

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 1 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

Table of Contents

PURPOSE	2
CR1 A1. TYPES OF PRACTITIONERS CREDENTIALLED AND RE-CREDENTIALLED BY BHI	2
CR1 A2. CRITERIA FOR CREDENTIALING AND RE-CREDENTIALING	2
CR1 A3. CREDENTIALING PROCESS	4
CR1 A4. PROCESS FOR MANAGING CREDENTIALING FILES.....	5
CR1 A5. MEDICAL DIRECTOR PARTICIPATION	6
CR1 A6. PROCEDURES TO MAINTAIN CONFIDENTIALITY	6
CR1 B. PRACTITIONERS RIGHTS.....	7
CR2. RISK AND RESOURCE (CREDENTIALING) COMMITTEE.....	7
CR3. INITIAL CREDENTIALING VERIFICATION	7
CR4. APPLICATION AND ATTESTATION.....	8
CR4 A & B. PRIMARY SOURCE VERIFICATION	8
CR5. INITIAL SANCTION INFORMATION	11
CR6. INITIAL CREDENTIALING SITE VISIT.....	12
CR7. RE-CREDENTIALING VERIFICATION	13
CR8. PROCEDURES FOR CHANGE IN PRACTITIONER STATUS.....	13
CR9. ORGANIZATION PROVIDER (FACILITY) CREDENTIALING	15
CR10. DELEGATION OF CREDENTIALING.....	21
ATTACHMENTS.....	23

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 2 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

Purpose:

To direct the credentialing and recredentialing of behavioral health professionals with whom it contracts or employs, and who render services or authorize services to members, and who fall within the Contractor's scope of authority and action.

CR1 A1. Types of Practitioners Credentialed and Re-credentialed by BHI

BHI's provider network generally consists of, but is not limited to, Doctors of Medicine (MDs), Doctors of Osteopathic Medicine (DOs), PhD, PsyD, LPsy, LCSW, LPC, LMFT, RN NP or CNS or RXN and other licensed independent practitioners with whom it contracts or employs, and who render services or authorize services to members, and who fall within the Contractor's scope of authority and action.

BHI will assess organizational providers with which it intends to contract. These providers include hospitals, residential care facilities, Community Mental Health Centers, outpatient provider groups, and child placement agencies. Please see Facility Credentialing Below.

CR1 A2. Criteria for Credentialing and Recredentialing

BHI will utilize this criterion to outline the minimum requirements to be met by an applying network practitioner.

Psychiatrists

- Must be a Doctor of Medicine (MD) or Doctor of Osteopathy (DO)
- Must be board certified or eligible, as defined by the American Board of Psychiatry and Neurology
- Must be licensed by the state of Colorado
- Must possess current DEA certificate
- Must possess current State Controlled Substance Registration certificate
- Must complete a training program approved by the American Council of Graduate Medical Education (ACGME) or Osteopathic approved training program in psychiatry
- Must possess an Education Council for Foreign Medical Graduates (ECFMG) certificate, if graduate of foreign medical school

Psychologists

- Must be licensed independently as a clinical psychologist at the highest level in the state of Colorado
- Must possess a Doctoral Degree in Psychology (PhD, EdD, PsyD) from an accredited college or university

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 3 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

Social Workers

- Must possess a Master's Degree in Social Work from a graduate school of social work accredited by the Council on Social Work Education
- Must be licensed by the state of Colorado or certified to practice at the highest level of independent practice in the state of Colorado

Psychiatric Nurses/Clinical Specialists (APN/NP/CS/CNS/RXN)

- Must possess a Master's degree in psychiatric nursing from an accredited college or university
- Must be licensed by the state of Colorado to practice at the highest level of independent practice in the state of Colorado
- If RXN, must be licensed by the state of Colorado with prescriptive authority privileges

Other Clinicians (Licensed Marriage and Family Therapist, Licensed Professional Counselors)

- Must possess a Master's degree in field of practice from an accredited college or university
- Must be licensed by the state of Colorado or certified at the highest level of independent practice in the state of Colorado

Clinical Experience

All eligible practitioners must have a minimum of three (3) years post licensure experience in a mental health/substance abuse setting providing direct patient care or otherwise approved by the Credentialing Committee.

Professional Liability Coverage

- Psychiatrists: \$1,000,000 per individual episode; \$3,000,000 aggregate
- All other clinicians: \$1,000,000 per individual episode; \$3,000,000 aggregate

General Office Liability

Comprehensive general or Umbrella Liability: \$1,000,000 per individual episode; \$1,000,000 aggregate

Availability

All practitioners must be accessible 24 hours a day, seven days a week or make appropriate arrangements for client care. In addition, each practitioner must agree to make every effort to be available for appointments as follows:

- Emergency evaluation/face to face within 1 hour
- Urgent needs met within 48 hours

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 4 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

- Routine evaluations within seven (7) days

Non-Discrimination

BHI does not make credentialing and recredentialing decisions based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation, type of practice, or types of patients the practitioner may specialize in treating. In addition, BHI and its Credentials Committee will not discriminate against practitioners who serve high-risk populations or who specialize in the treatment of costly conditions. BHI will not discriminate in terms of participation, reimbursement, or indemnification against any healthcare professional that is acting within the scope of his or her license or certification under state law, solely on the basis of the license or certification. All participating committee members sign an acknowledgement form stating they do not discriminate when making credentialing and recredentialing decisions. This does not prevent BHI from including practitioners in its network who may meet certain demographic, cultural, or special needs.

