

## **950 CREDENTIALING AND RECREDENTIALING PROCESS**

REVISION DATES: 1/7/2026, 9/17/2025, 5/29/2024, 9/6/2023, 5/18/2022

REVIEW DATES: 10/2/2025, 11/18/2024

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.A.C. R9-10-114, A.A.C. R9-10-115; 42 CFR 8.11, CFR 438, 42 CFR 455.1(a)(1), 42 CFR 455.14, 42 CFR 455.17, 42 CFR 455 Subpart B, 42 CFR 457.1201(f), 42 CFR 457.1208, 42 CFR 457.1230(a), 42 CFR 457.1233(a), IRC of 1986 7701(A)(41).

### **PURPOSE**

This policy establishes the requirements for Initial Credentialing, Temporary or Provisional Credentialing, and Recredentialing of Individual and Organizational Providers conducted by the Division of Developmental Disabilities (Division) Administrative Services Subcontractors (AdSS).

### **DEFINITIONS**

1. "Adverse Action" means any type of restriction placed on a Provider's practice, including contract termination, suspension, limitations, continuing education requirements, monitoring, supervision.
2. "Business Day" means 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays listed in A.R.S. § 1-301.

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3. “Completed Application” means when all accurate information and documentation is available to make an informed decision about the Provider and requires at least the following to be present and accurate:
  - a. A completed, signed, and dated Council for Affordable Quality Healthcare (CAQH) application. The CAQH application must be up to date and contain the following:
    - i. Current Attestation (not expired),
    - ii. Current Certificate of Insurance (COI),
    - iii. Current Drug Enforcement Agency (DEA) Certification for the applicable provider types,
    - iv. Five-year Work History if there is a gap in work history exceeds six months, the provider must explain the gap in writing,
    - v. Completed Questionnaire and supporting documentation, if applicable.
4. “Credentialing” or “Recredentialing” means the process of obtaining, verifying, and evaluating information regarding

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applicable licensure, accreditation, certification, educational, and practice requirements to determine whether a Provider has the required credentials to deliver specific covered services to Members.

5. "Member" means the same as "Client", a person receiving developmental disabilities services from the Division, as specified in A.R.S. § 36-551.
6. "Network Provider" means, for the purpose of this policy, an individual or entity which has signed a Provider agreement as specified in A.R.S. § 36-2904 and that has a subcontract, or is authorized through a subcontract, to provide services pursuant to A.R.S. § 36-2901 et seq. for Members served by the AdSS health plan.
7. "Organizational Provider" means a facility providing services to Members and where Members are directed for services rather than being directed to a specific practitioner.
8. "Primary Source Verification" means the process by which an individual Provider's reported credentials and qualifications are

confirmed with the original source or an approved agent of that source.

9. "Provider" means any individual or entity contracted with the AdSS that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State.

## **POLICY**

### **A. CREDENTIALING PROVIDERS**

1. The AdSS shall have a written process and a system in place for Credentialing and Recredentialing Providers in its Provider Network.
2. The AdSS shall ensure policies address individual and organizational Providers, including Providers of:
  - a. Physical health services;
  - b. Behavioral health services;
  - c. Treatment of Substance Abuse Disorders (SUD); and
  - d. Longer-Term Services and Supports (LTSS), as applicable.

3. The AdSS shall conduct and document Credentialing and Recredentialing for all Providers delivering care and services to Division Members enrolled in the AdSS.
4. The AdSS shall utilize the Arizona Association of Health Plans' (AZAHP) contracted Credentials Verification Organization (CVO) as part of the Credentialing and Recredentialing process.
5. The AdSS shall ensure the Credentialing and Recredentialing processes:
  - a. Do not base Credentialing decisions on a Provider's race, gender, age, sexual orientation, or patient type in which the Provider specializes;
  - b. Do not discriminate against Providers who serve high-risk populations or who specialize in the treatment of costly conditions; and
  - c. Comply with Federal requirements that prohibit employment or contracts with Providers excluded from participation under either Medicare or Medicaid, or that

employ individuals or entities that are excluded from participation.

