



Credentialing Program

(Policies & Procedures)

This Credentialing Program was recommended and adopted by the Board of Directors effective June 1, 2022

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GLOSSARY

AHC - ActivHealthCare, Inc.

Clean File – A Credentialing file may be either the initial credentialing file or Re-credentialing file. A clean initial Credentialing file is an application for Credentialing which does not have any primary source verification issues. A clean Re-credentialing file is an application for Re-credentialing which does not have any primary source verification issues during the past three years or since the previous Credentialing or Re-credentialing of the Provider.

Credentialing - The process by which AHC, the Network, authorizes, or contracts with 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 AHC utilization and quality management requirements. Credentialing also refers to the Re-credentialing process.

Credentialing Committee - The Credentialing Committee will consist of licensed practicing chiropractors, as identified by the AHC's directors, and AHC's Medical Director, Credentialing Coordinator and Executive Director. The committee's 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 AHC through Credentialing functions pursuant to AHC 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

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 - A duly licensed Doctor of Chiropractic or other health care service provider.

Primary Source Verification – This is the process by which AHC validates Credentialing information from the organization that originally conferred or issued the Credentialing element to the Practitioner.

Provider - An individual and/or Practitioner who provides healthcare, or an organization such as a hospital or surgical center.

Provider Candidate – A Provider that has applied or seeks to apply to become a member of the AHC network, but who has not yet been approved by the Credentialing Committee.

Participating Provider – A Provider who has been approved by the Credentialing Committee to provide services as a member of the AHC network, but who remains subject to Re-credentialing as provided herein.

Quality Management/Quality Assurance (QM/QA) – QM/QA is 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.

Re-credentialing - The process by which AHC, the Network, reviews the credentials of a Participating Provider to verify that the Provider still meets the Credentialing Standards of the Network. The Credentialing process set forth in this program shall also apply in regard to the Re-credentialing of Participating Providers.

UPIN - Unique Personal Identification Number – DHHS

URAC - American Accreditation Healthcare Commission/URAC

SECTION I - PROGRAM PURPOSE AND OBJECTIVES:

The purpose of the Credentialing Program is to ensure that AHC network consists of quality Participating 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 (“NCQA”) and industry Credentialing Standards applicable to the Practitioner Provider.

Scope: The scope of the Credentialing 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, if any;
- b. To provide a defined mechanism for evaluation of Provider Candidates and reevaluation of Participating Providers;
- c. To follow the AHC’s Board of Director’s (“Board”) 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; and
- e. No sub-delegation is done.

SECTION II - CREDENTIALING COMMITTEE:

Membership: The AHC Credentialing Committee is a committee composed from members of the AHC Board of Directors and AHC Medical Director, Credentialing Coordinator and Executive Director. 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 by the AHC Board with evaluating the credentials of the Provider Candidates and Participating Providers.

Medical Director: The Medical Director will be a chiropractic provider and his/her role will be to ensure that the chiropractic rules and ethics are being upheld in all questions asked and answered in the application. The Medical Director will serve as chairman of the Credentialing Committee and will be responsible for ensuring the Credentialing Committee performs the duties as listed under Role and Responsibility below.

Role and Responsibility: The Credentialing Committee members shall:

- a. Participate in and support the functions of the Credentialing Committee by attending meetings or participating in conference calls, 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 Provider Candidate and Participating Provider's information and vote to recommend approval or disapproval to the full Board for each such individual 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 Provider Candidate or Participating Provider to the full Board of Directors for a final vote;
- 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; and
- 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 this policy, quarterly shall be defined as four (4) times per calendar year. For expediency, meetings may be held by conference calls.

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 Credentialing 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 Provider Candidate or Participating Provider through the designated Credentialing Committee representative.
- d. Each Committee member's vote and deliberative process shall be deemed confidential and be protected by disclosure under Georgia law.

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, Participating Provider specific QM data to be incorporated into the Participating 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 payers, Participating Providers, contracted employers and all other personnel deemed appropriate.
- e. The Board reviews the annual evaluation and updated Credentialing policies and procedures.

