

ACCOUNTABLE BEHAVIORAL HEALTH ALLIANCE

Policy No. 004	Credentialing of Providers
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Next Review Date:	December 2010
Revision History (approval):	December 20, 2001 December 12, 2002 May 5, 2003 May 7, 2004 November 7, 2005 January 13, 2006 December 8, 2006 December 9, 2008
Cross References:	OAR 410-141-0120

Purpose:	The quality of mental health care provided to Accountable Behavioral Health Alliance (ABHA) Members must meet professionally recognized standards of practice and services must be provided by approved, Licensed and License-supervised Contract Providers who meet credentialing standards listed in this policy. All services must be provided within the scope of the provider's license or certification and appropriately supervised according to their scope of practice.
Policy:	Clinicians who deliver outpatient services will either be credentialed by ABHA or by the agency for which they work. To be eligible for credentialing providers shall either be Qualified Mental Health Professionals (QMHP) or Qualified Mental Health Associates (QMHA) and provide services in a manner consistent with Oregon Administration Rules (OARs).
Objective:	To insure compliance with the MHO Agreement, related State and Federal regulations and to provide guidance to the ABHA Credentialing Committee, Credentialing staff and organizations to whom credentialing authority has been delegated.

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<p>Scope:</p>	<p>This policy applies to licensed and license-supervised professionals who include:</p> <ul style="list-style-type: none">• Medical Doctors specializing in mental health care• Clinical Psychologists• Master’s Level Clinicians• Psychiatric Nurse Clinicians• Bachelor’s Level Providers with degrees in behavioral sciences field and meet OAR criteria• Other health care specialists who are supervised and can provide services consistent with the requirements of Oregon Administrative Rules• QMHA’s (this includes but is not limited to interns) who have been granted by the State of Oregon a variance to provide QMHP-level services
<p>Procedure:</p>	<p><u>CREDENTIAL CRITERIA AND VERIFICATIONS</u></p> <p>A. State Certified Agencies</p> <p>The State of Oregon has established criteria and a process for certifying mental health agencies. Such criteria include specific requirements regarding credentialing standards for the clinicians who provide services for these agencies. ABHA accepts State certification as verification that the agency has a credentialing process that meets State standards.</p> <p>B. State Certified Facilities</p> <p>ABHA will only contract with facilities licensed or certified by the State of Oregon for acute care and/or medical care. Contracts will stipulate that each facility credentials appropriate staff. ABHA will, upon request for appropriate cause, have access to facility’s credentialing files of provider staff serving ABHA Consumers.</p> <p>C. Individual Practitioners</p> <p>All individually contracted practitioners will be credentialed to ensure that OHP Members of Accountable Behavioral Health Alliance receive quality mental health services. All credentialed providers shall be recertified at least every three years consistent with the requirements of state OARs.</p> <p>ABHA Provider Panel is limited to Licensed Practitioners (LPC, LMFT, LCSW, Licensed Clinical Psychologist, RN, PMHNP, MD, DO.) Non-licensed practitioners will only be accepted under the following conditions:</p> <ul style="list-style-type: none">○ Specialty area not covered by any other licensed, qualified provider in that geographic area.○ Provider practices in an underserved area and there are no or limited licensed practitioner to meet member demand. <p>Non-licensed practitioners will only be credentialed if they have an active supervision arrangement and can show documented evidence every two years of attending continuing education relevant to their practice.</p>

Initial Credentialing will determine that the provider has:

- 1) Current licensure or certification
- 2) Appropriate licensed supervision, if unlicensed
- 3) Negative criminal history
- 4) Highest degree transcript
- 5) Hospital privileges (if applicable)
- 6) Qualifications to provide those outpatient services the practitioner is requesting to perform
- 7) Malpractice insurance, as specified in the practitioner contract
- 8) Positive clearance from the National Practitioners Data Bank; Office of Inspector General's Exclusions list; and GSA's Excluded Parties List System
- 9) Worker's Compensation Insurance or waiver (if applicable)
- 10) NPI and Taxonomy Codes
- 11) Recommendations from respective County Mental Health Director(s)

