Cenpatico Integrated Care Credentialing Program Description
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope:</td>
<td>2</td>
</tr>
<tr>
<td>Purpose:</td>
<td>2</td>
</tr>
<tr>
<td>Program Policy:</td>
<td>2</td>
</tr>
<tr>
<td>Program Purpose:</td>
<td>2</td>
</tr>
<tr>
<td>Program Scope:</td>
<td>2</td>
</tr>
<tr>
<td>Program Goal:</td>
<td>3</td>
</tr>
<tr>
<td>Authority and Responsibilities:</td>
<td>3</td>
</tr>
<tr>
<td>Credentialing Committee:</td>
<td>3</td>
</tr>
<tr>
<td>Committee Decisions:</td>
<td>4</td>
</tr>
<tr>
<td>Credentialing Program Activities:</td>
<td>5</td>
</tr>
<tr>
<td>Initial Credentialing Review:</td>
<td>5</td>
</tr>
<tr>
<td>Initial Assessment of Health Delivery Organizations:</td>
<td>7</td>
</tr>
<tr>
<td>Initial Submissions that are Discontinued:</td>
<td>7</td>
</tr>
<tr>
<td>Initial Credentialing Denials:</td>
<td>7</td>
</tr>
<tr>
<td>Reconsideration Process:</td>
<td>7</td>
</tr>
<tr>
<td>Recredentialing:</td>
<td>8</td>
</tr>
<tr>
<td>Recredentialing Terminations:</td>
<td>10</td>
</tr>
<tr>
<td>Terminating, Restricting, Limiting and Denying Clinical Privileges:</td>
<td>10</td>
</tr>
<tr>
<td>Notification to Authorities:</td>
<td>10</td>
</tr>
<tr>
<td>Clean File Review:</td>
<td>10</td>
</tr>
<tr>
<td>Adverse Review/Exceeding Thresholds:</td>
<td>11</td>
</tr>
<tr>
<td>Provisional Credentialing:</td>
<td>11</td>
</tr>
<tr>
<td>Primary Source Verification (PSV):</td>
<td>11</td>
</tr>
<tr>
<td>Site Visits:</td>
<td>12</td>
</tr>
<tr>
<td>Ongoing Monitoring Process between Recredentialing Cycles:</td>
<td>13</td>
</tr>
<tr>
<td>Credentialing Specialist Application Review Process:</td>
<td>13</td>
</tr>
<tr>
<td>File Maintenance:</td>
<td>13</td>
</tr>
<tr>
<td>Maintenance of Confidentiality:</td>
<td>13</td>
</tr>
<tr>
<td>Practitioner/Provider Directory:</td>
<td>13</td>
</tr>
<tr>
<td>Credentialing Processing TAT’s:</td>
<td>14</td>
</tr>
<tr>
<td>Informational Reminders:</td>
<td>14</td>
</tr>
<tr>
<td>References:</td>
<td>15</td>
</tr>
<tr>
<td>Attachments:</td>
<td>15</td>
</tr>
<tr>
<td>Definitions:</td>
<td>15</td>
</tr>
<tr>
<td>Revision Log:</td>
<td>15</td>
</tr>
</tbody>
</table>
Scope:
Cenpatico of Arizona (CAZ), Cenpatico Integrated Care (Cenpatico IC) & Bridgeway Health Solutions Behavioral Health line of business (BW) Cenpatico IC Credentialing Department, Cenpatico IC Credentialing Committee (CC) & Cenpatico IC Quality Management Department

Purpose:
To describe the Credentialing Program Description, Credentialing processes, requirements and scope.

Program Policy:
Cenpatico’s Credentialing Department will maintain a Credentialing Program Description, which encompasses the functions of credentialing and recredentialing of licensed individual practitioners, health delivery organizations and organizational providers. The program description will align with applicable State Regulations, National Committee for Quality Assurance (NCQA) Credentialing guidelines, URAC guidelines and internal guidelines.

Program Purpose:
Cenpatico’s Credentialing Program provides credentialing and recredentialing services for practitioners, providers and facilities that serve Members managed by Cenpatico, BW and other contracted cross-functional entities. This Credentialing Program Description provides a broad overview of the credentialing and recredentialing processes conducted by the organization. Policies and procedures further delineate these processes to ensure that all staff manages the credentialing and recredentialing processes consistently and appropriately. This Credentialing Program Description will be reviewed and modified as necessary, at least annually.

