



SALISH BH-ASO POLICIES AND PROCEDURES

Policy Name: CREDENTIALING AND RECREDENTIALING OF PROVIDERS **Policy Number:** AD104

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PURPOSE

To provide clearly defined standards for the credentialing and recredentialing of providers for inclusion in the Salish Behavioral Health – Administrative Services Organization (SBH-ASO) network.

POLICY

1. SBH-ASO will collaborate with HCA to establish uniform provider credentialing policies and procedures to contribute to reducing provider burden.
2. SBH-ASO policies and procedures are compliant with all applicable State requirements which are in accordance with standards defined by the NCQA, related to the credentialing and re-credentialing of Health Care Professionals who have signed contracts or participation agreements with the SBH-ASO (Chapter 246-12 WAC). Credentialing processes supports administrative simplification efforts such as the OneHealthPort credentialing portal.
3. SBH-ASO Credentialing Program operates under the oversight of the Medical Director and Credentialing Committee.
4. The SBHASO Credentialing Committee:
 - a. Maintains a heterogeneous membership and requires those responsible for credentialing decisions to sign a Code of Conduct affirming non-discrimination and privacy
 - b. Meets quarterly, at minimum, for review of new files and monitoring of active credential entities/Individual practitioners.

- c. Reviews all requests for credentialing and provides a written decision within 60 days of application when application is complete upon submission.
- d. Provides annual reviews of practitioner complaints for evidence of alleged discrimination.

PROCEDURE

1. The SBH-ASO verifies that all Subcontractors meet the licensure and certification requirements as established by state and federal statute, administrative code, or as directed in the HCA Contract.
2. The SBH-ASO recredentials providers, at minimum every thirty-six (36) months, through information verified from primary sources, unless otherwise indicated.
3. SBH-ASO ensures that information provided in its member materials and practitioner directories is consistent with information obtained during the credentialing process.
 - a. All provider files are reviewed to ensure they meet the SBH-ASO credentialing criteria.
 - b. If the provider does not meet the SBH-ASO's credentialing criteria, the file will be presented as an exception or "Pending" to the Credentialing Committee. The provider is notified of the issue(s) within 30 days and given 30 days from that notice to provide information to address the issue(s). If not received within this timeframe, the Credentialing Application will be denied.
 - c. If the SBH-ASO Credentialing Committee has determined that the provider has met the minimum requirements for participation, the file is then deemed "clean" and can be approved by the Credentialing Committee and signed by the Medical Director or his/her designee.
4. The SBH-ASO Credentialing Program requires submission of the following source documents for review:
 - a. SBH-ASO Credentialing/Recredentialing Application documenting the agency business and clinical structure.
 - i. The application verifies provider type.
 - ii. Includes National Plan Identifiers (NPI) numbers for each site
 - iii. The application includes an attestation signed by a duly authorized representative of the facility.
 - b. Copy of current valid license for all services to be credentialed. This includes a list of all satellite sites including license numbers for each site.
 - c. Evidence of good standing as evidenced by:

- i. Documentation of accreditation by one or more of the following:
 - 1. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
 - 2. Commission on Accreditation of Rehabilitation Facilities (CARF)
 - 3. Council on Accreditation (COA)
 - 4. Community Health Accreditation Program (CHAP)
 - 5. American Association for Ambulatory Health Care (AAAHC)
 - 6. Critical Access Hospitals (CAH)
 - 7. Healthcare Facilities Accreditation Program (HFAP, through AOA)
 - 8. National Integrated Accreditation for Healthcare Organizations (NIAHO, through DNV Healthcare)
 - 9. ACHC (Accreditation Commissions for Healthcare) and/or American Osteopathic Association (AOA)

OR

- ii. Documentation of Centers for Medicare & Medicaid Services (CMS) or the Department of Health (DOH) review/recertification within the past 36 months. Documentation must include the full review, outcomes, corrective action plans, and approved completion of corrective actions.

OR

- iii. SBH-ASO will conduct a Facility Site Survey/Audit to determine the quality of programming, types of staff providing service, staff competencies, quality of treatment record documentation, and physical environment to ensure access, and safety.
- d. Exclusion on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) query.
- e. Sanctions by the Excluded Parties List System (EPLS) on the Systems for Awards Management (SAM) query.
- f. Verification of the National Plan Identifier (NPI) on the National Plan & provider Enumeration System (NPPES).
- g. Verification of Washington State Medicaid Exclusions lists.

