If you have a relationship with Anthem, you’re in good company. We work with quality professionals in the health care field, and our credentialing program helps us do this.

Professional Participation

The credentialing program reviews licensed professionals with whom Anthem contracts for its health plan networks and lists in its member materials. These professionals may include:

- Physicians
- Podiatrists
- Oral surgeons
- Chiropractors
- Optometrists
- Clinical psychologists
- Clinical social workers
- Advanced registered nurse practitioners

Anthem’s credentialing policy makes allowances for individual state requirements such as “any willing provider” laws.

To participate in an Anthem Managed Care Network, a health care professional must have:

- An unrestricted license in the state in which he/she practices
- Staff privileges at a network hospital or other acceptable admitting arrangements, if applicable
- Professional liability insurance in the amounts required by Anthem* 
- A valid unrestricted DEA and/or state Controlled Substance Registration (CSR) or Therapeutic Certification, in all states in which he/she practices.
- No alcohol or drug dependency
- No felony or fraud-related convictions
- Board certification**
- An acceptable malpractice history
- Successfully passed an on-site review, if applicable.

Board certification in the practitioner’s designated specialty is required for all physicians, podiatrists, and oral surgeons. These practitioners are required to obtain certification within five years of completion of their highest level of training in order to continue to participate in Anthem health plan networks. Limited exceptions may apply for access needs or other extenuating circumstances.

- Malpractice insurance in amounts of no less than $1,000,000/$1,000,000 for Kentucky and Ohio providers, $1,000,000/$3,000,000 for Missouri and Wisconsin providers, or insurance in amounts necessary to participate in the Patient Compensation Fund for Indiana providers.
- ** Some exceptions may apply (grandfather clauses, etc.).

Primary Source Verification

In the initial credentialing process, Anthem obtains and reviews verification of the following:

- License(s) in the state(s) in which the practitioner practices
- DEA/CSR certification
- Board certification or highest level training/education
- Malpractice insurance
- Professional liability claims history
- Medicare/Medicaid sanctions
- Work history (reviewed by not verified with primary sources).
The practitioner may, upon request, review any information collected as part of the credentialing verification process, unless such information is confidential under state or federal law.

If a discrepancy or error is identified or further information from the practitioner is required, a request is sent to the practitioner outlining the information needed, the method for response, and the person to whom the information should be sent. The practitioner will be given the right to correct any erroneous information.

Practitioners may obtain a copy of Anthem’s credentialing criteria upon request. Practitioners also have the right to inquire about the status of their credentialing application by contacting Anthem’s Network Management or Credentialing Department.

Physicians will be notified of the status of their credentialing application within 90 days of receipt of a completed application; unless in spite of Anthem’s best efforts and because of failure of a third party to provide necessary documentation, Anthem can not obtain the necessary information to make a decision within the 90 day time frame. In such event, Anthem shall make every effort to obtain such information as soon as possible.

**Recredentialing**

Professional practitioners in Anthem managed care networks are recredentialed at least every three years to evaluate whether they continue to meet established credentialing criteria. All credentials, with the exception of education, training, and hospital privileges, are primary source-verified. In addition, they are monitored in the categories of certain quality, member service and contract compliance.

**CAQH**

Anthem participates in the Council for Affordable Quality Healthcare (CAQH). CAQH’s mission is to improve health care access and quality for patients and reduce the administrative burden for physicians and other health care providers. CAQH has introduced the Universal Credentialing DataSource, an innovative tool that streamlines the credentialing process for providers and participating health plans and health care organizations. This web-based solution enables health care practitioners to complete their credentialing applications on line, store the information in a database that they control and can easily update, and electronically submit the data to participating health plans.

**Termination Procedure**

If a participating provider no longer meets the credentialing criteria, other program contractual guidelines, or has been identified as having a potential quality or utilization problem, Anthem will review the following information if applicable to the situation:

- Quality Improvement recommendations, physician profiling data, rebundling data, contract compliance data, on-site reviews, and/or member service reports.
- Facts associated with the specific action or inaction leading to the decision to consider contract termination.
- Steps taken, if any, to notify the physician of the non-compliance and the corrective steps required.
- Review of the physician's corrective action, if required, or lack thereof.

The applicable Credentialing/Quality Improvement or Network Management Committee evaluates the data and makes a recommendation regarding termination. In most circumstances, the provider is provided an opportunity to appeal a decision to terminate. State licensing agencies, the National Practitioner DataBank, and/or the Health Integrity Protection Database will be notified, if applicable.