



*We heal and inspire the human spirit.*

**To:** All IEHP Direct PCPs & Specialists  
**From:** IEHP - Credentialing  
**Date:** June 11, 2024  
**Subject:** **ACTION REQUIRED: 2024 HIV/AIDS Specialist Survey**

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On an annual basis, we are required to survey our practitioners to determine which Providers would like to be listed as an **HIV/AIDS Specialist Provider**.

**If you would like to be listed as an HIV/AIDS Specialist, please review, complete, sign and date the attached HIV/AIDS Specialist Survey and include any applicable supporting documentation by Friday, June 28, 2024.**

The survey and attachments can be sent via email to [credentialing@iehp.org](mailto:credentialing@iehp.org) or via **fax (909) 890-5756.**

Practitioners who do not provide a copy of their supporting documentation will not be listed as an HIV/AIDS Specialist.

Your prompt attention and response is greatly appreciated.

Questions? Please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org).

All communications can be found at: [ProviderServices.iehp.org](http://ProviderServices.iehp.org) > News & Updates > Notices

## **Verification of Qualifications for HIV/AIDS PHYSICIAN SPECIALIST**

Health plans and healthcare organizations must implement regulations related to AB2168 (Ch. 426, 2000). This legislation requires standing referrals to HIV/AIDS specialists for patients who need continued care for HIV/AIDS. The Department of Managed Health Care (DMHC) recently defined an HIV/AIDS specialist under Regulation LS-34-01.

In order to comply with this regulation, we need to identify appropriately qualified specialists within our network who meet the definition of an HIV/AIDS specialist.

**Please check ALL the criteria listed below that applies to you.**

- No, I do not wish to be designated as an HIV/AIDS Specialist
- Yes, I do wish to be designated as an HIV/AIDS specialist based on the below criteria:
- I am credentialed as a “HIV Specialist” by the American Academy of HIV Medicine (attached AAHIVM Certification);
- OR**
- I am Board Certified in Infectious Disease **AND** in the preceding **twelve (12)** months have clinically managed a minimum of **twenty-five (25)** HIV patients **and** have successfully completed **fifteen (15)** hours of category 1 continuing medical education (CME) in HIV medicine, **five (5)** hours of which was related to antiretroviral therapy;
- OR**
- In the past **twenty-four (24)** months, I have provided clinical management of **twenty (20)** patients; **and** in the past **twelve (12)** months completed board certification in Infectious Disease
- OR**
- In the past **twenty-four (24)** months I have provided clinical management to **twenty (20)** HIV patients and in the past 12 months have completed 30 hours of category 1 CME in HIV Medicine;
- OR**
- In the past **twenty-four (24)** months I have clinically managed at least 20 HIV patients and in the past **twelve (12)** months have completed 15 hours of category of 1 CME in HIV Medicine and successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV Medicine (attach copies of the CME credits and Exam verification)

I attest that, to the best of my knowledge, the above information is supported by documentation. (Please see attached).

Name of Practitioner

(Please print): \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner's

Signature: \_\_\_\_\_

License No: \_\_\_\_\_

Office Telephone \_\_\_\_\_

Office Fax: \_\_\_\_\_