

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY/ PROCEDURE**

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