6. The AdSS shall retain the right to approve, suspend, or terminate any Provider selected by that entity if the AdSS delegates any Credentialing and Recredentialing responsibilities to another entity.
7. The AdSS shall meet the requirements regarding delegation as specified in Policy and Contract.
8. The AdSS shall establish a Credentialing Committee to review and make decisions on Provider Credentialing.
9. The AdSS shall have written policies and procedures that reflect the scope, criteria, timeliness and process for Credentialing and Recredentialing Providers.
10. The AdSS shall ensure the policies and procedures are reviewed and approved by the AdSS' executive management and:
  - a. Reflect the direct responsibility of the AdSS' local Chief Medical Officer (CMO) or designated Medical Director, or in

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the absence of the CMO or designated Medical Director,  
another local designated physician to:

- i. Act as the Chair of the Credentialing Committee;
  - ii. Implement the decisions made by the Credentialing Committee; and
  - iii. Oversee the Credentialing process.
- b. Indicate the use of Division staff and participating Arizona Medicaid Network Providers in making Credentialing decisions;
  - c. Describe the methodology to be used by the AdSS' staff and the local Chief Medical Officer or designated Medical Director to verify that each Credentialing or Recredentialing file was completed and reviewed prior to the presentation to the Credentialing Committee for evaluation; and
  - d. Include a process for notifying Providers of their right to:

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- i. Review information the AdSS obtained to evaluate the Credentialing application, attestation, or curriculum vitae;
  - ii. Correct erroneous information; and
  - iii. Receive the status of their Credentialing application upon request.
11. The AdSS shall maintain an individual electronic or hard copy Credentialing or Recredentialing file for each Provider and ensure each file contains:
  - a. The Initial Credentialing application and all subsequent Recredentialing applications and attestation by the Provider of the correctness and completeness of the application as demonstrated by the Provider's signature on the application;
  - b. Information gained through Credentialing and Recredentialing queries;

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- c. Any other pertinent information used in determining whether the Provider met the AdSS' Credentialing and Recredentialing standards;
  - d. Specific to Recredentialing, utilization data, Quality of Care (QOC) complaints, grievances, performance improvements, value-based results, and level of Member satisfaction; and
  - e. Final determination of the Committee for all Initial, Temporary or Provisional, and Recredentialed Service Providers reviewed by the Committee.
13. The AdSS shall credential a Provider during the Provider's AHCCCS enrollment process.
14. The AdSS shall confirm the Provider's AHCCCS enrollment prior to finalizing a contract for Medicaid Services.
15. The AdSS shall enter the credentialed Providers into the AdSS' claims payment system within 30 calendar days of the AdSS Credentialing Committee approval date.

16. The AdSS shall ensure Providers are loaded into the AdSS' claims payment systems with an effective date no later than the date the Provider was approved by the AdSS Credentialing Committee Meeting date or the contract effective date, whichever is later.
17. The AdSS shall reimburse Providers who are enrolled with AHCCCS and submit claims for covered services provided to Members during the Credentialing process on or after the date of the Provider's Completed Application as defined in this Policy. If the Provider is subsequently not approved through the AdSS Credentialing Committee, the AdSS shall recoup the funding.
18. The AdSS shall have an established process to notify Providers of the AdSS Credentialing Committee decision as specified in this policy.
19. The AdSS shall refer to AMPM Policy 965 for additional requirements and exceptions related to Credentialing of Community Service Agency (CSAs).

