



United Behavioral Health and its Affiliates Credentialing Plan

2024 – 2025

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CREDENTIALING and RECREDENTIALING PLAN

SECTION 1.0 - INTRODUCTION

Section 1.1 Purpose

Without limiting any remedies available under law, contract or pursuant to United Behavioral Health (“UBH”) protocols and policies, the purpose of this Credentialing and Recredentialing Plan (“Credentialing Plan”) is to provide an overview of UBH policies for credentialing, recredentialing, ongoing monitoring, and actions, including without limitation, termination of Agreements with clinicians and other health care professionals (“Clinicians”), and organizational providers (“Organizational Providers”) (collectively Clinicians and Organizational Providers shall be referred to as “Providers”) who provide care and services to UBH members. All UBH network Clinicians and Organizational Providers are subject to the Credentialing Plan, 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.

Credentialing is a peer-review process designed to review certain information pertinent to UBH’s decision whether to contract a provider, either initially or on an ongoing basis. The process described in the Credentialing Plan will be initiated only after UBH makes a preliminary determination that it wishes to pursue contracting or re-contracting with the Applicant. 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 members, (b) UBH’s need for Clinicians and Organizational Providers within its service area, and (c) judging each Applicant for credentialing and recredentialing without discrimination due to age, race, gender, color, religion, ethic/national identity, ancestry, disability, marital status, covered veteran status, sexual orientation, status with respect to public assistance, blindness or partial blindness, handicap, physical or mental impairment, victims of domestic violence, types of patients seen, or any other characteristic protected under state, federal, or local law.

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 Organizational Provider 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 Organizational Provider written Agreements, or Network Manual. This Credentialing Plan may be changed without the prior approval of participating Clinicians and Organizational Providers 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 provider bulletins and its web page providerexpress.com.

SECTION 2.0 - DEFINITIONS

For the purposes of this Credentialing Plan, the terms listed below have the meanings described below and are capitalized throughout this Plan. The Credentialing Committee has the discretion to further interpret, expand and clarify these definitions:

- **"Agreement"** means an agreement between UBH and a Clinician or Organizational Provider that sets forth the terms and conditions for participation in the UBH network.
- **"Appeal"** means (1) a request by a Participating Clinician or Organizational Provider to reconsider a quality of care decision that limits, restricts, suspends or terminates the Clinician's or Organizational Provider's participation in UBH's network; or (2) a request by a Participating Clinician or Organizational Provider to reconsider a decision, as allowed by state law.
- **"Appeals Committee"** means a committee created by UBH to provide Appeals as required by Credentialing Authorities or the pertinent Agreement.
- **"Applicant"** means an independently licensed Clinician or an Organizational Provider who has submitted an application to UBH for credentialing.
- **"Application"** means the document provided by UBH (or its designee) to a provider which, when completed, will contain information for Credentialing Committee to review as part of its determination whether Applicant meets the Credentialing Criteria.
- **"Application Received Date"** means the date on which the UBH receives the signed, dated and complete Application for network participation from a provider.
- **"Clinician"** means any health care professional who is permitted by law to practice independently within the scope of the individual's license or certification, and includes but is not limited to medical doctors (MDs), doctors of osteopathy (DOs), psychologists (PhDs), social workers, licensed counselors, marriage and family therapists, advanced registered nurse practitioners (ARNPs), physician assistants (PAs) and all other non-physician practitioners who have an independent relationship with the Credentialing Entity and provide care under a Benefit Plan.
- **"CMS"** means Centers for Medicare & Medicaid Services.
- **"CMS Preclusion List"** means a list generated by CMS that contains the names of prescribers, individuals and entities that are unable to receive payments for Medicare Advantage health care items and services.
- **"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.
- **"Credentialing or Recredentialing"** means the process of assessing and validating the applicable criteria and qualifications of providers to become or continue as Participating Providers, as set forth in the Credentialing Plan.
- **"Credentialing Authorities"** means the National Committee for Quality Assurance ("NCQA"),

other accrediting body as applicable to UBH, the Center for Medicare and Medicaid Services (“CMS”), as applicable, and other applicable state and federal regulatory authorities; to the extent such authorities dictate Credentialing requirements.

- **“Credentialing Committee”** means a standing committee that implements the Credentialing Plan.
- **“Credentialing Criteria”** are those found in Sections 4.0, 5.0 and 6.0 as applicable, and applicable policies, as it may be amended from time to time.
- **“Credentialing Decision Date”** is the date on which the Credentialing Committee makes its decision to indicate approval or denial of Credentialing or Recredentialing for an Applicant.
- **“Credentialing Delegation Agreement”** is a mutually agreed upon document by which UBH delegates specified credentialing responsibilities to a Delegated Entity; the Delegated Entity is required to meet certain standards related to its credentialing and recredentialing responsibilities.
- **“Delegated Entity”** is a group practice, hospital or credentials verification organization (CVO) or other entity to which UBH has delegated specific credentialing and recredentialing responsibilities under a Credentialing Delegation Agreement.
- **“Encumbered License”** means a restriction that includes but is not limited to the following: a requirement to obtain a second opinion from another practitioner prior to patient diagnosis or treatment; a limitation on prescription drug writing; a limitation on providing examination, diagnosis or procedure without a second person present or approving the procedure; a restriction, suspension or involuntary termination of hospital staff privileges if the Clinician’s specialty normally admits patients to a hospital; a restriction on or prohibition from performing a service or procedure typically provided by other clinicians in the same or similar specialty. The restrictions listed above are not exclusive. There may be other restrictions or conditions, not specifically identified in the definition above, that rise to the level of an encumbered license.
- **“NCQA”** means the National Committee for Quality Assurance.
- **"Notice"** Effectively deemed to be delivered upon Provider when sent to the last known address of Participating Clinician or Organizational Provider, 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.
- **“NPPES”** means the National Plan and Provider Enumeration System.
- **"OIG/LEIE"** means Office of the Inspector General List of Excluded Individuals and Entities.
- **“Organizational Providers"** include, but are not limited to, inpatient psychiatric and/or substance use disorder (rehabilitation and detoxification) units or facilities, home health care providers, residential rehabilitation facilities (substance abuse), residential facilities (mental health) intensive outpatient programs, partial hospitalization programs, and outpatient (ambulatory) behavioral health centers (this includes CMHCs and other group providers), eating disorder facilities and providers who render applied behavior analysis (ABA) services.
- **"Participating Clinician"** means an independently licensed Clinician who has entered into a Participating Provider Agreement with UBH.

