



Behavioral Solutions of California

## **OPTUMHEALTH BEHAVIORAL SOLUTIONS OF CALIFORNIA**

### **Clinician and Organizational Provider Credentialing Plan 2022**

OptumHealth Behavioral Solutions of California Credentialing Committee Approval: 03/10/22

OptumHealth Behavioral Solutions of California QIC Approval: 03/24/2022

OptumHealth Behavioral Solutions of California Board of Directors Approval: 04/12/222

Revision date(s): 2/12/04, 3/26/04, 10/4/04, 8/18/05, 7/27/06, 8/14/06, 11/10/08, 11/2/09, 12/6/10, 2/16/12, 8/8/12, 5/9/14, 2/3/15, 9/20/16, 2/8/18, 6/29/18, 1/7/19, 2/26/20, 09/25/20, 2/17/22

**[The Credentialing Plan may be distributed to participating Clinicians and Organizational Providers upon request.]**

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## SECTION 1 - INTRODUCTION

### Section 1.1 - Purpose

Without limiting any remedies available under law, contract or pursuant to OptumHealth Behavioral Solutions of California<sup>1</sup> (“OHBS-CA”)<sup>1</sup> protocols and policies, the purpose of this Credentialing and Recredentialing Plan ("Credentialing Plan") is to provide an overview of OHBS-CA policies for credentialing, recredentialing, ongoing monitoring, and actions, including without limitation, termination of Agreements with clinicians and other health care professionals (“Clinicians”), and organizational providers (“Organizational Providers”) (collectively, Clinicians and Organizational Providers shall be referred to as “Providers”) who provide care and services to OHBS-CA enrollees. All OHBS-CA network Providers are subject to the Credentialing Plan, Agreement, the Network Manual, and any and all amendments or changes thereto, and all are to be read together to the extent allowable pursuant to the terms and conditions thereof.

Credentialing is a peer-review process designed to review certain information pertinent to OHBS-CA’s decision whether to contract a provider, either initially or on an ongoing basis. The process described in the Credentialing Plan will be initiated only after OHBS-CA makes a preliminary determination that it wishes to pursue contracting or re-contracting with the Applicant.

Decisions and actions of OHBS-CA are guided primarily by (a) consideration of each Applicant’s potential contribution to the objective of providing effective and efficient health care services to OHBS-CA’s enrollees; (b) OHBS-CA's need for Clinicians and Organizational Providers within its service area; and (c) judging each Applicant for credentialing and recredentialing without discrimination due to age, race, gender, color, religion, ethnic/national identity, ancestry, disability, marital status, covered veteran status, sexual orientation, status with respect to public assistance, blindness or partial blindness, handicap, physical or mental impairment, victims of domestic violence, types of patients seen, or any other characteristic protected under state, federal or local law.

OHBS-CA utilizes the services of Optum<sup>2</sup> staff or Aperture, a National Committee for Quality Assurance (NCQA) certified Credentialing Verification Organization (CVO) to perform some functions of the credentialing and recredentialing processes.

### Section 1.2 - Discretion, Rights, and Changes

OHBS-CA has the sole right to determine which Providers it accepts and maintains as participating Providers. It is within the discretion of the Credentialing Committee whether to offer an Applicant Clinician or Organizational Provider the opportunity to appeal any action under this Credentialing Plan, unless required by state law. This Credentialing Plan does not limit OHBS-CA's rights or remedies available under any other policy, protocol, manual or agreement, including without limitation, its participating Clinician and Organizational Provider written Agreements, or Network Manual. This Credentialing Plan may be changed

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<sup>1</sup> U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

<sup>2</sup> United Behavioral Health operating under the brand Optum

without the prior approval of participating Clinician or Organizational Providers when OHBS-CA, in its sole discretion, determines there is a need. Any and all changes hereto will be effective as of the effective date of the change. OHBS-CA informs Providers of changes to the Credentialing Plan through provider bulletins and its web page, *providerexpress.com*.

## SECTION 2 - DEFINITIONS

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

- **“Agreement”** means an agreement between OHBS-CA and a Clinician or Organizational Provider that sets forth the terms and conditions for participation in the OHBS-CA network.
- **“Appeal”** means (i) a request by a Participating Clinician or Organizational Provider to reconsider a quality-of-care decision that limits, restricts, suspends or terminates the Clinician’s or Organizational Provider’s participation in OHBS-CA's network; or (ii) a request by a Participating Clinician or Organizational Provider to reconsider a decision, as allowed by state law.
- **“Appeals Committee”** means a committee created by OHBS-CA to provide Appeals, as required by Credentialing Authorities or the pertinent Agreement.
- **“Applicant”** means an independently licensed Clinician or an Organizational Provider who has submitted an application to OHBS-CA for credentialing or recredentialing.
- **“Application”** means the document provided by OHBS-CA (or its designee) to a provider which, when completed, will contain information for Credentialing Committee review as part of its determination whether Applicant meets the Credentialing Criteria.
- **“Application Received Date”** means the date on which OHBS-CA receives the signed, dated and complete Application for network participation from a provider.
- **“Applied Behavior Analysis Agency”** or **“ABA Agency”** means an organization that has entered into a Group Participation Agreement with USBHPC for the treatment of pervasive developmental disorders or autism and is directed/supervised by a Board Certified Behavior Analyst or a California licensed psychiatrist, psychologist, or Master’s Level clinician. The ABA Agency may employ **“Qualified Autism Service Providers”**, **“Qualified Autism Service Professionals”** and **“Qualified Autism Service Paraprofessionals** in the delivery of treatment”.
- **“Benefit Plan”** means a benefit plan or portion thereof that: (i) is administered by OHBS-CA; and (ii) contains the terms and conditions of an enrollee’s coverage.
- **“Clinician”** means any health care professional who is permitted by law to practice independently within the scope of the individual’s license or certification, and includes, but is not limited to, medical doctors (MDs), doctors of osteopathy (DOs), psychologists (PhDs), social workers, licensed counselors, marriage and family therapists, advanced registered nurse practitioners (ARNPs) physician assistants (PAs) and all other non-physician practitioners who have an independent relationship with the Credentialing Entity and provide care under a Benefit Plan.
- **“CMS”** means Centers for Medicare & Medicaid Services.

- **“CMS Preclusion List”** means a list generated by CMS that contains the names of prescribers, individuals and entities that are unable to receive payments for Medicare Advantage health care items and services.
- **“Competency”** means the Clinician has the credentials and skills, determined by a review of relevant work and education experience, to perform his/her professional duties and responsibilities appropriate to their discipline in accordance with applicable law, regulatory agencies, governing entities or bodies, and professional associations, without malfeasance, nonfeasance, misfeasance, remedial action, disciplinary action, restriction, sanction, censure, admonishment, reprimand, or any wrongdoing of any kind or description that may relate to his/her profession, or which demonstrates an inability to perform in accordance herewith.
- **“Credentialing Authorities”** means the National Committee for Quality Assurance (“NCQA”), other accrediting body as applicable to OHBS-CA, the Center for Medicare and Medicaid Services (“CMS”), as applicable, and other applicable state and federal regulatory authorities; to the extent such authorities dictate Credentialing requirements.
- **“Credentialing Committee”** means a standing committee that implements the Credentialing Plan.
- **“Credentialing Criteria”** are those found in Sections 4, 5 and 6, as applicable, and applicable policies, as it may be amended from time to time.
- **“Credentialing Decision Date”** is the date on which the Credentialing Committee makes its decision to indicate approval or denial of Credentialing or Recredentialing for an Applicant.
- **“Credentialing Delegation Agreement”** is a mutually agreed upon document by which OHBS-CA delegates specified credentialing responsibilities to a Delegated Entity; the Delegated Entity is required to meet certain standards related to its credentialing and recredentialing responsibilities.
- **“Credentialing” or “Recredentialing”** means the process of assessing and validating the applicable criteria and qualifications of providers to become or continue as Participating Providers, as set forth in the Credentialing Plan.
- **“Delegated Entity”** is a group practice, hospital or credentials verification organization (CVO) or other entity to which OHBS-CA has delegated specific credentialing and recredentialing responsibilities under a Credentialing Delegation Agreement.
- **“Encumbered License”** means a restriction that includes but is not limited to the following: a requirement to obtain a second opinion from another practitioner prior to patient diagnosis or treatment; a limitation on prescription drug writing; a limitation on providing examination, diagnosis or procedure without a second person present or approving the procedure; or restriction, suspension or involuntary termination of hospital staff privileges if the Clinician’s specialty normally admits patients to a hospital; a restriction on or prohibition from performing a service or procedure typically provided by other clinicians in the same or similar specialty. The restrictions listed above are not exclusive. There may be other restrictions or conditions, not specifically identified in the definition above, that rise to the level of an encumbered license.
- **“NCQA”** means the National Committee for Quality Assurance.
- **“Notice”** Effectively deemed to be delivered upon Provider when sent to the last known

address of Participating Provider, when sent via First Class mail, postage prepaid and properly addressed, overnight delivery, email or facsimile transmission. Receipt is deemed delivered and received by Provider on the third business day after mailing or actual date of delivery if via overnight, email or facsimile transmission.

