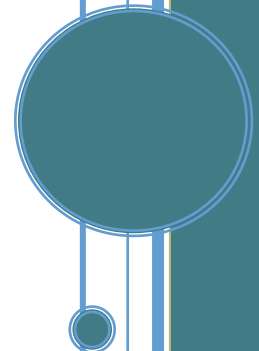




FULCRUM CREDENTIALING PLAN



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Introduction

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

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

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

Fulcrum's Credentialing Plan will be reviewed at least annually by the Credentialing Subcommittee. Key quality indicators will be monitored and evaluated as documented by the Quality Improvement Subcommittee at least annually.

Goals and Objectives

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

Applications will be processed in a timely manner. Timeliness is monitored during the credentialing process to identify process or system delays.

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

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

Plan Structure

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

The QCB confers authority to the Credentialing Subcommittee for practitioner initial credentialing and recredentialing decisions as well as the operational administration of the Plan and its policies and procedures.

The Committee holds responsibility for the following:

1. The review of each applicant's credentials for initial credentialing and recredentialing of practitioners;
2. Ensuring that criteria for network participation is defined and applied uniformly and consistently in review of practitioner applicants;
3. Establishing the process used to verify and evaluate a practitioner's credentials, as well as for communication when a practitioner's credentials do not meet the established criteria;
4. Adhering to NCQA credentialing standards;
5. Establishing and maintaining credentialing policies consistent with credentialing Plan goals;

6. Assessment and evaluation of the practitioner network as it relates to quality of care and availability of services;
7. Maintaining a non-discriminatory approach, ensuring fair and equitable treatment without regard to race, ethnicity, national origin, religion, gender, age, disability, sexual orientation, genetic information, or source of payment;
8. Reviewing, revising, and approving the participation criteria and policies and procedures that support the Plan.
9. Reporting Committee actions and recommendations to the Quality Committee of the Board on a quarterly basis or more frequently as circumstances may warrant or as requested by the Board Chairperson or Chief Executive Officer.

The Committee shall have heterogeneous membership, with members who possess skill sets and educational backgrounds able to carry out the complete and adequate review of applicable credentialing activities, as well as to provide balanced discussion, commentary, and recommendations on credentialing issues.

Composition of Committee. Committee membership shall include at a minimum the Chief Clinical Officer and one Fulcrum Clinical staff and two external practitioners that are licensed and participating in a Fulcrum network. An internal committee member shall function as Chairperson. The Committee members shall represent the practitioner types under review. All participating network practitioner voting members must have an active license and be practicing in a Fulcrum Health, Inc. network.

1. Nomination, Appointment and Term. Individuals may be recommended for appointment to the Committee by the Chairperson. Fulcrum's Chief Executive Officer will appoint all participating practitioner members of the Committee including internal members, external members and the Chairperson at the beginning of each term. Participating practitioner Committee members are appointed for a three (3) year term and are limited to three (3) terms. There is no limitation to the number of times an internal Committee member employed by Fulcrum may be reappointed.
2. Removal and Vacancies. Committee members may be removed prior to the end of a term by member request or by request of the Chairperson. Vacancies shall be filled promptly. The Chief Clinical Officer shall recommend replacement members.
3. Membership Expectations. Committee members are expected to attend all meetings, review all materials provided before each meeting and provide input based on their educational background, industry knowledge and clinical skill set.
4. Guests. The Committee may, at its discretion, invite individuals with expertise in special areas to participate in Committee meetings to assist in the review of issues requiring expertise beyond or in addition to that available on the Committee. Guests are not afforded voting rights.

Meetings

1. Chairperson. The Chairperson will preside over the meeting, provide structure, and encourage meaningful discussion among all meeting participants.

2. Meeting schedule. The Committee shall meet at least monthly. Additional meetings may be called to address critical issues in a timely manner, as determined by the Chairperson. All meetings may be conducted in person or by conference call.
3. Quorum. The quorum necessary for transacting business at a Committee meeting is at least two (2) licensed practitioner voting Committee members. At least one participating network practitioner and one Fulcrum Clinical Staff.
4. Votes. Only licensed practitioner Committee members may vote on accepting, pending, or declining practitioner applicants. Participating practitioner voting member representation will be equal to or greater than the number of internal voting members. If necessary, internal committee members will abstain from voting to ensure voting ratios are maintained. Other Fulcrum staff may attend, in a non-voting capacity for administrative support. The Committee may also utilize additional clinical practitioners for consultation only (no voting rights) in the review of a practitioner's application if necessary.
5. Meeting Agendas. The Committee meeting agenda will, at a minimum, consist of roll call; approval of prior Committee meeting minutes; policy and procedure review and approval; and the review of practitioners' credentials for initial and ongoing network participation.
6. Meeting Minutes. The Committee shall designate an individual to record meeting minutes. This individual does not need to be a Committee Member. Final minutes shall be submitted at the next regularly scheduled meeting for Committee approval. Committee meeting minutes shall be placed on a network drive with the document protected by password, placed on a secure drive with limited access and/or other security measures added to ensure that access to them is granted only to Fulcrum employees with a business need to see them.

