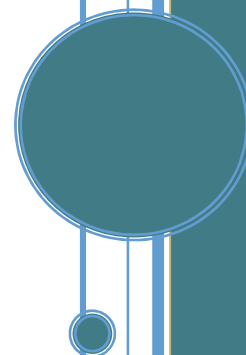




FULCRUM CREDENTIALING PLAN

2018

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FULCRUM CREDENTIALING PLAN

Introduction

The Fulcrum Credentialing Plan is designed to promote the highest quality of health care and service to members of clients contracted with Fulcrum Health Inc. (Fulcrum). This Program encompasses all components necessary for initial credentialing, recredentialing and ongoing monitoring to provide an intense proactive review of practitioners. For Fulcrum to have high quality networks, the networks must be composed of qualified practitioners who are reviewed thoroughly and continually to ensure that they meet or exceed established standards of National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC), legal standards, regulatory and accreditation standards, and contractual performance metrics and/or requirements.

Fulcrum's Credentialing Program, as adopted by the Quality Committee of the Board (QCB), outlines the organization's practitioner credentialing and recredentialing activities. The QCB delegates the authority to the Credentialing Committee (Committee) to oversee and approve the Program and network participation criteria, for credentialing and recredentialing decisions, and the operational administration of the Program and its policies and procedures. The QCB appoints the Chairperson of the Committee who is responsible for decisions made within the Program.

The Program's purpose is to document activities within credentialing to ensure that they are complying with all Federal, State and local laws and regulations. This document will define and establish the criteria used uniformly in assessing practitioner qualifications during initial credentialing and recredentialing, the processes used for verification and evaluation of credentialing elements, and any appeals processes if a practitioner does not meet the minimum criteria. The Program includes having a written Credentialing Plan for documenting specific credentialing responsibilities of staff and committee members as well as how and when documents are reviewed and approved. Nothing contained in the Credentialing Plan shall limit Fulcrum's discretion in accepting, restricting, disciplining or terminating a practitioner's association with Fulcrum. This plan may be changed at any time at Fulcrum's discretion. Changes to the plan are effective on the date of the change for new and existing practitioners.

Fulcrum's Credentialing Plan will be reviewed at least annually by the Credentialing Committee. The plan will be reviewed and approved by the QCB or designee annually.

Goals and Objectives

The Program consists of three functions: initial credentialing, recredentialing and ongoing monitoring. Initial credentialing is the collection and evaluation of a practitioner's application and supporting documents to join Fulcrum's network. Recredentialing is a similar process used for determining continued participation. Ongoing monitoring involves processes continually done to check license actions, State and Federal sanctions and member complaints.

Credentialing will process applications in an expedited manner based on the completeness of the submission as well as external responses will allow. Ongoing monitoring will be performed and acted upon if necessary within established timelines.

Fulcrum will make the credentialing process as transparent as possible to the practitioner and/or pertinent individuals. Practitioners will be informed of credentialing decisions in writing. Appeal rights, when applicable, will be communicated to the practitioner with clear instructions about the process.

Fulcrum does not make credentialing and recredentialing decisions based on an applicant's race, ethnic/national identity, gender, age, religion, disability, genetic information, sexual orientation, or on type of procedure performed (e.g., abortion) or patient (e.g., Medicaid) or source of payment in which the practitioner specializes. This does not preclude Fulcrum from including practitioners in the network who meet a certain demographic or specialty need. Committee members sign an affirmative statement to attest that they will make decisions in a non-discriminatory manner. Information regarding an applicant's race, ethnic/national identity, sexual orientation or type of patient seen is not required and normally not gathered by Fulcrum before, during, or after the credentialing or recredentialing process but if is obtained, it is never presented to the Committee or used in credentialing decisions. Review determinations are based solely on Fulcrum Credentialing criteria. Information as to an applicant's gender and date of birth is gathered solely for performing verifications and not discussed at any time during Committee meetings unless that specific information is relative and necessary in select cases. An annual report of all denied files is presented to the Committee noting the applicant's gender and date of birth to ensure Fulcrum's non-discrimination policies are upheld. Fulcrum also conducts periodic audits of practitioner complaints to determine if any complaints allege discrimination.