- **“Participating Organizational Provider”** means an organizational provider that meets the licensing requirements of their state and has entered into a Participating Provider Agreement with UBH.
- **“Primary Source Verify”** means to verify directly with an educational, accrediting, licensing, other entity, or NCQA approved entity that the information provided by Applicant is correct and current.
- **“SAM”** means Systems for Awards Management; this system encompasses the former General Service Administration (GSA).

SECTION 3.0 - COMMITTEE STRUCTURE

Section 3.1 National Quality Improvement 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 Provider Management Policies are approved by the Operational Procedures and Standards Committee. UBH has the authority to sub-delegate all or part of its credentialing and recredentialing functions to a hospital, group practice, credentialing verification organization (CVO) or other entity (“Delegated Entity”):

- A. Any entity to which UBH delegates credentialing functions is required to comply with the appropriate accreditation standards (NCQA), customer specific requirements, and/or federal, state and local mandates pertaining to credentialing, in addition to UBH credentialing policies.
- B. UBH retains the right to approve, suspend or terminate clinicians, groups and Organizational Providers.

Summary reports from the Credentialing Committee will be presented to the QIC on a quarterly basis.

Section 3.2 Credentialing Committee

The Credentialing Committee is a standing committee and is responsible for administering the Credentialing Plan and reviewing and approving policies related to credentialing activities 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 a minimum, two external participating Clinicians. 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 co-chairs and will chair the meeting in the absence of the chairperson. The Credentialing Committee meets at minimum, monthly.

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

action or inaction of a Participating Clinician or Participating Organizational Provider.

Section 3.3 Appeals Committee

The Credentialing Manager appoints an Appeal Committee on an ad-hoc basis. This Committee hears Appeals from Clinicians and Organizational Providers 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 conducts the hearing and upholds, overturns, or modifies the decision of the Credentialing Committee. At the sole discretion of UBH, the Appeals Committee includes at least three members, unless otherwise required by state law. For Clinician appeals, 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 who is appealing. For Organizational Providers at least one (1) of the Committee members will be an MD.

Committee members will not be in direct economic competition with the Clinician or Organizational Provider being reviewed, have any potential conflict of interest with the Clinician or Organizational Provider being reviewed, or have been part of a previous decision to deny, terminate, or sanction the Clinician's or Organizational Provider's participation with UBH.

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

Appeals 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 4.0 - INITIAL CREDENTIALING OF LICENSED CLINICIANS

Section 4.1 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 may apply to join the network using the provider portal. Clinicians may also be invited to apply if UBH determines that it needs additional Clinicians. Applicants must be licensed to practice independently, without any supervision or oversight. The only exceptions regarding the need for supervision or oversight are for a master's level Psychiatric Clinical Nurse Specialist, a Physician Assistant and a Behavior Analyst as outlined in Section 4.2 below. The exceptions 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 an 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. Presence of illegal drug use.
4. Disclosure of any and all loss of professional license(s).
5. Disclosure of any and all 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 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. For physicians: hospital admitting privileges or a process for providing inpatient care for members in need of a higher level of care, (signed attestation form may be used).
10. A signed attestation 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, or in an amount or type as otherwise specified by applicable state law. This can include 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. For prescribers: a current copy of the DEA and/or CDS certificate (where required by state), if applicable; in each state where the physician or prescribing Clinician practices.
4. W9 form.
5. Copy of Educational Commission for Foreign Medical Graduates (ECFMG) certificate, if applicable.
6. Any other documents required by state regulations or client requirement.
7. Proof of participation and meeting CMS Medicare and Medicaid requirements.

Section 4.2 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 (M.D.'s and D.O.'s) must graduate from allopathic or osteopathic medical school and

successfully complete a psychiatric residency program or other clinical training and experience as appropriate for specialty and scope of practice as determined by the Credentialing Committee:

- a. If the physician indicates they are board certified, UBH will Primary Source Verify board certification but need not Primary Source Verify each level of education and training if the certifying board has already Primary Source Verified it. If the physician is not board certified, then Primary Source Verification of the highest level of education listed on the Application is required.
2. Physician Psychiatrist may be board certified by the American Board of Psychiatry and Neurology (ABPN), the American Osteopathic Association (AOA) Board of Psychiatry or the American Board of Preventive Medicine (ABPM).
3. Physician Psychiatrists without a residency in Psychiatry may be accepted if they are board certified by the \ American Board of Preventative Medicine (ABPM).
4. Physician Addictionologists must be certified by the American Board of Preventive Medicine (ABPM) or have added qualifications in Addiction Psychiatry through the American Board of Psychiatry or Neurology (APBN).
5. Developmental Behavioral Pediatricians (DBP) must be board certified specifically in DBP by the American Board of Pediatrics (ABP) or have completed the respective Fellowship.
6. 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; or
 - b. Psychologist with prescriptive privileges as permitted by state regulations; or
 - c. A doctoral and/or master's level social worker who is licensed by the state for independent practice; or
 - d. Master's level psychiatric clinical nurse specialist, who is licensed, certified or registered by the state in which they practice.
 - e. Nurses with prescriptive authority must be licensed and/or registered in Psychiatric / Mental Health as required by the state. State law also determines whether board certification through the American Nursing Credentialing Center (ANCC), the American Academy of Nurse Practitioners (AANP), or other national certification in behavioral health is required. State laws determine whether supervision by a physician or collaborative practice is required.
 - f. Physician Assistants who are licensed in the state they practice.
 - g. Doctoral and/or master's level psychologists who are licensed by the state for independent practice.
 - h. Doctoral and/or master's level social workers who are licensed by the state for independent practice.
 - i. Doctoral or master's level nurses who are licensed, certified or registered for independent practice by the state will provide initial evaluations and psychotherapy.
 - j. Other doctoral and/or master's level behavioral health care specialists, including Professional Counselors, Marriage and Family Therapists, Mental Health Counselors, who are licensed to practice independently in the state in which they practice.

