

Fulcrum Health, Inc. is committed to providing cost-effective, quality chiropractic care to its members and clients through a network of highly professional and credible chiropractic practitioners. Fulcrum Health Inc.'s credentialing department reviews all complete participation applications to ensure that applicants and practitioners meet its credentialing criteria. Only applicants who meet all of the credentialing criteria outlined herein will be approved for network participation.

Fulcrum Health, Inc. uses its credentialing criteria to determine a chiropractor applicant's eligibility for participation in the ChiroCare network.

Chiropractors that have applied, but are not approved for participation in the network are referred to as **Applicants**. Chiropractors who have been approved for participation in the ChiroCare network are referred to as **Practitioners**.

Once admitted to Fulcrum Health Inc.'s ChiroCare network, Practitioners must continue to meet all credentialing and recredentialing standards for continued participation. Failure to meet or maintain any of the standards will result in declined participation or termination from the network, as applicable.

All Applicants/Practitioners are credentialed in accordance with regulatory and/or Health Plan requirements in a manner that is non-discriminatory. Credentialing and recredentialing decisions are not made based on a race, ethnic/national identity, gender, age, religion, sexual orientation, procedures used (excluding treatment and examination techniques) or types of patients that the practitioner specializes in.

Applicants/Practitioners have the right, upon request, to be informed of the status of their credentialing or recredentialing application.

Your Right to Review Information:

All Applicants/Practitioners have the right to review information obtained by Fulcrum Health, Inc. for use in the evaluation of their credentialing application and to correct erroneous information submitted by another party. This evaluation may include information obtained from any outside primary source (e.g., malpractice insurance carriers, state licensing boards, National Practitioner Data Bank, etc.).

Your signature on this document indicates you agree to undergo Fulcrum Health, Inc.'s credentialing and

recredentialing process and to abide by its policies and procedures outlined herein, and detailed in Fulcrum Health, Inc.'s Chiropractic Practitioner Manual which is provided to ChiroCare Practitioners.

ADMINISTRATIVE REQUIREMENTS

Location & Facilities:

The suitability of an Applicant's office is reviewed upon initial credentialing. To be eligible for participation the office must satisfy Fulcrum Health, Inc.'s facility requirements.

The office must be located in a permanent structure that meets the following facility criteria:

- At least 1 private treatment AND/OR exam room with full walls and a solid door to protect patient confidentiality and afford privacy.
- Office must meet all local and state zoning and building laws.
- Patients must have on-site access to a restroom and hand washing facilities. Offices located in gym/health spas or in a private home are subject to additional requirements, including:
 - A separate entrance so the patient does not enter through the facility or home.
 - A separate sign from that of the gym/health spa, home, or structure attached to the home, denoting that it is a professional practice.

Applicants may be required to submit photos of the office and/or accommodate an on-site visit in order for Fulcrum Health, Inc. to determine if the entrance and/or home-office arrangement is acceptable for participation.

Daily Patient Volume & Adequate Access:

Fulcrum Health, Inc. requires that Practitioners:

- be available for appointments a minimum of 12 hours per week,
- provide care within one day in urgent or emergent cases, and within five days for non-urgent cases, and
- provide 24-hour telephone availability in person or by answering machine or service to direct patients to emergency care facilities (if needed) and state the office's hours of operation.

PROFESSIONAL REQUIREMENTS

Licensure:

Applicants/Practitioners must have and maintain a current, unrevoked, unsuspended, and unimpaired license to practice Chiropractic in the state where applying or participating. To confirm, Fulcrum Health, Inc. queries the National Practitioners Data Bank, the Federation of Chiropractic Licensing Boards, Medicare and Medicaid and the respective state boards for information related to current standing; malpractice activity and/or disciplinary actions; terminations, suspensions, restrictions, and/or reductions in privileges; and adverse actions or convictions by other state for federal regulatory agencies.

Practitioners shall maintain all business and professional licenses, certifications, and/or approvals in good standing and free from suspension, restrictions, limitations, and/or probation as required under federal and/or state law, in order to legally and safely perform all necessary duties at all times while in the network. Practitioners must also complete and maintain all continuing education hours as required. Failure to maintain unimpaired licensure shall result in termination from Fulcrum Health, Inc.'s ChiroCare network.

Communication:

Applicants/Practitioners must have on-site fax capability. Applicants/Practitioners must be able to communicate and provide legible medical records in English, or must agree to provide any necessary translation/transcription services at his/her own expense. Applicants/Practitioners must provide an e-mail address.

Insurance:

Applicants/Practitioners agree to allow Fulcrum Health, Inc. to be a malpractice insurance certificate holder. Applicants/Practitioners agree to provide proof of professional malpractice and liability insurance through an admitted carrier, with limits in the amount of the greater of \$1M per claim and \$3M aggregate, the amount required by state law, or an amount required by health plan. All minimum limits are subject to change and may vary by state or health plan.

