



SALISH BH-ASO POLICIES AND PROCEDURES

Salish Behavioral Health
Administrative Services Organization

**Policy Name: CREDENTIALING AND RECREDENTIALING
OF ORGANIZATIONAL PROVIDERS**

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PURPOSE

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

POLICY

1. SBH-ASO collaborates with the Health Care Authority (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 recredentialing of Health Care Professionals who have signed contracts or participation agreements with the SBH-ASO (Chapter 246-12 WAC). Credentialing processes support administrative simplification efforts such as the OneHealthPort, ProviderSource, the Council for Affordable Quality Healthcare (CAQH), or an HCA-approved equivalent, when applicable.
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 or recredentialing and provides a written decision within 60 days of the submission of the credentialing application when application is complete upon submission.
- d. Provides annual reviews of provider complaints for evidence of alleged discrimination.

PROCEDURE

1. 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 Organizational Providers in its Provider network, it must give the affected Providers written notice of the reason for its decision.
2. 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.
3. The SBH-ASO recredentials providers, at minimum every thirty-six (36) months, through information verified from primary sources, unless otherwise indicated.
4. SBH-ASO ensures that information provided in its member materials and provider directories is consistent with information obtained during the credentialing process.
5. All provider files are reviewed to ensure they meet the SBH-ASO credentialing criteria.
 - a. In addition to materials submitted as part of an initial application for credentialing, SBH-ASO will perform a review of commonly available databases to identify information that could impact the credentialing process. Any findings will be submitted to the Credentialing Committee to be used as part of the review process.
6. If the provider does not meet the SBH-ASO's requirements for submission as detailed in section 7 below, the file will be presented to the Credentialing Committee. If the Committee concurs that the submission is not meeting criteria or is incomplete, 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 time frame, the Credentialing Application will be denied.

7. 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.

8. 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)
 10. American Association of Suicidology (AAS)
 11. A CLIA (Clinical Laboratory Improvement Amendments) Waiver as outlined by the Centers for Medicare & Medicaid Services (CMS).
 12. Other appropriate accrediting bodies as identified by the Salish BH-ASO
 - OR
 - a. 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

- b. 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. Copies of professional and general liability insurance (malpractice) of \$2 million/occurrence and \$4 million/aggregate for acute care settings and \$2 million/occurrence and \$4 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.
 - iii. 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.

- e. Attestation that the Organization credentials its practitioners including utilizing the Washington Provider Application (WPA) to register staff, including the NPI, with ProviderOne.

- f. Attestation that the Organization does not employ or contract with practitioners excluded from participation in federal health care programs under federal law as verified through List of Excluded Individuals and Entities (LEIE).
 - i. SBH-ASO staff conducts primary source verification for decision making individuals listed on DOO from the following sources to include in the completed credentialing file reviewed by the Committee:
 - I. Exclusion on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) query.

 - II. Sanctions by the Excluded Parties List System (EPLS) on the Systems for Awards Management (SAM) query.

III. Verification of the National Plan Identifier (NPI) on the National Plan & provider Enumeration System (NPPES).

IV. Verification of Washington State Medicaid Exclusions lists.

9. 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.
10. Provisional credentialing protocol:
- a. The provider 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 if indicated; and
 - iii. A current signed application with attestation.
11. SBH-ASO notifies providers within fifteen (15) calendar days of the Credentialing Committee's decision.
12. 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.
13. Credentialing Information Integrity
- a. SBH-ASO ensures confidentiality of all credentialing documents and decisions.
 - i. SBH-ASO Credentialing Lead is responsible for the solicitation, initial review, and compilation of credentialing documents presented to the SBH-ASO Credentialing Committee.
 - ii. Information obtained from the applicant is reviewed for completeness and accuracy and is not modified.

- i. At each credentialing cycle, including recredentialing, Providers submit a complete credentialing packet. These documents include all relevant updated information.
 - ii. If necessary information submitted by applicant is incomplete or inaccurate, the Credentialing Lead will request corrections from the applicant. All required corrections necessary to process applications are completed by the applicant.
 - iii. Once the review is complete the Credentialing Lead affixes the date of review and signature. No additional modifications are made to credentialing information including, but not limited to, the following inappropriate documentation updates:
 - a. Falsifying credentialing dates (e.g., licensure date, credentialing decision date, staff verifier date)
 - b. Creating documents without performing the required activities (e.g., photocopying a prior credential and updating information as a new credential)
 - c. Fraudulently altering existing documents (e.g., credentialing minutes, clean-file reports, ongoing monitoring reports)
 - d. Attributing verification or review to an individual who did not perform the activity
 - e. Updates to information by unauthorized individuals
 - iii. All credentialing documents are stored electronically or in a locked cabinet.
 - i. Electronic documents are stored within a centralized document center library. Access to the library is restricted and role-based, with permissions granted only to designated staff whose responsibilities require access.
 - iv. Shared documents redact sensitive information as appropriate.
- b. SBH-ASO trains credentialing staff annually on inappropriate documentation and updates to credentialing information. The training informs the credentialing staff of the following:
- i. That the staff will be audited on the documentation and updates to the credentialing files
 - ii. The process for documenting and reporting inappropriate documentation and updates to the Credentialing Committee.
 - iii. The consequences of inappropriate documentation updates
 - iv. Documentation will be recorded in employee personnel files

10. SBH-ASO Executive Director or their designee, under the supervision of the Medical Director, will audit Credentialing documentation and updates on an annual basis:
- a. Audit is to include a random sample of 5% of files for all initial or recredentialing decisions made during the 12-month look back period.
 - i. At a minimum, the sample includes at least 10 credentialing files and 10 recredentialing files. If fewer than 10 organizations were credentialed or recredentialed since the last annual audit, SBH-ASO audits the universe of files rather than a sample.
 - b. The review will include evaluating the effectiveness of any corrective actions on findings three to six months after the completion of the annual audit.
 - c. If any inappropriate documentation and/or updates are found, they will be reported to SBH-ASO Leadership Team and Credentialing Committee immediately.
 - d. Consequences for inappropriate documentation and/or updates will be decided by the Credentialing Committee.

11. Designated Crisis Responder (DCR) Requirements:

- a. All candidates for DCR designation will complete the SBH-ASO DCR 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 certificate (to include 2-day SUD training certificate if completed prior to January 1, 2020) or verification of completion of DCR bootcamp within six months
 - iv. Safety Training documentation within the past 12 months
 - v. Professional Ethics training documentation within the past 12 months.
 - vi. Suicide Prevention training documentation within the past 12 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.