



American Behavioral

Provider Handbook

Overview of American Behavioral

Founded in 1990, American Behavioral began as a vision to provide flexible, cost-efficient managed behavioral healthcare services for businesses and industries in Alabama. American Behavioral now serves approximately 100 corporations with employees and families located throughout the nation. The portfolio of corporations served is a virtual who's-who of outstanding corporations located in Alabama and across the nation. These corporations represent over 800,000 covered lives whose services are administered through American Behavioral.

Strong Financial Performance

American Behavioral has recorded a minimum revenue growth of 25 percent each year since its founding in 1990. The company doubled revenue between 1999 and 2004, bringing in over \$6 million in 2004. Total revenue exceeded \$8 million in 2005 and the magical \$10 million threshold was achieved in 2006. In an interview with Allen Blackwell earlier this year, the *Birmingham Business Journal* reported that the company expects at least double if not triple that revenue amount by the end of 2009. The company carries no debt.

Stable and Pleasant Work Environment

Ask any employee of American Behavioral to describe what it is like to work at the company in one word, the typical response will be "family." The company's stable work environment is marked by the longevity of its staff. Of American Behavioral's 42 employees, nearly half have a tenure of over five years at the company. Eight of its staff have been with the company for over ten years. American Behavioral paid tribute to these employees at the company's 15th anniversary celebration and dinner at the Vestavia Hills Country Club in fall, 2005. The company is also supportive of each employee's community services interests, most recently in granting Director of Sales Carol Chadwick a month's absence to serve on a church mission to Africa.

Outstanding Customer Service

One of the main strengths of American Behavioral is the superior quality of its customer service. The company takes a proactive approach to customer service, assigning specific staff to visit with each client and ensure that they are taken care of. According to Lita A. Clark, Ph.D., CEAP, SAP, Vice President-Employee Assistance Programs, "The American Behavioral professional staff work closely together to help each client or

patient identify cost-effective, appropriate healthcare services with a strong focus on quality of care.”

Clients often compliment the tremendous level of attention American Behavioral gives them. According to Karen Bearden with Energen Corporation, Dr. Clark assisted with grief counseling following the death one of their employees – even before a formal agreement was in place. “You cannot put a price on that type of service,” Bearden explains.

High Quality of Products or Services

The crux of American Behavioral’s success is its early decision to streamline the company down to its core business: behavioral health benefits and employee assistance programs. American Behavioral pairs employees with counseling services for stressful issues, both personal and work-related, including emotional difficulties such as depression or anxiety, marital problems or financial stresses. Employees whose companies use American Behavioral’s services can seek counseling, crisis intervention and more for free, and can invite their spouses and children to do so as well.

American Behavioral’s clients see the value of these services. American Behavioral’s mission is stated as this: “Help employers improve the productivity of employees through enhanced behavioral healthcare and overall well being in a cost efficient manner.” The increased productivity that clients gain as a result of American Behavioral’s services represents the value of their investment.

American Behavioral sets itself apart from its competition through flexibility in its service offerings. The company allows clients to customize their schedule of benefits, limitations and exclusions, and cost and service utilization reports, to meet their specific needs. While providing a comprehensive network of providers nationwide, American Behavioral also offers clients the option to add or delete providers for their employees, provided that the added providers successfully complete American Behavioral’s credentialing process. Flexibility in meeting clients’ needs has proven to be an essential ingredient in the success of American Behavioral.

The quality of American Behavioral is recognized by prominent organizations for its ethical business practice and its success. American Behavioral holds full accreditation for Health Utilization Management Services by URAC, an independent, nonprofit organization that is well-known as a leader in promoting healthcare quality through its accreditation and certification programs. American Behavioral is also a member of the National Behavioral Consortium, an exclusive organization for regional managed behavioral health-care organizations which can be joined only by invitation. Blackwell, President and CEO, has been elected to the five member Board of Directors of this prestigious consortium.

Innovative and Effective Marketing Strategies

With a strong core of services, American Behavioral has marketed itself successfully to many nationally-prominent companies, recently inking contracts with HealthSouth Corporation, Energen Corporation and Protective Life. American Behavioral's overall marketing strategy is focused on industries that the company has been successful in and that have a pronounced need for behavioral health services and employee assistance programs. Moreover, American Behavioral looks for opportunities to expand contracts with existing clients, knowing that it is often more efficient to maintain and grow existing business than to attract new business. (Note: Client information is considered confidential and provided for the purposes of evaluating services only. Please do not publish this information.)

In order to develop additional business avenues, American Behavioral has allied itself with companies that offer different yet complimentary services expanding the portfolio of services that it can offer existing and potential clients. American Behavioral has formed strategic alliances with Employers Drug Program Management (EDPM), a provider of drug program management, background screening and training services, and Bradford Health Services, a full-service accredited substance abuse treatment organization. Through these alliances, American Behavioral is able to offer its services to EDPM and Bradford and, in turn, the two allies have access to American Behavioral's services.

Spirit of Community Involvement

American Behavioral is a proud supporter of several healthcare, educational and social service endeavors, including the American Heart Association, American Cancer Society, Children's Hospital, City of Pelham (for employee recognition day), Juvenile Diabetes Foundation, Mountain Brook City Schools, Pathways, Rotary Club, Sunrise Rotary Club, WBHM 90.3 FM and United Cerebral Palsy (including participating in their Casual Friday fund-raiser). Through the Rotary Club, the company also participates in the annual Fishing Round-Up in which children with mental and physical challenges are provided the opportunity to fish at Oak Mountain State Park.

Credentialing & Recredentialing

Credentialing Requirements

Policy and Procedure

I. Documentation of Credentialing and Recredentialing Process

A. Policy

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

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

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

B. Procedure

American Behavioral shall develop written policies and procedures for credentialing of behavioral healthcare professionals employed and/or with whom contracted. These policies shall apply to any staff or employees who are involved in clinical decisions within American Behavioral. Included are psychiatrists, addiction medicine specialists, psychologists, licensed clinical social workers, licensed professional counselors, psychiatric nurses, employee assistance professionals and other independent behavioral healthcare practitioners who are authorized by the state to practice independently.