SECTION III - CONSIDERATION FOR SELECTION:

Completion of AHC Application: A Provider Candidate/Participating Provider must submit a complete, signed, and dated Credentialing application accompanied by required supporting Credentialing documents.

Credentials Verification: As part of his/her consideration for participation, a Provider Candidate/Participating Provider must authorize AHC to undertake actions, inquiries, or investigations necessary to obtain verification of the Provider Candidate/Participating Provider's credentials. This information will be obtained from a variety of sources including but not limited to stated medical licensing boards, the NPDB, professional liability insurance carriers, arbitration boards, hospitals, and other healthcare Providers, and other sources of information that the Network deems relevant.

Evaluation/Decision Process: The Credentialing Committee shall gather, review, and consider each Provider Candidate/Participating Provider's information and recommend approval or disapproval of each applicant or re-applicant based on the eligibility and compliance requirements herein. The Credentialing Coordinator will submit all applicants to the Credentialing Committee for review and approval. The Director of Clinical Services (aka, Chiropractic Medical Director), or other designated Doctor of Chiropractic acting on his behalf, will make the decision to accept or deny an applicant or to defer an applicant to the full AHC Board for a vote. 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. If there are any candidates which have been deferred by the Credentialing Committee or which have appealed an adverse decision, a Credentialing Committee representative will present such candidate(s) to the full AHC Board for a vote of approval or denial.

Section IV - PARTICIPATION REQUIREMENTS

Participation: The following requirements must be met by a Provider Candidate in order to be credentialed into the AHC network and maintain Participating Provider status.

- a. A Provider Candidate/Participating Provider shall maintain a minimum of \$1M/\$3M professional malpractice liability coverage.
- b. A Provider Candidate/Participating Provider 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 AHC Board of Directors.
- c. A Provider Candidate/Participating Provider subject to past malpractice judgments, suits, and settlements shall be subject to review by the AHC Board of Directors.
- d. A Provider Candidate/Participating Provider must have no record of over-utilization, inappropriate record keeping, insurance or Medicare/Medicaid fraud, or felony convictions.
- e. A Provider Candidate/Participating Provider 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).
- f. A Provider Candidate/Participating Provider must have sufficient and appropriate staff to provide chiropractic services.
- g. A Provider Candidate/Participating Provider must demonstrate the ability to provide comprehensive chiropractic care through proficiency in multiple chiropractic techniques.
- h. A Provider Candidate/Participating Provider must maintain adequate and appropriate records on all patients.
- i. A Provider Candidate/Participating Provider must agree to participate in utilization review and quality assurance programs administered or contracted by AHC.
- j. Patients must be able to obtain an appointment as outlined below:
 - i. Urgent Care - Same day-or refer to another doctor
 - ii. Non-urgent Care - Within 48 hours
- k. A Provider Candidate/Participating Provider shall not have been expelled from participation from Medicare, Medicaid, or Managed Care Programs. Expulsion shall be subject to review.
- l. A Provider Candidate/Participating Provider 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 AHC.
- m. A Provider Candidate/Participating Provider 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 AHC:

- a. License suspension, revocation, or probation;
- b. Advertising violations – more than one offense;
- c. Gross negligence or oversight;
- d. Insurance fraud or abuse;
- e. Inappropriate patient solicitation;
- f. Sexual harassment or sexual misconduct;
- g. Misrepresentation of certification or qualifications;
- h. Repeated pattern of over-utilization – more than one offense;
- i. Failure to meet or maintain AHC’s Credentialing Standards;
- j. Failure to comply with the terms of the AHC Provider Agreement;
- k. Participating chiropractor practices in such a manner as to: 1) jeopardize patients (determined by a committee of peers) or: 2) seriously impact AHC’s reputation and/or ability to conduct business in the marketplace;
- l. Expulsion from Medicare programs; or
- m. 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.
- n. A business relationship with a non-credentialed Practitioner which may subvert the AHC Credentialing policy. For purposes of this prohibition, a non-credentialed Practitioner is one that has been denied Credentialing or Re-credentialing by AHC, or a Practitioner that would fail to meet the AHC Credentialing Standards if that Practitioner were to apply for Credentialing. This prohibition applies to any business relationship which may lead to the non-credentialed Practitioner providing care or services to one an AHS network patient, having access to AHS network patient s even though the non-credentialed Practitioner may not be providing care or services, or having influence on the office policies and procedures. The determination of whether a business relationship exists which would disqualify or exclude a Provider Candidate or Participating Provider is to be determined at the sole discretion of the Credentialing Committee, after an analysis of the nature of the business relationship.

