



CREDENTIALING AND RECREDENTIALING

Policy and Procedure Manual Effective January 1, 2010

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I. Overview of the Credentialing and Recredentialing Process

A. Policy

American Behavioral Benefits Managers, Inc. ("American Behavioral") shall develop and implement a credentialing and recredentialing process to select and evaluate providers who participate within its delivery system. Selection decisions shall be based not only on the provider's qualifications but also on American Behavioral's needs. Selection decisions shall not be based solely on a provider's membership in another organization such as a hospital or clinical group.

Criteria shall be designed to assess a provider's ability to deliver quality care. At a minimum, these criteria shall include licensure, certification, relevant training and experience and disclosure of any health issues that may affect the care delivered within the behavioral healthcare setting. Verification of this information from primary issuing sources, or from recognized organizations which certify based on primary issuing sources, is essential to ensure that decisions are based on the most accurate and current information available.

At the time of recredentialing, American Behavioral shall use data derived from practice experience with American Behavioral as part of its evaluation regarding retention. Such data shall include quality improvement findings, utilization review data and member satisfaction measures as these are available.

B. Procedure

American Behavioral shall develop written policies and procedures for credentialing of behavioral healthcare professionals employed and/or with whom contracted. These policies shall apply to any staff or employees who are involved in clinical diagnosis or treatment for American Behavioral. Included are psychiatrists, addiction medicine specialists, psychologists, licensed clinical social workers, licensed professional counselors, psychiatric nurses, employee assistance professionals and other independent behavioral healthcare providers who are authorized by any jurisdiction to practice independently (herein referred to as "providers").

Any providers going through the credentialing and/or recredentialing process shall be notified of their right to review certain information obtained by American Behavioral to evaluate their credentialing application. This right to review information does not extend to providers being able to review references or recommendations or other information that is peer-review protected. Providers also

have the right to obtain information about the status of their application upon request. Providers shall be notified, in writing, of these and other credentialing rights and responsibilities when presented with a credentialing application.

American Behavioral shall notify any provider in the event that credentialing/recredentialing information provided by the provider is incomplete or information obtained from other sources materially varies from that provided by the provider. Examples include actions on a license, malpractice claims history, suspension or termination of hospital privileges or board-certification status.

Once notified of incomplete information or discrepancies in information obtained by American Behavioral in the credentialing/recredentialing process, the provider shall be given thirty (30) days to provide missing information and/or address discrepancies in information submitted by another party. Any such information shall be submitted in writing to the Chief Medical Officer of American Behavioral. The Chief Medical Officer of American Behavioral shall be directly responsible for the credentialing/recredentialing program. Included in this responsibility is the need for ensuring confidentiality of all information obtained in the credentialing process. If an application on credentialing or recredentialing is found by the Chief Medical Officer to be incomplete following the thirty (30) day cure period, the application shall not be processed by American Behavioral and shall be returned to the provider along with a written statement describing the missing information.

American Behavioral recognizes that it is vital to maintain the confidentiality and security of information obtained in the credentialing process. All minutes, reports, recommendations, communications, and actions made or taken as part of the credentialing process shall be strictly confidential and privileged, except as otherwise provided by law. Paper-based credentialing files shall be maintained and stored under lock and key, and electronic credentialing files shall be kept on secure, password protected databases. Except as otherwise provided by law, access to credentialing information shall be strictly limited to only those individuals who are authorized and approved by American Behavioral. All members of the Credentialing Committee will be asked to sign a confidentiality agreement as a condition of serving on said committee.

II. Credentialing Committee

A. Policy

American Behavioral shall designate a multidisciplinary credentialing committee ("Credentialing Committee"), including at least one network participating provider who has no other role in organization management, to issue recommendations regarding credentialing/recredentialing requests.

B. Procedure

All credentialing/recredentialing applications determined to be complete by the Clinical License Credentialing Team shall be sent to the Credentialing Committee for evaluation and consideration. The Credentialing Committee shall review the policies and procedures, processes involved and actual applications and supporting materials submitted by providers for credentialing and/or recredentialing. The Credentialing Committee shall issue formal acceptances/denials of requests for credentialing/recredentialing. The formal acceptance by the Credentialing Committee will only be issued once the American Behavioral Credentialing Members have approved the request and the appropriate Participating Provider Agreement is signed by a representative of American Behavioral. A formal report of those approvals/denials will be made to the Board of Directors at its quarterly meetings. The Credentialing Committee's decision regarding the credentialing/recredentialing of providers shall be

communicated in writing to the appropriate provider(s) within sixty (60) calendar days after determination.

All appointments/reappointment to the American Behavioral network shall be for a period of time no greater than three (3) years. In making decisions related to credentials, the Credentialing Committee shall give no consideration to sex, race, creed, national origin, or any other legally protected category.

