



Cascade Health Alliance, LLC



cascade comprehensive care, inc.

CREDENTIALING POLICY AND PROCEDURE

In this document, CCC is referenced in place of CCC and CHA.

CONTENTS

1	PURPOSE.....	1
2	SCOPE.....	1
3	POLICY STATEMENT	1
4	PROCEDURE	2
5	RESPONSIBILITIES	2
	Compliance, Monitoring and Review	2
	Reporting.....	6
	Records Management.....	6
6	DEFINITIONS	8
7	RELATED LEGISLATION AND DOCUMENTS	8
8	FEEDBACK.....	9
9	APPROVAL AND REVIEW DETAILS.....	9
10	APPENDICES	9

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Terms not defined in the DEFINITIONS section of this document may be found in the CCC Glossary.

1 PURPOSE

- 1.1 This policy serves to ensure that Cascade Health Alliance (CHA) and Cascade Comprehensive Care (CCC) only engage with providers who abide by CHA's and CCC's contractual requirements with the Oregon Health Authority, state and federal rules and regulations, Atrio Health Plans, and the ethical guidelines of each providers' respective licensing and/or certification board, and professional organization.

2 SCOPE

- 2.1 This policy applies to all licensed and/or certified providers and facilities with whom CHA and/or CCC has a business relationship, either by contract, Delegation Agreement, or Letter of Agreement, to provide either physical, behavioral, and/or dental healthcare for its members.

3 POLICY STATEMENT

- 3.1 This policy demonstrates CHA's and CCC's obligation and commitment to assessing and verifying the credentials of all licensed and/or certified health care practitioners who provide healthcare services to members. CHA and CCC exercises reasonable care in selecting, reviewing, and periodically evaluating physicians and other licensed health care practitioners.
- 3.2 The Quality Management Committee is responsible for credentialing policies and decisions. The Committee has authorized the Medical Director and Quality Management Department to perform professional peer review evaluations and make recommendations and/or decisions regarding the credentialing of prospective providers and re-credentialing of established providers.
- 3.3 The Quality Management Committee is composed of health care providers, including primary care, specialty, behavioral, and dental; representatives of the local provider community serve as voting members. The Medical Director is also a consultant to the committee. The Quality Management Committee is a peer review body and as such, its records, communications, reports, and information are confidential and protected under ORS 41.675.

Confidentiality Statement

This Credentialing Policy and Procedure along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



- 3.4 CHA and CCC reserves the right to hold practitioners to higher supervision criteria than required by the Oregon Health Authority or State of Oregon licensing body.
- 3.5 Practitioners are credentialed based on their qualifications and ability to perform the services for which they specialize. CHA's and CCC's credentialing decisions are non-discriminatory, and are not based on race, ethnic/national identity, gender, age, sexual orientation or patient type (i.e. Medicaid).
- 3.6 A credential does not follow the provider. Each provider will be credentialed based on the employing organization for the primary clinic practice and privileges granted within that organization. Providers will be re-credentialed should their status or organization of primary practice change.

4 PROCEDURE

- 4.1 Providers will:
 - 4.1.1 Initiate the credentialing process concurrently with the contracting process, and prior to providing services, by completing and submitting the Oregon Practitioner Credentialing Application (OPCA) or Oregon Practitioners Re-Credentialing Application (OPRA). No other documents or applications will be accepted.
 - 4.1.2 Submit all required accompanying documentation requested within the OPCA or OPRA. Incomplete applications and/or packets will not be accepted and will be returned to the provider for completion.
 - 4.1.3 Provide contact details for three peer references – a colleague or professional peer that is directly familiar with the applicant's clinical skill and competence – that has worked with the applicant within the past year from application date.
 - 4.1.3.1 At the Quality Management Committee's discretion, two peer references may be accepted if all attempts to obtain a third reference have failed, and continuing to wait for a third reference will prevent the file from being considered "clean" and able to move forward for final approval.
 - 4.1.4 Applications containing "white-out" or correction tape will be returned to the provider. Corrections should be made with a single line strike-through, initialed and dated by the provider, or delegate completing the application on behalf of the provider.
 - 4.1.5 All information contained with the application must be valid, current, and no more than 180 days old (including applicant's signature, initials, and dates) at the time of the Quality Management Committee's decision.
 - 4.1.6 Designate a Credentialing Contact or Credentialing Organization if not performing credentialing duties for themselves.
 - 4.1.7 Comply with this policy and its appendices.

5 RESPONSIBILITIES

Compliance, Monitoring and Review

- 5.1 The Credentialing Specialist will:
 - 5.1.1 Execute this policy and roles and responsibilities established in this document in coordination with *Fraud, Waste, and Abuse Policy PP02002* and *Compliance Plan PP02001*.
 - 5.1.2 Execute credentialing as established in Appendices 1 through 8.

Confidentiality Statement

This Credentialing Policy and Procedure along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



Cascade Health Alliance, LLC



cascade comprehensive care, inc.

