Great Rivers Behavioral Health Organization

Policy Title:	**Provider Agency Credentialing**	Policy No.	**6013.03**
Category:	Credentialing	Date Adopted:	04/01/2016
		Revision Date:	08/10/2017 05/04/2018 03/08/2019
Reference:	HCA Contract with Great Rivers Behavioral Health NCQA Accreditation guidelines State and Federal credentialing requirements		

Policy:

1.1. Great Rivers Behavioral Health Organization ("Great Rivers") strives to assure that the Great Rivers care network consists of quality providers who meet clearly defined criteria and standards. It is the objective of Great Rivers care to provide superior health care to the community.

1.2. Great Rivers contracted providers shall complete the Great Rivers Credentialing Application and submit it along with the required documentation listed below for Agency Credentialing and Clinical Profiling in the timeframe specified by Great Rivers.

1.3. The decision to accept or deny a Provider Agency credentialing applicant is based upon completion of application, review of complaint and grievances, licensing review and demonstration of compliance with all Medicaid contracting requirements.

1.4. The information gathered is confidential and disclosure is limited to parties who are legally permitted to have access to the information under state and federal law.

1.5. Great Rivers' Credentialing Committee 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. BHA will furnish the following information to Great Rivers for the Agency Credentialing file.

2.2. The following network agency credentialing information must be submitted to the BHO.

2.2.1. Intake form

2.2.2. Enrollment form

2.2.2.1. 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.)

2.2.2.2. NPI matches NPPES and NPIs used on the app are consistent throughout

2.2.3. W-9 for each unique Tax ID

2.2.4. Debarment Certification form

2.2.5. Address, phone and fax numbers of service sites

2.2.6. After hours crisis contact procedures

2.2.7. Agency Complaint and grievance procedure

2.2.8. Contact person for complaint and grievance procedures

2.2.9. Contact person for Information Systems

2.2.10. Critical Incident contact

2.2.11. Current sliding fee scale and related policies

2.2.12. Drug Free workplace policy

2.2.13. List of clinicians and all contracted staff, to include:

2.2.13.1. Name

2.2.13.2. Degree/Credentials

2.2.13.3. Specialty area

2.2.13.4. Languages other than English spoken

2.2.13.5. Working location

2.2.13.6. Contact information

2.2.14. Name of Medical Director and copy of license

2.2.15. MIS quality control plan

2.2.16. Backup and Disaster Recovery Plan

2.2.17. Quality management plan

2.2.18. Most recent audited financial statements

2.2.19. Organizational structure

2.2.20. Training plan

2.2.21. Verification of insurance

2.2.22. Washington State and Federal licenses that are required for services being performed at provider facility.

2.2.23. If accredited, provide proof of accreditation.

2.2.24. Copy of all brochures

2.2.25. Copy of current Compliance Plan including Fraud and Abuse Plan, contact and training plans

2.2.26. All policy and procedures related to the protection of the rights on individuals, including:

- Section 504 of the Rehabilitation Act of 1973
- Title VI of the Civil Rights Act of 1964
- Confidentiality of Client records pursuant to Title 71 RCW
- Americans with Disabilities Act of 1990

- Records Check laws and Regulations RCW 43.43.830 and 1989 Washington State Laws Chapter 334 regarding employee background check.
- Child and Adult abuse reporting requirements as cited in RCW 26.44.030 and RCW 26.44.040
- Client right to be free of seclusion and restraint as cited in CFR 438.100 (2)(v)
- Client rights WAC 246-341-0600.

2.3. The following out-of-network agency credentialing information must be submitted to the BHO

2.3.1. Intake form

2.3.2. Enrollment form

2.3.2.1. 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.)

2.3.2.2. NPI matches NPPES and NPIs used on the app are consistent throughout

2.3.3. W-9 for each unique Tax ID

2.3.4. Debarment Certification form

2.3.5. Verification of insurance

2.3.6. Washington State Behavioral Health License

2.3.7. Staff Credentialing Policy or process for staff being approved to provide services

2.3.8. List of clinicians with their credentials that are associated to the agreement

2.3.9. State Department of Health and or local Behavioral Health Organization last audit results and any action plan that may have been required from them

2.3.9.1. Annually thereafter, any updated audit results.

2.4. Great Rivers 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 upon request.

2.5. The required documents need to be submitted initially, with the new hire checklist and resubmitted as changes occur at the Agency.

2.6. Submit any formal subcontracts for behavioral health services for review and approval.

2.7. Great Rivers staff shall retain the right to make periodic site visits during the contract period. At least one (1) monitoring visit will be completed annually.

2.8. Monitoring visits will consist of but not be limited to the following:

2.8.1. Administrator review

2.8.2. Chart reviews

2.8.3. Compliance review

2.8.4. Encounter data validation reviews

2.8.5. Policy and procedure reviews

2.8.6. Fiscal review

2.8.7. Quality Project Review

2.8.8. Review of results of State and County site reviews

2.8.9. Review BHA documentation of license, certification and / or registration in accordance with State and Federal laws.

2.8.10. Walk through of agency to ensure confidentiality of treatment settings and compliance with CFR 438.100 seclusion and restraint.

2.9. If the Contracted BHA is found to be out of compliance Great Rivers will notify Health Care Authority (HCA) of observations and information indicating that BHA may not be in compliance with licensing or certification requirements.

2.10. Great Rivers will terminate its contract with the BHA if the HCA notifies Great Rivers of a BHA's failure to attain or maintain licensure or certification.

2.11. <u>Providers opting out of Medicare</u>

2.11.1. If a provider opts out of Medicare, that practitioner/provider may not accept Federal reimbursement for a period of two (2) years.

2.11.2. Providers who are currently opted out of Medicare are not eligible to contract with Great Rivers for the Medicare line of business.

2.11.3. Great Rivers 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 30 calendar days of their release.

2.11.3.1. These provider contracts will be immediately terminated for the Great Rivers Medicare line of business.

POLICY SIGNATURE

3/8/2019

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Edna J. Fund, Chair
Great Rivers Governing Board

Date