This discrimination prohibition does not preclude BHI from refusal to grant participation to healthcare professionals in excess of the number necessary to meet the needs of its members, the use of different reimbursement amounts for different specialties or for different practitioners in the same specialty or implementation of measures designed to maintain quality and control costs consistent with its responsibilities.

Providers excluded from participation

In conjunction with policies and procedures developed and administered by the Human Resources and Provider Relations Departments, all current and new employees and all subcontracted clinical providers are screened to determine whether they have been (1) convicted of a criminal offense related to health care; or (2) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation, as required by current federal and state laws. The latter is verified through the Office of Inspector General Exclusions Database at the HHS website monthly.

CR1 A3. Credentialing Process

BHI has delegated individual provider credentialing activities to Colorado Access through its Administrative Service Organization Agreement. BHI requires all practitioners to complete the Colorado Health Care Professional Credentials Application (Attachment A) to obtain and validate information attested to by the practitioner that allows thorough evaluation for participation or continued participation. Colorado Access utilizes the Counsel for Affordable Quality Healthcare (CAQH) to obtain applications as well as the traditional paper copies of applications for credentialing and recredentialing.

The practitioner credentialing and recredentialing processes begin with the completion of an application, signed and dated attestation and submission of requested documentation to either CAQH or Colorado Access. The applications include an attestation by the applicant regarding:

- Reasons for any inability to perform the essential functions of the position, with or without accommodation

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 5 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

- Lack of present illegal drug use
- History of loss of license and felony convictions
- History of loss or limitation of privileges or disciplinary activity
- Current malpractice insurance coverage that includes the dates and amount of the coverage
- Clinical privileges in good standing at the practitioner's primary admitting facility
- The correctness and completeness of the application

If the signed attestation exceeds 180 calendar days before the credentialing decision, the practitioner must attest only that the information in the application remains correct and complete and does not need to complete another application.

Ongoing Monitoring of Sanctions

Colorado Access conducts ongoing monitoring of practitioners contracted to participate in the BHI network that fall within the scope of credentialing activities. BHI will take appropriate action based on the findings. The ongoing monitoring activities conducted between recredentialing cycles will include monthly review of Medicare and Medicaid sanctions or exclusions and Colorado State licensing sanctions or limitations on licensure. Practitioner-specific member grievances and occurrences of adverse events will be reviewed and investigated by the Quality Improvement Department and presented at the next occurring Risk and Resource Committee meeting.

If a practitioner has been disciplined, Colorado Access will retrieve documentation from the applicable issuing agency and forward to BHI for a more detailed investigation. Failure by the practitioner to comply with the corrective action plan as set forth by BHI will be evidenced through ongoing monitoring activities as outlined in appropriate departmental policies including but not limited to the Grievance Procedure and Quality of Care Concern Policy.

Once verification of all the elements has been completed, the Credentialing Program Coordinator at Colorado Access reviews the file for completeness and timeliness of the elements as required by this policy and the file is forwarded to BHI to be presented at the Risk and Resource Committee for approval of credentialing.

The completed credentialing file is then reviewed against BHI Credentialing Criteria. If criteria are met, the application and report is presented to the BHI Risk and Resource Committee. Based on the decision from the Risk and Resource committee, the practitioner will receive an acceptance or denial letter within seven (7) days. The denial letter will include the appeal process.

See Attachment "BHI Credentialing Process Flow Chart"

CR1 A4. Process for Managing Credentialing Files

A current file is maintained through Colorado Access for each provider contracted with BHI. The information contained in the file includes but is not limited to the following:

- A current application and CV, which includes a five (5) year work history

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 6 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

- Current State Professional License to practice
- Current DEA license, as applicable
- Current Professional Liability Policy face sheet
- Hospital Staff Privileges, as applicable
- Evidence of professional medical education including ECFMG, as applicable
- Evidence of Board Certification, as applicable
- NPDB (National Practitioners Data Bank) query, which includes Medicare and Medicaid sanction activity, as applicable
- FSMB (Federation of State Medical Boards) query, as applicable
- Evidence of site review, as applicable
- Colorado Bureau of Investigation (CBI) Query
- Sanctions List

CR1 A5. Medical Director Participation

BHI's Medical Director is a member of the Risk and Resource Committee and as such participates in all credentialing decisions. Only the BHI Medical Director has the authority to determine if the file meets the BHI credentialing criteria and to sign off on it as complete, clean and approved by the Risk and Resource Committee. Only the BHI Medical Director has the authority to sign off on all credentialing decisions.

CR1 A6. Procedures to Maintain Confidentiality

Information obtained during the credentialing/recredentialing process and Risk and Resource Committee meeting minutes are treated as confidential. Colorado law protects quality issues addressed under peer review. All such records and findings are maintained in a separate quality file.