- 5.1.3 In the event the Credentialing Specialist discovers a provider has been sanctioned or excluded from providing services to Medicaid or Medicare enrollees, he or she will refer the case to the Medical Director who will follow procedures outlined in *Credentialing and Sanction Monitoring PP09002.01*. He or she will also alert the Compliance Officer, who will coordinate with the Medical Director to inform the DHHS Office of the Inspector General and the OHA's Provider Services Unit. The ATRIO compliance team (for Medicare issues) will be notified for specific instructions on further auditing or suspending payments to that provider. Individuals with any Medicaid or Medicare sanctions against them will not be allowed to provide services for CHA or Atrio Health Plan members.
- 5.1.3.1 The Credentialing Specialist will notify the provider in writing within one business day of discovery of the sanction and/or exclusion, notifying him or her of the sanction/exclusion, the termination or suspension of his or her credential, and the process for appeal according to *Fair Hearing Policy PP09003* and *Appeal Process for Sanctions, Exclusions or Board Actions PP09003.01*.
- 5.1.3.2 Providers who appear on the Office of Inspector General's Fraud Risk Indicator as "high risk – heightened scrutiny" or "medium risk – Corporate Integrity Agreement" will be subject to a finger-print based background check and site visit in accordance with CHA's contract with OHA as part of the credentialing process.
- 5.1.3.2.1 The Credentialing Specialist will notify the Director of Quality Management of any provider appearing on the OIG's Fraud Risk Indicator. He or she will notify the Medical Director and Compliance Officer of the finding and the initiation of the finger-print based background check and site visit.
- 5.1.3.3 In the event that the sanctioned/excluded provider is an active participating provider and a shareholder of CCC, the Medical Director will immediately notify the Chief Executive Officer who will notify the Chair of the Board.
- 5.1.4 In the event the Credentialing Specialist discovers a provider has been subject to licensing board corrective action orders, corrective action agreements, consent agreements or other disciplinary actions/orders, and/or been subject to a malpractice suit within the previous three years (if being re-credentialed, or all history if a new applicant); he or she will refer the case to the Medical Director for his or her review and recommendation. The Medical Director's recommendation will be included in the credentialing file for review by the Quality Management Committee.
- 5.1.4.1 In the event a currently credentialed provider is subject to licensing board action, the Credentialing Specialist will alert all relevant CHA/CCC parties, including, but not limited to: Director of Claims, Director of Quality Management, Director of Pharmacy Services, Medical Director, Director of Case Management, and/or Compliance Officer.
- 5.1.4.2 In the event that the sanctioned/excluded provider is an active participating provider and a shareholder, the Medical Director will immediately notify the Chief Executive Officer who will notify the Chair of the Board.
- 5.1.4.3 The Credentialing Specialist will notify the provider in writing within one business day of discovery of the licensing board action, notifying him or her of the discovery by CHA/CCC of the action and the instigation of an investigation and review by the Quality Management Committee in accordance with the *Fair Hearing Policy PP09003*.
- 5.1.5 In the event the Credentialing Specialist discovers a provider has been convicted of a felony or misdemeanor related to a crime or violation of federal or state laws under Medicare, Medicaid, or Title XIX (including pleas of "nolo contendere" or "no contest"), he or she will immediately notify the Director of Quality Management, the Medical Director, the Compliance Officer, and the OHA Provider Services Unit
- 5.1.5.1 The Credentialing Specialist will notify the provider in writing within one business day of the discovery, notifying him or her of the suspension or termination of his or her credential and the process for appeal according to the *Fair Hearing Policy PP09003* and *Appeal Process for Sanctions, Exclusions or Board Actions PP09003.01*.

Confidentiality Statement

This Credentialing Policy and Procedure along with all attachments hereto shall be considered
Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information

- 5.1.5.2 In the event that the sanctioned/excluded provider is an active participating provider and a shareholder of CCC, the Medical Director will immediately notify the Chief Executive Officer who will notify the Chair of the Board.
- 5.1.6 In the event the Credentialing Specialist discovers information that varies substantially from that provided by the provider, a letter will be sent to the provider within two business days of discovery of the discrepancy detailing the discrepancy and requesting an explanation and/or additional information to be provided to CHA/CCC within 30 days. The credentialing process will not continue until the Credentialing Specialist verifies the information has been reconciled, verified, and deemed accurate.
- 5.1.7 The Credentialing Specialist will verify all Continuing Education (CE) credits submitted by the provider.
- 5.1.7.1 Continuing Education hours are requested at the time of recredentialing for the most recent complete licensing cycle. The number of CE credits/hours required is equal to the number of credits/hours required by the provider's licensing or certifying entity.
- 5.1.7.2 The Credentialing Specialist will send a reminder to the provider 180 days prior to the expiration of the provider's license with a reminder to complete all required CE by the date of expiration.
- 5.1.7.3 Recredentialing applications submitted with insufficient CE credits/hours will be considered unclean and require review by the Quality Management Committee.
- 5.1.8 Where appropriate, request seclusion and restraint policies from Provider or Organization at time of initial credentialing.
- 5.1.8.1 Create new Provider/Organization file and forward a copy of all received policies to the Compliance Department.
- 5.1.8.2 Review Provider's seclusion and restraint policies and quarterly log submissions for the previous 36 months (if licensed to authorize seclusion and/or restraints) at time of re-credentialing.
- 5.1.8.3 In the event CHA does not have the provider's current seclusion and restraint policies or all quarterly logs from the previous 36 months, the Credentialing Specialist will notify the Compliance Department. The Credentialing Specialist will note any non-compliance in the provider's file, to be reviewed and/or considered by the Quality Management Committee.
- 5.1.9 Notify provider of credentialing status within five business days of the decision made by the Quality Management Committee. If the application has been denied, the *Fair Hearing Policy PP09003* and *Appeal Process for Sanctions, Exclusions or Board Actions PP09003.01* will be included in the notification to the provider.
- 5.1.10 Maintain previous submissions of Providers' seclusion and restraint use logs and compile into annual review.
- 5.1.10.1 Forward annual reviews for previous 36 months (or applicable period of time) to the Quality Management Committee, Medical Director, and/or Compliance Department at time of Providers' re-credentialing or upon request.
- 5.1.11 Conduct monthly/quarterly sanction monitoring as specified in *Credentialing and Sanction Monitoring Process PP09002.01*

Confidentiality Statement

This Credentialing Policy and Procedure along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



5.1.11.1 All monthly/quarterly monitoring activities will be maintained in the spreadsheet for current year located on the shared drive in G:\CCCDATA\QA\credentialing\5. Sanction Monitoring.

5.1.12 Act as liaison between Cascade Comprehensive Care/Cascade Health Alliance and ATRIO Health Plans in relation to provider credentialing.

5.1.12.1 Provide ATRIO Health Plans with Provider Profile for all newly credentialed providers to providerrelations@atriohp.com and ATRIOcontracting@atriohp.com.

5.1.13 Conduct annual credentialing audit of 5 percent of credentialing files from each Delegated Credentialing Organization to review against credentialing standards as specified in the *Delegation Credentialing Policy PP09001* and accompanying Appendices 1 through 4.

