



Policy: Mental Health Provider Credentialing and Re-credentialing	Effective: 8/06/2018	Policy #: 301
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Purpose:

The purpose of this policy is to ensure consistent evaluation and documentation of provider qualifications to provide mental health treatment services to Willamette Valley Community Health (WVCH) Members. This policy is required by WVCH’s administrative services agreement with Behavioral Care Network (BCN) and is prepared in accordance with Section 6402 of the Patient Protection and Affordable Care Act, 42 CFR 438.214, 42 CFR 455.400-455.470 (excluding 455.460), and OAR 410-141-3120 relating to provider credentialing and contracting.

Policy:

Providers of mental health treatment services to WVCH Members shall be credentialed and re-credentialed in accordance with the procedures below.

Definitions:

1. **Applicant:** A provider agency that submits an application for an in-panel contract.
2. **Credentialing:** The process of evaluating and documenting provider qualifications to deliver treatment services to WVCH Members in accordance with federal and state laws and rules, WVCH policy, and BCN policy.
3. **In-panel provider or services:** An “in-panel provider” is a provider contracted by BCN to deliver treatment services. “In-panel services” are those delivered by a provider contracted by BCN.
4. **Out-of-panel provider or services:** An “out-of-panel provider” is a provider not contracted by BCN. “In-panel services” are those delivered by a provider not contracted by BCN.
5. **Practitioner:** An individual provider who delivers treatment services. This term is used to distinguish an individual provider from a provider agency in which multiple practitioners deliver services.
6. **Provider:** This is the general term used to refer to an individual or organization that delivers treatment services.
7. **Provider agency or agency:** This is the organization responsible for services delivered by practitioners. For in-panel services, BCN contracts with the provider agency, except in the case where the organization is a sole proprietorship where the sole practitioner is also the owner.
8. **Single case agreement:** Authorization for an out-of-panel provider to deliver treatment services to a particular WVCH Member for a specified period of time.

Acronyms:

1. **COA - Certificate of Approval:** The document issued by the Oregon Health Authority that identifies and declares certification of a provider pursuant to OAR Chapter 309, Division 008.
2. **IRS - Internal Revenue Service:** The United States government agency responsible for the collection of taxes and enforcement of tax laws.
3. **LEIE - United States Department of Health and Human Services Office of Inspector General’s List of**

Excluded Individuals Entities: The system that provides information to the health care industry, patients, and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid, and all other federal programs.

4. **NPI - National Provider Identifier:** A unique 10-digit identification number issued to healthcare providers in the United States by the Centers for Medicare and Medicaid Services (CMS).
5. **NPPES - National Plan and Provider Enumeration System:** The CMS system to assign NPI numbers to providers.
6. **OAR - Oregon Administrative Rules:** Oregon's rules and regulations for all program administration.
7. **OHA - Oregon Health Authority:** The State government entity that oversees the Oregon Health Plan including behavioral, public, and oral health.
8. **ORS - Oregon Revised Statutes:** Oregon's codified body of statutory law enacted by the Oregon Legislative Assembly and occasionally through the citizen initiative process.
9. **SAM - United States General Services Administration's System for Award Management:** The registration system for businesses that conduct contractual business with the federal government. The system includes information about businesses excluded from conducting business with the federal government and from being paid with federal funds, including Medicaid.

Procedures:

I. OUTPATIENT MENTAL HEALTH SERVICES

BCN contracts with provider agencies holding a COA to deliver mental health services. BCN also contracts with provider agencies consisting solely of licensed practitioners; there may be one or multiple licensed practitioners in such an organization. BCN also arranges for services to be delivered by out-of-panel providers through single case agreements. For in-panel services, credentialing occurs at two levels: the organizational and practitioner levels. For out-of-panel services, credentialing occurs at the practitioner level.

A. In-Panel Provider Agencies: Organizational Credentialing & Contracting

The opportunity for an agency to apply for an in-panel contract follows BCN's public contracting rules. Application information and materials are made available to the public on BCN's website (www.mvbcn.org/contract-applications). All in-panel contracts must be approved by BCN's Board of Directors.