7. Behavior Analysts must possess a masters or doctoral degree with active certification from the national Behavior Analyst Certification Board as Board Certified Behavior Analysts (BCBA) and state licensure if required by state.
8. Applicant 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 (Medicare, Medicaid, or Commercial)., UBH does not contract with providers excluded from state or federal health care programs.
9. 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 applicant's acceptance into Credentialing Entity's Network.
10. Have no misrepresentation, misstatement or omission of a relevant fact on the application.
11. For physicians, nurses, physician assistants and psychologists with prescriptive authority who are prescribing controlled substances in a state where he/she sees UBH members, a current and unrestricted Drug Enforcement Administration (DEA) registration or Controlled Dangerous Substance (CDS) Certificate is required for each state. State laws determine whether a clinician must hold a federal DEA or state CDS to prescribe controlled substances:
 - a. UBH may credential a provider whose DEA certificate is pending if it has a documented process for allowing a provider with a valid DEA certificate to write all prescriptions requiring a DEA number on behalf of the prescribing provider whose DEA is pending until the provider has a valid DEA Certificate:
 - i. If the provider does not have a valid DEA or CDS certificate, and prescribing controlled substances is in the scope of their practice, they must identify a Participating provider or group practice name with a valid DEA/CDS to prescribe on their behalf:
 - The Credentialing Entity may, in its discretion, determine that such arrangements do not satisfy credentialing criteria where the Applicant's DEA or CDS certificates have been revoked, restricted, suspended or surrendered pursuant to a government agency investigation.
 - ii. UBH will verify that the provider meets this requirement by obtaining a copy of the provider's DEA or CDS Certificate in each state where the provider intends to practice.
12. UBH requires all Physicians to have hospital privileges in good standing at a participating hospital or have a documented process for providing inpatient care for members.
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 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 credentialing policy addendums. UBH may use all submitted and other available information including without limitation, verbal, written, publicly available information, and Internet data from approved websites to verify information about an Applicant:

1. Current valid license to practice: The Applicant must maintain a current, valid licensure or

certification, without restrictions, conditions, or other disciplinary action, in all states where the applicant practices. Any finding of sanctions or restrictions on the Clinician from any government agency or authority, including but not limited to a state licensing authority may result in denial of Credentialing. A Committee may recommend accepting a Clinician to the Network if the restriction does not limit or impact the Clinician's practice, except that a Committee cannot recommend accepting a Clinician into the Network if the Clinician has an Encumbered License.

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:
 - a. For physicians, this includes verification of completion of a residency program.
 - b. If a physician 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 National Practitioner Data Bank (NPDB):
 - a. UBH must obtain written confirmation of the past five years of history of malpractice settlements or judgements from the malpractice carrier or must query the NPDB. Malpractice claims history must be explained by the Clinician and found acceptable by the Credentialing Committee. UBH may determine in its discretion, to review malpractice settlements or judgments for a longer period of time.
6. Query for sanctions and exclusions via the Office of Inspector General List of Excluded Individuals and Entities (OIG/LEIE), the General Services Administration Systems for Awards Management (SAM), the National Plan and Provider Enumeration System (NPES), and respective state Medicaid exclusion list (as required by state contracts) and Medicare Opt-Out Lists:
 - a. Regardless of the contracted line of business (Medicare, Medicaid, or Commercial), the Applicant must not be ineligible, excluded or debarred from participation in Medicare and/or Medicaid and related state and federal programs, or terminated for cause from Medicare or any state's Medicaid or Children's Health Insurance Program (CHIP) and must be without any sanctions levied by the Office of Inspector General (OIG), the CMS Preclusion List, the General Services Administration Systems for Awards Management (SAM), or other disciplinary action by any federal or state entities identified by CMS. Credentialing Entity will, at a minimum, verify reported information from the Office of Inspector General (OIG), the CMS Preclusion list, and Medicare opt out.
7. Review of hospital staff privileges or documented process for providing inpatient care for members, if applicable.
8. Review of professional liability insurance coverage including limits of \$1/\$3 million for physician Clinicians and \$1/\$1 million for other Clinicians or limits as specified by applicable state law.
9. Review of work history for the previous five (5) years, with complete explanations for gaps in work history of 6 months or more, or as specified by applicable state law.
10. Any other verification required by state regulations, client requirements or deemed necessary by UBH.

11. Review of Disclosure Questions on the Credentialing Application for affirmative responses:
 - a. Applicant is required to provide details on all affirmative responses to Disclosure Questions on the Credentialing Application, which may be reviewed by a Medical Director, and/or the Credentialing Committee for a determination of Clinician's acceptance into the network.
12. Each Applicant must complete the signed attestation within 180 days prior to the Credentialing Committee decision date. All credentials listed above must be verified within 180 days prior to the Credentialing Committee decision date.

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 4.3 Credentialing Committee Review

A. Credentialing Committee Action

1. 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:
 - a. No Further Review Required: Those applications that meet all the credentialing criteria are those that require No Further Review by the Credentialing Committee. The file is then ready for the Medical Director's electronic approval.
 - b. Further Review Required: Those files that require further review are presented to the Credentialing Committee:
 - i. 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 or geographic necessity for member 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.
 - ii. The Credentialing Committee may, at its sole discretion and determination, make the decision to deny the application for network participation.
2. The date the Credentialing Committee makes a determination to approve the Clinician is the date the Clinician is identified 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.
3. The decision of the Credentialing Committee is communicated to each provider within ten (10) business days of the Credentialing Committee's determination.

