

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA)**

Section 3.20 **Credentialing and Recredentialing**

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3.20.1 Introduction

The credentialing and recredentialing processes are integral components of the ADHS/DBHS quality management program. The credentialing and recredentialing processes help to ensure that only qualified behavioral health clinicians who are capable of meeting the needs of the persons who are seeking and/or receiving behavioral health services participate in the ADHS/DBHS provider network.

Credentialing and recredentialing is an ongoing review process to assure the current competence of practitioners by validating the training and competence of individual practitioners in particular specialty areas. This level of review is intended to provide verification that the appropriate training, experience, qualifications, and ongoing competence has been demonstrated by individual practitioners for the services they provide.

The credentialing and recredentialing requirements differ depending on the type of provider. Physicians, nurse practitioners, physician assistants, psychologists and all other behavioral health professionals who are registered to bill independently or provide behavioral health services for which they are licensed to perform must be credentialed prior to providing services in the ADHS/DBHS behavioral health system.

The specific requirements associated with the credentialing and recredentialing processes for each type of provider are discussed below.

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3.20.2 References

The following citations can serve as additional resources for this content area:

[42 CFR 438.214](#)

[A.R.S. Title 32, Chapter 33](#)

[A.R.S. § 36-551](#)

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[4 A.A.C. 6](#)

[9 A.A.C. 20-101](#)

[9 A.A.C. 20-204](#)

[ADHS/RBHA Contract](#)

[ADHS/T/RBHA IGAs](#)

[Section 3.9, Intake, Assessment and Service Planning](#)

[Section 3.10, SMI Eligibility Determination](#)

[AHCCCS Medical Policy Manual, Chapter 900](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

3.20.3 Scope

To whom does this apply?

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

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3.20.4 Did you know...?

- If the T/RBHA delegates any of the credentialing/re-credentialing or selection of provider responsibilities, the T/RBHA must retain the right to approve, suspend, or terminate any providers selected and may revoke the delegated function if the delegated performance is inadequate.

3.20.5 Definitions

[Behavioral Health Professional](#)

[Behavioral Health Technician](#)

[Credentialing](#)

[Independent Licensed Practitioners](#)

[Primary Source Verification](#)

3.20.6 Objectives

The objectives of the credentialing and recredentialing processes are to:

- Maintain fair credentialing and recredentialing 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;
- Provide flexibility in the process (i.e., expedited credentialing) so that any gaps in service provider networks can be expeditiously addressed; and

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3.20.7 Procedures

3.20.7-A General process for credentialing

Responsible Entity. Each T/RBHA or its designee must establish credentialing and recredentialing processes that are in compliance with the standards set forth in this section.

CPSA promotes the safe and professional practice of behavioral health services.

- Physicians, nurse practitioners, physicians' assistants, and licensed clinical psychologists associated with a Network, SAMHC Inc. or Compass Behavioral Health (Network/Providers) will complete the application for primary source verification of credentials.
- CPSA initiates a credentialing and re-credentialing process for physicians, physicians' assistants, qualified nurse practitioners, and licensed clinical psychologists employed by, contracted with, or working independently through Network/Providers to provide behavioral health services for the CPSA network of care.
- CPSA contracts with a Credentialing Verification Organization (CVO) for primary source verification.
- CPSA designates a Quality Management Coordinator (QMC) as a single point of contact for oversight of the credentialing and re-credentialing process and management of the confidential credentialing files. Each Network/Provider must designate a Credentialing Liaison to coordinate the credentialing process and to work collaboratively with the CPSA QMC.
- CPSA designates a Contracts Representative as the single point of contact for notification to the QMC of newly employed or contracted professionals or changes to professional status within the CPSA service delivery system.
- CPSA Contracts Representative receives information from the Network/Providers of a newly hired/contracted professional requiring credentialing. The CPSA Contracts Representative notifies the QMC to initiate the credentialing process and forwards collected data elements regarding the professional. The data elements may include, but are not limited to, insurance coverage, licensure status, license number, DEA number (if applicable), AHCCCS ID and NPI numbers.
- Upon receipt of the identified information from the CPSA Contracts Representative, CPSA QMC initiates the credentialing process by submitting to the CVO the application completed by the professional requesting credentialing. Individual clinicians who meet the AHCCCS criteria to bill independently and are registered with AHCCCS must be credentialed prior to the delivery of behavioral health services.
- The credentialing and re-credentialing application must be accompanied by a current curriculum vitae, copy of professional license, certificate of malpractice insurance (specifically showing the professional's name as the insured), copy of DEA certificate, copy of highest degree completed, and other pertinent information as requested by the CVO.
- QMC monitors the CVO status of all credentialing and re-credentialing applications and forwards requests for additional information to the respective Network/Providers.