- 1) BCN shall undertake the activities described below upon receipt of an application for an in-panel contract. The application and all information resulting from the activities are referred to as the "organizational credentialing file".
 - a) BCN shall verify the following applicant information:
 - i) Medicaid exclusion status based on LEIE and SAM search information, including resolution of name matches;
 - (1) If the applicant is excluded from Medicaid participation, then BCN shall not proceed with any of the other activities described in this sub-section. Within seven (7) calendar days from the date of BCN's LEIE and SAM search, BCN shall inform the applicant in writing of the Medicaid exclusion findings and its ineligibility for a contract based on the findings.
 - ii) IRS Form W-9 with taxpayer identification number;
 - iii) NPI number and taxonomy code;
 - iv) Oregon Medicaid number based on OHA provider files;
 - v) Certificate/s of insurance for the coverages and in the amounts specified in BCN's provider contract;
 - vi) Current accreditation by a recognized behavioral health accreditation body, if applicable; and

- vii) Current COA for outpatient mental health services, if applicable.
 - b) BCN shall review and evaluate the application according to the criteria and requirements specified in the application materials.
 - c) BCN shall conduct a site visit to the applicant's primary service delivery location. BCN shall use a standard tool for the site visit. BCN reserves the right to conduct a site visit to any other location/s at which the applicant delivers services.
- 2) Upon completion of the activities described above, the organizational credentialing file shall be submitted to BCN's Credentialing Committee. (This committee is described in Section II.) The committee shall review the information and determine whether to recommend for BCN's Board to award an in-panel contract to the applicant.
 - 3) BCN's Board shall make a decision on the committee's recommendation within 90 calendar days from receipt of the application. BCN shall send a letter to the applicant within seven (7) calendar days of the Board's decision about the contract award.
 - a) If BCN's Board approves the contract award, the letter shall describe the immediate next steps associated with being a new in-panel provider agency and provide contact information for BCN staff to assist with the process.
 - i) BCN shall require the provider agency to return the contract with the signature of the agency's authorized representative prior to the effective date of the contract. This requirement shall be specified in the letter.
 - b) If BCN's Board does not approve the contract award, the letter shall provide a brief description of the reason/s and information about how to file an appeal with BCN and, if BCN's Board upholds its decision, how to file an appeal with OHA.

B. In-Panel Provider Agencies: Re-Credentialing & Monitoring for Expiration Dates

BCN must re-credential an in-panel provider agency at least every three (3) years based on the effective date of the agency's contract. Additionally, BCN must maintain complete and accurate records of the following provider information: insurance certificate/s; COA, if applicable; and accreditation by a recognized behavioral health accreditation body, if applicable.

- 1) BCN shall undertake the activities described below to collect the information necessary for re-credentialing of an in-panel provider agency. The information resulting from the activities are referred to as the "organizational re-credentialing file".
 - a) BCN shall verify the following information:
 - i) Medicaid exclusion status based on LEIE and SAM search information, including resolution of name matches;
 - ii) NPI number and taxonomy code;
 - iii) Oregon Medicaid number based on OHA provider files;
 - iv) Certificate/s of insurance for the coverages and in the amounts specified in BCN's provider contract;
 - v) Accreditation by a recognized behavioral health accreditation body, if applicable; and
 - vi) COA, if applicable.
 - b) BCN shall review and evaluate all available corrective actions, written warnings/reprimands, compliance investigations, and/or clinical records audits related to the agency's contract as well as any exercise of the contract clauses relating to remedies short of termination. BCN shall review and evaluate site review reports related to the agency's accreditation and/or COA, as applicable. BCN shall review and evaluate all available reports, findings, and letters from OHA, WVCH, and/or other authorities related to the provider's activities as an Oregon Medicaid provider.

