



Policy & Procedure Number	ACN
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Approved By:	ACN P&P

TITLE: HIV Specialist
DIVISION: Ambulatory Care Network
SERVICE AREA/ UNIT: Medical Administration

1.0 PURPOSE:

- 1.1 To delineate the Ambulatory Care Network (ACN) process for identifying and reconfirming the appropriately qualified licensed practitioners who meet the criteria to provide HIV/AIDS specialist care, according to California state regulations.

2.0 POLICY:

- 2.1 On an annual basis, ACN will identify and reconfirm the appropriately qualified physicians who meet the definition of an HIV/AIDS specialist according to the California state regulations.
- 2.2 A list of identified qualifying physicians will be provided to departments responsible for authorizing standing referrals on an annual basis.

3.0 DEFINITIONS:

- 3.1 AIDS – Acquired Immunodeficiency Syndrome
- 3.2 HIV – Human Immunodeficiency Virus
- 3.3 Category 1 – Continuing Medical Education
 - 3.3.1 For physicians, continuing medical education courses recognized as qualifying for category 1 credit by the Medical Board of California.
 - 3.3.2 For Nurse Practitioners, continuing education contact hours recognized by the California Board of Registered Nursing.
 - 3.3.3 For Physician Assistants, continuing medical education hours recognized by the Physician Assistant Board of California.

4.0 IMPLEMENTATION REQUIREMENTS & SUMMARY PROCEDURES

- 4.1 For the purpose of this policy, an “HIV/AIDS Specialist” means a physician who holds a valid, unrevoked and unsuspended license to practice medicine in the State of California who meets one of the four criteria:

- 4.1.1** Is credentialed as an “HIV Specialist” by the American Academy of HIV Medicine; or
- 4.1.2** Is board certified, has earned a Certificate of Added Qualifications in the field of HIV medicine granted by a member board of the American Board of Medical Specialties, should a member board of that organization establish board certification, or a Certificate of Added Qualification, in the field of HIV Medicine; or
- 4.1.3** Is board certified in the field of Infectious Diseases by a member board of the American Board of Medical Specialties and meets the following qualifications:
 - 4.1.3.1** In the immediate preceding 12 months has clinically managed medical care to a minimum of 25 patients who are infected with HIV; and
 - 4.1.3.2** In the immediate preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients, including a minimum of 5 hours related to antiretroviral therapy per year; or
- 4.1.4** Meets the following qualifications:
 - 4.1.4.1** In the immediate preceding 24 months has clinically managed medical care to a minimum of 20 patients who are infected with HIV; and
 - 4.1.4.2** Has completed any of the following:
 - a.** In the immediately preceding 12 months has obtained board certification or re-certification in the field of Infectious Diseases from a member board of the American Board of Medical Specialties; or
 - b.** In the immediately preceding 12 months has successfully completed a minimum of 30 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV infected patients; or
 - c.** In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV infected patients and has successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV Medicine.

4.2 A Nurse Practitioner (NP) or Physician Assistant (PA) may practice in an HIV/AIDS specialty clinic if the following criteria are met:

4.2.1 The NP or PA is under the supervision of an HIV/AIDS Specialist; and

4.2.2 The NP or PA meets the same qualifications specified for HIV/AIDS specialist physicians; and

4.2.3 The NP or PA and his/her supervising HIV/AIDS Physician Specialist have the capacity to see additional patients.

4.3 Patient Referral Process

4.3.1 Patients infected with HIV will be referred to an HIV/AIDS Specialist for the following:

4.3.1.1 Authorizing empanelment to an HIV/AIDS specialist for the purpose of diagnosis or treatment of a condition requiring care by a physician with a specialized knowledge of HIV Medicine.

4.3.1.2 Authorizing a standing referral to an HIV/AIDS specialist for the purpose of having that specialist coordinate the health care of a patient infected with HIV.

4.4 ACN Privileging Process and Managed Care Health Plan Notification

4.4.1 It is the responsibility of each ACN facility to perform the initial qualification review of the HIV/AIDS Specialists and the non-physician practitioners when requesting to add the provider to the ACN.

4.4.2 The ACN Credentialing & Privileging Office must receive a signed "Attestation" form, indicating the qualification criteria for the HIV/AIDS Specialist, prior to approving privileges of the provider.