**B. TEMPORARY OR PROVISIONAL CREDENTIALING**

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1. The AdSS shall have policies and procedures to address granting of Temporary or Provisional credentials when it is in the best interest of Members, as defined in this section, to have Providers available to provide care prior to completion of the entire Credentialing process.
2. The AdSS shall credential the following Providers using the Temporary or Provisional Credentialing process, even if the Provider does not specifically request their application be processed as Temporary or Provisional:
  - a. Providers in a Federally Qualified Health Center (FQHC);
  - b. Providers in a FQHC Look-Alike organization;
  - c. Rural Health Clinic (RHC);
  - d. Hospital employed physicians when appropriate;
  - e. Providers needed in medically underserved areas;
  - f. Providers joining an existing, contracted oral health Provider group;



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5. Upon approval of the Temporary or Provisional Credentialing, the AdSS shall enter the Provider information into the AdSS' claims system to allow payment to the Provider.
6. For consideration of Temporary or Provisional Credentialing, at a minimum, the AdSS shall ensure the Provider has a Completed Application, signed and dated, that attests to the following elements:
  - a. Reasons for any inability to perform the essential functions of the position with or without accommodation;
  - b. Lack of present illegal drug use;
  - c. History of loss of license or felony convictions;
  - d. History of loss or limitation of privileges or disciplinary action;
  - e. Current malpractice insurance coverage;
  - f. Attestation by the Provider of the correctness and completeness of the application;
  - g. Work history for the past five years or total work history if less than five years; and



8. If a covering or substitute Provider is used by a contracted Provider, and the covering or substitute is approved through the Temporary or Provisional Credentialing process, the AdSS shall ensure that the claims system allows payments to the covering or substitute Provider effective the date the notification was received from the contracted Provider of the need for a covering or substitute Provider.
9. The AdSS shall require covering or substitute Providers to meet the following requirements:
  - a. Licensure - Providers and employees rendering services to Members shall be appropriately licensed in Arizona to render such services as required by Federal or State law or regulatory agencies, and such licenses shall be maintained in good standing.
  - b. Restriction of licensure - Providers shall notify the AdSS within two business days of the loss or restriction of a Drug Enforcement Agency (DEA) permit or license, or any other

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action that limits or restricts the Provider's ability to practice or provide services.

- c. Professional Training - Providers and all employees rendering services to Members shall possess the education, skills, training, physical and mental health status, and other qualifications necessary to provide quality care and services to Members.
- d. Professional Standards - Providers and employees rendering services to Members shall provide care and services which meet or exceed the standard of care and shall comply with all standards of care established by Federal or State law.
- e. Continuing Education - Providers and employees rendering care or services to Members shall comply with continuing education standards as required by Federal or State law or regulatory agencies.

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- f. Regulatory compliance - Providers shall meet the minimum requirements for participating in the Medicaid program as specified by the State and Federal Government.
  - g. AHCCCS Policies - Provider shall comply with all applicable AHCCCS Policies and all applicable contractual requirements.
- 10. The AdSS shall review and monitor other types of Organizational Providers as specified in contract in addition to the requirements in this policy.
  - 11. Following approval of Temporary or Provisional Credentialing, the AdSS shall complete the entire Initial Credentialing process for the Temporary or Provisionally Credentialed Provider, as specified in this policy.
  - 12. The AdSS shall not keep Providers in a Temporary or Provisional Credentialing status for longer than 60 calendar days.

**C. INITIAL CREDENTIALING OF INDIVIDUAL PROVIDERS**

- 1. The AdSS shall complete the individual Provider Credentialing for the following provider types:

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- a. Medical Doctor (MD);
- b. Doctor of Osteopathic Medicine (DO);
- c. Doctor of Podiatric Medicine (DPM);
- d. Naturopathic Doctor (ND) and Naturopathic Medical Doctor (NMD);
- e. Nurse Practitioner (NP);
- f. Physician Assistant (PA);
- g. Certified Nurse Midwife (CNM) acting as Primary Care Provider, including prenatal care and delivering Provider;
- h. Dentists (Doctor of Dental Surgery [DDS] and Doctor of Medical Dentistry [DMD]);
- i. Affiliated Practice Dental Hygienist (RDH);
- j. Psychologist (PhD);
- k. Optometrist (OD);
- l. Certified Registered Nurse Anesthetist (CRNA);
- m. Occupational Therapist (OT);
- n. Speech and Language Pathologist (ST) (STP);
- o. Physical Therapist (PT); and

