EVOLENT HEALTH LLC POLICY AND PROCEDURE



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POLICY TITLE: Aperture Credentialing LLC Primary Source Verification

and Provider Credentialing

DEPARTMENT: Provider Credentialing

ORIGINAL DATE: February 2016

Approver(s): Sharlee LeBleu, Director, Credentialing Operations

Policy Review Committee Approval Date: May 30, 2019

Product Applicability: mark all applicable products below:

COMMERCIAL	[] HMO [] PPO Products: [] Small Exchange: [] Shop [] All [] Indiv. [] Large
	States: [] GA
GOVERNMENT PROGRAMS	[] MA HMO [] MA C-SNP [X] MA D-SNP [] MSSP [] Next Gen ACO [] MA All
	[X]Medicaid States:[]DC [X]KY []MD []
OTHER	[] Self-funded/ASO

Regulatory Requirements: Kentucky Department for Medicaid Services Contract Section 28.2 and Appendix J, Medicare Managed Care Manual Chapter 6 Section 60.3.

Related Documents: Aperture Credentialing LLC Primary Source Verification Credentialing Services Product Schedule (contract), NVR.010.E Practitioner Credentialing & Recredentialing, NVR.011.E Practitioner Credentialing Rights, NVR.012.E Organizational Provider Credentialing and Recredentialing, NVR.013.E Ongoing Monitoring of Sanctions, NVR.014.E Practitioner Sanctioning and Reporting, and NVR.021.E Responsibilities of the Chief Medical Officer and the Credentialing Committee.

PURPOSE

The purpose of this policy is to perform oversight and provide guidance for primary source verification activities performed by: Aperture Credentialing LLC (Aperture), a NCQA Credentialing Verification Organization.

DEFINITIONS

Credentialing: The process to review and evaluate the qualifications of licensed independent practitioners to provide services to members. Eligibility is determined by

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the extent to which applicants meet defined requirements for education, licensure, professional standing, service availability, and accessibility, as well as, for conformity to utilization and quality improvement requirements. A practitioner must complete the entire process to be considered credentialed.

Enrollment: Collection and processing of information necessary to load a provider as participating in client Health Plan provider network.

Non-Delegated: Credentialing work, which has not been delegated by the client Health Plan to a facility or group of facilities, or any other entity, which is not in the business of providing commercial credentialing services for entities other than for itself.

Provider: Any person or entity under contract with client Health Plan or its contracted agent that provides covered services to members.

Primary Source Verification (PSV): The process by which an organization validates credentialing information from the organization that originally conferred or issued the credentialing element to the practitioner.

POLICY

Evolent Health (Evolent) has contracted with Aperture to perform PSV Credentialing Services. In accordance with the Aperture Primary Source Verification Credentialing Services Product Schedule (contract), Aperture shall perform all Non-Delegated PSV for initial, and recredentialing for practitioners and facilities required by customer, not otherwise, performed by Evolent. The client Health Plan's Chief Medical Officer (CMO), the CMO's designee and/or Credentialing Committee is responsible for credentialing and recredentialing file reviews and will make the final decision regarding provider's acceptance into the provider network. In addition to PSV services, Aperture will provide Ongoing Monitoring of Sanction services, including Medicare Opt Out, and will provide data concerning network provider populations.

PROCEDURE

I. Confidentiality of credentialing information

Information received through the credentialing process is considered confidential and utilized only for the purpose of reviewing prospective practitioner applicants for participation in the network. All written documentation received is placed in the practitioner applicant's file and stored in a locked cabinet. The keys to the practitioner file cabinets are maintained by the Provider Enrollment staff. All electronic files housing

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the credentialing status of practitioners are accessible only to the Provider Enrollment, Provider Credentialing and client health plan Provider Network Management staff.

II. Aperture PSV Services

Aperture PSV process will meet the requirements as set forth in the Aperture contract.

III. Ongoing Monitoring of Sanctions Service

Aperture provides monitoring services of the network practitioner population to satisfy NCQA's Ongoing Monitoring of Sanctions, as set for herein and in the Aperture contract. Aperture queries System for Award Management (SAM) on an ongoing basis.

IV. Performance Standards

Aperture shall adhere to the performance standards as set forth in the Aperture Contract.

V. Recredentialing

Evolent shall determine the intervals at which Aperture shall perform PSV Services for Provider and facilities being recredentialed. Evolent shall notify Aperture via the start work file, at least one hundred and eighty (180) days, but no less than ninety (90) days, prior to each recredentialing due date.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	REVISION DATE
New Policy	12/2016
Annual Review	11/2017
Change of Ownership adding language that clarifies EVH identifies providers who are due for recredentialing; not Aperture	05/2018

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- Annual Review & Structural Adoption	05/30/2019
- Change of Policy Ownership from Joel Scott to	
Sharlee LeBleu	