



Credentialing Program
&
Policies and Procedures

Effective September 27, 2011

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Credentialing Program

GLOSSARY

Credentialing - The process by which the System authorizes, contracts with, or employs Practitioners who are licensed to practice independently to provide services to its members and/or facilities licensed to provide health care services. Eligibility is determined by the extent to which applicants meet defined requirements for education, licensure, professional standing, service availability and accessibility, and conformance with System utilization and quality management requirements.

Credentialing Committee - The Credentialing Committee will consist of licensed practicing chiropractors, as identified by the ActivHealthCare, Inc. (“AHC”) directors, whose responsibility shall be to establish the qualifications, standards, and requirements for the admission of Practitioners to become participating Providers with AHC.

Credentialing Program - The scope and content of credentialing activities including the policies and procedures intended to guide the System/organization through credentialing functions pursuant to ActivHealthCare, Inc. bylaws.

Credentialing Standards - Authorization statements of minimum levels of acceptable performance or results used to assess the appropriateness of specific credentialing decisions.

Delegated Credentialing - A formal process by which a managed care organization (MCO) or healthcare network gives another entity the authority to perform the credentialing function on its behalf. Although an MCO can delegate the authority to perform the credentialing function, it cannot delegate the responsibility for assuring that the function is performed appropriately.

M/M - Medicare/Medicaid Sanctions

NCQA - National Committee for Quality Assurance

Network - Means the panel of Participating Practitioners and Providers established by AHC.

NPDB - National Practitioner Data Bank

Participating Practitioner - Refers to an individual with a Doctorate in Chiropractic and is licensed to practice chiropractic within their scope of license.

Peer Reference - Verification of current competence in writing by individuals, in the same specialty, personally acquainted with the applicant’s professional and clinical performance.

Practitioner - NCQA adopted definition referring to an individual who provides chiropractic care.

Primary Source Verification - The process in which the System validates credentialing information from the organization that originally conferred or issued the credentialing element to the Practitioner.

Provider - Definition referring to an individual who provides healthcare or an organization such as a hospital or surgical center.

Quality Management/Quality Assurance (QM/QA) - A formal set of activities to monitor the quality of services provided. Quality management includes quality assurance and actions taken to remedy any deficiencies identified through the assurance process.

UPIN - Unique Personal Identification Number – DHHS

URAC - American Accreditation Healthcare Commission/URAC

PROGRAM PURPOSE AND OBJECTIVES:

The purpose of the credentialing program is to ensure that AHC network consists of quality Providers who meet the criteria and standards defined in the *Credentialing Program Description* developed in accordance with standards of the National Committee for Quality Assurance and industry standards.

Scope: The scope of the Credentials Program is:

- a. To provide a consistent, defined process for credentialing activities, following industry and external accreditation standards such as NCQA and state regulatory requirements
- b. To provide a defined mechanism for evaluation and reevaluation of Provider candidates
- c. To follow the Board's directive to implement a credentialing program which is fully compliant with NCQA and state regulatory requirements
- d. To demonstrate the required capability to accept delegated credentialing responsibility from clients
- e. No sub-delegation is done

CREDENTIALING COMMITTEE:

Membership: The AHC Credentialing Committee is a committee composed of members of the ActivHealthCare, Inc Board of Directors. It will be comprised of at least two licensed chiropractors. As Board members, the Credentialing Committee members are appointed to serve a one-year term and may be reappointed for a subsequent term. These members are charged with evaluating the credentials of the participating Providers. The committee may have a member who is not a member of either of the Board of Directors providing that that member is appointed by the Board of Directors and is a licensed chiropractor.

Role and Responsibility: The Credentialing Committee members shall:

- a. Participate in and support the functions of the Credentialing Committee by attending meetings, providing input and feedback, and overall guidance of the Credentialing Program
- b. Review and approve credentialing policies and procedures established by the Network on an annual basis, or more often as may be deemed necessary
- c. Gather, review, and consider each candidate's information and vote to recommend approval or disapproval to the full Board for each applicant or re-applicant based on the

eligibility and compliance requirements herein. The Credentialing Committee, through the Committee Chairperson or other representative deemed appropriate, shall present the Credentialing Committee's recommendation to approve or deny the candidate/participating Providers and or Practitioner's membership/continued membership to the full Board of Directors for a final vote. No candidate shall be deemed ineligible by the Credentialing Committee or the AHC Board of Directors, solely on the basis of gender, race, creed, color, age, marital status or national origin.