Program Scope:
The Credentialing Program includes the following type of applicants, health care organizations, licensed independent practitioners and state mandated non-licensed master level practitioners. Applicants are required to comply with the criteria listed in the Credentialing Program Description and applicable policies and procedures.

Practitioners include, at a minimum, Physical Health Physicians (MD’s and DO’s), Allied Health Practitioners, Licensed Psychologists (PhD’s), Licensed Psychiatrists, Nurse Practitioners that are certified to practice within scope, Physician Assistants, Licensed Clinical Social Workers (LCSW’s), Licensed Marriage and Family Therapists (LMFT’s), Licensed Independent Substance Abuse Counselors (LISAC’s), Licensed Professional Counselors (LPC’s) and state mandated non-licensed Behavioral Health & Physical Health practitioners.

Organizational and Health Delivery Organizations include, at a minimum, Physician Groups, Hospitals, Ambulatory Surgical Centers, Behavioral Health & Physical Health Residential Facilities, Behavioral Health & Physical Health Outpatient Clinics, free standing psychiatric hospitals, psychiatric and addiction disorder units, units in general hospitals, psychiatric and addiction disorder residential treatment centers and community mental health centers.

Hospitalist employed or contracted by organizational providers, who will not be listed as independent practitioners in the Provider Directory, are excluded from the scope of this Credentialing Program.

To ensure that the review selection and retention criteria will not discriminate against any practitioner or facility seeking participation in the Cenpatico of Arizona, Cenpatico Integrated Care or Bridgeway Health Solutions Behavioral Health line of business network, the following guidelines are adhered to:

- The Credentialing Committee (CC) does not make credentialing and recredentialing decisions based on an applicant’s race, ethnic/national identity, gender, age, sexual orientation or the types of services the providers offers; These variables are excluded from any of the reports the committee has to review to make determinations
- Credentialing determinations also are not based on whether providers serve high-risk populations or costly conditions, or types of patients in which the practitioner specializes.
Credentialing Program Description

Program Goal:
It is the goal of Cenpatico’s Credentialing Department to credential an effective and efficient panel of Behavioral & Physical Health practitioners able to provide high quality and integrated services to members. To achieve this goal, the Cenpatico Credentialing Department uniformly collects and maintains information and documentation regarding the professional experience and qualifications of the practitioners and facilities requesting participation in Cenpatico’s and BW network.

The Cenpatico Credentialing Department conforms to the standards referenced in the Cenpatico’s Provider Manual, Section 3.20, Credentialing and Recredentialing, and standards as outlined in the Quality Management and Performance Improvement Program Chapter 900, Policy 950, Credentialing and Recredentialing Processes. Specific goals of the Credentialing Department are to:

- Verify the professional qualifications of all applicants who provide covered Behavioral Health & Physical Health care services to Cenpatico IC enrollees and members;
- Provide a consistent, clinically appropriate process for approving or disapproving applications;
- Ensure applicants entering the network focus on meeting members’ needs for adequate network coverage, practitioner specialty availability and practitioner accessibility;
- Ensure that there is no discrimination against any practitioner seeking participation in the applicable Network;
- Ensure the confidentiality of applicants credentialing data;
- Communicate in an appropriate and timely way about the credentialing process including requests for any missing information;
- Communicate in an appropriate and timely way to business unit staff the roster of practitioners and facility applicants credentialed and recredentialed;
- Ensure that network practitioners remain appropriately qualified to serve members. This includes the continuous review of any data on the practitioner’s performance obtained through the business unit’s quality improvement process or other primary sourced credentialing sources.

Authority and Responsibilities:
The Executive Management Team (EMT) of Cenpatico of Arizona & Cenpatico Integrated Care has authorized the Credentialing Committee (CC), a sub-committee of the Quality Management Committee (QMC) to make credentialing and recredentialing decisions for any applicant submitting credentials.

The CC is authorized to review the scope of clinical practice as well as the professional conduct and clinical performance of each practitioner. Informal review of practitioner performance is ongoing and is not limited to the formal process of credentialing and recredentialing. The CC’s findings and actions are reported to the QMC. The CC is authorized to make delegation decisions based upon criteria when permitted by the business unit and client. The CC retains responsibility for final approval of all delegated providers.

The EMT has delegated to the Chief Medical Officer (CMO) of Cenpatico the primary responsibility for reviewing the scope of practice for the credentialing program. The CMO is the senior clinical person with overall responsibility for the credentialing program and is responsible for determining which procedures and treatments are outside the scope of customary medical practice. The CMO can appoint a Medical Director to make determinations on provider credentials that could result in continued participation, termination or full credentialing committee review.