5.1.14 Designate files as complete as specified in *Credentialing and Sanction Monitoring Process PP09002.01*.

5.2 The Director of Quality Management will:

5.2.1 Designate a Credentialing Specialist who reports directly to the Director of Quality Management and the Medical Director.

5.2.2 Aid the Credentialing Specialist in executing this policy in coordination with *Fraud, Waste, and Abuse Policy PP02002* and *Compliance Plan PP02001*.

5.2.3 Educate providers or Delegated Credentialing Contacts on Credentialing, Sanctioning, Exclusion, and Appeals policies.

5.2.4 Immediately notify the Compliance Officer upon being notified or identifying a provider who has been convicted of a felony or misdemeanor related to a crime or violation of federal or state laws under Medicare, Medicaid, or Title XIX (including pleas of "nolo contendere" or "no contest") by the Credentialing Specialist or other means. The Compliance Officer will immediately notify OHA's Provider Services Unit of the discovery.

5.2.5 Immediately notify the Medical Director and Compliance Officer of any provider appearing on the OIG's Fraud Risk Indicator, the initiation of a finger-print based background check, and site visit.

5.2.6 Support Credentialing Specialist in conducting annual Delegated Credentialing Organization audits, and review and approve final report for each. Coordinate with Compliance Officer in developing a Corrective Action Plan for any delegates found to be in non-compliance.

5.2.7 Designate individual and facility credentialing files as clean or unclean based on the definitions provided in this policy.

5.3 The Medical Director will:

5.3.1 Review and approve clean files as complete and credentialed, upon presentation from Credentialing Specialist or Director of Quality Management.

5.3.1.1 Recommend QMC review or consultation of any clean files where the Medical Director is unable or unwilling to make a decision due to a conflict of interest, or when consultation is requested.

5.3.2 Review all unclean files and provide recommendation for QMC review.

5.4 The Quality Management Committee will:

Confidentiality Statement

This Credentialing Policy and Procedure along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



- 5.4.1 Review the unclean files or those clean files determined to be a conflict of interest or high-risk by the Medical Director.
 - 5.4.1.1 Approve or disapprove of the files as presented as a peer review body based on understanding of ethical principles set forth by providers' licensing and/or certification board, professional organization, and/or State law.
 - 5.4.1.2 The Committee reserves the right to limit the length of time for which a credential is valid between one and three years based on information of concern brought forward in the applicant's file, including but not limited to:
 - 5.4.1.2.1.1 Insufficient CE
 - 5.4.1.2.1.2 Insufficient Peer References or information received that is of concern
 - 5.4.1.2.1.3 Disclosed malpractice history
 - 5.4.1.2.1.4 Disclosed criminal history
- 5.4.2 During the re-credentialing process, consider any information collected regarding the provider's performance including any information collected through quality improvement activities, member complaints, and member grievances.
- 5.4.3 Review seclusion and/or restraint use logs from providers or facilities licensed to use such seclusion or restraint devices on an annual basis in accordance with *Seclusion and Restraint Monitoring PP09002.04*.
 - 5.4.3.1 Approve or disapprove of seclusion and/or restraint logs as presented and provide recommendation for corrective action if any use of seclusion or restraint is deemed inappropriate by the Oregon Health Authority or Compliance, Quality Management, or Medical Affairs staff in accordance with *Seclusion and Restraint Monitoring PP09002.04*
 - 5.4.3.2 QMC Chair will sign the *Seclusion and Restraint Monitoring Review Form PP09002.05* upon completion of the log review.
- 5.5 The Compliance Officer will:
 - 5.5.1 Educate providers on Fraud Waste and Abuse (FWA) sanctioning (as well as other FWA guidance) through the annual provider training seminar executed by the Provider Network Manager. This training involves a face-to-face presentation of FWA program and sanctioning policies.
 - 5.5.2 Coordinate with Director of Quality Management to develop any Corrective Action Plans for non-compliant delegates.
 - 5.5.3 Immediately notify the Oregon Health Authority's Provider Services Unit upon becoming aware of any provider who has been convicted of a felony or misdemeanor related to a crime or violation of federal or state laws under Medicare, Medicaid, or Title XIX (including pleas of "nolo contendere" or "no contest").

Reporting

- 5.6 Monthly sanction and exclusion monitoring of providers and facilities is conducted in accordance with *Credentialing and Sanction Monitoring Process PP0002.01*. A monthly report of sanction monitoring activities (*Sanction Monitoring Activities Report PP09002.08*) will be presented to the Quality Management Committee for review at each regularly scheduled meeting.

Records Management

Confidentiality Statement

This Credentialing Policy and Procedure along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information

5.7 The Credentialing Specialist will:

- 5.7.1 Maintain hardcopy provider files, which will include no less than the following items:
 - 5.7.1.1 Appointment and Reappointment Profiles (credentialing checklists);
 - 5.7.1.2 OPCAs and OPRAs;
 - 5.7.1.3 Malpractice history, including NPDB reports, OIG, SAM, CMS Preclusion, and Medicare Opt-Out search results;
 - 5.7.1.4 Background checks;
 - 5.7.1.5 Insurance certificates;
 - 5.7.1.6 Hospital Privilege verifications (if applicable);
 - 5.7.1.7 License and DEA certificates (if applicable);
 - 5.7.1.8 Education from an accredited program with evidence of successful graduation;
 - 5.7.1.9 Completed peer references;
 - 5.7.1.10 Continuing Education (CE) history;
 - 5.7.1.11 Residency and/or Fellowship verification;
 - 5.7.1.12 Board Certification verification (if applicable).
- 5.7.2 Maintain Cactus credentialing database.
- 5.7.3 Maintain online and printable provider directory.
 - 5.7.3.1 Update online provider directory/Cactus database within 30 days of provider information change, termination, or addition.
 - 5.7.3.2 Update printable provider directory monthly, no later than the 15th of each month. Credentialing Specialist will send updated directory file to Member Services and IT or Website Administrator on date of update for inclusion on CHA website.
 - 5.7.3.3 Update Provider List monthly and send to the Provider Network Manager.
 - 5.7.3.3.1 The Provider Network Manager will add each provider's/clinic's capacity and then distribute the list to all CCC/CHA staff.
- 5.7.4 Hardcopy file/records will be maintained in entirety until credentialing file is closed.
 - 5.7.4.1 Once a file is closed, CHA/CCC will scan all hard copy records to be stored in \\cccsvr\Shared\$\Quality_Management\Credentialing\Closed.Files. All scanned closed files will be maintained for 10 years from date of closure. Hard copies will be shredded one year after being scanned and saved to shared drive.
 - 5.7.4.2 A file will be deemed "closed" when a provider or credentialing organization/contact communicates to CHA/CCC that the provider has retired, left the area, or otherwise been terminated from their current clinic or contract.