Program Structure

Fulcrum, as a nonprofit organization, is governed by their Bylaws and strategically led by the Board of Directors. The Board helps the organization to focus on delivering effective services that meet the needs of network practitioners and their patients and customers.

The Chief Operations Officer is directly responsible for the oversight of the day-to-day credentialing functions. The Fulcrum Board of Directors delegates oversight to the QCB which appoints the chairperson of the Credentialing Committee.

Committee members are comprised of Fulcrum clinical directors and practicing network practitioners who are responsible for the review of each applicant's credentials for initial credentialing and recredentialing. The Committee also holds responsibility for reviewing, revising and approving the participation criteria and policies and procedures that support the Program. The Committee shall make reports to the QCB quarterly or more frequently as circumstances may warrant or as requested by the Board Chairperson or Chief Executive Officer. Committee meetings are conducted either in person or via a teleconference call. At no time are Committee meetings conducted by e-mail. Fulcrum's Chief Executive Officer will appoint all members of the Committee, other than the Chairperson who is appointed by the QCB. The Committee is composed of a minimum of three (3) members, including the Chairperson. Committee members may be removed at any time at their discretion or by request of the

Chairperson. Only practitioner committee members may vote on accepting, pending or declining practitioner applicants. At least two licensed committee members must be present to establish a voting quorum. The Committee members shall represent the practitioner types under review. Other staff may attend in a non-voting capacity to provide administrative support of Committee activities. The Committee may also utilize additional clinical practitioners for consultation only (no voting rights) in the review of a practitioner's application if necessary. The Committee shall meet monthly or as deemed necessary by the Chairperson.

The QCB confers authority to the Committee for practitioner credentialing and recredentialing decisions as well as the operational administration of the Program and its policies and procedures. The Committee shall utilize clinical members for consultation in the review of a practitioner's application.

The Committee holds responsibility for the following:

1. Credentialing and recredentialing of practitioners,
2. Establishing and maintaining the credentialing criteria used in review of practitioner applicants,
3. Establishing and maintaining the policies and procedures that support the Program,
4. Regulating practitioner compliance of administrative policies,
5. Monitoring practitioner requests for participation,
6. Overseeing delegation of credentialing and recredentialing activities, and
7. Reporting Committee actions and recommendations to the QCB at least quarterly.

Official minutes will be kept for each Committee meeting.

Staff Responsible for Program

Chief Executive Officer (CEO) – The Chief Executive Officer appoints the members of the Committee except the Chairperson who is appointed by the QCB.

Chief Clinical Officer (CCO) – The Chief Clinical Officer leverages experience as a licensed practitioner to serve as the Committee chair.

Chief Operations Officer (COO) – The Chief Operations Officer oversees the day-to-day credentialing functions.

Credentialing Manager – The Credentialing Manager is responsible for the day-to-day functions of the Program. The manager is the contact person for questions about the credentialing process, the status of an application, and attends the Committee to serve as administrative support to the voting members.

Scope of Program

The terms of this Credentialing Plan apply to all individuals who are applying for initial credentialing or recredentialing as practitioners in Fulcrum's network which would include practitioners who are directly contracted or who are employed by a company that holds a contract with Fulcrum. Locum tenens practitioners will not be credentialed fully by Fulcrum but will undergo verifications (license, OIG, SAM, malpractice insurance, Death Master File, and NPDB) prior to providing services.

Practitioner Rights

Practitioners are afforded and notified of the following rights during the credentialing or recredentialing application process via the cover letter included with each application:

1. The right to review information Fulcrum obtained when processing and evaluating their application;
2. The right to correct erroneous information; and
3. The right to request the status of their application review.

Fulcrum will notify the practitioner in writing and request clarification if during the credentialing process the information obtained through verification sources varies substantially from the information provided by the practitioner. The cover letter describes the time frame and process for correcting erroneous information.

Practitioners who want to review information submitted from outside sources to support their credentialing application must follow the time frame and process on the letter that accompanies all credentialing applications. Fulcrum will not make available peer references, recommendations, or peer-review protected information.