- **“NPDB”** means the National Practitioner Data Bank.
- **“OIG/LEIE”** means Office of the Inspector General List of Excluded Individuals and Entities.
- **“Organizational Providers”** include, but are not limited to, inpatient psychiatric and/or substance use disorder (rehabilitation and detoxification) units or facilities, home health care providers, residential rehabilitation facilities (substance abuse), residential facilities (mental health) intensive outpatient programs, partial hospitalization programs, and outpatient (ambulatory) behavioral health centers (this includes CMHCs and other group providers), eating disorder facilities and providers who render applied behavior analysis (ABA) services.
- **“Participating Clinician”** means an independently licensed Clinician who has entered into a Participating Provider Agreement with U. S. Behavioral Health Plan, California (“USBHPC”).
- **“Participating Organizational Provider”** means an Organizational Provider that meets the licensing requirements of their state and that has entered into a Participating Provider Agreement with USBHPC.
- **“Participating Provider”** means, collectively, both Participating Clinicians and Participating Organizational Providers.
- **“Primary Source Verify”** means to verify directly with an educational, accrediting, licensing, other entity, or NCQA approved entity that the information provided by Applicant is correct and current.
- **“Qualified Autism Service Provider” (QASP)** (California Health & Safety Code §1374.73(c)(3) means:

A person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person who is nationally certified; or,

A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist<sup>3</sup> who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.
- **“Qualified Autism Service Professional”** (California Health & Safety Code §1374.73(c)(4) means an individual who meets all of the following criteria:

A. Provides behavioral health treatment, which may include clinical case management and case supervision under the direction and supervision of a QASP;

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<sup>3</sup> Pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code.



- B. Is supervised by a QASP;
  - C. Provides treatment pursuant to a treatment plan developed and approved by the QASP;
  - D. Is a behavioral service provider who meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program;
  - E. Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.
  - F. Is employed by the QASP or an entity or group that employs QASPs responsible for the autism treatment plan.
- **“Qualified Autism Service Paraprofessional”** (California Health & Safety Code §1374.73(c)(5) means an unlicensed and uncertified individual who meets all of the following criteria:
    - A. Is supervised by a QASP or Qualified Autism Service Professional at a level of clinical supervision that meets professionally recognized standards of practice;
    - B. Provides treatment and implements services pursuant to a treatment plan developed and approved by the QASP;
    - C. Meets the education and training qualifications described in Section 54342 of Title 17 of the California Code of Regulations;
    - D. Has adequate education, training, and experience, as certified by a QASP or an entity or group that employs QASPs.
 

OHBS-CA requires that the Qualified Autism Service Paraprofessional demonstrate adequate education, training and experience as follows:

      - i. having a high school diploma or equivalent, has completed thirty (30) hours of competency-based training designed by a Certified Behavior Analyst, and has six (6) months experience working with persons with developmental disabilities; or
      - ii. possessing an Associate Degree in either a human, social or educational services discipline, or a degree or certification related to behavior management, from an accredited community college or educational institution, and has six (6) months experience working with persons with developmental disabilities.
    - E. Is employed by the QASP or an entity or group that employs QASPs responsible for the autism treatment plan.
  - **“SAM”** means Systems for Awards Management; this system encompasses the former General Service Administration (GSA) as well as the Excluded Parties List System (EPLS)

## **SECTION 3 – BOARD OF DIRECTORS AND COMMITTEE STRUCTURE**

### **Section 3.1 - Board of Directors**

The Board of Directors (“Board”) delegates overall responsibility and authority to its standing

Credentialing Committee for credentialing and recredentialing. The Board of Directors also delegates to the Credentialing Committee the authority to administer this Credentialing Plan and to approve Behavioral Network Services Credentialing Policies and Procedures. OHBS-CA has the authority to sub-delegate all or part of its credentialing and recredentialing functions to a hospital, group practice, credentialing verification organization (“CVO”) or other entity (“Delegated Entity”).

**3.1.1:** Any entity to which OHBS-CA delegated credentialing functions is required to comply with the appropriate accreditation standards (NCQA), customer specific requirements, and/or federal, state and local mandates pertaining to credentialing, in addition to OHBS-CA credentialing policies.

**3.1.2:** OHBS-CA retains the right to approve, suspend or terminate participation of Clinicians and Organizational Providers.

Summary reports of Credentialing Committee activity are presented to the Board of Directors on a quarterly basis.

### **Section 3.2 - Credentialing Committee**

The Credentialing Committee is a standing committee and is responsible for administering the Credentialing Plan and policies related to credentialing activities on behalf of OHBS-CA, subject to review by the Board of Directors. The Credentialing Committee is multidisciplinary and must include at least one (1) OHBS-CA Medical Director or Principal Officer, licensed as a Psychiatrist in the state of California. The Committee is comprised of at least six (6) voting members. Voting members of the Committee must be clinicians. At a minimum, four (4) of the Committee members are external participating Clinicians, including at least one (1) from each OHBS-CA approved discipline. Members may also include management staff from Network Services. There must be at least four (4) voting members present, including an OHBS-CA Medical Director or Principal Officer, to constitute a quorum. One (1) of these members must be a psychiatrist. A simple majority is necessary for a motion to be approved by the Committee. An OHBS-CA Medical Director or Principal Officer, licensed as a psychiatrist in the state of California, chairs the Credentialing Committee. Other OHBS-CA Medical Directors serve as assistant co-chairs and chair the meeting in the chairperson’s absence. The Committee meets at least monthly.

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

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 3.3 - Appeals Committee**

The Credentialing Manager appoints an Appeals Committee on an ad hoc basis. This

Committee hears appeals from Clinicians and Organizational Providers after the Credentialing Committee makes the decision to terminate or restrict network participation due to a quality-of-care issue or as required by state law.

The Appeals Committee conducts hearings and upholds, overturns or modifies the decision of the Credentialing Committee. At the sole discretion of OHBS-CA, the Appeals Committee includes at least three (3) members, unless otherwise required by state law. For Clinician appeals, at least two (2) of the Committee members hold the same license level/educational degree as the Clinician being reviewed. If the Appeals Committee is comprised of more than three (3) persons, the majority of the Committee members must be clinical peers of the clinician requesting the appeal. For Organization Providers, at least one (1) of the Committee members will be an MD. The Appeals Committee members cannot be in direct economic competition with the Provider being reviewed, have any potential conflict of interest with the Provider being reviewed, or have been part of a previous decision to deny, restrict, terminate or sanction the Provider's participation with OHBS-CA.

The Appeals Committee's decision is determined by a simple majority vote of the members.