Confidentiality Statement

This Credentialing Policy and Procedure along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



- 5.7.5 All files will be deemed confidential and will only be accessed by the designated Credentialing Specialist, Director of Quality Management, Medical Director, or other authorized staff when appropriate and necessary to complete credentialing functions. Hardcopy files will be kept in locked cabinets and all electronic files will be saved to the Credentialing subfolder of the Quality shared drive.

6 DEFINITIONS

- 6.1 **Certified health care practitioner:** A practitioner who demonstrates by education, experience, or competence to meet the requirements to earn certification through a recognized certifying authority in the chosen field.
- 6.2 **Clean file:** A credentialing or re-credentialing file without discrepancies, red flags, or other concerns regarding the provider's ability to provide services to CHA/Atrio Health Plan members.
- 6.3 **Continuing Education (CE):** Continuing Education hours are either Continuing Medical Education (CME) or Continuing Education Units (CEU) required of a provider's licensing or certifying entity.
- 6.4 **Delegated Credentialing Organization:** A facility, organization, or institution that is contracted with CHA to provide services to member enrollees and contractually obligated to conduct and maintain credentialing and re-credentialing files of contracted or employed Provider Practitioners.
- 6.5 **Initial Credentialing:** The process of credentialing a provider who is newly contracted with CHA/CCC, is new to Klamath County, or who has had a break in network participation greater than 30 days. The process is guided by the Oregon Practitioners Credentialing Application (OPCA).
- 6.6 **Provider:** A licensed or certified health care practitioner who provides physical, dental, behavioral health, or substance use treatment services.
- 6.7 **Provider Practitioner:** A licensed and/or certified health care practitioner who provides services to CHA member enrollees, and who is directly employed or contracted by a Delegated Credentialing Organization.
- 6.8 **Re-credentialing:** The process of credentialing a provider who has been previously credentialed by CHA/CCC in the past three years and has continued participation in CHA's network without a gap longer than 30 days. This process is guided by the Oregon Practitioners Re-Credentialing Application (OPRA).
- 6.9 **Unclean file:** Any credentialing or re-credentialing file with discrepancies, missing and/or incomplete items, red flags, or other concerns regarding the provider's ability to provide services to CHA and/or Atrio Health Plan members.

7 RELATED LEGISLATION AND DOCUMENTS

- 7.1 [42 Code of Federal Regulations § 438.12](#)
- 7.2 [42 Code of Federal Regulations § 438.214](#)
- 7.3 [42 Code of Federal Regulations § 455.400-455.470](#) (excluding 455.460)
- 7.4 [Oregon Administrative Rule 409-045-0025 through Oregon Administrative Rule 409-045-0135](#)
- 7.5 [Oregon Administrative Rule 410-120-1395](#)
- 7.6 [Oregon Administrative Rule 410-130-0610](#)
- 7.7 [Oregon Administrative Rule 410-141-3120](#)
- 7.8 [Oregon Administrative Rule 410-141-3269](#)

Confidentiality Statement

This Credentialing Policy and Procedure along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information

7.9 Oregon Health Plan, Health Plan Services Contract #143110-11

7.10 [Oregon Revised Statute 41.675](#)

7.11 *National Committee for Quality Assurance Standards and Guidelines for the Accreditation of Health Plans*

7.12 *Verify and Comply: Credentialing, Medical Staff, and Ambulatory Care Standards*

8 FEEDBACK

8.1 Team Members may provide feedback about this document by emailing QualityManagement@cascadecomp.com.

9 APPROVAL AND REVIEW DETAILS

9.1 This policy will be reviewed and updated on an annual basis and submitted for approval as necessary. This review will incorporate any changes in applicable laws, regulations, and other program requirements that have occurred throughout the year and have not already been updated.

9.2 This policy may be reviewed and updated should changes be required more frequently than annually. All updates will be submitted for approval as necessary.

Approval and Review	Details
Advisory Committee to Approval	Quality Management Committee
Committee Review Dates	09/09/2018, 10/04/2018, 06/01/2019; 08/01/2019, 09/05/2019
Approval Dates	10/04/2018; 08/01/2019, 09/05/2019

10 APPENDICES

10.1 APPENDIX 1: *Credentialing and Sanction Monitoring Process PP09002.01*

10.2 APPENDIX 2: *Practitioner Credentialing Task List PP09002.02*

10.3 APPENDIX 3: *Facility Credentialing Process PP09002.03*

10.4 APPENDIX 4: *Seclusion and Restraint Monitoring Process PP09002.04*

10.5 APPENDIX 5: *Seclusion and Restraint Monitoring and Review Form PP09002.05*

10.6 APPENDIX 6: *Provisional Credentialing PP09002.06*

10.7 APPENDIX 7: *Credentialing of Telemedicine Providers PP09002.07*

10.8 APPENDIX 8: *Sanction Monitoring Activities Report PP09002.08*

Confidentiality Statement

This Credentialing Policy and Procedure along with all attachments hereto shall be considered
Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



CREDENTIALING AND SANCTION MONITORING PROCESS

1. ASSUMPTIONS:

1.1. Any denied files must be maintained for three years.

1.1.1. Files must contain specific reasons for denial. This information is protected under ORS 41.675.

1.2. After initial credentialing, providers must be re-credentialed every three years.

1.3. Providers will be required to complete initial credentialing if they experience any employment gap in their licensed profession that is greater than 90 days.

1.4. A background check will be performed on each provider applying for credentialing or re-credentialing with Cascade Comprehensive Care or Cascade Health Alliance, or any provider that is required to complete initial or re-credentialing, per the Credentialing Policy, section 5.7.1.