In the event a provider is denied initial appointment to the American Behavioral participating provider network, the provider shall be informed in writing of the decision and shall be given the opportunity to request a meeting with American Behavioral. The provider must request a meeting within thirty (30) days after his/her/its receipt of the decision notice. The meeting will be with representatives of American Behavioral and can be held at the election of provider either in-person at American Behavioral's corporate office or by telephone conference call. The purpose of the meeting is to allow the provider the opportunity to discuss the decision not to credential and to provide information to American Behavioral deemed relevant by the provider. After the meeting, any new information submitted by the provider will be incorporated into his/her/its credentialing file, which will then be sent back to the Credentialing Committee for review and a final decision.

A written record shall be maintained of all credentialing actions.

III. Verification of Information

A. Policy

American Behavioral shall implement a credentialing process to identify behavioral healthcare providers who have the training and experience to provide care to members. Criteria shall be established which will identify the legal authority to practice, the relevant training and experience required and the issues that may affect care provided to members. Each provider's file must contain sufficient documentation to demonstrate that these criteria are evaluated. American Behavioral shall verify the information through primary issuing sources to ensure that decisions are based on accurate, current information. To be current, information can be no older than 180 days at the time of the actual credentialing decision.

American Behavioral may use oral, written and internet website data to verify information. Oral and internet website verification requires a note in the credentialing file that is dated and either signed or initialed by the American Behavioral staff person who verified each credential. The same is true for electronic credentialing files. Written verification may take the form of a letter or documented review of cumulative reports released by the primary issuing sources of credentialing data.

Credentialing is a method of ensuring that American Behavioral has all necessary information about providers before allowing them to participate in the network. When American Behavioral is required to obtain a provider for an individual prior to completing the full credentialing process, the following conditions must be met:

1. A copy of the following must be received by American Behavioral:
 - a. Provider's work history to be reviewed for training and experience in behavioral healthcare services to be offered by the provider, **Revised 8/14**
 - b. Current and unrestricted licensure and
 - c. Certificate of Liability Insurance

2. Once received and prior to authorizing care, query the National Practitioner Data Bank (NPDB) and the Office of Inspector General's (OIG) *List of Excluded Individuals/Entities*.
3. If any negative report is received or problems with the licensure, *Certificate of Liability Insurance*, NPDB or OIG *List of Excluded Individuals/Entities*, then the American Behavioral Medical Director and/or Chief Medical Officer must approve before authorizing any care.

Approval for a provider in a provisional status is valid for only ninety (90) days during which time full credentialing should be sought. Providers shall not be listed in any provider directory until the Credentialing Committee has granted full, non-provisional participation to the provider.

B. Procedure

1. Licensure

American Behavioral shall confirm that the provider holds a valid, current license to practice independently. Verification should come directly from the state licensing agency and should be no more than 180 days old at the time actual credentialing is granted.

2. Clinical Privileges

As applicable, providers may be afforded facility clinical privileges in accordance with state regulations. All providers who may potentially admit patients to inpatient and/or outpatient facilities and institutions must have either appropriate clinical privileges to provide inpatient or outpatient services or a formal coverage arrangement. If the provider does not have clinical privileges, the provider shall provide American Behavioral with a written statement delineating the inpatient coverage arrangement and the provider providing such coverage must be credentialed by American Behavioral.

American Behavioral shall obtain oral or written confirmation from each institution designated by the behavioral healthcare provider as his or her primary admitting facility, as applicable. The confirmation should include any restriction on the scope of privileges. A copy of a listing and an attending staff directory is not sufficient. American Behavioral may use a list provided by the institution to verify privileges, provided the list contains the necessary information and is accompanied by a dated letter – not more than 180 days prior to the time the actual credentialing decision will be made – from the hospital attesting that the provider is in good standing. All rosters must be dated not more than 180 days prior to the actual credentialing decision and have identifying information from the institution.

3. DEA or CDS Certificates

American Behavioral shall verify the drug enforcement agency (DEA) certificate and/or controlled dangerous substances (CDS) certificate through one or more of the following means for providers who prescribe medications:

- ◆ Copy of current DEA or CDS certificate,
- ◆ Visual inspection of the original certificate,
- ◆ Confirmation with CDS,
- ◆ Entry in the National Technical Information Service (NTIS) database, or
 - ◆ Confirmation with the state pharmaceutical licensing agency, where applicable.

4. Education and Training

Because medical boards verify education and training, verification of board certification should, in most cases, meet this requirement.

For providers who are not board certified or eligible, verification of completion of residency should, in most cases meet this requirement. For those individuals who have not completed a residency program, verification of graduation from a medical or professional school should, in most cases, meet this requirement. Any one element of the following list is an acceptable method of verification for the levels shown:

a. Physicians (MD's and DO's)

1) Completion of residency training with one or more of the following:

- ◆ Confirmation from the residency training program,
- ◆ Entry in the American Medical Association (AMA) physician master file,
- ◆ Entry in the American Osteopathic Association (AOA) physician master file, or
- ◆ Confirmation from the state licensing agency if American Behavioral is able to receive recent evidence that the state agency conducts primary source verification of residency training. American Behavioral should receive written verification from the state licensing agency at least annually.