The CMO will have ongoing consultation with the Credentialing, Contracting and Network Development departments of Cenpatico of Arizona/Cenpatico Integrated Care when deemed necessary for expediting the credentialing process. The CMO or the CC has the authority to grant special consideration for practitioners with special expertise in treating under-served groups, such as: physicians who are board certified in child psychiatry, any practitioner who is bilingual and any practitioner with sign language ability.
Credentialing Committee:
The CC is a sub-committee of the Quality Management Committee (QMC).

The Credentialing Committee (CC) shall consist of not less than five members. Members shall be comprised of a minimum of two physicians and one or more of the following: Nurse Practitioners, Licensed Clinical Social Workers (LCSW’s), Licensed Marriage and Family Therapists (LMFT’s), Licensed Independent Substance Abuse Counselors (LISAC’s), Licensed Professional Counselors (LPC’s) or other non-licensed Behavioral Health & Physical Health practitioners.

The CC meets minimally ten times per year or as often as is necessary to fulfill its responsibilities. The purpose of the Credentialing Committee is to review applicant’s credentials for recommendation of disposition in the applicable provider network by:

- Applying established criteria to practitioners’ professional information for initial credentialing;
- Reviewing applicants that exceed the credentialing and recredentialing criteria/standards;
- Exploring practitioners’ concerns as they relate specifically to credentialing criteria;
- Discussing whether applicants are meeting reasonable standards of care;
- Accessing appropriate clinical peer input when discussing standards of care for a particular type of practitioner;
- Evaluating and reporting to the QMC the effectiveness of the credentialing program;
- Reviewing and approving Credentialing Policies and Procedures and the Cenpatico of Arizona/Cenpatico Integrated Care Credentialing Program Description at least annually.

Changes in the credentialing criteria are recommended to reflect changes in federal, state, professional and payer guidelines. The CC is also charged with evaluating the effectiveness and timeliness of the Cenpatico of Arizona/Cenpatico Integrated Care Credentialing Department and reports this information to the QMC.

Committee Decisions:
The CC has the authority to approve or deny an applicant’s participation in the applicable Provider Network. All decisions shall be shared in writing with applicants within 14 calendar days of the committee decision. In the event that a credentialing designee or the Credentialing Committee decides not to extend participation status to a practitioner, the practitioner will be notified via mail, email or fax of the CC denial decision. The letter of denial will include information on the practitioner’s right to be reconsidered.

To ensure that the Credentialing Program Description has a mechanism in place to validate that the Credentialing Committee approval process does not deviate from the standards, the following processes have been aligned with state credentialing guidelines:

- The Credentialing Committee Members will receive summary information on providers that have been deemed as adverse or exceeding thresholds;
- The CMO or Credentialing Representative will introduce each of the adverse providers in the CC meeting;
- The Credentialing Committee Members are expected to review the information and provide appropriate peer input when discussing the adverse findings;
- The Committee Members will be asked for their professional feedback and be given an opportunity to vote on whether or not the provider should be accepted into applicable Provider Network;
- A complete discussion of this decision will be reflected in the CC meeting minutes;
- The CC or designee must approve all credentialing applicants before a practitioner or facility is designated as a participating practitioner within the applicable Network.

The CC, CMO or Medical Director Designee may utilize an exception process should it be necessary to allow practitioners with adverse issues into the applicable network. This is in the case of certain provider types that can handle special needs or where network gaps may exist. If such a need exists, each criterion for selection will be examined on an individual basis, taking into account the following:
Credentialing Program Description

- Malpractice claims history - no more than three claims in a six year period, or claims judged to be of nuisance value. Exceptions will be granted and reviewed on an individual basis by the CC;
- History of impairment, with involvement in a credible program to correct the impairment, with concurrent and present monitoring by the medical society or state board, and no evidence of recidivism;
- Previous sanction activity within the past 6 years - the nature of the sanction and remedy;
- Office site visit/State Site Survey - a corrective action plan to remedy any deficiencies with provisional approval until the remedy is achieved. For State Site Surveys, the provider’s Corrective Action Plan must be in an accepted status;
- Additional exceptions will be granted and reviewed on an individual basis by the CC.

