

**AMERIHEALTH CARITAS FAMILY OF COMPANIES
POLICY AND PROCEDURE**

Subject: Credentialing/Recredentialing of Providers, Organizational Providers and Non-Traditional Long Term Services and Supports (LTSS) Contractors/Providers

Policy No: CP [Confidential information redacted]

Department: Enterprise Operations Management

Current Effective Date: 6/15/2023

Last Review Date: 6/20/23

Original Effective Date: 8/29/2019
Next Review Date: 6/15/24

Related Departments: Provider Network Management, Provider Network Operations, Provider Database Maintenance, Quality Management

Lines of Business: North Carolina

Products: Medicaid

Policy:

AmeriHealth Caritas North Carolina (ACNC) is a member of the AmeriHealth Caritas Family of Companies. ACNC, also referred to herein as the Prepaid Health Plan (PHP), adheres to the North Carolina Department of Health and Human Services' (the "Department") Medicaid managed care program streamlined approach for the credentialing and recredentialing of providers. ACNC will rely on a provider's presence on the Medicaid Provider Enrollment File (PEF) received from the Department for credentialing/rec credentialing purposes. Through this standardized credentialing/rec credentialing approach, ACNC will not outreach to in-state, bordering (i.e., providers that reside within forty (40) miles of the North Carolina state line), or out of state providers about credentialing/rec credentialing in accordance with the direction from the Department in Section V.D.2.g of the RFP. North Carolina state law and the RFP requires PHPs to negotiate in good faith with, and include in the network, all qualified willing providers, except when the PHP is unable to negotiate terms or rates.

Provider/contactor/organizational providers who are not enrolled with the Department as North Carolina Medicaid Providers, consistent with the provider disclosure, screening, and enrollment requirements, will not be contracted with ACNC. ACNC will partner with the Department on a long-term model for credentialing to meet National Committee for Quality Assurance (NCQA) compliance and will be responsible for Health Plan Accreditation Credentialing requirements that will be performed by the PHP and are outlined as the "Organization Responsibility" per Attachment 1 in Attachment B.

ACNC shall develop and maintain a Network Provider Credentialing and Re-credentialing Policy as defined in Attachment M. 6. Uniform Credentialing and Re-credentialing of the RFP. ACNC shall submit the Credentialing and Re-credentialing Policy to the Department for review and approval thirty (30) days after the Contract Award. This policy and procedure will be presented for review and approval on at least an annual basis to both the Department and ACNC's Quality Assessment Performance Improvement Committee (QAPIC). ACNC will submit any significant policy changes to the

Department for review and approval at least sixty (60) calendar days prior to implementation.

ACNC is prohibited from employing or contracting with providers excluded from participation in federal health care programs under the Social Security Act.

ACNC staff abide by policies and procedures for the collection, use, transmission, storage, access to and disclosure of Confidential Information in order to protect the privacy and confidentiality rights of ACNC's Members and Providers and to ensure the appropriate and legitimate use of the information. ACNC is prohibited from using, disclosing, or sharing provider credentialing information for any purpose other than use in Medicaid Managed Care without the express, written consent of the provider and the Department.

Procedure:

Initial Credentialing

ACNC will rely on the enrollment/credentialing of the Department for initial credentialing and will not have its own independent credentialing process. ACNC will accept the PEF received from the Department as the source for provider eligibility and credentialing status purposes. ACNC matches the provider to the active Medicaid provider record by using the National Provider Identifier (NPI), location code, and effective date methodology provided by the Department. ACNC shall accept provider credentialing and verified information from the Department, or designated Department vendor, and shall not request any additional credentialing information from a provider without the Department's written prior approval. ACNC is not prohibited from collecting other information from providers necessary for the contracting process. ACNC will not solicit or accept provider credentialing or verified information from any source other than the Department, or designated Department vendor, except as expressly permitted by the Department.