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- p. Independent Behavioral Health Professionals who contract directly with the AdSS to include:
    - i. Licensed Clinical Social Worker (LCSW);
    - ii. Licensed Professional Counselor (LPC);
    - iii. Licensed Marriage and Family Therapist (LMFT);
    - iv. Licensed Independent Addiction Counselor (LIAC);
    - and
    - v. Clinical Nurse Specialist (CNS)
  - q. Board Certified Behavioral Analyst (BCBA);
  - r. Any non-contracted certified or licensed provider that is rendering services and sees 50 or more Members served by the AdSS per contract year; and
  - s. Any covering or substitute oral health providers that provide care and services to Members served by the AdSS in the absence of the contracted Provider.
2. The AdSS shall have policies and procedures for Initial Credentialing of individual Providers that includes:

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- a. A written application to be completed, signed and dated by the Provider that attests to the following elements:
  - i. Reasons for any inability to perform the essential functions of the position with or without accommodation;
  - ii. Lack of present illegal drug use;
  - iii. History of loss of license or felony convictions;
  - iv. History of loss or limitation of privileges or disciplinary action;
  - v. Current malpractice insurance coverage;
  - vi. Attestation by the Provider of the correctness and completeness of the application;
  - vii. Minimum five-year work history or total work history if less than five years; and
  - viii. Electronic Vendor Verification attestation form, if applicable.
  
- b. DEA or Chemical Database Service certification of a prescriber; and

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- c. Verification from primary sources of:
  - i. Licensure or certification;
  - ii. Board certification, if applicable, or highest level of credentials attained;
  - iii. Credentialing of Independent Masters Level Behavioral Health Licensed Professionals including:
    - a) Licensed Clinical Social Worker (LCSW),
    - b) Licensed Professional Counselor (LPC),
    - c) Licensed Marriage and Family Therapist (LMFT),
    - d) Licensed Independent Addiction Counselor (LIAC); and
    - e) Clinical Nurse Specialist.
  - iv. Licensure by the Arizona Board of Behavioral Health Examiners (AZBBHE);
  - v. Review of complaints received and disciplinary status through AZBBHE;
  - vi. Credentialing of licensed BCBA including:

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- a) Current Licensure in good standing by the Arizona Board of Psychologist Examiners;
- b) A review of complaints received and disciplinary status through the Arizona Board of Psychologist Examiners; and
- c) Continuing Education Requirements and Courses meeting the following requirements:
  - 1) All BCBA's credentialed under a three-year cycle - 36 hours every three years with three hours in ethics and professional behavior;
  - 2) All BCBA's credentialed under a two (2) year cycle - 32 hours every two years with four hours in ethics for all certificates and three hours in supervision for supervisors.
- d) Continuing Education Courses for BCBA's who supervise the ongoing practice of RBTs or

BCaBAs on record or trainees pursuing BCBA or BCaBA certification at any point during their recertification cycle obtain and enter three supervision CEUs to recertify. The supervision is behavior analytic in nature and covers effective supervision as described in the Behavioral Analyst Certification Board Supervisor Training Curriculum Outline (2.0) and the Nature of Supervision section.

- vii. Documentation of graduation from an accredited school and completion of any required internships or residency programs, or other postgraduate training with a printout of license from the applicable Board's official website denoting that the license is active with no restrictions is acceptable;
- viii. National Practitioner Data Bank query including:

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- a) Minimum five-year history of professional liability claims resulting in a judgment or settlement;
  - b) Disciplinary status with regulatory board or agency;
  - c) State sanctions or limitations of licenses; and
  - d) Medicare and Medicaid sanctions, exclusions, and terminations for cause.
- ix. Documentation that the following sites have been queried:
- a) Health and Human Services Office (HHS) of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), and
  - b) The System of Award Management (SAM) formerly known as the Excluded Parties List System (EPLS).

