

Effective Date: **NEW**  
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## **North Sound Behavioral Health Organization**

### **Section 1000 – Administrative: Organizational Provider Credentialing**

Authorizing Source: North Sound BHO; CMS; NCQA Standard 7; Element: A, C and E

Cancels:

Approved by: Executive Director

See Also:

Responsible Staff: Contracts Manager

Signature:

Date: 8/7/2018

### **POLICY 1026.00**

### **SUBJECT: ORGANIZATIONAL PROVIDER CREDENTIALING**

#### **PURPOSE**

Organizational Providers are credentialed prior to inclusion in the network and are recertified every 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.

Facilities may provide inpatient, residential, or ambulatory services for either mental health or substance use treatment.

#### **POLICY PROVISIONS**

1. Organizational Providers include, but are not limited to, facilities providing behavioral health services in ambulatory (Behavioral Health Agency), residential, or inpatient settings. They may include Mental Health Evaluation and Treatment facilities, Triage Facilities and behavioral health outpatient and residential programs.
2. Credentialing activities are compliant with all applicable state and federal regulatory requirements.
3. Organizational Providers must complete an initial application documenting their business and clinical structure. The application includes an attestation signed by a duly authorized representative of the facility. The following information must be included with the application:
  - 3.1 Copies of documents that indicate that the Organizational Provider is in good standing with state and federal regulatory bodies;
  - 3.2 Copies of documents that indicate the Organizational Provider has been accredited by:
    - 3.2.1 Joint Commission on Accreditation of Healthcare Organizations (JCAHO),
    - 3.2.2 Commission on Accreditation of Rehabilitation Facilities (CARF),
    - 3.2.3 Council on Accreditation (COA),
    - 3.2.4 Community Health Accreditation Program (CHAP),
    - 3.2.5 American Association for Ambulatory Health Care (AAAHC),
    - 3.2.6 Critical Access Hospitals (CAH),

- 3.2.7 Healthcare Facilities Accreditation Program (HFAP, through AOA),
- 3.2.8 National Integrated Accreditation for Healthcare Organizations (NIAHO, through DNV Healthcare),
- 3.2.9 ACHC (Accreditation Commissions for Healthcare) and/or American Osteopathic Association (AOA).
- 3.2.10 Other appropriate accrediting bodies as identified by the Managed Care Organizations (MCOs).
  - 3.2.10.1 If the Organizational Provider is not approved by a recognized accrediting body, a Facility Site Audit is 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 our members.
  - 3.2.10.2 This audit is conducted as part of the credentialing activity.
  - 3.2.10.3 Unaccredited Organizational Providers are surveyed by North Sound BHO using the North Sound BHO audit tool. Organizations that fail to meet these standards are not approved for participation in the network.
  - 3.2.10.4 In lieu of a site visit by North Sound BHO, the organization must have been reviewed or received certification by CMS or State Agency within the past three years. North Sound BHO has certified that CMS requirements for facilities fully meet North Sound BHO facility site requirements. State Agency requirements are reviewed to determine if they meet North Sound BHO facility site requirements. North Sound BHO obtains a copy of the CMS or State Agency's report from the Facility when they are accepted in lieu of a North Sound BHO site visit.

3.3 Copies of professional and general liability insurance of \$1 million/occurrence and \$3 million/aggregate for non-acute care settings. North Sound BHO does accept umbrellas policy amounts to supplement professional liability insurance coverage. Coverage limitations may vary depending on MCO specific requirements.

3.3.1 If the Organizational Provider does not meet liability coverage requirements, it must be reviewed by Credentialing Committee to be considered for network participation.

4. The Credentialing Committee obtains or queries prior to the credentialing/recredentialing decision date:

4.1 A copy of the license/s from the Organizational Provider or verification of the licensure directly from the state agency.

- 4.2 A copy of the accreditation certificate or report from the entity or verification directly from the accreditation organization. If non-accredited, confirmation that the site audit visit was completed or copy of the state/CMS audit results are in the file if they are being accepted in lieu of a North Sound BHO site visit.
  - 4.3 Exclusion on the Office of Inspector General (OIG) and List of Excluded Individuals and Entities (LEIE) query.
  - 4.4 Sanctions by the Excluded Parties List System (EPLS) on the Systems for Awards Management (SAM) site.
  - 4.5 Verification of the National Plan Identifier (NPI) on the National Plan & Provider Enumeration System (NPPES).
  - 4.6 Verification of state Medicaid Exclusions sites where required.
5. Organizational Provider documents must be current and verified within 180 days of the Credentialing Committee decision. If documents have expired, Contracting/Credentialing personnel contact the facility to obtain updated document copies. If documents with current dates are not available (e.g. licensing board has not issued updated certificate), the Contracting Associate/ Credentialing staff member contacts the licensing board and confirm status.
  6. All Organizational Provider files are reviewed to ensure they meet North Sound BHO credentialing criteria. If the Organizational Provider does not meet North Sound BHO's credentialing criteria, the file will be presented as an exception or "Further Review File" to the Credentialing Committee.
  7. If North Sound BHO has determined that the Organizational Provider has met the minimum requirements for participation, the file is then deemed "clean" and approved.
  8. The Organizational Provider contract is not considered fully executed without prior Credentialing Committee approval.
  9. Organizational Provider credentialing files are confidential and are scanned into a secure imaging system. This document retrieval system is protected by user ID and password to prevent unauthorized access. These files are protected from discovery and may not be reproduced or distributed, except for confidential peer review and credentialing purposes consistent with state laws.
  10. When North Sound BHO has reached a credentialing decision, the Organizational Provider will be notified, in writing, within 15 calendar days of the decision date.
  11. Organizational Provider recredentialing is performed every 36 months. Recredentialing activities are compliant with all applicable state and federal regulatory requirements.

**Related Policy:** 1027.00 – Organizational Provider Assessment

#### **ATTACHMENTS**

None