UNITED BEHAVIORAL HEALTH

Clinician and Facility Credentialing Plan

2019-2020
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Section 1 - INTRODUCTION

Section 1.1 Purpose
Without limiting any remedies available under law, contract or pursuant to UBH protocols, policies and procedures, the purpose of this Credentialing and Recredentialing Plan ("Credentialing Plan") is to provide an overview of United Behavioral Health’s ("UBH") policy for credentialing, recredentialing, ongoing monitoring, and actions, including without limitation, termination of Provider Participation Agreements with clinicians and other health care professionals ("Clinicians"), and facilities ("Facilities") (collectively Clinicians and Facilities shall be referred to as "Provider") who provide care and services to UBH enrollees. All UBH network Clinicians and Facilities are subject to the Credentialing Plan, Provider Participation Agreement, the Network Manual, and any and all amendments or changes thereto, and all are to be read together to the extent allowable pursuant to the terms and conditions thereof.

Decisions and actions of UBH will be guided primarily by (a) consideration of each Applicant’s potential contribution to the objective of providing effective and efficient health care services to UBH’s enrollees, (b) UBH’s need for Clinicians and Facilities within its service area, and (c) judging each Applicant for credentialing and recredentialing without discrimination due to race, ethnic/national identity, religion, gender, age, sexual orientation or the types of patients seen.

Section 1.2 Discretion, Rights, and Changes
UBH has the sole right to determine which Providers it will accept and maintain as participating Providers. It is within the discretion of the Credentialing Committee whether to offer an Applicant Clinician or Facility the opportunity to appeal any action under this Credentialing Plan, unless required by state law. This Credentialing Plan does not limit UBH’s rights or remedies available under any other policy, protocol, manual or agreement, including without limitation, its participating Clinician and Facility written agreements, or Network Manual. This Credentialing Plan may be changed without the prior approval of participating Clinicians and Facilities when UBH, in its sole discretion, determines there is a need. Any and all changes hereto will be effective as of the effective date of the change. UBH will inform Providers of changes to the Credentialing Plan through newsletters and its web page providerexpress.com.

Section 1.3 Definitions
For the purposes of this Credentialing Plan, the terms listed below have the following meanings:

- "Appeal" means (1) a request by a Participating Clinician to reconsider a quality of care decision that limits, restricts, suspends or terminates the Clinician’s participation in UBH’s network; or (2) a request by a Participating Clinician to reconsider a decision, as allowed by state law;
- "Applicant" means an independently licensed Clinician who has submitted an application to UBH for credentialing;
- "Competency" means the Clinician has the credentials and skills, determined by a review of relevant work and education experience to perform his/her professional duties and responsibilities appropriate to their discipline in accordance with applicable law, regulatory agencies, governing entities or bodies, and professional associations,
without malfeasance, nonfeasance, misfeasance, remedial action, disciplinary action, restriction, sanction, censure, admonishment, reprimand or any wrongdoing of any kind or description that may relate to his/her profession or which demonstrates an inability to perform in accordance herewith;

- "Facilities/Agencies or Facilities" include, but are not limited to, inpatient psychiatric and/or chemical dependency units or Facilities, home health care providers, rehabilitation Facilities (substance abuse), intensive outpatient programs, partial hospitalization programs, CMHC, residential facilities, and behavioral health centers (inpatient and ambulatory);

- "Notice" Effectively deemed to be delivered upon Provider when sent to the last known address of Participating Clinician or Facility, when sent via First Class mail, postage prepaid and properly addressed, overnight delivery, facsimile or email. Receipt shall be deemed delivered and received by Provider on the 3rd business day after mailing or actual date of delivery if via overnight, facsimile or email;

- "NPDB" means the National Practitioner Data Bank;

- "OIG" means Office of the Inspector General;

- “SAM” means Systems for Awards Management; this system encompasses the former General Service Administration (GSA) as well as the Excluded Parties List System (EPLS).

- “CMS” means Centers for Medicare & Medicaid Services;

- "Participating Clinician" means a licensed independent clinician that has entered into a Provider Participation Agreement with UBH;

- “Participating Facility” means a licensed Facility that has entered into a Participation Agreement with UBH;

- "Provider Participation Agreement" means an agreement between UBH and a Clinician, group, Facility, or CMHC that sets forth the terms and conditions for participation in the UBH network.

Section 2 - COMMITTEE STRUCTURE

Section 2.1 The National Quality Committee
The Quality Improvement Committee (QIC) has oversight of the Credentialing Committee and delegates overall responsibility and authority to its standing Credentialing Committee for credentialing and recredentialing. The QIC also delegates to the Credentialing Committee the authority to administer this Credentialing Plan. Network Strategy Policies and Procedures are approved by the Policies and Procedures Committee. The Credentialing Committee has the additional authority to sub-delegate all or part of its credentialing responsibilities to a health care delivery Facility if such Facility's credentialing program meets UBH standards. Summary reports from the Credentialing Committee will be presented to the QIC on a quarterly basis.

Section 2.2 Credentialing Committee
The Credentialing Committee is a standing committee and is responsible for administering the Credentialing Plan and reviewing and approving policies and procedures on behalf of UBH, subject to oversight by the QIC. The Credentialing Committee is multidisciplinary and
must include at least two (2) UBH Medical Directors. The committee is comprised of at least twelve (12) members. At a minimum, two of these members are external participating Clinicians from each major discipline (MD, PHD, and Master-level). The committee must have at least seven voting members present to form a quorum. At least one (1) representative of the quorum will be a Medical Director and two must be external Clinicians. A UBH Medical Director chairs the Credentialing Committee. Other UBH Medical Directors will serve as assistant co-chairs and will chair the meeting in the chairperson’s absence. The Committee meets at minimum, monthly.

The UBH Committee Chair has responsibility to see that the Credentialing Plan and policies and procedures are administered fairly to all Clinicians and Facilities, to monitor the ongoing quality of Clinician and Facility services, to immediately restrict or terminate a participating Clinician’s or Facility’s Provider Participation Agreement with UBH if he/she determines in his/her sole discretion that the health or safety of any enrollees are in imminent danger because of action or inaction of a Participating Clinician or Participating Facility.