Any practitioners going through the credentialing and/or recredentialing process shall be notified of their right to review information obtained by American Behavioral to evaluate their credentialing application. This evaluation shall include information obtained from any outside primary source. Practitioners shall be notified of this right on the actual application completed by the practitioner, in the agreement signed between the practitioner and American Behavioral, in the provider manual, if one is developed, and in the memorandum accompanying the credentialing/recredentialing package. This right to review information does not extend to providers being able to review references or recommendations or other information that is peer-review protected.

American Behavioral shall notify any practitioner in the event that credentialing/recredentialing information obtained from other sources varies substantially from that provided by the practitioner. Examples include actions on a license, malpractice claims history, suspension or termination of hospital privileges or board-certification status. This notification should be provided to

the practitioner within two weeks of identification by the credentialing committee. American Behavioral shall not be required to reveal the source of information if the information is not obtained to meet the credentialing verification requirements of American Behavioral, or if disclosure is prohibited by law.

Once notified of discrepancies in information obtained by American Behavioral in the credentialing/recredentialing process, the provider shall be given one month to correct erroneous information submitted by another party. Any such corrections shall be submitted in writing with verification of corrected information and shall be addressed to the President and Chief Executive Officer and/or the Chief Medical Officer of American Behavioral. The Chief Medical Officer of American Behavioral shall be directly responsible for the credentialing/recredentialing program. Included in this responsibility is the need for insuring confidentiality of all information obtained in the credentialing process. This approach is not intended to preclude a practitioner from accessing his or her own credentialing information.

II. Credentialing Committee

A. Policy

American Behavioral shall designate a multidisciplinary credentialing committee, including at least one participating provider who is a practitioner and who has no other role in organization management, to formally approve recommendations regarding credentialing/recredentialing requests.

B. Procedure

A multi disciplinary committee shall be appointed to review the policies and procedures, processes involved and actual applications and supporting materials submitted by practitioners for credentialing and/or recredentialing. The credentialing committee shall issue formal acceptances/denials of requests for credentialing/recredentialing. Actual approval will occur once the President/CEO and Chief Medical Officer have approved and dated their signatures. A formal report of those approvals/denials will be made to the Board of Directors at its quarterly meetings. The Credentialing Committee decision regarding the credentialing/recredentialing of individual providers, shall be communicated in writing to the appropriate provider(s) within sixty (60) calendar days after determination.

As a minimum, the following information shall be considered by the credentialing committee:

- ◆ Complete provider participation application and profile,
- ◆ Copy of current state licensure,
- ◆ Copy of current narcotics license (if a physician) and
- ◆ Copy of current liability insurance.

Particular attention shall be given to those sections which relate to current licensure, specific training, experience, current competence, past or present restriction(s) to practice patterns, current liability insurance and health status.

At the time of recredentialing, in addition to the above required information to be furnished to the credentialing committee, American Behavioral shall provide any data available from actual practice experience with American Behavioral as part of this evaluation regarding retention. Such data shall include any quality improvement findings, utilization review data and member satisfaction measures that may be available and related to the specific individual being considered.

All appointments/reappointment to the American Behavioral network shall be for a period of time no greater than three years. In making decisions related to credentials, the committee shall give no consideration to sex, race, creed nor national origin.

A written record shall be maintained of all official credentialing actions.

III. Verification of Information

A. Policy

American Behavioral shall implement a timely credentialing process to uniformly identify behavioral healthcare practitioners who have the training and experience to provide care. Evaluating practitioners proactively allows for the early detection of potential problems that may have an impact on the care provided to members. Criteria shall be established which will identify the legal authority to practice, the relevant training and experience required and the issues that may affect care provided to members. Each practitioner's file must contain sufficient documentation to demonstrate that these criteria are evaluated. American Behavioral shall verify the information through primary sources to insure that decisions are based on accurate, current information. To be current, information can be no older than 180 days at the time of the actual credentialing decision.

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

Credentialing is a method of insuring that American Behavioral has all necessary information about practitioners before allowing them to participate in the network.

- ◆ The only exception to this requirement is when a provider is granted temporary, "provisional" participation status based on clinical issues. A senior clinical staff person should approve such status, and the organization should move the credentialing process forward as quickly as possible for providers with provisional status.
- ◆ "Provisional" participation status may be granted for a limited time when justified by continuity or quality of care issues.

- ◆ Providers should not be listed in any provider directory until the credentialing committee has granted participation to the provider.

B. Procedure

1. Licensure

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

2. Clinical Privileges

Practitioners may be afforded clinical privileges in accordance with state regulations. All practitioners who may potentially admit patients to inpatient facilities and institutions must have a formal inpatient coverage arrangement. If the physician does not have clinical privileges, American Behavioral shall have a written statement delineating the inpatient coverage arrangement and should credential and recredential physicians providing such coverage.

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

3. DEA or CDS Certificates

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

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

4. Education and Training

Because medical boards verify education and training, verification of board certification fully meets this requirement. For board certified or board eligible physicians, American Behavioral shall not be required to verify education nor residency training.

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

a. Physicians

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

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

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

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

b. Behavioral Healthcare Professionals

Completion of training with one of the following:

- ◆ Confirmation from the professional school,

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

5. Board Certification

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

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

Completion of one of these:

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

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b. Non physician behavioral healthcare professionals

Completion of one of these:

- ◆ Confirmation from the specialty board,
- ◆ Confirmation from the state licensing agency, if the agency conducts primary source verification of board certification. American Behavioral should receive written verification from the state licensing agency at least annually.
- ◆ If a non-physician behavioral healthcare professional states he or she is board certified, verification can be confirmed from the specialty board. However, board certification cannot be substituted for the verification of education and training.