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

## **SECTION 4 – INITIAL CREDENTIALING OF LICENSED CLINICIANS**

### **Section 4.1 - Clinician Application Criteria**

- A. **Acceptance of Application.** Except as otherwise determined by OHBS-CA or required by law, Clinicians who are interested in participation with OHBS-CA may apply to join the network using the provider portal. Clinicians may also be invited to apply if OHBS-CA determines that it needs additional Clinicians. Applicants must be licensed to practice independently, without supervision or oversight. Exceptions regarding the need for supervision or oversight are for a Master's level psychiatric clinical nurse specialist, a Behavior Analyst, and a physician assistant as outlined in Section 4.2. The exceptions to these requirements are limited to Plans or state regulations that require OHBS-CA to allow certain other provider types.
- B. **Application Form.** Each Applicant must complete an application form that includes, without limitation:
  - 1. A current and signed attestation/release by the Clinician granting OHBS-CA unlimited permission to review records of and to contact any professional society, hospital, clinic, insurance carrier, health plan, employer, entity, educational institution or organization, licensing board, specialty board, government agencies, or any other pertinent source that has or may have records/information concerning the Applicant;
  - 2. Reasons for any inability to perform the essential functions of the position, with or without accommodation,
  - 3. Presence of illegal drug use;
  - 4. Disclosure of any and all loss of professional license(s);

5. Disclosure of any and all felony convictions;
6. Disclosure of any and all loss or limitation of professional privileges or disciplinary activity;
7. A complete list of all professional education/training completed;
8. Completed disclosure statements including questions on license disciplinary actions; criminal felony convictions or civil judgments that involved dishonesty, fraud, deceit or misrepresentation; disciplinary actions by any federal programs; any other disciplinary actions or restrictions; and responses to applicable “Yes” answers;
9. For physicians: hospital admitting privileges or a process for providing inpatient care for members in need of a higher level of care (signed attestation form may be used);
10. A signed attestation regarding the correctness and completeness of the application.

C. **Required Documents.** Each application must be accompanied by:

1. Professional liability malpractice insurance with liability limits of \$1/\$3 million for physicians and \$1/\$1 million for non-physician Clinicians, or in an amount or type as otherwise specified by applicable state law. This can include evidence of participation in state patient compensation or catastrophic loss funds, if applicable;
2. Five (5) year work history, including month and year, on application or copy of resume/CV, with complete explanations for gaps in work history of 6 months or more;
3. For prescribers: a current copy of the DEA certificate for the state of California;
4. W9 form;
5. Copy of Educational Commission for Foreign Medical Graduates (ECFMG) certificate, if applicable;
6. Any other documents required by state regulations or client requirements;
7. Proof of participation and meeting CMS Medicare and Medicaid requirements.

#### **Section 4.2 - Administrative Review**

- A. **Minimum Requirements for Participation.** All Clinician applications are assessed for completeness and to determine whether an Applicant meets OHBS-CA’s minimum requirements for participation. OHBS-CA reviews and determines, at its sole discretion, whether an Applicant meets OHBS-CA’s minimum requirements. Except as required by California law, these requirements may include, but are not limited to, the following:
1. Physicians (M.D.’s and D.O.’s) must graduate from allopathic or osteopathic medical school and successfully complete a psychiatric residency program or other clinical training and experience as appropriate for specialty and scope of practice as determined by the Credentialing Committee.
    - a. If the physician indicates they are board certified, OHBS-CA will Primary Source Verify board certification but need to Primary Source Verify each level of education and training if the certifying board has already Primary Source Verified it. If the physician is not board certified, then Primary Source Verification of the

highest level of education listed on the Application is required.

2. Physician Psychiatrists may be board certified by the American Board of Psychiatry and Neurology (ABPN), the American Osteopathic Association (AOA) Board of Psychiatry, or the American Society of Preventive Medicine (ABPM).
3. Physician Psychiatrists without a residency in psychiatry may be accepted if they are board certified by the American Board of Preventive Medicine (ABPM).
4. Physician addictionologists must be certified by the American Board of Preventive Medicine (ABPM) or have added qualifications in Addiction Psychiatry through the American Board of Psychiatry and Neurology (ABPN).
5. A physician who is not a psychiatrist or addictionologist, as outlined above, may be credentialed to provide Medication-Assisted Treatment (MAT) serviced for members with substance use disorder, as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) (<https://www.samhsa.gov/medication-assisted-treatment>). The physician will prescribe medications and provide the member a referral for behavioral therapy.
6. A Developmental Behavioral Pediatrician (DBP) must be board certified in Developmental Behavioral Pediatrics by the American Board of Pediatrics (ABP) or have completed the respective Fellowship
7. 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 of California for independent practice; or
  - b. A doctoral and/or master's level social worker who is licensed by the state of California for independent practice; or
  - c. A Master's Level psychiatric clinical nurse specialist who is licensed, certified or registered by the state of California.
  - d. A Nurse practitioner with prescriptive authority must be licensed and/or registered in Psychiatric/Mental Health, as required by the state. State law also determines whether board certification through the American Nurses Credentialing Center (ANCC), the American Academy of Nurse Practitioners (AANP) or other national certification in behavioral health is required. State law determines whether supervision by a physician or collaborative practice is required.
    - i. A nurse with prescriptive authority who does not meet the criteria outlined above in Section e may be credentialed to provide Medication-Assisted Treatment (MAT) services for members with substance use disorder, as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) ([samhsa.gov/medication-assisted-treatment](https://www.samhsa.gov/medication-assisted-treatment)). The nurse with prescriptive authority will prescribe medications and provide the member a referral for behavioral therapy
  - e. A Physician Assistant who is licensed in the state of California.
  - f. A doctoral and/or master's level psychologist who is licensed by the state for independent practice.

- g. A doctoral and/or master's level social worker who is licensed by the state for independent practice.
  - h. A doctoral or master's level nurse who is licensed, certified or registered for independent practice by the state will provide initial evaluations and psychotherapy.
  - i. A doctoral and/or master's level behavioral health care specialist, including Professional Counselor, Marriage and Family Therapist, Mental Health Counselor, who is licensed to practice independently in the state of California; or
8. Behavior Analysts must possess a master's or doctoral degree with active certification from the national Behavior Analyst Certification Board as a Board Certified Behavior Analyst (BCBA);
  9. Applicant must not be ineligible, excluded or debarred from participation in Medicare, Medicaid, and/or any other state or federal health care programs, regardless of the contracted line of business, such as Medicare, Medicaid or Commercial. OHBS-CA does not contract with a Provider who is excluded from state or federal health care programs;
  10. Applicant is required to provide details on all affirmative responses to Disclosure Questions on the Credentialing Application, which may be reviewed by the Credentialing Committee for a determination of applicant's acceptance into the Credentialing Entity's network;
  11. Have no misrepresentation, misstatement or omission of a relevant fact on the application;
  12. For physicians, nurse practitioners and physician assistant Clinicians with prescriptive authority, who are prescribing controlled substances in the state of California, a current and unrestricted DEA registration is required;
    - a. OHBS-CA may credential a provider whose DEA certificate is pending if it has a documented process for allowing a provider with a valid DEA certificate to write all prescriptions requiring a DEA number on behalf of the prescribing provider whose DEA is pending until the provider has a valid DEA certificate.
      - i. If the provider does not have a valid DEA certificate, and prescribing controlled substances is in the scope of their practice, they must identify a Participating provider or group practice name with a valid DEA to prescribe on their behalf.
        - The Credentialing Entity may, in its discretion, determine that such arrangements do not satisfy credentialing criteria where the Applicant's DEA or CDS certificates have been revoked, restricted, suspended or surrendered pursuant to a government agency investigation.
      - ii. OHBS-DA verifies that the provider meets this requirement by obtaining a copy of the provider's DEA in the state of California.
    - b. OHBS-CA requires all Physicians to have hospital privileges in good standing at a participating hospital or have a documented process for providing inpatient care

for members;

13. The Applicant must not have been denied initial participation or terminated for cause within the preceding 24 months prior to application or at any time during the term of the Agreement.

B. **Verification of Credentials.** OHBS-CA or its Credentials Verification Organization (CVO) must verify the credentials listed below through a primary source or review of the application for the applicable information. OHBS-CA may use all submitted and other available information including without limitation, verbal, written, publicly available information, and/or Internet data from approved websites to verify information about an Applicant.

