Section 3.20 - Credentialing and Re-credentialing

3.20.1 Introduction
The credentialing and re-credentialing processes are integral components of the Mercy Maricopa Integrated Care (Mercy Maricopa) quality management program. The credentialing and re-credentialing processes help to ensure that qualified behavioral health/integrated care providers, who are capable of meeting the needs of the persons who are seeking and/or receiving behavioral health/integrated care services, participate in the Mercy Maricopa provider network.

Credentialing and re-credentialing is an ongoing review process to assure the current competence of individual practitioners and specialty providers that the appropriate training, experience, qualifications, and ongoing competence have been demonstrated by individual practitioners for the services they provide.

3.20.2 Scope
This section applies to provider agencies and staff providing behavioral health/integrated care services to persons enrolled in the ADHS/DBHS behavioral health/integrated care system.

3.20.3 Definitions
Definitions for terms are located online at http://www.azdhs.gov/bhs/definitions/index.php. The following terms are referenced in this section.
- Behavioral Health Professional
- Behavioral Health Technician
- Credentialing
- Independent Licensed Practitioners
- Primary Source Verification
- Temporary/provisional credentialing
3.20.4 Objectives
The objectives of the credentialing and re-credentialing processes are to:

- Maintain fair credentialing and re-credentialing processes in which standards are applied consistently throughout the state;
- Obtain application information about a potential provider’s background and work history;
- Verify credentials and other information (e.g., malpractice or sanction activity) with primary sources; and
- Provide flexibility via temporary/provisional credentialing, which is an expedited credentialing process that allows for gaps in service within the provider networks be addressed.

3.20.5 Procedures

3.20.5-A. Application Process
Providers wishing to contract with Mercy Maricopa may fax a letter of interest along with required information to fax 860-902-8370. ATTN: Network Development and Contracting. Contract requests will be reviewed and the requesting provider will be notified of contract status. To determine the status of a contract request, please call your provider relations representative at 602-586-1880 or 866-602-1979. Additional information and application forms can be located on the Mercy Maricopa website at mercymaricopa.org.

3.20.5-B. General Process for Credential/Re-Credentialing
The Credentialing Committee (comprised of both network peer physicians and Mercy Maricopa medical directors) reviews all credentialing information and forwards their recommendations to the chief medical officer (CMO) who presents the information to the Quality Management Oversight Committee and the Mercy Maricopa’s Board of Directors for a final decision. Providers have the following rights:

- To review their application and information obtained from outside sources, (e.g. state licensing agencies and malpractice carriers) with the exception of references, recommendations or other peer-review protected information.
- To correct erroneous information submitted by another source. Mercy Maricopa will notify credentialing applicants if information obtained from other sources (e.g. licensure boards, National Practitioner Data Bank, etc.) varies substantially from that provided by the applicant.
- To ensure Mercy Maricopa does not discriminate against a provider solely on the basis of the professional’s license or certification; or due to the fact that the provider serves high-risk populations and/or specializes in the treatment of costly conditions.

Streamlining Process
Mercy Maricopa is dedicated to improving and streamlining credentialing processes and timelines for those providers credentialed and re-credentialed directly through Mercy Maricopa. In addition, contractual relationships have been developed to delegate credentialing and re-
credentialing activities to approved, qualified outside entities throughout the state. This practice has been put into place to decrease the time spent completing multiple credentialing applications for providers belonging to one of these entities, and to ensure a complete and comprehensive network for Mercy Maricopa members.

Providers’ credentialed/re-credentialed through a delegated entity must still be approved through the Mercy Maricopa Board of Directors prior to providing health care services to members. Providers are re-credentialed every three years and must complete the required reappointment application. Updates of malpractice coverage, state licenses and Drug Enforcement Agency (DEA) certificates, if applicable, are also required. The Mercy Maricopa Special Needs Unit (SNU) coordinates care and services with the carve-out programs for Mercy Maricopa members enrolled in one or more of the following programs:

- ADHS Division of Children’s Rehabilitation Services (CRS) and
- AZ Department of Economic Security, Division of Developmental Disabilities.

**Notification Requirement**

Mercy Maricopa has procedures for reporting to appropriate authorities, including the Arizona Department of Health Services/Division of Behavioral Health Services, Arizona Health Care Cost Containment System (AHCCCS), the provider’s regulatory board or agency, Adult Protective Services (APS), Child Protective Services (CPS), Office of the Attorney General (OAG), any serious quality deficiencies that could result in a provider’s suspension or termination from Mercy Maricopa’s network. If the issue is determined to have criminal implications, a law enforcement agency must also be notified. Mercy Maricopa:

- Maintains documentation of implementation of the procedure, as appropriate;
- Has an appeal process for instances in which Mercy Maricopa chooses to alter the provider’s contract based on issues of quality of care and/or service; and
- Will inform the provider of the appeal process.

Providers must immediately notify AHCCCS-OIG and ADHS/DBHS-OPI of any confirmed instances of an excluded provider, employee or subcontractor that is or appears to be in a prohibited relationship with Mercy Maricopa or its sub-contractors.

**3.20.5-C. Temporary/Provisional Credentialing Process**

Mercy Maricopa shall have 14 calendar days from receipt of a complete application to render a decision regarding temporary or provisional credentialing. Once provisional/temporary credentialing is approved, provider information must be entered into Mercy Maricopa’s information system to allow payment to the provider effective the date the provisional credentialing is approved.

Providers working in a Federally Qualified Health Center (FQHC) and FQHC Look-alike Center, as well as hospital employed physicians (when appropriate), must be credentialed using the
temporary or provisional credentialing process even if the provider does not specifically request their application be processed as temporary or provisional.

