



Acupuncture Guidelines

Fulcrum Health, Inc. (Fulcrum) is committed to providing cost-effective, quality acupuncture care to its clients and their patients through a network of high quality and patient-centered acupuncture practitioners.

Once a practitioner is contracted, credentialed, and admitted to the AcuNet network, practitioners must continue to meet all the practitioner contract, policies and procedures, and credentialing and recredentialing standards for continued participation. Failure to meet or maintain any of the standards will result in remediation, declined participation or termination from the network, as applicable.

Credentialing

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

Your Rights

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

ADMINISTRATIVE REQUIREMENTS

Location & Facilities:

For the applicant to be eligible for participation, the office must satisfy Fulcrum's facility requirements. The office must be in a permanent structure that meets the following facility criteria:

- At least one (1) private treatment and/or exam room with full walls and a solid door to protect patient confidentiality and afford privacy.
- Office must meet all local and state zoning and building regulations.
- Patients must have on-site access to a restroom and hand washing facilities.
- Offices located in a private home are subject to additional requirements, including a separate sign denoting that it is a professional practice.

Applicants may be required to submit photos of the office and/or accommodate an on-site visit for Fulcrum to determine if the entrance and/or home-office arrangement is acceptable for participation. Patient complaints and grievances and adverse events are monitored continuously with appropriate action(s) taken to ensure resolution of any issues. Examples of complaints addressed are patient accessibility, facility appearance, ADA issues, image quality, exposed hazardous materials, and staffing issues.

Daily Patient Volume & Adequate Access:

Fulcrum requires that practitioners:

- be available for appointments a minimum of 12 hours per week,
 - provide care within one day in urgent or emergent cases and within five days for non-urgent cases, and
 - provide 24-hour telephone availability in person or by answering machine or service to direct patients to emergency care facilities.
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PROFESSIONAL REQUIREMENTS

Licensure:

Applicants/Practitioners must maintain all business and professional licenses, certifications, and/or approvals in good standing and free from suspension, restrictions, limitations, and/or probation as required under federal and/or state law, to perform legally and safely all necessary duties while in network. Failure to maintain unencumbered licensure shall result in termination from the AcuNet network.

Fulcrum queries sources including the National Practitioner Data Bank, state Licensing Boards, Medicare and Medicaid for information related to current standing; malpractice activity and/or disciplinary actions; terminations, suspensions, restrictions, and/or reductions in privileges; and adverse actions or convictions by state or federal regulatory agencies.

Communication:

Fulcrum communicates with its practitioners on an ongoing basis and it is required that your practice report any changes to ensure that we have your current address, phone, fax, and direct email address. Applicants/Practitioners must have on-site fax capability and must be able to communicate and provide legible medical records in English (or must agree to provide any necessary translation/transcription services at his/her own expense).

Insurance:

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

Adverse Impacts:

Applicants/Practitioners must disclose information that may impact adversely their ability to provide care such as illegal drug use (including chemical dependency or substance abuse) and any felony convictions.

CLINICAL REQUIREMENTS

Practitioners agree to limit their practice to those methods listed on Fulcrum's list of acupuncture techniques conforming to all applicable local, state, and federal laws. Practitioners are reimbursed by Fulcrum for approved medically necessary services only, as defined in their contract. Fulcrum will not reimburse for non-covered or excluded services. Practitioners must abide by Fulcrum's clinical policies and procedures as detailed in its Acupuncture Provider Manual some of which are summarized below.

Practitioners must:

- Agree to provide treatment to AcuNet eligible enrollees, subscribers, or dependents thereof (Members) for conditions covered by the health plan.
 - Agree to refer members, as appropriate and when requested, to other health care professionals for the evaluation and treatment of conditions that are not amenable or responsive to acupuncture care or for significant complicating factors or co-morbidities that have not been evaluated recently by the Member's Primary Care Provider.
 - Agree to use generally accepted treatment techniques as specified in the approved technique list below. The
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listed techniques are taught as part of the core curriculum in most accredited acupuncture colleges.

Approved acupuncture techniques include, but are not limited, to the following:

- Acupuncture, one or more needles
- Acupuncture, one or more needles with electrical stimulation
- Document and maintain appropriate medical records and chart notes which are legible, contain appropriate patient identification, essential facts about the patient, complete medical history, pertinent examination findings, functional outcome assessment and measurable treatment goals, interim medical history and evaluations, and written plan of treatment. Reasons for medical referrals must be documented in the patient's chart. Progress notes must be documented contemporaneously within the patient record on every visit. Chart notes and records must be recorded in (or transcribed to) English and signed by the treating practitioner. Medical records must contain all elements of a Subjective, Objective, Assessment, and Plan (S.O.A.P.) format to establish the medical necessity for care.

If you have question(s) regarding the Clinical Requirements, please call Fulcrum at (866) 714-0524 and ask to be connected to a member of the Clinical team for clarification.

Providers must be enrolled with Medicaid in the state of licensure, as applicable.

Billing Patients

Taking time to speak with your patients about their benefit plans and financial responsibilities can avoid misunderstanding and complaints. For example:

- Advise your patient of their copayment.
- Explain your office policy on missed appointments.
- Discuss the services that may not be covered by the patient's health plan.

Covered services, exclusions, and limitations are described in the member's benefit contract with their health plan.

Unless otherwise noted on the Plan Summary, you may collect in advance of services, and/or, bill your patients when:

- Copayment is not collected at time of service.
- Patient exceeds their yearly benefit maximum.
- Patient is not eligible, or services are not covered.
- Patient misses an appointment without canceling; and the applicable state or federal law does not prohibit billing the patient.
- Benefits were not assigned to you, and you are not able to obtain the primary health plan's Explanation of Benefits from the patient within 90 days from the date of the primary health plan's payment.

Non-Covered Services

We encourage you to communicate openly with your patient about all appropriate treatment options that are within your scope of professional licensure, regardless of benefit coverage limitations. You may feel that some services which are excluded or limited under your patient's benefit plan are of value to your patient. If you provide such a service, you may bill your patient only if the below requirements are met.

Non-Covered Services for Commercial, Medicaid, and Medicare Advantage Members

You must obtain written approval from your patient (or responsible guardian) prior to providing the service. It is recommended that Fulcrum's Non-Covered Services Financial Disclosure Form be used to meet this requirement. The



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form and the Fulcrum Billing for Non-Covered Services policy can be found at www.fulcrumhealthinc.org/acunet in the Practice Forms and Tools section. If you elect to design your own form, it must include these required elements:

1. Practitioner name.
 2. Practitioner address.
 3. Detailed list of non-covered services for which the member may be billed for and the cost associated with each.
 4. Signature of the practitioner or health care representative who explained the Financial Disclosure Form and discussed available options to the patient.
 5. A clearly written statement indicating the patient's understanding that the identified services are not covered by insurance and patient agrees to pay for them in full.
 6. Patient name.
 7. Patient signature.
 8. Date of patient signature. (Must be obtained prior to the service being rendered and may not pre-date the billed service by more than 12 weeks.)
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