SECTION V - CREDENTIALING PROCESS:

Credentialing Process: The Credentialing Process will be as follows:

- a. An application is provided to each Provider Candidate upon written or verbal request or as a component of recruiting efforts by AHC. Credentialing applications are available at the AHC website.
- b. When the application and associated documents are returned, a review for completeness is performed by the Credentialing department staff. Upon receipt of a completed application, accompanied by credential documentation, information from the practice information section of the Provider Candidate 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 Provider Candidates submitting incomplete applications are notified of AHC's receipt of the incomplete application via written correspondence along with documentation of required information. (Note: AHC 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 Provider Candidate file to house the application and corresponding Credentialing documents. Provider Candidate files shall be securely maintained in the Credentialing 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 Provider Candidate shall be notified and given the opportunity to clarify such discrepancy. Provider Candidates shall be notified, either verbally or in writing, when information obtained by primary sources varies substantially from information provided on the Provider Candidate's malpractice claims history, actions taken against a Provider Candidate's license or differences in education and training dates. Provider Candidate 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 Provider Candidate's Credentialing information for presentation to the Credentialing Committee.
- h. The Provider Candidate's application and credentials information is presented at the next Committee meeting. The Committee evaluates Provider Candidate based upon criteria defined in the Credentialing Program document.

- i. The Committee’s recommendations are presented at the next AHC Board of Directors meeting for a vote.
- j. If Participating Provider status is denied, a letter of denial, which will include the process to appeal the Committee’s decision, shall be sent to the Provider Candidate via certified mail within 10 business days. Such decision may be appealed in accordance with Section XI below.
- k. If Participating Provider status is approved, a letter of Participating Provider status shall be sent to the Provider Candidate within 10 business days.
- l. An effective date for the Participating Provider with 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 Participating Providers.
- m. The new Participating Provider’s name and required information are sent to AHC clients by AHC staff. AHC shall ascertain that each client’s standards are met. The Participating Provider’s name is added to AHC Participating Provider roster.

Notification of rights – The rights of the Provider and the process for appealing a decision will be posted on the Network website.

Right to be informed of application Status: The Provider Candidate has the right to be informed of the status of their application upon request. Provider Candidates will be notified of missing information in an application. Upon request a Provider Candidate 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 Provider Candidate has the right to review information obtained by AHC for the purpose of evaluating that Provider Candidate’s 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 Provider Candidate may request to review information at any time by sending a written request to the Network Director at:

ActivHealthCare – Attn: Credentialing
1926 Northlake Parkway, Suite 100
Tucker, GA 30084

The Provider Candidate shall be notified within 10 business 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 Provider Candidate believes that erroneous information has been supplied to AHC by primary sources, the Provider Candidate should notify AHC by submitting written notification to the Credentialing Department. The notification shall detail the information in question and shall be sent to:

ActivHealthCare – Attn: Credentialing

1926 Northlake Parkway, Suite 100
Tucker, GA 30084

Provider Candidate shall make every effort to notify AHC of such discrepancy within 5 business days of notification or within 24 hours of a Provider Candidate's review of his/her credentials file.

Upon receipt of notification from the Provider Candidate, AHC will re-verify the primary source information in dispute. If the primary source information has changed, correction will be made immediately to the Provider Candidate's credentials file. The Provider Candidate 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 Provider Candidate's notification, the Credentialing Department will so notify the Provider Candidate. The Provider Candidate 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.