Recredentialing will be conducted for each provider every three (3) years and will include consideration of the following additional information when applicable:

- 1) Completion of recredentialing application
- 2) Submission of updated licensure and insurance information
- 3) Report from supervisor when supervision is a condition licensure or a prerequisite for practice without a license
- 4) Documentation of any quality of care concerns
- 5) Documentation of member grievances
- 6) History of meeting contractual obligations
- 7) History of participation in ABHA's Outcomes Management Program
- 8) National Practitioner Data Bank
- 9) Positive clearance from the National Practitioners Data Bank; Office of Inspector General's Exclusions list; and GSA's Excluded Parties List System
- 10) Update to taxonomy code, if applicable

B. All credentialing and recredentialing processes will include, when applicable, a review of utilization patterns and a determination based on the results of

professional quality assurance review activities.

C. Services provided to ABHA members must be within the scope of licensure and/or certification of the practitioner as well as their areas of demonstrated competency. ABHA will maintain records documenting academic credentials, training received, and licenses or certifications of referral practitioners.

D. Criteria for credentialing/recredentialing disqualification

Given reasonable safety and/or quality of care concerns, the Executive Director of ABHA can administratively suspend the credentialing privileges of any ABHA contract provider, or terminate with cause, and request an ad hoc Peer Review by the ABHA Credentialing Committee which will make final determination on the credentialing status of the provider.

Examples of reasons for disqualification of a providers' request for Credentialing or Recredentialing include, but are not limited to:

- 1) Falsification, misrepresentation or omission of any information on the application
- 2) Failure to supply current information when requested
- 3) Failure to attest, explain, and/or provide truthful and accurate information regarding past and/or pending litigation, malpractice claims, sanction activity and outcomes
- 4) Excessive or egregious quality of care problems as determined by prior credentialing sources and/or ABHA-verified quality of care concerns, including consumer complaint and grievances
- 5) Excessive or egregious administrative problems
- 6) Failure to pass audits and/or physical site visits that impact consumer safety and/or quality of care
- 7) Practice patterns outside of reasonable clinical or industry standards, and/or outside areas of competency as determined by ABHA

ABHA will follow the guidelines outlined in **Table 1** in determining whether to limit, suspend, or terminate the contracts of it's providers based on information it receives from external data sources such as the National Practitioner Databank.

ABHA determines that QMHA's can provide QMHP services if they meet the following criteria

For the purposes of this section, Interns will be classified as QMHAs working as QMHPs. Interns are further subject to section 1e below.

1. The State has **granted a variances for QMHA's to provide QMHP-level services:**

- a. Only the State can grant a variance.
- b. Only a State-certified provider agency can apply for a variance for alternative practice. Agencies request a variance by writing a letter to the Deputy Assistant of AMH.¹
- c. For the purpose of this policy Variances only apply to services provided to members enrolled in ABHA2.
- d. The variance request must refer to the OAR(s) under which the agency is certified (In other words, there are OARs for child services, outpatient services, ICTS services, etc.. The agency must frame its application, knowing the specific type of service it wants a specific QMHA to provide.
- e. Requests specific to interns must specify:
 - i. the types of clinical services the intern will be providing
 - ii. the number of hours the intern will be working in the program
 - iii. the supervision and responsibility the referring education institution has for the intern
 - iv. the scope of each intern's practice
 - v. a position description for each intern.
 - vi. The institution from which the intern has completed a bachelor's degree; the intern's major and degree type

2. ABHA verifies that the criteria above have been met through its process of regular compliance audits

QUALITY OF CARE IDENTIFICATION AND REVIEW

A Quality of Care (QOC) concern is any clinical care issue that impacts a Member's clinical treatment or involves actual or potential clinical risk or harm to a Member including. Examples include, but not limited to the following categories:

- 1) Inappropriate clinical care
- 2) Breach of confidentiality
- 3) Continuity of care
- 4) Medication management
- 5) Coordination of care
- 6) Safety

¹ This was the person (Madeline Olson) to send the letter to as of November 1, 2008. The State, at its discretion may designate a different person to be responsible for reviewing and granting variances.

