

# Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	<b>Provider Agency Credentialing</b>	Policy No. 4100.06
Category:	Contract Compliance/Credentialing	Date Adopted: 10/09/2020 Date Revised: 06/06/2023 Date Reviewed: 01/25/2024
Reference:	HCA contract with Great Rivers Behavioral Health Administrative Services Organization MCO contracts with Great Rivers Behavioral Health Administrative Services Organization National Committee for Quality Assurance (NCQA) Accreditation guidelines State and Federal credentialing requirements Chapter 246-341 Washington Administrative Code (WAC) Behavioral Health Services Administrative Requirements Revised Code of Washington (RCW) 71.05.020 42 CFR 455	

## Policy:

- 1.1. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) strives to assure that the Great Rivers BH-ASO's care network consists of quality providers who meet clearly defined criteria and standards. It is the objective of Great Rivers BH-ASO to provide superior health care to the communities it serves. To this end, Great Rivers BH-ASO will follow the State's requirements for credentialing, which are in accordance with standards defined by the National Committee for Quality Assurance (NCQA), related to the credentialing and recredentialing of Health Care Providers and Professionals who have signed contracts or participation agreements (Chapter 246-12 WAC). Additionally, Great Rivers BH-ASO's credentialing activities will be compliant with all applicable state and federal regulatory requirements.
- 1.2. Great Rivers BH-ASO's Medical Director has direct responsibility for and participation in the credentialing program.
- 1.3. Network providers are evaluated prior to inclusion as network providers and are recertified a minimum of every thirty-six (36) months to ensure they remain in good standing with regulatory and accrediting bodies, continue to maintain the appropriate level of malpractice insurance, and are free from sanctions or ethical violations which indicate a problem with the quality-of-service delivery. Network providers include, but are not limited to, facilities providing behavioral health services in outpatient, residential, or inpatient settings.
- 1.4. Great Rivers BH-ASO will 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 based on that license or certification. If Great Rivers BH-ASO declines to include individual or groups of

providers into its provider network, it must give the affected providers written notice of the reason for its decision.

- 1.5. The decision to accept or deny a Provider's credentialing application is based upon completion of application, review of complaints and grievances, licensing review, and demonstration of compliance with all State and Federal regulatory requirements.
- 1.6. The information gathered in the credentialing process is confidential and disclosure is limited to parties who are legally permitted to have access to the information under state and federal law. Great Rivers Credentialing process follows the Great Rivers IT/Data, Security, and Privacy policy standards.
- 1.7. Great Rivers BH-ASO's Credentialing Committee oversees the credentialing process and retains the right to approve new providers and provider sites and terminate providers and sites of care based on requirements in this policy.

**Procedure:**

- 2.1. Great Rivers BH-ASO's credentialing and recredentialing program will include:
  - 2.1.1. Identification of the type of providers credentialed and recredentialed, including mental health and substance use disorder providers.
  - 2.1.2. Specification of the verification sources used to make credentialing and recredentialing decisions, including any evidence of provider sanctions.
  - 2.1.3. Use and dissemination of the Washington Provider Application (WPA).
- 2.2. Great Rivers BH-ASO will verify that all network providers meet the licensure and certification requirements as established by state and federal statute, administrative code, or as directed by the Health Care Authority (HCA) or Managed Care Organization (MCO) contract(s).
- 2.3. Network providers must complete an initial application documenting their business and clinical structure to be credentialed as an **organization**. The application includes an attestation signed by a duly authorized representative of the facility. The following information must be included with the application:
  - 2.3.1. Copies of documents that indicate that the provider is in good standing with state and federal regulatory bodies (e.g., state license or certification);
  - 2.3.2. Copies of documents that indicate the provider has been accredited by one or more of the following:
    - 2.3.2.1. Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
    - 2.3.2.2. Commission on Accreditation of Rehabilitation Facilities (CARF);
    - 2.3.2.3. Council on Accreditation (COA);
    - 2.3.2.4. Community Health Accreditation Program (CHAP);
    - 2.3.2.5. American Association for Ambulatory Health Care (AAAHC);