SECTION 5.0 - RECREDENTIALING OF PARTICIPATING CLINICIANS

Section 5.1 Recredentialing Participating Clinicians

- A. UBH shall review Participating Clinicians for continued participation in the network every thirty-six (36) months or more frequently if required by applicable state law. In certain circumstances a participating Clinician may be subject to initial credentialing standards, for example, when a Clinician was previously credentialed by a Delegated Entity but is new to direct credentialing by UBH, or when the credentialing status is identified as requiring an update due to a contracting change, history of Quality of Care concerns will be reviewed and considered by the Credentialing Committee.
- B. UBH or its credentials verification organization contacts Participating Clinicians when their recredentialing paperwork is due for submission:
 1. Each Participating Clinician must submit their completed application and supporting documentation within the time frames established by UBH.
 2. Failure to comply with submitting a complete recredentialing application will result in termination from the network, according to the Participating Clinician's Agreement.
 3. Failure to meet minimum requirements for continued participation will result in termination, absent any grant of an exception to the minimum requirements.

Section 5.2 Recredentialing Criteria of Participating Clinicians

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 4.2 for continued participation; each Applicant must complete the signed attestation within 180 days prior to the Credentialing Committee decision date; all credentials listed in Section 4.2 must be verified within 180 days prior to the Credentialing Committee decision date. Education and work history need not be re-verified. In addition, the following elements are also reviewed at the time of recredentialing:

1. An Applicant for Recredentialing must have demonstrated compliance with all terms of the Agreement
2. UBH must obtain written confirmation of the past three years of history of malpractice settlements or judgements from the malpractice carrier or must query the NPDB. Malpractice claims history must be explained by the Clinician and found acceptable by the Credentialing Committee. UBH may determine in its discretion, to review malpractice settlements or judgments for a longer period of time.
3. 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.
4. Consideration of performance indicators such as those collected through quality improvement programs, utilization management systems, handling of grievances and appeals and member complaints.
5. Additional requirements may be added as a result state and federal regulatory requirements or customer requirements.

If the Clinician meets all criteria and No Further Review is required, then the Medical Director review/approval process is followed as described in Section 4.3. A.1.a. If Further Review is required;

the process described in Section 5.2.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 Agreement:

1. In reviewing an application for recredentialing, the Credentialing Committee may request further information from the Participating Clinician:
 - a. The Credentialing Committee may defer recredentialing (as allowed by state guidelines and accreditation requirements) or suspend referrals to the Participating Clinician 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.
2. 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:
 - a. 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.

SECTION 6.0 - CREDENTIALING AND RECREDENTIALING OF ORGANIZATIONAL PROVIDERS

Section 6.1 Criteria for Credentialing Organizational Providers

Each Organizational Provider must meet the minimum requirements to be considered for credentialing:

- A. Current, applicable and required state license(s) showing the Organizational Provider is in good standing with state and federal regulatory bodies.
- B. Maintains professional and general liability insurance (malpractice) of \$5 million/occurrence and \$5 million/aggregate for inpatient mental health and/or inpatient rehabilitation substance abuse disorder services and \$1 million/occurrence and \$3 million/aggregate for all other levels of mental health and/or substance use disorder services. UBH does accept umbrellas policy amounts to supplement professional and general liability insurance coverage. All limit requirements listed above are waived, if an Organizational Provider is covered under a Federal, State, County, or Municipal policy/law.
- C. Current, valid accreditation from an agency recognized by UBH in Attachment A. UBH will conduct primary source verification for all accreditations.
- D. Applicant must not be sanctioned, excluded or debarred based on review of the Office of Inspector General List of Excluded Individuals and Entities (OIG/LEIE), the General Services Administration Systems for Awards Management (SAM), the National Plan and Provider Enumeration System (NPPES) and respective state Medicaid exclusion list (as required by state

contracts):

1. Medicare/Medicaid Sanctions Review. Regardless of the contracted line of business (Medicare, Medicaid, or Commercial), the Applicant must not be ineligible, excluded, debarred, or precluded from participation in 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 levied by the Office of Inspector General (OIG), the General Services Administration Systems for Awards Management (SAM), and the CMS Preclusion list or other disciplinary action by any federal or state entities identified by CMS.
- E. Opioid Treatment Programs (OTP) will be credentialed per the State licensing requirements. Office Based Opioid Treatment (OBOT) clinicians will provide services for the credentialed OTP provider.
- F. Organizational Providers who offer the following American Society of Addiction Medicine (ASAM) levels of care are encouraged to obtain the applicable ASAM Level of Care Certification from the Commission on Accreditation of Rehabilitation Facilities (CARF) or an Accreditation from The Joint Commission; Organizational Providers who have this certification will submit a copy of their certification with their application. All accreditation requirements outlined in Section 6.1.C remain in place.
1. ASAM Level 3.5, Clinically Managed Medium-Intensity Residential Services for Adolescents
 2. ASAM Level 3.5, Clinically Managed High-Intensity Residential Services for Adults
 3. ASAM Level 3.7, Medically Monitored High-Intensity Inpatient Services for Adolescents
 4. ASAM Level 3.7-WM, Medically Monitored Intensive Inpatient Services Withdrawal Management for adolescents
 5. ASAM Level 3.7-WM, Medically Monitored Intensive Inpatient Services Withdrawal Management for adults
 6. ASAM Level 4.0, Medically Managed Intensive Inpatient Services for adolescents
 7. ASAM Level 4.0, Medically Managed Intensive Inpatient Services for adults
 8. ASAM Level 4.0-WM, Medically Managed Intensive Inpatient Withdrawal Management for adolescents
 9. ASAM Level 4.0-WM, Medically Managed Intensive Inpatient Withdrawal Management for adults

Section 6.2 Organizational Providers that are Not Accredited or Certified

- A. If an Organizational Provider is not accredited or certified by an agency recognized by UBH, a site review is required, and the Organizational Provider must achieve a site visit score of 80% or higher. If, during the initial credentialing process, the Organizational Provider does not meet the scoring criteria, UBH will notify the Organizational Provider that they do not meet current standards, provide feedback on the deficiencies and inform the Organizational Provider 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 Organizational Provider must have been reviewed or received certification by CMS or State Licensing Agency within the past three (3) years. UBH has determined that CMS requirements for Organizational Providers fully meet UBH Organizational

Provider site requirements. UBH obtains a copy of the CMS or State Licensing Agency's report from the Organizational Provider.

