



<b>Arizona Community Physicians</b>	<b>Policy#: CRE-003    Version: 5</b>
<b>Department: Credentialing</b>	<b>Owner: Credentialing Coordinator</b>
<b>Title: Credentialing and Recredentialing</b>	<b>Effective Date: 05/01/20</b>
<b>Original Board Approval Date: October 2000</b>	<b>Review: Biennial</b>
<b>Revision Approval Date: March 2001, January 2002, April 2002, January 2003, January 2004, January 2005, March 2005, September 2005, January 2006, September 2007, November, 2008, February 2011, June 2011, March 2012, September 2013, January 2014, April 2016, January 2017, NEW FORMAT March 2017, November 2017, December 2018, December, 2019, May 2020</b>	<b>Author: Julie Pena-James, Credentialing Coordinator</b>

**PROCEDURES**

- A. Arizona Community Physicians (ACP) adheres to all state credentialing requirements as detailed in ARS Title 20 Chapter 27 Provider Credentialing. (Exhibit A)
- B. All nonproprietary credentialing information will be made available to applicants through ACP’s website located at [www.azacp.com](http://www.azacp.com). Included on website: credentialing policies & procedures, list of documents required for complete credentialing application, a checklist of actions/materials which are required during the credentialing process, and ACP credentialing contact information. (Exhibit A)
- C. Upon receiving a signed Letter of Intent to join ACP, the Credentialing Coordinator (CC) shall initiate credentialing and request completion of a credentialing application from the practitioner. For recredentialing, the CC shall send the practitioner a cover letter specifying his/her rights along with a recredentialing application, which must be completed and returned by a date to be specified in the cover letter. Both applications can be found in electronic form on the ACP website.
- D. Upon receipt of the complete application, the CC reviews the file to ensure all required documents are present and current. ACP will provide written or electronic acknowledgement to applicant within 7 calendar days after receipt of application.
- E. The CC will coordinate with a primary source verification and/or practitioner to obtain any necessary documentation to complete the files. The practitioner has the right to inquire as to the status of his/her own application, by submitting a request, in writing, to ACP Credentialing. ACP Credentialing shall respond to the practitioner, in writing, within seventy-two (72) hours of the request.
- F. When the credentialing file is complete, the Credentialing Coordinator (CC) presents the completed credentialing file to the CEPRC Chairperson and Committee.



- G. Upon review of the file by the CEPRC a decision will be made to:
1. Recommend approval of the applicant.
  2. Defer for future consideration and recommend approval with stipulations to address deficiencies and/or time-specified monitoring: Examples of stipulations/monitoring include, but are not limited to:
    - a. Requiring on-call coverage
    - b. Running additional NPDBs at specified intervals with additional Peer Review as determined by the Medical Director.
    - c. AD hoc Medical Records Audits
  3. Recommend denial/termination.
  4. Request additional information.
  5. Grant temporary credentialing approval, subject to final credentialing approval.
- H. Any actions or sanctions identified through the routine National Practitioner Data Bank searches will be forwarded to the Compliance/Medical Director. The Medical Director shall be responsible for the review of the information and reporting to the ACP Board depending on the severity or serious nature of the information.
- Any illegal, criminal, or serious quality of patient care activity will be reported immediately to state and federal authorities simultaneous to all internal regulatory processes by Arizona Community Physicians within 30 days of action. Authorities shall mean, but not limited to the following agents, Arizona Medical Board, State Attorney General, Drug Enforcement Agency, National Practitioner Data Bank, State Health Department, State Insurance Bureau, State Hospital Association, State Police Federal Bureau of Investigation, Homeland Security, OIG, and other regulatory bodies with authority specific to the situation.
- ACP will notify the healthplan(s) of all termination of employment and/or credentialing. Any terminations involving illegal, criminal, or serious patient care activity will be reported to the appropriate government authorities.
- I. Each applicant file is reviewed and approved by the Compliance Ethics and Peer Review Committee (CEPRC) designated Physician Member and Chair prior to Monthly meeting. After CEPRC discussion and vote on every applicant file, determination whether the applicant was approved, approved with recommendations, or denied. The applicant will be notified of the credentialing/recredentialing decision within 7 working days of the CEPRC decision.
- J. Any action/committee recommendation less than full approval must be accompanied by:
- Full outline of additional information needed
  - Acceptable source of the needed information
  - Date to be submitted for re-review
  - Person responsible for obtaining the information



