




United Behavioral Health

<b>Provider Credentialing and Re-Credentialing</b>			<b>Policy Identifier/Number:</b> AD-03
<b>Annual Review Completed Date:</b> February 2018			
<b>Policy Category:</b> Government – Pierce Regional Support Network	<b>Applicable Lines of Business:</b> Medicaid	<b>Entity/Plan:</b> Optum Pierce Behavioral Health Organization	<b>State:</b> Pierce County, Washington
<b>Approved by:</b> Bea Dixon, Executive Director		<b>Signature:</b> 	

#### Policy Statement and Purpose

Optum Pierce Behavioral Health Organization (BHO) monitors provider credentials initially, upon their joining the network, and annually during the clinical and administrative on-site reviews. Providers also submit an updated Practitioner Report that lists the credentials, license and practice specialties of its clinical staff.

To outline the credentialing and re-credentialing requirements for the Optum Pierce BHO network of providers. This policy will also outline requirements of network providers in terms of credentialing their behavioral health care provider staff.

#### Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

#### Policy Definitions

N/A

#### Policy Provisions

1. In accordance with WAC 388-865, only Behavioral Health Agencies (BHAs) that are licensed and/or certified by the State of Washington may join the Optum Pierce BHO network.
  - 1.1. All behavioral health care providing agencies who deliver evaluation and treatment services are to be certified by the Department of Social and Health Services (DSHS) and licensed by the Department of Health.
  - 1.2. The Certification and license provided by DSHS is monitored on an annual basis through Optum Pierce BHO's Clinical and Administrative On-site Review process.

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

- 1.3. Optum Pierce BHO retains copies of certification and licenses of contractor and subcontractor providers, per *WAC 388-865*, in credentialing and re-credentialing files.
- 1.4. Per *WAC 388-865*, Optum Pierce BHO follows all applicable requirements of the Prepaid Inpatient Health Plan (PIHP) and State Mental Health (SMH) agreements with DSHS.
2. Clubhouse providers may exist outside of a BHA and be directly contracted with Optum Pierce BHO but must meet all of the credentialing requirements listed by the State of Washington.
3. In accordance with *WAC 388-865*:
4. supervised residential services are provided only in licensed facilities such as:
  - 4.1. An adult family home that is licensed under *chapter 388-76 WAC*.
  - 4.2. A boarding home facility that is licensed under *chapter 388-78A WAC*.
  - 4.3. An adult residential rehabilitative center facility that is licensed under *chapter 246-325 WAC*.
5. Criminal history background checks are required for any employee or volunteer at Optum Pierce BHO or any behavioral health provider who will have unsupervised access to children, people with developmental disabilities or vulnerable adults. These background checks are to be performed through the Washington State Patrol.
6. For provider agencies seeking Optum Pierce BHO network membership, the following agency credentialing information must be submitted to Optum Pierce BHO along with the *Provider Network Application* (see Appendix A). Optum Pierce BHO reviews, at a minimum:
  - 6.1. A certificate or license from the DSHS and/or the Department of Health;
  - 6.2. A standard application to become a network provider (see Appendix A);
  - 6.3. Letters of Certificates of Approval from national accreditation organizations (see list in the network provider application Appendix A);
  - 6.4. A brief history of the organization describing the number of years in business, type of work provided, and types of individuals served;
  - 6.5. Proof of worker's compensation insurance;
  - 6.6. Proof of general and professional liability insurance:
    - 6.6.1. For Inpatient Providers:
    - 6.6.2. \$5 million per occurrence / \$5 million aggregate general;
    - 6.6.3. All other facility or agency-based providers:
    - 6.6.4. \$1 million per occurrence / \$1 million aggregate general.
    - 6.6.5. \$1 million per occurrence / \$3 million aggregate professional.
  - 6.7. The history of professional liability claims which resulted in settlements or judgments paid by or on behalf of the agency or its practitioners;
  - 6.8. A statement of malpractice history and/or information regarding actions taken by organizations that limited, suspended, or abolished privileges for the last 5 years and completed *Malpractice Questionnaire* (see Appendix A);
  - 6.9. A copy of current business license;
  - 6.10. A copy of current fire inspection;
  - 6.11. Medicaid and/or Medicare provider numbers as appropriate;