Section 6.3 Credentialing Committee Responsibilities

- A. The Credentialing Committee is responsible for making credentialing decisions about inclusion of Organizational Providers in the network. Each file may yield either one of two possible outcomes:
 - 1. No Further Review Required: Those applications that meet all the credentialing criteria are those that require No Further Review by the Credentialing Committee. The file is then ready for the Medical Director's electronic approval.
 - 2. Further Review Required: Those files that require further review are presented to the Credentialing Committee:
 - a. The Credentialing Committee may, at its sole discretion and determination, make exceptions to the application criteria based on, for instance, network needs for program specialty or geographic necessity for member 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.
 - b. The Credentialing Committee may, at its sole discretion and determination, make the decision to deny the application for network participation.
- B. The date the Credentialing Committee makes a determination to approve the Organizational Provider is the date the Organizational Provider is identified as a Participating Organizational Provider 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.
- C. The decision of the Credentialing Committee is communicated to each provider within ten (10) business days of the Credentialing Committee's determination, unless otherwise required by State Law.

Section 6.4 Recredentialing of Participating Organizational Provider

- A. UBH shall recredential Participating Organizational Providers every thirty-six (36) months or more frequently if required by applicable state law.
- B. UBH or its credentials verification organization contacts Organizational Providers when their recredentialing packet is due for submission:
 - 1. Each Organizational Provider must submit a completed recredentialing packet and supporting documentation within the time frames established by UBH.
 - 2. Failure to comply with submitting a complete recredentialing packet will result in termination from the network, according to the Organizational Provider's Agreement.
 - 3. Failure to meet minimum requirements for continued participation will result in termination, absent any grant of an exception to the minimum requirements.

SECTION 7.0 - CONFIDENTIALITY AND APPLICANT RIGHTS

Section 7.1 Confidentiality of Applicant and Participating Clinician and Participating Organizational Provider Information

- A. UBH acknowledges the confidential nature of the information obtained in the credentialing process. To protect this information, Participating Clinician and Participating Organizational Provider credentialing and recredentialing 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.
- B. 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 National 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.
- C. Participating Clinician and Participating Organizational Provider's 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 or as required by a state regulatory agency.
- D. 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. This information is found in the Employee Handbook and Confidentiality Agreements.
- E. If a request for credentialing information is received outside of the normal scope of external auditing, the Credentialing Department has an 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 7.2 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.
- B. 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:
 - a. Credentialing or recredentialing status can be obtained through Provider Express website: providerexpress.com.
 - b. UBH will notify the Applicant in writing, either by email, letter or fax 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.
- C. Network Reciprocity

1. 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 credentialed by UBH and their recredentialing cycle has not expired, unless required by state law.
2. UBH does require submission of any new state license, DEA certificate, CDS certification, or professional liability insurance certificate, as applicable.
3. 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.
4. Participating Clinicians who fail to promptly notify UBH of any address changes may be terminated from the network per terms of the Agreement.

SECTION 8.0 - ON-GOING MONITORING AND REPORTING

Section 8.1 Participating Clinician and Participating Organizational Provider Updates

It remains the responsibility of the Participating Clinicians and Participating Organizational Provider 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 sanctions, Medicare or Medicaid participation, GSA debarments, EPLS sanctions, CMS Preclusion List, SAM sanction or sanctions against a license or certification.

Failure to inform UBH **within ten (10) days or the time frame established in the Agreement**, whichever is shorter, of a status change may result termination from the network.

On-Going 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 Organizational Providers 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 Agreement. Sanction monitoring, tracking and reporting will be done in accordance with UBH policies, as outlined in Section 10, Section 11 and/or Section 12.
- B. UBH shall monitor Participating Clinicians and Participating Organizational Provider for potential quality concerns, including but not limited to complaints from members or UBH staff and audit outcomes that do not meet UBH defined standards:
 1. Quality concerns may be referred to the Credentialing Committee through the National Peer Review Committee, the Sentinel Events Committee, Medical Directors, or through the auditing team responsible for site visits.

- C. When UBH is notified of a publicly verifiable report that a government agency has initiated an investigation related to a Participating Clinician or Participating Organizational Provider, which raises concerns regarding the potential for imminent harm to the safety of members/enrollees (Accusation), the matter will be investigated and referred to the Medical Director. The government agency investigations may include but are not limited to: licensing board investigations, arrests, indictments, legal complaints, plea agreements and convictions. UBH may take action up to and including a suspension of Clinician's or Provider's participation status when it determines that there is an imminent threat to patient safety. (See Section 11.3, Termination by Medical Director, of the Credentialing Plan.)

Section 8.2 Fair Process Considerations

To encourage and support the professional review activities of physicians and dentists and other practitioners, the Health Care Quality Improvement Act of 1986 ("HCQIA" or the "Act") was enacted.

The HCQIA provides that the professional review bodies of health care entities (such as the Peer Review Committee and Credentialing Committee) and persons serving on or otherwise assisting such bodies are generally offered immunity from private damages in a civil lawsuit when they conduct professional review activities in the reasonable belief that they are furthering the quality of health care and with proper regard for fair process. HMOs and PPOs fall within the definition of "health care entity".

To receive immunity protection, a professional review action regarding the professional competence or professional conduct of a physician or dentist or other practitioner must be taken in accordance with all of the following standards:

- In the reasonable belief that the action is in the furtherance of quality health care;
- After a reasonable effort to obtain the facts of the matter;
- After adequate notice and hearing procedures are afforded to the provider involved or after such other procedures are afforded as are fair to the provider under the circumstances; and;
- In the reasonable belief that the action is warranted after exercising a reasonable effort to obtain facts and after meeting the adequate notice and hearing requirement.

Although a health care entity may immediately suspend a provider's privileges pending an investigation of the provider's professional competence or conduct, the health care entity can take advantage of the HCQIA's immunity protection only by affording the provider involved adequate notice and hearing procedures, unless the suspension lasts fewer than 30 days.

Section 8.3 Reporting Requirements

A. NPDB and State Licensing Reporting

The HCQIA requires health care entities to report to the NPDB certain professional review actions ("Adverse Action Reports") with a copy of the NPDB report required to be filed with the applicable licensing board. Health care entities are required to report such actions for physicians and dentists. Health care entities may report such actions on other health care practitioners. It is UBH's policy to file NPDB reports, as appropriate, on all providers.