6. Work History

American Behavioral shall obtain a minimum of five years of work history, paying particular attention to any gaps in reported work history. American Behavioral can obtain work history through the

application or curriculum vitae. Verbal clarification of gaps in work history is allowed. However, such verbal communication should be documented appropriately. American Behavioral shall not be required to verify work history from primary sources. Any work history gap of time equal to or greater than six months should be investigated and explained. Any work history gap that exceeds one year should be clarified in writing. Work history should be current to within 180 days of the actual decision to credential a specific provider.

7. **Malpractice Insurance**
American Behavioral shall obtain a copy of the current malpractice coverage that shows the dates and amount of coverage. The copy may be obtained from the malpractice insurance carrier or the practitioner and must be current at the time of the actual credentialing decision.
8. **Malpractice History**
American Behavioral shall obtain written confirmation of the past five years of history of malpractice settlements from the malpractice carrier or should query the National Practitioner Data Bank (NPDB). Verification of the malpractice history should be no older than 180 days at the actual time the credentialing decision is obtained.

IV. Application For Membership

A. Policy

American Behavioral shall require a completed application form with the requested supporting documentation to initiate the credentialing process. Although credentialing decisions are not based on the application alone, it is an important element in the process. Through the application form, the practitioner discloses information about health status and any history of issues with licensure or privileges that may require additional follow up. American Behavioral shall use the information supplied to determine whether further collaboration or investigation is needed. The signed attestation statement on the application asserts that the practitioner has completed the form in good faith.

B. Procedure

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

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

The attestation to the correctness and completeness of the application should indicate that the applicant personally attests to the validity of the application at the time application is made to American Behavioral for privileges. Faxed,

electronically produced, scanned or photocopied signatures meet the intent of the standard. Signature stamps however do not meet the intent of the standard.

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

V. Practitioner Information For Credentialing

A. Policy

Prior to making a credentialing decision, American Behavioral shall receive information from recognized monitoring organizations appropriate to the practitioner's discipline and include this information in the credentialing records. Part of assessing a practitioner's performance involves reviewing recent experience regarding malpractice or sanction activity. Although the applicant has attested to such experience or lack of it on the application form, information from the primary source verifies this information and may provide additional detail. A history of malpractice or sanction activity does not in or of itself preclude American Behavioral from permitting a practitioner to participate. It is additional information that American Behavioral uses to evaluate the practitioner.

B. Procedure

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

1. National Practitioner Data Base (NPBD)
If possible, the NPBD should be queried by American Behavioral. If this is not possible, then American Behavioral should do all of the following:
 - ◆ Request the malpractice history on the application,
 - ◆ Request five years of malpractice history from the malpractice carrier,
 - ◆ Request information on the application regarding actions taken by hospitals and organizations that have limited, suspended or abolished the practitioners privileges,
 - ◆ Query the state board of licensure and
 - ◆ Query the Federation of State Medical Boards (FSMB).

2. State Board Queries for Physicians
Regarding any previous or current state sanctions, restriction on licensure, and/or limitations on scope of practice, American Behavioral should do one of these:
 - ◆ Query the FSMB,
 - ◆ Query the appropriate state agency.

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

3. Medicare/Medicaid Sanctions

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

- ◆ NPDB,
- ◆ The Medicare and Medicaid Sanctions and Reinstatement Report,
- ◆ The Cumulative Sanctions Report available via the Internet,
- ◆ The state Medicaid agency or intermediary and the Medicare intermediary,
- ◆ The FSMB
- ◆ The Federal Employees Health Benefits Program debarment record published by the Office of Personnel Management, Office of the Inspector General.

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

All data obtained shall be no more than 180 days old at the time of the actual credentialing decision.

VI. Recredentialing Process

A. Policy

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

B. Procedure

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

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

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

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

VII. Practitioner Information For Re-Credentialing

A. Policy

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

B. Procedure

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

- ◆ The malpractice history for the last five years from the malpractice carrier,
- ◆ Information regarding actions taken by hospitals and organizations that have limited, suspended or abolished the practitioner's privileges,
- ◆ Query the state board of licensure and
- ◆ Query the Federation of State Medical Boards (FSMB).

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

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

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

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

- ◆ NPDB,
- ◆ The Medicare/Medicaid sanctions and reinstatement report,
- ◆ The cumulative sanctions report available via the internet,
- ◆ The state Medicaid agency or intermediary in the Medicare intermediary,
- ◆ The FSMB,
- ◆ The Federal Employees Health Benefits Program debarment record published by the office of personnel management, office of the Inspector General.

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

VIII. Recredentialing Decision-Making Process

A. Policy

The recredentialing evaluation process for behavioral healthcare practitioners includes an appraisal of the practitioner's professional performance, judgment and clinical competence. This appraisal includes a review of

information collected since the previous (re)credentialing cycle in carrying out quality improvement, utilization management and member satisfaction activities. It also includes a review of member complaints and compliments related to the practitioner. The recredentialing documentation shall clearly show that these data sources were examined, regardless of whether any information was found. In addition, recredentialing decision making shall take into consideration information from any site visits.

B. Procedure

American Behavioral shall incorporate data from at least three of the following sources in its recredentialing decision making process:

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

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

- ◆ Continued participation in American Behavioral,
- ◆ Required participation in continuing education,
- ◆ Required supervision,
- ◆ A clear plan for improvement with the practitioner,
- ◆ Evidence of changes in the scope of practice,
- ◆ Termination of the practitioner's contract with American Behavioral.

IX. Organizational Credentialing

A. Policy

American Behavioral shall insure that organizational providers (e.g. facilities such as psychiatric hospitals and clinics, addiction disorder facilities and clinics and psychiatric and addiction disorder residential treatment centers) are in good standing with regulatory bodies and are accredited by an appropriate accrediting body. American Behavioral shall complete this review before contracting with facilities and on a regular basis thereafter. If a facility is not accredited, American Behavioral shall develop standards of participation and assess the facility accordingly.