2) Graduation from medical school with one or more of the following:

- ◆ Confirmation from the medical school,
- ◆ Entry in the AMA physician master file,
- ◆ Entry in the AOA physician master file,

- ◆ Confirmation from the Educational Commission for Foreign Medical Graduates for international medical graduates licensed after 1986, or
- ◆ Confirmation from the state licensing agency if American Behavioral is able to receive recent evidence that the state agency conducts primary source verification of graduation from medical school. American Behavioral should receive written verification at least annually from the state licensing agency that it performs primary verification.

Non-Physician Behavioral Healthcare Professionals

3) Completion of training with one or more of the following:

- ◆ Confirmation from the professional school, or
- ◆ Confirmation from the state licensing agency, if American Behavioral can receive recent evidence that the state agency conducts primary source verification of professional school training. American Behavioral should receive written verification at least annually from the state licensing agency that it performs primary verification.

5. Board Certification

American Behavioral does not require board certification and has no guidelines for the percentage of providers who should be board certified or for which certification organizations should be recognized. However, if a provider states that he or she is board certified, American Behavioral must verify board certification/eligibility by one or more of the following means:

a. Physicians (MD's and DO's)

1) Completion of one or more of these:

- ◆ Entry in the ABMS Compendium,
- ◆ Entry in the AOA Physician Master File,
- ◆ Entry in the AOA Directory of Osteopathic Clinicians,
- ◆ Confirmation from the appropriate specialty board,
- ◆ Entry in the AMA physician master file, or
- ◆ Confirmation from the state licensing agency if American Behavioral receives recent evidence that the state agency conducts primary issuing source verification of board status. American Behavioral should receive written verification from the state licensing agency at least annually.

b. Non-Physician Behavioral Healthcare Professionals

1) Completion of one or more of these:

- ◆ Confirmation from the specialty board,
- ◆ Confirmation from the state licensing agency, if the agency conducts primary source verification of board certification. American Behavioral should receive written verification from the state licensing agency at least annually, or
- ◆ If a non-physician behavioral healthcare professional states he or she is board certified, verification can be confirmed from the specialty board. However, board certification can be substituted for the verification of education and training. **Revised 8/14**

6. Work History

American Behavioral shall obtain a minimum of five years of work history, paying particular attention to any gaps in reported work history. American Behavioral can obtain work history through the application or curriculum vitae. Verbal clarification of gaps in work history is allowed, except as stated below. However, such verbal communication should be documented appropriately. American Behavioral shall not be required to verify work history from primary issuing sources. Any work history gap of time equal to or greater than six months should be investigated and explained. Any work history gap that exceeds one year should be clarified in writing. Work history should be current to within 180 days of the actual decision to credential a specific provider.

7. Malpractice Insurance

American Behavioral shall obtain a copy of the current malpractice coverage that shows the dates and amount of coverage. The copy may be obtained from the malpractice insurance carrier or the provider and must be current at the time of the credentialing decision.

8. Malpractice History

American Behavioral shall obtain written confirmation of the past five years of history of malpractice settlements from the malpractice carrier or should query the National Practitioner Data Bank (NPDB). Verification of the malpractice history should be no older than 180 days at the time of the credentialing decision.

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IV. Application For Membership

A. Policy

American Behavioral shall require a completed application form with the requested supporting documentation to initiate the credentialing process. Although credentialing decisions are not based on the application alone, it is an important element in the process. Through the application form, the provider discloses information about health status and any history of issues with licensure or privileges that may require additional follow up. American Behavioral shall use the information supplied to determine whether further collaboration or investigation is needed. The signed attestation statement on the application asserts that the provider has completed the form in good faith. Although American Behavioral has a formal and approved application form, state mandated applications are additionally required if considered mandatory in states in which American Behavioral treats Medicare members. Applications from other organizations are acceptable if they provide the same information required for credentialing by American Behavioral.

B. Procedure

The actual application form shall include as a minimum the following items:

- ◆ The reasons for any inability to perform the essential functions of the position, with or without accommodation,
- ◆ Lack of present illegal drug use,
- ◆ History of loss of license or felony convictions,
- ◆ History of loss or limitation of privileges or disciplinary activity,
- ◆ An attestation as to the correctness and completeness of the application, and
- ◆ History of any Federal or State program sanctions or exclusions.

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The attestation to the correctness and completeness of the application should indicate that the applicant personally attests to the validity of the application at the time the application is made to American Behavioral for privileges. Faxed, electronically produced, scanned or photocopied signatures meet the intent of the standard. Signature stamps however do not meet the intent of the standard.

American Behavioral shall collect and verify all of the applicant's credentials before review and assessment by the Credentialing Committee or review body. The attestation should be no more than 180 days old at the time of the credentialing decision. If the signature on the attestation is older than 180 days before the credentialing decision, a provider is required to attest only that the information on the application remains correct and complete. The provider shall not be required to complete another application if the above is correct.