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- The CVO makes three attempts to gather the complete information from the professional. Upon completion of the primary source verification, the CVO forwards the credentialing file to the QMC.
- Upon successful completion of the application process from the CVO, the CPSA QMC sends a copy of the completed credentialing file to the representative Network/Providers for their internal files.
- Network/Providers send initial temporary (90 days) privileging statements to CPSA QMC. In the event the credentialing or re-credentialing application has not been completed by the CVO, a second (90-day statement) privileging statement must be sent. Temporary privileging does not exceed a total of 180 days.
- Each Network credentialing point of contact, upon receipt of the completed CVO file, forwards a privileging statement for a two-year period.
- If the information needed for the credentialing file is not made available by the professional within the CVO's time frame, the CPSA Credentialing Committee reviews the status of the application process, determines the appropriate action, and notifies the Network/Providers accordingly with a deadline for response.
- In the event the CPSA Credentialing Committee's deadline is not met, CPSA's Medical Director notifies the agency Medical Director, CEO, and billing department when a professional has not responded to credentialing requests, therefore leaving the credentialing process incomplete. Claims will not be adjudicated for the agency, prescriptions will not be filled, and repayment of monies already paid will be refunded.
- Newly employed or contracted professionals must be granted temporary credentials by CPSA prior to providing services. If not, they are strictly prohibited from providing services to members, and any and all encounters submitted by or for them will be denied.
- Professionals who do not meet CPSA criteria for initial or ongoing network clinical work, are notified in writing of their ineligible status, along with the reason for ineligibility by the CPSA Credentialing Committee Chair / CMO [i.e. area[s] of criteria not met, general liability concerns ,etc.]; and informed of their right to appeal by sending a copy of [CPSA PM Attachment 3.20.2, Credentialing/Re-credentialing Appeals Policy](#). Appeals must be submitted within 30 calendar days of the written notification date. Instructions for requesting such appeal are included in [CPSA PM Attachment 3.20.2](#).

LOCUM TENENS PROFESSIONALS:

- Network/Providers are responsible to notify the CPSA QMC point of contact when contracting with or hiring physicians under locum tenens status.
- Currently Arizona allows a locum tenens physician licensed in another state to apply for a temporary license for 180 days to contract with a single agency.
- Network/Providers must maintain a brief credentialing file for each locum tenens physician on site. The file includes a copy of the current license, a copy of the certificate of insurance provided by the locum tenens agency, a copy of their DEA certificate, CV, and verification of education, employment, and reference checks conducted by the locum tenens agency.

SPECIALTY PROVIDERS

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- Network/Providers Credentialing Liaisons notify the CPSA QMC when a specialty provider has been contracted to provide services in an ADHS designated specialty provider category, and begin the process of credentialing the respective specialty provider.
- For all licensed independent behavioral health professionals who are registered with AHCCCS and bill independently, CPSA requires an attestation that requirements have been met and the individual file is complete and current. Following the attestation, the completed file must be sent by the Network/Provider to CPSA QMC for credentialing.
- Network/Providers assist the specialty provider to complete a credentialing and privileging application, and to gather the required information needed for primary source verification: three professional references, employment history documenting the required provision of direct clinical service hours per specialty, education, licensure complaint history, copy of degree, copy of license, copy of certificate of malpractice insurance (specifically showing the named as the insured), and continued education units (CEU's) as specified by [CPSA PM Form 3.20.3, Assurance of the DBHS/TRBHA Methodology for Credentialing and Privileging Criteria for Specialty Clinicians/Provider](#).
- Credentialing applications must contain all elements of the standard credentialing application by asking questions addressing the following issues:
 - Reasons for any inability to perform essential functions of the position, with or without accommodations;
 - Lack of present illegal drug use;
 - History of loss of license and/or felony convictions;
 - History of loss or limitation of privileges or disciplinary action;
 - Current malpractice insurance coverage; and
 - Attestation by the applicant of the correctness and completeness of the application.
- Network/Providers Credentialing Liaisons ensure the CPSA QMC receives a copy of the *temporary privileging statement* prior to completion of the credentialing process. Once the credentialing process has been completed, the Network/Provider Credentialing Liaison then forwards a two-year privileging statement to the CPSA QMC.
- The CPSA Contracts Representative ensures the CPSA QMC receives copies of licenses, malpractice insurance, and DEA Certificates, when appropriate.
- The CPSA QMC reviews the certifications/trainings required to fulfill specialty provider status to determine compliance and maintains a file with the evidence of certification.