- d. Approve the Credentialing Program Description at least annually and after additional revisions
- e. Ensure credentialing activities are conducted in accordance with the AHC Credentialing Program description
- f. Obtain and review quality improvement findings as part of the re-credentialing process
- g. Respond to information and recommendations received from the Board and/or QM Committee and payors through the provider relations department
- h. Make recommendations to the full Board regarding all credentialing determinations and disciplinary actions for a full Board vote

Restrictions on Committee Members: A member of the Credentialing Committee must refrain from voting in circumstances in which he or she has a professional involvement or conflict of interest that could potentially result in impaired or compromised judgment. A member of the Committee shall exercise his or her best efforts to maintain in confidence all information and records of the Committee's deliberations, except as otherwise required by law.

Frequency of Meetings: The Credentialing Committee meets as a group, quarterly or as needed at the call of the designated AHC employee. For the purpose of this policy, quarterly shall be defined as four (4) times per calendar year. For the purpose of expediency, meeting may be held by conference calls, e-mail or some other form of documented communication that will enable the Credentialing Committee to present thoughts, ask questions or converse regarding a candidate or the Credentialing Program.

Minutes and Reports: Minutes of each meeting are recorded and include, at minimum, recommendations for credentialing/re-credentialing and disciplinary actions. Furthermore:

- a. Copies of the minutes from each meeting are maintained by the Credentials Department.
- b. Minutes from each meeting are distributed to each Credentialing Committee member prior to the next meeting.
- c. Disciplinary actions and recommendations for credentialing/re-credentialing rendered by the Credentialing Committee are communicated to the specific Practitioner through the designated Credentialing Committee representative.

Relationship between the Credentialing Committee, QM Committee and the Board: The relationship will be as follows:

- a. The QM committee shall provide, in written format, to the credentialing committee, Provider specific QM data to be incorporated into the Provider's file for review at the time of re-credentialing.
- b. Quality issues that are presented to the Credentialing Committee shall be communicated to the QM committee in written format for further review.
- c. The Credentialing Committee, through its designated member representative, is responsible for providing a summary of its activities for credentialing/re-credentialing to the Board following each Committee meeting to be reported at the subsequent Board meeting.
- d. Actions from the Credentialing Committee, with respect to credentialing/re-credentialing, are forwarded to provider relations so they can communicate to the payors, Providers, contracted employers and all other personnel deemed appropriate.
- e. The Board reviews the annual evaluation and updated credentials policies and procedures.

OVERVIEW OF CREDENTIALING PROCESS:

Credentialing Process: The Credentialing Process will be as follows:

- a. An application is provided to each potential candidate upon written or verbal request or as a component of recruiting efforts by AHC. Credentialing applications are available at our website.
- b. When the application and associated documents are returned, a review for completeness is performed by the credentials department staff. Upon receipt of a completed application, accompanied by credentials documentation, information from the practice information section of the Practitioner/Provider application is entered into the AHC designated database.
- c. Incomplete applications are noted in the database to facilitate tracking and to coordinate completion of the application. All Practitioners and Providers submitting incomplete applications are notified of AHC's receipt of the incomplete application via written correspondence along with documentation of required information. (Note: The credentials department may choose to return incomplete applications in their entirety in order to avoid the administrative inconvenience of coordinating multiple pieces of the application.)