**Section 2.3 Appeals Committee**

The Credentialing Manager appoints an Appeal Committee on an ad hoc basis. This Committee hears Appeals from Clinicians and Facilities after the Credentialing Committee makes the decision to terminate or restrict network participation due to a quality of care issue or as required by state law.

The Appeals Committee may conduct hearings and uphold, overturn, or modify the decision of the Credentialing Committee. At the sole discretion of UBH, the Appeals Committee includes at least three (3) members, unless otherwise required by state law. At least two (2) of the Committee members will hold the same license level/educational degree as the Clinician being reviewed. If the Committee is comprised of more than three (3) persons, the majority of the Committee members must be clinical peers of the clinician appealing. Committee members will not be in direct economic competition with the Clinician or Facility being reviewed, have any potential conflict of interest with the Clinician or Facility being reviewed, or have been part of a previous decision to deny, terminate, or sanction the Clinician’s or Facility’s participation with UBH.

The Appeals Committee’s decision will be determined by majority vote of the members.

Appeal Committee information is confidential and protected from discovery. These files may not be reproduced or distributed, except for confidential peer review and credentialing purposes consistent with state law, or as required by a state regulatory agency.

**Section 3 - INITIAL CREDENTIALING OF LICENSED CLINICIANS**

**Section 3.1 Clinician Application Criteria**

**A. Invitation to Apply**

Except as otherwise determined by UBH or required by law, Clinicians who are interested in participation with UBH will be invited to apply and sent an application only if, at UBH’s sole discretion, UBH determines that it needs additional Clinicians and/or that other organizational needs or administrative criteria may be satisfied by the participation of an interested Clinician. Applicants must be licensed to practice independently, without any supervision or oversight. The only exception regarding the need for supervision or oversight is for a Master’s level Psychiatric Clinical Nurse Specialist, the Physician Assistant and Behavioral Analyst as outlined in section 3.2.
below. This exception to these requirements would be limited to Plans or state regulations that require UBH allow certain other provider types.

B. Application Form

Each Applicant must complete a UBH application form that includes, without limitation:

1. A current and signed attestation/release by the Clinician granting UBH unlimited permission to review records of and to contact any professional society, hospital, insurance carrier, employer, entity, institution or organization that has or may have records/information concerning the Applicant;
2. Reasons for any inability to perform the essential functions of the position, with or without accommodation;
3. Lack of present illegal drug use or chemical dependency;
4. Disclosure of any and all loss of professional license(s);
5. Disclosure of any and all misdemeanor (except minor traffic violations) and felony convictions;
6. Disclosure of any and all loss or limitation of professional privileges or disciplinary activity;
7. A complete list of all professional education/training completed;
8. Completed disclosure statements including questions on license disciplinary actions; criminal felony or misdemeanor convictions or civil judgments that involved dishonesty, fraud, deceit or misrepresentation; disciplinary actions by any federal programs; any other disciplinary actions or restrictions; and responses to applicable “YES” answers;
9. Clinical Privilege information, where applicable (signed attestation form may be used); and
10. A signed statement regarding the correctness and completeness of the application

C. Required Documents

Each application must be accompanied by:

1. Professional liability malpractice insurance with liability limits of $1/$3 million for physicians and $1/$1 million for non-physician Clinicians, including evidence of participation in state patient compensation or catastrophic loss funds, if applicable;
2. List of 5-year work history including month and year, on application or copy of resume/CV, complete explanations for gaps in work history of 6 months or more;
3. A current copy of the DEA and/or CDS certificate (where required by state), if applicable; in each state where physician or prescribing Clinician practices.
4. W9 form;
5. Copy of Educational Commission for Foreign Medical Graduates (ECFMG) certificate, if applicable; and
6. Any other documents required by state regulations or client requirements; and
7. Proof of participation and meeting CMS Medicare and Medicaid requirements, including without limitation, applicable Medicare and Medicaid, Certification and NPI numbers or other documentation/forms in lieu of Medicaid numbers, as applicable per state, (e.g., Medicaid Treating Provider number). Exceptions to these requirements would be limited to Plans who require UBH to allow non-eligible provider types.

Section 3.2 Administrative Review

A. Minimum Requirements for Participation

All Clinician application packets are assessed for completeness and to determine whether an Applicant meets UBH’s minimum requirements for participation. UBH shall review and determine at its sole discretion whether an Applicant meets UBH’s minimum requirements. Except as required by state law, these requirements may include, but are not limited to, the following:

1. Physicians must be board certified by the American Board of Psychiatry and Neurology (ABPN) or the American Osteopathic Association (AOA) Board of Psychiatry, or have completed a residency in psychiatry or a joint psychiatric residency program with another specialty that is approved by ABPN or the AOA.

2. Physicians without a residency in Psychiatry may be accepted if they are board certified by the American Board of Addiction Medicine (ABAM) or the American Board of Preventative Medicine (ABPM).

3. Physician Addictionologists must be certified by the American Board of Addiction Medicine (ABAM) or have added qualifications in Addiction Psychiatry through the American Board of Psychiatry and Neurology (APBN).

4. Developmental Behavioral Pediatricians (DBP) must be board certified specifically in DBP by the American Board of Pediatrics (ABP) or have completed the respective Fellowship.

5. If the Applicant is not a physician, the Applicant must be:
   a. A doctoral and/or master’s level psychologist who is licensed by the state for independent practice and has a doctoral/master’s level clinical degree from an accredited college or university; or
   b. Psychologist with prescriptive privileges as permitted by state regulations only; or
   c. A doctoral and/or master’s level social worker who is licensed by the state for independent practice; or Master’s level psychiatric clinical nurse specialist who is licensed, certified or registered by the state in which they practice. Nurses with prescriptive authority must be licensed, certified and/or registered in Psychiatric / Mental Health as required by the state. State laws determine whether supervision by a physician or collaborative practice is required. State law also determines whether certification in behavioral health nursing through the American Nursing Credentialing Center (ANCC) or other national certification (such as the American Academy of Nurse Practitioners [AANP] for Family Nurse Practitioners with MH experience) is required.
   d. Physician Assistants who are licensed in the state they practice.
   e. Other doctoral and/or master’s level behavioral health care specialist, including professional counselor, marriage and family counselor, mental health
counselor, who is licensed to practice independently in the state in which they practice.

f. Other behavioral health Clinician licensed by the state for independent practice and required by the state to be accepted for UBH participation. Possess a current professional license without restrictions, conditions or other disciplinary action.