When reviewing any opportunity to expand the network, additional criteria are considered, including current member enrollment, geographic needs, members’ cultural/language/ethnic needs, provider specialties needed, quality of care and quality of service, and accessibility of providers. In addition to the above stated considerations, the applicant’s qualifications, special training/experience, location, ability to meet access standards, number of new referrals per month they can accept, composition of the network serving the population in that area/for that service, and community input are among considerations in the decision making process.

Credentialing Program Activities:
Credentialing program activities include, hosting monthly credentialing meeting, weekly clean file reviews, initial credentialing, recredentialing, provisional credentialing, continuous monitoring of providers’ licenses, review of the Office of Inspector General (OIG) Excluded Provider Listing and AHCCCS’s provider certification, which designates practitioners have been certified to render services to its members.

Initial Credentialing Review: (Policy CAZCREDO1_Initial_Credentialing)
Initial applications can only be processed if the application has been submitted by Cenpatico or Bridgeway Provider Relation’s or Cenpatico or Bridgeway Network Development staff. Applications, that have been received from an outside source will be scanned and logged in the Cenpatico Credentialing Database as Pending. Credentialing will not start formal processing unless approved by Cenpatico or Bridgeway Provider Relations or Network Development staff.

Any provider that has changed their NPI, License Number, or AHCCCS Number, an Organizational Providers that have moved locations may be required to submit new credentials. Providers that have failed to be recredentialed timely will also need to complete the initial credentialing review.

Effective 1/1/2015, the following provider types must be registered with the Council for Affordable Quality Healthcare (CAQH) in order to be credentialed:

- Physicians (MD’s and DO’s);
- Licensed Allied Health Practitioners
- Licensed Psychologists (PhD’s);
- Licensed Psychiatrists;
- Nurse Practitioners;
- Physician Assistants;
- Licensed Clinical Social Workers (LCSW’s);
- Licensed Marriage and Family Therapists (LMFT’s);
- Licensed Independent Substance Abuse Counselors (LISAC’s);
- Licensed Professional Counselors (LPC’s).

Licensed practitioners noted above, being credentialled by the State’s Credentialing Alliance must have all required credentialing documents uploaded to CAQH (the Council for Affordable Quality Healthcare, Inc.). If the State’s mandated Credentialing Verification Organization (CVO) is not utilized the noted provider types will be required to
submit the Standardized Provider Credentialing Application and the documents noted below. Any credentials with an expiration date must have at least 60 days remaining.

**Providers (MD’s, DO’s, Allied Health Practitioners, PHD’s, NP, RN, LCSW, LMFT, LPC, LISAC’s, PA)**

- Current copy of provider’s State Licensure;
- Current copy of provider’s DEA or Bureau of Narcotics and Dangerous Drugs Certificate (if applicable);
- Current copy of provider’s State Controlled Dangerous Substance Certificate (if applicable);
- Current copy of the professional liability insurance policy face sheet, illustrating expiration dates, limits and the provider’s name. All practitioners must carry professional liability coverage to state specific levels. The face sheet must indicate that the applicant is the insured, the policy period, and the following coverage amounts:
  - Each Occurrence - $1,000,000.00
  - Damage to Rented Premises - $50,000.00
  - Personal and Advertising Injury - $1,000,000.00
  - General Aggregate - $2,000,000.00
  - Products completed operations aggregates - $1,000,000.00
  - Sexual Abuse/Molestation - $500,000.00
  - Professional Liability
    - Each Claim $1,000,000.00
    - Annual Aggregate $3,000,000.00
    - Automobile Liability (if applicable) Combined Single Limit - $1,000,000.00
    - Workers Compensation & Employer’s Liability (if applicable):
      - Each Accident $1,000,000
      - Disease each employee $1,000,000.00
      - Disease – Policy Limit $1,000,000.00
  - If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement.
- Current copy of Board Certification (if applicable);
- Copy of certificate or letter certifying formal post graduate training for applicable providers;
- Copy of Curricula Vita/Resume that includes work history. Any gaps within 6 months must be explained;
- Current copy of ECFMG Certificate (if applicable);
- Current copy of the W-9 for the contracted provider or contracted group (if applicable);
- Cenpatico Integrated Care Provider Demographic Form.