For purposes of Initial Credentialing and Recredentialing, without waiving any sovereign immunities, and to the extent permitted by law, including the NC Tort Claims Act, and subject to Section III.D.5. Availability of Funds, DHHS shall indemnify, defend, and hold harmless ACNC, its officers, agents, and employees from liability of any kind, including but not limited to claims and losses accruing or resulting to any other person, firm, or corporation that may be injured or damaged, arising out of or resulting from incomplete and/or inaccurate credentialing information provided to ACNC by the Department or its Provider Data Contract, Contract Verification Organization, or other Department vendor providing such information to ACNC and relied upon by ACNC in credentialing a provider for participation in the ACNC network. The obligations set forth in the preceding sentence shall survive termination or expiration of the Contract. ACNC shall have the option to participate at its own expense in the defense of such claims or actions filed and ACNC shall be responsible for its own litigation expenses if it exercises this option. In no event shall ACNC be deemed to be in breach of this Contract as a result of it having relied and/or acted upon the credentialing information provided to it by DHHS. ACNC shall have no liability to DHHS in respect to any act or omission arising under, resulting from, or relating to ACNC's use of and reliance on such credentialing information.

Recredentialing

1. Providers/Contractors/Organizational Providers are recredentialled no less frequently than every 5 years by the Department during the Provider Credentialing Transition period.

2. During the Provider Credentialing Transition Period, as a provider is re-credentialed through the Provider Enrollment process, ACNC shall evaluate a contracted provider's continued eligibility for contracting by confirming the appearance of the provider on the daily PEF. After the Provider Credentialing Transition Period, ACNC shall evaluate a contracted provider's continued eligibility for contracting by confirming the appearance of the provider on the daily PEF. This process shall occur every three (3) years consistent with Department policy and procedure, unless otherwise notified by the Department.
3. ACNC will suspend claims payments to any non-compliant provider for dates of services after the effective date provided by the Department. Claims payment suspension will occur within one (1) business day of receipt of notice from the Department that Provider payment has been suspended for failing to submit re-credentialing documentation to the Department, or for otherwise failing to meet Department requirements.
4. ACNC will reinstate provider payments upon notice of compliance from the Department.
5. If the provider remains non-compliant more than fifty (50) days after suspension, the Department and ACNC will terminate the provider and ACNC will likewise terminate the provider from its network.

NOTE: The PHP will not be liable for interest or penalties for payment suspension at recredentialing.

Note: Any provider found to be excluded from Medicare or Medicaid will be terminated immediately from the PHP.

Quality Assessment Performance Improvement Committee (QAPIC)

1. The QAPIC is staffed with participating providers with the goal of representing the range of North Carolina licensed primary care, specialty and Allied Health Practitioners furnishing care to ACNC members. The ACNC Market Chief Medical Officer or physician designee is Chairman of the QAPIC and is licensed in the state of North Carolina.
2. The primary responsibilities of the QAPIC are described more fully in the ACNC Quality Improvement Program Description (reviewed and approved by the Department). Those responsibilities pertinent to credentialing/re-credentialing include:
 - Review and revise Credentialing/Recredentialing policies and procedures at least annually and modify them as necessary.
 - Help ensure that ACNC's Credentialing / Recredentialing policies and procedures are consistently followed and aligned with state policies and procedures.
 - Monitor contracting processes to ensure providers have been credentialed by NC DHHS and implementation is in accordance with federal, state and NCQA standards.
 - Compare provider performance against quality data, including quality of care (adverse events) and quality of service concerns (member complaints), and review provider performance at least as often as the Department's recredentialing cycle. Any severity levels reached as outlined in the Review of Potential Quality of Care Cases

policy [Confidential information redacted] will be presented to the Peer Review Committee for review and determination. Any severity levels reached are also presented in summary reports to the QAPIC for review and discussion.

3. Any provider terminated for reasons of suspected fraud, waste, or abuse are reviewed pursuant to the requirements under the Department Contract.

NOTE: This process is based on the North Carolina Medicaid Managed Care authorizing legislation that provides ACNC must include all willing providers in their network, except when ACNC is unable to negotiate rates.

Confidentiality

1. The Plan-wide policy [Confidential information redacted], addresses the overall procedure for confidentiality. On an annual basis all associates must read and sign the policies Associate Confidentiality, Privacy, and Security Agreement.

In addition, Policy [Confidential information redacted] addresses the specific procedures with regard to the confidentiality of information obtained in the Credentialing/Recredentialing process. All new hires must sign the Affirmation Statement Form in the New Hire Orientation.