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

B. Procedure

Prior to contracting with any organization/facility, American Behavioral shall accomplish the following:

- ◆ Confirm that the organization/facility is in good standing with state and federal regulatory bodies,
- ◆ Confirm that the organization/facility has been reviewed and approved by an accrediting body within the past three years,
- ◆ If the organization/provider has not been approved by an accrediting body within the past three years, then American Behavioral shall develop and implement standards of participation that include an on-site quality assessment,
- ◆ At least every three years, American Behavioral shall confirm that the organizational providers/facility remains in good standing with state and federal regulatory bodies and is reviewed and approved by an accrediting body, if applicable.

X. Fair Hearing Process

A. Policy

The purpose of this policy ("Policy") is to establish fair hearing rights and proceedings where an action has been taken or a recommendation has been made against a Practitioner based on his or her competence or professional conduct and such action or recommendation will adversely affect the practitioner's participation in the delivery system.

Fair hearings, as established by this Policy, are granted solely to Practitioners: (i) who have been denied an appointment or reappointment to the American Behavioral Credentialed Panel and/or (ii) who are the subject of a recommended Corrective Action which constitutes grounds for a hearing. (See "Grounds for Hearing" listed below.) Fair hearings are not afforded to Practitioners where an individual fails to comply with American Behavioral contract requirements, administrative policies, business or billing practices, or other administrative issues.

B. General Provisions

1. All hearings shall be held in accordance with the procedures set forth in this Policy, the Federal Health Care Quality Improvement Act, 42 U.S.C. § 111101, et seq., as may be amended from time to time ("HCQIA"), and applicable State law.
2. All notices under this Policy must comply with the requirements of Section D,9 hereunder.

C. Grounds for Hearing

1. Any one or more of the following actions or recommendations shall be deemed an actual or potential adverse action and constitute grounds for a hearing:

- a. Denial of appointment to the American Behavioral Credentialed Panel;
 - b. Denial of reappointment to the American Behavioral Credentialed Panel;
 - c. Summary restriction or suspension of appointment to the American Behavioral Credentialed Panel;
 - d. Limitation or restriction of appointment to the American Behavioral Credentialed Panel;
 - e. Revocation or termination of appointment to the American Behavioral Credentialed Panel;
or;
 - f. Other recommendations that adversely affect a Practitioner's appointment and that would be reportable to the National Practitioner Data Bank and/or a State licensing agency.
2. For guidance as to what acts constitute a summary restriction or suspension or an automatic suspension or limitation of a Practitioner's appointment, refer to Sections E and F of American Behavioral's Corrective Action policy.

D. Notice and Pre-Hearing Procedures

1. Notice of Action or Recommendation
 - a. In all cases where an action has been taken or a recommendation has been made against a Practitioner which will adversely affect the Practitioner's appointment to or status on the American Behavioral Credentialed Panel and will constitute grounds for a hearing, the President/CEO and/or Chief Medical Officer shall give the affected Practitioner prompt written notice of the action or recommendation and his or her right to request a hearing.
 - b. The notice to the Practitioner will include the following:
 - 1) A description of the action or proposed action and a statement regarding whether such action, if adopted, shall be reportable to the appropriate State licensing agency and/or the National Practitioner Data Bank, as applicable;
 - 2) The reasons for the recommendation or action, including acts or omissions with which the affected Practitioner is charged;

- 3) The right to request a hearing pursuant to Section D.2 of this Policy;
- 4) That a hearing must be requested within thirty-one (31) calendar days of receipt of the notice and that a failure to do so within the specified time period shall constitute a waiver of the Practitioner's rights to a hearing;
- 5) A summary of the Practitioner's rights at the hearing, including the right to representation by an attorney, the right to have a record made of the proceedings, the right to present all relevant evidence (even if it would not be admissible in a court of law), the right to a list of all witnesses who are expected to give testimony on behalf of American Behavioral, the right to call, examine and cross-examine witnesses, the right to submit written statements for the record during the hearing, and the right to receive the written recommendation or decision of the Hearing Committee; and
- 6) A copy of this Fair Hearing Process policy.

2. Request for a Hearing

- a. The Practitioner shall have thirty-one (31) calendar days following the date of receipt of the notice of action or a proposed action to request a hearing.
- b. The request for a hearing shall be in writing and shall be directed to the President/CEO, in accordance with the requirements set forth in Section D,9.
- c. If the Practitioner does not request a hearing within the time and the manner described in this Section, such failure shall constitute a waiver of his or her right to a hearing and the recommendation, decision, or action involved will be sent to the President/CEO for a final decision pursuant to Section E,8,b.

3. Scheduling and Notice of Hearing.

- a. Upon receiving a request for a hearing, the President/CEO, or his/her designee, shall schedule a hearing in a timely manner.
- b. The date of the hearing shall not be less than thirty-five (35) days nor more than ninety (90) days from the date of receipt of the hearing notice by the Practitioner; provided,

however, that in the case of a summary suspension of the Practitioner, the hearing can be held as soon as arrangements may reasonably be made if the Practitioner has waived in writing his or her minimum thirty-five (35) day hearing notice period.

- c. The notice of the hearing shall include the place, time, and date of the hearing, and a list of the witnesses (if any), so far as then reasonably known or anticipated, who are expected to give testimony or evidence at the hearing in support of the recommendation or proposed action. The notice shall also list the members of the hearing committee (see Section D.4 below) and the hearing officer, if any (see Section D.5 below). Further, the notice shall provide a list of patient charts and records in question, where applicable. Finally, the notice shall remind the Practitioner of his or her hearing rights (see Section D,1,b,5 above), including the right to representation by an attorney.

