

UNITED BEHAVIORAL HEALTH

Clinician and Facility Credentialing Plan

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The Credentialing Plan may be distributed to participating Clinicians or Facilities upon request.

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Section 1 INTRODUCTION

Section 1.1 Purpose

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 termination of Participation Agreements with physicians and other health care professionals ("Clinicians"), and facilities ("Facilities) who provide care and services to UBH enrollees. All UBH network Clinicians and Facilities are subject to the Credentialing Plan, Participation Agreement, and the Clinician/Facility Manual.

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 physicians, other health care 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 Clinicians it will accept and maintain as participating Clinicians. It is within the discretion of the Credentialing Committee whether to offer an Applicant or participating physician, other health care Clinician, or Facility the opportunity to appeal any action under this Credentialing Plan, unless required by state law. No portion of this Credentialing Plan grants rights to enrollees, physicians, other health care Clinicians or Facilities. This Credentialing Plan does not limit UBH's rights under its participating physician, other health care Clinician, and Facility written agreements. This Credentialing Plan may be changed without the prior approval of participating physicians, other health care Clinicians, and Facilities when UBH, in its sole discretion, determines there is a need. Changes will be effective for all new and existing physicians, other health care Clinicians, or Facilities from the effective date of the change. UBH will inform Clinicians of changes to the Credentialing Plan through newsletters and its web page www.ubhonline.comTM.

Section 1.3 Definitions

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

- A. "**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;
- B. "**Applicant**" means an independently licensed Clinician who has submitted an application to UBH for credentialing;
- C. "**Benefit Plan**" means a benefit plan or portion thereof that: (1) is administered by UBH; and (2) contains the terms and conditions of an enrollee's coverage;

- D. "**Competency**" means the Clinician has the credentials and skills, determined by a review of relevant work and education experience, to perform clinical services appropriate to their discipline;
- E. "**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, and behavioral health centers (inpatient and ambulatory);
- F. "**HIPDB**" means Healthcare Integrity and Protection Data Bank;
- G. "**Notice**" means: (1) depositing the correspondence in the United States mail, using first class or certified mail, postage prepaid, addressed to the other party at the last known office address given by the party to the other party; or (2) delivering the correspondence to an overnight courier, delivery to the other party prepaid, addressed to the other party at the last known office address given by the other party; (3) through facsimile transmission to the other party at the last known office facsimile number given by the party to the other party, or (4) personally delivering written notice to the other party;
- H. "**NPDB**" means the National Practitioner Data Bank;
- I. "**OIG**" means Office of the Inspector General;
- J. "**Participating Clinician**" means a licensed independent clinician that has entered into a Participation Agreement with UBH;
- K. "**Participating Facility**" means a licensed Facility that has entered into a Participation Agreement with UBH;
- L. "**Participation Agreement**" means an agreement between UBH and a Clinician, group, or Facility that sets forth the terms and conditions under which the Clinician participates in UBH's network;
- M. "**Privileging**" means affirming the licensed Clinician's credentials to perform a specified procedure(s) and/or service(s).

Section 2

UBH CLINICAL POLICY AND STANDARDS COMMITTEE AND COMMITTEE STRUCTURE

Section 2.1 The UBH Clinical Policy and Standards Committee

The UBH Clinical Policy and Standards Committee delegates overall responsibility and authority to its standing Credentialing Committee for credentialing and recredentialing. The Clinical Policy Standards Committee also delegates to the Credentialing Committee the authority to administer this Credentialing Plan and to approve Clinical Network Services Policies and Procedures. The Clinical Policy and Standards Committee has the additional authority to delegate all or part of its credentialing responsibilities to a health care delivery organization if such organization's credentialing program meets UBH standards. Summary reports from the Credentialing Committee will be presented to the Clinical Policy and Standards Committee 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 policies and procedures on behalf of UBH, subject to review by the Clinical Policy and Standards Committee. The Credentialing Committee is multidisciplinary and must include at least one (1) UBH Medical Director. The committee is comprised of at least twelve (12) members. At a minimum, four (4) of these members are external participating Clinicians, one (1) from each UBH approved discipline. 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 least 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 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 Facility.