3.20.5-D. Credentialing requirements for individuals who are not licensed or certified
Individuals who are not licensed or certified must be included in the credentialing process and profiled as outlined in A.A.C. R9-20-204.

3.20.5-E. Additional credentialing standards for hospitals and behavioral health facilities
Hospitals and behavioral health facilities licensed by DLS, outpatient clinics and ADHS/DBHS Title XIX certified Community Service Agencies) must ensure the following:
  ▪ The provider is licensed/certified to operate in Arizona as applicable and is in compliance with any other applicable state or federal requirements; and
  ▪ The provider is reviewed and approved by an appropriate accrediting body, or if not accredited, Centers for Medicare and Medicaid Services (CMS) certification, ADHS/DBHS Title XIX certification or state licensure review may substitute for accreditation. In this case, the provider must provide a copy of the report to the contracted Mercy Maricopa that verifies that a review was conducted and compliance was achieved.

Initial Assessment of Organizational Providers
As a prerequisite to contracting with the provider, Mercy Maricopa must ensure that the organizational provider has established policies and procedures that meet AHCCCS requirements. The requirements described in this section must be met for all providers included in Mercy Maricopa network (including, but not limited to, hospitals, home health agencies, attendant care agencies, group homes, nursing facilities, behavioral health facilities, dialysis center, transportation companies, dental and medical schools, and free standing surgi-centers; see AHCCCS Medical Policy Manual, Chapter 950).

Prior to contracting with the provider, Mercy Maricopa must:
  ▪ Confirm that the provider has met all the state and federal licensing and regulatory requirements (a copy of the license or letter from the regulatory agency will meet this requirement);
  ▪ Confirm that the provider is reviewed and approved by an appropriate accrediting body as specified by the Centers for Medicare and Medicaid Services (CMS) (a copy of the accreditation report or letter from the accrediting body will meet this requirement). Mercy Maricopa must state in policy which accrediting bodies it accepts;
  ▪ Conduct an onsite quality assessment if the provider is not accredited. Mercy Maricopa must develop a process and utilize assessment criteria for each type of unaccredited organizational provider for which it contracts which must include, but is not limited to, confirmation that the organizational provider has the following:
    o A process for ensuring that they credential their practitioners;
    o Liability insurance;
o Business license; or
o CMS certification or state licensure review/audit may be substituted for the required site visit. In this circumstance, Mercy Maricopa must obtain the review/audit documentation from CMS or the state licensing agency and verify that the review/audit was conducted and that the provider meets Mercy Maricopa’s standards. A letter from CMS that states the organizational provider was reviewed/audited and passed inspection is sufficient documentation when Mercy Maricopa has documented that they have reviewed and approved the CMS criteria and they meet Mercy Maricopa’s standards.

o Review and approve the provider through Mercy Maricopa’s credentialing committee.

Re-credentialing of Organizational Providers
Mercy Maricopa must reassess organizational providers at least every three years. The reassessment must include the following components and all information utilized by Mercy Maricopa must be current:

- Confirmation that the organizational providers remain in good standing with State and Federal bodies, and, if applicable, are reviewed and approved by an accrediting body. To meet this component, Mercy Maricopa must validate that the organizational provider meets the conditions listed below:
  - Federal requirements as applicable; and
  - Is licensed to operate in the State, and is in compliance with any other State requirements. If an organization provider is not accredited or surveyed or licensed by the State, an on-site review must be conducted, including minimally the components described above in subsection 3.20.7-F, 2nd bullet;
- Assess data available to Mercy Maricopa including:
  - The most current review conducted by the ADHS Division of Licensing and/or summary of findings (please include date of review);
  - Record of on-site inspection of non-licensed organizational providers to ensure compliance with service specifications.
- Evaluate organizational provider specific information including, but not limited to, the following:
  - Member concerns which include grievances (complaints);
  - Utilization management information (if applicable);
  - Performance improvement and monitoring (if applicable);
  - Results of medical records review audits (if applicable);
  - Quality of care issues and, if an adverse action is taken with a provider due to a quality of care concern, Mercy Maricopa must report the adverse action to the ADHS/DBHS Clinical Quality Management Unit; and
  - Onsite assessment.
  - Review and approval by Mercy Maricopa’s credentialing committee with formal documentation that includes any discussion, review of thresholds, and complaints or grievances.
Notice of Requirements (Limited to Providers)
Mercy Maricopa must have procedures for reporting (in writing) to appropriate authorities (ADHS/DBHS, AHCCCS, the provider’s regulatory board or agency, OAG, etc.) any known serious issues and/or quality deficiencies. If the issue/quality deficiency results in a provider’s suspension or termination from Mercy Maricopa’s network, it must be reported. If the issue is determined to have criminal implications, a law enforcement agency must also be notified.

- Mercy Maricopa must maintain documentation of implementation of the procedure, as appropriate;
- Mercy Maricopa must have an appeal process for instances in which Mercy Maricopa chooses to alter the provider’s contract based on issues of quality of care and/or service; and
- Mercy Maricopa must inform the provider of the appeal process.

3.20.6 References
The following citations can serve as additional resources for this content area:
42 CFR 438.214
42 CFR 438.12(a)(1)
A.R.S. Title 32, Chapter 33
A.R.S. § 36-551
4 A.A.C. 6
A.A.C. R9-20-101
A.A.C. R9-20-204
AHCCCS/ADHS Contract
ADHS/RBHA Contract
ADHS/TRBHA IGAs
AHCCCS Medical Policy Manual, Chapter 950
ADHS/DBHS Covered Behavioral Health Services Guide