2. REFERENCES: The following publications are sources for this policy attachment.

2.1. Oregon Revised Statute 41.675.

2.2. *National Committee for Quality Assurance Standards and Guidelines for the Accreditation of Health Plans*

2.3. *Verify and Comply: Credentialing, Medical Staff, and Ambulatory Care Standards*

3. CREDENTIALING: *All tasks to be performed by the Credentialing Specialist*

3.1. Verify and validate all required tasks as listed on the *Credentialing Task List PP09002.02*. Including but not limited to verification of:

3.1.1. Completed OPCA or ORCA

3.1.2. State of Oregon License

3.1.3. Board Certification (if board certified)

3.1.4. Residency (if not board certified and if required to complete residency)

3.1.5. Education (if not board certified or did not complete residency or residency not required)

3.1.6. DEA Certificate (if registered to prescribe with DEA)

3.1.7. Liability Insurance

3.1.8. Hospital Privileges (if providing services to members in hospital setting)

3.1.9. Work History

3.1.10. Malpractice Claims History

Confidentiality Statement

This Credentialing and Sanction Monitoring Process along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



- 3.1.11. Background Check
- 3.1.13 National Practitioner Data Bank (<https://www.npdb.hrsa.gov/>)
- 3.1.14 AMA profiles (<https://profiles.ama-assn.org/amaprofiles/>), if MD, DO, or PA.
- 3.1.15 Physician Assistant Supervision Agreement, if PA
- 3.1.16 Sanction Monitoring at Office of Inspector General and System for Award Management
- 3.1.17 Review of CMS Medicare Opt Out, if provider is contracted to provide services to Medicare/ATRIO Health Plan enrollees.
- 3.1.18 References provided on the OPCA or OPRA.
 - 3.1.18.1 Verify the listed references have worked with the applicant within the past year. If a listed reference does not fulfill this requirement, request alternate reference from provider or Provider-Delegated Credentialing Contact.
 - 3.1.18.2 The Credentialing Specialist will make three attempts within 14 business days to contact references provided by the applicant. Should a reference not respond, the Credentialing Specialist will contact the provider or his or her Provider-Delegated Credentialing Contact to provide an additional reference or request that the provider or his or her contact reach out to the non-responding reference to facilitate a response.
- 3.1.19 Verify Board specialty and certification via AMA profile.
- 3.1.20 Verify Provider NPI via CMS NPPES NPI Registry: <https://npiregistry.cms.hhs.gov/>.
- 3.2 If the applicant is an independent provider, obtain the provider's seclusion and restraint and non-discrimination policies.
 - 3.2.13 If provider is employed or credentialed at Sky Lakes Medical Center, Klamath Health Partnership or another contracted clinic or credentialed facility, then the independent policies are not required.
 - 3.2.14 Obtain restraint and seclusion logs at time of re-credentialing, if clinic is licensed to conduct such activities.
- 3.3 Verify that a background check authorization has been provided by all applicants.
 - 3.3.13 Send background check to vendor for completion.
 - 3.3.14 A copy of both authorization and background check will be maintained in the provider's file.
- 3.4 In the event the Credentialing Specialist discovers a provider has been convicted of a felony or misdemeanor related to a crime or violation of federal or state laws under Medicare, Medicaid, or Title XIX (including pleas of "nolo contendere" or "no contest"), he/she will immediately notify the Director of Quality Management, Medical Director, and Compliance Officer.
 - 3.4.13 The Compliance Officer will immediately notify OHA's Provider Services Unit.
 - 3.4.14 In the event that the sanctioned/excluded provider is an active participating provider and shareholder of CCC, the Medical Director will immediately notify the Chief Executive Officer who will notify the Board.

Confidentiality Statement

This Credentialing and Sanction Monitoring Process along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



- 3.4.15 The Credentialing Specialist will notify the provider in writing within one business day of the discovery, notifying him or her of the discovery resulting in the inability to proceed with credentialing, and the process for appeal according to *Appeal Process for Sanctions, Exclusions or Board Actions PP09003.01*.
- 3.5 Enter new providers into Cactus credentialing database, including all relevant fields in demographics, entity, provider address, networks, education, facility affiliations, malpractice insurance, licenses and DEA, Specialties/Boards tabs.
- 3.5.13 Once all tasks on relevant Task List have been completed, forward the file to the Director of Quality Management for review.
- 3.5.14 Once all tasks on relevant *Task List* have been completed and files reviewed and approved by appropriate parties, conduct credentialing instance in Cactus.
- 3.6 Run monthly Cactus queries to identify soon-to-expire or lapsed DEA, licenses, and/or insurance certificates.
- 3.6.13 In the event a license, DEA, board certification or insurance certificate is expired: request new copy of certificate from Provider or Provider-Delegated Credentialing Contact or verify and update Provider File and Cactus via license, board, or DEA web-based verification system.
- 4 MONITORING: *All tasks to be completed by the Credentialing Specialist*
- 4.1 Check every provider on sanction monitoring and exclusion sites monthly:
- 4.1.13 Office of Inspector General (OIG) - <http://exclusions.oig.hhs.gov/>
- 4.1.14 System for Award Management - <https://www.sam.gov/index.html/#1>
- 4.2 Check every provider quarterly for board actions on appropriate licensing board site, Medicare Opt Out, and the Office of Inspector General Fraud Risk Indicator.
- 4.2.13 Opt Out Affidavits from Medicare (Opt Out) - <https://data.cms.gov/Medicare-Enrollment/Opt-Out-Affidavits/7yuw-754z/data>
- 4.2.14 Office of the Inspector General Fraud Risk Indicator - <https://oig.hhs.gov/compliance/corporate-integrity-agreements/high-risk.asp>
- 4.2.14.1 Providers who are deemed "Heightened Scrutiny" will be brought before the Quality Management Committee for review.
- Examples of common licensing boards and websites:
- 4.2.15 Oregon Medical Board License search (OBM) - <https://techmedweb.omb.state.or.us/Clients/ORMB/Public/VerificationRequest.aspx>
- 4.2.16 Oregon State Board of Nursing (OSBN) - <https://osbn.oregon.gov/OSBNVerification/Default.aspx>
- 4.2.17 Oregon Board of Dentistry - <http://www.oregondentistry.org/>

Confidentiality Statement

This Credentialing and Sanction Monitoring Process along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



Cascade Health Alliance, LLC



cascade comprehensive care, inc.