- d. If an application is submitted and deemed complete in its entirety, the credentialing staff creates a Practitioner/Provider file to house the application and corresponding credentialing documents. Provider files shall be securely maintained in the credentials department.
- e. The credentialing staff verifies information in accordance with verification policies and procedures referenced in the *Credentialing Program*. Verification for some items must be obtained from primary sources and should be in writing from the primary source, although oral verification may be done. Oral verification requires a dated, signed note in the credentialing file indicating who at the primary source verified the items, the date and time of verification, and how it was verified. If an automated verification system is used, the system must identify who performed the verification and when.
- f. Should a discrepancy be identified during the verification process, the applicant or re-applicant shall be notified and given the opportunity to clarify such discrepancy. Practitioners shall be notified, either verbally or in writing, when information obtained by primary sources varies substantially from information provided on the Practitioner's malpractice claims history, actions taken against a Practitioner's license or differences in education and training dates. Practitioners will be notified of the discrepancy at the time of primary source verification
- g. Once verification has been achieved through the appropriate primary and secondary sources, the credentialing staff prepares each Practitioner's/Provider's credentialing information for presentation to the Credentialing Committee.
- h. The candidate's application and credentials information is presented at the next Committee meeting. The Committee evaluates candidates based upon criteria defined in the Credentialing Program document.
- i. The Committee's recommendations are presented at the next Board meeting for a vote.
- j. If AHC membership is denied, a letter of denial, which will include the process to appeal the Committee's decision, shall be sent to the candidate within 5 days. (Refer to the appeals process.)
- k. If AHC membership is approved, a letter of Participating Practitioner status shall be sent to the applicant within 5 days.
- l. An effective date for the Practitioner's or Provider's membership/participation in AHC is established, and the remainder of the application and other credentialing information is entered into the database and physically filed with that of other Practitioners/Providers.
- m. The new Practitioner's and Provider's name and required information are sent to AHC clients by AHC staff. AHC should ascertain that each client's standards are met. The Practitioner's name is added to AHC Participating Practitioner roster.

Right to be informed of application Status: The Practitioner has the right to be informed of the status of their application upon request. Providers will be notified of missing information in an application. Upon request a provider will be updated on the status of an application that is complete but in the process of being accepted by the Credentialing Committee.

Right of Review: The Practitioner has the right to review information obtained by AHC for the purpose of evaluating that Practitioner's credentialing or re-credentialing application. This includes non-privileged information obtained from any outside source (e.g. malpractice insurance carriers, state licensing boards, NPDB), but does not extend to review of peer references or recommendations protected by law from disclosure.

The Practitioner may request to review information at any time by sending a written request to the Network Director at:

AHC
P.O. Box 1368
Lilburn, GA 30048

The Practitioner shall be notified within 7 days of receipt of the request of the date and time when such information will be available for review.

Correction of Erroneous Information: If a Practitioner believes that erroneous information has been supplied to AHC by primary sources, the Practitioner should notify AHC by submitting written notification to the Credentialing Department. The notification shall detail the information in question and shall be sent to:

AHC – ATTN: Credentialing Coordinator
P.O. Box 1368
Lilburn, GA 30048

Practitioner shall make every effort to notify AHC of such discrepancy within 3 days of notification or within 24 hours of a Practitioner's review of his/her credentials file.

Upon receipt of notification from the Practitioner AHC will re-verify the primary source information in dispute. If the primary source information has changed, correction will be made immediately to the Practitioner's credentials file. The Practitioner will be notified in writing that the correction has been made to his/her credentials file. If, upon review, primary source information remains inconsistent with Practitioner's notification, the Credentialing Department will so notify the Practitioner. The Practitioner may then provide proof of correction by the primary source body to AHC Credentialing Department. The Credentialing Department will re-verify primary source information if such documentation is provided.

ELIGIBILITY AND VERIFICATION REQUIREMENTS:

Eligibility: AHC recognizes D.C.'s as Practitioners eligible for participation.

Verification Requirements: The following information will be required and documented as indicated:

- I. Professional Licensure:** The candidate/Participating Practitioner must hold a valid and unrestricted license to practice in the state for which the candidate/Participating Practitioner is being credentialed and all other states in which he/she practices and any other licenses, certifications, or authorizations necessary to deliver chiropractic services within the scope and/or specialty of his/her practice.

Documentation:

- Copy of current state specific chiropractic license
- Copy of CPR or ACLS certification or other licenses, certifications, or authorization. This is not a requirement.

- II. Education and Training:** At the time of initial credentialing, the candidate must provide information and relevant education, training and experience.

Documentation:

- Per NCQA, the use of the appropriate state licensing board's website will serve as verification of the candidate's education. The state licensing requirements include primary source verification of education.

- III. Malpractice Insurance:** The candidate/Participating Practitioner must have professional liability insurance with coverage amounts of not less than \$1,000,000 per incident and \$3,000,000 in the annual aggregate. However, the AHC Board may elect to modify this requirement if it deems necessary. The insurance carrier must be a company licensed to transact medical professional liability insurance business within the appropriate state in which the candidate/Participating Practitioner is being credentialed.

Documentation:

- A copy from the issuing entity or the Practitioner of the declaration page of the Provider's professional liability insurance policy denoting carrier name, insured's name, effective dates, and coverage amounts.