6. Behavior Analysts must be certified, by the Board Certified Behavior Analyst (BCBA) with active certification from the national Behavior Analyst Certification Board. Behavior Analysts must be licensed if required by state law.

7. Application must not be ineligible, excluded, or debarred from participation in Medicare, Medicaid, and/or any other state or federal health care program. Regardless of the contracted line of business, for example, Medicare, Medicaid or Commercial, UBH does not contract with providers excluded from state or federal health care programs.

8. Applicant is required to provide details on all affirmative responses to Disclosure Questions on the Credentialing Application, which may be reviewed by Credentialing Committee for a determination of applicants acceptance into Credentialing Entity's Network.

9. Have no misrepresentation, misstatement or omission of a relevant fact on the application.

10. Physician clinical privileges, if applicable, must be in good standing at a Facility, as attested to on the clinician application form.

11. For physician and nurse Clinicians prescribing controlled substances in a state where he/she sees UBH enrollees, a current and unrestricted DEA registration is required. States not requiring a DEA registration for prescriptive authority would not be included in this requirement. Prescribing of controlled substances may also require a current and unrestricted state controlled substance certificate (CDS), if applicable in the state. Other clinicians with prescriptive authority will be licensed, certified and/or registered as required.

12. UBH does not require hospital privileges. However, if the applicant attests to having hospital privileges, the following applies:
   a. Staff privileges must be in good standing at a participating hospital and the Clinician must primarily use participating hospitals to provide services to enrollees.
   b. Physicians without hospital staff privileges must have an acceptable process for providing inpatient care.

13. The Applicant must not have been denied initial participation, or terminated within the preceding 24 months prior to application (for reasons other than network need), or at any time during the term of the Provider Participation Agreement.

B. Verification of Credentials

UBH or its credentials verification organization must verify the credentials listed below through a primary source or review of the application for the applicable information. State requirements may include other primary source verifications; these can be found in UBH's state specific policies and procedures. UBH may use all submitted and other available information including without limitation, verbal, written, publically available information, and Internet data from approved websites to verify information about an Applicant.
1. Current valid license to practice;
2. Current valid DEA and/or CDS, (where required by state) if applicable; in each state physician or prescribing Clinician practices.
3. Highest level of applicable medical or professional education/training; if a physician or advanced nurse practitioner Clinician is Board Certified by a nationally recognized certification board, primary source verification of the highest level of education and training is verified through the certification board.
4. Verification of UBH approved board certification, if applicable;
5. Query the NPDB;
6. Query for Medicare/Medicaid sanctions via the OIG, SAM, respective state Medicaid exclusion list (as required by state contract); and Medicare Opt-Out Lists
7. Review of hospital admitting privileges, if applicable
8. Review of professional liability insurance coverage including limited of $1/$3 million for physician Clinicians and $1/$1 million for other Clinicians;
9. Review of work history for the previous five (5) years, including any gaps, with explanations for any gaps over six (6) months or less when state law requires.
10. Verifications, including application attestation, are completed within one hundred-eighty (180) calendar days from the time of the Applicant’s signature to the time the Credentialing Committee makes its recommendation;
11. Any other verification required by state regulations, client requirements or deemed necessary by UBH.

C. Administrative Action

Except when otherwise required by applicable law, if the Applicant fails to meet the minimum requirements, UBH will inform the Applicant in writing that the application for participation has been denied.

Section 3.3 Credentialing Committee Review

A. Credentialing Committee Action

The Credentialing Committee is responsible for making credentialing decisions about inclusion of Clinicians in the network. Each file may yield either one of two possible outcomes: No Further Review Required and Further Review Required. Those applications that meet all the credentialing criteria are those that require No Further Review by the Credentialing Committee and are sent via email to the Medical Director for review/approval. Those that require further review are presented to the Credentialing Committee. The Credentialing Committee may, at its sole discretion and determination, make exceptions to the application criteria based on, for instance, network needs for clinical specialty, expertise in treating a minority culture, or geographic necessity for enrollee access. The Credentialing Committee will individually review each exception. The Credentialing Committee may base its decision on any factors it deems appropriate, which are in compliance with state and federal regulations and with UBH credentialing policies, as long as these factors are nondiscriminatory. The date the Credentialing Committee makes a determination to approve the Clinician is the date the Clinician is appointed as a Participating Clinician of UBH’s network and also serves as the date for determining the timeliness of all requirements for credentialing as set forth in the Credentialing Plan. The
decision of the Credentialing Committee is communicated to each provider within ten (10) business days of the Credentialing Committee's determination. Any continued acceptance of a Participating Clinician is contingent upon the Participating Clinician’s agreement to accept UBH’s terms and conditions of continued participation and being in compliance with and satisfactorily satisfying all such terms and conditions. Acceptance of the credentialing application does not constitute renewal of an underlying Provider Participation Agreement between the Participating Clinician and UBH.

Section 4 - RECRECREDENTIALING OF PARTICIPATING LICENSED CLINICIANS

Section 4.1 Recredentialing Participating Clinicians

UBH shall review Participating Clinicians for continued participation in the network every thirty-six (36) months, or more frequently if either UBH in its sole discretion deems it appropriate or required by applicable state law. UBH or its credentials verification Facility sends Participating Clinicians a recredentialing application packet. Each Participating Clinician must complete an application and submit the completed application within the time frames established by UBH. Failure to comply with submitting a complete recredentialing application will result in termination from the network, according to the Participating Clinician’s Provider Participation Agreement. Failure to meet minimum requirements for continued participation will result in termination, absent any grant of an exception to the minimum requirements.