1. Current valid license to practice in the state of California: the Applicant must maintain a current, valid licensure or certification, without restrictions, conditions, or other disciplinary action, in the state of California. Any finding of sanctions or restrictions on the Clinician from any government agency or authority, including, but not limited to, a state licensing authority, may result in denial of Credentialing. A Committee may recommend accepting a Clinician to the Network if the restriction does not limit or impact the Clinician's practice, except that a Committee cannot recommend accepting a Clinician into the Network if the Clinician has an Encumbered License.
2. Current valid DEA, if applicable, for the state of California;
3. Highest level of applicable medical or professional education/training;
  - a. For physicians, this includes verification of completion of a residency program.
  - b. If a physician is board certified by a nationally recognized certification board, primary source verification of the highest level of education and training is verified through the certification board.
4. Verification of OHBS-CA approved board certification, if applicable;
5. Query from the National Practitioner Data Bank (NPDB);
  - a. OHBS-CA must obtain written confirmation of the past five years of history of malpractice settlements or judgements from the malpractice carrier or must query the NPDB. Malpractice claims history must be explained by the Clinician and found acceptable by the Credentialing Committee.
6. Query for sanctions and exclusions via the Office of Inspector General List of Excluded Individuals and Entities (OIG/LEIE), The General Services Administration Systems for Awards Management (SAM), the National Plan and Provider Enumeration System (NPPES), and respective state Medicaid exclusion list (as required by state contract); and Medicare Opt-Out Lists;
  - a. Regardless of the contracted line of business (Medicare, Medicaid, or Commercial), the Applicant must not be ineligible, excluded or debarred from participation in Medicare and/or Medicaid and related state and federal programs, or terminated for cause from Medicare or any state's Medicaid or Children's Health Insurance Program (CHIP) and must be without any sanctions levied by

the Office of Inspector General (OIG), the CMS Preclusion List, the General Services Administration Systems for Awards Management (SAM), or other disciplinary action by any federal or state entities identified by CMS. Credentialing Entity will, at a minimum, verify reported information from the Office of Inspector General (OIG), the CMS Preclusion list, and Medicare opt out.

7. Review of hospital admitting privileges or documented process for providing inpatient care for members, if applicable;
  8. Review of professional liability insurance coverage including limits of \$1/\$3 million for physician Clinicians and \$1/\$1 million for other Clinicians or limits as specified by applicable state law;
  9. Review of work history for the previous five (5) years, with complete explanations for any gaps in work history of six (6) months or more, or as specified by applicable state law;
  10. Any other verification required by state regulations, client requirements, or as deemed necessary by OHBS-CA;
  11. Review of Disclosure Questions on the Credentialing Application for affirmative responses;
    - a. Applicant is required to provide details on all affirmative responses to Disclosure Questions on the Credentialing Application, which may be reviewed by a Medical Director and/or the Credentialing Committee for a determination of Clinician's acceptance into the network.
  12. Each Applicant must complete the signed attestation within 180 days prior to the Credentialing Committee decision date. All credentials listed above must be verified within 180 days prior to the Credentialing Committee decision date.
- C. **Administrative Action**. Except when otherwise required by applicable law, if the Applicant fails to meet the minimum requirements, OHBS-CA informs the Applicant, in writing, that the application for participation has been denied.

### **Section 4.3 - Credentialing Committee Review**

#### **Credentialing Committee/OHBS-CA Medical Director or Principal Officer Action**

- A. The OHBS-CA Medical Director/Principal Officer and the Credentialing Committee are responsible for making credentialing decisions about inclusion of Clinicians in the network. Each file may yield one of two possible outcomes:
  1. *No Further Review Required*: Those applications that meet all of the credentialing criteria are those that require *No Further Review* by the Credentialing Committee. The file is then ready for the OHBS-CA Medical Director/Principal Officer electronic approval.
  2. *Further Review Required*: Those files that require *Further Review* are presented to the Credentialing Committee.
    - a. The Credentialing Committee may, at its sole discretion and determination, make



exceptions to the credentialing criteria based on, for instance, network needs for clinical specialty, linguistic expertise, or geographic necessity for enrollee access. The Credentialing Committee individually reviews each exception. The Credentialing Committee may base its decision on any factors it deems appropriate, which are in compliance with California and federal regulations and with OHBS-CA credentialing policies, as long as these factors are nondiscriminatory.

- b. The Credentialing Committee may, at its sole discretion and determination, make the decision to deny the application for network participation.
3. The date the OHBS-CA Medical Director/Principal Officer or the Credentialing Committee makes a determination to approve the Clinician is the date the Clinician is identified as a Participating Clinician of OHBS-CA's network and also serves as the date for determining the timeliness of all requirements for credentialing as set forth in the Credentialing Plan.
4. The decision of the Medical Director/Principal Officer or Credentialing Committee is communicated to each Clinician within ten (10) business days of the decision.

## **SECTION 5 – RECREDENTIALING OF PARTICIPATING LICENSED CLINICIANS**

### **Section 5.1 - Recredentialing Participating Clinicians**

- A. OHBS-CA reviews Participating Clinicians for continued participation in the network every thirty-six (36) months, or more frequently if required by applicable state law.
- B. OHBS-CA, or its Credentials Verification Organization, contacts Participating Clinicians when their recredentialing paperwork is due for submission.
  1. Each Participating Clinician must submit their completed application and supporting documentation within the time frames established by OHBS-CA.
  2. Failure to comply with submitting a completed recredentialing application results in termination from the network, according to the Clinician's Agreement.
  3. Failure to meet minimum requirements for continued participation, absent any grant of an exception to the minimum requirements, results in termination from the network.

### **Section 5.2 - Participating Clinicians Recredentialing Criteria**

#### **A. OHBS-CA Review Criteria**

Upon receipt of the Participating Clinician's recredentialing application, OHBS-CA evaluates the application to determine if the Participating Clinician meets all criteria set forth in Section 4.2 above for continued participation. Each Applicant must complete the signed attestation within 180 days prior to the Credentialing Committee decision date. All credentials listed in Section 4.2 must be verified within 180 days prior to the Credentialing Committee decision date. Education and work history need not be reverified. In addition, the following elements are also reviewed at the time of

recredentialing:

1. An Applicant for Recredentialing must have demonstrated compliance with all terms of the Agreement.
2. OHBS-CA must obtain written confirmation of the past three years of history of malpractice settlements or judgements from the malpractice carrier or must query the NPDB. Malpractice claims history must be explained by the Clinician and found acceptable by the Credentialing Committee.
3. Cooperation with OHBS-CA to conduct reviews, satisfactory to OHBS-CA, of the Participating Clinician's practice, including site visits, staff interviews and medical record reviews, and other OHBS-CA quality improvement activities;
4. Consideration of performance indicators such as those collected through quality improvement programs, utilization management systems, handling of grievances and appeals, and member complaints;
5. Additional requirements may be added as a result of state and federal regulatory requirements or customer requirements.

If the Clinician meets all recredentialing criteria and *No Further Review* is required, then the OHBS-CA Medical Director/Principal Officer review/approval process is followed, as described in Section 4.3.A.1. If *Further Review* is required, the process described in Section 4.3, A.2 is followed.

**B. Credentialing Committee/OHBS-CA Medical Director/Principal Officer Action:**

The Credentialing Committee has the authority to approve recredentialing of a Participating Clinician to the network, with or without restrictions, or to terminate the Participating Clinician's Agreement.

1. In reviewing an application for recredentialing, the Credentialing Committee may request further information from the Participating Clinician.
  - a. The Credentialing Committee may defer recredentialing (as allowed by state guidelines and accreditation requirements) or suspend referrals to the Participating Clinician pending the outcome of an internal investigation of the Participating Clinician or pending an investigation by a hospital, licensing board, government agency or any other organization or institution; or the Credentialing Committee may recommend any other action it deems appropriate, including without limitation, contract termination.
2. The date the Credentialing Committee or OHBS-CA Medical Director/Principal Officer makes a determination to approve the Participating Clinician is the date the Participating Clinician is considered "Recredentialled" and also serves as the date for determining the timeliness of all requirements for recredentialing as set forth in the Credentialing Plan.
  - a. The decision of the Credentialing Committee or OHBS-CA Medical Director/Principal Officer is communicated to each Clinician within ten (10) business days of the decision, or as otherwise required by applicable state law.

