



## 02.06 - OPERATIONING POLICY & PROCEDURE

Subject: <b>Credentialing and Re-Credentialing - Organizational Providers</b>		Application: <b>All Departments &amp; Providers</b>
First Effective 4/12/08	Revised 2/22/16	Review 2/13/2023

### PURPOSE

To ensure that all customers served receive care from organizational providers who are properly credentialed, licensed and/or qualified. (Refer to policy 2.05 for credentialing of individual providers)

### POLICY

Pivotal will credential and re-credential behavioral health organizational providers with whom they contract and that fall within their scope of authority and action. Pivotal will not discriminate against any provider solely on the basis of licensure, registration or certification. Pivotal will not discriminate against health care professionals or organizations who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

### PROCEDURE

#### A. Credentialing of Licensed Behavioral Health Facilities

1. Before executing an initial contract and at least every 2 years thereafter, Pivotal require licensed behavioral health facilities (i.e., acute care psychiatric facilities, specialized residential homes, crisis residential providers, substance abuse residential and detoxification facilities, and substance abuse outpatient facilities) wishing to provide contracted services in the Pivotal network to submit a fully completed application, using the current approved Pivotal Organizational Credentialing Application. The application will contain:
  - a. A signed and dated statement from an authorized representative.
  - b. Documentation collected and verified for healthcare facilities will include (as applicable), but are not limited to, the following information:

Documentation Requirement	Clean File Criteria
Complete application with a signed and dated statement from an authorized representative of the facility attesting that the information submitted with	Complete application with no positively answered attestation questions.

the application is complete and accurate to the facilities' knowledge, and authorization of Pivotal to collect any information necessary to verify the information in the credentialing application.	
State licensure information. License status and any license violations or special investigations incurred during the past five years or during the current credentialing cycle will be included in credentialing packet for committee consideration.	No license violations and no special state investigations in time frame (in past five years for initial credentialing and past two years for re-credentialing)
Accreditation by a national accrediting body (if such accreditation has been obtained). Substance abuse treatment providers are required to be accredited. If an organization is not accredited, an on-site quality review will occur by Pivotal or SWMBH provider network staff prior to contracting.	Full accreditation status during the last accreditation review or no plan of correction for an on-site pre credentialing site review. CMHSAS-SJC recognizes the following accrediting bodies: CARF, Joint Commission, DNV Healthcare, NCO.A, CHAPS, COA, and AOA.
Verification that the provider has not been excluded from Medicare/Medicaid participation.	Is not on the OIG Sanctions/SAM list.
A copy of the facility's liability insurance policy declaration sheet.	Current insurance coverage meeting contractual expectations.
Any other information necessary to determine if the facility meets the network-based health benefits plan participation criteria that the network-based health benefits plan has established for that type of facility.	Information provided as requested by CMHSAS-SJC or CMH.
Quality information will be considered at re-credentialing.	Grievance and appeals and rights complaints are within the expected threshold given the provider size, MMBPIS and other performance indicators if applicable meet standard.

2. During initial credentialing and at re-credentialing, Pivotal will submit credentialing packets along with primary source verifications and other supporting documentation to its Credentialing Committee for a decision regarding the inclusion on the Pivotal Provider Network. Packets will be reviewed for completeness prior to committee meeting. If files meet clean file criteria in every category listed, the medical director or designee may sign off to approve the provider, in lieu of taking to Credentialing Committee.
3. During initial credentialing and at re-credentialing, Pivotal will ensure that organizational providers are notified of the credentialing decision in writing within 10 business days following a decision. In the event of an adverse

credentialing decision the organizational provider will be notified of the reason in writing and of their right to and process for appealing /disputing the decision in accordance with Pivotal policy 02.02.

**B. Temporary/Provisional Credentialing Process**

1. Temporary or provisional status can be granted one time to organizations until formal credentialing is completed.
2. Providers seeking temporary or provisional status must complete a signed application with attestation.
3. A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of application.
4. In order to render a temporary/provisional credentialing decision, verification will be conducted of:
  - a. Primary-source verification of a current, valid license.
  - b. Primary-source verification of the past five years of malpractice claims or settlements from the malpractice carrier, or the results of the National Practitioner Data Bank (NPDB) query.
  - c. Medicare/Medicaid sanctions
5. Each factor must be verified within 180 or 365 calendar days of the provisional credentialing decision, as appropriate. The organization shall follow the same process for presenting provisional credentialing files to the Credentialing Committee or medical director as it does for its regular credentialing process.
6. Temporary / Provisional credentialing status shall not exceed 60 days, after which time the credentialing process shall move forward according to this credentialing policy.

**C. Assessment of Other Behavioral Health Organizations (other than acute care psychiatric facilities, specialized residential homes, crisis residential providers, substance abuse residential and detoxification facilities, and substance abuse outpatient facilities)**

1. Before executing an initial contract, Pivotal will require other behavioral health organizations not listed in section A to provide:
  - a. State and federal license, if applicable
  - b. Current W-9
  - c. Verification of liability insurance coverage
  - d. Accreditation status, if applicable
2. If the provider is not accredited and will be providing services at their place of business, an on-site credentialing readiness review must occur prior to

contracting. Pivotal recognizes the following accrediting bodies: CARF, Joint Commission, DNV Healthcare, CHAPS, NCQA, COA, and ACA.

3. Pivotal will verify that the provider has not been excluded from Medicare participation (e.g., provider is not on the OIG Sanctions list/SAM List).
  4. Pivotal will verification that the provider has met all state and federal licensing and regulatory requirements, if applicable.
- D. Organizational providers may be held responsible for credentialing and re-credentialing their direct employed and subcontracted professional service providers per Pivotal SWMBH contractual requirements. They shall maintain written policies and procedures consistent with Pivotal, SWMBH and MDHHS credentialing policies and any other applicable requirements. Pivotal shall verify through on-site reviews and other means as necessary that the organizational provider's credentialing practices meet applicable policies and requirements.
- E. Pivotal shall notify MDHHS and the SWMBH within seven days of any significant change to the provider network composition that would affect adequate capacity and services.

## REFERENCES

- SWMBH Policy 2.3 (Credentialing Organizational Providers)
- MDHHS-PIHP Contract P.7.1.1
- BBA § 438.214