- 2.3.2.6. Critical Access Hospitals (CAH);
  - 2.3.2.7. Healthcare Facilities Accreditation Program (HFAP, through AOA);
  - 2.3.2.8. National Integrated Accreditation for Healthcare Organizations (NIAHO, through DNV Healthcare);
  - 2.3.2.9. ACHC (Accreditation Commissions for Healthcare) and/or American Osteopathic Association (AOA); or
  - 2.3.2.10. Other appropriate accrediting bodies as identified by the Managed Care Organizations (MCOs).
- 2.3.3. If the provider is not approved by a recognized accrediting body, a facility site audit will be conducted to determine the quality of programming, types of staff providing service, staff competencies, quality of treatment record documentation, and physical environment to ensure access, safety, and satisfaction for individuals.
- 2.3.3.1. The facility site audit will be conducted as a part of the credentialing process. Great Rivers BH-ASO will use the appropriate Great Rivers BH-ASO audit tool. Providers that fail to meet these standards are not approved for inclusion in the network.
  - 2.3.3.2. In lieu of a site visit by Great Rivers BH-ASO, the provider must have been reviewed or received certification by Center for Medicare and Medicaid Services (CMS) or Department of Health (DOH) within the past three (3) years. Great Rivers BH-ASO will obtain a copy of the CMS or DOH's report from the facility when they are accepted in lieu of a site visit.
- 2.3.4. Copies of professional and general liability insurance with coverage appropriate to the type of setting and services provided. Coverage limitations may vary depending on HCA/MCO specific requirements. If the provider does not meet liability coverage requirements, it must be reviewed by the Credentialing Committee to be considered for network participation.
- 2.3.5. Great Rivers BH-ASO will use the following primary verification sources to make credentialing and recredentialing decisions. Credential personnel obtains or queries prior to the credentialing/recredentialing decision date:
- 2.3.5.1. Exclusion on the Office of Inspector General (OIG) and List Of Excluded Individuals and Entities (LEIE) query ([https://oig.hhs.gov/exclusions/exclusions\\_list.asp](https://oig.hhs.gov/exclusions/exclusions_list.asp))
  - 2.3.5.2. Sanctions by the Excluded Parties List System (EPLS) on the Systems for Awards Management (SAM) site (<https://sam.gov/SAMpages/public/searchRecords/search.jsf>)

- 2.3.5.3. NPPEs NPI Registry (<https://npiregistry.cms.hhs.gov/search>)
- 2.3.5.4. Verification of state Medicaid exclusion sites where required (<https://www.hca.wa.gov/billers-providers-partners/apple-health-medicare-providers/provider-termination-and-exclusion-list>)
- 2.3.5.5. A copy of the licenses from the provider or verification of the licensure directly from the state agency (<https://fortress.wa.gov/doh/facilitysearch/>). Great Rivers BH-ASO will use the following criteria when credentialing and recredentialing **individual** practitioners:
  - 2.3.5.6. Evidence of current valid license or certification to practice;
  - 2.3.5.7. A valid Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) Certificate, if applicable;
  - 2.3.5.8. Evidence of appropriate education and training;
  - 2.3.5.9. Board Certification, if applicable;
  - 2.3.5.10. Verification of work history for at least the past five (5) years with gaps of six (6) months or more in the history explained (gaps of one (1) year or greater must be fully explained in writing);
  - 2.3.5.11. Verification of current, adequate malpractice insurance in accordance with Great Rivers BH-ASO's policy and applicable law;
  - 2.3.5.12. Review of professional liability claims during the prior five (5) years that resulted in settlements or judgments paid by or on behalf of the practitioner such claims to be verified by the National Practitioner Data Bank (NPDB) or the applicable insurance carrier; and
- 2.3.5.13. A signed, dated attestation statement from the practitioner that addresses:
  - 2.3.5.14. Reasons for any inability to perform the essential functions of the position, with or without accommodation;
  - 2.3.5.15. Any history or current problems with substances, including alcohol and legal and illegal drugs;
  - 2.3.5.16. History of license revocation, suspension, voluntary relinquishment, probationary status, or other licensure conditions or limitations;
  - 2.3.5.17. History of loss of privileges or disciplinary activity to include denial, suspension, limitation, termination, or non-renewal of professional privileges;