SECTION VI - ELIGIBILITY AND VERIFICATION REQUIREMENTS FOR CREDENTIALING AND RE-CREDENTIALING:

Eligibility: AHC recognizes D.C.'s as Provider Candidates/Participating Providers eligible for participation.

Verification Requirements: The Credentialing Coordinator/Staff is responsible for reviewing, tracking on a check list and/or the electronic database and gathering of information from credentialing/re-credentialing applicants. The Credentialing Coordinator/Staff is also responsible for ensuring that all documents are either dated electronically or date stamped when they are received and reviewed by Credentialing Coordinator/Staff. The following information will be required and documented as indicated:

A. Signed Attestation and Sanction questions: The following is required:

1. Signature may not be greater than 180 days old at time of Credentialing decision.
2. All questions must be answered.
3. If any questions are answered "Yes", there must be supporting documentation from the Provider. If none is provided, contact the Provider to obtain it.

B. Professional Licensure: The Provider Candidate/Participating Provider must hold a valid and unrestricted license to practice in the state for which the Provider Candidate/Participating Provider 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: The following information is required:

1. Copy of current state specific chiropractic license

2. Copy of CPR or ACLS certification or other licenses, certifications, or authorization. This is not a requirement.

Verification: Verify professional licensure online at the appropriate state's secretary of state website. Verification time frame is within 180 days of Credentialing Committee approval.

- C. Education and Training:** At the time of initial Credentialing, the Provider 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 Provider Candidate's education. The state licensing requirements include primary source verification of education.

Verification: Verify that state does PSV of education when licensing a provider. This is either done by an annual letter from the state, website confirmation or verbal confirmation from the appropriate state licensing board.

- D. Malpractice Insurance:** The Provider Candidate/Participating Provider 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. The insurance carrier must be a company licensed to transact medical professional liability insurance business within the appropriate state in which the Provider Candidate/Participating Provider is being credentialed.

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

Verification: Verified by the copy of the declaration page submitted by the Provider or the certificate of insurance provided by the carrier.

- E. Business Liability Insurance:** The Provider Candidate/Participating Provider must provide evidence of business liability insurance on the property location.

Documentation: A copy from the issuing entity or the Provider Candidate/Participating Provider of the declaration page of the Provider Candidate/Participating Provider's business liability insurance policy denoting carrier name, insured's name, effective dates, and coverage amounts. If the Provider does not have this coverage because he/she is employed by another party, the Provider must supply proof that the other party has the appropriate liability insurance on the property location.

Verification: Verified by the copy of the declaration page submitted by the Provider or the certificate of insurance provided by the carrier.

- F. Malpractice History:** The Provider Candidate/Participating Provider 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 Provider Candidate/Participating Provider or that the Provider

Candidate/Participating Provider has engaged in ethical improprieties shall prohibit the Provider Candidate/Participating Provider from obtaining/retaining Participating Provider status.

Documentation: A written malpractice history of the Provider Candidate/Participating Provider's professional experience provided by the Provider Candidate/Participating Provider's professional liability carrier or NPDB verification. The submission date should be indicated on the malpractice history to verify that the history was current as of the submission date.

Verification: Verification time from is within 180 days of Credentialing Committee approval.

G. Work History: The Provider Candidate/Participating Provider must provide a work history spanning his/her professional experience, from graduation of Chiropractic College to the present, for a minimum of the past five years. The Provider Candidate/Participating Provider should explain any gaps greater than 30 days in professional history.

Documentation: Copy of curriculum vitae or resume with dates of professional experience. At Re-credentialing, only five-year work history documentation is required.

Verification: Verification time from is within 180 days of Credentialing Committee approval.

H. Practice Restrictions History: The Provider Candidate/Participating Provider 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.

I. NPDB: A review of the NPDB will be performed on every Provider Candidate/Participating Provider:

Documentation: NPDB will be used to verify:

1. Five-year malpractice history
2. License sanctions/restrictions
3. Medicare/Medicaid sanctions

Verification: Verification time from is within 180 days of Credentialing Committee approval.

ANY adversely answered questions, malpractice claims history or NPDB issues must be red flagged for committee review.