Credentialing Committee information is confidential and 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.

Section 2.3 Appeals Committee

The Director of Credentialing or Director of Facilities 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 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 one (1) of the Committee members will hold the same license level/educational degree as the Clinician being reviewed. At least one (1) of the members will be a UBH Regional Medical Director. 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, in 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 supervision or oversight. The only exception regarding the need for supervision or oversight is for a Master's level psychiatric clinical nurse specialist as outlined in section 3.2 below.

B. Application Form

Each Applicant must complete an application form that includes:

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. History of loss of license;
5. History of misdemeanor (except minor traffic violations) and felony convictions;
6. History of loss or limitation of 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;
3. A current copy of the DEA and/or CDS certificate (where required by state), if applicable;

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.

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. Except as required by state law, these requirements may include, but are not limited to, the following:

1. Physicians must have completed an ABPN approved residency, or combined residency, in psychiatry and must be board certified by the American Board of Psychiatry and Neurology.
 - a. Physicians who were initially credentialed by UBH prior to January 1, 1998 are grandfathered without the board certification requirement, if he/she graduated from medical school and completed an American College of Graduate Medical Education (ACGME) approved residency in psychiatry or a fellowship program in a psychiatry sub-specialty;
 - b. Physicians, who have completed residency training in psychiatry or a fellowship program in a psychiatry sub-specialty program within five (5) years preceding the date of their application, are recommended to obtain their board certification prior to his/her recredentialing. The Credentialing Department sends notification of this requirement to approved Applicants;
2. Physicians may be board certified by the American Society of Addictions Medicine (ASAM).
3. 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 had three (3) years of post independent licensure direct patient care experience in a MHSA setting; a doctoral/master's level clinical degree from an accredited college or university; or
 - b. A doctoral and/or master's level social worker who is licensed by the state for independent practice and has had three (3) years of post licensure direct patient care experience in a MHSA setting; or
 - c. Master's level psychiatric clinical nurse specialist who is licensed certified or registered by the state in which they practice and has had three (3) years of post licensure direct patient care experience in a MHSA setting. State law determines whether certification through the American Nurses Credentialing Center (ANCC) in behavioral health nursing (adult or child/adolescent psychiatry and mental health) is required. State laws determine whether supervision by a physician or a collaborative practice is required; or
 - d. 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 and has had three (3) years of post licensure direct patient care experience in a MHSA setting; or
 - e. 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 material restrictions, conditions or other disciplinary actions.

4. Have the ability to practice to the full extent of the Applicant's professional license and qualifications without a risk to patient safety or health, including the absence of a current physical or mental condition interfering with the ability to practice.
5. Have an absence of exclusions or debarment from participation in Medicare, Medicaid or other state or federal health care program.
6. Have an absence of a history of malpractice lawsuits, judgments, settlements or other incidents that indicate a competency or quality of care issue.
7. Have an absence of misdemeanor (except minor traffic violations) felony convictions or other acts involving dishonesty, fraud, deceit or misrepresentation.
8. Not be using illegal substances or be chemically dependent on alcohol, drugs or illegal substances.
9. Have an absence of a history of professional disciplinary action or other sanction by a managed care plan, hospital or other health care delivery setting or Facility, medical review board, licensing board or other administrative body or government agency. In the sole discretion of the Credentialing Committee, an admonishment may be considered to constitute disciplinary action.
10. Have an absence of violations of state or federal law or standards of ethical conduct governing the Applicant's profession.
11. Have no misrepresentation, misstatement or omission of a relevant fact on the application.
12. Have current professional liability insurance (malpractice) with minimum limits of \$1/\$3 million for physicians and \$1/\$1 million for non-physicians Clinicians. Clinicians/Facilities with federal tort coverage are considered to meet this requirement as long as they provide a copy of the federal tort letter or a signed attestation that they have federal tort coverage for professional liability
13. If a Physician has clinical privileges at a Facility, they are in good standing.
- 14 For Clinicians who are likely to be high volume Clinicians, based on membership and network composition in a geographic area and for Clinicians who practice in a home office setting (as determined by UBH to warrant an audit), UBH will conduct a site visit to assess that the office meets UBH office-site standard and the Clinician meets the UBH treatment record-keeping standards prior to credentialing. Home offices must obtain an 80% audit score in order to be considered for inclusion in the UBH Network.
15. 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.
16. If UBH determines that Applicant's practice requires hospital staff privileges:
 - a. Staff privileges must be in good standing at a participating hospital and the Clinician must primarily uses participating hospitals to provide services to enrollees.
 - b. Privileges at any hospital must not have been suspended during the past 12 months due to inappropriate, inadequate or tardy completion of medical records or quality of care issues.
17. The Applicant must not have been denied initial participation, or terminated (for reasons other than network need) within the preceding 24 months.