V. Provider Information For Credentialing

A. Policy

Prior to making a credentialing decision, American Behavioral shall receive information from recognized monitoring organizations appropriate to the provider's discipline and shall include this information in the credentialing records. Part of assessing a provider's performance involves reviewing recent experience regarding malpractice or sanction activity. Although the applicant has attested to such experience or lack of it on the application form, information from the primary issuing source verifies this

information and may provide additional detail. A history of malpractice or sanction activity does not in or of itself preclude American Behavioral from permitting a provider to participate. It is additional information that American Behavioral uses to evaluate the provider.

B. Procedure

American Behavioral shall collect and verify all of the credentialing information before the Credentialing Committee reviews and assesses the application. All information should be no more than 180 days old at the time of the credentialing decision. In securing this information, the following sources should be queried:

1. National Practitioner Data Bank (NPBD)

If possible, the NPBD should be queried by American Behavioral. If this is not possible, then American Behavioral should do all of the following:

- ◆ Request the malpractice history on the application,
- ◆ Request five years of malpractice history from the malpractice carrier,
- ◆ Request information on the application regarding actions taken by hospitals and organizations that have limited, suspended or abolished the provider's privileges,
- ◆ Query the state board of licensure, and
- ◆ Query the Federation of State Medical Boards (FSMB).

2. State Board Queries for Physicians

Regarding any previous or current state sanctions, restriction on licensure, and/or limitations on scope of practice, American Behavioral should do one of these:

- ◆ Query the FSMB, or
- ◆ Query the appropriate state agency.

Review of information on sanctions, licensure or scope of practice should cover the most recent five-year period available through the data source. If the provider was licensed in more than one state in the most recent five year period, the query should include all of the states in which he or she worked. The query can be written or oral. Oral verification requires a note signed and dated by the staff member verifying the information in the credentialing file and stating how the information was verified. Written verification may take the form of a documented review of periodic reports released by the primary issuing sources of credentialing data. For example, some state medical boards release bulletins that include license suspensions, revocations or other sanctions. American Behavioral should review the latest cumulative report released by the primary issuing source, as well as all subsequent periodic updates.

3. Medicare/Medicaid Issues

American Behavioral shall have a mechanism to verify the provider's Medicaid and Medicare provider status from a query of the following:

- ◆ The Office of Inspector General's List of Excluded Individuals/Entities Report,
- ◆ General Services Administration's List of Parties Excluded from Federal Procurement and Nonprocurement Programs, and
- ◆ The state Medicaid agency or intermediary and the Medicare intermediary;

A review of Medicare and Medicaid sanctions should cover the most recent three year period available through the data sources. Oral verification requires a dated and either signed or initialed note in the credentialing file stating who verified the provider status and how the information was verified. If American Behavioral performs verification by reviewing lists or electronic files, the staff member doing the review should place a date and either signed or initialed note in the credentialing file that states what information was verified, by whom, what the source was and the report dates, if applicable. American Behavioral shall use the latest cumulative report released by the primary issuing source, as well as all subsequent periodic updates.

American Behavioral shall identify whether a provider has opted-out of participation in the Medicare program. If a provider has opted-out of the Medicare program, he/she/it will not be permitted to treat any Medicare or Medicare Advantage Plan patients.

VI. Recredentialing Process

A. Policy

American Behavioral shall credential providers for periods of time not greater than three years. The three year credentialing cycle shall begin with the date of the initial credentialing decision. Providers are considered credentialed after the Credentialing Committee has made its decision. Every three years thereafter, American Behavioral shall re-verify the credentialing information that is subject to change over time. Static historical elements, such as medical education and residency, do not need to be re-verified. The intent of the re-verification process is to identify any changes in the provider's licensure, sanctions, certification, competence or health status that may affect the provider's ability to perform the services that he or she is under contract to provide.

B. Procedure

On a regular and structured basis, American Behavioral shall at least every three years verify the following information from primary issuing sources regarding all providers in the American Behavioral network:

- ◆ A valid state license to practice,
- ◆ The status of clinical privileges at the institution designated by the provider as the primary admitting facility, as applicable
- ◆ A valid DEA or CDS certificate (or copy), as applicable,
- ◆ Board certification, if the provider was re-certified, or became board certified since the last time credentialed or re-credentialed
- ◆ Current, adequate malpractice insurance, according to American Behavioral's policy, and

- ◆ History of professional claims resulting in settlements or judgments paid by or on behalf of the provider.

The re-credentialing process shall include a current, signed attestation statement by the applicant regarding:

- ◆ The reasons for any inability to perform the essential functions of the position with or without accommodation, and
- ◆ Lack of present illegal drug use.

VII. Provider Information For Re-Credentialing

A. Policy

Part of the re-assessment of a provider's performance involves reviewing recent experience regarding malpractice or sanction activity. Therefore, prior to making a re-credentialing decision, American Behavioral shall receive information from recognized monitoring organizations appropriate to the provider's discipline and shall include this information in the re-credentialing records. A history of malpractice or sanction activity will not in and of itself cause American Behavioral to change its relationship with a provider; rather, it shall be considered as additional information that American Behavioral uses to evaluate the provider.