Annually, participants of the Risk and Resource Committee sign a confidentiality agreement that addresses the confidential nature of the information reviewed, subsequent decisions, and conflict of interest.

Confidential handling includes securing credentialing files and credentialing minutes in locked file cabinets. Access to the credentialing files is granted on a need to know basis under the direction of the credentialing staff. The software used to track credentialing is password protected and access granted only to the credentialing staff. Extraneous materials gathered or generated for Risk and Resource Committee meetings are disposed of in locked shred bins.

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 7 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

CR1 B. Practitioners Rights

- Practitioners maintain the right to review the information submitted in the support of their credentialing application.
- Practitioners will be notified of any information obtained during the organization's credentialing process that varies substantially from the information provided to the organization by the practitioner.
- The practitioner maintains the right to correct erroneous information.
- The information collected during the credentialing process will be kept confidential, except as otherwise required by the law.
- Practitioners maintain the right, upon request, to be informed of the status of their credentialing or recredentialing application.
- Practitioners have a right to receive notification of their rights under the credentialing program.

Notification to Providers of their Rights

Providers are notified of their rights in the credentialing application and through the Provider Manual which is located on the BHI website.

CR2. Risk and Resource (Credentialing) Committee

BHI utilizes a multidisciplinary Risk and Resource Committee appointed by the Provider Advisory Council (PAC) of BHI as the credentialing committee for BHI. Members of the Risk and Resource Committee will represent the following disciplines: Psychiatry, Psychology, Social Work, Nursing, and Professional Counseling. The Risk and Resource Committee meets at least bi-weekly, to review and discuss documentation delineating the result of primary source verifications and other pertinent information. The committee then approves or declines the provider's request, and the provider is advised of the result. The Risk and Resource Committee has the opportunity to review the credentials of all practitioners who do not meet the organization's established criteria. Applications are distributed to all practitioners requesting participation in the BHI network. The application is reviewed against BHI criteria for provider qualifications and network need.

Credentialing policies and procedures are reviewed annually to insure compliance with National Committee for Quality Assurance (NCQA) Standards.

Based on the decision from the Risk and Resource committee, the practitioner will receive an acceptance or denial letter within seven (7) days. The denial letter will include information regarding the appeal process.

CR3. Initial Credentialing Verification

Credentialing Process: (see credentialing flow chart)

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 8 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

CR4. Application and Attestation

Credentialing Applications

The initial credentialing application process begins upon notice to the credentialing staff from Provider Contracting after successful completion of required background checks and verifications which includes sanction, exclusion, prohibited affiliations, and Opt-Out Screening per Colorado Access Policies and Procedures.

Tracking Non-Receipt of Applications

CAQH is used to obtain a practitioner's credentialing or recredentialing application and supporting documentation. If a provider does not wish to utilize CAQH, an internal application request process of obtaining an application is used. Applications are tracked in the credentialing database and a series of follow-up requests are made if the completed application has not been received. If these attempts are unsuccessful, Provider Contracting is contacted to assist with follow-up. (See policy and procedure CR306 Credentialing and Recredentialing Application Notification and Follow-up Process)

Application Receipt

Upon receipt of the application, the credentialing database is updated with the receipt date of the application, and the application and supporting documentation are date stamped as received.

The application is reviewed for completeness. If documentation is missing or is expired in the CAQH website, the practitioner or credentialing contact is contacted and if necessary, the application is returned to the practitioner for completion.

If the application contains information that varies substantially from the information acquired during the credentialing process, the practitioner is given the opportunity to correct the information and/or explain the discrepancy.

CR4 A & B. Primary Source Verification

Criteria and verification time limits utilized to evaluate practitioners under the scope of this policy include the following. The information is verified from primary sources, unless otherwise indicated, and is no more than 180 days old at the time of the credentialing decision.

Verification can be obtained verbally, in writing, or electronically, as described below:

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 9 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

- Verbal verification is documented on a contact form and includes the information obtained, the name of the person from the primary source supplying the information, the date the information was received and the Colorado Access staff member's signature or initials.
- Written verification includes the date the information was queried by the source, the signature of the person at the primary source and/or a letterhead from the primary source supplying the information.
- Electronic verification (i.e., internet/on line) includes a hardcopy screen print that includes the source of the documentation, the date the information was generated, the date the information was verified, and the Colorado Access staff member's signature or initials.

The following elements are researched and/or documentation gathered in support of the credentialing and recredentialing application. Refer to Section VIII of this policy for information regarding valid time frames and whether the element is obtained at credentialing and/or recredentialing.

Licensure

Current valid license (or DORA registration for unlicensed doctoral and master's level behavioral health practitioners) and investigation of restrictions, limitations or sanctions.

The practitioner must have a valid license for a minimum of a master's level behavioral health practitioners to practice in the State of Colorado that is current on the date of the Credentials Committee review.

Verification of appropriate licensure for behavioral health practitioners is obtained via the Internet.

If through the verification process, a limitation, restriction or other board or registration sanction is identified, the appropriate licensing board or registration entity is contacted to provide the documentation of the action (Letter of Admonition, a Stipulation/Final Board Order, etc.).