- 4.2.18 Oregon Health Licensing Office (HLO) - Contains licensing verification for Behavioral Analysts (ABA), Denture Technology (Denturists), Licensed Dieticians, etc.
<https://elite.hlo.state.or.us/OHLOPublicR/LPRBrowser.aspx>
 - 4.2.19 Oregon Board of Pharmacy (OBOP) - <https://obop.oregon.gov/LicenseeLookup/>
 - 4.2.20 Oregon State Board of Optometry (OBO) - <https://public.orldicensing.oregon.gov/obopublic/>
 - 4.2.21 Oregon Board of Licensed Counselors and Therapists (OBLPCT) -
<https://hrlb.oregon.gov/oblpcr/licenseelookup/index.asp>
 - 4.2.22 Oregon Board of Licensed Social Workers (BLSW)-
<https://hrlb.oregon.gov/BLSW/LicenseeLookup/index.asp>
 - 4.2.23 Oregon Board of Chiropractic Examiners – <http://obce.alcsoftware.com/liclookup.php>
- 4.3 Record all monitoring activities within Sanction Monitoring spreadsheet for current year, saved on shared drive at: G:\CCCDATA\QA\credentialing\Sanction Monitoring.
- 4.3.13 Monthly reports of sanction monitoring activities for providers and credentialed facilities will be presented at each regularly scheduled QMC committee, as specified in *Credentialing PP09002* section 5.6.

Confidentiality Statement

This Credentialing and Sanction Monitoring Process along with all attachments hereto shall be considered
Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information

☐ Initial Credential ☐ Re-credential

Generated Date: 2015 -- Revision Date: 4/09/2019

Practitioner Credentialing Task List

Applicant: _____								
Policies		Policy Date	Received	Source	In file?	Date Req'd	Reminder	Date Returned
	Seclusion & Restraints							
	Seclusion or Restraint Log (if licensed)							
	Non-discrimination							



FACILITY CREDENTIALING AND MONITORING PROCESS

1. ASSUMPTIONS:

- 1.1. After initial credentialing, facilities must be re-credentialed every three years.
- 1.2. Facilities must submit an updated organizational chart and an updated list of employed and contracted providers at minimum annually, including copies of current credentials, certifications, and/or licenses.
- 1.3. Any denied files must be maintained for three years.
 - 1.3.1. Files must contain specific reasons for denial. This information is protected under ORS 41.675.

2. REFERENCES: The following publications are sources for this policy appendix.

- 2.1. Oregon Revised Statute 41.675
- 2.2. Oregon Health Plan, Health Plan Services Contract #143110-11

3. CREDENTIALING: All tasks to be completed by the Credentialing Specialist

- 3.1. Verify accrediting body via hard-copy of accreditation certificate.
 - 3.1.1. CHA recognizes the following accrediting bodies: Joint Commission on Accreditation of Health Care Organizations, Det Norske Veris (DNV), American Osteopathic Association, Commission on Accreditation of Rehabilitation Facilities, Accreditation Association for Ambulatory Health Care, Inc., Community Health Accreditation Program, Council on Accreditation, and the American Association for Accreditation of Ambulatory Surgery Facilities.
 - 3.1.2. If facility is not accredited, it must provide an updated Medicare Survey Audit report or Oregon Health Authority Certification Survey report as well as a copy of the facility's Certificate of Approval.
 - 3.1.2.1. Mental Health and Substance Use Disorder programs must be either licensed or certified by the Oregon Health Authority (OHA).
 - 3.1.3. Other accreditations or non-surveyed facilities may be accepted pending the approval of the Quality Management Committee, as long as the facility employs licensed billing and/or rendering providers who can be independently credentialed.
- 3.2. Request facility non-discrimination and seclusion and restraint policies at time of both initial credentialing and re-credentialing.
 - 3.2.1. Each policy must be verified that it meets qualifying OAR for facility type.
- 3.3. Request list of all employed and/or contracted providers/staff, to include education, designated credentials, and license or certification.
 - 3.3.1. If providers employed by the facility are independently credentialed through CHA, additional provider verification is unnecessary.
 - 3.3.2. Sanction monitoring and primary source verification of education, licenses, and certifications is conducted by the facility at the time of the employed provider's initial credentialing. Verification of

Confidentiality Statement

This Facility Credentialing and Monitoring Process along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



subsequent monitoring will be conducted during annual delegation audits according to *Monitoring of Delegated Credentialing Entities PP09001.03*.

3.4. Maintain facilities in Cactus as an Institution and Group Practice.

3.5. Enter new providers into Cactus credentialing database, including all relevant fields in demographics, entity, provider address, networks, education, facility affiliations, malpractice insurance, licenses and DEA, Specialties/Boards tabs.

3.6. Run monthly Cactus queries to identify soon-to-expire or lapsed DEA, licenses, and/or insurance certificate.

3.6.1. In the event a license, DEA, board certification or insurance certificate is expired: request new copy of certificate from Provider or Provider-Delegated Credentialing Contact or verify and update Provider File and Cactus via license, board, or DEA web-based verification system.

4. MONITORING:

4.1. Check each facility on sanction monitoring and exclusion sites:

4.1.1. Office of Inspector General (OIG) via Entity Search - <http://exclusions.oig.hhs.gov/>

4.1.2. System for Award Management - <https://www.sam.gov/index.html/#1>

4.2. Maintain Sanction Monitoring spreadsheet for current year. Saved on the shared drive at:
G:\CCCDATA\QA\credentialing\Sanction Monitoring Request, update, and verify non-discrimination and seclusion and restraint policies annually. Monitoring tool saved on shared drive at:
G:\CCCDATA\QA\credentialing

Confidentiality Statement

This Facility Credentialing and Monitoring Process along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information

RESTRAINT AND SECLUSION MONITORING OF CREDENTIALLED PROVIDERS

1. ASSUMPTIONS:

- 1.1. Providers' restraint and seclusion logs, policies and procedures will be reviewed a minimum of every three years to ensure that the utilization of these high-risk interventions is within an established benchmark for the community and state; and that member rights are protected at all times when the process is utilized.
- 1.2. The Compliance Department will immediately investigate and resolve complaints or grievances related to the use of restraint and seclusion.