B. Procedure

Prior to any re-credentialing decisions and within 180 days of the final re-credentialing decision, American Behavioral shall either query the NPBD and report those findings regarding each applicant or obtain all of the following for each provider involved in the re-credentialing process:

- ◆ Query the state board of licensure, and
- ◆ Query the Federation of State Medical Boards (FSMB).

Regarding any previous or current state sanctions, restrictions or licensure and/or limitations on scope of practice, American Behavioral shall do one or more of the following:

- ◆ Query the FSMB, and
- ◆ Query the appropriate state agency.

The query should include all of the states in which the provider has worked in the most recent five year period. The query can be written or oral. Oral verification requires a note signed and dated by the American Behavioral staff member verifying the information in the credentialing file and stating how the information was verified. Written verification may take the form of a documented review or periodic reports released by the primary sources of credentialing data. For example, some state medical boards release bulletins that include license suspensions, revocations or other sanctions. American Behavioral should review the latest cumulative report released by the primary issuing source, as well as all subsequent periodic updates.

American Behavioral shall verify the provider's Medicaid and Medicare status from a query of the following:

- ◆ The Office of Inspector General's List of Excluded Individuals/Entities Report,
- ◆ General Services Administration's List of Parties Excluded from Federal Procurement and Nonprocurement Programs, and
- ◆ The state Medicaid agency or intermediary and the Medicare intermediary;

A review of the Medicare/Medicaid sanction should cover the most recent three year period available through the data sources. Oral verification requires a dated and either signed or initialed note in the credentialing files stating who verified the provider's status and how it was verified. If American Behavioral performs verification by reviewing lists or electronic files, the American Behavioral staff member doing the review should place a dated and either signed or initialed note in the credentialing file that states what information was verified, by whom, what the source was, and the report dates, if applicable. American Behavioral should use the latest cumulative report released by the primary issuing source as well as all the subsequent periodic updates.

Standby

C. Policy

For those providers who are credentialed by American Behavioral, but who are not currently seeing patients through the American Behavioral system, a *Standby* category shall be available. This category shall be for those providers who choose not to go through the required submission of paperwork for recredentialing but are willing to do so once appropriate patients are again available through American Behavioral. During the interval, those providers are willing to be identified as available through American Behavioral.

D. Procedure:

1. To be eligible for placement in *Standby*, a provider must be fully credentialed by American Behavioral at the time of the decision.
2. While in *Standby*, a provider will not be required to update any information but agrees American Behavioral may use his or her name as a potential provider available through American Behavioral.
3. To reactivate, a provider in *Standby* will be required to meet all standards for credentialing/re-credentialing as is appropriate depending on elapsed time in *Standby*.

VIII. Re-credentialing Decision-Making Process

A. Policy

The recredentialing evaluation process for behavioral healthcare providers includes an appraisal of the provider's professional performance, judgment and clinical competence. This appraisal includes a review of information collected since the previous (re)credentialing cycle in carrying out quality improvement, utilization management and member satisfaction activities. It also includes a review of member complaints and compliments related to the provider. The recredentialing documentation shall clearly show that these data sources were examined, regardless of whether any information was found. In addition, recredentialing decision making shall take into consideration information from any site visits.

B. Procedure

In addition to the information set forth in Section VI and VII of this Policy and Procedure Manual, American Behavioral shall incorporate data from at least three of the following sources in its recredentialing decision making process:

- ◆ Member complaints,
- ◆ Information from quality improvement activities,
- ◆ Information from utilization management activities,
- ◆ Member satisfaction data,
- ◆ Treatment record reviews, or
- ◆ Site visit.

There will be evidence that American Behavioral takes action based on the data. Examples of actions may include any of the following:

- ◆ Continued participation in the American Behavioral network.
- ◆ Required participation in continuing education. Listing is not required if American Behavioral has written verification that the appropriate licensure body requires proof of continuing education prior to issuing re-licensures.
- ◆ Required supervision.
- ◆ A clear plan for improvement with the provider.
- ◆ Evidence of changes in the scope of practice.
- ◆ Termination of the provider's contract with American Behavioral.

IX. Organizational Credentialing

A. Policy

American Behavioral shall ensure that organizational providers (e.g. facilities such as psychiatric hospitals and clinics, addiction disorder facilities and clinics and psychiatric and addiction disorder residential treatment centers) are in good standing with regulatory bodies and are accredited by an appropriate accrediting body. American Behavioral shall complete this review before contracting with facilities, will perform off year verification of licensure and accreditation standing, and will recredential every three years. If a facility is not accredited, American Behavioral will not allow network participation unless reviewed and approved by senior clinical staff members.

Behavioral healthcare providers who practice exclusively within a facility and exercise no independent judgment regarding the diagnosis or treatment for members of American Behavioral do not have to be individually credentialed or recredentialed because they are under contract with the specific facility and have no independent relationship with American Behavioral. However, if these providers independently provide care to members, they are subject to American Behavioral's credentialing and recredentialing standards for independent providers.