Applicants/Practitioners also agree to carry general liability insurance in the amount of \$250,000 per claim and \$500,000 aggregate.

Adverse Impacts:

Applicants/Practitioners must disclose information that may adversely impact their ability to provide care, including:

- Illegal drug use (*including chemical dependency or substance abuse*) and any felony convictions.

CLINICAL REQUIREMENTS † Fulcrum Health, Inc.'s required chiropractic practices include (but are not limited to) the following:

Practitioners agree to limit their practice on ChiroCare members to those methods listed on Fulcrum Health Inc.'s Approved List of Chiropractic Techniques (ACT List noted below) and those techniques that conform to all applicable local, state, and federal laws. Practitioners are reimbursed by Fulcrum Health, Inc. for approved medically necessary services only, as defined in the Practitioner Participation Agreement provided in the application packet (the "Participation Agreement"). Fulcrum Health, Inc. will not reimburse for non-covered or excluded services.

Practitioners must abide by Fulcrum Health, Inc.'s clinical policies and procedures as detailed in its Chiropractic Practitioner Manual and/or summarized below.

Practitioners must:

- Agree to provide treatment to ChiroCare eligible enrollees, subscribers, or dependents thereof (Members) for covered neuromusculoskeletal (NMS) conditions. (**Note:** *not all NMS conditions are covered through Fulcrum Health, Inc.*)
- Agree to refer Members, as appropriate and when requested, to other health care professionals for the evaluation and treatment of non-NMS conditions, NMS conditions that are not amenable or responsive to chiropractic care or for significant complicating factors or co-morbidities that have not been recently evaluated by the Member's Primary Care Physician (PCP).
- Agree to make methodical use of differential diagnosis (i.e., the distinguishing between two or more conditions or diseases with similar characteristics by systematically comparing their signs and symptoms). **Differential diagnosis** includes the process of ruling out non-NMS and non-mechanical conditions/diseases that require medical

referral or concurrent care.

- Agree to use generally accepted evaluative and treatment techniques as specified in the **ACT LIST** below. The listed techniques are taught as part of the core curriculum in a majority of accredited chiropractic colleges. Any treatment technique or procedures not listed are considered experimental and investigational in nature:

ACT LIST:

- Activator Methods
 - Cox (Flexion/Distracton)
 - Diversified –Gonstead
 - Sacral Occipital Technique (SOT)
 - Thompson (Drop Table)
- Document and maintain appropriate medical records and chart notes. Medical records must be legible, contain appropriate patient identification, essential facts about the patient, complete medical history, pertinent examination findings, interim medical history and evaluations, initial clinical impression and diagnosis, information regarding diagnostic testing, and written plan of treatment. Reasons for medical referrals must be documented in the patient’s chart. Progress notes must be contemporaneously documented within the patient record on each and every visit. All chart notes and records must be recorded (or transcribed) to English and signed by the treating Practitioner. Medical records must contain all elements of a Subjective, Objective, Assessment, and Plan (S.O.A.P.) format in order to establish the medical necessity for care.

Radiology Guidelines †

Practitioners must abide by Fulcrum Health, Inc.’s radiographic guidelines and x-ray criteria. Applicants who x-ray all patients or who require x-rays prior to treating all patients will not be approved for participation. All Professional Radiology Standards apply.

The following 19 Fulcrum Health, Inc. Healthcare radiology criteria serve as a guide for exposing medically necessary radiographs:

- 1. A recent history of significant trauma to rule out fracture or dislocation.**

- Trauma must have occurred within the four (4) weeks prior to the visit.
- Lifting, bending, physical exercise, sitting or sleeping wrong and awakening with pain, are consistent with strain/sprain or postural injuries and therefore would not meet the criteria of significant trauma, unless accompanied by a bone-weakening disorder. Bone-weakening disorders should generally be discovered during the initial history or through one of the other 19 criteria.

- 2. Over 50 years of age and pain in the area of recent trauma and at least a “4” on a “1 to 10” Visual Analog Scale (VAS).**

- 3. Over 70 years of age and having complaints in the area to be exposed.**

- 4. Pertinent, consistent, and documented neuromotor deficits confirmed by appropriate neurological examination findings.**

- Reflexes that are equally increased or diminished bilaterally would be considered normal findings and not neuromotor deficits.

- 5. Unexplained and unintended weight loss (symptom of malignancy).**

- 6. Reasonable suspicion derived from patient’s history of ankylosing spondylitis or other inflammatory arthritis.**

- Does not include osteoarthritis/spondylosis (i.e., non-inflammatory arthritides)
- Reasonable suspicion of ankylosing spondylitis, Reiter’s Syndrome, Systemic Lupus Erythematosus, Rheumatoid Arthritis, Psoriatic Arthritis, Down’s syndrome and other inflammatory arthritides are typically derived from the patient’s medical history and examination findings.