Section 4.2 Participating Clinicians Recredentialing Criteria

A. UBH Review Criteria

Upon receipt of the Participating Clinician’s recredentialing application, UBH evaluates the application to determine if the Participating Clinician meets criteria set forth in Section 3.2 for continued participation in addition to the following:

1. An Applicant for Recredentialing must have demonstrated compliance with all terms of the Participation Agreement

2. Cooperation with UBH to conduct reviews, satisfactory to UBH, of the Participating Clinician’s practice, including site visits, staff interviews and medical record reviews and other UBH quality improvement activities;

3. Considers performance indicators such as those collected through quality improvement programs, utilization management systems, handling of grievances and appeals, and enrollee satisfaction surveys.

4. Additional requirements may be added as a result of UBH action.

If the Clinician meets all criteria, No Further Review is required, then the Medical Director review/approval process is followed as described in Section 3.3. A. If further review is required; process described in B. is followed.

B. Credentialing Committee Action

The Credentialing Committee has the authority to approve recredentialing of a Participating Clinician to the network with or without restrictions or to terminate the Participating Clinician’s Provider Participation Agreement. In reviewing an application for recredentialing, the Credentialing Committee may request further information from the Participating Clinician.
The Credentialing Committee may suspend recredentialing or Participating Clinician’s services pending the outcome of an internal investigation of the Participating Clinician or pending an investigation by a hospital, licensing board, government agency or any other Facility or institution; or the Credentialing Committee may recommend any other action it deems appropriate, including without limitation, termination. The date the Credentialing Committee makes a determination to approve the Participating Clinician is the date the Participating Clinician is considered “Recredentialed” and also serves as the date for determining the timeliness of all requirements for recredentialing as set forth in the Credentialing Plan. The decision of the Credentialing Committee is communicated to each Participating Clinician within ten (10) business days of the Credentialing Committee’s determination, or as otherwise required by applicable state law. Any continued acceptance of a Participating Clinician is conditioned upon the Participating Clinician’s agreement to accept UBH’s terms and conditions of continued participation and being in compliance with and satisfactorily satisfying all such terms and conditions. Acceptance of the recredentialing application does not constitute renewal of an underlying Provider Participation Agreement between the Participating Clinician and UBH.

Section 5 - CREDENTIALING OF FACILITIES

Section 5.1 Criteria for Credentialing Facilities
Each Facility must meet the minimum requirements to be considered for credentialing:

A. Current, applicable and required state license(s) showing the Facility is in good standing with state and federal regulatory bodies;
B. Level of liability insurance that satisfies UBH’s standard;
C. Current, valid accreditation from an agency recognized by UBH in Attachment A.

D. Applicant must not be ineligible, excluded or debarred from participation in the Medicare and/or Medicaid and related state and federal programs, or terminated for cause from Medicare or any state’s Medicaid or CHIP program and must be without any sanctions (SAM, OIG) or other disciplinary action by any federal or state entities. UBH will verify reported sanction information from a NCQA approved source.

Section 5.2 Facilities Not Accredited or Certified

A. If a Facility is not accredited or certified by an agency recognized by UBH, a site review is required and the Facility must obtain a site visit score of 80% or higher. If during the initial credentialing process, the Facility does not meet the scoring criteria, UBH will notify the Facility that they do not meet current standards, provide feedback on the deficiencies and inform the Facility that they may reapply after six (6) months at which time a re-audit will be required before the initial credentialing process can commence.

B. In lieu of a site visit by UBH, the Facility must have been reviewed or received certification by CMS or State Agency within the past three years. UBH has certified that CMS requirements for Facilities fully meet UBH Facility site requirements. UBH obtains a copy of the CMS or State Agency’s report or CMS or State Agency’s notification of the audit results from the Facility.

Section 5.3 Credentialing Committee Responsibilities
Those applications that meet all the credentialing criteria require no further review by the Credentialing Committee. Those that do not meet minimum criteria, require further review by
the Credentialing Committee. The Credentialing Committee approves or denies participation of Facility. The date of the Credentialing Committee decision serves as the date for determining the timeliness of all requirements for credentialing as set forth in the Credentialing Plan. The decision of the Credentialing Committee is communicated to each Facility within ten (10) business days of the determination.

**Section 5.4 Recredentialing of Participating Facility**
UBH shall Recredential Participating Facilities every thirty-six (36) months, or more frequently if required by applicable state law.

**Section 6 - CONFIDENTIALITY AND APPLICANT RIGHTS**

**Section 6.1 Confidentiality of Applicant and Participating Clinician and Participating Facility Information**
UBH acknowledges the confidential nature of the information obtained in the credentialing process. To protect this information, Participating Clinician and Participating Facility (re)credentialing files are confidential and are kept in secure electronic systems during the credentialing process. Files are maintained electronically and remain in a secure system accessible by user ID and password.

UBH will limit the review of confidential information in the credentialing files to those with a need to know, including without limitation, members of the Credentialing, Appeals, or other UBH Peer Review Committees, the credentialing staff, corporate medical directors, and members of the National Quality Committee. In addition, UBH will contractually require entities to which it delegates this function to maintain the confidentiality of this information. The credentialing files are housed in a proprietary repository where non-credentialing employees do not have access to any information (Salesforce and CVOne).

Participating Clinician and Participating Facility’s Provider credentialing files are protected from discovery. These files are not reproduced or distributed, except for confidential peer review and credentialing purposes, consistent with state law (including CA Evidence Code Section 1157, as applicable), or as required by a state regulatory agency.

All new hires to the Optum Credentialing Department shall receive training regarding the handling of confidential data that is used for the credentialing and recredentialing process. Employee Handbook and Confidentiality Agreements are located at: https://hub.uhg.com/policies/human-capital/compliance-ethics/Confidentiality-Non-Disclosure/22

If a request for credentialing information is received outside of the normal scope of external auditing, the Credentialing Department has in internal compliance mailbox to review and respond to the requested data with Optum legal support to only release information that is not peer privileged.