B. Procedure

1. Facilities In-Network for Viva Health, Inc. Members:

- a. Obtain a completed credentialing application including the following documentation:
 - 1) Copy of current Accreditation Certificate (JCAHO, CARF and/or DNV);

- If organization/facility does not have current accreditation by an agency which verifies the information listed below, additional review will be required. The Credentialing Committee, Medical Director and/or Vice President of Clinical Services may require a site visit prior to approval.
- 2) Copy of current Alabama State Board of Health License;
 - 3) Copy of current Federal DEA Certificate (if applicable);
 - 4) Copy of current Alabama State Controlled Substance License (if applicable);
 - 5) Copy of current Alabama Board of Pharmacy License (if applicable)
 - 6) Copy of current Malpractice/General Liability Insurance Certificate reflecting policy number, coverage amount, and expiration date;
 - 7) Copy of letter listing NPI number(s);
 - 8) Copy of CMS Approval Letter with Medicare Number
 - 9) Copy of Business License (if applicable)
 - 10) Copy of current Quality Improvement (QI) and Utilization Management (UM); Program and /or Performance Improvement Plan
 - Must be reviewed, signed, and dated on an annual basis
 - 11) List of Psychiatric/Mental Health and/or Substance Abuse treatment services provided by facility (i.e. brochure);
 - 12) List of Psychiatric Provider Roster
 - 13) Completed and signed EFT Form and Voided check
 - 14) Completed and signed W-9 Form
- b. Upon initial review of the completed file, the Credentialing Committee, the Medical Director and/or the Vice President of Clinical Services may require a site visit prior to signing any agreement with said organization/facility.
- c. Following the approval of the Credentialing Committee, American Behavioral will obtain off-year verifications for the following:
- 1) Alabama State Board of Health License
 - 2) Malpractice/General Liability Insurance Certificate
 - 3) Any additional certifications requested in I.A. above
- d. Each organization/facility contract will be scheduled for re-appointment with American Behavioral within 36 months of initial approval. At the time of recredentialing, American Behavioral will:
- 1) Obtain a completed recredentialing application;
 - 2) Obtain accompanying licenses/certifications required at the time of initial credentialing;
 - 3) Confirm that the facility remains in good standing with state and federal regulatory bodies

2. Facilities Not In-Network for VIVA Health, Inc. Members:

- a. Obtain a completed credentialing application including the following documentation:
 - 1) Copy of current Accreditation Certificate (JCAHO and/or CARF);
 - If organization/facility does not have current accreditation by an agency which verifies the information listed above, additional review will be

required. The Credentialing Committee, Medical Director and/or Vice President of Clinical Services may require a site visit prior to approval.

- 2) Copy of current State Board of Health License;
- 3) Copy of current Malpractice/General Liability Insurance Certificate reflecting policy number, coverage amount, and expiration date;
- 4) Copy of current Federal DEA Certificate (if applicable);
- 5) Copy of letter listing NPI number(s);
- 6) Copy of Business License (if applicable);
- 7) Copy of current Quality Improvement(QI) and Utilization Management (UM); Program and/or Performance Improvement Plan (Must be reviewed, signed and dated on an annual basis)
- 8) List of Psychiatric/Mental Health and/or Substance Abuse treatment services provided by facility (i.e. brochure);
- 9) List of Psychiatric Provider Roster
- 10) Completed and signed W-9 Form
- 11) Completed and signed EFT Form with voided check

- b. At least every three years, American Behavioral will validate that the facility:
 - 1) Maintains good standing with state and federal regulatory bodies;
 - 2) Maintains accreditation by an appropriate accrediting organization

XI. Fair Hearing Process

A. Policy

The purpose of this Fair Hearing Process is to establish fair hearing rights and proceedings for certain actions taken against credentialed providers and organizations (referred to in this Article XI as providers). Any one or more of the following actions or recommendations shall afford the affected provider the right to a Fair Hearing as set forth in this Section XI:

1. Where an action has been taken or a recommendation has been made against a credentialed provider based on his/her/its professional competence or conduct and such action or recommendation will adversely affect or limit the provider's participation in the American Behavioral network; or
2. A Fair Hearing is otherwise afforded a credentialed provider under his/her/its Participating Provider Agreement with American Behavioral.

Except as specifically set forth above, Fair Hearings are not otherwise afforded to providers, including, but not limited to, where a provider fails to comply with American Behavioral contract requirements, administrative policies, or business or billing practices. Further, a Fair Hearing is not afforded to providers who have been denied initial appointment to the American Behavioral participating provider network.

B. Notice and Pre-Hearing Procedures

1. Notice of Action or Recommendation
 - a. In all cases where an action has been taken or a recommendation has been made against a provider which will constitute grounds for a Fair

Hearing, the American Behavioral President/CEO and/or Chief Medical Officer shall give the affected provider written notice of the action or recommendation and his/her/its right to request a Fair Hearing.