Staff Responsible for Plan

Chief Executive Officer (CEO) – The Chief Executive Officer appoints the members of the Committee and the Chairperson.

Chief Clinical Officer (CCO) – The Chief Clinical Officer leverages experience as a licensed practitioner to serve on the Credentialing Subcommittee and oversees the day-to-day credentialing functions.

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

Scope of Plan

The terms of this Credentialing Plan apply to all individuals who are applying for initial credentialing or recredentialing as practitioners in Fulcrum's network. This would include practitioners who are directly contracted or who are employed by a company that holds a

contract with Fulcrum. Locum tenens practitioners will not be credentialed fully by Fulcrum but will undergo verifications (license, OIG, SAM, malpractice insurance, Death Master File, and NPDB) prior to providing services.

Practitioner Rights

Practitioners are afforded and notified of the following rights during the initial credentialing or recredentialing application process via a document included with each application package:

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

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

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

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

Criteria for Network Participation

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

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

1. Be a graduate of chiropractic medicine from an institution that is accredited by the Council on Chiropractic Education.
2. Have a valid, current license in each state where the practitioner will see Fulcrum members. An exception would occur if a state licensing board does not require a license in that specific state because the person is a commissioned medical officer, a member of, or employed by the armed forces of the United States, the United States Public Health Service, the Veterans Administration, any federal institution or any federal

agency while engaged in the performance of official duties within the state and the person is licensed in at least one other U.S. state.

3. Have current professional liability insurance that meets contractually established minimum limits. An exception would occur for practitioners covered by a State Tort or Federal Tort through employment by the state or federal government or a Federally Qualified Health Center.
4. Complete and comply with the authorization and release in the credentialing application.
5. Not restricted from receiving payments from any State or Federal program including but not limited to Medicare, Medicaid, or third-party programs.
6. Attest to the lack of present illegal drug use.

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

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

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

1. Have a valid, current massage therapist license in each state where the practitioner will see Fulcrum members unless licensed actively as a chiropractor. If the state does not have a license for a credentialed practitioner type, practitioner must have a current certification by the National Certification Board for Therapeutic Massage & Bodywork board and meet all other minimum requirements. If a new state license is created where one did not exist previously, impacted practitioners must obtain licensure within state-required timeframe unless state requirements allow grandfathering.

- Practitioners providing massage therapy services in states without a state-level massage therapist license are eligible to apply if the practitioner has either a current certification from the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) or a massage therapy degree completed at an educational program accredited by The Commission on Massage Therapy Accreditation (COMTA), the National Accrediting Commission of Career Arts and Sciences (NACCAS), or other accrediting agency recognized by the U.S. Department of Education.
2. Have current professional liability insurance that meets contractually established minimum limits. An exception would occur for practitioners covered by a State Tort or Federal Tort through employment by the state or federal government or a Federally Qualified Health Center.
 3. Complete and comply with the authorization and release in the credentialing application.
 4. Not restricted from receiving payments from any State or Federal program including but not limited to Medicare, Medicaid, or third-party programs.
 5. Attest to the lack of present illegal drug use.

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

1. Have a valid, current physical therapist license in each state where the practitioner will see Fulcrum members.
2. Have current professional liability insurance that meets contractually established minimum limits. An exception would occur for practitioners covered by a State Tort or Federal Tort through employment by the state or federal government or a Federally Qualified Health Center.
3. Complete and comply with the authorization and release in the credentialing application.
4. Not restricted from receiving payments from any State or Federal program including but not limited to Medicare, Medicaid, or third-party programs.
5. Attest to the lack of present illegal drug use.

Policies and Procedures/Process Guidelines

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

Delegation of Credentialing/Recredentialing

Fulcrum does not delegate or sub-delegate any aspects of its initial credentialing, recredentialing, or ongoing monitoring processes. Fulcrum also does not conduct provisional credentialing for any of its practitioners and does not credential organizational practitioners.

Confidentiality

All initial credentialing/recredentialing applications and associated documentation and data shall be kept confidential in accordance with all applicable state and federal privacy laws. All employees are trained in Fulcrum's confidentiality policy and procedures as well as in Health Insurance Portability and Accountability Act (HIPAA) guidelines. Data shall be maintained on network drives with limited accessibility by staff or within credentialing software which is password-protected and has security levels built within it for permitted users.