4. Selection of a Hearing Committee.

- a. The President/CEO shall be responsible for appointing a hearing committee ("Hearing Committee"). The following criteria will be utilized in selecting members:
 - 1) A minimum of three (3) practitioners shall be selected who are in good standing and are approved and/or contracted by American Behavioral to provide care and services within its delivery system.
 - 2) Members shall be impartial and shall not have actively participated in the formal consideration of the matter at any previous level (i.e., they shall not have acted as an accuser, investigator, fact finder, initial decision maker, etc., in the same matter). Mere knowledge of the matter involved shall not preclude a practitioner from serving as a member of the Hearing Committee.
 - 3) Members shall stand to gain no financial benefit from the outcome of the proceedings and shall not be in direct economic competition with the affected Practitioner.
 - 4) If possible, one member of the Hearing Committee shall practice in the same specialty as the affected Practitioner.
- b. The President/CEO shall designate a chairperson of the Hearing Committee ("Chair") who shall preside in the manner set forth in Section D,5, unless or until a hearing officer is appointed. If a Hearing Officer is not appointed, the Chair shall have the authority of the Hearing Officer.

5. Selection of a Hearing Officer

a. The President/CEO, in his or her sole discretion, can appoint a hearing officer to preside at the hearing ("Hearing Officer"). The Hearing Officer:

- 1) Shall be an attorney-at-law (however, an attorney regularly utilized by American Behavioral for legal advice regarding its affairs and activities shall not be eligible to serve);
- 2) Shall be experienced in professional peer review proceedings and/or quasi-judicial proceedings;
- 3) Shall be impartial and not biased in favor for or against the Practitioner or American Behavioral;
- 4) Must not be in a position to financially benefit from the outcome of the hearing; and
- 5) Must not act as a prosecuting officer or as an advocate for any party.

b. The Hearing Officer is responsible for assuring that all parties to the hearing have a reasonably opportunity to present oral and documentary evidence in an efficient and expeditious manner and that proper decorum is maintained throughout the proceedings.

c. The Hearing Officer is also responsible for the following:

- 1) Determine the order of or procedure for presenting arguments during the hearing;
- 2) Determine the order of or procedure for presenting evidence during the hearing;
- 3) Shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure, discovery requests, and/or the admissibility of evidence;
- 4) Where the hearing is not proceeding in an efficient and expeditious manner, shall have the authority to take discretionary action as warranted by the circumstances; and
- 5) Where requested by the Hearing Committee, participate in the deliberations of such committee and be a legal advisor to it, but shall not be entitled to vote.

6. Discovery and Pre-Hearing Procedures.

- a. Within ten (10) days of the notice of the hearing, the Practitioner shall be entitled to challenge in writing the impartiality of the Hearing Committee members and the Hearing Officer, if any. Challenges to the impartiality of any Hearing Committee members or the Hearing Officer shall be ruled on by the Hearing Officer who shall apply applicable legal principles defining standards of impartiality for hearing panels and hearing officers in proceedings of this type. Ruling on all such challenges shall occur within ten (10) days of receipt of the challenge.
- b. The affected Practitioner shall have the right to inspect and copy, at his or her own expense, any documents or other evidence relevant to the charges that American Behavioral has in its possession or under its control within ten (10) days after requesting such information in writing. Likewise, American Behavioral (or its representative) shall have the right to inspect and copy, at its own expense, any documents or other evidence relevant to the charges that the Practitioner has in his or her possession or under his or her control within ten (10) days after requesting such information in writing. The failure by either party to provide access to information as requested in this Section (where discovery is not limited by the Hearing Officer) shall constitute good cause for a continuance. In the case of a summary suspension, where the hearing is scheduled less than thirty-five (35) days from the notice of the hearing, this information shall be provided as soon as possible before the hearing. Failure to do so shall be grounds for a continuance.
- c. The right to inspect and copy documents or other evidence as set forth in Section D,5,6 above does not extend to confidential information referring solely to individually identifiable
- d. practitioners, other than the Practitioner under review. The Hearing Officer, where appropriate, shall consider and rule upon any discovery requests and may impose safeguards as warranted and as justice requires to protect the peer review process. In so doing, the Hearing Officer shall consider:
 - 1) Whether the information sought may be introduced to support or defend the charges;
 - 2) The exculpatory or inculpatory nature of the information sought, if any;

- 3) The burden imposed on the party in possession of the information sought, if access is granted; and
 - 4) Any previous requests for access to information submitted or resisted by the parties to the same proceeding.
- d. The foregoing rights to inspect and copy documents does not create or imply an obligation to modify or create documents in order to satisfy a request for information.
 - e. At least ten (10) days prior to the hearing, the parties shall exchange all evidence which will be made available to the Hearing Committee for purposes of the hearing. A failure to comply with this rule is good cause for the Hearing Officer to grant a continuance. Repeated failures to comply shall be good cause for the Hearing Officer to limit introduction of any documents not provided to the other side in a timely manner.
 - f. At least ten (10) days prior to the hearing, each party shall furnish to the other a written list of the names and addresses of the individuals, so far as is reasonably known or anticipated, who may give testimony or evidence in support of that party at the hearing.
 - g. It shall be the duty of each of the parties to exercise reasonable diligence in notifying the Hearing Officer of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made prior to the hearing, if applicable.
 - h. Once a hearing is initiated, postponements and extensions of time beyond the times permitted in this Policy may be permitted by the Hearing Officer on a showing of good cause, or upon agreement of the parties.

7. Representation

- a. The affected Practitioner shall be entitled to representation by legal counsel in any phase of the hearing, should he or she so choose. In the absence of legal counsel, the Practitioner shall be entitled to be accompanied by and represented at the hearing by a Practitioner who is in good standing on a Credentialed Panel.
- b. American Behavioral shall be entitled to representation by legal counsel in any phase of the hearing, should it so choose. In the absence of legal counsel, American Behavioral shall be entitled to be accompanied by and

represented at the hearing by a member of its administration.