## SECTION 6 – CREDENTIALING OF ORGANIZATIONAL PROVIDERS

### Section 6.1 - Criteria for Credentialing Organizational Providers

Each Organizational Provider must meet minimum requirements to be considered for credentialing. Additional requirements may be added as a result of OHBS-CA's action. The minimum requirements include, but are not limited to, the following:

- A. Current, applicable and required California state license(s) showing the Organizational Provider is in good standing with state and federal regulatory bodies;
- B. Maintains professional and general liability insurance (malpractice) of \$5 million/occurrence and \$5 million/aggregate for inpatient mental health and/or inpatient rehabilitation substance abuse disorder services and \$1 million/occurrence and \$3 million/aggregate for all other levels of mental health and/or substance use disorder services. OHBS-CA does accept umbrellas policy amounts to supplement professional and general liability insurance coverage. All limit requirement listed above are waived if an Organizational Provider is covered under a Federal, State, County, or Municipal policy/law;
- C. Current, valid accreditation by an agency recognized by OHBS-CA (see Attachment A). OHBS-CA will conduct Primary Source Verification for all accreditations.
- D. Applicant must not be sanctioned, excluded or debarred based on review of the Office of Inspector General List of Excluded Individuals and Entities (OIG/LEIE), the General Services Administration Systems for Awards Management (SAM), the National Plan and Provider Enumeration System (NPPES) and the California Medicaid exclusion list (as required by state contracts).
  1. Medicare/Medicaid Sanctions Review. Regardless of the contracted line of business (Medicare, Medicaid, or Commercial), the Applicant must not be ineligible, excluded or debarred from participation in Medicare and/or Medicaid and related state and federal programs, or terminated for cause from Medicare or any state's Medicaid for CHIP program, and must be without any sanctions levied by the Office of Inspector General (OIG), the General Services Administration Systems for Awards Management (SAM), and the CMS Preclusion list or other disciplinary action by any federal or state entities identified by CMS.
- E. Organizational Providers who offer the following American Society of Addiction Medicine (ASAM) levels of care are encouraged to obtain the applicable ASAM Level of Care Certification from the Commission on Accreditation of Rehabilitation Facilities (CARF) or accreditation from The Joint Commission; Organizational Providers who have this certification will submit a copy of their certification with their application. All accreditation requirements outlined in Section 6.1.C remain in place.
  1. ASAM Level 3.1, Clinically Managed Low-Intensity Residential Services for Adults
  2. ASAM Level 3.2-WM, Clinically Managed Residential Withdrawal Management for Adolescents
  3. ASAM Level 3.2-WM, Clinically Managed Residential Withdrawal Management for Adults

4. ASAM Level 3.5, Clinically Managed Medium-Intensity Residential Services for Adolescents
5. ASAM Level 3.5, Clinically Managed High-Intensity Residential Services for Adults
6. ASAM Level 3.7, Medically Monitored High-Intensity Inpatient Services for Adolescents
7. ASAM Level 3.7, Medically Monitored High-Intensity Inpatient Services for Adults
8. ASAM Level 3.7-WM, Medically Monitored Intensive Inpatient Services Withdrawal Management for adolescents
9. ASAM Level 3.7 WM, Medically Monitored Intensive Inpatient Services Withdrawal Management for Adults
10. ASAM Level 4.0, Medically Managed Intensive Inpatient Services for adolescents
11. ASAM Level 4.0, Medically Managed Intensive Inpatient Services for adults
12. ASAM Level 4.0 WM, Medically Managed Intensive Inpatient Withdrawal Management for adolescents
13. ASAM Level 4.0 WM, Medically Managed Intensive Inpatient Withdrawal Management for adults

## **Section 6.2 - Organizational Providers that are Not Accredited or Certified**

- A. If the Organizational Provider is not accredited or certified by an agency recognized by OHBS-CA, a site review is required, and the Organizational Provider must achieve a site visit score of 80% or higher. If, during the initial credentialing process, the Organizational Provider does not meet the scoring criteria, OHBS-CA notifies the Organizational Provider that they do not meet current standards, provides feedback on the deficiencies, and informs the Organizational Provider that they may reapply after six (6) months, at which time a re-audit is required before the initial credentialing process can commence.
- B. In lieu of a site visit by OHBS-CA, the Organizational Provider must have been reviewed or received certification by CMS or State Licensing Agency within the prior three (3) years. OHBS-CA has determined that CMS requirements for Organizational Provider fully meet OHBS-CA Organizational Provider site requirements. OHBS-CA obtains a copy of the CMS or State Licensing Agency's report from the Organizational Provider.

## **Section 6.3 - Credentialing Committee/OHBS-CA Medical Director/Principal Officer Responsibilities**

- A. The Credentialing Committee/OHBS-CA Medical Director/Principal Officer are responsible for making credentialing decisions about the inclusion of Organizational Provider in the network. Each file that is submitted for credentialing may yield either one of two possible outcomes:
  1. *No Further Review*: Those applications that meet all of the credentialing criteria outlined in Section 5.1 are those that require *No Further Review* by the Credentialing Committee. The file is then ready for the Medical Director/Principal Officer's electronic approval.

2. *Further Review Required:* Those applications that require further review are presented to the Credentialing Committee.
  - a. The Credentialing Committee may, at its sole discretion and determination, make exceptions to the application criteria based on, for instance, network needs for program specialty or geographic necessity for member access. The Credentialing Committee will individually review each exception. The Credentialing Committee may base its decision on any factors it deems appropriate, which are in compliance with state and federal regulations and with UBH credentialing policies, as long as these factors are nondiscriminatory.
  - b. The Credentialing Committee may, at its sole discretion and determination, make the decision to deny the application for network participation.
- B. The date the Credentialing Committee makes a determination to approve the Organizational Provider is the date the Organizational Provider is identified as a Participating Organizational Provider of OHBS-CA's network and also serves as the date for determining the timeliness of all requirements for credentialing as set forth in the Credentialing Plan.
- C. The decision of the Credentialing Committee is communicated to each Organizational Provider within ten (10) business days of the Credentialing Committee's determination.

#### **Section 6.4 - Recredentialing of Participating Organizational Providers**

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

### **SECTION 7 – CONFIDENTIALITY AND APPLICANT RIGHTS**

#### **Section 7.1 - Confidentiality of Applicant and Participating Clinician and Participating Organizational Provider Information**

- A. OHBS-CA acknowledges the confidential nature of the information obtained in the credentialing process. To protect this information, Participating Clinician and Participating Organizational Provider credentialing and recredentialing files are confidential and are kept in secure electronic systems during the credentialing process. Files are maintained electronically and remain in a secure system accessible by user ID and password.
- B. OHBS-CA limits the review of confidential information in the credentialing files to those

with a need to know, including without limitation, members of the Credentialing, Appeals, or other OHBS-CA peer review Committees, the credentialing staff, corporate medical directors and the Board of Directors. In addition, OHBS-CA contractually requires entities to which it delegates this function to maintain the confidentiality of this information. The credentialing files are housed in a proprietary repository where non-credentialing employees do not have access to any information.

- C. Provider credentialing files are protected from discovery. These files may not be 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.
- D. All new hires to the Credentialing Department receive training regarding the handling of confidential data that is used for the credentialing and recredentialing process. This information is found in the Employee Handbook and Confidentiality Agreements.
- E. If a request for credentialing information is received outside of the normal scope of external auditing, the Credentialing Department has an internal compliance mailbox to review and respond to the requested data with OHBS-CA legal support to only release information that is not peer privileged.

## **Section 7.2 - Applicant Rights**

- A. Applicants have the right to review information obtained by OHBS-CA to evaluate their credentialing application, including information obtained from any outside source. OHBS-CA is not required to allow an Applicant to review personal or professional references, internal OHBS-CA documents, information including member identification, NPDB queries, or other information that is peer review protected or restricted by law.
- B. Applicants have the right to correct erroneous information; the right to be informed of their credentialing or recredentialing status, upon request; and the right to be informed of their rights.
  - 1. Credentialing or recredentialing status can be obtained through Provider Express website: [providerexpress.com](http://providerexpress.com).
  - 2. OHBS-CA notifies the Applicant in writing, either by email, letter or fax, of the information that varies substantially from the information provided by the Applicant. The Applicant must review the information and submit any corrections, in writing, to OHBS-CA within ten (10) business days of the Applicant's notification by OHBS-CA.
- C. **Network Reciprocity**
  - 1. OHBS-CA does not require a new application from a Participating Clinician when opening an additional office if the Participating Clinician has already been credentialed by OHBS-CA and their recredentialing cycle has not expired.
  - 2. OHBS-CA does require submission of any new state license, DEA certificate, or professional liability insurance certificate, as applicable.
  - 3. Primary source verification of any additional/new state license is performed. If the results of the verification do not meet the standards set forth in this Credentialing Plan, the Participating Clinician is not allowed to continue participation in the

network.