SECTION VII - VERIFICATION PROCEDURES:

A. Primary Source Verification: As part of primary source verification, all documents are either dated electronically or date stamped when they are received and reviewed by

Credentialing Staff. Primary source verification is required and accomplished through the following mechanisms:

1. Current licensure is verified by internet printout obtained from the appropriate state licensing board. Verification of current licensure by telephone is also acceptable, if documented appropriately. Verification will be done to prove there are no sanctions on the Provider's license.
2. Verification of sanctions from Medicare/Medicaid and Exclusion Party List will be done at initial Credentialing and Re-credentialing.
3. Relevant education and training are 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.
4. Verification of professional liability insurance from the issuing entity or the Provider Candidate/Participating Provider
5. Request NPDB online at <https://www.npdb.hrsa.gov/>. NPDB may not be greater than 180 days old at time of Credentialing decision. AHC must query the 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.
6. Work history shall be completed by the provider and any gaps captured on the Provider Candidate/Participating Providers CV; however, work history need not be primary sourced.

B. Other Criteria: At the recommendation of the Credentialing Committee, the process incorporates other Credentialing criteria to facilitate the attainment of the organization's goals.

C. 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 Credentialing files:

1. Application for membership including a statement consistent with applicable laws, signed by the Provider Candidate/Participating Provider 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.
2. Work History

3. Current State Chiropractic License
4. Verification of graduation from Chiropractic school and completion of required work history
5. Copy of the declaration page or a certification of insurance
6. Professional liability claims history
7. NPDB Query report
8. State Chiropractic Board Status check for validation of license and sanction activity

SECTION VIII - COMPLIANCE REQUIREMENTS:

- A. Network Referrals:** A Participating Provider must use his or her best efforts to refer to Participating Providers 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 Provider and is considered to be in the network patient's best interest.
- B. Conflicts of Interest:** A Participating Provider must not have or create a material conflict of interest for the Participating Provider 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.
- C. Professionalism and Standards of Care:** A Participating Provider must provide on a timely basis, quality, and appropriate care consistent with the medical and ethical standards of the chiropractic community in which he/she is practicing. A Participating Provider shall make appropriate and reasonable efforts to establish an effective Practitioner-Patient relationship with network patients.
- D. Compliance with Credentialing Standards and Procedures:** A Participating Provider 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.
- E. Compliance with Quality Improvement Standards:** A Participating Provider must comply with the requirements of any performance improvement, programs that are established or adopted by AHC.
- F. Compliance with the Law:** A Participating Provider must comply with all applicable federal, state, and local laws, regulations, and ethical standards governing the general practice of chiropractic.

SECTION IX - RE-CREDENTIALING:

The Re-credentialing process is basically the same as the initial Credentialing. The differences are:

- a. Any past performances are reviewed, and any grievances or malpractice suits are reviewed and taken to our board for any disciplinary action, including termination.

- b. Utilization data accumulated since the initial Credentialing is reviewed.
- c. Patient satisfaction surveys are requested from patients treated during the 12-month period prior to Re-credentialing for consideration.

The Re-credentialing cycle is performed every three years. Re-credentialing will be assigned based upon the last date of Re-credentialing. Prior to the last Re-credentialing date, the Participating Provider will be provided notice of Re-credentialing application information for verification and update.

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.
- d. Professional liability insurance which meets minimum AHC standards
- e. Professional liability claims history, as applicable
- f. NPDB 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. Any past performances are reviewed, and any grievances or malpractice suits are reviewed and taken to our board for any disciplinary action, including termination. Review of a minimum two (2) years of information from the following areas:
 - 1. Member Complaints
 - 2. Quality of Care of Service Issues
- j. Utilization data accumulated since the initial Credentialing is reviewed.
- k. Patient satisfaction surveys are requested from patients treated during the 12-month period prior to Re-credentialing for consideration.

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 Re-credentialing is approved, a letter of Re-credentialing is sent to the Participating Provider within 10 business days.