- IV. Malpractice History:** The candidate/Participating Practitioner must provide a written history of all prior judgments, settlements, pending litigation, and other proceedings relating to professional practice. Subsequently, the history must be deemed acceptable as determined by the Credentialing Committee and the Board. Evidence that sub-standard care has been provided by the Practitioner or that the Practitioner has engaged in ethical improprieties shall prohibit the candidate/Participating Practitioner from obtaining/retaining Participating Practitioner status.

Documentation:

- A written malpractice history of the Practitioner's professional experience provided by the Practitioner or the Practitioner's professional liability carrier or NPDB. The submission date should be indicated on the malpractice history to verify that the history was current as of the submission date.

- V. Work History:** The candidate/Participating Practitioner must provide a work history spanning his/her professional experience for a minimum of the past five years. The Practitioner should explain any gaps greater than one month in professional history.

Documentation:

- Copy of curriculum vitae or resume with dates of professional experience.

- VI. Practice Restrictions History:** The candidate/Participating Practitioner must not have had restrictions placed on his or her practice by the Board of Chiropractic Examiners, licensing agency, or other body or governing agency, unless such are disclosed in writing to the Credentialing Committee and deemed by the Credentialing Committee not to be material or disqualifying.

VERIFICATION PROCEDURES:

- I. Primary Source Verification:** Primary source verification is required and accomplished through the following mechanisms:
- a. Current licensure is verified by a letter or internet printout obtained from the appropriate state licensing board. Verification of current licensure by telephone is also acceptable, if documented appropriately.
 - b. Verification of Sanctions from Medicare/Medicaid and also Exclusion Party List. Done at initial credential verification and monitored monthly.
 - c. Relevant education and training is verified by the State Board of Medical Examiners. We verify through the state licensing board that primary source verification is required prior to issuing a license.
 - d. Verification of professional liability insurance from the issuing entity or the Practitioner
 - e. AHC must query the National Practitioner Data Bank (NPDB) to obtain information regarding medical malpractice payments, licensure disciplinary actions, adverse clinical privilege actions taken by a healthcare entity, and adverse actions affecting professional society membership. (Note: The System queries the NPDB at least every two years after the time of initial appointment.)

- f. Work history shall be completed by the provider and any gaps captured on the Practitioner's CV, however work history need not be primary sourced.
- II. Other Criteria:** At the recommendation of the Credentialing Committee, the process incorporates other credentialing criteria to facilitate the attainment of the organization's goals.
- III. Credentialing Files:** Credentialing files shall be treated as confidential and shall be maintained in secured locked file cabinets. Documents in these file cabinets may not be reproduced or distributed, except for confidential peer review and credentialing purposes. Access to these files is limited to credentialing staff, credentialing committee, and board of directors as necessary. Electronic files are password protected. Any files sent via email are sent on secured website.

The following documents (originals or copies) shall be maintained in the credential files:

- a. Application for membership including a statement consistent with applicable laws, signed by the candidate regarding any reasons for any inability to perform the essential functions of the position, with or without accommodation, lack of present illegal alcohol and/or drug use, history of loss of license and/or felony convictions and history of loss or limitation of privileges or disciplinary activity. The statement must include an attestation as to the correctness/completeness of the application.
- b. Work History
- c. Current State Chiropractic License
- d. Verification of graduation from Chiropractic school and completion of required work history
- e. Copy of the declaration page or a certification of insurance
- f. Professional liability claims history
- g. National Practitioner Data Bank Query report
- h. State Chiropractic Board Status check for validation of license and sanction activity

COMPLIANCE REQUIREMENTS:

- I. Network Referrals:** A Participating Practitioner must use his or her best efforts to refer to Participating Practitioners as called for by the policies of each respective payor arrangement, so long as such referral or admission is in the independent medical

judgment of the Participating Practitioner and is considered to be in the member's best interest.

- II. Conflicts of Interest:** A Participating Practitioner must not have or create a material conflict of interest for the Practitioner or AHC by reason of his or her Network participation. Mere participation in another Practitioner negotiating network will not be regarded as a material conflict of interest.
- III. Professionalism and Standards of Care:** A Participating Practitioner must provide on a timely basis, quality and appropriate care consistent with the medical and ethical stands of the chiropractic community in which he/she is practicing. A Participating Practitioner shall make appropriate and reasonable efforts to establish an effective Practitioner-patient relationship with members.
- IV. Compliance with Credentialing Standards and Procedures:** A Participating Practitioner must comply with the credentialing standards and procedures and any policies or procedures implementing such credentialing standards and procedures that are approved by the Board.
- V. Compliance with Quality Improvement Standards:** A Participating Practitioner must comply with the requirements of any performance improvement, programs that are established or adopted by AHC.
- VI. Compliance with the Law:** A Participating Practitioner must comply with all applicable federal, state, and local laws, regulations, and ethical standards governing the general practice of chiropractic.