8. Record of the Hearing

- a. A shorthand reporter shall be present to make a record of the hearing proceedings (including the pre-hearing proceedings). The cost of attendance of the shorthand reporter shall be borne by American Behavioral, but the cost of the transcript, if any, shall be borne by the party requesting it.
- b. The record shall contain all exhibits or documents considered by the Hearing Committee in its deliberations. The Hearing Committee shall order that oral evidence shall be taken only under oath.

9. Notices

- a. Except where specific notice provisions are otherwise provided in this Policy, any and all notices required or permitted shall be in writing, properly sealed, and shall be sent through United States Postal Service, first-class postage prepaid via certified mail, return receipt requested.
- b. Notices mailed to American Behavioral shall be addressed as follows:

American Behavioral Benefits Managers, Inc.
Attn: President/CEO
550 Montgomery Highway, Suite 300
Birmingham, AL 35216

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

E. Conduct of Hearing

1. Failure to Appear
Failure of the Practitioner to personally attend and proceed at the hearing without good cause shall be deemed to constitute voluntary acceptance of the recommendation or action involved and it shall thereupon become the final decision of the Hearing Committee.
2. Rights of the Parties
 - a. Within reasonable limitations, both sides at the hearing may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who testify orally on any

matter relevant to the issues, and otherwise rebut evidence, as long as these rights are exercised in an efficient and expeditious manner.

- b. The Practitioner may be called by American Behavioral and examined as if under cross-examination.
- c. The Practitioner for whom the hearing is being held and American Behavioral shall have the right to submit a written statement after the close of testimony at a time decided upon by the Hearing Committee.

3. Rules of Evidence

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

4. Burden of Presenting Evidence and Proof

- a. At the hearing, American Behavioral shall have the initial duty to present evidence in support of its recommendation. The affected Practitioner shall be obligated to present evidence in response.
- b. In the case of a Practitioner who is denied initial appointment to a Credentialed Panel, the Practitioner shall bear the burden of persuading the Hearing Committee, by a preponderance of the evidence, of his or her qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubts concerning his or her current qualifications for appointment. The Practitioner shall not be permitted to introduce information requested by American Behavioral but not produced during the appointment process, unless the Practitioner establishes that the information could not have been produced previously in the exercise of reasonable diligence.
- c. Except as provided above in Section 5.4.2, throughout the hearing, American Behavioral shall bear the burden of persuading the Hearing Committee, by a preponderance of the evidence, that its action or recommendation is reasonable and warranted. The term "reasonable and

warranted" means within the range of reasonable and warranted alternatives available, and not necessarily that the action is the only measure or the best measure that could be taken in the opinion of the Hearing Committee.

5. Adjournment and Conclusion

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

6. Basis for Decision

- The decision of the Hearing Committee shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony.

7. Decision of the Hearing Committee

- a. Within thirty (30) days after the hearing is closed, the Hearing Committee shall render a decision which shall be accompanied by a report in writing and shall be delivered to the President/CEO. If the Practitioner is currently under suspension, however, the time for the decision shall be fifteen (15) days. A copy of the report shall also be forwarded to the affected Practitioner, the Credentialing Committee, and the Chief Medical Officer.
- b. The report shall contain a concise statement of the reasons in support of the decision including findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the conclusion reached. The report shall also state that whether or not the decision, if adopted by the President/CEO, constitutes a professional review action which is reportable to the National Practitioner Data Bank and/or to the appropriate State licensing agency.

8. Final Decision of the President/CEO

- a. Within twenty (20) days after receiving the report of the Hearing Committee or waiver of all hearing rights, the President/CEO shall make his or her final decision.
- b. The final decision of the President/CEO shall be in writing, shall specify the reasons for the action taken, and shall include the text of the report which shall be made to the National Practitioner Data Bank and/or State licensing agency, if any. A copy of the final decision shall also be forwarded to the affected Practitioner, the Credentialing Committee, and the Chief Medical Officer.
- c. The President/CEO's decision is final and there shall be no further right of the Practitioner to appeal.
- d. Notwithstanding any other provision in American Behavioral's policies and procedures to the contrary, the Practitioner shall not be entitled to more than one (1) hearing on any matter which shall have been the subject of action.
- e. When a Practitioner has been denied initial appointment or reappointment or has been removed from a Credentialed Panel, the Practitioner shall not be eligible to re-apply for appointment to a Credentialed Panel until the expiration of one (1) year from the date of the final decision on the matter.

XI. Corrective Action

- A. Policy** The purpose of this policy ("Policy") is to establish corrective action procedures and guidelines for addressing the conduct, actions, performance, and/or competence of Practitioners who have been appointed to an American Behavioral.

For purposes of this Policy, any Corrective Action must be taken:

1. In the reasonable belief that the action is in furtherance of quality health care;
2. After a reasonable effort to obtain the facts of the matter;
3. After adequate notice and hearing procedures are afforded to the practitioner as described in American Behavioral's *Fair Hearing Process Policy* or after such other procedures as are fair to the Practitioner under the circumstances;
4. In the reasonable belief that the action was warranted by the facts known after a reasonable effort to obtain the facts; and

5. After complying with the foregoing requirements of this *Policy*; provided, however, that any deviation from the terms of this *Policy* does not invalidate the Corrective Action.

B. General Provisions

1. Whenever the activities or professional conduct of a Practitioner are considered to be: (i) detrimental to patient or client safety or to the delivery of quality care, (ii) unethical, (iii) contrary to the rules, regulations and policies of American Behavioral or its clients, (iv) below applicable professional standards, or (v) lower than the standards or aims of American Behavioral or disruptive to its operations, an investigation and/or Corrective Action against such Practitioner may be requested.
2. An investigation and/or Corrective Action against a Practitioner may be requested by the President/CEO, the Chief Medical Officer, the Credentialing Committee, and/or any American Behavioral Vice-President.
4. Any person may provide information to parties identified in Section II, B about the conduct, actions, performance, or competence of a Practitioner.
5. For purposes of this Policy, the term “Practitioner” means any individual who is appointed to an American Behavioral Credentialed Panel.