2. PURPOSE:

- 2.1. Ensure appropriate use of restraint and seclusion among CHA providers and facilities and ensure member rights are protected at all times.

3. REFERENCES: The following publications are sources for this policy appendix.

- 3.1. Oregon Revised Statute 41.675.
- 3.2. Patient Protection and Affordable Care Act Section 6402
- 3.3. Oregon Health Plan, Health Plan Services contract #143110-11

4. EXECUTION:

- 4.1. Restraint and Seclusion policies for each provider or facility will be reviewed upon initial and re-credentialing (at minimum, once every three years) by the Credentialing Specialist, Director of Quality Management, Medical Director, and Quality Management Committee.
 - 4.1.1. Restraint and seclusion policies will be reviewed annually for all Delegated Entities by the Credentialing Specialist and Director of Quality Management during the regular Delegated Entity monitoring process.
- 4.2. Restraint and seclusion logs for the three-year period between credentialing cycles will be reviewed by the Credentialing Specialist and the Quality Management Committee upon re-credentialing for each provider and facility utilizing restraint and seclusion.
 - 4.2.1. Restraint and seclusion logs will be reviewed annually for all Delegated Entities utilizing restraint and seclusion by the Credentialing Specialist and Director of Quality Management during the regular Delegated Entity monitoring process.
- 4.3. Restraint and seclusion staff training logs or evidence for the three-year period between credentialing cycles will be reviewed by the Credentialing Specialist and Director of Quality Management upon re-credentialing for each provider and facility utilizing restraint and seclusion.
 - 4.3.1. Restraint and seclusion staff training logs will be reviewed annually for all Delegated Entities utilizing restraint and seclusion by the Credentialing Specialist and Director of Quality Management during the regular Delegated Entity monitoring process.
- 4.4. The Credentialing Specialist and/or Compliance Coordinator will report any complaints or grievances related to restraint and seclusion immediately to the Director of Quality Management for review and investigation.

Confidentiality Statement

This Restraint and Seclusion Monitoring of Credentialed Providers along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



Cascade Health Alliance, LLC



cascade comprehensive care, inc.

- 4.5. Any complaints or grievances regarding the use of restraint and seclusion determined to be outside of established best practice will be investigated by the Compliance Coordinator in consultation with the Director of Quality Management.
- 4.6. Complaints and grievances, including any investigations pursuant to a complaint or grievance, regarding the use of restraint and seclusion will be considered a part of the review process when a provider or facility is being re-credentialed.

Confidentiality Statement

This Restraint and Seclusion Monitoring of Credentialed Providers along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information

Provider Restraint/Seclusion Audit

Provider/Facility:

Credentialing/Re-Credentialing Cycle (Date):

General Criteria	Rec'd Y/N	Notes/Comments	Compliant Y/N
Did the provider use restraint and/or seclusion during the review period?			
Were the restraints and/or seclusions performed in accordance with the facility's/provider's policies and documented processes?			
Is there evidence of compliance with CMS and/or OAR or other regulatory standards?			
Were incidents of restraint and seclusion reviewed by the facility's/provider's restraint/seclusion oversight body to ensure patient safety and compliance?			
Is there evidence of staff training to ensure patient safety during the use of restraint and/or seclusion?			
Were the facility's/provider's restraint and seclusion policies provided and reviewed?			

Reviewer Printed Name

Reviewer Signature

Date



CREDENTIALING OF TELEMEDICINE PROVIDERS

1. ASSUMPTIONS:

- 1.1. Telemedicine is the provision of services to a member by a provider either telephonically or electronically to improve the member's health.
- 1.2. Telemedicine does not include images sent via fax or electronic mail.
- 1.3. The referring and evaluating provider must be licensed to practice medicine within the State of Oregon and must be enrolled in DMAP.
- 1.4. Telemedicine providers must comply with HIPAA and Oregon Health Authority Confidentiality and Privacy Rules, security protections for the member in connection with the telemedicine communication and related records and have policies and procedures in place to prevent a breach in privacy or exposure of member health information.

2. REFERENCES: The following publications are sources for this policy appendix.

- 2.1. Oregon Revised Statute 41.675.
- 2.2. Oregon Administrative Rule 410-130-0610: Telemedicine
- 2.3. Oregon Administrative Rule 943-120-0170, 410-120-1360, 410-120-1380, and 943 Division 14: Confidentiality and Privacy
- 2.4. Oregon Administrative Rule 409-045-0120: Credentialing of Telemedicine Providers
- 2.5. 42 CFR Parts 160, 162, and 164: HIPAA
- 2.6. 42 CFR Part 2, and Oregon Revised Statute 646A.600 to 646A.628: Oregon Consumer Identity Theft Protection Act

3. EXECUTION:

3.1. Telemedicine Providers will submit:

- 3.1.1. A completed current (within the most recent 180 days) Oregon Practitioner Credentialing Application (for initial credentialing); or a completed Oregon Practitioner Re-Credentialing Application (if applying for re-credential)
- 3.1.2. State of Oregon license
- 3.1.3. Drug Enforcement Agency certificate
- 3.1.4. State approved foreign education equivalency certificate or report, if applicable
- 3.1.5. Certification of professional liability insurance
- 3.1.6. Verification of HIPAA training
- 3.1.7. Consent and Release for a background check

3.2. The Credentialing Specialist will verify and validate all required tasks as listed on the *Credentialing Task List PP09002.02* (CAO 02 Feb 2018).