4.4.3 The ACN Credentialing Staff will retrieve a list of HIV/AIDS Specialists from the approved provider database and compare it with the listing provided by groups during the annual audit. The compiled list of identified qualifying physicians is provided to the Utilization Management Unit and other appropriate departments responsible for authorizing standing referrals (via e-mail).

4.4.4 On an annual basis, Managed Care Services (MCS) will identify or reconfirm the appropriately qualified physicians who meet the definition of an HIV/AIDS Specialist. The MCS Credentialing Staff will complete the following process:

4.4.4.1 Obtain the name(s) of HIV/AIDS Specialist(s) at each ACN facility.

4.4.4.2 Forward a letter to the appropriate Medical Director and Credentialing Manager, requesting that they reconcile their specific HIV/AIDS specialist listings with MCS list and submit a

signed attestation validating the accuracy of the information submitted.

4.4.4.3 After obtaining the requested information, MCS will update its internal approved provider database to reflect the most updated HIV/AIDS Specialist listing.

4.4.4.4 The list of identified qualifying physicians will be provided to the departments responsible for authorizing standing referrals and empanelment changes.

4.4.4.5 ACN facilities that have indicated that there are no HIV/AIDS Specialists within their facility will be required to do the following:

- a. Submit to MCS the written policies and procedures for ensuring that the appropriate referral to an HIV/AIDS Specialist is made when requested by a member primary care physician; and
- b. Ensure that appropriate coordination and continuity of care is provided to patients infected with HIV/AIDS.

5.0 MONITORING MECHANISM AND ACCOUNTABILITY

5.1 MCS will include files of the practitioners identified as HIV/AIDS Specialists for credentialing reviews during the annual Medical Programmatic oversight audits and monitoring.

6.0 SOURCES AND REFERENCE

6.1 NCQA QI 4

6.2 American Academy of HIV Medicine (AAHIVM)

7.0 AUTHORITY

7.1 DMHC Section 1300.67.60(e)

8.0 ATTACHMENTS

8.1 HIV/AIDS Specialist Attestation Form Part I

8.2 HIV/AIDS Specialist Attestation Form Part II

Prepared by: ACN Credentialing & Privileging Committee

Approval:



Nina J. Park, MD
Chief Executive Officer

Date:

4/3/18

P&P History

Date	Department	Policy & Procedure #	Comments	Next Annual Review Due
02/24/2015	ACN	PO-03.005	P&P approved	02/24/2016
03/08/2018	ACN C&PC	PO-03.005	Revised and approved	03/08/2019

**HIV/AIDS SPECIALIST
ATTESTATION FORM
Part I**

An "HIV/AIDS specialist" refers to a physician who holds a valid, unrevoked and unsuspended certificate to practice medicine in the state of California, and who meets any of the following four criteria:

- Is credentialed as an "HIV Specialist" by the American Academy of HIV Medicine: **or**

- Is board certified, or has earned a certificate of Added Qualification, in the field of HIV Medicine granted by a member board of the American Board of Medical Specialties, should a member board of that organization establish board certification, or a Certificate of Added Qualification, in the field of HIV medicine: **or**

- Is board certified in the field of Infectious Diseases by a member board of the American Board of Medical Specialties and meets the following qualification:

- In the immediately preceding 12 months has clinically managed medical care to a minimum of 25 patients who are infected with HIV; **and**

- In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients, including a minimum of 5 hours related to antiretroviral therapy per year; **or**

1. Meets the following qualifications:

In the immediately preceding 24 months has clinically managed medical care to a minimum of 20 patients who are infected with HIV; and has completed any of the following:

- In the immediately preceding 12 months has obtained board certification or recertification in the field of infectious diseases from a member board of the American Board of Medical Specialties; **or**

- In the immediately preceding 12 months has successfully completed a minimum of 30 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients; **or**

- In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection combined with diagnosis, treatment, or both, of HIV-infected patients and has successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV Medicine.

I attest that I meet the qualifications of an HIV/AIDS Specialist as indicated above. I have attached appropriate supporting documents (i.e., American Academy of HIV Medicine certificate, CME certificates).

Print Name: _____

Signature _____

Date: _____

Note: Authority cited: Section 1344, Health and Safety Code, Reference: Section 1344 and 1374.16, Health and Safety Code