- b. The notice to the provider will include the following:
 - 1) A description of the action or proposed action;
 - 2) The reasons for the recommendation or action, including acts or omissions with which the affected provider is charged;
 - 3) The right to request a Fair Hearing pursuant to Section B(2) of this Section XI;
 - 4) That a Fair Hearing must be requested within thirty-one (31) calendar days of receipt of the notice and that a failure to do so within the specified time period shall constitute a waiver of the provider's rights to a Fair Hearing;
 - 5) A summary of the provider's rights at the Fair Hearing, including the right to representation by an attorney, the right to have a record made of the proceedings, the right to present all relevant evidence (even if it would not be admissible in a court of law), the right to a list of all witnesses who are expected to give testimony on behalf of American Behavioral, the right to call, examine and cross-examine witnesses, the right to submit written statements for the record during the Fair Hearing, and the right to receive the written recommendation or decision of the Hearing Committee; and
 - 6) A copy of this Section XI.

2. Request for a Hearing

- a. The provider shall have thirty-one (31) calendar days following the date of receipt of the notice of action or a proposed action to request a Fair Hearing.
- b. The request for a Fair Hearing shall be in writing and shall be directed to the American Behavioral President/CEO, in accordance with the requirements set forth in Section B(8) of this Section XI.
- c. If the provider does not request a Fair Hearing within the specified time period and in the manner described in this Section, such failure shall constitute a waiver of his/her/its right to a Fair Hearing and the recommendation, decision, or action involved will be sent to the American Behavioral President/CEO for a final decision pursuant to Section C(6) of this Section XI.

3. Scheduling and Notice of Hearing

- a. Upon receiving a timely request for a Fair Hearing, the American Behavioral President/CEO, or his/her designee, shall schedule a Fair Hearing in a timely manner.
- b. The date of the Fair Hearing shall not be less than thirty-five (35) days nor more than ninety (90) days from the date of receipt of the Fair Hearing notice by the provider; provided, however, that in the case of an immediate termination of the provider, the Fair Hearing can be held as soon as arrangements may reasonably be made if the provider has waived in writing his/her/its minimum thirty-five (35) day Fair Hearing notice period.
- c. The notice of the Fair Hearing shall include the place, time, and date of the Fair Hearing, and a list of the witnesses (if any), so far as then reasonably known or anticipated, who are expected to give testimony or evidence at the Fair Hearing in support of the recommendation or action taken. The notice shall remind the provider of his/her/its Fair Hearing rights (see Section B(1) above), including the right to representation by an attorney. The notice shall include the names of the Hearing Committee members and the Chairman, if so appointed.

d. Selection of a Hearing Committee and Chairman

- e. The American Behavioral President/CEO shall be responsible for appointing a Fair Hearing committee ("Hearing Committee"). The following criteria will be utilized in selecting members of the Hearing Committee:
 - 1) A minimum of three (3) providers shall be selected to serve on the Hearing Committee who are in good standing and are approved and/or contracted by American Behavioral to provide care and services within its delivery system.
 - 2) The Hearing Committee members shall be impartial and shall not have actively participated in the formal consideration of the matter at any previous level (*i.e.*, they shall not have acted as an accuser, investigator, fact finder, initial decision maker, etc., in the same matter). Mere knowledge of the matter involved shall not preclude a provider from serving as a member of the Hearing Committee.
 - 3) The Hearing Committee members shall stand to gain no financial benefit from the outcome of the proceedings and shall not be in direct economic competition with the affected provider.
 - 4) If possible, one member of the Hearing Committee shall practice in the same specialty as the affected provider.

- f. The American Behavioral President/CEO may designate a chairperson of the Hearing Committee ("Chairman") who shall preside over the Hearing Committee. The Chairman can be a member of the Hearing Committee or another individual with experience in these types of hearing proceedings. The Chairman must not be in a position to financially benefit from the outcome of the Fair Hearing and must not act as a prosecuting officer or as an advocate for any party. The Chairman is responsible for assuring that all parties to the Fair Hearing have a reasonable opportunity to present oral and documentary evidence in an efficient and expeditious manner and that proper decorum is maintained throughout the proceedings. Unless also a member of the Hearing Committee, the Chairman shall not be entitled to vote.

4. Challenge to Hearing Committee and/or Chairman

- a. Within ten (10) days of the notice of the Fair Hearing, the provider shall be entitled to challenge in writing the impartiality of the Hearing Committee members and the Hearing Chairman, if any. Challenges shall be ruled on by the Hearing Chairman, or if one has not been appointed by the President/CEO of American Behavioral, who shall apply applicable legal principles defining standards of impartiality for Fair Hearing panels and Fair Hearing officers in proceedings of this type. Ruling on all such challenges shall occur within ten (10) days of receipt of the challenge.

5. Representation

- a. The affected provider shall be entitled to representation by legal counsel in any phase of the Fair Hearing, should he or she so choose. In the absence of legal counsel, the provider shall be entitled to be accompanied by and represented at the Fair Hearing by a provider of his/her/its choice who is a participant in the American Behavioral network.
- b. American Behavioral shall be entitled to representation by legal counsel in any phase of the Fair Hearing, should it so choose. In the absence of legal counsel, American Behavioral shall be entitled to be accompanied by and represented at the Fair Hearing by a member of its administration.