Confidentiality Statement

This Credentialing of Telemedicine Providers along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



- 3.2.1. State of Oregon License;
- 3.2.2. Board Certification (if board certified);
- 3.2.3. Residency (if not board certified and if required to residency);
- 3.2.4. Education (if not board certified or did not complete residency or residency not required);
- 3.2.5. DEA Certificate (if registered to prescribe with DEA);
- 3.2.6. Liability Insurance;
- 3.2.7. Work History via the Oregon Practitioner's Credentialing or Recredentialing Application;
- 3.2.8. Malpractice Claims History;
- 3.2.9. National Practitioner Data Bank (<https://www.npdb.hrsa.gov/>);
- 3.2.10. AMA profiles (<https://profiles.ama-assn.org/amaprofiles/>);
- 3.2.11. Sanction Monitoring at Office of Inspector General and System for Award Management;
- 3.2.12. Review of CMS Medicare Opt Out, if provider is contracted for services to Medicare/ATRIO Health Plan enrollees;
- 3.2.13. A clean background check.

3.3. In the event the Credentialing Specialist discovers a provider has been convicted of a felony or misdemeanor related to a crime or violation of federal or state laws under Medicare, Medicaid, or Title XIX (including pleas of "nolo contendere" or "no contest"), he or she will immediately notify the Director of Quality Management, the Medical Director and the Compliance Officer.

3.3.1. The Credentialing Specialist will notify the provider in writing within one business day of the discovery, notifying him or her of the discovery resulting in the inability to proceed with credentialing, the process for appeal according to CHA *Fair Hearing Policy PP09003*, and the *Appeal Process for Sanctions, Exclusions or Board Actions PP09003.01*.

3.4. Once approved, the new Provider will be entered into Cactus credentialing database, including all relevant fields in demographics, entity, provider address, networks, education, facility affiliations, malpractice insurance, licenses, DEA and Specialties/Boards tabs.

3.4.1. Run monthly Cactus queries to identify soon-to-expire or lapsed DEA, licenses, and/or insurance certificate and request new copies should existing documents be expired.

4. MONITORING:

4.1. The Credentialing Specialist will check every provider on sanction monitoring and exclusion sites at the time of initial credentialing and every month thereafter:

4.1.1. Office of Inspector General (OIG) - <http://exclusions.oig.hhs.gov/>

4.1.2. Opt Out Affidavits from Medicare (Opt Out) - <https://data.cms.gov/Medicare-Enrollment/Opt-Out-Affidavits/7yuw-754z/data>

4.1.3. System for Award Management - <https://www.sam.gov/index.html/#1>

4.2. Check every provider minimally quarterly for board actions on appropriate licensing board site.

Confidentiality Statement

This Credentialing of Telemedicine Providers along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



SANCTION MONITORING ACTIVITIES REPORT

Section 1. Provider Sanction & Board Action Monitoring Activities

2019	PROVIDER MONITORING ACTIVITIES					
Reporting Quarter:	<input type="checkbox"/> Quarter 1	<input type="checkbox"/> Quarter 2	<input type="checkbox"/> Quarter 3	<input type="checkbox"/> Quarter 4		
Reporting Month:	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.	<input type="checkbox"/> Apr.	<input type="checkbox"/> May.	<input type="checkbox"/> Jun.
	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sep.	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.
ACTIVITIES COMPLETED THIS PERIOD:						
Record the number of providers in which each monitoring activity was conducted for this period in the table below.						
OIG	List of Excluded Individuals/Entities (LEIE)	DHHS Office of Inspector General	Monthly			
SAM	Excluded Parties List System (EPLS)	GSA System for Award Management	Monthly			
Opt-Out	Practitioners who opt out of Medicare	CMS Opt Out Affidavits	Quarterly			
OMB	Licensure Board Disciplinary Actions	Ore. Medical Board	Quarterly			
OSBN	Licensure Board Disciplinary Actions	Ore. State Board of Nursing	Quarterly			
OBD	Licensure Board Disciplinary Actions	Ore. Board of Dentistry	Quarterly			
HLO	Licensure Board Disciplinary Actions	Health Licensing Office	Quarterly			
OBO	Licensure Board Disciplinary Actions	Ore. State Board of Optometry	Quarterly			
OBLPCT	Licensure Board Disciplinary Actions	Ore. Board of Licensed Professional Counselors and Therapists	Quarterly			
BLSW	Licensure Board Disciplinary Actions	Ore. Board of Licensed Social Workers	Quarterly			
OBCE	Licensure Board Disciplinary Actions	Ore. Board of Chiropractic Examiners	Quarterly			
BSPA	Licensure Board Disciplinary Actions	Ore. Board of Examiners for Speech Language Pathology and Audiology	Quarterly			
OBPE	Licensure Board Disciplinary Actions	Ore. Board of Psychology	Quarterly			
FINDINGS:	<input type="checkbox"/> No		<input type="checkbox"/> Yes, see details below			
DETAILS:						

Date to QMC: _____

Chair Signature: _____

Confidentiality Statement

This Sanction Monitoring Activities Report along with all attachments hereto shall be considered
Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



Section 2. Staff, Volunteer, Board Member Sanction Monitoring Activities

2019

NON-PROVIDER MONITORING ACTIVITIES

Reporting Quarter: ☐ Quarter 1 ☐ Quarter 2 ☐ Quarter 3 ☐ Quarter 4

Reporting Month: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May. ☐ Jun.
☐ Jul. ☐ Aug. ☐ Sep. ☐ Oct. ☐ Nov. ☐ Dec.

ACTIVITIES COMPLETED THIS PERIOD:

OIG	List of Excluded Individuals/Entities (LEIE)	DHHS Office of Inspector General	Monthly
SAM	Excluded Parties List System (EPLS)	GSA System for Award Management	Monthly

FINDINGS: ☐ No ☐ Yes, see details below.

DETAILS:

ACTIVITIES SUMMARY:

_____ employees checked for sanctions or exclusions
_____ Governing Board members checked for sanctions or exclusions
_____ CAC members checked for sanctions or exclusions
_____ Volunteers/consultants checked for sanctions or exclusions

Date to Compliance Officer: _____

Date to Compliance Committee: _____ Chair Signature: _____

Confidentiality Statement

This Sanction Monitoring Activities Report along with all attachments hereto shall be considered
Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information