- i) It is expected that BCN addresses serious deficiencies in a provider agency's performance by exercise of the contract clause relating to remedies short of termination, independent of the re-credentialing process.
- c) Upon completion of the activities described above, the organizational re-credentialing file shall be submitted to BCN's Credentialing Committee. The committee shall review the information and determine whether to recommend for BCN's Board to re-credential the agency.
 - i) For provider agencies with a COA, if the COA is expired at the time of re-credentialing and the committee otherwise recommends re-credentialing of the agency, the committee's recommendation shall be for re-credentialing with qualification.
- d) BCN's Board shall make a decision on the committee's recommendation prior to the end of the three (3) year period for re-credentialing. BCN shall send a letter to the agency within seven (7) calendar days from the Board's decision about re-credentialing.
 - i) If BCN's Board approves re-credentialing of the agency without limitation, no further action is needed.
 - ii) If BCN's Board does not approve re-credentialing or approves re-credentialing with limitation or qualification, the letter shall describe the immediate next steps which may include exercise of the contract clauses relating to remedies short of termination and/or full termination.
 - (1) For provider agencies approved for re-credentialing with qualification and the sole qualification is expiration of the COA, the letter shall cite ORS 183.430, which states generally that a COA is not considered to be expired, regardless of the stated expiration date, until OHA has issued a formal notice of non-renewal and the agency has exhausted all appeal and hearing options. The letter shall specify that if, at the conclusion of all activities relating to renewal of the COA, the COA is ultimately not renewed, then BCN may pursue remedies short of termination and/or full termination.
- 2) BCN shall maintain a system to monitor the expiration of provider insurance certificate/s and, as applicable, accreditation and/or COA.
 - a) At least 30 calendar days prior to the expiration of any of the aforementioned items, BCN shall utilize the available sources, such as OHA's online portal for COAs and insurance certificates, to obtain the renewed item.
 - b) If BCN cannot obtain the renewed item from another source, BCN shall contact the provider agency at least 14 calendar days prior to expiration to request the renewed item.
 - c) If the renewal item cannot be provided prior to expiration, BCN shall document the explanation.
 - d) If the renewal item cannot be provided or is not received within 30 calendar days following expiration, BCN staff shall notify BCN's Quality and Network Director. The Quality and Network Director, in consultation with other BCN staff as necessary, shall determine the appropriate resolution for the matter, act to resolve the matter, and document the outcome.
 - i) For provider agencies with an expired COA, BCN shall not take any action regarding the agency's status as an in-panel provider solely on the basis of the expired COA until OHA has issued a formal notice of non-renewal and the agency has exhausted all appeal and hearing options.

C. In-Panel Provider Agencies: Practitioner Credentialing & Re-Credentialing

Individual practitioners who work for in-panel agencies must be credentialed. The credentialing process is described below.

- 1) Licensed practitioners and board-registered interns
 - a) A practitioner licensed in Oregon for mental health services (e.g., MD/DO, NP/PMHNP, PA, Psychologist, LCSW, LPC, LMFT) is credentialed by WVP Health Authority (WVP).

- b) An individual who has completed graduate-level training and is registered and supervised as specified in OAR 410-172-0660 (2)(5) relating to Medicaid payment behavioral health services is credentialed by WVP. Board-registered interns eligible to provide services under this sub-section are: Psychologist Associate Residents; Licensed Psychologist Associates under continued supervision; Licensed Professional Counselor or Marriage and Family Therapist interns; and Clinical Social Work Associates.
 - c) For each licensed practitioner and board-registered intern, the provider agency or the individual shall submit a completed Oregon Practitioner Credentialing Application and all other documentation required by WVP to credentialing@mvipa.org. WVP notifies the agency and/or individual about the credentialing decision. Additionally, WVP notifies BCN about the decision. An individual whose credentialing is denied shall not deliver services to WVCH Members.
 - i) An individual subject to credentialing by WVP may provide services during the credentialing process. The agency shall be paid for the individual's services at the rates specified in the agency's contract with BCN. If the individual's credentialing is denied, then all payments for the individual's services must be promptly refunded.
 - d) Individuals subject to credentialing by WVP are required to be re-credentialed by WVP every three (3) years.
 - e) Licensed practitioners who do not provide services to WVCH Members, such as those in clinical oversight roles, are not required to be credentialed by WVP.
- 2) Non-licensed practitioners in a provider agency with a COA
- a) Pursuant to ORS 430.637, BCN shall accept the agency's credentialing of practitioners who are not licensed for independent practice as mental health professionals. These practitioners are: Qualified Mental Health Professionals (QMHPs), Qualified Mental Health Associates, Mental Health Interns, Peer Support Specialists, and Peer Wellness Specialists. These terms are defined in OAR 309-019-0125. These practitioners are neither credentialed nor re-credentialed by WVP. The agency's credentialing documentation is subject to review by BCN and/or WVCH.
 - i) An agency with a COA may choose but is not required to have its QMHPs who are also board-registered interns credentialed by WVP. Such a practitioner must be credentialed by WVP in order to be associated with the reimbursement schedule designated for board-registered interns. If the practitioner is not credentialed by WVP, then they will be associated with the reimbursement schedule for QMHPs. The agency shall communicate its decision to BCN by submitting the appropriate Practitioner Registration Form, which is described in Section I (E).