B. Verification of Credentials:

UBH or its credentialing verifications 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 verbal, written, or Internet data from approved websites to verify information about an Applicant.

1. Current valid license to practice;
2. Current valid DEA and/or CDS, if applicable;
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 board certification, if applicable;
5. Query from the NPDB and HIPDB;
6. Query for Medicare/Medicaid sanctions;
7. Verification of hospital admitting privileges, if required;
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 and written explanations from the Clinician for any gaps over (1) year;
10. Verifications, excluding work history and 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. Clinician work history verifications are complete within three hundred and sixty-five (365) calendar days. Clinician attestation must be completed within three hundred and sixty-five (365) calendar days from the date of the applicant's signature to the time the Credentialing Committee makes its recommendation;
12. For Clinicians who are likely to be high volume Clinicians, based on membership and network composition in a geographic area and for Clinicians who practice in a home office setting (as determined by UBH to warrant an audit), UBH will conduct a site visit to assess that the office meets UBH office-site standard and the Clinician meets the UBH treatment record-keeping standards prior to credentialing;
13. Any other verification required by state regulations or client requirements.

Administrative Action

Where allowed by state law, if the Applicant fails to meet administrative requirements, UBH Clinical Network Services staff informs the Applicant in writing that the application for participation has been rejected.

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. The Credentialing Committee may make exceptions to the requirements for three (3) years post-licensure experience, board certification of physician Clinicians, or lack of previous malpractice or disciplinary actions, based on 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. Exceptions to the professional liability insurance requirements may be made

based on network need (as mentioned above), as long as the Clinician has a minimum of \$500,000/\$1,000,000 coverage. 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 sixty (60) calendar days. 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. Acceptance of the credentialing application does not constitute renewal of an underlying Participation Agreement between the Participating Clinician and UBH.

Section 4 RECREREDENTIALING OF PARTICIPATING LICENSED CLINICIANS

Section 4.1 Recredentialing Participating Clinicians

At least every thirty-six (36) months, except as required by state law, UBH reviews Participating Clinicians for continued participation in the network. UBH or its credentials verification organization 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 Participation Agreement. Failure to meet minimum requirements for continued participation may result in termination.

Section 4.2 Recredentialing Criteria of Participating Clinicians

A. Minimum Requirements for Continued Participation

Before forwarding the recredentialing application to the Credentialing Committee, UBH Clinical Network Services staff determines whether a Participating Clinician continues to meet the minimum requirements for participation. Additional requirements may be added as a result of UBH action. The minimum requirements for participation include those set forth in Sections 3.2 (excluding review of work history, and verification of education/training) and the following:

1. Applicants must be licensed to practice independently, without supervision or oversight. (The only exception regarding the need for supervision or oversight is for a Master's level psychiatric clinical nurse specialist as outlined in section 3.2)
2. Absence of a history of persistent billing errors, irresponsible use of medical resources, and enrollee complaints or poor service warranting denial of participation status;
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. Willingness to evaluate and improve clinical performance relative to credible benchmarks and the performance of peers.