- Next date of re-review notation regarding the need for full ACP Board action or referral to other ACP committee(s)
  - Serious quality issues identified must include a letter of concern given to the practitioner, a letter of reprimand if no response or corrective action plan is submitted by the practitioner. The ACP Board will review the matter within 30 days of the initial referral; the entire process shall be concluded within 90 days of the matter being presented to the ACP Board.
- K. The credentialing coordinator creates a permanent file for the approved provider.
- L. The credentialing coordinator with maintain and store all credentialing/recredentialing files for a minimum of 10 years thru the storage element in Intellicred, owned by ACP, and EHCO One App credentialing software. Hard copy current credentialing files and 1 cycle previous credentialing applications will be stored in locked Credentialing Department files. Destruction of outdated files are shredded thru standard ACP protocol in compliance with HIPPA standards.

#### **Attachments**

- Release and Attestation Form
- Form to be used by the CEPRC to document action taken (filed in each practitioners file and attached to the minutes of the meeting)
- Copy of written notice to practitioners of CEPRC action
- Confidentiality Policy
- Any other letters or memorandums used by the CEPRC to communicate with practitioners.

#### **Exceptions:**

ACP Board of Directors can approve exceptions to this policy.

#### **Related or Ancillary Policies or Procedures:**

- Peer Review Credentialing Committee
- Corrective Action Process
- Termination for Other than a Medical Disciplinary Cause or Reason
- Provider Request for Hearing
- COM-002

#### References

ARS Title 20 Chapter 27 Provider Credentialing

<https://www.azleg.gov/arsDetail/?title=20>

#### **Article 1 General Provisions**

- [20-3451](#) Definitions
- [20-3452](#) Requirements for electronic application submission
- [20-3453](#) Credentialing; loading; timelines; exception
- [20-3454](#) Acknowledgement of receipt of an application; notification of incomplete applications
- [20-3455](#) Reported discrepancies; corrective action


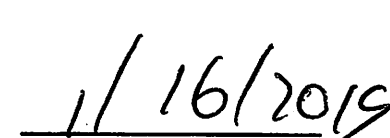


- [20-3456](#) Covered services; claims
- [20-3457](#) Availability of credentialing information; policies
- [20-3458](#) Recredentialing
- [20-3459](#) Civil immunity; enforcement; civil penalty

<b>APPROVAL</b>	
_____	_____
Name/Title:	Date



**Arizona Community Physicians Administrative Policy Renewal and Revision**

<b>Department: Compliance</b>	<b>Policy #: COM-002</b> <b>Version: 1</b> <b>Original Board Approval Date: 12/21/16</b> <b>Last Renewed: n/a</b>
<b>Policy Title: Compliance, Ethics, and Peer Review Committee Duties and Responsibilities</b>	<b>Current Status:</b> <input checked="" type="checkbox"/> <b>Annual Renewal</b> <input type="checkbox"/> <b>Interim Revised</b>
<b>Responsible Party:</b> <b>Compliance Medical Director</b> <b>Compliance Director</b>	<b>Impact:</b> <input checked="" type="checkbox"/> <b>No Changes</b> <input type="checkbox"/> <b>Minor Changes</b> <input type="checkbox"/> <b>Significant Changes</b>
<b>Summary of Changes:</b>  None          <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div data-bbox="181 1218 779 1386">   <hr/> <b>Signature</b> </div> <div data-bbox="941 1218 1331 1386">   <hr/> <b>Date</b> </div> </div>	