CONSIDERATION FOR SELECTION:

- I. Completion of AHC Application:** A Participating Practitioner must submit a complete, signed, and dated Practitioner and or Provider membership application form accompanied by required supporting credentials documents.
- II. Credentials Verification:** As part of his/her consideration for participation, a candidate must authorize AHC to undertake actions, inquiries, or investigations necessary to obtain verification of the Practitioner's credentials. This information will be obtained from a variety of sources including but not limited to stated medical licensing boards, the National Practitioners Data Bank, professional liability insurance carriers, arbitration boards, hospitals, and other healthcare Providers, and other sources of information that the Network deems relevant.
- III. Evaluation/Decision Process:** The Credentialing Committee shall gather, review, and consider each candidate's information and vote to recommend approval or disapproval of each applicant or re-applicant based on the eligibility and compliance requirements herein. The Credentialing Committee, through the designated committee member or other

representative deemed appropriate, shall present the Credentialing Committee's decision to the full AHC Board for a vote. No candidate shall be deemed ineligible by the Credentialing Committee solely on the basis of gender, race, creed, color, age, marital status, or national origin.

If appointment is approved, a letter of appointment is mailed to the Provider. If appointment is denied, the applicant is notified by certified mail return receipt requested. [See the Re-consideration and Appeals process outlined in this document.]

- IV. Timing of Consideration Procedure:** The Provider will be advised of disposition within one hundred eighty (180) days of receipt of the completed Provider membership application, its supporting credentials documentation, and all additional information requested of the Provider by the Credentialing Committee. Documents for any applicant or re-applicant that are no more than one hundred eighty (180) days old will be presented to the Credentialing Committee.

RE-CREDENTIALING REVIEWS:

The re-credentialing cycle is performed every three years. Reappointment will be assigned based on the last date of re-appointment. One hundred twenty (120) days prior to their last re-appointment date, the Practitioner and Provider is mailed his/her AHC application information for verification and update. Each Practitioner and Provider requesting re-credentialing must sign and date the application and disclosure, complete with attestation as to the correctness/completeness and authorization for release of information and liability including questions regarding physical and mental health status and lack of impairment due to chemical dependency/substance abuse.

The re-credentialing process includes updating and review of the following:

- a. Application and disclosure, signed and dated, complete with attestation as to correctness/completeness and authorization for release of information and liability, including question regarding physical and mental health status and lack of impairment due to chemical dependency/substance abuse
- b. Current valid state chiropractic license
- c. Board certification, as applicable. If a Practitioner's board certification status is current since the last credentialing cycle, no further action is necessary to meet NCQA standard CR7.
- d. Professional liability insurance which meets minimum AHC standards
- e. Professional liability claims history, as applicable
- f. National Practitioner Data Bank query report

- g. State medical board and status checks for validation of license and sanction activity
- h. Documented, structured review of the practitioner's medical record keeping practices, as deemed necessary
- i. Review of a minimum two (2) years of information from the following areas:
 - o Member Complaints
 - o Quality of Care of Service Issues

Within no more than (120) days of receipt of the re-credentialing applications, AHC staff will complete the re-credentialing files. The process should be completed as outlined above.

If the reappointment is approved, a letter of reappointment is sent to the Provider within 7 days.

If the reappointment is denied, the applicant is notified by certified mail, return receipt requested within 7 days return receipt requested.

A Provider may appeal an action taken by the Board as outlined in this document.

ADVERSE DECISION:

Failure to be in compliance at any time with the Credentialing Program and participation requirements as outlined in the organizational documents may result in suspension or termination of a Participating Practitioner's participation.

The Provider shall be notified in writing of an adverse decision that may affect his or her participation status with AHC. As part of the notification, the Provider is advised that they may submit a written request for reconsideration, following the *Reconsideration and Appeals* procedure outlined in this document.

SUMMARY SUSPENSION:

Pursuant to Part A of the Health Care Quality Improvement Act (42 U.S.C. 1112) (2), a summary suspension is taken to prevent "imminent danger to the health of any individual."