Section 4.3 Credentialing Committee Review of Participating Clinicians

A. Credentialing Committee Review Criteria In addition to review categories set forth in Section 3.3, the Credentialing Committee evaluates Participating Clinicians to determine: 1) if the Participating Clinician meets criteria for continued participation; or 2) if the Participating Clinician could benefit from some form of education or other performance improvement support. Review categories include, but are not limited to:

1. Patient relations, including enrollees' complaints or dissatisfaction.
2. Quality improvement activities, including site visits and quality of care reviews.
3. Customer satisfaction.

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 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 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 organization or institution; or the Credentialing Committee may recommend any other action it deems appropriate. 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 sixty (60) calendar days, or as required by 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. Acceptance of the recredentialing application does not constitute renewal of an underlying Participation Agreement between the Participating Clinician and UBH.

Section 5 CREDENTIALING OF FACILITIES

Section 5.1 Criteria for Credentialing Facilities

UBH staff determines whether a Facility meets minimum requirements for participation. Additional requirements may be added as a result of UBH's action. The minimum requirements include, but are not limited to, the following:

- 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 (see table below for acceptable criteria);

FACILITY	CRITERIA
Hospitals	JCAHO, AOA, AAAHC, or COA
Rehabilitation Centers: Substance Abuse	CARF or JCAHO
Behavioral Health Centers (inpatient, residential and ambulatory)	JCAHO, CHAP, or CARF

Acceptable Accreditation and Certification Entities:

- *JCAHO* (Joint Commission on Accreditation of Healthcare Organizations)
- *CARF* (Commission on Accreditation of Rehabilitation Facilities)
- *AOA* (American Osteopathic Association)
- *AAAHC* (American Association for Ambulatory Health Care)
- *COA* (Council on Alcoholism)
- *CHAP* (Community Health Accreditation Program)

- D. Completion of the malpractice history review, with no history of malpractice activity during the past five (5) years that is indicative of quality of care concerns, may be required if:
1. The Facility's insurance liability limits are lower than UBH standards.
 2. There has been any lapse or suspension of liability coverage in the past five (5) years.
 3. There is evidence that the Facility has been subject to licensure sanction(s).
 4. The Facility has had a loss of accreditation.
 5. There is a documented quality of care concern(s) involving the Facility.
- E. Absence of a history of exclusion or debarment from participation in Medicare, Medicaid or other state or federal health care programs including the Office of Inspector General (OIG) warranting denial of participation status;
- F. Absence of any adverse reporting on a HIPDB query.

Section 5.2 Facilities Not Accredited or Certified

If the 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. (Methadone treatment centers will not require site audits).

Any Facility that does not meet the criteria as set forth in this section is not approved for participation unless there is a specific need for the organization in the network as defined by UBH.

Section 5.3 Credentialing Committee Responsibilities

The Credentialing Committee approves or denies participation of Facilities. The date the Credentialing Committee decides to approve is the date the Applicant is considered eligible to participate as a Facility 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 Facility within sixty (60) calendar days.

Section 5.4 Recredentialing of Participating Facilities

At least every thirty-six (36) months, UBH reviews Participating Facilities for continued participation in the network.

A. Minimum Requirements for Continued Participation

UBH Clinical Network Services reviews all submitted documents to determine whether the Participating Facility continues to meet the minimum requirements for participation. The minimum requirements for participation include those set forth in Sections 5.1 and 5.2 and the following:

1. Absence of a history of persistent billing errors, irresponsible use of medical resources, and poor service warranting denial of participation status;
2. Cooperation with UBH to conduct reviews, satisfactory to UBH, with the Participating Facility's utilization management staff, and to conduct other UBH quality improvement activities.