- 2.3.5.18. History of conviction or a criminal offense other than minor traffic violations;
- 2.3.5.19. History of complaints or adverse action reports filed with a local, state, or national professional society or licensing board;
- 2.3.5.20. History of any refusal or cancellation of professional liability insurance;
- 2.3.5.21. History of any malpractice and/or professional misconduct judgements and/or settlements with the past ten (10) years;
- 2.3.5.22. History of suspension or revocation of a DEA/CDS Certificate;
- 2.3.5.23 History of Medicare/Medicaid sanctions; and
- 2.3.5.24 Attestation as to the correctness and completeness of the application.
- 2.3.5.25. Verification that DCRs are authorized as such by the county authorities
- 2.3.5.26. Verification of the NPI, the provider's enrollment as a Washington Medicaid provider, and the Social Security Administration's death master file

2.4 The following network agency credentialing information must be submitted to Great Rivers BH-ASO. Network providers include ambulatory, substance use disorder treatment providers, mental health providers, residential, and evaluation and treatment centers (inpatient):

- 2.4.1. Intake form
- 2.4.2. Enrollment form
  - 2.4.2.1. Disclosure of Ownership and Control Interest Statement (Refer to Section I of the document - Federal Law requires all entities, applicants, individual practitioners, and group of individual practitioners having an ownership or control interest in the provider entity of 5% or greater and participate in federally funded programs to provide information on ownership and controls.)
  - 2.4.2.2. NPI matches NPPES and NPIs used on the app are consistent throughout
- 2.4.3. W-9 for each unique Tax ID
- 2.4.4. Debarment Certification form
- 2.4.5. Address, phone, and fax numbers of service sites
- 2.4.6. After hours crisis contact procedures
- 2.4.7. Agency Complaint and Grievance procedure
- 2.4.8. Contact person for Complaint and Grievance procedures

- 2.4.9. Contact person for Information Systems
- 2.4.10. Contact person for Critical Incidents
- 2.4.11. Current sliding fee scale and related policies
- 2.4.12. Drug Free workplace policy
- 2.4.13. List of clinicians and all contracted staff, to include:
  - 2.4.13.1. Name
  - 2.4.13.2. Degree/Credentials
  - 2.4.13.3. Specialty area
  - 2.4.13.4. Languages other than English spoken
  - 2.4.13.5. Working location
  - 2.4.13.6. Contact information
- 2.4.14. Name of Medical Director and copy of license
- 2.4.15. MIS Quality Control plan
- 2.4.16. Backup and Disaster Recovery Plan
- 2.4.17. Quality Management plan
- 2.4.18. Most recent audited financial statements
- 2.4.19. Organizational structure
- 2.4.20. Training plan
- 2.4.21. Verification of insurance
- 2.4.22. Washington State and Federal licenses that are required for services being performed at provider facility
- 2.4.23. If accredited, provide proof of accreditation
- 2.4.24. Copy of all brochures
- 2.4.25. Copy of current Compliance Plan including Fraud and Abuse Plan, contact, and training plans
- 2.4.26. All policy and procedures related to the protection of the rights of individuals, including:
  - 2.4.26.1. Section 504 of the Rehabilitation Act of 1973
  - 2.4.26.2. Title VI of the Civil Rights Act of 1964
  - 2.4.26.3. Confidentiality of Client records pursuant to Title 71 RCW
  - 2.4.26.4. Americans with Disabilities Act of 1990
  - 2.4.26.5. Records Check laws and Regulations RCW 43.43.830 and 1989 Washington State Laws Chapter 334 regarding employee background check