Sanction activity, which may have occurred in other states, is obtained through a query of the National Practitioner Data Bank (NPDB). For all licensed behavioral health practitioners, sanction activity that may have occurred in other states is verified by contacting the applicable registration agencies of those states.

DEA (Drug Enforcement Agency) or CDS (Controlled Dangerous Substances)

Certificates are verified for practitioners who indicate they prescribe controlled substances (not applicable for PhDs, PsyDs, EdDs and master's level behavioral health practitioners).

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing	Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 10 of 23
	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

A copy or fax of the certificate from the practitioner, primary verification from the DEA website (www.deadiversion.usdoj.gov), verification from the American Medical Association (AMA) Physician profile, or documented visual inspection of the original certificate are all acceptable sources.

Education and Training

This verification is not necessary for MDs and DOs who, through primary source verification, are confirmed to be board certified. If the practitioner is not board certified, only the highest level of education/training is verified, i.e., residency, graduation from medical school. Verification of fellowship is not required or accepted as verification of education and training.

Verification of residency training or graduation from a medical school or graduate school is obtained through verification of licensure with the applicable State board (written confirmation of primary source verification from each of the applicable State licensing boards is obtained annually by the Provider Contracting Department). Other acceptable sources of verification may include either verbal or written verification from the institution awarding the degree (graduate school, medical school or residency program), verification received from the American Medical Association (AMA), or American Osteopathic Association (AOA) Master File (Physician Profile).

For international medical graduates licensed after 1986 that are not board certified or have not completed a residency in the United States, verification of foreign medical school graduation is obtained through written confirmation received from the Educational Commission for Foreign Medical Graduates (ECFMG).

Board Certification

Board certification is verified for MDs and DOs only if the practitioner has indicated they are board certified.

Board certification in each clinical specialty for which the practitioner is being credentialed is verified using an electronic source (Internet) that utilizes current information from the American Board of Medical Specialties (ABMS) or the American Medical Association (AMA) or American Osteopathic Association (AOA) Physician Master Files. In addition, the Credentialing Program Coordinator determines and notes if the practitioner is practicing in a specialty for which they are not board certified or not board certified for the specialty they have requested to be listed.

Work History

Work history is not primary source verified; however, the practitioner is required to either submit a curriculum vitae or resume, or document a minimum of the past five (5) years of work history, on the credentialing application. If the practitioner has less than five years of work history from the verification date of work history, it starts from the time of the initial licensure.

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 11 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

The Credentialing Program Coordinator clarifies either verbally or in writing with the practitioner of any gaps in work history that exceed six (6) months and document the file. The practitioner must clarify in writing any gap in work history that exceeds one (1) year. Behavioral health practitioners with work gaps that exceed one (1) year will be requested to provide documentation detailing how the practitioner maintained affiliation with the profession during the work gap.

Malpractice Insurance Coverage

BHI requires practitioners to carry minimum malpractice coverage amounts of \$1 million per incident and \$3 million aggregate.

Malpractice coverage is confirmed through the signed attestation on the application that includes the dates and amounts of the current malpractice insurance coverage or a copy of the insurance certificate that includes the practitioner's name, dates and amounts of coverage.

Practitioners who have coverage through the Self-Insurance Trust, the Federal Tort Claims Act (FTCA) or have governmental immunity are exempt from carrying the minimum amounts of malpractice insurance of \$1 million and \$3 million. The application need not contain the current amount of malpractice insurance coverage.

Colorado Bureau of Investigation

BHI requires a background investigation of all behavioral health practitioners under the scope of this policy, to identify the potential presence of a criminal record. When Colorado Access obtains a criminal history record through the Colorado Bureau of Investigation, the verification also includes a sex offender search. If an offender is a registered sex offender in Colorado, a "Registered Sex Offender" notation will show up on their criminal history.

The source for this information is the Colorado Bureau of Investigation (CBI), retrieved electronically from the CBI website. Colorado Access may perform the verification on behalf of the delegate and communicate the results of the query to the delegate. BHI network participation would be contingent upon successful completion of the query and a negative finding.

CR5. Initial Sanction Information

Malpractice History, Medicare/Medicaid Sanctions and Licensure Sanctions

All practitioners complete attestation questions on the credentialing and recredentialing application regarding their claims history. The practitioner is requested to supply additional information by way of a narrative to explain the circumstances surrounding any incident(s) identified and the Credentialing Program Coordinator retrieves any additional information as appropriate from the issuing entity that

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 12 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

indicates a corrective action for instances when disciplinary action is taken. This may include but not be limited to information from the licensing agency or the Colorado Physicians Education Program (CPEP).

- Verification of licensure sanctions:
 - For all physicians and other practitioners, National Practitioner Data Bank (NPDB), Federation of State Medical Boards (FSMB) or the appropriate state licensing agency.
- Verification of Medicare/Medicaid sanctions:
 - NPDB, FSMB, Office of Inspector General database, or the American Medical Association (AMA) Physician Master File for physicians.
- Verification of malpractice history:
 - NPDB or written confirmation of the past five (5) years of history of malpractice settlements from the practitioner's malpractice carrier.

CR6. Initial Credentialing Site Visit

BHI will conduct a site visit on individual providers at the time of initial credentialing and at the time of recredentialing.