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 areas during the credentialing process. Following the decision of the Credentialing Committee, files are scanned into a secure optical system, accessible by user ID and password, and the original information is shredded in a confidential manner. UBH will limit the review of confidential information in the credentialing files to members of the Credentialing, Appeals, or other UBH Peer Review Committees, the credentialing staff, corporate medical directors, and members of the Clinical Policy and Standards Committee. In addition, UBH will contractually require entities to which it delegates this function to maintain the confidentiality of this information.

Participating Clinician and Participating Facility 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.

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/HIPDB 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, HIPDB and State Licensing Reporting UBH notifies the Clinician or Facility that a report will be submitted to the appropriate state licensing board and/or the NPDB and/or HIPDB if UBH rejects the application or terminates a Clinician for quality of care concerns, according to the reporting criteria of the licensing board, NPDB, or HIPDB.

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 credentialed by UBH and their rec credentialing cycle has not expired. 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 notify UBH of any address changes may be terminated from the network per terms of the Participation Agreement.

Section 7 ON-GOING MONITORING

Section 7.1 Participating Clinician and Participating Facility Updates

It remains the responsibility of the Participating Clinicians and Participating Facilities to inform UBH of any material change of information supplied to UBH between (re)credentialing cycles. Specifically, UBH must be informed of any change in hospital privileges, licensure, prescribing ability, ability to perform professional duties, malpractice claims, investigations, or change in OIG sanction or GSA debarment status. Failure to inform UBH **within ten (10) days or the timeframe established in the Participation Agreement**, whichever is shorter, of a status change may result in immediate suspension or termination from the network.

Ongoing Monitoring

- A. UBH conducts ongoing monitoring of Participating Clinicians' and Participating Facilities' licenses. If UBH identifies a Participating Clinician's or Participating Facility's license that has sanctions, stipulations, restrictions, or has been revoked, actions are taken as outlined in Section 9 and/or Section 10;
- B. UBH reviews the Medicare and Medicaid Sanction and Reinstatement Report issued by the OIG on a monthly basis, and limits participation or terminates any Participating Clinician or Participating Facility listed on the report as outlined in Section 9 and/or Section 10;
- C. UBH shall monitor Participating Clinicians and Participating Facilities 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 the site visits.

Section 8

QUALITY IMPROVEMENT OF LICENSED PARTICIPATING CLINICIANS AND PARTICIPATING FACILITIES

Section 8.1 Quality Improvement

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. Require the Participating Clinician/Facility to use peer consultation;
- E. Require the Participating Clinician/Facility to obtain additional training;
- F. Limit the Participating Clinician's/Facility's scope of practice in treating UBH enrollees
- G. Cease enrolling or referring any new or existing UBH enrollees or reassign enrollees to another Participating Clinician/Facility;
- H. Temporarily restrict the Participating Clinician's or Facility's participation status with UBH;
- I. Terminate the Participating Clinician's or Facility's participation status with UBH (Done by Credentialing Committee).

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, 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 Administrative Restrictions

Regardless of any provision in this Credentialing Plan to the contrary, UBH in its sole discretion may take corrective action, discipline, or restrict any Clinician's or Facility's participation for failure to follow Participation Agreement terms, the UBH Clinician or Facility Manual, the Credentialing Plan or for any other reasons set forth in the Participation Agreement, Plan or under applicable law.

Section 9.2 Restriction by Medical Director

Notwithstanding the procedures set forth in the Credentialing Plan or Participation Agreement, if any UBH Medical Director (or designee) determines in 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 restrict the Participating Clinician's or Participating Facility's participation status during which time UBH's Quality Improvement staff in coordination with Clinical Network

Services will investigate to determine if further action is required. The Participating Clinician or Participating Facility will be notified by letter of any such restriction by Clinical Network Services staff. Enrollees currently in treatment will be immediately transferred to another Participating Clinician or Participating Facility.