Credentials Documentation and Verification

The following documents are requested to be submitted along with a complete, signed application:

1. Certificate of current professional liability insurance coverage at Fulcrum's required limits (required)
2. Completed W-9 form (if necessary)
3. Disclosure of Ownership form (if necessary)
4. Electric Funds Transfer form (if necessary)
5. Cultural Competency form (to be determined)
6. ADA form (to be determined)

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

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

Practitioners who withdraw their application prior to a credentialing decision being made via the expedited process or by the Credentialing Subcommittee are considered neither reviewed nor a denial. Withdrawn applicants are eligible to reapply at any time.

If all credentialing requirements have been met without any variations from criteria, credentialing staff will submit the file to the next Committee meeting for review. An expedited approval process is available when there is urgency of the practitioner's application and the credentialing requirements have been met via approval by the Chief Clinical Officer or Assistant Chief Clinical Officer. If all credentialing requirements have not been met, the file can only be submitted to the Committee for evaluation.

Practitioner Directories and other Client Materials

Fulcrum will use an established process for ensuring practitioner information gathered during the credentialing process is accurate prior to supplying the information to external partners for use in practitioner directories and other client materials. These data elements include:

1. Practitioner name

2. Location(s)
3. Telephone Number
4. Education
5. Training
6. Certification (where applicable)
7. Specialties (where applicable)
8. Practitioner's clinic hours
9. Practitioner's website URL (where applicable)
10. Practitioner cultural/linguistic capabilities
11. Accommodations for people with physical disabilities
12. Practitioner accepting new patients

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

Committee Oversight of Plan/Structure

Credentialing Subcommittee

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

Fulcrum Credentialing Subcommittee Practitioner Appeal Process

Fulcrum has an established process for processing all practitioner appeals related to decisions where participation was declined/rejected or ongoing participation was terminated. This process allows for an appeal when Fulcrum acts on the practitioner's participation due to quality of service, complaints, malpractice case(s), administrative non-compliance with Fulcrum's policies and procedures, and/or in response other information outside of mandatory administrative requirements. Practitioner initial credentialing or recredentialing appeals are heard by Fulcrum's ad hoc appeals committee consisting of licensed practitioners selected by the Credentialing Subcommittee who were not involved in the initial decision. The practitioner and/or their representation can attend and provide evidence at the Appeal Committee meeting. The practitioner is notified in writing of the Committee's decision within thirty (30) calendar days from the decision date.

Fulcrum Credentialing Subcommittee Grievance Process

Fulcrum has formal grievance procedures in place for processing and responding to all practitioner and member grievances or complaints. These procedures ensure that all complaints and grievances are thoroughly investigated, and a response is communicated in a timely manner. The grievance procedures are communicated to practitioners via the practitioner portal and websites. Member communication is managed by the client.

Committee Subcommittee or Ad Hoc Committee

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

Quality Committee of the Board (QCB)

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

Document History:

Effective Date	Update
12/7/2017	Plan effective date
6/21/2018	Updated leadership involved with credentialing, delegation status
11/27/2018	Reviewed and approved edits at Credentialing Subcommittee
12/20/2018	Reviewed edits at Credentialing Subcommittee
1/17/2019	Reviewed and approved edits at Credentialing Subcommittee as Plan and Charter are reviewed to match language in both documents
3/21/2019	Reviewed and approved edits at Credentialing Subcommittee to match up language in plan to other documents and incorporate consultant recommendations
5/16/2019	Reviewed and approved edits at Credentialing Subcommittee to match up more language in plan and charter to incorporate consultant recommendations
10/17/2019	Reviewed and approved at Credentialing Subcommittee: Added massage therapy language, removed program wording, cleaned up sections based on consultant advice, made language more descriptive and concise where needed
12/19/2019	The date on the cover page of the document was approved to be update from 2019 to 2020 at the Credentialing Subcommittee meeting.

6/22/2020	Reviewed and approved at Credentialing Subcommittee; Annual review with date being removed at beginning of document as the only change
5/20/2021	Reviewed and approved at Credentialing Subcommittee; Annual review with punctuation changes and one title change
5/19/2022	Reviewed and approved at Credentialing Subcommittee; minor formatting and punctuation changes
7/21/2022	Reviewed and approved at Credentialing Subcommittee; clarification on committee membership language
9/15/2022	Reviewed and approved at Credentialing Subcommittee; further clarification on committee membership language, added more language on acupuncture license requirements
7/20/2023	Reviewed and approved at Credentialing Subcommittee; updated requirements for massage therapists in states lacking a state-level license
10/19/2023	Reviewed and approved at Credentialing Subcommittee; updated to include requirements for physical therapists