- 2.4.26.6. Child and Adult abuse reporting requirements as cited in RCW 26.44.030 and RCW 26.44.040
  - 2.4.26.7. Client right to be free of seclusion and restraint as cited in CFR 438.100 (2)(v)
  - 2.4.26.8. Client rights WAC 246-341-0600
- 2.5. The following out-of-network agency credentialing information must be submitted to Great Rivers BH-ASO:
  - 2.5.2. Intake form
  - 2.5.3. Enrollment form
    - 2.5.3.1. Disclosure of Ownership and Control Interest Statement (Refer to Section I of the document - Federal Law requires all entities, applicants, individual practitioners, and group of individual practitioners having an ownership or control interest in the provider entity of 5% or greater and participate in federally funded programs to provide information on ownership and controls.)
    - 2.5.3.2. NPI matches NPES and NPIs used on the app are consistent throughout
  - 2.5.4. W-9 for each unique Tax ID
  - 2.5.5. Debarment Certification form
  - 2.5.6. Verification of insurance
  - 2.5.7. Washington State Behavioral Health License
  - 2.5.8. Staff Credentialing Policy or process for staff being approved to provide services
  - 2.5.9. List of clinicians with their credentials that are associated to the agreement
  - 2.5.10. State Department of Health and/or local Behavioral Health Organization's last audit results and any action plan that may have been required from them
    - 2.5.10.1. Annually thereafter, any updated audit results.
- 2.6. Provisional Credentialing
  - 2.6.2. Provisional Credentialing shall include an assessment of:
    - 2.6.2.1. Primary source verification of a current, valid license to practice
    - 2.6.2.2. 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

- 2.6.2.3. A current signed application with attestation.
- 2.6.3. Provisional Credentialing affirms that:
  - 2.6.3.1. The Organizations, Practitioners, or Providers may not be held in a provisional status for more than sixty (60) days and
  - 2.6.3.2. The provisional status will only be granted one time and only for Organizations, Practitioners, or Providers applying for credentialing the first time.
- 2.7. Great Rivers BH-ASO has identified cross system relationships as one of its priorities. Agencies shall maintain a list of formal agreements and informal working relationship with the type of agreements identified. The list shall be available to Great Rivers BH-ASO upon request.
- 2.8. The required documents need to be submitted initially, with the new hire checklist and resubmitted as changes occur at the Agency.
- 2.9. Submit any formal subcontracts for behavioral health services for review and approval.
- 2.10. Great Rivers BH-ASO staff shall retain the right to make periodic site visits during the contract period. At least one (1) monitoring visit will be completed annually.
- 2.11. Monitoring visits will consist of, but not be limited to the following:
  - 2.11.2. Administrator review
  - 2.11.3. Chart reviews
  - 2.11.4. Compliance review
  - 2.11.5. Encounter data validation reviews
  - 2.11.6. Policy and procedure reviews
  - 2.11.7. Fiscal review
  - 2.11.8. Quality Project Review
  - 2.11.9. Review of results of State and County site reviews
  - 2.11.10. Review provider documentation of license, certification and / or registration in accordance with State and Federal laws
  - 2.11.11. Walk through of agency to ensure confidentiality of treatment settings and compliance with CFR 438.100 seclusion and restraint
- 2.12. If the Contracted provider is found to be out of compliance, Great Rivers BH-ASO will notify Health Care Authority (HCA) of observations and information indicating that provider may not be in compliance with licensing or certification requirements.
- 2.13. Great Rivers BH-ASO will terminate its contract with the provider if the HCA notifies Great Rivers BH-ASO of a provider's failure to attain or maintain licensure or certification.



2.14. Providers opting out of Medicare

- 2.14.2. If a provider opts out of Medicare, that practitioner/provider may not accept Federal reimbursement for a period of two (2) years.
- 2.14.3. Providers who are currently opted out of Medicare are not eligible to contract with Great Rivers BH-ASO for the Medicare line of business.
- 2.14.4. Great Rivers BH-ASO reviews the quarterly opt out reports released from the appropriate Medicare financial intermediary showing all of the practitioners who have chosen to Opt-Out of Medicare. These reports are reviewed within (thirty) 30 calendar days of their release.
  - 2.14.4.1. These provider contracts will be immediately terminated for the Great Rivers BH-ASO Medicare line of business.

2.15. Notification of Credentialing Decisions

- 2.15.1. An email is sent to the provider with notification of the Credentialing Committee or Medical Director decision regarding their participation in the Great Rivers network. Emails with attached decision letters will be sent via email to the Chief Executive Officer of each organization. Emails will have a "read receipt" attached to it to verify notification was received. This notification is sent within two weeks of the decision. Copies of the emails are filed in the provider's credentials files. Under no circumstance will notifications letters be sent to the provider later than 60 calendar days from the decision.