C. Investigation

1. Initiation
 - a. All requests for an investigation and/or Corrective Action shall be in writing to the Credentialing Committee and shall be supported by reference to specific activities or conduct which constitutes grounds for the request.
 - b. If the Credentialing Committee initiates the request, it shall make an appropriate recording of the reasons.
 - c. The chairman of the Credentialing Committee shall promptly notify the President/CEO and Chief Medical Officer in writing of all requests for an investigation and shall continue to keep the President/CEO fully informed of all actions taken in connection therewith.
2. Investigation
 - a. If the Credentialing Committee concludes that an investigation is warranted, it shall direct an investigation to be undertaken and shall assign the task to an individual or to an adhoc committee.

- b. Once the task of an investigation is assigned, the appointed individual or committee shall proceed with the investigation in a prompt manner.
 - c. The affected Practitioner shall be notified in writing that an investigation is being conducted and shall be given an opportunity to provide responsive information.
 - d. The individual or body investigating the matter shall conduct interviews with persons involved, including the affected Practitioner; however, such investigation shall neither constitute a “hearing” nor shall the procedural rules with respect to hearings apply (as set forth in American Behavioral’s *Fair Hearing Process* policy). With the approval of the Credentialing Committee, the individual or body investigating the matter can also request that the affected Practitioner submit to a medical or psychological examination as necessary to determine that the Practitioner has adequate physical and mental health to perform his or her duties.
 - e. The individual or body investigating the matter shall forward a written report of the investigation to the Credentialing Committee as soon as possible. Every effort should be made to complete the investigation and issue a report within thirty (30) days of the appointment of the investigating individual or body. (This timeframe, however, is intended to serve as a guide and, as such, shall not be deemed to create any right for a Practitioner to have an investigation completed within such timeframe.) The report may include recommendations for appropriate Corrective Action.
 - f. Notwithstanding the fact that an investigation is pending, at all times the President/CEO and Chief Medical Officer shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension (as discussed in Section F below) and/or termination of the investigative process, or other action.
7. The Credentialing Committee shall at all times keep the President/CEO and Chief Medical Officer apprised of the status of the investigation, and any resulting decisions and/or recommendations.

D. Recommendation and Final Decision

- 1. Recommendation of Credentialing Committee

- a. As soon as practicable after the conclusion of the investigation, the Credentialing Committee shall notify the President/CEO and Chief Medical Officer in writing of the investigation findings and the committee's recommendations, which may include, without limitation:
 - 1) Determining no Corrective Action should be taken.
 - 2) Deferring action for a reasonable time where circumstances warrant;
 - 3) Issuing letters of admonition, censure, reprimand, or warning. In the event such letters are issued, the affected Practitioner may make a written response which shall be placed in the Practitioner's credentialing file;
 - 4) Recommending the imposition of terms of probation or special limitation upon continued Practitioner appointment to a Credentialed Panel;
 - 5) Recommending reduction, modification, suspension, or revocation of Practitioner's appointment to a Credentialed Panel; or
 - 6) Taking other actions deemed appropriate under the circumstances.
 - b. A copy of the Credentialing Committee's report shall be sent to the affected Practitioner.
 - c. In the event the Credentialing Committee's recommendation for Corrective Action constitutes grounds for a hearing as set forth in Section D of American Behavioral's *Fair Hearing Process* policy, any final decision on said matter shall be held in abeyance until the completion (or waiver) of all the affected Practitioner's hearing rights. (Refer to American Behavioral's *Fair Hearing Process* policy for guidance on hearing proceedings.)
2. Final Decision of the President/CEO
- a. In the event the Credentialing Committee's recommendation does not constitute grounds for a hearing, the President/CEO shall: (i) further Corrective Action, as he or she deems appropriate, and (iii) issue a final written decision in the matter.
 - b. A copy of the final decision shall be forwarded to the affected Practitioner, the Credentialing Committee, and the Chief Medical Officer.

- c. The decision of the President/CEO is final and there shall be no further right of the Practitioner to be heard on the matter and/or to appeal said decision.

E. Summary Restriction or Suspension of Appointment

1. Criteria for Initiation

- a. Whenever a Practitioner's conduct appears to require that immediate action be taken to protect the life or well-being of patient(s) or to reduce a substantial and imminent likelihood of significant impairment of the life, health, or safety of any patient or other individual, the President/CEO, Chief Medical Officer, or appropriate Vice-President shall have the authority to summarily restrict or suspend a Practitioner's appointment to a Credentialed Panel.
- b. Unless otherwise stated, such summary restriction shall become effective immediately upon imposition, and the imposing individual shall promptly give written notice to the President/CEO, Chief Medical Officer and the Credentialing Committee, as appropriate. In addition, the affected Practitioner shall be provided with a written notice of the action which fully complies with the requirements set forth in Section E,b below.
- c. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if not, until resolved as set forth herein.
- d. Unless otherwise indicated by the terms of the summary restriction or suspension, the Practitioner's patients shall be promptly assigned to another Practitioner by the Chief Medical Officer, considering where feasible, the wishes of the patient or individual in the choice of a substitute practitioner.
- e. When there is a summary suspension, no professional review action by a professional review body occurs until completion or waiver by the affected Practitioner of all of the hearing rights afforded through American Behavioral's Fair Hearing Process policy.

2. Written Notice

- a. Within forty-eight (48) hours of imposition of a summary restriction or suspension, the affected Practitioner shall be provided with written notice of such restriction or suspension.

- b. This initial written notice shall include a statement of facts demonstrating that the restriction or suspension was necessary because failure to restrict or suspend the member's appointment summarily could reasonably result in an imminent danger to the life, health or safety of an individual. The statement of facts provided in the notice shall also include a summary of one or more particular incidents giving rise to the assessment of imminent danger. This initial notice shall not substitute for, but is in addition to, the hearing notice required under Section D of American Behavioral's Fair Hearing Process policy. (The notice under Section D may supplement the initial notice provided under this Section, by including any additional relevant facts supporting the need for summary suspension or other Corrective Action.)