**Section 6.2 Applicant Rights**
A. Applicants have the right to review information obtained by UBH to evaluate their credentialing application, including information obtained from any outside source. UBH is not required to allow an Applicant to review personal or professional references, internal UBH documents, information including member identification, NPDB queries, or other information that is peer review protected or restricted by law. Applicants have the right to correct erroneous information; the right to be informed of their credentialing or recredentialing status, upon request; and the right to be informed of their rights.
1. UBH will notify the Applicant in writing, either by fax or letter, of the information that varies substantially from the information provided by the Applicant. The Applicant must review the information and submit any corrections in writing to UBH within ten (10) business days of the Applicant’s notification by UBH.

B. NPDB and State Licensing Reporting Upon Provider’s restriction beyond 30 days or termination for quality of care concerns, that UBH will report such restriction or termination to the appropriate state licensing board or agency and/or the NPDB pursuant to the reporting criteria of such entities.

C. Network Reciprocity UBH does not require a new application from a Participating Clinician when moving to another state or opening an additional office if the Participating Clinician has already been credentialled by UBH and their recredentialing cycle has not expired, unless required by state law. However, UBH does require submission of any new state license, DEA certificate, CDS certification, or professional liability insurance certificate, as applicable. Primary source verification of any additional/new state license is performed. If the results of the verification do not meet the standards set forth in this Credentialing Plan, the Participating Clinician is not allowed to continue participation in the Network. Participating Clinicians who fail to promptly notify UBH of any address changes may be terminated from the network per terms of the Provider Participation Agreement.

Section 7 - ON-GOING MONITORING

Section 7.1 Participating Clinician and Participating Facility Provider Updates

It remains the responsibility of the Participating Clinicians and Participating Facility to inform UBH of any material change of information supplied to UBH between (re)credentialing cycles, including without limitation, any change in hospital privileges, licensure, prescribing ability, any limitation to any professional duties, malpractice claims or coverage, investigations, any remedial or actions concerning any acts or omissions related to Provider’s practice, services, or license, or change in OIG sanction or SAM sanction or affiliated agencies debarment status. Failure to inform UBH within ten (10) days or the timeframe established in the Provider Participation Agreement, whichever is shorter, of a status change may result in immediate restriction of participation or termination from the network.

Ongoing Monitoring

UBH conducts ongoing monitoring of Participating Clinicians’ licenses, practices and services.

A. The Credentialing Department reviews State and Federal reports within thirty days of their release in order to identify Participating Clinicians or Participating Facilities who have had OIG sanctions on Medicare or Medicaid participation, GSA debarments, CMS Preclusion List, or any other sanctions against their license or certification. If the Credentialing Department staff member identifies a professional license that is not valid, an OIG sanction on Medicare or Medicaid participation, a sanction on the CMS Preclusion List, GSA debarment or any other sanction against a license or certification, action shall be taken as outlined in the pertinent Participation Agreement. Sanction monitoring, tracking and reporting will be done in accordance with UBH policies, as outlined in Section 9 and/or Section 10.

B. UBH shall monitor Participating Clinicians and Participating Facility for potential quality concerns, including but not limited to complaints from enrollees or UBH staff, office site or Participating Facility assessments or medical record content assessments that do not meet
UBH defined standards. Quality concerns may be referred to the Credentialing Committee through regional quality improvement Committees, Medical Directors, Peer Review Committees, or through the quality improvement unit responsible for site visits.

Section 8 - QUALITY IMPROVEMENT OF LICENSED PARTICIPATING CLINICIANS AND PARTICIPATING FACILITIES

Section 8.1 Quality Improvement
As applicable, UBH Peer Review Committees or Credentialing Committee may recommend any action deemed appropriate to improve and monitor substandard performance, or as otherwise may be required by state, federal or local law. Examples of such disciplinary actions include but are not limited to the following:

A. Require the Participating Clinician/Facility to submit and adhere to an improvement action plan;
B. Require the Participating Clinician/Facility to cooperate with a site audit and/or treatment record review by UBH;
C. Monitor the Participating Clinician/Facility for a specified period of time, followed by a committee determination about whether substandard performance or noncompliance with UBH requirements is continuing;
D. Cease enrolling or referring any new or existing UBH enrollees or reassign enrollees to another Participating Clinician/Facility;
E. Temporarily restrict the Participating Clinician’s or Facility’s participation status with UBH;
F. Terminate the Participating Clinician’s or Facility’s participation status with UBH.

Section 8.2 Failure to Cooperate
If the Participating Clinician or Participating Facility fails to cooperate with UBH’s staff in developing and/or implementing an improvement action plan, or abide by actions taken under 8.1, the staff will refer the matter to the Credentialing Committee for further action.

Section 9 - RESTRICTION OF PARTICIPATING LICENSED CLINICIANS OR FACILITIES

Section 9.1 Participation Restrictions
Regardless of any provision in this Credentialing Plan to the contrary or the Provider Participation Agreement, UBH (including without limitation, the Medical Director, Credentialing Committee and/or any UBH committee), at its sole discretion, may take any corrective action it deems appropriate, including without limitation, implementing a correction action plan, immediately restricting any Participating Clinician’s or Participating Facility’s participation, limiting the Clinician’s or Facility’s scope of practice in treating UBH’s enrollees, ceasing to refer any new UBH enrollees, in accordance with the Provider Participation Agreement, the UBH Network Manual (however named), the Credentialing Plan, the respective Health Plan, UBH Protocols, and applicable law. UBH may base its recommendations on any factors it deems appropriate, whether or not those factors are mentioned in this Credentialing Plan. This may include without limitation, at the sole discretion of UBH, quality of care concerns, health or safety of any enrollee, member complaints, pending terminations, inability to locate clinicians, clinicians relocating to new...
states, failure to timely respond to recredentialing, and/or by request of network management due to contract issues.