1. Reportable Actions

Actions taken by the Credentialing Committee that fit into any of the following categories must be reported:

- A professional review action based on the provider's professional competence or

professional conduct that adversely affects his or her clinical privileges for a period of more than 30 days.

- Resignation from the network while under investigation.
- Suspension of the Clinician's clinical privileges for a period of more than 30 days based on potential imminent threat to patient safety.

The penalty for failing to make a required report is loss of immunity protection for three years. The Adverse Action Report must be submitted electronically to the NPDB with a copy sent to the applicable state licensing board.

The HCQIA leaves largely undefined the types of acts or omissions that relate to "competence or professional conduct." The Act, however, makes it clear that certain factors, such as membership in a professional society, fees, advertising practices, competitive acts intended to solicit or retain business, or support for allied health professionals do not relate to professional competence or conduct. Failure to attend staff meetings or to complete medical records are not viewed as related to competence or professional conduct, unless they reach the point of adversely affecting the health or welfare of patients. The legislative history of the Act indicates that felonies or crimes of moral turpitude, illicit transactions involving drugs, serious sexual offenses, violent behavior and other similar acts are activities that could adversely affect patients. The database for reporting adverse actions offers some additional guidance by listing adverse action classification codes for certain types of activities.

If the action being taken is solely because of the clinician's failure to meet the minimum administrative requirements for credentialing and recredentialing or the termination is solely based on contractual noncompliance or breach, the action is not reportable to NPDB. Even if the action is being taken because of professional competence or conduct, the action is only reportable if the action or recommendation will reduce, restrict, suspend, or revoke the clinician's status as a participant for a period longer than 30 days.

B. Timing of Report

Under the regulations, reportable actions must be submitted to NPDB within thirty (30) calendar days from the date the final adverse action was taken. When a provider is offered an appeal hearing, the final adverse action date will be thirty calendar days from the date of the appeal hearing.

SECTION 9.0 - QUALITY IMPROVEMENT OF LICENSED PARTICIPATING CLINICIANS AND PARTICIPATING ORGANIZATIONAL PROVIDERS

Section 9.1 Quality Improvement

As applicable, the National Peer Review Committees, Sentinel Events Committee or Credentialing Committee may recommend any action deemed appropriate to improve and monitor substandard performance. Examples of such disciplinary actions include but are not limited to the following:

- A. Require the Participating Clinician/ Organizational Provider to submit and adhere to a corrective action plan;
- B. Require the Participating Clinician/ Organizational Provider to cooperate with a site audit and/or treatment record review by UBH;
- C. Monitor the Participating Clinician/ Organizational Provider for a specified period of time, followed by a committee determination about whether substandard performance or

noncompliance with UBH requirements is continuing;

- D. Cease referring any new or existing UBH members or refer members to another Participating Clinician/ Organizational Provider;
- E. Temporarily restrict the Participating Clinician's or Organizational Provider's participation status with UBH
- F. The National Peer Review Committees or Sentinel Events Committee may recommend that the Participating Clinician's or Organizational Provider's participation status with UBH be terminated.
- G. The Credentialing Committee may terminate the Participating Clinician's or Organizational Provider's participation status with UBH.

Section 9.2 Failure to Cooperate

If the Participating Clinician or Participating Organizational Provider fails to cooperate with UBH's staff in developing and/or implementing an improvement action plan or abide by actions taken under Section 9.1, the staff will refer the matter to the Credentialing Committee for further action.

SECTION 10.0 - RESTRICTION OF PARTICIPATING LICENSED CLINICIANS OR ORGANIZATIONAL PROVIDERS

Section 10.1 Participation Restrictions

- A. Regardless of any provision in this Credentialing Plan to the contrary or the 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 Organizational Provider's participation, ceasing to refer any new UBH members, in accordance with the Agreement, the National Network Manual, State or Customer specific Network Manuals, the Credentialing Plan, the respective Health Plan, UBH Protocols, and applicable law:
 - 1. 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 member, member complaints, pending terminations, inability to locate clinicians, clinicians relocating to new states who fail to notify UBH of their relocation, failure to timely respond to recredentialing, and/or by request of provider contracting due to contract issues.
- B. When a clinician/organizational provider's participation is restricted (they are made unavailable for new referrals by UBH) due to quality of care concerns, Provider Relations will notify them that they have been designated as being unavailable for new referrals. Notice will be sent to the Participating Clinician or Participating Organizational Provider detailing UBH's rationale for the decision and the steps required to be considered as available to treat UBH members or new referrals.
- C. 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 9.1.

- D. 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 11.0 - TERMINATION OF PARTICIPATING CLINICIANS AND PARTICIPATING ORGANIZATIONAL PROVIDERS

Section 11.1 Administrative Terminations

- A. Regardless of any contrary provision in this Credentialing Plan, UBH in its sole discretion may terminate any Participating Clinician's or Participating Organizational Provider's participation and the Agreement for failure to follow Agreement terms, the Credentialing Plan, the Network 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:
 - 1. At the sole discretion of UBH, administrative reasons for termination include, but are not limited to:
 - a. UBH's need for the Participating Clinician or Participating Organizational Provider, unless prohibited by state law.
 - b. Failure to timely respond to recredentialing requests or requests for related or updated information.
 - c. Failure to strictly meet all recredentialing requirements.
 - d. Failure to comply with and maintain current demographic information; failure to notify UBH of change(s) in service location.
 - e. Failure to secure and maintain professional liability insurance coverage at the limits required by UBH.
 - f. Failure to secure and maintain general liability insurance coverage at the limits required by UBH (Organizational Providers only).
 - g. Failure to hold a current independent license and a license that is without any restriction, disciplinary action, condition, limitation, sanction, stay of action or encumbrance of any kind.