The Act treats summary suspensions differently than other professional review actions. With a summary suspension in the procedural rights of the Practitioner are provided following the suspension, rather than preceding it. The reporting policy for summary suspensions is in the keeping with the purpose of the Act, which is to protect the public from the threat of incompetent Practitioners continuing to practice without disclosure or discovery of previous damaging or incompetent performance.

In the event of a summary suspension or termination of privileges, the Practitioner is also advised that they must provide an alternative healthcare Provider to their patients currently receiving treatment.

Grounds for automatic or summary suspension or termination may include:

- a. Suspension, restriction or loss of state licensure, or other authorizations to practice chiropractic;
- b. Temporary or permanent, physical or mental, disability that impairs the ability to practice chiropractic with reasonable skill and safety;
- c. Suspension or termination from Medicare or Medicaid programs;
- d. Cancellation of professional liability insurance or reduction below acceptable limits;
- e. Conviction of a felony crime or misdemeanor related to the furnishing of services to patients, healthcare fraud, controlled substance violations and/or patient abuse or neglect;
- f. The use of dangerous chemical substances and/or the illegal use of controlled dangerous substances;
- g. A serious complaint or complaints from a covered person(s) or from another Provider regarding personal improper behavior inappropriate or unsafe chiropractic procedures;
- h. An occurrence with regard to, or in connection with Practitioner's practices which might materially injure the public reputation of AHC;
- i. Failure to take corrective action; or
- j. Failure to disclose accurate information to AHC.

When a suspension or termination is initiated, AHC shall send a written notice [certified mail] to the Provider of AHC's decision to, or intent to, institute a suspension or termination, the length of the suspension, and the basis for AHC's determination that such adverse action is warranted.

Nothing shall be construed as preventing the AHC Board of Directors whose decision may prompt a right to appeal, from immediately or summarily suspending, or restricting the participation of a Practitioner, where failure to take that action may result in imminent danger to the health or safety of any individual, provided that the Practitioner shall subsequently be granted the notice and appeal rights.

Suspension or termination shall be in effect for the period set forth in AHC's notice of suspension or termination. Once the time period has expired, the Practitioner may re-apply. If suspension is initiated due to an event described in items "a" through "f" above, it shall be so

long as the event persists. If it is due to an event described in items “g” through “j” above, it shall last for so long as AHC may require to investigate such matter, receive and analyze information from Practitioner and if appropriate, remedial action to be taken by Practitioner, or otherwise for the matter to be resolved.

REPORTING ADVERSE CLINICAL PRIVILEGE ACTIONS:

As required under Title IX of public law 99-660, adverse actions taken against a Practitioner shall be reported to the National Practitioner Data Bank (NPDB) within 15 days of the adverse action. A copy of each report sent to the Data Bank shall be printed and mailed to the appropriate State Licensing Board for its use. The Practitioner will be notified that a report will be filed.

The information required to be reported to the NPDB is applicable to healthcare Practitioners who are licensed or otherwise authorized by the state to provide healthcare services.

Reportable actions include, but may not be limited to:

- a. Adverse privilege actions for a period of more than 30 days
- b. Reportable adverse clinical privilege actions are based on a Practitioner’s professional conduct which adversely affects, or could adversely affect the quality of care, the health or welfare of a patient

AHC shall notify all contracted network affiliates of a change in the participation status of an AHC Provider.

RE-CONSIDERATION AND APPEALS PROCEDURE:

Providers may appeal a decision, based on but not limited to the above reportable action, in writing. The request must specify the determination in question and must be signed, dated, and delivered within ten days of the Provider’s receipt of the determination. The time period may be shortened if AHC determines that endangerment of health, safety, or welfare would otherwise result.

If the decision is based on a quality of care issue, the Provider must submit with his appeal a detailed plan of action specific to the issue for review by the Credentialing Committee.

The request shall be addressed and sent to:

AHC
P.O. Box 1368
Lilburn, GA 30048

Upon receipt of an appeal request, the Network Director shall contact the Credentialing Committee members and discuss the request for reconsideration.

The Credentialing Committee shall convene to review the appeal request.

The Credentialing Committee may decide to:

- a. Revisit the data utilized by the Credentialing Committee in its initial determination;
- b. Request additional information from the Provider;
- c. Conduct further investigation;
- d. Meet with the Provider; or
- e. Appoint a peer review panel to review the appeal and to formulate a written recommendation(s) for the Credentialing Committee to consider in its decision making process.