- 6.12. A listing of the staff that will be providing direct behavioral health services and/or clinical supervision:
    - 6.12.1. Name and degree;
    - 6.12.2. Training and/or experience;
    - 6.12.3. Title of certification(s) and/or license(s) and number(s); and
    - 6.12.4. Specialist designation and spoken language capabilities (e.g. special population clinician: child, older adult, developmental disability, and/or ethnic specialist; languages spoken other than English);
  - 6.13. For all psychiatric, medical and clinical staff that have direct service responsibilities within an agency, Optum Pierce BHO is to review at a minimum:
    - 6.13.1. Confirm licensing, degree, training and experience via primary source verification;
    - 6.13.2. History of loss of license;
    - 6.13.3. History of felony convictions;
    - 6.13.4. History of loss or limitation of privileges or disciplinary activity;
    - 6.13.5. Level of clinical supervision and frequency;
    - 6.13.6. Training and experience to provide the services which supports the staff person's position;
    - 6.13.7. History of previous sanction activity by Medicare and Medicaid; and
    - 6.13.8. History of convictions for a drug or alcohol related offense.
  - 6.14. Organizational Chart;
  - 6.15. After hours crisis contact procedures;
  - 6.16. Quality Management Plan;
  - 6.17. Agency complaint and grievance procedure;
  - 6.18. Critical Incident/Extraordinary Occurrence Notification form;
  - 6.19. Management Information System quality control and disaster plan;
  - 6.20. Compliance with confidentiality requirements, including HIPAA regulations;
  - 6.21. Americans with Disabilities Act (ADA) facilities plan and compliance review;
  - 6.22. Sliding fee scale and related policies; and
  - 6.23. W9 Form (if multiple tax ID numbers used, 1 W9 Form is to be submitted for each ID number.)
7. The Optum Pierce BHO provider network re-credentialing process occurs annually during 1 of the biennial clinical and administrative on-site reviews and at a minimum includes the following:
    - 7.1. The network provider agency is to submit any and all changes to the initial application and supportive documentation listed under section 5 above;
    - 7.2. Optum Pierce BHO reviews provider information from appropriate accreditation, certifying and/or licensing organizations;
    - 7.3. Optum Pierce BHO review the results of federal, state or other relevant site review reports;

- 7.4. Optum Pierce BHO reviews annual contract deliverables as defined in the Optum Pierce BHO network provider agreements;
- 7.5. Optum Pierce BHO reviews compliance with confidentiality requirements, including HIPAA regulations;
- 7.6. Optum Pierce BHO reviews at a minimum data from:
  - 7.6.1. Quality assurance and improvement activities including:
    - 7.6.1.1. Results from current and previous onsite clinical and administrative reviews;
    - 7.6.1.2. Optum Pierce BHO-administered annual enrolled individual and/or allied service system surveys;
    - 7.6.1.3. Individual's complaints and grievances;
    - 7.6.1.4. Critical incident reports;
    - 7.6.1.5. Performance improvement initiatives;
    - 7.6.1.6. Other quality assurance and improvement efforts, as delineated in Optum Pierce BHO network provider agreements and related policies and procedures.
  - 7.6.2. Medical chart review;
  - 7.6.3. Fiscal review;
  - 7.6.4. Supervision records to ensure that evaluations of the job performance of individual behavioral health and substance use disorder professionals are conducted in accordance with *WAC 388-865*.
- 7.7. The Optum Pierce BHO Provider Relations (PR) and Quality Assurance/ Performance Improvement (QA/PI) Units make recommendations for continued network provider membership to the Optum Pierce BHO Governing Board;
- 7.8. The Optum Pierce BHO Governing Board reviews and approves or rejects the PR and QA/PI Units' recommendations for continuation of the provider agency's membership in the Optum Pierce BHO provider network;
- 7.9. Optum Pierce BHO reports evidence of practices which are illegal or unethical to authorities and/or appropriate accreditation, certifying, and/or licensing organizations;
- 7.10. Optum Pierce BHO does not discriminate against providers acting within the scope of their license or certification;
- 7.11. Optum Pierce BHO does not employ or contract with any providers excluded from federal health care programs;
- 7.12. In the event that the Optum Pierce BHO Governing Board recommends denial or termination of a provider network membership, the provider may submit an appeal in writing to the Optum Pierce BHO Governing Board;
- 7.13. Optum Pierce BHO staff retains the right to make periodic site visits during the contract period;
- 7.14. In accordance with *WAC 388-865*, if Optum Pierce BHO staff discover during a site visit that a provider is out of compliance with statutes, rules and regulations, this is addressed immediately with the provider and a report is made to any applicable authorities including, but not limited to, DSHS.