If a current provider moves to a location, leaves a group practice or opens a new location within the BHI service area, the practitioner is required to notify BHI within thirty (30) days. BHI will conduct an office site visit within thirty (30) days of notification of the practitioner's move. If BHI receives a member complaint about a provider and/or their location, BHI will perform a site visit.

BHI Credentialing staff will contact the provider to schedule a site visit at a mutually agreeable time. BHI will not conduct unscheduled site visits.

The provider will be supplied with the site visit audit tool and an explanation of relevant BHI standards prior to the site visit.

The attached office site visit review form will be used in all site visits.

Providers are required to meet eighty percent (80%) compliance against the following site visit standards:

- Physical accessibility
- Physical appearance
- Adequacy of waiting – and examining –room space
- Availability of appointments
- Adequacy of treatment record keeping

The provider or office representative will receive a copy of the site visit review form at the conclusion of the site visit.

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 13 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

If the provider does not meet the eighty percent (80%) standard, a follow-up site visit will be conducted within ninety (90) days. The provider may be suspended from the network if the office does not meet BHI's standards after the second audit.

CR7. Recredentialing Verification

Recredentialing will take place every three years. Recredentialing applications are obtained Colorado Access from CAQH for currently contracted and previously credentialed practitioners. A request is generated approximately ninety (90) calendar days prior to the recredentialing due date.

The recredentialing process is identical to the credentialing process except:

- Primary source verification does not re-collect educational verification; and
- Provider utilization data, and any complaints and quality information is presented for consideration in the decision making process.

The provider information/file is summarized on the recredentialing checklist. The Authorization Coordinator at BHI prepares the recredentialing report on provider utilization and quality information for the Risk and Resource Committee review.

The application is reviewed by Risk and Resource Committee for recredentialing approval. The Committee reviews information from the NPDB, licensure board, Medicare/Medicaid sanctions report and performance data.

Based on the decision from the Risk and Resource committee, the practitioner will receive an acceptance or denial letter within seven (7) days. The denial letter will include information regarding the appeal process.

CR8. Procedures for Change In Practitioner Status

All decisions about altering the practitioner's relationship with BHI include, but are not limited to, issues of quality of care and service, information submitted by the practitioner, as well as objective evidence. Decisions are guided by mental health client care considerations.

- Causes for corrective action include but are not limited to:
 - o The clinical competence of the BHI practitioner.
 - o The care or treatment of a mental health client.
 - o Violation of ethical standards or the policies, rules or regulations of BHI.
 - o Behavior or conduct that is considered lower than the standards of safe and prudent practice.
 - o Failure to achieve satisfactory utilization, cost and quality review results.
 - o Non-compliance with terms and agreements set forth in the contract or corporate compliance guidelines.

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 14 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

- Failure to comply with the provider policies and procedure manual.
 - Failure to submit recredentialing materials within requested timeframes.
 - Failure to comply with quality improvement activities.
- Corrective action may include:
- Suspension of all or any part of participation privileges/provider agreement. If suspension is placed into effect, the investigation will be completed within thirty (30) days of the suspension.
 - Issuance of a written warning.
 - Issuance of a letter of reprimand.
 - Imposition of terms of probation.
 - Imposition of a requirement of consultation.
 - Termination of provider agreement.

If action is less severe than reduction of privileges or suspension or termination, the action will take effect immediately.

Immediate termination will be invoked for loss of any state license, indictment or conviction of a felony or any criminal charge related to his/her practice; loss of staff privileges at a participating hospital; failure to take such action that would result in the imminent danger to the health and/or safety of any individual; and, where reasonable circumstances are deemed appropriate by BHI.

Any behavior deemed inappropriate and/or detrimental to a BHI participant is cause for immediate review by the Medical Director. The review may result in a recommendation to the Risk and Resource Committee regarding corrective action.

Corrective action that may be undertaken without the Risk and Resource Committees recommendation includes:

- Temporary suspension which may be initiated only upon agreement between the Medical Director and Chief Executive Officer
- Probationary status which may be initiated by the Medical Director and Chief Executive Officer.

Notification to Practitioner

The practitioner will be notified in writing within seven (7) days of the action taken.

Appeal Process

The practitioner will be notified of the right to appeal the decision to the Director of Provider Relations within seven (7) days of receipt of the decision.

Corrective actions and credentialing decisions, which will be reviewed by the Risk and Resource Committee and/or the Provider Advisory Council, with a recommendation for approval or disapproval include:

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 15 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

- Termination - the practitioner will be notified in writing of BHI's decision to terminate within seven (7) days of the decision. The BHI Provider Termination Letter Template advises the provider to contact the Director of Provider Relations in writing within thirty (30) days of notification to initiate an appeal. Appropriate tracking systems will be updated to reflect the decision.
- The practitioner has the right to appeal the decision to the committee within thirty (30) days of the decision.
- Not more than one appellate review will be considered.

The Provider will be given the opportunity to present evidence in person or by phone to the BHI Provider Advisory Council. The Provider Advisory Council will make the final decision. BHI will notify the appropriate authorities for behaviors violating the law or ethical standards or practice.