Arizona Community Physicians	Policy #: COM-002	Version: 1
Department: Corporate Compliance	Owner: Compliance Director	
Title: Compliance, Ethics and Peer Review Committee Duties and Responsibilities	Effective Date: 1/3/2017	
Original Board Approval Date: 12/21/16	Review: Annual	
Revision Approval Date:	Author: Catherine Gioannetti, MD Mary Dunaway	

**PURPOSE:**

ACP is committed to strict adherence with all Federal, state, and local laws and regulations that govern its business practices, as well as sustain a culture in which ethical conduct and integrity are recognized, valued, and exemplified throughout. As an integral part of achieving these functions, the ACP Compliance, Ethics and Peer Review Committee, hereinafter referred to as "the Committee," assists and guides the Compliance Director in the development, implementation, monitoring, and enforcement of ACP's Compliance Program.


**POLICY**

**1. Organizational Structure of the Committee**

- 1.1 The Committee will be comprised of not less than 10 members. Standing members of the Committee will be comprised of physician shareholders approved by the ACP Board. The Compliance Medical Director will be the Chair of the Committee.
- 1.2 Actions by the Committee will require approval by a majority of the members present (a quorum of at least at 6 members) either by verbal or e-mail vote. Members are not required to be physically present in the same location for the Committee to act, and actions may be taken by email vote or other means of communication.
- 1.3 Written minutes will be kept of all Committee meetings and actions. The minutes are made available to the CEO and then reviewed and approved by the ACP Board.
- 1.4 The Committee may invite non-members to meet with the Committee as it deems appropriate.
- 1.5 The Chair will set meeting dates, times, and locations. The Committee will meet not less than once per quarter and may meet more often as deemed necessary by the Chair or by a majority of the Committee.
- 1.6 The Chair will set the agenda for regular meetings. Other members of the Committee will be entitled to add items to the agenda as they deem appropriate.
- 1.7 In the absence of the Chair, another Committee member designated by the Chair, CEO, or Board will preside.
- 1.8 The Committee reports to the ACP Board.

**2 Duties and Responsibilities of the Committee**

- 2.1 The Committee is responsible for reviewing the regulatory environment and legal requirements with which ACP must comply, and specific risk areas.
- 2.2 The Committee is responsible for recommending and monitoring, in conjunction with the relevant departments, the development of internal systems and controls to carry out the Compliance Program's standards, policies, and procedures as part of daily operations.
- 2.3 The Committee is responsible for determining the appropriate strategy or approach to promote compliance with the Compliance Program and detection of any potential violations, such as through hotlines and other fraud reporting mechanisms.
- 2.4 The Committee is responsible for reviewing annual conflict of interest agreements and referring any concerns to ACP's CEO or Board with a view to addressing any potential, perceived, or actual conflicts of interest.
- 2.5 The Committee is responsible for monitoring internal and external audits, investigations, and complaints for the purpose of identifying troublesome issues and deficient areas, and implementing corrective and preventive action.
- 2.6 The Committee is responsible for overseeing and approving the continuing development and implementation of policies, procedures, directions, guidelines, and communications that establish compliance standards, and further the objectives of the Compliance Program.
- 2.7 The Committee is responsible for ensuring appropriate independence and support for the Compliance Program for investigations and matters related to compliance issues.
- 2.8 The Committee is responsible for carrying out peer review activities which are protected by Arizona Revised Statutes §36-2401 through §36-2403.
- 2.9 The Committee peer review process encompasses quality assurance activities established for the purposes of reducing morbidity and mortality and for improving the quality of health care or encouraging proper utilization of health care services and facilities through the review of the qualifications, professional practices, training, experience, patient care, conduct, processes or data of licensed health care providers.
- 2.10 The Committee reviews and approves the credentialing and re-credentialing files of new and established providers employed at ACP.

APPROVAL	
	<u>1/3/17</u>
Name/Title:	Date