If the Re-credentialing is denied, the applicant is notified by certified mail, return receipt requested within 10 business days return receipt requested.

A Participating Provider may appeal an action taken by the Board as outlined in this *Credentialing Program*.

SECTION X - ADVERSE DECISION:

Failure to be in compliance at any time with the Credentialing Program and participation requirements as outlined in the Policies and Procedures and Provider Agreement may result in suspension or termination of a Participating Provider's participation in the AHC Network.

The Participating 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 Participating Provider shall be advised that they may submit a written request for reconsideration in accordance with Section XI.

SECTION XI - SUMMARY SUSPENSION:

Pursuant to Part A of the Health Care Quality Improvement Act (42 U.S.C. 1112) (2) (the "Act"), 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. In the case of a summary suspension, the procedural rights of the Participating Provider 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 Participating Provider shall be 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, but are not limited to:

- 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 expulsion 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 or 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 or inappropriate or unsafe chiropractic procedures;
- h. An occurrence with regard to, or in connection with, Participating Provider'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 via certified mail to the Participating 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.

A Participating Provider who has been suspended or terminated may appeal AHC decision. Please refer to Section XIII – RE-CONSIDERATION AND APPEALS PROCEDURE for appeals procedure.

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 Participating Provider, where failure to take that action may result in imminent danger to the health or safety of any individual, provided that the Participating Provider 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 period has expired, the Participating Provider 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 the Participating Provider and if appropriate, remedial action to be taken by Participating Provider, or otherwise for the matter to be resolved.

SECTION XII - REPORTING ADVERSE CLINICAL PRIVILEGE ACTIONS:

As required under Title IV of public law 99-660 (42 U.S.C. § 11101, *et.seq.*), adverse actions taken against a Participating Provider shall be reported to the NPDB within 10 business 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 Participating Provider 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 Participating Provider.

SECTION XIII - RE-CONSIDERATION AND APPEALS PROCEDURE:

Provider Candidates or Participating 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 30 calendar days of the Provider Candidate/Participating Provider's receipt of the determination. The 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 Candidate/Participating 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:

ActivHealthCare – Attn: Credentialing
1926 Northlake Parkway, Suite 100
Tucker, GA 30084

The Provider Candidate/Participating Provider may also appeal in person or via conference call, if he/she requests to do so in the written appeal. If requested, the Provider Candidate/Participating Provider may have a designated representative participate in the meeting/conference call on his/her behalf. The Provider Candidate/Participating Provider must specify in writing in advance of the meeting/conference call who the designated representative will be, their relationship to the Provider Candidate/Participating Provider and the capacity in which they are representing the Provider Candidate/Participating Provider.

Upon receipt of an appeal request, the Network Director shall contact the Credentialing Committee 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;

- 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; or
- f. Defer the appeal request to the Board of Directors for a final decision.

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 it is determined that a Provider Candidate/ Participating Provider does not meet the Network's Credentialing Standards, the Provider must wait at least one year before reapplying for Network membership.

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.

SECTION XIV - PARTICIPATING PROVIDER RESPONSIBILITY OF NOTIFYING NETWORK OF CHANGES IN STATUS:

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

A Participating Provider 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 Provider must notify AHC immediately by telephone at 770-455-0040, by fax to 678-990-1124 and in writing to:

ActivHealthCare - Attn: Credentialing
1926 Northlake Parkway, Suite 100
Tucker, GA 30084

within 10 business 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 expulsion 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 Provider 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 a crime of moral turpitude. As used herein, conviction includes a finding or verdict of guilty, or a plea of *nolo contendere*, regardless of whether an appeal of the conviction has been sought; a situation where first offender treatment without adjudication of guilt pursuant to the charge was granted; or a situation where an adjudication

of guilt or sentence was otherwise withheld or not entered on the charge, or the charge was otherwise disposed of in a similar manner in any jurisdiction

- f. Mandatory participation in a supervised rehabilitation program or professional assistance program; or
- g. Physical or mental impairment that substantially limits the Participating Provider'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 Provider status.