Reporting Requirements to External Authorities

All physicians and licensed clinicians are subject to reporting of adverse actions to the appropriate State Licensing Board, Healthcare Policy and Finance and the National Practitioner Data Bank.

CR9. Organization Provider (Facility) Credentialing

“Facility” in this policy indicates Community Mental Health Centers, Child Placement Agencies, Group Practices, hospitals, Home Health Organizations, and Nursing Homes, Residential Facilities, and Rehabilitation Facilities.

The applicant must complete the BHI Organizational Provider Credentialing application. The application must contain the original signature of the Chief Operating Officer, Administrator or other appropriate designated health care facility representative. The signature of the facility representative serves as an attestation of the credentials, operational, financial, and quality performance information summarized on and included with the application. The signature also serves as a release to verify credentials externally.

Procedure

Participation request or network need is determined. The Credentialing Coordinator sends the BHI Organizational Application by mail or email to the facility. The Facility provider applicants will submit, with their completed applications:

- Copy of all current facility licenses including, but not limited to:
 - Mental Health Day Program (including day treatment and partial hospitalization)
 - Outpatient Mental Health Services
 - Mental Health Residential Treatment Facilities
 - Mental Health Crisis Stabilization Units
 - Psychosocial Rehabilitation

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 16 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

- Mental Health Case Management
- Mental Health Hospital Facilities
- All general surgical hospitals operating a unit or program to provide mental health services.
- Current accreditation by an acceptable accreditation body including but not limited to JCAHO, CARF, CHAP, or COA. Completed site review reports from CMS, DMH, or ADAD as well as any other requested documentation to ensure the organization complies with BHI standards. If a site visit has not been conducted by the above listed, BHI will conduct its own site visit and include a copy of the organization's credentialing or Human Resources policies for screening and verification of staff training.
- Copy of last HCFA, Health Facilities Division survey report (Hospitals only).
- Copy of Mental Health Services Designation Certificate.
- Status of certification for Medicaid and Medicare participation and numbers if participating.
- State and federal regulatory status - In good standing. A screen print displaying the query results from the Office of Inspector General (OIG) Federal Program Exclusions Database (Medicaid and Medicare status). www.oig.hhs.gov
- Copy of declaration page proving current Professional and General liability coverage demonstrating the following BHI requirements:

	<u>Facility</u>	<u>Malpractice</u>	<u>General Liability</u>
Facility	\$3,000,000	\$3,000,000	per occurrence
Hospital	\$5,000,000	\$5,000,000	in aggregate
- Malpractice history from the insurance carrier covering the last five (5) years.
- Attestation/Release signed by a Director.
- Attestation that their organization conducts background investigations on all employees, interns, volunteers and contract agents having contact with members, consisting of at least the following, prior to hire:
 - A name search through the Colorado Bureau of Investigation;
 - A reference from the licensing board for licensed persons;
 - A check of the Central Registry of Child Abuse for persons having unsupervised contact with members under age 18; and
 - A check of references of former employees for clinical staff.

Accreditation or Site Visit by CMS, DMH, ADAD or BHI

The following accreditation organizations are recognized and accepted by BHI:

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 17 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

- Joint Commission of Accreditation of Healthcare Organizations JCAHO
- The Rehabilitation Accreditation Commission CARF
- Council on Accreditation of Services for Families and Children, Inc. COA
- Community Health Accreditation Program CHAP

Non-accredited organizational provider(s) are subject to an on-site assessment by BHI to confirm that they meet BHI quality standards. BHI will review policies and procedures related to the credentialing of direct care providers and supervisory practices, leadership interactions, evidence of criminal background checks and Child Abuse Registry checks, and licensure verifications via the Colorado Department of Regulatory Affairs if applicable.

As detailed in the table below, BHI will utilize the CMS site survey conducted by the Colorado Department of Public Health and Environment (CDHPE), the DMH site review conducted on behalf of the Department of Human Services (DHS) or the Alcohol and Drug Abuse Division (ADAD) Site Inspection in lieu of conducting a site visit. In these instances, BHI will require a copy of the reports from the state agency to verify that the assessment complies with BHI standards and to ensure that the organizations credentialing and personnel policies and procedures were reviewed. If the organizational provider has not undergone a site visit by one of the above, or the documentation does not support BHI standards, BHI will perform a site visit.

Following are the organizational providers and their associated accrediting bodies or in lieu of accreditation, the applicable CMS, DMH or ADAD site review. The organizational provider must provide evidence of one of the following or have a site visit performed by BHI to be considered for participation or ongoing participation.