4. Participating Clinicians who fail to promptly notify OHBS-CA of any address changes may be terminated from the network per the terms of the Agreement.

## **SECTION 8 – ONGOING MONITORING AND REPORTING**

### **Section 8.1 - Participating Clinician and Participating Organizational Provider Updates**

It remains the responsibility of Participating Clinicians and Participating Organizational Providers to inform OHBS-CA of any material change of information supplied to OHBS-CA between (re)credentialing cycles, including without limitation: any change in hospital privileges; licensure; prescribing ability; any limitation to any professional duties; malpractice claims or coverage; investigations; any remedial actions concerning any acts or omissions related to Provider's practice, services, or license; or change in OIG sanction, Medicare or Medicaid participation, GSA debarment, EPLS sanction, CMS Preclusion List, SAM sanction or sanctions against a license or certification.

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

#### **Ongoing Monitoring.**

OHBS-CA conducts ongoing monitoring of Participating Providers' licenses, practices and services:

- A. The Credentialing Department reviews State and Federal reports within thirty days of their release in order to identify Participating Clinicians or Participating Organizational Providers who have had OIG sanctions on Medicare or Medicaid participation, GSA debarments, CMS Preclusion List, or any other sanctions against their license or certification. If the Credentialing Department staff member identifies a professional license that is not valid, an OIG sanction on Medicare or Medicaid participation, a sanction on the CMS Preclusion List, GSA debarment or any other sanction against a license or certification, action shall be taken as outlined in the pertinent Agreement. Sanction monitoring, tracking and reporting will be done in accordance with OHBS-CA policies, as outlined in Section 10, Section 11 and/or Section 12.
- B. OHBS-CA monitors Participating Providers for potential quality concerns including, but not limited to, complaints from enrollees or OHBS-CA staff, and audit outcomes that do not meet OHBS-CA defined standards.
  1. Quality concerns may be referred to the Credentialing Committee through the OHBS-CA quality improvement committees, Medical Directors, Peer Review Committee or through the auditing team responsible for site visits.
- C. When OHBS-CA is notified of a publicly verifiable report that a government agency has initiated an investigation related to a Participating Clinician or Participating Organizational Provider, which raises concerns regarding the potential for imminent harm to the safety of members/enrollees (Accusation), the matter will be investigated and referred to the Medical Director. The government agency investigations may include but are not limited to: licensing board investigations, arrests, indictments, legal complaints,

plea agreements and convictions. OHBS-CA may take action up to and including a suspension of Clinician's or Provider's participation status when it determines that there is an imminent threat to patient safety. (See Section 11.3, Termination by Medical Director, of the Credentialing Plan.)

## **Section 8.2 Fair Process Considerations**

To encourage and support the professional review activities of physicians and dentists and other practitioners, the Health Care Quality Improvement Act of 1986 ("HCQIA" or the "Act") was enacted. The HCQIA provides that the professional review bodies of health care entities (such as the Peer Review Committee and Credentialing Committee) and persons serving on or otherwise assisting such bodies are generally offered immunity from private damages in a civil lawsuit when they conduct professional review activities in the reasonable belief that they are furthering the quality of health care and with proper regard for fair process. HMOs and PPOs fall within the definition of "health care entity".

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

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

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

The Act sets forth sample notice and hearing criteria, including time frames, that are deemed to satisfy the adequate notice and hearing requirement. These criteria are incorporated into the Plan.

Failure to follow the criteria will not, in itself, constitute failure to meet the notice and hearing requirement; provided that the procedures afforded the provider under review are reasonable under the circumstances.

## **Section 8.3 Reporting Requirements.**

### **A. NPDB and State Licensing and Regulatory Reporting**

The HCQIA requires health care entities to report to the NPDB certain professional review actions ("Adverse Action Reports") with a copy of the NPDB report required to be filed with the applicable licensing board. Health care entities are required to report such actions for physicians and dentists. Health care entities may report such actions on



other health care practitioners. It is OHBS-CA's policy to file NPDB reports, as appropriate, on all providers.

In addition, California state law mandates reporting of the "Health Facility / Peer Review Reporting Form" ([805 Report](#) and [805.01 Report](#))

#### 1. Reportable Actions

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

- A professional review action based on the provider's professional competence or professional conduct that adversely affects his or her clinical privileges for a period of more than 30 days.
- Resignation from the network while under investigation.

The penalty for failing to make a required report is loss of immunity protection for three years. The Adverse Action Report must be submitted electronically to the NPDB with a copy sent to the applicable state licensing board. In addition, adverse actions must be reported to the state of California through an 805 Report and Reportable Adverse Actions.

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

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

2. The 805.01 Report (an additional report distinct from the 805 Report) must be filed after the Credentialing Committee makes a final decision or recommendation regarding a disciplinary action following a formal investigation that any of the following acts may have occurred:
  - a. Incompetence, or gross or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients, to the extent or in such a manner as to be dangerous or injurious to any person or to the public;
  - b. The use of, or prescribing for or administering to himself or herself of any

controlled substance, any dangerous drug (as specified), or alcoholic beverages, to the extent or in such a manner as to be dangerous or injurious to the clinician, any other person, or the public, or to the extent that the clinician's ability to practice safely is impaired by that use;

- c. Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith effort prior examination of the patient and the medical reasons therefore; and
  - d. Sexual misconduct with one or more patients during a course of treatment or an examination.
- B. Timing of Report
- 1. Under the regulations, reportable actions must be submitted to NPDB and through an 805 Report within fifteen (15) calendar days from the date the final adverse action was taken. When a provider is offered an appeal hearing, the final adverse action date will be thirty calendar days from the date of the appeal hearing.
  - 2. The 805.01 Report must be filed within fifteen (15) calendar days after the Credentialing Committee makes a final decision or recommendation regarding a disciplinary action.

## **SECTION 9 – QUALITY IMPROVEMENT OF LICENSED PARTICIPATING PROVIDERS**

### **Section 9.1 - Quality Improvement**

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

- A. Require the Participating Provider to submit and adhere to improvement corrective action plan.
- B. Require the Participating Provider to cooperate with a site audit and/or treatment record review by OHBS-CA;
- C. Monitor the Participating Provider for a specified period of time, followed by a Committee determination about whether substandard performance or noncompliance with OHBS-CA requirements is continuing;
- D. Cease referring any new or existing OHBS-CA enrollees or refer enrollees to another Participating Provider.
- E. Temporarily restrict or limit the Participating Provider's participation status with OHBS-CA.
- F. The Peer Review Committee may recommend that the Participating Provider's participation status with OHBS-CA be terminated.
- G. The Credentialing Committee may terminate the Participating Provider's participation status with OHBS-CA.

## **Section 9.2 - Failure to Cooperate**

If the Participating Provider fails to cooperate with OHBS-CA's staff in developing and/or implementing an improvement action plan, or abide by actions taken under Section 9.1, OHBS-CA's staff refers the matter to the Credentialing Committee for further action.