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

SECTION XV –ONGOING MONITORING:

- A. The Executive Director will collect and review complaints and adverse events that are reported to AHC from networks, patients, or other sources. Member issues and Provider history issues will be reviewed every six months. The Executive Director will report these findings to the Credentialing Committee on a bi-annual basis.
- B. Check the following sources for sanctions monthly (or with 30 days of release of report):
- Medicare/Medicaid Sanctions are to be checked online at <http://exclusions.oig.hhs.gov/>
 - Exclusion Party List checked online at: <https://www.sam.gov/portal/public/SAM/>
 - 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.
- C. 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.
- D. All Provider/patient inquiries and their resolutions are managed by the Executive Director in coordination with the involved Provider/patient. For monthly Re-credentialing cycles the Executive Director reviews the list of Providers up for Re-credentialing and notes any Provider/patient inquiries and comments.
- E. Between reappointment cycles the Executive Director will review all Provider/patient inquiries and deem whether immediate action is necessary. If immediate action is required the Credentialing Committee is notified and asked to review the Provider and initiate appropriate resolution.
- F. Review on a semi-annual basis AHC staff audits to insure that:
1. Eligibility for Credentialing is not based on gender, race, creed, color, age, marital status or national origin.
 2. AHC Credentialing process acts in compliance with all federal, state and local laws & regulations governing discrimination involving providers, patients, employees, and other individuals & entities associated or involved with AHC.
 3. This policy reaffirms the commitment of AHC to maintaining a discrimination free Credentialing process.
 - i. Upon becoming a member of the AHC Credentialing Committee, each member will sign a confidentiality statement that will also include an affirmative statement that all decisions are made in a non-discriminatory manner.
 - ii. AHC Board of Directors will monitor the compliance of this commitment by performing an audit of the decisions made by the Credentialing committee and report

the findings to the Credentialing Committee, QM Committee, Executive Director and Governing Body.

SECTION XVI – NONDISCRIMINATORY STATEMENT AND AUDIT PROCESS

AHC’s Credentialing process acts in compliance with all federal, state and local laws and regulations governing discrimination involving patients, employees, vendors, visitors and other individuals and entities associated or involved with AHC. This policy reaffirms the commitment of AHC to maintain a discrimination free Credentialing process. It is the policy of AHC not to engage in discrimination against or harassment of any person employed or seeking employment or Credentialing with AHC on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), pregnancy, HIV status, ancestry, marital status, age, sexual orientation, gender identity, citizenship, or status as a covered veteran (special disabled veteran, Vietnam era veteran, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). AHC does not retaliate against a person for pursuing his or her right under this policy and/or for the purpose of investigatory proceeding. Non-discrimination information is available in alternative form of communication to meet the needs of persons with sensory impairments.

On an annual basis, each member of AHC Credentialing Committee will sign a confidentiality statement that will also include an affirmative statement that all decisions are made in a non-discriminatory manner. The AHC staff will monitor the compliance of this commitment by performing a bi-annual audit of decisions made by the Credentialing Committee and report the findings to the Credentialing Committee Governing Body.

The audit will include, but not limited to, decisions related to:

1. Recommendation to Re-credential less than the standard three-year cycle;
2. Recommendation to Credential/Re-credential with conditions and stipulations (i.e. monitoring utilization patterns);
3. Mandated Focused Professional Practice Evaluation (FPPE) plans; and
4. Ad-hoc Credentialing Committee review.

SECTION XVII – CREDENTIALING SECURITY, CONTROL AND OVERSIGHT:

AHC limits physical access to credentialing information to protect the accuracy of information gathered from primary sources and NCQA-approved sources:

1. Access to electronic files is limited by security settings in the credentialing system and by limiting access to older files on a secured network drive. Paper files are secured in locked cabinets when not in use. After scanning, paper files are securely destroyed using locked shredding bins.

2. All access doors to the Credentialing and Verification department and the Information Technology department are kept always locked and require specific passcode access to enter the area. All Credentialing and Verification staff have access to building and department during and after working hours.
 - a. The access is tracked and can be monitored via reports.
 - b. Custodial staff access to the department is monitored by a member of the Credentialing and Verification staff. Custodial staff is given access to the department during working hours only.
 - c. Entrances to the office are always locked and require specific passcode access or keys to enter the building.