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3. The AdSS shall ensure affiliated practice Dental Hygienists (RDH) provide documentation of the affiliation agreement with an AHCCCS enrolled dentist.
4. The AdSS shall accept a notice from the Arizona State Board of Dental Examiners confirming the affiliation agreement between the dental hygienist and the enrolled Dentist.
5. The AdSS may conduct an initial site visit as part of the Credentialing process.
6. The AdSS shall verify the status of the physician with the Arizona Medicaid Board and national databases for Locum Tenens.
7. The AdSS shall ensure that Network Providers have capabilities to ensure physical access, reasonable accommodations, and accessible equipment for Members with physical and mental disabilities as specified in 42 CFR 457.1230(a) and 42 CFR 438.206(c)(2)(3).
8. The AdSS shall ensure that network Providers deliver services in a culturally competent manner, including Members with limited English proficiency, diverse cultural and ethnic backgrounds,

disabilities, and regardless of gender, sexual orientation, or gender identity as specified in 42 CFR 457.1230(a) and 42 CFR 438.206(c)(2).

9. The AdSS shall conduct timely verification of information as evidenced by the AdSS Credentialing Committee approval or denial of a Provider within 60 days of receipt of a complete application.

#### **D. RECREDENTIALING OF INDIVIDUAL PROVIDERS**

The AdSS shall have Recredentialing procedures that address the following procedures:

1. Recredentialing at least every three years;
2. A review of updated information obtained during the Initial Credentialing process as specified within this policy;
3. Verifying continuing education requirements being met;
4. Monitoring Provider specific information, to include:
  - a. Member complaints and grievances;
  - b. Utilization Management information;
  - c. Performance improvement and monitoring;

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- d. Results of medical record review audits, if applicable;
  - e. Quality of Care (QOC) issues;
  - f. The review of any Adverse Actions;
  - g. Pay for performance and value driven health care data or outcomes, if applicable; and
  - h. Evidence that the Provider's policies and procedures meet AHCCCS requirements.
5. Issuing timely approval or denial by the AdSS Credentialing Committee within three years from the previous credentialing approval date; and
6. Primary source verification current within 180 days of the AdSS Credentialing Committee's Recredentialing decision.

**E. INITIAL CREDENTIALING OF ORGANIZATIONAL PROVIDERS**

1. As a prerequisite to contracting with an Organizational Provider, the AdSS shall ensure that the Organizational Provider has established policies and procedures that meet Division and AHCCCS requirements, including policies and procedures for

Credentialing if Credentialing or Recredentialing functions are delegated to the Organizational Provider.

2. The AdSS shall ensure all the requirements specified in this section be met for all Organizational Providers in the AdSS network including:
  - a. Hospitals;
  - b. Home Health Agencies (HHA);
  - c. Attendant Care Agencies (ATC);
  - d. Habilitation Providers (HAB);
  - e. Group Homes (GH);
  - f. Child or Adult Developmental Homes (DH);
  - g. Nursing Supported Group Homes (NSGH);
  - h. Nursing Facilities (NF);
  - i. Assisted Living Facilities (ALF);
  - j. Home Delivered Meal Providers;
  - k. Dialysis Centers;
  - l. Dental and Medical Schools;
  - m. Freestanding Surgical Centers;

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- n. Immediate Care Facilities (ICF);
- o. State or Local Health Clinics;
- p. Community or Rural Health Clinics or Centers;
- q. Air Transportation Vendors;
- r. Non-Emergency Medical Transportation Vendors (NEMT);
- s. Laboratories;
- t. Pharmacies;
- u. Respite Homes and Providers;
- v. Behavioral Health Facilities including:
  - i. Independent Clinics;
  - ii. Federally Qualified Health Centers (FQHC);
  - iii. Community Mental Health Centers;
  - iv. Level 1 Sub-Acute Facility (IMD and Non-IMD);
  - v. Intermediate Care Facility (ICF) (Individuals with Intellectual Disabilities);
  - vi. Level 1 Residential Treatment Center Secure (17+ beds, IMD);