- h. Copies of professional and general liability insurance (malpractice) of \$1 million/occurrence and \$2 million/aggregate for acute care settings and \$1 million/occurrence and \$2 million/aggregate for non-acute care settings.
 - i. Acute care is defined as any facility duly licensed and offering inpatient mental health and/or substance use disorder health care services.
 - ii. SBH-ASO does accept umbrella policy amounts to supplement professional liability insurance coverage.
 - i. If the provider does not meet liability coverage requirements, it must be reviewed by the SBH-ASO Credentialing Committee to be considered for network participation.
 - j. Use and dissemination of the Washington Provider Application (WPA).
 - k. Prohibition against employment or contracting with providers excluded from participation in federal health care programs under federal law as verified through List of Excluded Individuals and Entities (LEIE).
- 5. The SBH-ASO communicates to the provider any findings that differ from the provider's submitted materials to include communication of the provider's rights to:
 - a. Review materials.
 - b. Correct incorrect or erroneous information.
 - c. Be informed of their credentialing status.
 - d. Appeal a decision in writing within 60 days from the date the decision is communicated.
- 6. Provisional credentialing protocol:
 - a. The practitioner may not be held in a provisional status for more than sixty (60) calendar days; and
 - b. The provisional status will only be granted one time and only for providers applying for credentialing the first time.
 - c. Provisional credentialing shall include an assessment of:
 - i. Primary source verification of a current, valid license to practice;
 - ii. Primary source verification of the past five (5) years of malpractice claims or settlements from the malpractice carrier or the results of the National Practitioner Databank query; and
 - iii. A current signed application with attestation.
- 7. SBH-ASO notifies providers within fifteen (15) calendar days of the credentialing committee's decision.

8. Providers may appeal, in writing, for quality reasons, and reporting of quality issues to the appropriate authority in accordance with the HCA's Program Integrity requirements.
9. SBH-ASO ensures confidentiality of all documents and decisions.
 - a. All credentialing documents are stored electronically or in a locked cabinet.
 - b. Shared documents redact sensitive information as appropriate.
10. SBH-ASO conducts monthly OIC, SAM, and Washington State Exclusion check for individuals identified on the Medicaid Provider Disclosure Statement/Disclosure of Ownership (DOO).
11. SBH-ASO does not discriminate in the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification. If the SBH-ASO declines to include individual or groups of providers in its provider network, it must give the affected providers written notice of the reason for its decision.
12. Designated Crisis Responder (DCR) Requirements:
 - a. All candidates for DCR designation will complete the SBH-ASO Designation Request form.
 - b. Individuals seeking DCR designation provide the following documentation for review:
 - i. Attestation that the individual meets experience criteria in RCW 71.05.
 - ii. Active WA License, Qualifying Degree, or MHP designation documents
 - iii. Copy of DCR bootcamp registration or certificate (to include 2-day SUD training certificate if completed prior to January 1, 2020)
 - iv. Safety Training documentation within the past 24 months
 - v. Professional Ethics training documentation within the past 24 months.
 - vi. DOH approved Suicide Prevention training documentation within the past 24 months.
 - vii. Any additional supporting documentation to support the application.
 - viii. Any additional supporting documentation requested during the designation process.
 - c. SBH-ASO staff provides designation to all DCRs within the Salish Region under the authority of the SBH-ASO Interlocal Agreement.

- i. SBH-ASO reviews all documentation submitted in the DCR Designation Request process.
- ii. SBH-ASO verifies eligibility based on information provided.
- iii. Each designee and the affiliated agency will receive a written letter of designation upon completion of document review which will occur within 15 calendar days.
 - a. Absence of qualifications will result in written notification of denial of designation.
- iv. SBH-ASO DCR designation will be reported to its Credentialing Committee.

13. Individual Practitioners

- a. The criteria used by the SBH-ASO to credential and recredential individual practitioners shall include:
 - i. Evidence of a current valid license or certification to practice;
 - ii. A valid Drug Enforcement Administration (DEA) or Controlled Dangerous Substances (CDS) certificate if applicable;
 - iii. Evidence of appropriate education and training;
 - iv. Board certification if applicable;
 - v. Evaluation of work history;
 - vi. A review of any liability claims resulting in settlements or judgments paid on or on behalf of the provider; and
 - vii. A signed, dated attestation statement from the provider that addresses:
 - a. The lack of present illegal drug use;
 - b. A history of loss of license and criminal or felony convictions;
 - c. A history of loss or limitation of privileges or disciplinary activity;
 - d. Current malpractice coverage within minimum limits;
 - e. Any reason(s) for inability to perform the essential functions of the position with or without accommodation; and
 - f. Accuracy and completeness of the application.
 - viii. Verification of the: NPI, the provider's enrollment as a Washington Medicaid provider, and the Social Security Administration's death master file.
- b. Organizational credentialing timeframes, notifications, and appeal rights also apply to the credentialing of individual practitioners.