Accreditation by nationally recognized accreditation organization.

Accreditation by a nationally recognized accreditation organization will meet ADHS/DBHS credentialing and recredentialing standards. T/RBHAs must ensure, to the extent possible, that providers are not subjected to duplicative credentialing processes.

Fairness of Process.

The T/RBHAs or their designee shall maintain fair credentialing and recredentialing processes which:

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- Do 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;
- Afford the provider the right to review information gathered related to his/her credentialing application and to correct erroneous information submitted by another party. The organization is not required to reveal the source of information if the information is not obtained to meet organization credentialing verification requirements or if disclosure is prohibited by law;
- Notify the provider when the information obtained through the primary source verification process varies substantially from what the provider provided;
- Ensures credentialing/recredentialing information is kept confidential; and
- States that practitioners have a right to be informed of the status of their application upon request, and must describe the process for responding to such request, including information that the organization may share with practitioners with the exception that this does not require the organization to allow a practitioner to review references, recommendations, or other peer-review protected information.

Provider File.

The T/RBHAs must maintain an individual credentialing/recredentialing file for each credentialed provider. Each file must include;

- The initial credentialing and all subsequent recredentialing applications;
- Information gained through credentialing and recredentialing queries; and
- Any other pertinent information used in determining whether or not the provider meets the T/RBHA's credentialing and recredentialing standards.

Notification Requirement.

The T/RBHAs must have procedures for reporting to appropriate authorities (AHCCCS, the provider's regulatory board or agency, Adult Protective Services, Child Protective Services, Office of the Attorney General, etc.) any serious quality deficiencies that could result in a provider's suspension or termination from the T/RBHA's network. If the issue is determined to have criminal implications, a law enforcement agency should also be notified. The T/RBHA must:

- Maintain documentation of implementation of the procedure, as appropriate;
- Have an appeal process for instances in which the T/RBHA chooses to alter the provider's contract based on issues of quality of care and/or service; and
- Must inform the provider of the appeal process.

Additional Standards.

Other standards related to the credentialing process include the following:

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- The credentialing process must be in compliance with federal requirements that prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid;
- Mechanisms must be put in place to ensure that the credentialed providers renew licenses or certifications required by the appropriate licensing/certifying entity and continuously practice under a current and valid license/certification; and
- Behavioral health care providers who are part of the T/RBHA network are subject to an initial site visit as part of the initial credentialing process.

3.20.7-B Temporary Credentialing Process

If an expedited or temporary credentialing process is utilized; the following minimum requirements must be met:

- A provider must complete a signed application that must include the following items:
 - Reasons for any inability to perform essential functions of the position, with or without accommodation;
 - Lack of present illegal drug use;
 - History of loss of license and/or felony convictions;
 - History of loss or limitation of privileges or disciplinary action;
 - Current malpractice insurance coverage; and
 - Attestation by the applicant of the correctness and completeness of the application.

In addition, the applicant must furnish the following information:

- Minimum five year work history or total work history if less than five years; and
- Current Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) certificate, as applicable.

The T/RBHA must conduct primary source verification of the following:

- Licensure or certification; and
- National Practitioner Data Bank (NPDB) query; or
- In lieu of NPDB query, all of the following:
 - Minimum five year history of professional liability claims resulting in a judgment or settlement;
 - Disciplinary status with regulatory board or agency; and
 - Medicare/Medicaid sanctions.

The T/RBHA must ensure compliance with all applicable credentialing requirements within six months following the granting of temporary credentials. If the provider has not been credentialed during this six month time period, then the T/RBHA may issue a second temporary credential. All credentialing must be completed by the end of the second six-month period.