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- vii. Level 1 Residential Treatment Center Non-Secure (1-16 beds);
  - viii. Level 1 Residential Treatment Center Non-Secure (17+ beds, IMD);
  - ix. Community Service Agencies (CSA);
  - x. Crisis Service Provider or Agency;
  - xi. Behavioral Health Residential Facility;
  - xii. Behavioral Health Outpatient Clinic;
  - xiii. Integrated Clinic;
  - xiv. Rural Substance Abuse Transitional Agency;
  - xv. Behavioral Health Therapeutic Home; and
  - xvi. Respite Homes and Providers.
3. Prior to Credentialing and Contracting with an Organizational Provider, the AdSS shall:
- a. Confirm the Organizational Provider has met all the State and Federal Licensing and Regulatory requirements. A copy of the license or letter from the Regulatory Agency will meet this requirement;

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- b. Confirm that the Organizational Provider is reviewed and approved by an appropriate Accrediting Body as specified by the Centers for Medicare and Medicaid Services (CMS) by:
  - i. Using a copy of the accreditation report or letter from the accrediting body; and
  - ii. Stating in policy which accrediting bodies it accepts that is in compliance with Federal requirements.
- c. Conduct an onsite quality assessment if the Organizational Provider is not accredited;
- d. Develop a process and utilize assessment criteria for each type of unaccredited Organizational Provider that confirms that the Organizational Provider has the following:
  - i. A process for ensuring that the Organizational Provider credentials its Providers for all employed and contracted Providers as specified in this policy;
  - ii. Liability insurance;

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- iii. CMS Certification or State Licensure review or audit substituted for the required Onsite Quality Assessment if the review was within the past three years prior to the Credentialing date when:
  - a) A review was conducted within the past three years, obtain the documentation from CMS or the State Licensing Agency and verify that the review was conducted and that the Organizational Provider meets the AdSS' standards; or
  - b) A letter from CMS that states the Organizational Provider was reviewed and passed inspection is sufficient documentation when the AdSS have documented that they have reviewed and approved the CMS criteria and they meet the AdSS' standards.

- e. Confirm maintenance schedules for vehicles used to transport Members and the availability of age-appropriate car seats when transporting children; and
- f. Review and approve the Organizational Provider through the AdSS's Credentialing Committee.

**F. RECREDENTIALING OF ORGANIZATIONAL PROVIDERS**

- 1. The AdSS shall have Recredentialing Policies and Procedures for Organizational Providers that address the Recredentialing process and include procedures for:
  - a. Recredentialing at least every three years;
  - b. A review of updated information obtained during the initial Credentialing process;
  - c. Confirming that the Organizational Provider remains in good standing with State and Federal bodies;
  - d. Confirming that the Organizational Provider is licensed to operate in the State;
  - e. Onsite review if the Organizational Provider is not accredited;

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- f. Review of the following:
  - i. The most current review conducted by the Arizona Department of Health Services (ADHS) or summary of findings, documented by review date, and if applicable, the online Hospital Compare AZ Care Check;
  - ii. Record of onsite inspection of non-licensed Organizational Providers to ensure compliance with service specifications;
  - iii. Supervision of staff and required documentation of direct supervision or clinical oversight, including a review of a valid sample of clinical charts;
  - iv. Most recent audit results of the Organizational Provider;
  - v. Confirmation that the service delivery address is verified as correct; and
  - vi. Review of staff to verify credentials and that staff meet the Credentialing requirements.

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- g. Evaluation of Organizational Provider specific information related to:
  - i. Member complaints and grievances;
  - ii. Utilization management information;
  - iii. Performance improvement and monitoring;
  - iv. Quality of care issues;
  - v. Onsite quality assessment; and
  - vi. Review of any Adverse Actions.
- h. Review and approval by the AdSS' Credentialing Committee with formal documentation that includes discussion, review of thresholds, and complaints or grievances.