8. Concerns about a network provider's performance are addressed in accordance with the Optum Pierce BHO policy QA-08, titled *Site Visits: Clinical and Administrative Review Including Annual Review of BHAs*.
9. Providers are to follow the Optum Pierce BHO policy AD-16, titled *Provider Complaint and Grievance Process* for resolution of disputes after the Optum Pierce BHO final written report has been issued.
10. If Optum Pierce BHO is notified by the DSHS that a behavioral health care providing agency has failed to attain or maintain licensure or certification, that provider agency's contract will be terminated, per *WAC 388-865*.
11. Contracted behavioral health care providers perform credentialing/re-credentialing, appointment and privileging activities in accordance with their policies and procedures that substantially comply with the procedures of this policy:
  - 11.1. An applicant's current registration, licensure, and/or certification are verified from the primary source where claimed and relevant to the functions of the job to be performed;
  - 11.2. Successful completion of a course of study is verified from the primary source, where claimed and relevant to the functions of the job to be performed;
  - 11.3. Experience is verified from the primary source, where claimed and relevant to the functions of the job to be performed;
  - 11.4. Information about involvement in professional liability actions is verified as in good standing is confirmed where relevant to the functions of the job to be performed;
  - 11.5. When information from a primary source is not available, a reliable secondary source is used. The attempt to contact the primary source is documented;
  - 11.6. Contracted behavioral health care providers are to report to the Optum Pierce BHO QA/PI Manager or designee any individual reports of change in licensure or certification status, and/or any adverse actions;
  - 11.7. Exceptions are to be granted to the requirement of substantial compliance upon a showing that the contracted behavioral health care provider's policies and procedure meets generally accepted industry standards.
12. Exceptions to mental health professional requirements:
  - 12.1. In accordance with *WAC 388-865*, Optum Pierce BHO may request an exception to the requirements of a mental health professional for a person with less than a master's degree level of training, if necessary to meet the needs on the Pierce service area. DSHS may grant an exception of the minimum requirements on a time-limited basis and only with a demonstrated need for an exception under the following conditions:
  - 12.2. Optum Pierce BHO has made a written request for an exception including:
    - 12.2.1. Demonstration of the need for an exception;
    - 12.2.2. The name of the person for whom an exception is being requested; and
    - 12.2.3. The functions which the person will be performing;
    - 12.2.4. A statement from the behavioral health organization that the person is qualified to perform the required functions based on verification of required education and training, including:
      - 12.2.4.1. Bachelor of Arts or Sciences degree from an accredited college or university;

- 12.2.4.2. Course work or training in making diagnoses, assessments, and developing treatment plans; and
- 12.2.4.3. Documentation of at least 5 years of direct treatment of persons with mental illness under the supervision of a mental health professional.
- 12.3. When an exception is granted, per *WAC 388-865*, a plan of action is to be put in place to assure the individual will become qualified no later than 2 years from the date of exception.
- 12.4. Optum Pierce BHO may apply for renewal of the exception. However, the exception may not be transferred to a different BHO or applied to any individual other than the person named in the exception request.

#### **Related Policies, Procedures & Materials**

- Pierce Behavioral Health Organization policy: AD-10 - *Designated Mental Health Professional (DMHP)*
- Pierce Behavioral Health Organization policy: QA-08 - *Site Visits: Clinical and Administrative Review*
- Pierce Behavioral Health Organization policy: AD-16 - *Provider Complaint and Grievance Process*

#### **Attachments**

N/A

#### **Approval History**

- Policy created and effective: 07/2009
- Policy and Procedure Committee review and approval: 10/26/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 09/22/2014
- Policy and Procedure Committee review and approval: 09/28/2015
- Policy and Procedure Committee review and approval: 02/24/2016
- Operational Procedures and Standards Committee Reviewed and Accepted: 01/25/2017
- Optum Pierce BHO reviewed and accepted: February 2018