Practitioners with a submitted application may obtain a status at any given point. The process and time frame for such requests is described in the cover letter that accompanies each application. Fulcrum will release the date the application was started as well as what items are missing but will not indicate, if applicable, if certain peer reference requests are still outstanding. Fulcrum's staff can provide the next committee date but will not guarantee an application will be reviewed or approved at a certain committee but will suggest the practitioner or designee contact Fulcrum after a committee to get the timeliest status update.

Criteria for Network Participation

The criteria required for participation are established by practitioner type, adopted by the QCB, and approved by the Committee at least annually. Modifications and enhancements are made as necessary to ensure compliance with accrediting bodies, delegation agreements, regulatory requirements and unique criteria required by a contracted health plan.

Chiropractors must meet the minimum requirements below to apply for participation or continued participation with Fulcrum. If a participating practitioner no longer meets all these requirements, they will be terminated from the network and are not granted any appeal rights.

1. Be a graduate of chiropractic medicine from an institution that is accredited by the Council on Chiropractic Education.
2. Have a valid, current license in each state where the practitioner will see Fulcrum members. An exception would occur if a state licensing board does not require a license in that specific state because the person is a commissioned medical officer, a member of, or employed by the armed forces of the United States, the United States Public Health Service, the Veterans Administration, any federal institution or any federal agency while engaged in the performance of official duties within the state and the person is licensed in at least one other U.S. state.
3. Have current professional liability insurance that meets contractually established minimum limits. An exception would occur for practitioners covered by a State Tort or

Federal Tort through employment by the state or federal government or a Federally Qualified Health Center.

4. Complete and comply with the authorization and release in the credentialing application.
5. Not be currently restricted from receiving payments from any State or Federal program including but not limited to Medicare, Medicaid or third-party programs.
6. Attest to the lack of present illegal drug use.

Acupuncturists must meet the minimum requirements below to apply for participation or continued participation with Fulcrum. If a participating practitioner no longer meets all these requirements, they will be terminated from the network and are not granted any appeal rights.

1. Must meet the educational requirements to obtain license, certification or registration in the state(s) where the practitioner will provide services to members.
2. Have a valid, current license or certification or registration in each state where the practitioner will see Fulcrum members. An exception would occur if a state licensing board does not require a license in that specific state because the person is a commissioned medical officer, a member of, or employed by the armed forces of the United States, the United States Public Health Service, the Veterans Administration, any federal institution or any federal agency while engaged in the performance of official duties within the state and the person is licensed in at least one other U.S. state.
3. Have current professional liability insurance that meets contractually established minimum limits. An exception would occur for practitioners covered by a State Tort or Federal Tort through employment by the state or federal government or a Federally Qualified Health Center.
4. Complete and comply with the authorization and release in the credentialing application.
5. Not be currently restricted from receiving payments from any State or Federal program including but not limited to Medicare, Medicaid or third-party programs.
6. Attest to the lack of present illegal drug use.

Policies and Procedures/Process Guidelines

The Program is supported by administrative and operational policies and procedures. These policies and procedures document the details that support regulatory and contract delegation requirements as well as the standards established by accrediting organizations. Policies and procedures also provide general guidelines used by staff to process credentialing and recredentialing applications and perform ongoing monitoring.

Delegation of Credentialing/Recredentialing

Fulcrum does not delegate or sub-delegate any aspects of its credentialing, recredentialing, or ongoing monitoring. Fulcrum also does not conduct provisional credentialing for any of its practitioners and does not credential organizational practitioners. Due to external organizations delegating to Fulcrum, Fulcrum must review practitioner manuals from health plan customers and other delegates before Fulcrum institutes changes to their credentialing processes.

Confidentiality

All credentialing/recredentialing applications and associated documentation and data shall be kept confidential in accordance with all applicable state and federal privacy laws. All employees

are trained in Fulcrum's confidentiality policy and procedures as well as in Health Insurance Portability and Accountability Act (HIPAA) guidelines. Data shall be maintained on network drives with limited accessibility by staff or within credentialing software which is password-protected and has security levels built within it for permitted users.