**G. THERAPEUTIC FOSTER CARE PROVIDERS**

1. Therapeutic Foster Care (TFC) Agencies shall be credentialed/recredentialed by the AdSS.
2. The AdSS shall ensure Therapeutic Foster Care Family Providers are licensed by the Department of Child Safety (DCS) and do not require AdSS Credentialing.

3. For TFC Family Providers for children, submission of a Foster Home License, as specified in AAC Title 21, Chapter 6, Article 1 through Article 4, will be accepted as meeting the requirements for credentialing/recredentialing as an AHCCCS provider.

#### **H. TEACHING PHYSICIANS AND DENTISTS**

The AdSS shall ensure teaching physicians and dentists enrolled with AHCCCS are Credentialed and Recredentialed as specified in policy.

#### **I. NOTIFICATION REQUIREMENTS**

1. The AdSS shall have written procedures for prompt reporting in writing to:
  - a. AHCCCS,
  - b. The Division's Quality Management Unit (QMU),
  - c. The Provider's regulatory Board or Agency,
  - d. ADHS Licensure Division,
  - e. Office of the Attorney General (AG), and
  - f. Any other appropriate agencies as applicable.
2. The AdSS shall report any issues or quality deficiencies that result in a Provider's suspension or termination from the AdSS'

network to AHCCCS and the Division's QMU within one business day of the determination to take the Adverse Action.

3. If any issue is determined to have criminal implications, including allegations of abuse or neglect, the AdSS shall notify the appropriate law enforcement agency and protective services agency no later than 24 hours after identification.
4. The AdSS shall have an implemented process to report Providers to licensing and other regulatory entities for allegations of inappropriate or misuse of prescribing practices including allegations of adverse outcomes that may have been avoided if the Provider had reviewed the Controlled Substance Prescription Monitoring Program (CSPMP) and coordinated care with other prescribers.
5. The AdSS shall report any adverse credentialing decisions made on the basis of quality-related issues or concerns to AHCCCS and the Division's QMU within one business day of determination to take the Adverse Action.

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6. The AdSS shall send the notification "Adverse Action to the Provider with rationale" to AHCCCS and the Division's QMU as specified in Contract.
7. The AdSS shall indicate the reason or cause of the adverse decision and when restrictions are placed on the Provider's contract including denials or restrictions which are a result of licensure issues, QOC concerns, excluded providers and which are due to alleged fraud, waste or abuse.
8. The AdSS shall maintain documentation of implementation of procedures.
9. The AdSS shall have an appeal process for Providers when restrictions are placed on the Provider's contract based on issues of QOC or service.
10. The AdSS shall inform the Provider of the QM dispute process through the AdSS QM Department.
11. The AdSS shall notify AHCCCS and the Division's QMU any final Adverse Action, taken against a Provider, supplier, vendor, or practitioner for any quality-related reason.

12. The AdSS shall not consider a final Adverse Action to be malpractice notices or settlements in which no findings or liability have been determined.
13. The AdSS shall consider the following to be a final Adverse Action:
  - a. Civil judgments in Federal or State court related to the delivery of a health care item or service;
  - b. Federal or State criminal convictions related to the delivery of a health care item or service;
  - c. Actions by Federal or State agencies responsible for the licensing and certification of health care Providers, suppliers, and licensed health care practitioners, including:
    - i. Formal or official actions, such as restriction, revocation, suspension of license and length of suspension, reprimand, censure or probation;
    - ii. Any other loss of license or the right to apply for or renew a license of the Provider, supplier, or

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- practitioner, whether by operation of law, voluntary surrender, non-renewability or otherwise;
- iii. Any other negative action or finding by such Federal or State agency that is publicly available information.
  - iv. Exclusion from participation in Federal or State health care programs as defined in 42 CFR 455 Subpart B; and
  - v. Any other adjudicated actions or decisions that the Secretary of the U.S. Department of Health and Human Services shall be established by regulation.
  - ii. Any adverse Credentialing decision made on the basis of quality-related issues or concerns or any Adverse Action from a quality or peer review process that results in denial of a Provider to participate in the AdSS network, Provider termination, Provider suspension, or an action that limits or restricts a Provider.