Section 9.3 Restriction by Credentialing Committee

The Credentialing Committee may restrict the participation status of a Participating Clinician or Participating Facility in connection with a recommendation made pursuant to this Credentialing Plan. These recommended actions may include, but are not limited to the following:

- A. Requiring the Participating Clinician or Participating Facility use peer consultation for specified types of care.
- B. Requiring the Participating Clinician or Participating Facility obtain additional/continued training in specified types of care.
- C. Limiting the Participating Clinician's or Participating Facility's scope of practice in treating UBH's enrollees or ceasing to refer any new UBH enrollees until such time as the Participating Clinician or Participating Facility staff obtains acceptable training and experience or modifies procedures as specified in the work plan developed by UBH staff and the Participating Clinician or Participating Facility. Restrictions remain in effect for so long as the Credentialing Committee deems appropriate.

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 for failure to follow Participation Agreement terms, the Credentialing Plan, the UBH Clinician or Facility Manual, or any other reasons set forth in the Participation Agreement, the Credentialing Plan, the UBH Clinician or Facility Manual or under applicable law. Administrative terminations do not require presentation to the Credentialing Committee.

Reasons for administrative termination include, but are not limited to:

1. Change in UBH's organizational structure following a merger or acquisition or change in the products offered by UBH;
2. Change in UBH's need for the Participating Clinician or Participating Facility, given a reduction in the size of the enrolleeship, unless prohibited under state law;
3. Failure to respond to recredentialing application requests or requests for related information;
4. Failure to meet recredentialing requirements;
5. Failure to notify UBH of change(s) in practice location;
6. Failure to secure professional liability insurance coverage at the limits required by UBH;
7. Failure to hold a current independent license to practice;
8. Failure to obtain 65% on office site or treatment record review audits; or 80% on a re-audit;

9. UBH has documented that the Participating Clinician or Participating Facility has demonstrated serious and persistent violations of UBH administrative policies and procedures.

Section 10.2 Termination of Participation Agreement

If the Participating Clinician's or Participating Facility's Participation Agreement allows for termination upon the occurrence of specified events, UBH's Clinical Network Services staff may terminate the Participation Agreement with the Participating Clinician or Participating Facility. Such actions are taken pursuant to the provisions of the Participation Agreement and are not subject to the terms of the Credentialing Plan.

Section 10.3 Termination by the Credentialing Committee

The Credentialing Committee, in its sole discretion, may terminate the 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.
- C. Participating Clinician or Participating Facility engages in uncooperative, unprofessional or abusive behavior toward UBH's staff, as determined in UBH's sole judgment.
- D. Participating Clinician or Participating Facility fails to comply with UBH policies and/or procedures, including, but not limited to, those of care management, credentialing/recredentialing, quality improvement, patient rights, or billing, in UBH's sole judgment.
- 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, as determined in UBH's sole judgment.

Section 11

PROCEDURES FOR RESTRICTION AND TERMINATION

Section 11.1 General Nature of the Disciplinary and Termination Process

UBH's Credentialing Committee follows the procedures established below unless otherwise required by federal, state or local law, or if other such procedures are approved.

Section 11.2 Credentialing Committee Review

If restriction or termination of a Participating Clinician's or Participating Facility's participation status is warranted for reasons relating to the professional competence or conduct (or for any other reason where a right of Appeal is granted by law or by this Credentialing Plan), the information is compiled and referred to the Credentialing Committee for review. Alternatively, if the Credentialing Committee directly receives information that suggests that restriction or termination may be appropriate, the Credentialing Committee may ask UBH Clinical Network Services staff to investigate the matter.

If the Credentialing Committee believes that further information is needed, it may be obtained from the Participating Clinician/ Participating Facility or other appropriate sources. The Credentialing Committee will consider the information received and determine whether restriction or termination is appropriate. The Committee has complete discretion in making the determination to restrict or terminate the participation of a Participating Clinician or Participating Facility and may base its recommendations on any factors it deems appropriate, whether or not those factors are mentioned in this Credentialing Plan.