When a clinician/facility is made unavailable by UBH, Network Strategy will notify them that they have been designated as being unavailable for new referrals. Notice will be sent to the Participating Clinician or Participating Facility detailing UBH's rationale for the decision and the steps required to be considered as available to treat UBH enrollees or new referrals.

Restrictions remain in effect for so long as the UBH deems appropriate, or until satisfactorily corrected as determined in UBH's sole discretion. Recommended actions to address the restriction may include, but are not limited to those listed in Section 8.1.

Restrictions beyond 30 calendar days for quality of care reasons, as defined by UBH, will be subject to Appeal, unless otherwise required by state or federal law. See Section 12 for detail on the Appeal process.

Section 10 - TERMINATION OF PARTICIPATING CLINICIANS AND PARTICIPATING FACILITIES

Section 10.1 Administrative Terminations
Regardless of any contrary provision in this Credentialing Plan, UBH in its sole discretion may terminate any Participating Clinician's or Participating Facility's participation and the Provider Participation Agreement for failure to follow Provider Participation Agreement terms, the Credentialing Plan, the UBH Provider Manual, or under applicable law. The following administrative terminations do not require presentation to the Credentialing Committee, unless otherwise required by applicable state or federal laws or regulation.

At the sole discretion of UBH, administrative reasons for termination include, but are not limited to:

1. UBH's need for the Participating Clinician or Participating Facility, unless prohibited by state law;
2. Failure to timely respond to recredentialing application requests or requests for related or updated information;
3. Failure to strictly meet all recredentialing requirements;
4. Failure to comply with and maintain current practice information; failure to notify UBH of change(s) in practice location;
5. Failure to secure and maintain professional liability insurance coverage at the limits required by UBH;
6. Failure to hold, a current independent license to practice, and a license that is without any restriction, disciplinary action, condition, limitation, sanction, stay of action or encumbrance of any kind in the state of practice.

Section 10.2 Termination by the Credentialing Committee
The Credentialing Committee, at its sole discretion, may terminate the Provider Participation Agreement with a Participating Clinician or Participating Facility. Consideration of termination may be initiated by any condition the Credentialing Committee deems appropriate, including, but not limited to the following:

A. Participating Clinician or Participating Facility fails to continue to meet one or more of the
minimum requirements for participation set forth above.

B. The care and service a Participating Clinician or Participating Facility delivers to patients is deemed to be harmful, offensive or clinically inappropriate, in the sole judgment of UBH.

C. Participating Clinician or Participating Facility engages in uncooperative, unprofessional or abusive behavior toward UBH’s staff, as determined based on UBH’s sole judgment.

D. Participating Clinician or Participating Facility fails to comply with UBH Protocols policies and/or procedures, including, but not limited to, those of care advocacy, credentialing/recredentialing, quality improvement, patient rights, or billing.

E. Participating Clinician or Participating Facility engages in abusive or questionable billing practices that impact or could impact any payor, including, but not limited to, the submission of claims for payment that are false, misleading, incorrect or duplicated, based on UBH’s sole judgment.

F. Failure to obtain 65% on office site or treatment record review audits; or 80% on a re-audit.

G. Exclusions or debarment from participation in Medicare, Medicaid or other state or federal health care program.

Section 10.3 Termination by Medical Director
Notwithstanding the procedures set forth in the Credentialing Plan or Provider Participation Agreement, if any UBH Medical Director determines at his/her sole discretion that the health or safety of any enrollees is in imminent danger because of the actions or inaction of a Participating Clinician or Participating Facility, the Medical Director (or his/her designee) may immediately terminate a Participating Clinician/Participating Facility. The Participating Clinician/Participating Facility shall be notified of this action immediately by letter.

Section 10.4 Notice of Termination Decision
UBH gives notice of the termination including the proposed effective date, a summary of the basis for the action, and, if so afforded, the Participating Clinician’s or Participating Facility’s option to request a hearing on the termination, the time limit within which to request such a hearing, and a general description of the Appeal process. The Participating Clinician/Participating Facility shall be notified of this action within ten (10) business days via First Class mail, postage prepaid and properly addressed, overnight delivery, facsimile or email.

Section 10.5 Enrollee Notification
Unless an Appeal is offered, the decision of the Credentialing Committee is final. When a Participating Clinician’s or Participating Facility’s participation is terminated, UBH will notify the enrollees who are assigned to that Participating Clinician or Participating Facility, in accordance with the Participating Clinician’s or Participating Facility’s Provider Participation Agreement or state laws, rules, regulations, guidelines and timelines. UBH and the Participation Clinician or Participating Facility being terminated will cooperate in assisting with the enrollees’ transition to another Participating Clinician or Participating Facility as soon as practical based on the clinical acuity.
Section 11- APPEAL PROCEDURE

Section 11.1 Appeal Procedure
Only restrictions and terminations for quality of care reasons, as defined by UBH, will be subject to Appeal, unless otherwise required by state or federal law. If the Credentialing Committee/UBH Medical Director offers the terminating Clinician or Facility an opportunity to Appeal, the Clinician or Facility must request a hearing in writing and the request must be received by UBH within thirty (30) calendar days of the date the notice of termination was sent to the Clinician or Facility, or such greater time if required by applicable law.

State law may supersede the time limit where an Appeal is granted to a Clinician. The Credentialing Director or Manager appoints an Appeals Committee to hear the Appeal. The Appeal hearing is held via teleconference.

Section 11.2 Scheduling and Notice
Upon receipt of a timely written Appeal request, UBH notifies the terminating Clinician or Facility that an Appeal hearing will be scheduled within sixty (60) calendar days of receipt of the request, and that UBH will provide further information when a hearing date is set. If an Appeal hearing cannot be scheduled within 60 calendar days due to the unavailability of the Clinician or Facility or his/her representative, request for the Appeal will be considered withdrawn and the original action will become final.

When an Appeal hearing is scheduled, UBH shall provide a written hearing notice to the Clinician or Facility stating:
A. The date, time and conference call information for the hearing;
B. The composition of the Appeals Committee;
C. The provider’s right to be represented at the Appeal hearing by a person of their choice, including counsel.
D. A summary packet of the information that was reviewed in the UBH decision making process.