14. The AdSS shall submit to the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) within 30 calendar days from the date the final Adverse Action was taken, or the date when the AdSS became aware of the final Adverse Action, or by the close of the AdSS' next monthly reporting cycle, whichever is later.
15. The AdSS shall send a notice of final Adverse Action to AHCCCS and the Division's QMU within one business day and provide the following information:
  - a. The name and Tax Identification Number (TIN) as defined in section 7701(A)(41) of the Internal Revenue Code of 1986 (1121).
  - b. The name, if known, of any health care entity with which the health care Provider, supplier, or practitioner is affiliated or associated.
  - c. The nature of the final Adverse Action and whether such action is on appeal.

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- d. A description of the acts or omissions and injuries upon which the final Adverse Action was based.
- e. The date the final Adverse Action was taken, its effective date, and duration of the action.
- f. Corrections of information already reported about any final Adverse Action taken against a Provider, supplier, or practitioner.
- g. Documentation that the following sites have been queried:
  - i. System of Award Management (SAM), formerly known as the Excluded Parties List System (EPLS);
  - ii. The Social Security Administration's Death Master File;
  - iii. The National Plan and Provider Enumeration System (NPES) or National Provider Identifier (NPI);
  - iv. List of Excluded Individuals/Entities (LEIE);
  - v. The CMS Data Exchange (DEX); and
  - vi. Any other databases directed by the Division, AHCCCS, or CMS.

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16. In accordance with A.R.S. §36-2918.01 §36-2905.04, §36-2932, the AdSS shall ensure that the AHCCCS Office of Inspector General (OIG) is immediately notified regarding any allegation of fraud, waste, or abuse (FWA) of the Medicaid Program, in accordance with AdSS Operations Policy 103 and as specified in the AdSS' contract, including allegations of FWA that were resolved internally but involved Medicaid funds.
17. The AdSS shall report to AHCCCS and the Division's QMU any Credentialing denials issued by the Credential Verification Organization (CVO) that are the result of licensure issues, quality of care (QOC) concerns, excluded Providers, and which are due to alleged FWA.
18. The AdSS shall provide notification regarding Credentialing denials and approvals for Temporary or Provisional and Initial Credentialing to the applicable Providers within 10 calendar days of the AdSS Credentialing Committee Meeting decision.

19. The AdSS shall provide notification regarding Recredentialing denials to the applicable Provider within ten days of the AdSS Credentialing Committee Meeting decision.

**J. CREDENTIALING TIMELINESS AND REPORTING**

1. The AdSS shall process Credentialing applications in a timely manner.
2. To assess the timeliness of Credentialing, the AdSS shall divide the number of complete applications approved or denied timely during the time period, per category, by the number of complete applications that were received during the time period, per category, as specified in AMPM 950 Attachment A.
3. The AdSS shall submit the AHCCCS Contractor Credentialing Report to the Division as specified in the AdSS' contract using AMPM 950 Attachment A, including specifying any areas of non-compliance and corrective actions taken during the reporting quarter in the comments section of the report.
4. The AdSS shall adhere to the timeline requirements listed below:

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<b>CREDENTIALING ACTIVITY</b>	<b>TIMEFRAME</b>	<b>COMPLETION REQUIREMENTS</b>
Temporary or Provisional Credentialing	14 Days	100%
Initial Credentialing of Individual and Organizational Providers	60 Days	100%
Recredentialing of Individual and Organizational Providers	Every three years	100%
Load Times (Time between Credentialing Committee approval and loading into Claims System)	30 Days	95%

5. The AdSS shall submit the AHCCCS Contractor Credentialing Report monthly should the Division have concerns regarding the data reported during the reporting quarter.

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6. The AdSS shall request the Division’s Compliance team to return to quarterly reporting after three consecutive months of compliance being achieved.

*Vicki D. Copeland*

Signature of Chief Medical Officer

Vicki D. Copeland

Name

2025-12-24

Date