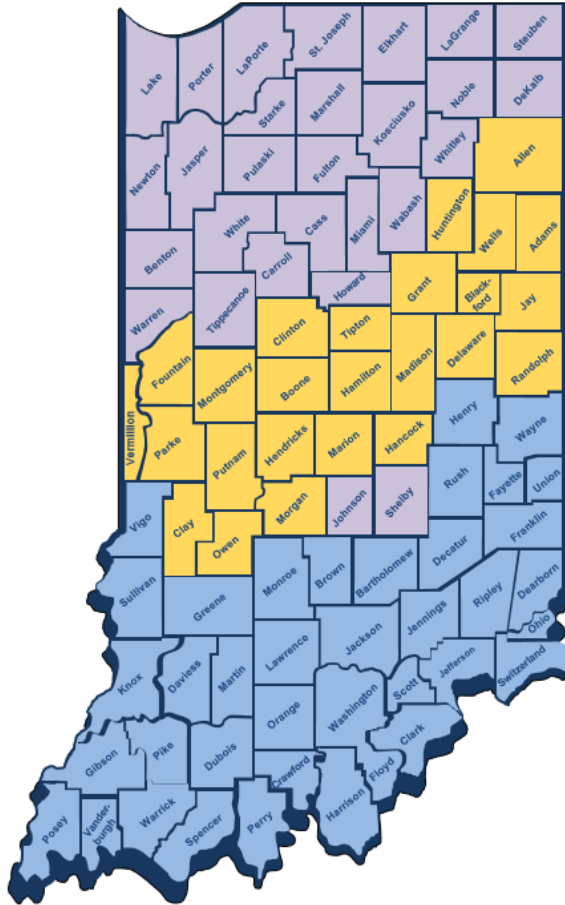
Appeals Process

- 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 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.
- 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 review action with respect to a practitioner's or HDO's participation, 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.
 - 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.

Behavioral Health contact information

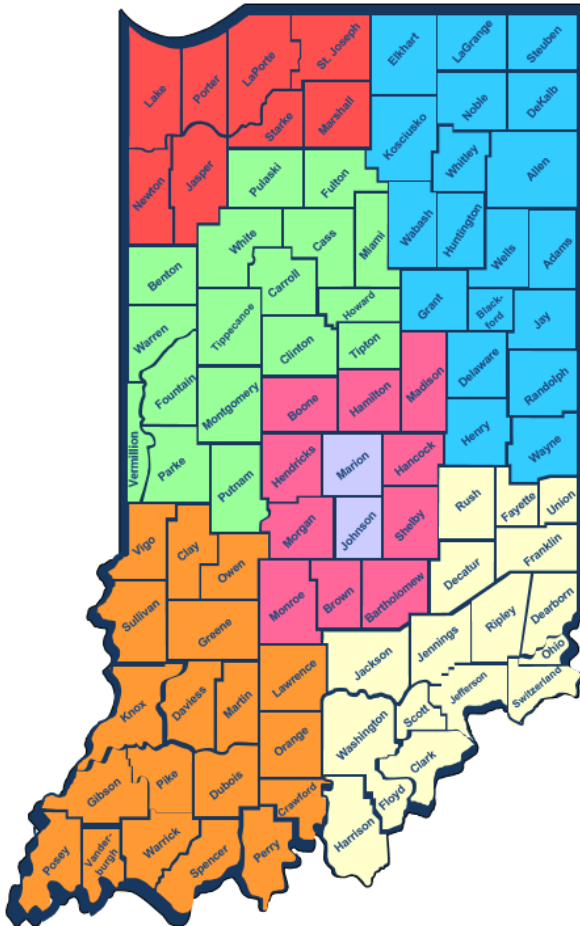


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Serving Hoosier Healthwise, Healthy Indiana Plan
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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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