If the denial remains after review of the appeal, the notification shall include the data utilized by the Credentialing Committee and the Board of Directors in its determination that the Provider shall not receive participation status.

If the denial is reversed after review of the appeal, the notification shall include the data utilized by the Credentialing Committee and the Board of Directors in its determination to reinstate the Provider.

PRACTITIONER AND PROVIDER RESPONSIBILITY OF NOTIFYING NETWORK OF CHANGES IN STATUS:

A Participating Practitioner must agree to report any change in status of the information maintained in their credentials file immediately.

A Participating Practitioner must notify AHC as soon as possible of a change in ability to comply with these Credentialing Policies and Procedures. Without limitation of the preceding sentence, a Participating Practitioner must notify AHC immediately by telephone at 770-455-0040 and in writing to:

AHC- Attn: Credentialing Dept.
P.O. Box 1368
Lilburn, GA 30048

Within 10 days of the occurrence of any of the following events:

- a. Suspension or termination or loss of state licensure or other authorizations to practice chiropractic;
- b. Suspension or termination from Medicaid or Medicare programs;
- c. Lapse, cancellation, or reduction of professional liability insurance below the required policy limits;
- d. Settlement or judgment rendered against such Participating Practitioner in any civil action or arbitration concerning the provision of medical services or resulting from any act of ethical impropriety, fraud or misrepresentation;
- e. Conviction of a felony or misdemeanor crime (other than minor traffic offenses);
- f. Nolo Contender plea of any crime (other than minor traffic offenses);
- g. The use of dangerous chemical substances and/or the illegal use of alcohol and/or controlled dangerous substances;
- h. Mandatory participation in a supervised rehabilitation program or professional assistance program; or
- i. Physical or mental impairment that substantially limits the Participating Practitioner's ability to practice his or her profession in accordance with recognized professional standards.

Failure to notify the network on a timely basis shall constitute grounds for termination of Participating Practitioner status.

AHC shall retain the right to suspend or terminate the participation of a Provider for the reasons/events listed above.

AMMENDMENTS:

The Network reserves the right to modify or append these Credentialing Policies and Procedures. Amendments require enactment by the Credentialing Committee and at least thirty (30) days written notification to Participating Practitioners and network clients.

The credentialing program was adopted and recommended by the Credentialing Committee in accordance to the AHC Policies and Procedures.

Policies and Procedures

The following items must be verified for Credentialing Files:

SIGNED ATTESTATION AND SANCTION QUESTIONS:

- Signature may not be greater than 180 days old at time of Credentialing decision.
- Make sure all questions are answered.
- If any questions are answered “Yes” make sure there is supporting documentation from the provider. If none provided, contact the provider.

LICENSE:

- Verify Georgia Licensure through the Georgia Composite Board online at: <http://www.sos.state.ga.us/plb/chiro/search.html>
- If license indicates “Yes” to public board orders, request a copy from the board.
- If the provider has had other licenses within the past five years, verify those licenses through the appropriate state board. If those states charge or multiple licenses involved, consider ordering an FSMB.

EDUCATION:

- **Verify that state does PSV of education when licensing provider. This is either done by a state letter, website confirmation or verbal confirmation from state licensing association.**

INSURANCE:

- Professional liability insurance must be current at time of credentialing committee, show the providers name/policy # and show a minimum coverage amount of \$1M/\$3M. Verify expiration date and have them add us as a certificate holder for future updates.
- Business liability insurance.

NATIONAL PRACTITIONER DATA BANK (NPDB) HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB):

- Request NPDB and HIPDB online at: <http://www.npdb-hipdb.com/welcome.html>
- NPDB and HIPDB may not be greater than 180 days old at time of Credentialing decision.