## **SECTION 10 – RESTRICTION OF LICENSED PARTICIPATING PROVIDERS**

- A. Regardless of any provision in this Credentialing Plan to the contrary or the Agreement, OHBS-CA (including without limitation, the OHBS-CA Medical Director/Principal Officer and/or the Credentialing Committee), in its sole discretion, may take any corrective action it deems appropriate, including, without limitation, implementing a corrective action plan, immediately restricting any Participating Provider's participation, ceasing to refer any new OHBS-CA enrollees, in accordance with the Agreement, the OHBS-CA Network Manual, the Credentialing Plan, the respective Health Plan, OHBS-CA Protocols, and applicable law.
  - 1. OHBS-CA may base its recommendations on any factors it deems appropriate, whether or not those factors are mentioned in this Credentialing Plan. This may include without limitation, at the sole discretion of OHBS-CA, quality-of-care concerns, health or safety of any enrollee, member complaints, pending terminations, inability to locate Participating Clinicians, Participating Clinicians relocating to new states who fail to notify OHBS-CA of their relocation, failure to respond to recredentialing in a timely manner, and/or by request of provider contracting due to contract issues.
- B. When a Participating Provider's participation is restricted (they are made unavailable by OHBS-CA) due to quality-of-care concerns, Provider Relations notifies them that they have been designated as being unavailable for new referrals. Notice is sent to the Participating Provider detailing OHBS-CA's rationale for the decision and the steps required to be considered as available to treat OHBS-CA enrollees or obtain new referrals.
- C. Restrictions remain in effect for so long as OHBS-CA deems appropriate or until the issue is satisfactorily corrected as determined in OHBS-CA's sole discretion. Recommended actions to address the restriction may include, but are not limited to, those listed in Section 9.1.
- D. Restrictions beyond thirty (30) calendar days for quality-of-care reasons, as defined by OHBS-CA, are subject to Appeal, unless otherwise required by state or federal law. See Section 12 for detail regarding the Appeal process.

## **SECTION 11 – TERMINATION OF PARTICIPATING CLINICIANS AND PARTICIPATING ORGANIZATIONAL PROVIDERS**

### **Section 11.1 - Administrative Terminations**

- A. Regardless of any contrary provision in this Credentialing Plan, OHBS-CA, in its sole discretion, may terminate any Participating Clinician's or Participating Organizational

Provider's participation and the Agreement for failure to follow Agreement terms, the Credentialing Plan, the OHBS-CA Network Manual, or under applicable law. The following administrative terminations do not require presentation to the Credentialing Committee, unless otherwise required by state or federal laws or regulation.

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

## **Section 11.2 - Termination by the Credentialing Committee**

The Credentialing Committee, in its sole discretion, may terminate the Agreement with a Participating Provider. Consideration of termination may be initiated by any condition the Credentialing Committee deems appropriate, including, but not limited to, the following:

- A. The Participating Provider fails to continue to meet one or more of the minimum requirements for participation set forth above.
- B. The care and service a Participating Provider delivers to patients is deemed to be harmful, offensive or clinically inappropriate, in the sole judgment of OHBS-CA.
- C. The Participating Provider engages in uncooperative, unprofessional or abusive behavior toward OHBS-CA's staff, as determined in OHBS-CA's sole judgment.
- D. The Participating Provider fails to comply with OHBS-CA protocols and policies, including but not limited to, those of care advocacy, credentialing/ recredentialing, quality improvement, patient rights or billing.
- E. The Participating Provider engages in abusive or questionable billing practices that impact or could impact any payor, including, but not limited to, the submission of claims for payment that are false, misleading, incorrect or duplicated, based on OHBS-CA's sole judgment.
- F. The outcome of audits:
  1. Failure to score at least 50% on a site or treatment record review audit.

2. Any initial audit with 50% or more of all topics scoring below 79%.
  3. Any re-audit failing to demonstrate improvement in 50% or more of all topic areas where performance improvement was expected.
- G. Exclusions or debarment from participation in Medicare, Medicaid, or other state or federal health care program.

### **Section 11.3 - Termination by Medical Director**

Notwithstanding the procedures set forth in the Credentialing Plan or Agreement, if any OHBS-CA Medical Director determines at his/her sole discretion that the health or safety of any enrollee is in imminent danger because of the actions or inactions of a Participating Clinician or Participating Organizational Provider, the Medical Director may immediately terminate the participation of the Participating Provider.

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

### **Section 11.4 - Notice of Termination Decision**

OHBS-CA gives notice of the termination, including the effective date, a summary of the basis for the action, and, if so afforded, the Participating Provider's option to request an appeal hearing on the termination, the time limit within which to request such a hearing, and a general description of the Appeal process.

The Participating Provider is notified of this action within ten (10) business days via properly addressed letter using overnight delivery; a tracking number is used to confirm delivery. Any state mandated required delivery time frames that are less than ten (10) business days are followed.

### **Section 11.5 - Enrollee Notification of Provider Termination**

Unless an Appeal is offered, the decision of the Credentialing Committee is final. When a Participating Provider's participation is terminated, OHBS-CA notifies the enrollees who are assigned to the Participating Provider, in accordance with the Provider's Agreement or state laws, rules, regulations, guidelines and timelines.

OHBS-CA and the terminating Provider cooperate in assisting with the enrollee's transition to another Participating Provider as soon as possible based on clinical presentation of the enrollee.

## **SECTION 12 – APPEAL PROCEDURE**

### **Section 12.1 - Appeal Procedure**

Only restrictions and terminations of participation due to quality-of-care reasons, as defined by OHBS-CA, are subject to Appeal, unless otherwise required by state or federal law. State law determines appeal rights for initial credentialing denials. If the Credentialing Committee/OHBS-CA Medical Director offers the restricted or terminating Clinician or Organizational Provider an opportunity to Appeal, the Clinician or Organizational Provider must request a hearing in writing and the request must be received by OHBS-CA within thirty (30) calendar days of the date the notice of restriction or termination was sent to the Clinician

or Organizational Provider, or such greater time if required by applicable law.

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

## **Section 12.2 - Scheduling and Notice**

Upon receipt of a timely written Appeal request, OHBS-CA notifies the Clinician or Organizational Provider that an Appeal hearing will be scheduled within sixty (60) calendar days of receipt of the request, and that OHBS-CA will provide further information when a hearing date is set. If an Appeal hearing cannot be scheduled within sixty (60) calendar days due to the unavailability of the Clinician or Organizational Provider or his/her representative, the request for the Appeal is considered withdrawn and the original action becomes final.

- A. When an Appeal hearing is scheduled, OHBS-CA provides a written notice to the Provider including:
  1. The date, time and conference call information for the hearing;
  2. The composition of the Appeals Committee;
  3. The Provider's right to be represented at the Appeal hearing by a person of their choice, including counsel;
  4. A summary packet of the information that was reviewed in the OHBS-CA decision making process.

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

## **Section 12.3 - The Appeal Hearing**

The information presented at an Appeal hearing must be related to the specific issues or matters outlined in the termination letter. The Appeals Committee has the right to refuse to consider information that it deems irrelevant or otherwise unnecessary to consider. The rules of evidence applicable in a court of law do not apply.

- A. The Appeal Hearing is held before an Appeals Committee comprised of three (3) licensed clinicians who are appointed by OHBS-CA who are not in direct economic competition with the provider, and who have not acted as accuser, investigator, factfinder, or initial decision-maker in the matter. For clinician appeal hearings at least two (2) of the committee members must be a peer of the affected provider. For Organizational Providers at least one (1) of the Committee members will be an MD
- B. The Credentialing Committee's designated representative has the initial obligation to present a summary of the information in support of the decision. After that obligation is satisfied, the Provider requesting the hearing has the burden of persuading the Appeals Committee that the Credentialing Committee's/OHBS-CA Medical Director's decision lacks substantial factual basis or is unreasonable, arbitrary or capricious.
- C. The Appeal Committee members may ask questions throughout the Appeal hearing.
- D. At the close of the Appeal hearing, the Clinician or Organizational Provider has the

opportunity to make a brief closing statement. The Provider has the opportunity to submit additional supporting documentation and information to the Appeals Committee within five (5) business days of the hearing.

- E. The Appeals Committee's decision is determined by a majority vote of the members.
- F. The Appeals Committee may uphold, overturn or modify the decision of the Credentialing Committee/OHBS-CA Medical Director.
- G. The Appeals Committee decision is final and is sent to the Provider, via a properly addressed letter using overnight delivery (a tracking number is used to confirm delivery) within thirty (30) calendar days of the hearing date.

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

#### **Section 12.4 - Enrollee Notification of Provider Termination**

When a Participating Clinician's or Participating Organizational Provider's participation is terminated, OHBS-CA notifies the enrollees who are assigned to the Participating Provider in accordance with the Provider's Agreement and applicable state laws, rules, regulatory guidelines and timelines.