3. Credentialing Committee Action

- a. As soon as possible after such summary restriction or suspension has been imposed, but no later than five (5) business days after, a meeting of the Credentialing Committee, with the President/CEO, or designee in attendance, shall be convened to review and consider the action. Upon request of the affected Practitioner or the Credentialing Committee, the Practitioner shall attend and make a statement concerning the issues under investigation, on such terms and conditions as the Credentialing Committee may impose, although in no event shall any meeting of the Credentialing Committee, with or without the Practitioner, constitute a "hearing" within American Behavioral's Fair Hearing Process policy, nor shall any procedural rules apply.
- b. The Credentialing Committee may modify, continue, or terminate the summary restriction or suspension, but in any event it shall furnish the Practitioner with notice of its decision within forty-eight (48) hours of the meeting.

4. Procedural Rights

- Unless the Credentialing Committee promptly terminates the summary restriction or suspension as set forth above in Section IV, C, 2 the Practitioner shall be entitled to the hearing rights afforded under American Behavioral's Fair Hearing Process policy, but the terms of the summary restriction or suspension shall remain in effect pending a final decision by the President/CEO.

F. Automatic Suspension or Limitation

1. As set forth in this Article, a Practitioner's appointment to a Credentialed Panel may be revoked, suspended or limited and a hearing, if requested, shall be limited to the question of whether the grounds for automatic revocation, suspension or limitation as set forth below have occurred.
2. Licensure
 - a. Revocation or Suspension. Whenever a Practitioner's license or other legal credential authorizing practice in the State where the Practitioner provides services as part of the American Behavioral delivery system is revoked or suspended, the Practitioner's appointment to a Credentialed Panel shall be automatically revoked as of the date such action becomes effective.
 - b. Limitation or Restriction. Whenever a Practitioner's license or other legal credential authorizing practice in the State where the Practitioner provides services as part of the American Behavioral delivery system is limited or restricted by the applicable licensing or certifying authority, any services which the Practitioner provides to American Behavioral that are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.
 - c. Probation. Whenever a Practitioner's license or other legal credential authorizing practice in the State where the Practitioner provides services as part of the American Behavioral delivery system is placed on probation by the applicable licensing or certifying authority, his or her appointment status to a Credentialed Panel shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.
3. Controlled Substances
 - a. Revocation or Suspension. Whenever a Practitioner's Drug Enforcement Agency certificate or State Controlled Substances certificate is revoked or suspended, the Practitioner's appointment to a Credentialed Panel shall be automatically revoked or suspended as of the date such action becomes effective.
 - b. Limitation or Restriction. Whenever a Practitioner's Drug Enforcement Agency certificate or State Controlled Substances certificate is limited or restricted, the Practitioner's right to prescribe such medications to patients in the American Behavioral system shall be automatically limited or restricted in a similar

manner, as of the date such action becomes effective and throughout its term.

- c. Probation. Whenever a Practitioner's Drug Enforcement Agency certificate or State Controlled Substance certificate is subject to probation, the Practitioner's right to prescribe such medications to patients in the American Behavioral system shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

4. Professional Liability Insurance

- a. Failure to maintain professional liability in the minimum amounts required by American Behavioral shall be grounds for automatic suspension of a Practitioner's appointment to a Credentialed Panel.
- b. If within ten (10) days after written warnings of the delinquency the Practitioner does not provide evidence of required professional liability insurance in a manner that provides uninterrupted insurance coverage at the required coverage limits, the Practitioner's appointment to a Credentialed Panel shall be automatically terminated.

Temporary Providers



Document Title: *Policy and Procedure: Temporary Providers*
Department: Credentialing

Policy: American Behavioral shall attempt to fully credential all providers participating in the network of providers. For those situations in which a fully credentialed, appropriate provider is not possible, but an otherwise appropriate provider is willing to deliver services for patients directed through American Behavioral, a procedure shall be followed to verify licensure, insurability and other basic information before authorizing service on a temporary basis. The basic, required information must be verified at least annually and reviewed for continued participation.

Procedure: Should a provider refuse to submit to the complete credentialing process but is willing to deliver services for patients directed through American Behavioral, the following information must be submitted by the provider:

1. Photocopy of current license to practice.
2. Photocopy of current malpractice/general liability insurance thresholds.
3. Photocopy of current narcotics license (state and federal) if appropriate.
4. Signed and dated fee schedule.

As an alternative, if such a provider is credentialed with a similar organization to American Behavioral, and will submit a copy of that application, the information received will be considered for credentialing.

When the above information is received, the Credentialing Coordinator, or designee, shall be responsible for verifying all essential information, including querying the NPDB and other agencies for sanctions by Medicare. If all verifications are appropriate, the completed file shall be assembled with a cover sheet for the appropriate vice-president(s) to sign and a designated individual shall contact the provider. Authorization shall be entered appropriately in the computer designating the provider as available on a temporary use basis. Should the provider continue seeing patients for American Behavioral through time, their basic information, described above, must go through the verification process at least annually.

If during the verification process a problem is discovered, the file of information shall be put with a cover sheet explaining the discrepancy or concern and sent confidentially to the appropriate vice-president(s) for follow-up with the provider. Patients may not be assigned to a provider in this

License, ALC...
Time Practicing Requirements
Licenses Accepted
Process
Credentialing Committee

Authorizations

EAP
Managed Behavioral Health Care
Substance Abuse
Management Referrals

Claims

EAP
Managed Behavioral Health Care
Substance Abuse
Blue Cross Blue Shield Federal/ Blue Card (AL providers only)

Management Referrals
Critical Incident Stress Debriefing
Organizational Training
Provider Relations
Complaints Suggestions
Request a site visit. Ours or yours
Encourage our providers to come meet our staff.