Section 11.3 Notice of Credentialing Committee Decision

If the Credentialing Committee decides to restrict or terminate a Participating Clinician's or Participating Facility's participation, the committee gives written notice of the restriction or 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.

Section 11.4 Enrollee Notification

Unless an Appeal is offered, the decision of the Credentialing Committee is final. If a Participating Clinician's or Participating Facility's participation is terminated, UBH Care Management staff will notify the enrollees who are assigned to that Clinician or Facility, in accordance with the Participating Clinician's or Participating Facility's Participation Agreement or state guidelines and timelines. UBH and the terminating Clinician or Facility will cooperate in assisting with the enrollees' transition to another Participating Clinician or Participating Facility based on the clinical acuity.

Section 12 APPEAL PROCEDURE

Section 12.1 Appeal Procedure

Only 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 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.

State law may supersede the time limit where an Appeal is granted to a Clinician. The Director of Credentialing or Director of Facilities appoint 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 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. The hearing may be scheduled more than sixty (60) calendar days from the receipt of the request if mutually acceptable to both parties, or if required by law. If an Appeal hearing cannot be scheduled

within six (6) months 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. A list of the witnesses and consultants, if any, expected to be called by UBH at the hearing;
- C. The composition of the Appeals Committee;
- D. An outline of the information presented to the Credentialing Committee as part of their 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 12.3 The Appeal Hearing

- A. The Clinician or Facility and the Credentialing Committee may be represented at the Appeal hearing by a person of their choice, including counsel.
- B. UBH arranges for a court reporter or audio taped record of the hearing. A copy of this record is available to the Clinician or Facility upon payment of a reasonable fee.
- C. The evidence 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 evidence that it deems irrelevant or otherwise unnecessary to consider. The rules of evidence applicable in a court of law do not apply.
- D. The Credentialing Committee has the initial obligation to present evidence 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 decision lacks substantial factual basis or is unreasonable, arbitrary or capricious.
- E. At the close of the Appeal hearing, the Clinician or Facility and the Credentialing Committee 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 thirty (30) calendar days of the hearing. This step may be waived if both parties agree.
- F. The Appeals Committee may uphold, overturn, or modify the decision of the Credentialing Committee.
- G. The Appeals Committee decision is final and is sent to the Clinician or Facility, via certified letter, within thirty (30) calendar days after the Clinician's or Facility's submission of any final written summary is due.

Section 12.4 Enrollee Notification

The decision of the Appeals Committee is final. If a Clinician's or Facility's Participation Agreement is terminated, UBH Care Management staff notifies the enrollees who are assigned to the Clinician or Facility, in accordance with the Clinician's or Facility's Participation Agreement and applicable regulatory guidelines and timelines. The Clinician or Facility will cooperate with the transition process.

Section 12.5 Special Circumstances

State or federal regulations may dictate a modification of the procedures outlined in this section. UBH staff should consult with their legal counsel to determine whether special circumstances exist that requires modification of the Appeal procedures.

Section 13 DELEGATED CREDENTIALING

Section 13.1 Delegated Credentialing

- A. **Delegated Functions** UBH may delegate the responsibilities for specific credentialing functions to a hospital, group practice, credentials verification organization (CVO) or other entity ('Delegate'). UBH retains the right to approve participation of Clinicians or Facilities and to terminate or restrict Clinicians or Facilities.
- B. **Delegation Agreement** A delegation agreement must describe the responsibilities of UBH and the Delegate, the specific delegated activities, the process by which UBH will evaluate the Delegate's performance, UBH's oversight responsibilities, requirements to at least semi-annually report credentialing activities to UBH, UBH's right to approve the Delegate's credentialing decisions and the action taken if the Delegate does not fulfill its obligations. If applicable, the delegation agreement must include sub-delegation arrangements. Any sub-delegation arrangements must be approved by UBH prior to sub-delegation. The delegation agreement must also include the use of Protected Health Information (PHI, as defined under HIPAA) by the delegated entity, including a list of allowed uses of PHI, safeguards to protect PHI from inappropriate use or further disclosure, assurance that any sub-delegation agreements have similar safeguards of PHI, a statement that the delegated entity will provide enrollees with access to their PHI, requirement that the delegated entity inform UBH if inappropriate use of PHI occurs and that the delegated entity will ensure that PHI is returned, destroyed or protected if the delegation agreement ends.
- C. **Pre-assessment and Audit Responsibilities and Ongoing Monitoring** UBH performs a pre-delegation assessment of the Delegate prior to signing any delegation agreement.