- 7. Significant history of drug or chronic alcohol abuse (risk factors for osteomyelitis, osteoporosis, trauma).**

- This would not generally apply to the taking or abusing of prescription drugs.

- 8. History of cancer (possibility of metastatic cancer is greater).**
 - X-rays are intended to evaluate possible malignancies and/or metastasis to the spine based on suspicious history and/or physical examination findings.
- 9. Significant history of prolonged steroid use (increased risk for infection, osteoporosis)**
- 10. Fever of over 100 degrees Fahrenheit with a reasonable suspicion of infection/osteomyelitis based on history, presenting complaints and/or physical examination findings to establish the need for radiographs.**
- 11. Failure to improve with an adequate trial of conservative therapy within the last thirty days and the presence of significant clinical findings suggesting underlying pathology.**
- 12. Substantial examination findings (confirmed by pertinent orthopedic and neurological exams) that would warrant films to rule out pathology prior to initiating a course of treatment.**
 - A specific dermatomal pattern should be specified in the chart notes. X-rays are used to differentiate between a disc herniation and other space-occupying lesion.
- 13. History of spinal surgery in the area to be treated.**
- 14. History of surgery that might reasonably affect the proposed treatment.**
- 15. Reasonable suspicion of bone demineralization**
 - This would include (but is not limited to) a hysterectomy patient who is not on hormone replacement therapy.
- 16. Hard or soft tissue mass (i.e., tumors, suspected malignancy, exostosis) noted upon palpation.**
 - This does not apply to such entities as palpable fatty tumors or cysts, benign fibroids, muscle spasms, or muscle bunching.
- 17. Prolonged unremitting symptoms with progressional severity or intensity, or prolonged unremitting symptoms of the severity to awaken the patient at night.**
 - Symptoms must have been present for over one-month.
 - Organic disease should be suspected and consistent with the history and examination findings.
 - Does not apply if history and exam clearly suggests a musculoskeletal disorder such as postural or chronic sprain/strain.
- 18. Deformity with stiffness.**
 - This is intended for fractures or obvious dislocation.
 - Excluding patients that awaken with conditions such as antalgia or torticollis.
- 19. Significant medical history (e.g., chronic inflammatory arthropathies, positive Rheumatoid factor, significant scoliosis confirmed through appropriate history and examination etc.) and supporting clinical findings, including (but not limited to) the following:**
 - Chronic inflammatory arthropathies
 - Dermopathy, suggestive of psoriasis, Reiter's syndrome, melanoma, and the like
 - Laboratory indicators such as significantly elevated erythrocyte sedimentation rate or alkaline phosphatase, positive rheumatoid factor, or monoclonal spiking on electrophoresis
 - Known or suspected cardiovascular disease (e.g., rule out Abdominal Aortic Aneurysm)
 - Confirmed significant scoliosis through history and examination (e.g., rib-hump, etc.)

Chiropractic Credentialing Guidelines



Fulcrum Health, Inc. Non-Approved Chiropractic Practices: †

Practitioners in the treatment of ChiroCare members may not use or bill for non-approved chiropractic practices, including, but not limited to:

- Radiographs that do not conform to Professional Standards or to Fulcrum Health, Inc.'s Radiology Guidelines.
- Ordering or rendering services that are not medically necessary and/or not clinically appropriate.
- Advising patients about prescription drugs or taking a patient off of prescription medication.
- Nutritional substance muscle testing.
- Experimental, investigative, or non-standard evaluation, diagnostic, or treatment procedures.
- Services or procedures that have not been found efficacious within the scientific community.

† Note:

If you have question(s) regarding the Clinical Requirements, Radiology Guidelines or Non-approved Chiropractic Practices, please call ChiroCare at (888) 638-7719 and ask to be connected to the Case Management Hotline for clarification.

PLEASE READ AND SIGN BELOW:

I have read, understand, and acknowledge Fulcrum Health Inc.'s Chiropractic Credentialing Guidelines and criteria, as detailed herein. I hereby agree to undergo Fulcrum Health, Inc.'s credentialing and recredentialing processes.

I hereby certify that I understand and will abide by Fulcrum Health, Inc.'s administrative, professional and clinical guidelines as outlined above.

I understand that if I am approved for participation on Fulcrum Health, Inc.'s ChiroCare network, failure to maintain any of the above requirements will result in my termination from participation from Fulcrum Health, Inc.'s ChiroCare network.

Signature Date

Print Name:

Street Address: _____
City _____
State: _____
County: _____
Zip Code: _____
Phone Number: _____

NOTE:

- Keep a signed copy of this document "Chiropractic Credentialing Guidelines" for your records.
- Return the ENTIRE original signed and dated document to Fulcrum Health, Inc. with your completed application.