2.16. Notification of Credentialing Information Discrepancies

- 2.16.1. When Great Rivers BH-ASO communicates findings to the provider that differ substantially from the provider's submitted materials, communication to the provider will include the provider's right to:
  - 2.16.1.1. Review materials
  - 2.16.1.2. Correct incorrect or erroneous information
  - 2.16.1.3. Be informed of their credentialing status.

2.18. Notification of Incomplete Credentialing Application

- 2.18.1. Great Rivers BH-ASO will notify providers within five (5) days when an incomplete Credentialing application is received. The communication will include the following information:

2.18.1.1. Date application was received by Great Rivers BH-ASO

2.18.1.2. What information is missing

2.18.1.3. Specific date that missing documents are due to Great Rivers BH-ASO

## 2.19 Medicaid Excluded Provider Attestations

2.19.1. When a newly credentialed Great Rivers network provider is receiving Medicaid funds, that provider will need to submit a monthly Excluded Provider Attestation to Great Rivers BH-ASO. Pursuant to 42 CFR 455, which requires Great Rivers BH-ASO network providers to implement procedures to screen its employees, contractors and subcontractors prior to hiring or contracting, monthly and as directed by contract, including members of Governing Boards/Committees, and members of other Boards in a position to influence funds. Per contracts, providers are to report to Great Rivers BH-ASO:

2.19.1.1. Any excluded individuals and entities discovered in the screening within 10 business days;

2.19.1.2. Any payments made by provider that directly or indirectly benefit excluded individuals and entities and the recovery of such payments;

2.19.1.3. Any actions taken by provider to terminate relationships with provider and subcontractor's employees and individuals with an ownership or control interest discovered in the screening;

2.19.1.4. Any provider and subcontractor's employees and individuals with an ownership or control interest convicted of any criminal or civil offense described in SSA section 1128 with 10 business days of provider becoming aware of the conviction;

2.19.1.5. Any subcontractor terminated for cause within 10 business days of the effective date of termination to include full details of the reason for termination;

2.19.1.6. Any provider and subcontractor's individuals

and entities with an ownership or control interest.

2.19.2. Great Rivers BH-ASO requires completion and submission of the Monthly Exclusion Attestation Form no later than the 10<sup>th</sup> of the previous month via email. Failure to submit the Exclusion Attestation Form timely may result in termination of an existing contracts.

2.20. Non-Medicaid Excluded Provider Attestations

2.20.1. When a newly credentialed Great Rivers network provider is NOT receiving Medicaid funds, that provider will submit an annual Non-Medicaid Exclusion Attestation Form to Great Rivers BH-ASO. Pursuant to 42 CFR 455, which requires Great Rivers BH-ASO network providers to implement procedures to screen its employees, contractors and subcontractors prior to hiring or contracting, and as directed by contract, including members of Governing Boards/Committees, and members of other Boards in a position to influence funds. Per contracts, providers are to report to Great Rivers BH-ASO:

2.20.1.1. Any excluded individuals and entities discovered in the screening within 10 business days;

2.20.1.2. Any payments made by provider that directly or indirectly benefit excluded individuals and entities and the recovery of such payments;

2.20.1.3. Any actions taken by provider to terminate relationships with provider and subcontractor's employees and individuals with an ownership or control interest discovered in the screening;

2.20.1.4. Any provider and subcontractor's employees and individuals with an ownership or control interest convicted of any criminal or civil offense described in SSA section 1128 with 10 business days of provider becoming aware of the conviction;

2.20.1.5. Any subcontractor terminated for cause within 10 business days of the effective date of termination to include full details of the reason for termination;

2.20.1.6. Any provider and subcontractor's individuals and entities with an ownership or control interest.

2.20.2. Great Rivers BH-ASO requires completion and submission of the Annual Exclusion Attestation Form no later than January 31<sup>st</sup> via email. Failure to submit the Exclusion Attestation Form timely may result in termination of an existing contracts.

POLICY SIGNATURE

DocuSigned by:  


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Vickie L. Raines, Chair  
Great Rivers BH-ASO Governing Board

2/9/2024

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Date