On-going Monitoring

1. Through the uniform credentialing process, the Department will screen and enroll, and revalidate, all providers as participating and non-sanctioned Medicaid Providers.
2. ACNC will reconfirm providers' Medicaid eligibility upon receipt of every PEF.
3. ACNC will monitor provider performance against Quality data on an ongoing basis. The PHP will review and investigate member complaints upon receipt. Provider specific trends will be reviewed via reporting in appropriate Quality Committee meetings on a quarterly basis. Provider complaint history is evaluated via severity levels shown in quarterly reports with thresholds for intervention for certain severity levels over a set period of time.

Provider Network Composition

1. The ACNC Provider Network Management (PNM) team establishes a network of providers necessary to furnish Covered Services, specific to the North Carolina PHP that meets network adequacy requirements to help ensure access for enrollees, including those with limited English proficiency or physical or mental disabilities. The ACNC PNM team is responsible for validating female enrollees have direct access to women's health specialists to provide women's routine and preventive health services.
2. The provider network includes, but is not limited to, hospitals, practitioners/providers (specialists and primary care), nurse midwives, nurse practitioners, family planning providers, federally qualified health centers, medical specialists, dentists, allied health professionals, ancillary providers, DME providers, home health providers, behavioral health providers, transportation providers, nursing facilities and supportive living facilities, and Long Term Services and Supports, such as adult day programs, home delivered meals and environmental modification services.

3. The ACNC network of contracted, credentialed providers includes adequate numbers of Providers with the training, experience, and skills necessary to furnish quality care to Members in a manner that is accessible and culturally competent.
4. If the provider network is unable to provide necessary services, or if the need for a second opinion is warranted, ACNC will support the arrangement of such services at no cost to the member.

NOTE: Refer to Policy [Confidential information redacted]

Contract Execution

1. North Carolina state law and the RFP requires PHPs to negotiate in good faith with, and include in the network, all qualified willing providers, except when the PHP is unable to negotiate terms or rates. If ACNC decides not to contract with a provider, the provider receives written notice of the decision within five business days.
2. The ACNC contract network management team meets with providers interested in joining the ACNC provider network (potential providers) present on the PEF and supplies a copy of the contracting packet including the Provider Intake Form (PIF). The PIF has been developed to collect non-credentialing information necessary for operational purposes not present on the PEF. The PIF will be submitted to NC DHHS for approval and following any material changes to the form. (Attachment A – ACNC Provider Intake Form)
3. If the contract negotiation process proceeds to conclusion and completed contract packets are received, the information from the data intake form is shared with appropriate ACNC departments.
4. The provider is accurately and timely loaded into ACNC's claim adjudication and payment system using information from the PEF and PIF.
5. ACNC mails a Welcome Packet and enrollment notice to providers within five (5) calendar days of executing a contract.
6. ACNC may execute a network provider contract, pending the outcome of the Department screening, enrollment, and revalidation, of up to one hundred twenty (120) days but must terminate a network provider immediately upon notification from the Department that the network provider cannot be enrolled.

Provider Directories

1. Printed directories that list credentialed and participating providers/contractors/organizational providers are made available upon request to members. A real-time provider directory is also available through the ACNC website.
2. The information populated in the provider directory outlines each provider's professional qualifications and specialties, as gathered from the provider's initial intake form and the PEF received from the Department. ACNC follows established processes to review, correct and validate provider data on a regular basis including, but not limited to, the use of an Ongoing Monitoring Report that supports comparison of PEF data against Facets data.

Oversight

1. ACNC will meet with the Department, or designated Department vendor, quarterly and as requested regarding the credentialing process and network contracting process.
2. ACNC will publish all previous versions of this policy on the ACNC website including the policy effective date.

Related Policies and Procedures:

1. [Confidential information redacted]
2. [Confidential information redacted]

Attachments:

1. Attachment A –AmeriHealth Caritas North Carolina Provider Intake Form
[Confidential information redacted]
2. Attachment B - [Confidential information redacted]

Approved By:

[Confidential information redacted]
[Confidential information redacted]

Attachment A –AmeriHealth Caritas North Carolina Provider Intake Form



Provider Information Form

Fields below are to be populated by the Account Executive and sourced from the Provider Enrollment File.

Tax ID:

NPI:

SLC:

We ask for provider assistance for the information below.

Category:

Completed Cultural Competency Training?

Yes No

List in ACNC Provider Directory?

Yes:

No:

Website URL:

Attachment B- [Confidential information redacted]