Organizational Provider Type	Accrediting Body or CMS, DMH or ADA Site Review
Hospital	<ul style="list-style-type: none"> ○ JCAHO (general, psychiatric, children's and rehabilitation) ○ CARF ○ CMS Site Review ○ DMH Survey of psychiatric hospitals
Community Mental Health Center/Clinic	<ul style="list-style-type: none"> ○ JCAHO ○ COA ○ CARF ○ CMS Site Review ○ DMH Site Review
Psychiatric Residential Treatment Facility	<ul style="list-style-type: none"> ○ JCAHO ○ COA ○ CARF

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 18 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

	<ul style="list-style-type: none"> ○ DMH Site Review
Therapeutic Residential Child Care Facility	<ul style="list-style-type: none"> ○ JCAHO ○ COA ○ CARF ○ DMH Site Review
Alcohol & Drug Treatment Center	<ul style="list-style-type: none"> ○ JCAHO ○ COA ○ CARF ○ ADAD Site Inspection ○ DMH Site Review

The Credentialing Coordinator reviews all information and when the application is complete, presents the credentials to the Risk and Resource Committee. The Risk and Resource Committee does the following:

- Reviews documents.
- Makes determination regarding participation.
- Chairperson documents determination in committee minutes.

Organizational Provider Notification

BHI supplies the facility with the written decision by the committee to accept or deny participation within seven (7) days. A denial letter will include information regarding the appeal process.

Organizational Provider Quality Site Visit Standards

If the organizational provider is not accredited by an entity recognized by BHI or not subject to site reviews conducted by CMS, DMH or ADAD, BHI will perform a site visit. If the organizational provider is not accredited or is accredited by an entity not recognized by BHI, BHI will require:

- 1) a copy of the report or letter sent from CMS, DMH or ADAD that shows that the facility was reviewed, and,
- 2) findings of the review, and
- 3) the organization's credentialing or Human Resources policies for screening and verification of staff training,

If any of the above reports indicate corrective action plans were imposed within the last three (3) years, the Credentialing Coordinator will obtain the written documentation of corrective action plan implementation and results for review and approval by the Risk and Resource Committee.

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing	Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 19 of 23
	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

If BHI becomes aware of conditions at a site at any time that suggest compromised safety or other concerns related to the delivery of care, BHI may perform a site visit as soon as possible to assess the facility and identify corrective actions.

If the non-accredited organization has not had a site visit performed by one of the entities noted above, BHI will contact the organization and perform a site visit. The facility site visit will include, but is not limited to:

Availability

Review of appointment availability for emergency, routine and urgent appointments and the ability to assess the waiting time for an evaluation once the member arrives. Ensure compliance with the Americans with Disabilities Act.

Credentialing/Privileging

Review Policies and Procedures for credentialing or privileging, recredentialing/reappointment and primary source verification for staff licensing. Review 3 personnel files to verify credentialing documentation including staff education, training, licensure and experience. Ensure policies are in place to review Medicare/Medicaid or state regulated sanctions as well as disciplinary actions of staff members.

Clinical Operations

Review evaluation and reporting of Patient Satisfaction and Patient Complaints and Grievances. Review Clinical Standards of Care development and implementation procedures as well as clinical policy and procedure education to staff. Examine program specific criteria for admissions, continuing stay and discharge. Review staffing plan including number and types of disciplines employed and documentation of staff training and education. Review staffing ratio vs. facility's policies and procedures and jurisdictional statutes.

Safety

Ensure the organization has policies and procedures for emergency coverage, and use of seclusion and/or restraints. Proper training provided for staff in the use of seclusion and restraints. Does the facility provide a safe place for patients to be seen free from physical furnishings or equipment that could pose a safety hazard?

Appearance

Ensure that the offices are neat, clean and professional.

Treatment Record Practices and Record Keeping

Review the area where patient files are kept to ensure they are maintained in a locked and secure area. Examine member records to verify that they are kept in individual folders and identified appropriately, professional standards for documentation are met and current CCAR and

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 20 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

Encounter Data is included. Ensure record availability to other staff onsite as necessary. Review if treatment plans are completed within an appropriate time frame for level of care

Confidentiality

Review patient confidentiality standards with organization including keeping computer screens from being seen in open view, fax machines and mail that may hold patient identification information and verbal communication that is not audible to unauthorized personnel.

Medication Safety

Ensure all medications are stored in a safe location that is not accessible to patients and records of how medication samples are kept and distributed.

Organizational Provider Quality Site Visit Standards will be completed at the time of the office site visit and reviewed with the Office Manager or designee. The Office Manager or designee will sign the form, indicating that the results of the review were shared with the facility. A copy of the signed evaluation form will be given to the Office Manager or designee.

Acceptable performance is a score of eighty percent (80%) or higher and the practitioner is in compliance with the secured treatment records section of the site visit evaluation form.

If BHI becomes aware of conditions at a site that suggest compromised safety or other concerns related to the delivery of care, BHI may perform a site visit as soon as possible to assess the facility and identify corrective actions.

Follow-up will be as follows:

If the score for the site visit is less than eighty percent (80%) or if the practitioner is not in compliance with secured treatment records, a corrective action plan will be developed and shared with the Office Manager or designee.

- A return office site visit will be scheduled at least every six (6) months until the performance standard(s) is met. Progress reports will be submitted to the appropriate Risk and Resource Committee for review and recommendations, as necessary.
- Copies of the completed site visit evaluation, corrective action plan, and follow-up site visits, as applicable, will be incorporated into the facility's file for consideration by the Risk and Resource Committee at the time of the credentialing or recredentialing decision.

Organization Provider (Facility) Recredentialing

Recredentialing will take place every three years. The recredentialing process will begin at least ninety (90) days prior to the date at which initial credentialing or recredentialing will expire.