Section 11.2 Termination by the Credentialing Committee

The Credentialing Committee, at its sole discretion, may terminate the Agreement with a Participating Clinician or Participating Organizational Provider. 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 Organizational Provider 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 Organizational Provider delivers to patients is deemed to be harmful, offensive or clinically inappropriate, in the sole judgment of UBH.
- C. Participating Clinician or Participating Organizational Provider engages in uncooperative, unprofessional or abusive behavior toward UBH's staff, as determined based on UBH's sole judgment.
- D. Participating Clinician or Participating Organizational Provider fails to comply with UBH Protocols and policies, including, but not limited to, those of care advocacy, credentialing/recredentialing, quality improvement, patient rights, or billing.
- E. Participating Clinician or Participating Organizational Provider 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. Outcome of Audits:
 - 1. Failure to score 50% on a site or treatment record review audit.
 - 2. Any initial audit with 50% or more of all topic areas scoring below 79%.
 - 3. Any re-audit failing to demonstrate improvement in 50% or more of all topic areas where performance improvement was expected.
- G. Exclusions or debarment from participation in Medicare, Medicaid or other state or federal health care program.

Section 11.3 Termination by Medical Director

Notwithstanding the procedures set forth in the Credentialing Plan or Agreement, if any UBH Medical Director determines at his/her sole discretion that the health or safety of any members is at risk because of the actions or inaction of a Participating Clinician or Participating Organizational Provider, the Medical Director may immediately terminate a Participating Clinician/Participating Organizational Provider.

The Participating Clinician/Participating/Organizational Provider shall be notified of this action immediately via a properly addressed letter using overnight delivery; a tracking number is used to confirm delivery.

Section 11.4 Notice of Termination Decision

UBH gives notice of the termination including the effective date, a summary of the basis for the action, and, if so afforded, the Participating Clinician's or Participating Organizational Provider's option to request an appeal 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 Organizational Provider shall be notified of this action within ten (10) business days via secure electronic mail. Any state mandated required delivery time frames that are less than ten (10) business days are followed.

Section 11.5 Member Notification of Provider Termination

Unless an Appeal is offered, the decision of the Credentialing Committee is final. When a Participating Clinician's or Participating Organizational Provider's participation is terminated, UBH will notify the members who are assigned to that Participating Clinician or Participating Organizational Provider, in accordance with the Participating Clinician's or Participating Organizational Provider's Agreement or state laws, rules, regulations, guidelines and timelines.

UBH and the Participating Clinician or Participating Organizational Provider being terminated will cooperate in assisting with the members' transition to another Participating Clinician or Participating Organizational Provider as soon as practical based on the clinical presentation of the member.

SECTION 12.0 - APPEAL PROCEDURES

Section 12.1 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. State laws determine appeal rights for initial credentialing denials. If the Credentialing Committee/UBH Medical Director offers the terminating Clinician or Organizational Provider an opportunity to Appeal, the Clinician or Organizational Provider 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 Organizational Provider, or such greater time if required by applicable law.

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

Section 12.2 Scheduling and Notice

Upon receipt of a timely written Appeal request, UBH notifies the Clinician or Organizational Provider 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 Organizational Provider or his/her representative, the request for the Appeal will be considered withdrawn and the original action will become final:

- A. When an Appeal hearing is scheduled, UBH shall provide a written hearing notice to the Clinician or Organizational Provider stating:
 1. The date, time and conference call information for the hearing.
 2. The composition of the Appeals Committee.
 3. The Provider's right to be represented at the Appeal hearing by a person of their choice, including counsel.
 4. 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 Organizational Provider and a copy of the Clinician's/ Organizational Provider's written response, if any, as well as any other supporting documentation.

Section 12.3 The Appeal Hearing

The information presented at an Appeal hearing must be related to the specific issues or matters outlined in the termination letter. 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 Appeal Hearing is held before an Appeals Committee comprised of three (3) licensed clinicians who are appointed by UBH who are not in direct economic competition with the provider, and who have not acted as accuser, investigator, factfinder, or initial decision-maker in the matter. For clinician appeal hearings at least two (2) of the committee members must be a peer of the affected provider. For Organizational Providers at least one (1) of the Committee members will be an MD.
- B. The Credentialing Committee designated representative has the initial obligation to present a summary of the information in support of the decision. After that obligation is satisfied, the Clinician or Organizational Provider 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.
- C. The Appeal Committee members may ask questions throughout the Appeal hearing.
- D. At the close of the Appeal hearing, the Clinician or Organizational Provider will have the opportunity to make a brief closing statement. The Clinician or Organizational Provider has the opportunity to submit additional supporting documentation and information to the Appeals Committee within five (5) business days of the hearing.
- E. The Appeals Committee's decision will be determined by a majority vote of the members.
- F. The Appeals Committee may uphold, overturn, or modify the decision of the Credentialing Committee/UBH Medical Director.
- G. The Appeals Committee decision is final. Notification of the Appeal Committee's decision is sent to the Clinician or Organizational Provider via a properly addressed letter using overnight delivery (a tracking number is used to confirm delivery) within thirty (30) calendar days of the hearing date.

Appeals 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 12.4 Member Notification of Provider Termination

When a Participating Clinician's or Participating Organizational Provider's participation is terminated, UBH will notify the members who are assigned to that Participating Clinician or Participating Organizational Provider, in accordance with the Participating Clinician's or Participating Organizational Provider's Agreement or state laws, rules, regulations, guidelines and timelines.

UBH and the Participating Clinician or Participating Organizational Provider being terminated will cooperate in assisting with the members' transition to another Participating Clinician or Participating Organizational Provider as soon as practical, based on the clinical presentation of the member.

Section 12.5 NPDB and State Licensing Reporting

The process for NPDB and State Licensing Reporting is outlined in Section 8.3.

Section 12.6 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 13.0 - DELEGATED CREDENTIALING

Section 13.1 Delegated Credentialing Authorized

UBH may delegate responsibility for specific credentialing and recredentialing functions to another entity (Delegated Entity). UBH retains the ultimate right to sign an Agreement with, reject, terminate or suspend Clinicians or Organizational Providers from participation in the Network.