For a Delegate that is NCQA certified or accredited: The pre-delegation assessment includes a review of the Delegate's administrative capacity and technical expertise of staff. Once a delegation agreement has been executed, UBH receives reports at least semi-annually on the Delegate's current administrative capacity and staff expertise. UBH may require a corrective action plan if it identifies any areas for improvement. If the Delegate has sub-delegated to another entity, UBH must verify that the Delegate is performing its own oversight and annual audits.

For a Delegate that is not NCQA certified or accredited: The pre-delegation assessment follows NCQA standards and includes a review of the Delegate's administrative capacity, technical expertise of staff, a review of policies and procedures and at UBH's discretion may include a review of credentialing files. Once a delegation agreement has been executed, UBH performs annual delegation oversight audits following NCQA standards. UBH may

require a corrective action plan if it identifies any areas for improvement, including performance standards and timelines for completion. In addition, at least quarterly, UBH receives reports on the Delegate's credentialing activity, current administrative capacity, staff expertise, Training and Quality Assurance programs and revised policies and procedures. If the Delegate has sub-delegated to another entity, UBH must verify that the Delegate is performing its own oversight and annual audits.

- D. **Committee Action** The date the Delegate's Committee recommends action is the date the Applicant is considered eligible to participate as a Clinician or Facility of UBH's network and also serves as the date for determining the timeliness of all requirements for credentialing and recredentialing as set forth in the Participation Agreement and delegate agreement. At least quarterly, UBH's Credentialing Committee must review a list of the Clinicians or Facilities the Delegate has recommended for acceptance, acceptance with restrictions, or for termination. The Credentialing Committee may base its recommendations or actions on factors it deems appropriate, whether or not these factors are mentioned in this Credentialing Plan. In reviewing a recommendation or action from the Delegate, the Credentialing Committee may request further information from the Delegate. The Credentialing Committee may defer a recommendation pending the outcome of an investigation of the Applicant by a hospital, licensing board, government agency or any other organization or institution, or may recommend any other action it deems appropriate. Any acceptance of the Delegate's recommendations or actions is conditioned upon the Applicant's agreement to accept UBH's terms and conditions of participation, if applicable.
- E. **Revocation or Termination of Agreement** Upon revocation or termination of an agreement between UBH and the Delegate, UBH will place the Clinicians and Facilities in a queue for recredentialing on or before their latest due date and in accordance with the procedures outlined above.

Section 14

SPECIAL RULES FOR MEDICARE ADVANTAGE PARTICIPATION

Section 14.1 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 14.2 Private Contracts

Under the Centers for Medicare and Medicaid Service (CMS) regulations, a Medicare Advantage organization 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.

Section 14.3 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, it are grounds for immediate suspension or termination of the Participating Clinician by UBH.

Section 14.4 Notice and Hearing

Under CMS regulations, if UBH restricts or terminates a Participation Agreement under which a physician provides services to UBH's Medicare Advantage enrollees, 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 13, 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 suspension or termination was based on a mistake of fact. The hearing panel shall report its findings and make a recommendation to the Chairperson of the Clinical Policy and Operations Committee, who may approve, reject or modify the hearing panel's recommendation, which action are deemed final. The physician is promptly notified in writing of the final decision.