

Effective Date: 7/1/2019

Review Date: 10/8/2024

Revised Date: 10/1/2024

North Sound Behavioral Health Administrative Services Organization, LLC

Section 1000 - Administrative: Organizational Provider Credentialing

Authorizing Source: HCA Contract; MCO Contract

Approved by: Executive Director Date: 10/8/2024

Signature:

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 liability insurance or are a self-insured entity, 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, including assuring that all designated crisis responders (DCRs) are appropriately designated by the proper authority.
3. The North Sound BH-ASO Medical Director has direct responsibility for and participates in the credentialing process.
4. 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:
 - a. Copies of documents that indicate that the Organizational Provider is in good standing with state and federal regulatory bodies;
 - b. Copies of documents that indicate the Organizational Provider has been accredited by:
 - i. The Joint Commission (TJC),
 - ii. Commission on Accreditation of Rehabilitation Facilities (CARF),
 - iii. Council on Accreditation (COA),
 - iv. Community Health Accreditation Program (CHAP),
 - v. American Association for Ambulatory Health Care (AAAHC),
 - vi. Critical Access Hospitals (CAH),
 - vii. Healthcare Facilities Accreditation Program (HFAP, through AOA),

- viii. National Integrated Accreditation for Healthcare Organizations (NIAHO, through DNV Healthcare), ix. ACHC (Accreditation Commissions for Healthcare) and/or American Osteopathic Association (AOA)
 - ix. American Association of Suicidology (AAS)
 - x. CLIA (Clinical Laboratory Improvement Amendments) Waiver as outlined by the Centers for Medicare & Medicaid Services (CMS).
 - xi. Other appropriate accrediting bodies as identified by the North Sound BH-ASO or the Managed Care Organizations (MCOs).
 - 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.
 - 2. This audit is conducted as part of the credentialing activity.
 - 3. Unaccredited Organizational Providers are surveyed by North Sound BH-ASO using the North Sound BH-ASO audit tool. Organizations that fail to meet these standards are not approved for participation in the network.
 - 4. In lieu of a site visit by North Sound BH-ASO, the organization must have been reviewed or received certification by CMS or State Agency within the past three years. North Sound BH-ASO has certified that CMS requirements for facilities fully meet North Sound BH-ASO facility site requirements. State Agency requirements are reviewed to determine if they meet North Sound BH-ASO facility site requirements. North Sound BH-ASO obtains a copy of the CMS or State Agency's report from the Facility when they are accepted in lieu of a North Sound BH-ASO site visit.
 - xii. Copies of professional and general liability insurance of \$1 million/occurrence and \$3 million/aggregate for non-acute care settings. Coverage limitations may vary. Organization providers maintaining coverage under a federal tort or self-insured are not required to include amounts of coverage on their application for professional or medical malpractice insurance. A copy of the Federal Tort or Self-Insured letter or an attestation from the organizational provider showing active coverage are acceptable.
 - 1. If the Organizational Provider does not meet liability coverage requirements, it must be reviewed by Credentialing Committee to be considered for network participation.
 - xiii. Copies of documents demonstrating that the Provider For has a process ensuring that they credential their providers. These may include (but are not limited to) copies of their:
 - 1. Credentialing Policy and Procedure (current)
 - 2. Medical Staff Executive Committee Membership
5. The Credentialing Committee obtains or queries prior to the credentialing/recredentialing decision date:
- a. A copy of the license/s from the Organizational Provider or verification of the licensure directly from the state agency (<https://fortress.wa.gov/doh/facilitysearch/>).
 - b. 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 BH-ASO site visit.

- c. Exclusion on the Office of Inspector General (OIG) and List of Excluded Individuals and Entities (LEIE) query. (https://oig.hhs.gov/exclusions/exclusions_list.asp)
 - d. Sanctions by the Excluded Parties List System (EPLS) on the Systems for Awards Management (SAM) site. (<https://sam.gov>)
 - e. Verification of state Medicaid Exclusions sites where required. (<https://www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/provider-termination-and-exclusion-list>)
6. Organizational Provider documents must be current and verified within 180 days of the Credentialing Committee decision. If documents have expired, Credentialing staff 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 Credentialing staff contacts the licensing board and confirm status.
 7. All Organizational Provider files are reviewed to ensure they meet North Sound BH-ASO credentialing criteria. If the Organizational Provider does not meet North Sound BH-ASO's credentialing criteria, the file will be presented as an exception or "Further Review File" to the Credentialing Committee.
 8. If the North Sound BH-ASO Credentialing Committee has determined that the Organizational Provider has met the minimum requirements for participation, the file is then approved.
 9. The Organizational Provider contract will not be fully executed without prior Credentialing Committee approval.
 10. 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.
 - a. Primary Source Verification is completed under the auspices of the North Sound BH-ASO Compliance Officer (or designee) Once verification information is obtained it is not modified other than for affixing the date and initials (signature) of the person completing the verification.
 - b. To prevent an unauthorized modification of verification documents, North Sound BH-ASO utilizes IT software that records the identity of the person modifying the submitted documents and the date/time of the modification.
 - c. The Credentials Committee provides an annual review of the processes used for credentialing (including those for primary source verification and security of credentialing related information). This review will identify any modifications to credentialing and recredentialing information that did not meet the organization's policies and procedures for modifications.
 - d. This review is reported to the North Sound BH-ASO Quality Improvement Committee (QIC) which has responsibility for assuring adherence to policy, implementing interventions and monitoring quarterly until it demonstrates improvement in the finding over three consecutive quarters.
 11. When the North Sound BH-ASO Credentialing Committee has reached a credentialing decision, the Organizational Provider will be notified, in writing, within 15 business days of the decision date.
 12. Organizational Provider recredentialing is performed at least every 36 months, or more frequently if indicated. Recredentialing activities are compliant with all applicable state and federal regulatory requirements.
 13. DCR designations are reviewed as submitted to the North Sound BH-ASO Credentialing Committee as per North Sound BH-ASO Policy 1732.00 *Crisis Services Regional Quality Assurance and Improvement*.

ATTACHMENTS

None