SANCTIONS: Checked monthly (or within 30 days of release of report)

- **Medicare/Medicaid Sanctions checked online at:**
<http://exclusions.oig.hhs.gov/>
- **Exclusion Party List checked online at:**
<https://www.epls.gov/eplsearch.do>
- **State Licensing Sanctions checked online at:**
<http://sos.georgia.gov/plb/PublicOrders/PublicBoardOrdersByProfessionAndYear.aspx> or appropriate state licensing website. If website is down verbal confirmation via phone call to state licensing board is accepted.
- **Ongoing monitoring (at least every 6 months) of above Sanctions along with and adverse events that have been reported to us.**

Complaints or Adverse Actions:

- **Collect and review complaints or adverse actions that are reported to ActivHealthCare from networks, patients or other sources.**
- **Minutes shall reflect the complaint and any action that is taken by AHC and will be reviewed by the credentialing committee and presented to the AHC board.**

WORK HISTORY:

- Provider should give complete work history from graduation of chiropractic college to the present. If there is a gap greater than 30 days, there should be an explanation. If no explanation submitted with the initial application, contact the provider.
- At re-credentialing, only five year work history documentation is required.
- ANY adversely answered questions, malpractice claims history or NPDB/HIPDB issues must be red flagged for committee review.

Re-Credentialing

- The re-credentialing process is the same as the initial credentialing. ActivHealthCare re-credentials every three years. Also, any past performances are reviewed and any grievances or malpractice suits are reviewed and taken to our board for any disciplinary action, including termination.
- Utilization data accumulated since the initial credentialing is reviewed.
- Patient satisfaction surveys are requested from patients treated during the 12 month period prior to re-credentialing for consideration.

PARTICIPATION REQUIREMENTS

- Participating Chiropractors shall maintain a minimum of \$1M/\$3M professional malpractice liability coverage.
- Participating Chiropractors must maintain a valid and current Georgia License to provide chiropractic care in the State of Georgia. License shall not have past or pending disciplinary actions or violations. Such actions are subject to review by the ActivHealthCare Board of Directors.
- Participating Chiropractors subject to past malpractice judgments, suits, and settlements shall be subject to review by the ActivHealthCare Board of Directors.
- Participating Chiropractors must have no record of over-utilization, inappropriate record keeping, insurance or Medicare/Medicaid fraud, or felony convictions.
- Participating Chiropractors must have adequate facilities and equipment in and with which to provide chiropractic services. (Adequate facilities and equipment shall include: examination room; treatment table; and office must provide for handicap access).
- Participating Chiropractors must have sufficient and appropriate staff to provide chiropractic services.
- Participating Chiropractors must demonstrate the ability to provide comprehensive chiropractic care through proficiency in multiple chiropractic techniques.
- Participating Chiropractors must maintain adequate and appropriate records on all patients.
- Participating Chiropractors must agree to participate in utilization review and quality assurance programs administered or contracted by ActivHealthCare.
- Patients must be able to obtain an appointment as outlined below:
 - Urgent Care - Same day-or refer to another doctor
 - Non-urgent Care - Within 48 hours
- Participating Chiropractors shall not have been expelled from participation from Medicare, Medicaid, or Managed Care Programs. Expulsion shall be subject to review.
- Participating Chiropractors shall refer to member services and facilities when available. They shall disclose involvement or ownership in any outside services or facilities to which they may refer beneficiaries of ActivHealthCare.
- Participating Chiropractors shall be approved by majority vote of the Board of Directors.

Network Exclusion or Termination

The following shall be cause for exclusion or termination from participation in ActivHealthCare, Inc.:

- License suspension, revocation, or probation;
- Advertising violations – more than one offense;
- Gross negligence or oversight;
- Insurance fraud or abuse;
- Inappropriate patient solicitation;
- Sexual harassment or sexual misconduct;
- Misrepresentation of certification or qualifications;
- Repeated pattern of over-utilization – more than one offense;
- Failure to meet or maintain ActivHealthCare’s credentialing standards;
- Failure to comply with the terms of the ActivHealthCare Provider Agreement;
- Participating chiropractor practices in such a manner as to: 1) jeopardize patients (determined by a committee of peers) or: 2) seriously impact ActivHealthCare’s reputation and/or ability to conduct business in the marketplace;
- Expulsion from Medicare programs; or
- Engages in any unprofessional, immoral, unethical, deceptive or deleterious conduct or practice which is determined to be harmful to the public, or which conduct or practice materially affects the fitness of the chiropractor to practice chiropractic, or which conduct or practice is of a nature likely to jeopardize the interest of the public, or which conduct or practice need not have resulted in actual injury to any person or be directly related to the practice of chiropractic but shows that the chiropractor has committed any act or omission which is indicative of bad moral character or untrustworthiness.
- Shares an office location or works with or for a chiropractor who fails to meet credentialing standards or would fail to meet credentialing standards if that chiropractor were to apply for credentialing.