² Note: agencies can apply to the State for a variance that applies to managed care members and indigent clients. No variance can be granted by the State for services provided to OHP Open Card clients.

	<p>7) Unethical behavior that places the member at risk of physical and/or psychological harm</p> <p>8) Quality of care review complaint/request by a member</p> <p>A request for a QOC review can be made by ABHA Members, the ABHA Executive Director or the Medical Director, County Mental Health Directors, local Mental Health Authority, other ABHA Contract Providers, ABHA Utilization and/or Quality Management staff, and other Allied Agency professionals who have credible evidence warranting a formal review.</p> <p><u>CREDENTIALING COMMITTEE PROCESS</u></p> <p>The ABHA Quality Assurance Committee (QAC) is responsible for continuously monitoring, reviewing and revising the ABHA Credentialing policy and procedure annually. The QAC is also responsible to convene and resource both Credentialing subcommittee(s) and ad hoc Peer Review subcommittee(s) if needed.</p> <p>Credentialing and Peer Review subcommittees will be chaired by the ABHA Medical Director and will include, at a minimum, the ABHA Executive Director, one MH Director, an ABHA Utilization Manager, the ABHA QM Manager, one UM or QM Specialist from at least one ABHA county</p> <p>MH Directors will review the qualitative evaluations of panel providers with their UM or QM Specialists prior to each Credentialing Committee meeting.</p> <p>Adverse determinations will be communicated via formal letter to providers. Providers can request an appeal of a negative determination. If new evidence is presented that changes the original findings of the Credentialing or Peer Review subcommittees, they must be reviewed and approved by the ABHA Executive Director and Medical Director in order for a new determination to be made final.</p> <p>It is the responsibility of ABHA to report adverse findings that meet criteria for reporting to professional licensing organizations and/or the National Practitioner Data Bank.</p> <p>The Credentialing Subcommittee will meet at least annually or more frequently, if needed. Minutes of proceedings will be reported to and reviewed by the QAC and shall include for each applicant, a brief summary of demographic information, technical and qualitative data, and the CSC's decision.</p>
<p>Enforcement:</p>	<p>ABHA is responsible for monitoring this process and revising this policy consistent with ABHA's compliance plan.</p>

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Table 1

Action	Finding	Risk Assessment	Examples
Limit	Limitation of practice by a licensing board or professional board of ethics. Pattern of client complaints to official information sources (e.g. NPDB, OR Licensure Boards, etc.).	Problem likely to be remediable and remediation likely within six months. Clinician motivated to address problem and take corrective action.	Single ethical violation Unprofessional relationships with clients that have not yet caused harm. DUI conviction within current reporting period; no known prior convictions; provider in treatment.
Suspend	Any Termination findings currently under legal review (Presumption that client may be at serious risk) Multiple ethical violations Multiple “limitations of practice” findings. Suspension of practice by licensing board	Not likely that problem is possibly remediable, but clinician expresses desire to address problem and take corrective action.	2 nd known DUI conviction within period of employment. Active substance abuse problem. Mental illness that has not responded to treatment
Terminate	Felony that relates to capacity to work with clients. License revocation. Irreparable harm to client. Sexual conduct with client Termination by licensing board	Immediate risk mitigated	Battery Spousal abuse Intent to inflict emotional harm to client followed by client decompensation

ACCOUNTABLE BEHAVIORAL HEALTH ALLIANCE

Seth Bernstein, Executive Director

December 9, 2008

Date Approved by the Governing Board