



## Provider Requirements & Credentialing

All Providers in the CareReview, Inc. network will be fully credentialing to URAC standards and in some cases beyond based on specific client requirements. By signing the provider agreement and credentialing form, the provider is acknowledging they have reviewed this and have met the requirements to conduct IMEs and Peer Reviews.

All providers will comply with the credentialing and re-credentialing process which occurs every two years. Participation in the IME and Peer Review network is based on successful completion of credentialing process and provider may be removed at any time for non-compliance.

Provider Requirements: As part of each and every review that the Provider performs, Provider will be deemed to attest to the following:

1. Provider has been in the clinical practice for more than five years;
  2. Provider has had direct patient care within the last three years;
  3. Provider is currently Board Certified (if applicable) in the medical specialty in which the services are being performed;
  4. Provider has a current unrestricted license to practice in the health care field, free from sanctions and disciplinary actions;
  5. Provider is licensed to practice medicine in the field which typically deals with the medical issues which is the subject of the services;
  6. Provider maintains a practice which typically deals with the medical issues that are the subject of the services;
  7. Provider understands that his/her opinion resulting from the services must be objective and evidence based;
  8. Provider will follow all policies and procedures, including as set forth in the exhibits referenced in this agreement, and listed on Company website;
  9. Provider will complete and submit to Company the Company's current Credentialing Form;
  10. Provider authorizes and consents to Company performing a credentialing check on Provider.
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1. **LICENSURE & BOARD CERTIFICATION.** Provider shall be, at the time of execution of this Agreement and for its duration, duly licensed to practice medicine in the state in which Provider practices. Provider shall be board certified in the medical specialty in which Provider practices medicine.
  
  2. **NOTICE OF ADVERSE ACTION.** Immediately, and/or within two (2) business days, after the occurrence of any receipt or written notice of any adverse action, including but not limited to denial, revocation, suspension, reduction, limitation, nonrenewal, relinquishment, resignation of membership or clinical privileges, legal action, malpractice suit, or arbitration action pending against Provider by an individual, attorney, medical board, health care organization, or governmental entity or agency.

3. **CONFLICT OF INTEREST.** At no time shall Provider accept a referral for which the Provider has a material professional, familial, or financial conflict of interest. Provider shall not accept, nor shall compensation be paid for any review activities that are dependent on the specific outcome or results of a case. If Provider has a specific conflict of interest on any given independent medical exam or other medically related service, Provider shall recuse himself or herself from the assignment and notify the Company in writing immediately of any such conflict of interest. Such a conflict of interest is defined as any relationship or affiliation on the part of the Provider that could compromise the independence or objectivity of the Services for such assignment. Such a conflict of interest includes, but is not limited to:
- a. An ownership interest of greater than 5% between affected parties;
  - b. A contract with an ownership interest greater than 5% in the utilization review agent, insurer, health maintenance organization, managed care entity, payor or other party to the case;
  - c. A material professional or business relationship;
  - d. A direct or indirect financial incentive for a particular outcome;
  - e. Incentives to promote the use of a certain product or service;
  - f. A known family relationship; or
  - g. Any prior involvement with the person in the specific case under review.
4. **CREDENTIALING.** All Providers will be credentialed in line with URAC Credentialing standards as well as the Company's proprietary processes which shall include licensure, certification, experience, relevant training and degrees, registration to practice in the health care field, insurance coverage, and malpractice history. Providers will be required to submit materials requested in the Provider Agreement in order to complete the credentialing process. Failure to complete the credentialing process may result in a delay in referrals submitted to Provider and/or Provider being declined from participation in the Panel. Company may utilize a third-party Credentialing Verification Organization (CVO) to assist with the credentialing process. All providers will be in a two-year credentialing cycle and will be required to submit updated information within their credentialing cycle. Provider authorizes Company to perform a credentialing check at any interval. Provider is required to contact Company with any change to the status of his/her license (in each state Provider is licensed), board certification (where applicable), state certifications such as workers' compensation boards (where applicable), DEA or CDS licensure, malpractice insurance coverage, any judgments or settlements reported to the National Practitioner Databank (NPDB) or any other changes related to credentialing that may impact Provider's ability to serve as a physician reviewer pursuant to this Agreement.
5. **COMPLIANCE WITH LAWS.** Provider shall at all times operate in accordance with and comply with all local, state and federal laws, rules and regulations regarding its performance of this Agreement, and National Accreditation Agencies such as URAC and any other agency requested by the Company. To the extent required by the regulations, Provider shall at all times comply with the requirements of the HIPAA, as amended, with regard to any medical records and individually identifiable health information subject to this Agreement, as well as the Health Information Technology for Economic and Clinical Health Act. This provision shall survive termination of this Agreement. All Providers shall comply with the Code of Ethics Policy referenced in the Provider Requirements Section of the Provider Agreement and located on Company Website.
6. **TERM.** The term of this Credentialing Agreement is two years from the effective date. Provider will be required to recredential upon expiration of this Credentialing Agreement or sooner as required by URAC or Local, State, Federal laws.