Credentials Documentation and Verification

The following documents are required and must be submitted with a complete, signed application:

1. Certificate of current professional liability insurance coverage at Fulcrum's required limits
2. Completed W-9 form
3. Satellite Office form (as appropriate)
4. Disclosure of Ownership form
5. Electric Funds Transfer form
6. Cultural Competency form (TBD)
7. ADA form (TBD)

In addition to the documents listed above, Fulcrum conducts verifications on all practitioners:

1. National Practitioner Data Bank (NPDB)
2. Office of the Inspector General (OIG)
3. System of Award Management (SAM)
4. National Plan & Practitioner Enumeration System (NPPES)
5. Social Security Death Master File (SSDMF)
6. State Licensing Boards (when applicable)
7. Certification Boards (when applicable)
8. Social Security Death Master File
9. State Level Medicare and/or Medicaid sanction lists (when applicable)
10. Work History for last five years (if necessary)
11. Education
12. Peer references (if necessary)

Practitioners who withdraw their application prior to a decision being made on it via the expedited process or by the credentialing committee are considered neither reviewed nor a denial. If all credentialing requirements have been met and the practitioner is recommended for approval, the credentialing manager will submit the file to the Chairperson (Chief Clinical Officer) or the Committee for approval depending on the urgency of the practitioner's application. If all credentialing requirements have not been met, the file can only be submitted to the Committee for evaluation.

Practitioner Directories and other Client Materials

Fulcrum will use an established process for ensuring practitioner information gathered during the credentialing process is listed accurately in practitioner directories and other client materials. These data elements include:

1. Practitioner name
2. Location(s)
3. Telephone Number
4. Education
5. Training

6. Certification (where applicable)
7. Specialties (where applicable)
8. Practitioner's clinic hours
9. Practitioner's website URL (where applicable)
10. Practitioner cultural/linguistic capabilities
11. Accommodations for people with physical disabilities
12. Practitioner accepting new patients

A quarterly audit is performed by Fulcrum's Quality Specialist or other designated staff to ensure accuracy of the practitioner directory database. The Credentialing Manager will be advised of the results to determine if additional audits are necessary. Information can also be updated at any time in response to a practitioner's correspondence or information on a returned application.

Committee Oversight of Program/Structure

Credentialing Committee

The Committee will review all credentialing files and will render a decision regarding practitioner network participation. Fulcrum has established an expedited process for managing credentialing and recredentialing clean files that meet the established criteria. Approval of clean files may be made by the Chief Clinical Officer or Assistant Chief Clinical Officer or other equally qualified practitioner committee member. All clean files are placed on a list of approved practitioners, which is reviewed at the next available Committee meeting.

Fulcrum Credentialing Committee Practitioner Appeal Process

Fulcrum has an established process for processing all practitioner appeals related to decisions where participation was declined/rejected or ongoing participation was terminated. This process allows for an appeal when Fulcrum acts on the practitioner's participation due to quality of service, state board action, administrative non-compliance with Fulcrum's policies and procedures. Practitioner credentialing or recredentialing appeals are heard by Fulcrum's ad hoc appeals committee consisting of licensed practitioners selected by the Credentialing Committee who were not involved in the initial decision. The practitioner is notified in writing of the Committee's decision within thirty (30) calendar days from the date the decision was made.

Fulcrum Credentialing Committee Grievance Process

Fulcrum has formal grievance procedures in place for processing and responding to all practitioner and member grievances or complaints. These procedures are in place to ensure that Fulcrum researches thoroughly and in a timely manner resolves any complaint it receives. The grievance procedures are communicated to practitioners via the practitioner portal and websites.

Committee Subcommittee or Ad Hoc Committee

The Committee may establish subcommittees or an ad hoc committee to carry out specific duties or projects. Any subcommittee or ad hoc committee shall be required to report regularly to the Committee. When the purpose of an established subcommittee or ad hoc committee is complete, the subcommittee or ad hoc committee may be dissolved through Committee action.

QCB

The Fulcrum Credentialing Plan will be reviewed and approved by the QCB or its designee annually. The QCB delegates oversight of the Program to the Committee and confers authority to the Committee for practitioner credentialing and recredentialing decisions as well as the operational administration of the Program and its policy and procedures. The QCB also appoints the Chairperson of the Committee who is responsible for the decisions made within the framework of the Program.

Document History:

Date	Update
12/7/2017	Program effective date
6/21/2018	Updated leadership involved with credentialing, delegation status