3. Supervisory staff assigns specific access and individual security levels to each employee to the credentialing system, based upon his or her job-based needs. This prevents unauthorized persons from gaining access to, modifying, or releasing credentialing data they are not authorized to access, modify, or release.
 - a. Access is limited using passwords.
 - i. Individuals are not permitted to share or write down their passwords.
 - ii. Staff are required to use different passwords for different accounts.
 - iii. Passwords expire and must be changed every 90 days. Staff can change their passwords more frequently, on-demand, using the Change Password feature.
 - iv. Staff is required to use strong passwords which employ a combination of capital letters, lower-case letters, numbers, and special characters.
 - b. Supervisory staff terminates access immediately when an employee transfers to another department or leaves the organization therefore ensuring the password is withdrawn. Additionally, staff who oversee computer security are alerted when an employee transfers to another department or leaves the organization.
 - c. Access to modify or delete credentialing information is limited to the Credentialing Coordinator and Executive Director. Access to view information is limited to staff who have a need to view the information to complete the tasks of their job.

4. Modification to credentialing data is only performed when updates are received from a credentialed Provider or new information is received as part of the Ongoing Monitoring (Section XV). Any modifications to a Provider File are initialed and dated by the Credentialing Staff. Examples of appropriate modifications to credentialing information include, but are not limited to:

- a. Updates to expired licensure or other documents
- b. To correct data entry errors
- c. Changes/updates to education, training, or privileges
- d. Changes in malpractice insurance

Examples of inappropriate modifications to credentialing information include, but are not limited to:

- a. Altering credentialing approval dates
 - b. Altering dates on verifications
 - c. Whited out dates or signatures on hard copy documents
 - d. Unauthorized deletion of provider files or documentation
5. Credentialing database tracks changes made to database. Program includes reporting capabilities of the changes which are made. Only the Credentialing Coordinator and the Executive Director have access to make changes or run the reports. Provider files contains documented reasons for any changes. Provider files are stored in password protected database with the original paperwork stored in locked file cabinets.
 6. Prior to files be scanned into database, Credentialing/Re-credentialing files are reviewed by a Credentialing Committee member to verify paperwork is date stamped and complete.
 7. Paper is disposed of by depositing paper into locked shred bin. Bin is empty and paper is shredded on site through a third-party vendor.
 8. Credentialing software generates spreadsheet of updates (Credentialing Changes report) made to database, last date of modification and who made the changes to the database. This is the electronic system's audit trail.
 9. Annual review of Credentialing Department conducted to verify accuracy of data and appropriateness of changes made to Provider files. This is done using the Credentialing Changes report mentioned above and a random sample of credentialing files. The review is conducted by the Executive Director.
 10. The results of the annual review will be discussed with the Credentialing Coordinator by the Executive Director. Any inappropriate changes will be noted and corrected. A

corrective action report will be made to address the cause of inappropriate changes and how to prevent them going forward. In addition to reviewing changes, the office security will be reviewed to confirm all appropriate measures have been taken to secure data and files. The files of all employees with access to any credentialing information will be reviewed to confirm that non-disclosure/confidentiality agreements (NDAs) are in place and up to date. All findings will be presented and noted to the ActivHealthCare Credentialing Committee.

11. If the annual review determines there have been inappropriate changes made or failure to comply with the Credentialing Policy and Procedures, the review will be conducted quarterly until it is demonstrated that improvement has been made for three consecutive quarters. The quarterly review will be conducted in similar manner to the annual review, with inappropriate changes or breaches in Policies & Procedures noted and corrected. A corrective action plan will be completed and presented to the Credentialing Coordinator and Credentialing Committee by the Executive Director.

SECTION XVIII - AMENDMENTS:

The Network reserves the right to modify or append these Credentialing Policies and Procedures. Amendments require enactment by the Credentialing Committee and written notification to Participating Providers and network clients.