OHBS-CA and the Participating Provider being terminated cooperate in assisting with the enrollee's transition to another Participating Clinician or Participating Organizational Provider as soon as practical, based on the clinical presentation of the enrollee.

#### **Section 12.5 – NPDB and State Regulatory and Licensing Reporting**

The process for reporting to NPDB and state regulatory and licensing boards is outlined in Section 8.3.

#### **Section 12.6 - Special Circumstances**

Based on unusual and extenuating circumstances as determined in OHBS-CA's sole discretion, or in accordance with applicable state or federal laws and regulations, a modification of the procedures outlined in this section may be required.

### **SECTION 13 – DELEGATED CREDENTIALING**

#### **Section 13.1 - Delegated Credentialing Authorized**

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

#### **Section 13.2 - Delegation Agreement**

- A. Any delegation of responsibility by OHBS-CA must be evidenced by a Delegation Agreement that requires compliance with all Credentialing Authorities and includes, but is not limited to:

1. The responsibilities of OHBS-CA and the Delegated Entity;
  2. The activities delegated, including the responsibilities for any sub-delegated activities;
  3. A requirement for at least semi-annual reporting to OHBS-CA;
  4. The process by which OHBS-CA evaluates the performance of the Delegated Entity;
  5. OHBS-CA retains the right to approve, suspend and terminate the participation of Clinicians or Organizational Providers;
  6. The remedies, including revocation of delegation, available to OHBS-CA if the Delegated Entity does not fulfill its obligations.
- B. If the delegated activities include the use of Protected Health Information by the Delegated Entity, the Delegation Agreement must also include the necessary provisions as defined by Credentialing Authorities and the Health Insurance Portability and Accountability Act (HIPAA).

### **Section 13.3 - Sub-Delegation**

- A. Under certain circumstances, OHBS-CA may allow a Delegated Entity to sub-delegate all or part of its credentialing activities to another entity.
1. Prior to any sub-delegation arrangement, the Delegated Entity must enter into a Delegation Agreement with the sub-delegate.
    - a. The Delegation Agreement must meet the requirements of Credentialing Authorities and all credentialing criteria of this Credentialing Plan, including OHBS-CA's right of final approval on any recommendations by the sub-delegate.
    - b. The Delegated Entity must complete a pre- assessment, annual assessment, and other audits of the sub-delegate for those activities it has sub-delegated to another entity, in accordance with the requirements of this Credentialing Plan and Credentialing Authorities.
    - c. The Delegated Entity is responsible for receiving and reviewing reports on Clinicians and Organizational Providers that are credentialed and recertified by the sub-delegate for the delegated activities outlined in the Delegation Agreement.
- B. OHBS-CA retains its responsibilities for conducting oversight of its Delegated Entities in accordance with Credentialing Authorities' requirements.

### **Section 13.4 - Pre-assessment Responsibilities of OHBS-CA**

OHBS-CA follows the Credentialing Authorities' requirements for the pre-assessment evaluation review and analysis of the entity being considered for delegation.

OHBS-CA completes a pre-assessment to assess the potential Delegated Entity's ability to meet Credentialing Authorities' and OHBS-CA's standards for the functions being delegated. The pre-assessment must be completed prior to signing the Credentialing Delegation Agreement. OHBS-CA's pre-assessment requirements are outlined below:

- A. Potential Delegated Entities that are NCQA accredited or certified:



1. Verification of the potential Delegated Entity's accreditation or certification by NCQA;
  2. Evaluation of any elements not included in the potential Delegated Entity's accreditation or certification, in accordance with NCQA requirements.
    - a. Policies are reviewed for all Delegated Entities.
    - b. An audit of the potential Delegated Entity's files for the credentialing elements which are NCQA accredited or certified is not required.
    - c. Credentialing elements not accredited or certified by NCQA require oversight for OHBS-CA, state, federal or other requirements.
- B. Potential Delegated Entities that are **not** NCQA accredited or certified:
1. Review of the potential Delegated Entity's ability to meet Credentialing Authorities' and OHBS-CA's standards, includes, but is not limited to:
    - a. Credentialing and recredentialing policies and procedures;
    - b. Credentialing and recredentialing application and attestation;
    - c. Other required credentialing and recredentialing documents or files, including those related to ongoing monitoring of sanctions, complaints, and quality issues; suspension and/or restriction actions; termination and notification to authorities; confidentiality; provisions for the protection of Protected Health Information, if applicable; and Appeals.
  2. Review of the potential Delegated Entity's methods and sources for collecting and verifying credentials;
  3. Policies related to office site assessment and medical record-keeping assessment, if this is to be delegated to the Entity.
- C. **Pre-Assessment Scoring Methodology of Potential Delegated Entities:** The following scores may be used as guidance pending final review and assessment of the Credentialing Committee:
1. A score of 85% or higher is considered approved.
  2. For a score of 80% to 84%, Credentialing Committee approval and an Improvement Action Plan (IAP) are required.
  3. A score of 79% or below does not meet criteria for delegation.

### Section 13.5 - Annual Evaluation

- A. For Delegation Agreements that have been in effect for 12 months or longer, OHBS-CA performs a file review and substantive evaluation of delegated activities against Credentialing Authorities and OHBS-CA expectations.
- B. For NCQA accredited or certified Delegated Entities, the annual evaluation includes an evaluation of any elements not included in the Delegated Entity's accreditation or certification, in accordance with NCQA requirements.
  1. Policies are reviewed for all Delegated Entities.

2. An audit of the Delegated Entity's documents and files for the credentialing elements that are NCQA accredited or certified is not required.
3. Credentialing elements not accredited or certified by NCQA may require oversight for additional OHBS-CA, state, federal or other requirements.

### **Section 13.6 - Review of Oversight and Monitoring Reports**

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

### **Section 13.7 - Required Follow-up**

When OHBS-CA's pre-assessment, annual evaluation, or periodic monitoring identify opportunities for the Delegated Entity to improve its compliance with the Delegation Agreement or Credentialing Authorities' and OHBS-CA expectations, the Delegated Entity develops a plan for improvement that includes performance goals and time frames for achievement of those goals.

### **Section 13.8 - Revocation or Termination of Agreement**

Upon revocation or termination of an Agreement between OHBS-CA and the Delegated Entity, if the Clinicians or Organizational Provider wish to remain participating with OHBS-CA, the Clinicians or Organizational Providers are required to go through the OHBS-CA initial credentialing process.

### **Section 13.9 – Procedure when Clinician has Contracts with both Credentialing Entity and Delegated Entity**

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

## **SECTION 14 – MANAGEMENT AND SECURITY OF CREDENTIALING SYSTEMS**

### **Section 14.1**

OHBS-CA and its delegates retain a policy outlining the organization's process of how credentialing data is received, stored, modified, secured and managed within the Credentialing Systems in compliance with NCQA Standards. This includes but is not limited

to preventing unauthorized access to Credentialing Systems and protecting the accuracy of the data in the systems.

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

## **SECTION 15 – SPECIAL RULES FOR MEDICARE ADVANTAGE PARTICIPATION**

### **Section 15.1 - General**

Under certain circumstances, the Participating Clinician or Participating Organizational Provider may be subject to additional obligations. These special provisions are described below.

- A. Participating Providers that treat Medicare members must have a participation agreement with Medicare.
- B. Participating Providers that treat Medicaid (Medi-Cal) members must be enrolled with the California Department of Health Care Services.

### **Section 15.2 - Excluded Persons**

- A. Under CMS regulations, a Participating Provider is prohibited from employing or contracting with an individual who is excluded from participation in Medicare (or with an entity that employs or contracts with such an individual) for the provision of any health care or administrative services.
- B. If a Participating Provider employs or contracts with a prohibited individual, then sufficient grounds exist for immediate suspension or termination of the Participating Provider by OHBS-CA.

## **SECTION 16 - MISCELLANEOUS**

### **Section 16.1 - Rules of Construction**

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

## **Section 16.2 - Severability**

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

## ATTACHMENT A

### Acceptable Accreditation and Certification Entities

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

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