D. Out-of-Panel Providers: Practitioner Credentialing

Licensed practitioners, board-registered interns, and non-licensed practitioners who work for an agency with a COA may provide out-of-panel services to WVCH Members under single case agreements, subject to authorization by BCN. These out-of-panel providers are credentialed by BCN.

- 1) Credentialing of a new out-of-panel provider consists of the provider's submission of the appropriate Practitioner Registration Form, and BCN's verification of the items on the form marked as requiring verification. (The form and process is described in detail in Section I (E) below.) The provider shall also submit an IRS Form W-9 with taxpayer identification number.
 - a) If the provider indicates they do not have an Oregon Medicaid number or if BCN cannot verify the number in OHA provider files, BCN shall direct the provider to the OHA resource/s to apply for the number. BCN shall inform the provider that claims cannot be paid without the number.

E. Practitioner Registration

BCN must receive a Practitioner Registration Form (PRF) for each practitioner who delivers services to WVCH Members, regardless of in- or out-of-panel status or credentialing process. There are two versions of the form: one for licensed practitioners and board-registered interns and another for non-licensed practitioners in a provider agency with a COA.

The purpose of the form is to collect the information necessary to assign the practitioner to the appropriate reimbursement schedule for claims payment as well as to verify the practitioner's Medicaid exclusion status, NPI number and taxonomy code, Oregon Medicaid number, and if applicable, Oregon board license or registration number.

- 1) BCN shall provide the forms to new in-panel provider agencies during the on-boarding process. BCN shall provide the forms to an out-of-panel provider if they have not submitted a PRF within one (1) year from the date of the current request to authorize services. BCN shall post the forms on its website (www.mvbcn.org/forms).
 - a) When new versions of the form are available, BCN shall promptly notify in-panel agencies and also post them on the website.
- 2) BCN shall not accept any prior versions of the PRF. All fields on the PRF are required; BCN shall not accept a PRF if any field is blank. BCN shall not accept a PRF if the form is not signed; electronic signatures are not accepted. BCN shall promptly notify the submitter if the form cannot be accepted for any reason.
- 3) Upon receipt of a completed PRF, BCN shall record the received date and verify the following information:
 - a) Medicaid exclusion status based on LEIE and SAM search information, including resolution of name matches;
 - i) If the practitioner is excluded from Medicaid participation, BCN shall not proceed with any of the other activities described in this sub-section. Within seven (7) calendar days from the date of BCN's LEIE and SAM search, BCN shall inform the submitter of the Medicaid exclusion findings and the practitioner's ineligibility to be paid for services provided to WVCH Members based on the findings.
 - b) NPI number and taxonomy code;
 - c) Oregon Medicaid number based on OHA provider files; and
 - d) Oregon board license or registration number, if applicable.
- 4) The PRF and verification documentation shall be reviewed and signed by two BCN staff. BCN shall complete the verifications and review and sign the PRF within 21 calendar days from receipt of the completed PRF.
 - a) The first reviewer/signer shall be the BCN staff who performed the verifications. The second reviewer/signer shall be BCN's Quality and Network Director or other qualified staff designated by the Quality and Network Director.
- 5) BCN shall submit the signed PRF to PH Tech as a request to register the practitioner for claims payment purposes and to assign them to the appropriate reimbursement schedule. PH Tech notifies BCN when the request is completed. BCN shall record PH Tech's ticket number for the completed request on the PRF. BCN shall notify the PRF submitter of the completed request and record the notification date on the PRF.
 - a) BCN shall provide WVP with a copy of the PRF for each licensed practitioner or board-registered intern associated with an in-panel provider agency.
- 6) BCN shall follow the same process for a PRF regardless of whether the form is submitted to register a new practitioner or to make updates to an existing practitioner.