Section 13.2 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:

- A. The responsibilities of UBH and Delegated Entity.
- B. The activities delegated, including the responsibilities for any sub-delegated activities.
- C. A requirement for at least semi-annual reporting to UBH.
- D. The process by which UBH evaluates the performance of the Delegated Entity.
- E. UBH retains the right to approve, suspend and terminate the participation of Clinicians or Organizational Providers.
- F. 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 (PHI) 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 (HIPAA).

Section 13.3 Sub-Delegation

- A. Under certain circumstances, UBH may allow Delegated Entity to sub-delegate all or part of its credentialing activities to another entity:
 1. Prior to any sub-delegation arrangement, the Delegated Entity must enter into a Delegation Agreement with the sub-delegate:
 - a. 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.
 - b. 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.

- c. The Delegated Entity is responsible for receiving and reviewing reports on Clinicians and Organizational Providers that are credentialed and recredentialed by the sub- delegate for the delegated activities outlined in the Delegation Agreement.
- B. UBH retains its responsibilities for conducting oversight of its Delegated Entities in accordance with Credentialing Authorities requirements.

Section 13.4 Pre-Assessment Responsibilities of UBH

UBH will follow the Credentialing Authorities requirements for the pre-assessment evaluation review and analysis of the 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; the pre-assessment must be completed prior to signing the Credentialing Delegation Agreement. UBH's pre-assessment requirements 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:
 - a. Policies will be reviewed for all Delegated Entities.
 - b. An audit of the Delegated Entity's files for the credentialing elements that have been NCQA certified or accredited is not required.
 - c. Credentialing elements not accredited or certified by NCQA require oversight for UBH, state, federal, or other requirements.
- B. Non-NCQA Accredited or Certified potential Delegated Entities:
 - 1. A review of the potential Delegated Entity's ability to meet Credentialing Authorities' and UBH's standards, includes, but is not limited to:
 - a. Credentialing and recredentialing policies and procedures.
 - b. Credentialing and recredentialing application and attestation.
 - c. Other required 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; provisions for the protection of Protected Health Information, if applicable and appeals.
 - 2. Review of the potential Delegated Entity's methods and sources for collecting and verifying credentials.
 - 3. Policies related to office site assessment and medical record- keeping assessment, if delegated to Entity.
- C. Pre-Assessment Scoring Methodology of Potential Delegated Entities. 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 13.5 Annual Evaluation

- A. For Delegation Agreements that have been in effect for 12 months or longer, UBH will perform a file review and substantive evaluation of delegated activities against Credentialing Authorities and UBH expectations.
- B. 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:
 1. Policies will be reviewed for all Delegated Entities.
 2. An audit of the Delegated Entity's documents and files for the credentialing elements that have been NCQA certified or accredited is not required.
 3. Credentialing elements not accredited or certified by NCQA may require oversight for UBH, state, federal, or other requirements.

Section 13.6 Review of Oversight and Monitoring Reports

- A. At least semi-annually UBH will review and analyze reports that provide oversight and monitoring of the Delegated Entity.
- B. At a minimum, reports include a listing of newly credentialed/recredentialed and terminated practitioners and any demographic changes:
 1. Reports shall be submitted for review by Delegated Entities to an Optum Delegation Specialist/Provider Data Maintenance Specialist in an electronic format; reports must include all information that Optum needs to meet its database requirements.
- C. The responsibility of maintaining clinician information may be assigned to the Delegated Entity.

Section 13.7 Required Follow-Up

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

Section 13.8 Revocation or Termination of Agreement

Upon revocation or termination of an Agreement between UBH and the Delegated Entity, if the Clinicians and Organizational Provider wish to remain a participating provider with UBH, the Clinician or Organizational Provider would be required to go through the UBH initial credentialing process.

Section 13.9 – Procedure when Clinician has Contracts with both Credentialing Entity

and Delegated Entity

In cases where a Clinician is contracted with a Delegated Entity and also has a Participation Agreement with UBH, Credentialing Entity may accept the Credentialing of the Delegated Entity if Delegated Entity's Credentialing meets all the requirements of Credentialing Entity and Credentialing Authorities for the Clinicians outlined in the Agreement. The Delegated Entity maintains a Credentialing file and the Credentialing Entity maintains a participation contract on that Clinician.

SECTION 14.0 - MANAGEMENT AND SECURITY OF CREDENTIALING SYSTEMS

Section 14.1

Optum and its delegates retain a policy outlining the organization's process of how credentialing data is received, stored, modified, secured and managed within the Credentialing Systems **in compliance with NCQA Standards**. This includes but is not limited to preventing unauthorized access to Credentialing Systems and protecting the accuracy of the data in the systems.

Optum provider data is entered, managed and maintained in electronic systems that are collectively known as "Credentialing Systems." Each clinician and organizational provider have a unique record within the Credentialing Systems to track the status of request for participation through the credentialing outcome decision.

SECTION 15.0 - SPECIAL RULES FOR MEDICARE ADVANTAGE PARTICIPATION

Section 15.1 General

Under certain circumstances, the Participating Clinician or Participating Organizational Providers may be subject to additional obligations:

- A. Participating Clinicians or Participating Organizational Providers that treat Medicare members must have a participation agreement with Medicare.

Section 15.2 Excluded Persons

- A. Under CMS regulations, a Participating Clinician or Participating Organizational Provider 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.
- B. If a Participating Clinician or Participating Organizational Provider employs or contracts with a prohibited individual, then sufficient grounds exist for immediate suspension or termination of the

SECTION 16.0 - MISCELLANEOUS

Section 16.1 Rules of Construction

- A. 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 related to the conflict shall prevail in the following order of precedence:
 - 1. Agreement
 - 2. Network Manual
 - 3. Credentialing Plan
- B. 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 16.2 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

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

- *AAHC (American Association for Ambulatory Health Care)*
- *ACHC (Accreditation Commission for Health Care)*
- *CARF (Commission on Accreditation of Rehabilitation Facilities)*
- *CHAP (Community Health Accreditation Program)*
- *CIHQ (The Center for Improvement in Healthcare Quality)*
- *COA (Council on Accreditation)*
- *DNV NIAHO (Det Norske Veritas National Integrated Accreditation for Healthcare Organizations)*
- *HFAP (Healthcare Facilities Accreditation Program)*
- *The Joint Commission*