6. Record of the Hearing

- a. A record of the Fair Hearing proceedings shall be made American Behavioral by such means as determined appropriate by American Behavioral in its sole discretion. The cost of recording shall be borne by American Behavioral, but the cost of the transcript of the hearing, if any, shall be borne by the party requesting it.
- b. The record shall contain all exhibits or documents considered by the Hearing Committee in its deliberations.

7. Notices

- a. Except where specific notice provisions are otherwise provided in this Section XI, any and all notices required or permitted shall be in writing, properly sealed, and shall be sent through United States Postal Service, first-class postage prepaid via certified mail, return receipt requested.

- b. Notices mailed to American Behavioral shall be addressed as follows:

American Behavioral Benefits Managers, Inc.
Attn: President/CEO
2204 Lakehshore Drive, Suite 135
Birmingham, AL 35209

- c. Notices mailed to the provider shall be addressed using the address as it last appears in the official records of American Behavioral.

C. Conduct of Hearing

1. Failure to Appear

Failure of the provider to personally attend and proceed at the Fair Hearing without good cause shall be deemed to constitute waiver of his/her/its right to a Fair Hearing and voluntary acceptance of the recommendation or action involved, which shall thereupon become the final decision of the Hearing Committee.

2. Rights of the Parties

- a. Within reasonable limitations, both sides at the Fair Hearing may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who testify orally on any matter relevant to the issues, and otherwise rebut evidence, as long as these rights are exercised in an efficient and expeditious manner.

- b. The provider may be called by American Behavioral and examined as if under cross-examination.

- c. The affected provider and American Behavioral shall have the right to submit a written statement after the close of testimony at a time decided upon by the Hearing Committee.

3. Rules of Evidence

- a. Judicial rules of evidence and procedure relating to the conduct of the Fair Hearing, examination of witnesses, and presentation of evidence shall not apply to a Fair Hearing under this Policy. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.
- b. The Hearing Committee may question the witnesses or call additional witnesses if it deems such action appropriate.

4. Adjournment and Conclusion

- a. The Hearing Committee may adjourn and reconvene the Fair Hearing, without special notice, at such times and intervals as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the proceedings.
- b. Upon conclusion of the presentation of oral and written evidence, or the receipt of closing written arguments (if submitted), the Fair Hearing shall be closed at such time as deemed appropriate by the Hearing Committee. The Hearing Committee may thereafter conduct its deliberations outside the presence of the affected provider, American Behavioral, and their respective counsel or representatives.

5. Decision of the Hearing Committee

- a. The decision of the Hearing Committee shall be based on the evidence introduced at the Fair Hearing, including all logical and reasonable inferences from the evidence and the testimony. Any decision shall require a majority vote of the Hearing Committee members, and can include a recommendation that no corrective action be taken against the provider, or supervision, suspension, termination or any other corrective action warranted by the facts and circumstances.
- b. Within thirty (30) days after the Fair Hearing is closed, the Hearing Committee shall render a written recommendation which shall be accompanied by a written report and shall be delivered to the American Behavioral President/CEO. If the provider has been terminated from network participation, however, the time for the recommendation shall be fifteen (15) days. A copy of the report shall also be forwarded to the affected provider and the American Behavioral Chief Medical Officer.
- c. The report shall contain a concise statement of the reasons in support of the recommendation.
- d. The recommendation shall only be made in the reasonable belief that the action is in furtherance of quality health care, after a reasonable effort to obtain the facts, after adequate notice and Fair Hearing procedures are afforded (unless waived by provider in accordance with this Policy), and

in the reasonable belief that the action was warranted by the facts known after a reasonable effort to obtain the facts.

6. Final Decision of the American Behavioral President/CEO

- a. Within twenty (20) days after receiving the recommendation and report of the Hearing Committee or waiver of all Fair Hearing rights, the American Behavioral President/CEO shall make his or her final decision.
- b. The final decision of the American Behavioral President/CEO shall be in writing and shall specify the reasons for the action taken. A copy of the final decision shall be forwarded to the affected provider and the Chief Medical Officer.
- c. The American Behavioral President/CEO's decision is final and there shall be no further right of the provider to appeal.
- d. Notwithstanding any other provision in American Behavioral's policies and procedures to the contrary, the provider shall not be entitled to more than one (1) Fair Hearing on any matter which shall have been the subject of an action.

7. Reporting Adverse Actions

- a. American Behavioral shall comply with applicable State and Federal requirements and procedures for reporting adverse professional review actions ("Adverse Actions") to the appropriate State and Federal authorities (*e.g.*, State licensure board(s), National Practitioner Data Bank, Healthcare Integrity and Protection Data Bank, etc.).
- b. Prior to reporting any Adverse Action, American Behavioral shall consult with its legal counsel for advice and direction on its reporting obligations.

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