UBH provides the Appeals Committee with a copy of the notification of termination letter to the Clinician or Facility and a copy of the Clinician's/ Facility's written response, if any, as well as any other supporting documentation.

Section 11.3 The Appeal Hearing
The information presented at an Appeal hearing must reasonably relate to the specific issues or matters involved in the recommended action. The Appeals Committee has the right to refuse to consider information that it deems irrelevant or otherwise unnecessary to consider. The rules of evidence applicable in a court of law do not apply.
A. The Credentialing Committee designated representative/UBH Medical Director has the initial obligation to present information in support of its decision. After that obligation is satisfied, the Clinician or Facility requesting the hearing has the burden of persuading the Appeals Committee that the Credentialing Committee's/UBH Medical Director’s decision lacks substantial factual basis or is unreasonable, arbitrary or capricious.
B. At the close of the Appeal hearing, the Clinician or Facility and the Credentialing Committee/UBH Medical Director will have the opportunity to make a brief closing statement. In addition, both parties have the opportunity to submit written statements to the Appeals Committee within five (5) business days of the hearing. This step may be waived if
both parties agree.

C. The Appeals Committee may uphold, overturn, or modify the decision of the Credentialing Committee/UBH Medical Director.

D. The Appeals Committee decision is final. Notification of the Appeal Committee’s decision is sent to the Clinician or Facility, via First Class mail, postage prepaid and properly addressed, overnight delivery, facsimile or email, within thirty (30) calendar days of the hearing date if submission of further written statements is waived or within thirty (30) calendar days after the Clinician's or Facility’s submission of any final written statements is due to the Appeals Committee. Receipt shall be deemed delivered and received by Provider on the 3rd business day after mailing or actual date of delivery if via overnight, facsimile or email.

Section 11.4 Enrollee Notification
If a Clinician’s or Facility’s Provider Participation Agreement is terminated, UBH Care Advocacy staff notifies the enrollees who are assigned to the Clinician or Facility, in accordance with the Clinician’s or Facility’s Provider Participation Agreement and applicable regulatory guidelines and timelines. The Clinician or Facility will cooperate in good faith with the transition process to ensure the transition.

Section 11.5 Special Circumstances
Based on unusual and extenuating circumstances as determined in UBH’s sole discretion, or in accordance with applicable state or federal laws and regulations, a modification of the procedures outlined in this section may be required.

Section 12 - DELEGATED CREDENTIALING

Section 12.1 Delegated Credentialing Authorized
UBH may delegate responsibility for specific credentialing and recredentialing functions to another entity, although UBH retains the ultimate right to sign a Participation Agreement with, reject, terminate or suspend Clinicians or Facility from participation in the Network.

Section 12.2 – Delegation Agreement
Any delegation of responsibility by UBH must be evidenced by a Delegation Agreement that requires compliance with all Credentialing Authorities and includes, but is not limited to:

- The responsibilities of UBH and Delegated Entity;
- The activities delegated, including the responsibilities for any sub-delegated activities;
- A requirement for at least semi-annual reporting to UBH;
- The process by which UBH evaluates the performance of the Delegated Entity;
- The remedies, including revocation of the delegation, available to UBH if the Delegated Entity does not fulfill its obligations.
- If the delegated activities include the use of Protected Health Information by the Delegated Entity, the Delegation Agreement must also include the necessary provisions as defined by Credentialing Authorities and the Health Insurance Portability and Accountability Act.
Section 12.3 Sub-delegation

Under certain circumstances, UBH may allow Delegated Entity to sub-delegate all or part of its credentialing activities to another entity. Prior to any sub-delegation arrangement, Delegated Entity must enter into a Delegation Agreement with the sub-delegate. The Delegation Agreement must meet the requirements of Credentialing Authorities and all credentialing criteria of this Credentialing Plan, including UBH’s right of final approval on any recommendations by the sub-delegate. The Delegated Entity must complete a pre-assessment, annual assessment and other audits of the sub-delegate for those activities it has sub-delegated to another entity in accordance with the requirements of this Credentialing Plan and Credentialing Authorities. Delegated Entity is responsible for receiving and reviewing reports on LIPs and Facilities credentialed and recredentialed by the sub-delegate for the delegated activities outlined in the Delegation Agreement.

UBH retains its responsibilities for conducting oversight of its Delegated Entities in accordance with Credentialing Authorities requirements.

Section 12.4 Preassessment Responsibilities of UBH

The UBH will follow Credentialing Authorities requirements for the pre-assessment evaluation review and analysis of an entity being considered for delegation.

UBH shall complete a pre-assessment to assess the potential Delegated Entity’s ability to meet Credentialing Authorities and UBH’s standards for the functions being delegated must be completed prior to signing the Delegation Agreement. UBH’s pre-assessment responsibilities are outlined below:

A. NCQA Accredited or Certified potential Delegated Entities:

1. Verification of the potential Delegated Entity’s accreditation or certification by NCQA.
2. Evaluation of any elements not included in the Delegated Entity’s accreditation or certification, in accordance with NCQA requirements. An audit of the Delegated Entity’s files for the credentialing elements that have been NCQA certified or accredited is not required; however, credentialing elements not accredited or certified by NCQA may require oversight for additional UBH, state, federal, or other requirements. Policies and procedures will be reviewed for all delegates.

B. Non-NCQA Accredited or Certified potential Delegated Entities:

1. Review of the potential Delegated Entity’s ability to meet Credentialing Authorities and UBH’s standards, including, but not limited to: credentialing and recredentialing policies and procedures, credentialing and recredentialing application and attestation, and other relevant credentialing and recredentialing documents or files, including those related to ongoing monitoring of sanctions, complaints and quality issues, suspension and/or restriction actions, termination and notification to authorities, confidentiality, provision for the protection of Protected Health Information, if applicable.
2. Review of the potential Delegated Entity’s methods and sources for collecting and verifying credentials.