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- Behavioral Health Medical Professional Practitioners as well as Licensed Independent Psychologists, must complete and return a signed Initial / Re-Credentialing Application to CPSA – QM, along with necessary and supporting documentation for processing. Supporting documentation includes at minimum proof of malpractice insurance, DEA certificate if applicable, Arizona license to practice, current curriculum vitae / resume. The professional may be contacted by CPSA to obtain additional information if not all information is provided.
- Once administrative verifications are completed, the temporary credentials file is submitted to CPSA QM, and forwarded to CPSA CMO for credentialing verification process to be initiated with the CVO. In the event adverse information is present additional requests may be made of the individual professional/ network. The temporary credentialing decision process [including primary source verification by NPDB and licensure checks] takes approximately 5- 8 business days after receipt of a complete application. This process may take longer if adverse information is found, or applications are in complete.

3.20.7-C Credentialing requirements

The following behavioral health professionals are subject to credentialing and recredentialing:

- Physicians (MD and DO)
- Licensed Psychologists
- Nurse Practitioners
- Physician Assistants
- Licensed Clinical Social Workers (only required if they will be billing independently)
- Licensed Professional Counselor (only required if they will be billing independently)
- Licensed Marriage and Family Therapists (only required if they will be billing independently)
- Licensed Independent Substance Abuse Counselor (only required if they will be billing independently)

The initial credentialing process for these providers must include the following components:

A written application, to be completed, signed and dated by the potential providers, that attests to the following elements:

- Reasons for any inability to perform essential functions of the position, with or without accommodation;
 - Lack of present illegal drug use;
 - If applicable, history of loss of license and/or felony convictions;
 - If applicable, history of loss or limitation of privileges or disciplinary action;
 - Current malpractice insurance coverage; and
 - Correctness and completeness of the application.

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- In addition, the applicant must furnish the following:
 - Minimum five year work history or total work history if less than five years; and
 - Drug Enforcement Administration (DEA) or Chemical Database Service (CDS) certification as applicable.

For credentialing of physicians, nurse practitioners, physician's assistants and psychologists, primary source verification from primary sources of:

- Licensure by the appropriate state licensing board;
- Board certification if applicable or highest level of credentials attained;
- If the T/RBHA lists provider schooling information in member materials or on the T/RBHA website, documentation of graduation from an accredited school and completion of any required internships/residency programs, or other postgraduate training; and
- National Practitioner Data Bank (NPDB) query; or,
- In lieu of NPDB query, all of the following must be verified:
 - Minimum five year history (or total history if less than five years) of professional liability claims resulting in judgment or settlement;
 - Disciplinary actions and licensure status with regulatory board or agency if applicable; and
 - Medicare/Medicaid sanctions if applicable.

For credentialing of independent masters level behavioral health therapists who are registered by AHCCCS to bill independently, primary sources verification of:

- Licensure by the Arizona Board of Behavioral Health Examiners;
- A review of complaints received and disciplinary status through the Arizona Board of Behavioral Health Examiners;
- Minimum five year history, or total history if less than five years, of professional liability claims resulting in a judgment or settlement; and
- Medicare/Medicaid sanctions, if applicable.

3.20.7-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.

3.20.7-E Recredentialing

The T/RBHAs or designee must ensure that all credentialed clinicians described in subsections 3.20.7-C and 3.20.7-D are recredentialled. The recredentialing process must:

- Occur at least every three years; and
- Update information obtained during the initial credentialing process with the exception of:
 - History of loss of license and/or felony conviction;
 - Minimum five year work history;

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- Board certification, if the clinician is Board certified; and
- Initial site visits performed for all behavioral health care clinicians who are part of the T/RBHA network.

The recredentialing of individual clinicians must include a process for ongoing monitoring and intervention if appropriate, clinician sanctions, complaints and quality issues which include, at minimum, reviews of:

- Medicare/Medicaid Sanctions;
- State sanctions or limitations on licensure;
- Behavioral health recipient concerns including grievances (complaints) and appeals information; and
- Quality issues.

3.20.7-F Additional credentialing standards for hospitals and behavioral health facilities

Hospitals and behavioral health facilities (OBHL licensed Level I, II, III, outpatient clinics and ADHS/DBHS Title XIX certified community service agencies) must ensure the following:

- The provider is licensed 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 T/RBHA that verifies that a review was conducted and compliance was achieved.