II. CREDENTIALING AND RE-CREDENTIALING COMMITTEE

Every other month, BCN convenes a committee for credentialing of applicants for in-panel contracts and for re-credentialing of existing in-panel provider agencies.

- 1) The committee shall review the organizational credentialing file provided by BCN staff and determine whether to recommend for BCN's Board to award an in-panel contract to the applicant.
- 2) The committee shall review the organizational re-credentialing file provided by BCN staff and determine whether to recommend for BCN's Board to re-credential the provider agency.
- 3) The committee shall be comprised of the following BCN staff as well as WVCH's Chief Medical Officer: Quality and Network Director, Clinical Director, Provider Relations Coordinator, Peer Network Program Coordinator, and Contracts and Compliance Analyst.
- 4) BCN shall maintain minutes for each credentialing/re-credentialing committee meeting.

III. PROVIDERS OF INTENSIVE SERVICES FOR CHILDREN AND ADOLESCENTS

In-panel agencies providing Psychiatric Day Treatment Services (PDTS), Psychiatric Residential Treatment Services (PRTS), and/or Sub-Acute Psychiatric Care (Sub-Acute) pursuant to OAR Chapter 309, Division 22, must have a COA. Agencies providing Intensive Outpatient Services and Supports (IOSS) pursuant to OAR Chapter 309, Division 19 must have a COA.

- 1) Organizational credentialing, re-credentialing, and monitoring for expiration dates shall follow the procedures described in Section I (A-B).
- 2) Practitioner credentialing and registration shall follow the procedures described in Section I (C) and (E) for services billed at the practitioner level.
- 3) Out-of-panel providers shall follow the procedures described in Section I (D) for services billed at the practitioner level.

IV. MONITORING OF INPATIENT FACILITIES

Practitioners in inpatient facilities delivering direct mental health services under contract with BCN must be credentialed prior to service delivery or payment for services. BCN shall accept the facility's credentialing process if it follows The Joint Commission's standards. The facility shall make available to BCN upon request the credentialing file of practitioners performing work under its contract with BCN.

V. MEDICAID EXCLUSION

Services to WVCH Members may not be rendered by individuals or organizations currently excluded from Medicaid participation under Section 1128 or Section 1128A of the Social Security Act. Neither BCN nor an in-panel provider agency shall refer a WVCH Member to such a practitioner. No in-panel provider agency shall submit a claim for payment for services delivered to a WVCH Member by such a practitioner. Any action taken by an in-panel provider agency to exclude a practitioner who delivers services to WVCH Members shall be reported to BCN within five (5) business days. BCN shall review the Medicaid exclusion status of practitioners, regardless of in- or out-of-panel status, serving WVCH Members on a monthly basis using LEIE and SAM information.

VI. DOCUMENT RETENTION

BCN shall retain all documents associated with the activities described in this policy for a minimum of 10 years.

VII. ANNUAL REVIEW

BCN shall review this policy at least once per calendar year and shall revise it as necessary.

REVISION HISTORY

<i>Revision Date</i>	<i>Effective Date</i>	<i>Prepared By</i>	<i>Approved By</i>
3/30/2015	3/30/2015	Executive Director	Executive Director
9/25/2017	10/01/2017	Management Analyst II and Provider Relations Coordinator	Quality & Network Manager
6/14/2018	6/15/2018	Contracts & Compliance Analyst and Provider Relations Coordinator	Quality & Network Director
8/03/2018	8/06/2018	Contracts & Compliance Analyst and Provider Relations Coordinator	Quality & Network Director