

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

Policy/Procedure Number: MPCR4B			Lead Department: Network Services Business Unit: Credentialing	
Policy/Procedure Title: Identification of HIV/AIDS Specialists			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 03/01/2017		Next Review Date: 04/08/2026 Last Review Date: 04/09/2025		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage	<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input checked="" type="checkbox"/> CREDENTIALING	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Marshall Kubota, MD</i>			Approval Date: 04/09/2025	

I. RELATED POLICIES:

A. **MPCR300** Physician Credentialing and Re-credentialing Requirements

II. IMPACTED DEPTS:

A. Network Services

III. DEFINITIONS:

- A. AIDS – Acquired Immunodeficiency Syndrome
- B. HIV – Human Immunodeficiency Virus

IV. ATTACHMENTS:

A. [Attestation Form](#)

V. PURPOSE:

To define additional qualifications for credentialing an HIV/AIDS Specialist. Other qualifications for credentialing approval are defined in the remaining Partnership HealthPlan of California (Partnership) Credentialing Policies and Procedures.

VI. POLICY / PROCEDURE:

A. To become a credentialed HIV/AIDS Specialist with Partnership, a physician must hold a valid, unrevoked and unsuspended license to practice medicine in California, meet all credentialing requirements outlined in Partnership Policy MPCR300, and meet any one of the following criteria:

1. The clinician is credentialed as an "HIV/AIDS Specialist" by the American Academy of HIV/AIDS Medicine; or
2. The clinician is board certified in HIV medicine or has earned a Certificate of Added Qualification in the field of HIV medicine by a board member of the American Board of Medical Specialties; or
3. The clinician is board certified in Infectious Disease and in the past twelve (12) months has clinically managed at least twenty-five (25) HIV/AIDS members and completed fifteen (15) hours of category 1 CME in HIV/AIDS Medicine, five (5) hours of which was related to antiretroviral therapy; or
4. In the past twenty-four (24) months the clinician has provided clinical management to twenty (20) HIV/AIDS members and in the past twelve (12) months has completed board certification in Infectious Disease; or

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5. In the past twenty-four (24) months the clinician has provided clinical management to twenty (20) HIV/AIDS members and in the past twelve (12) months has completed thirty (30) hours of category 1 CME in HIV/AIDS Medicine; or
 6. In the past twenty-four (24) months the clinician has clinically managed at least twenty (20) HIV/AIDS members and in the past twelve (12) months has completed fifteen (15) hours of category 1 CME in HIV/AIDS Medicine and successfully completed the HIV/AIDS Medicine Competency Maintenance Examination administered by the American Academy of HIV/AIDS Medicine.
- B. An HIV/AIDS Specialist's status will be updated annually by the Provider Relations Department and documentation will be maintained in the credentialing file.
 - C. The HIV/AIDS Specialist Attestation form is included in the initial credentialing packet for primary care and infectious disease clinicians (Attachment A) and maintained in the credentialing file.
 - D. If the practitioner attests that he/she is an HIV/AIDS Specialist and meets the criteria as an HIV/AIDS Specialist, he/she will be identified as an HIV/AIDS Specialist. The HIV/AIDS Specialist status is initially conveyed to all appropriate Partnership departments and included in the Provider directories.
 - E. Previously designated HIV/AIDS Specialists (Primary Care Physician (PCP) and Infectious Disease Specialists) will be sent HIV/AIDS Specialist Attestation forms annually by the Provider Relations Department to confirm/update status as an HIV/AIDS Specialist.
 - F. A change in status occurs upon notification of the Partnership Provider Relations Department. Changes in status will be conveyed to the appropriate Partnership departments and updates made to the Provider directories.
 - G. Referrals to an HIV/AIDS Specialist follow the standard Partnership specialist referral procedure.

VII. REFERENCES:

- A. California Health and Safety Code, Section 1374.16
- B. AB 2168 (Ch. 426, 2000)

VIII. DISTRIBUTION:

- A. Partnership Provider Manual

IX. DEPARTMENT RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

Network Services

X. REVISION DATES:

3/14/2007, 02/13/2008, 03/11/2009, 03/10/2010, 04/11/2012, 04/10/2013, 05/14/2014, 05/13/2015, 05/11/2016, 06/14/2017, 06/13/2018, 06/12/2019, 04/08/2020, 04/14/2021, 04/13/2022, 04/12/2023, 04/10/2024, 04/09/25

PREVIOUSLY APPLIED TO:

N/A