Follow procedures for Organizational Provider Credentialing.

All requirements and documents listed for Organization Credentialing will be current at the time of credentialing and recredentialing.

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 21 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

Organizational Monitoring

It is the expectation of BHI that all contracted organizations providing specialty support services to clients will:

- Remain in good standing with all regulatory bodies and report to BHI any issues as they arise;
- Maintain current insurance and licensure as required by the contract and provide evidence of the same to BHI;
- Respond promptly and effectively to any quality of care concern findings, grievances or other complaints, or service delivery concerns;
- Participate as appropriate in ongoing administrative and clinical/service delivery monitoring and continuous quality improvement efforts;
- Address any deficiencies found during monitoring activities in a timely manner by submitting a plan of correction within the timeframe required by BHI; and
- Maintain active accreditation by JCAHO, CARF, CHAP, or COA.
- In instances in which the organization is not accredited, they must maintain passing performance on the BHI Organizational Provider Quality Site Visit.

CR10. Delegation of Credentialing

Delegated Activities

BHI has delegated the following activities to [Colorado Access](#):

- Application mail out;
- Application follow up;
- Application review for completeness; and
- Application review for signature and attestation date.
- Verification of licensure in the state where the provider has an office. The practitioner holds a valid, current license to practice which is verified directly from the state licensing agency to include sanction information where available.
- Obtain copy of DEA and when appropriate a CDS certificate for practitioners and facilities that can prescribe or dispense controlled substances. The 180 day limit does not apply, however, the practitioner's certificate must be effective at the time of the credentialing decision or verified from the NTIS as current.
- Verification of education when not board certified. The 180 day time limit does not apply to verification of education and training, but must be verified in accordance with NCQA and URAC standards.
- Verification of board certification for practitioner's from the state they are board certified.

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 22 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

- Document a minimum of five (5) years work history. This can be collected on the application or curriculum vitae with dates which include the month and year. The Delegated Agency will identify any gaps in work history of six (6) months or greater. Verification of work history is not required from primary sources.
- Verification of malpractice claims history. Can be completed by collecting five (5) years of history of malpractice settlements from the National Practitioner's Data Bank (NPDB) or the insurance carrier when available.
- Verification of Medicare and Medicaid sanctions. Need to verify the status of the practitioner in regard to Medicare and Medicaid sanctions which can be done by completing a query of the NPDB.

Delegation Oversight

BHI has a Delegation Agreement with Colorado Access that includes the following:

- Is mutually agreed upon
- Describes the responsibilities of the organization and the delegated entity
- Describes the delegated activities
- Requires at least semiannual reporting to the organization
- Describes the process by which the organization evaluates the delegated entity's performance
- Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.

Colorado Access is not NCQA accredited but their processes and procedures are consistent with NCQA guidelines.

Expedited Credentialing

See BHI's Single Case Agreement Policy

Review of Respite Providers

The purpose of Respite Care at BHI is to provide a safe haven for children who are at risk for out of home placement or hospitalization. Respite workers do not; therefore provide a "mental health" service. BHI does, however, conduct a thorough background check including Child Abuse Registry, Colorado Bureau of Investigation, references, and work history. Any clinical issues that arise during a respite episode are handled by the child's primary therapist or mental health emergency services.

Notification to the Department of Health Care Policy and Financing

BHI will notify the Department, in writing, of its decision to terminate any existing provider agreement where such termination would cause the delivery of covered services to be inadequate in a given area. The written notice will be provided to the Department at least ninety (90) calendar days prior to termination

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Credentialing

Subject: CRED-403 Provider Credentialing & Recredentialing		Effective Date: 1/1/1998
Authorized by: Teresa Summers Director of Provider Relations	Page: 23 of 23	Review Date: 4/01/99, 4/01/00, 12/31/01, 11/03/03, 11/05/04, 6/22/05, 2/3/06, 9/11/06, 6/18/07, 12/31/07, 1/19/2010, 9/21/10, 1/28/11

of the provider unless the termination is based upon quality or performance issues. The notice will include a description of how BHI will replace the provision of Covered Services at issue.

The process for ensuring those listings in provider directories and other materials for members are consistent with credentialing data, including education, training certification and specialty.

Colorado Access on behalf of BHI verifies that the information pertaining to credentialed practitioners that is contained in member materials including provider directories is consistent with the information obtained during credentialing by conducting audits, at least annually. Examples of elements audited may include verification of the practitioner's name, education, training, certification, and specialty. Results of the audits are communicated to BHI and corrections are made immediately.

The BHI Provider directory is generated from the credentialing database for both individual and organizational providers. The Director of Provider Relations updates the database on an ongoing basis based on changes in the network secondary to credentialing activities and reviews the database quarterly to ensure accuracy and completeness.

Attachments

- BHI Credentialing Flow Sheet
- BHI Recredentialing Flow Sheet
- BHI Provider Application
- CVO Application
- BHI Organizational Provider (Facility) Credentialing Application
- BHI Organizational Provider Quality Site Visit Standards
- BHI Initial Site Visit
- Provider Termination Letter Template
- Application Discrepancy Letter