C. Pre-Assessment Scoring Methodology of Potential Delegates. The following scores may be used as guidance pending final review and assessment of the Credentialing Committee:

1. A score of 85% or higher is considered approved.
2. For a score of 80% to 84%, Credentialing Committee approval and an Improvement Action Plan (IAP) are required.
3. A score of 79% and below does not meet criteria for delegation.

Section 12.5 Annual Evaluation
For Delegation Agreements that have been in effect for 12 months or longer, the UBH will perform a file review and substantive evaluation of delegated activities against Credentialing Authorities and UBH expectations. For NCQA accredited or certified Delegated Entities, the annual evaluation will include an evaluation of any elements not included in the Delegated Entity’s accreditation or certification, in accordance with NCQA requirements. An audit of the Delegated Entity’s documents and files for the credentialing elements that have been NCQA certified or accredited is not required; however, credentialing elements not accredited or certified by NCQA may require oversight for additional UBH, state, federal, or other requirements. Entities policies and procedures will be reviewed.

Section 12.6 Review of Oversight and Monitoring Reports
UBH will review and analyze reports, at least semi-annually, that are designed to provide oversight and monitoring of the Delegated Entity. At a minimum, reports include a listing of newly credentialled/recredentialled and terminated practitioners and any demographic changes. Reports shall be submitted for review by delegates to an Optum Delegation Specialist/Provider Data Maintenance Specialist in an electronic format mutually agreed upon by the parties, and shall include all information that Optum needs to meet its database requirements.

Section 12.7 Required Follow-up
When UBH’s pre-assessment or annual evaluations, or periodic monitoring identify opportunities for Delegated Entity to improve its compliance with the Delegation Agreement or Credentialing Authorities and UBH’s expectations, Delegated Entity will develop a plan for its improvement that includes performance goals and time frames to achieve them.

Section 12.8 Revocation or Termination of Agreement
Upon revocation or termination of an agreement between UBH and the Delegate, if the Clinicians and Facility wish to remain a participating provider with UBH, the Clinician or Facility would be required to go through the UBH initial credentialing process.

Section 13 - SPECIAL RULES FOR MEDICARE ADVANTAGE PARTICIPATION

Section 13.1 General
Under certain circumstances, the Participating Clinician may be subject to additional obligations. Physician Clinicians, as termed in accordance with Medicare guidelines, also have additional procedural rights. These special provisions are described below.

Section 13.2 Private Contracts
Under the Centers for Medicare and Medicaid Service (CMS) regulations, a Medicare Advantage Facility cannot pay, directly or indirectly, on any basis for services rendered by a physician to a Medicare Advantage enrollee if the physician files or is required to file an affidavit with a Medicare Advantage carrier agreeing to furnish Medicare Advantage covered services to any Advantage Medicare beneficiary through a private contract. Payment is permitted for emergency or urgently needed service furnished by a physician. If a physician Clinician enters into such a private contract, it is grounds for immediate suspension or
termination of the physician Clinician. Facilities that treat Medicare members must have a participation agreement with Medicare.

**Section 13.3 Excluded Persons**

Under CMS regulations, a Participating Clinician is prohibited from employing or contracting with an individual who is excluded from participation in Medicare (or with an entity that employs or contracts with such an individual) for the provision of any health care or administrative services. If a Participating Clinician employs or contracts with a prohibited individual, then sufficient grounds exist for immediate suspension or termination of the Participating Clinician by UBH. Non-facility providers who see Medicare members cannot opt out of Medicare.

**Section 13.4 Notice and Hearing**

Under CMS regulations, if UBH restricts or terminates a Provider Participation Agreement under which a physician provides services to UBH's Medicare Members, UBH will give the affected physician written notice of the following, to the extent applicable: the reason(s) for the action; the standards and the profiling data used to evaluate the physician; the numbers and mix of physicians UBH needs; and the affected physician’s right to request an Appeal of the action and the process and timing for requesting a hearing. Unless specifically stated in the UBH’s notice, the Appeal procedure for purposes of this Section shall not be the appeal procedure described in Section 11, but is an alternative procedure in which a hearing panel composed of one or more persons (but in which a majority of the panel are peers of the physician) will be convened to consider whether the UBH’s reason for the restriction or termination was based on a mistake of fact. The physician will be promptly notified in writing of the final decision.

**Section 14 - MISCELLANEOUS**

**Section 14.1 Rules of Construction**

In the event of any conflict between the terms of this Credentialing Plan any other agreement, policy, manual or protocol applicable to the parties here to relating to the content hereof, the conflicting terms shall be read together to the extent possible, without invalidating or deleting the remainder of the conflicting provision; otherwise the terms and conditions of related to the conflict shall prevail in the following order of precedence: Participating Provider Agreement; Network Manual, Credentialing Plan. Likewise, any term or condition herein which conflicts with and is more restrictive than applicable state, federal or local law shall be deemed to comply with and shall be interpreted in accordance with applicable law.

**Section 14.2 Severability**

Should any provision of this Credentialing Plan violate the law or be held invalid or unenforceable as written by a court of competent jurisdiction, then said provision along with the remainder of this Credentialing Plan shall nonetheless be enforceable to the extent allowable under applicable law by first modifying said provision to the extent permitted so as to comply with applicable law and in accordance with the intent of the parties to the extent possible; otherwise said provision shall be deemed void to the extent of such prohibition without invalidating the remainder of this Credentialing Plan.
Attachment A

Acceptable Accreditation and Certification Entities include, but are not limited to:

- The Joint Commission
- CARF (Commission on Accreditation of Rehabilitation Facilities)
- AOA (American Osteopathic Association)
- AAAHC (American Association for Ambulatory Health Care)
- ACCH (Accreditation Community Healthcare)
- COA (Council on Alcoholism)
- CHAP (Community Health Accreditation Program)
- CAH (Critical Access Hospitals)
- ACHC (Accreditation Commission for Healthcare)
- HFAP (Healthcare Facilities Accreditation Program)
- DNV (Det Norske Veritas)
- NIAHO (National Integrated Accreditation for Healthcare Organizations*)

*Completed by DNV: Det Norske Veritas