**Organizational Providers**

Organizational Providers/Health Delivery Organizations will be required to submit the Organizational Credentialing Application; any credentials with an expiration date must have at least 60 days remaining. The following documents are required for Organizational Credentialing:

- Current copy of provider’s JCAHO/CARF/COA/or AOA Accreditation letter with dates of accreditation (if applicable);
- If none of the documents are submitted, an On-Site inspection will be conducted by Cenpatico’s or Bridgeway’s Provider Relations or Network staff. The site inspection will be conducted to ensure compliance with service specifications as outlined in Arizona Health Care Cost Containment System AHCCCS Medical Policy Manual, Policy 950, Credentialing and Recredentialing Processes;
- Current copy of the provider’s CLIA license (if applicable);
- Current copy of the provider’s Pharmacy license (if applicable);
- Current copy of the provider’s professional and general liability insurance policy with the limits of coverage per occurrence and in aggregate amounts, the name of the liability carrier, and insurance effective date and expiration date. The face sheet must indicate that the applicant is the insured, the policy period, and the following coverage amounts:
  - Each Occurrence - $1,000,000.00
  - Damage to Rented Premises - $50,000.00
  - Personal and Advertising Injury - $1,000,000.00
  - General Aggregate - $2,000,000.00
  - Products completed operations aggregates - $1,000,000.00
  - Sexual Abuse/Molestation - $500,000.00
  - Professional Liability
    - Each Claim $1,000,000.00
    - Annual Aggregate $3,000,000.00
    - Automobile Liability (if applicable) Combined Single Limit - $1,000,000.00
Credentialing Program Description

- Workers Compensation & Employer’s Liability (if applicable):
  - E.L. Each Accident $1,000,000
  - E.L. Disease each employee $1,000,000.00
  - E.L. Disease – Policy Limit $1,000,000.00
- If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement.
- Current copy of the W-9;

Upon identification of erroneous information, the applicant will be notified in writing and given the opportunity to correct the information. The credentialing process will be completed and submitted for approval within 90 days from the date all the requested materials were received. Providers that fail to submit adequate information within the 90 day time frame will be discontinued.

Initial Assessment of Health Delivery Organizations: (Policy CAZCRED01_Initial_Credentialing)
Prior to contracting with external health delivery organizations (HDO), Cenpatico verifies that organizations have been reviewed and approved by a recognized accrediting body or meets standards for participation, and are in good standing with state and federal agencies.

Organizational providers include, at a minimum, hospitals, home health agencies, skilled nursing facilities, nursing homes, crisis services providers, freestanding surgical centers and Behavioral Health & Physical Health facilities providing mental health or substance abuse services in an inpatient, residential or ambulatory care setting.

For those organizations that are not accredited and do not have a current Centers for Medicare and Medicaid Services (CMS) certificate or do not have a Site Survey conducted within 3 years of the credentialing submission, an onsite inspection will be done by a Cenpatico’s or Bridgeway’s Provider Relations or Network Development staff to determine the scope of services available at the facility, evaluate physical plant safety, review the HDO’s quality improvement program for adequate mechanisms to credential practitioners delivering care in the facility, identify and manage situations involving risk, and assess the organization’s medical record keeping practices. Providers that fail the onsite inspection will have 90 days to correct the deficiencies or to submit a corrective action plan, denoting the specified timeframe in which the deficiencies will be completed. Cenpatico’s or Bridgeway’s Network Committee makes the determination of whether to allow the HDO into Cenpatico’s network. If approved, the provider must complete the Initial Credentialing Review. HDOs/Organizational Providers are recredentialed every three years and must adhere to all the guidelines outlined in the Application Review Process.

Initial submissions that are discontinued: (Policy CAZCRED01_Initial_Credentialing)
Initial applicants that have failed to submit the applicable documents are notified by the Cenpatico’s Credentialing Department a minimum of three times during the 90 day review period. Providers that have failed to submit the applicable documents or requested clarification within 90 days of the initial receipt date are deemed discontinued. If the applicant submits the applicable document(s) or provides clarification after the 90th day, their receipt date will be reflected based on the date of the resubmission or the date the clarified information was obtained by the Cenpatico’s Credentialing Department.

Initial Credentialing Denials: (Policy CAZCRED01_Initial_Credentialing)
All applicants who are denied initial credentialing are given the right to ask the CC for reconsideration by submitting additional information to support the initial credentialing application. Applicants will be notified within 14 calendar days of the committee decision. If the committee decides to allow the provider to undergo the reconsideration process, the Credentialing Department will mail the specific requirements to the provider for the determination process.

Reconsideration Process: (Policy CAZCRED08_Reconsideration Process)
Initial Applicants
New applicants who are denied participation for reasons such as quality of care, credentials exceeding threshold limits or liability claims issues, have the right to request a reconsideration of the decision in writing within 30 days of formal notice of denial. All written requests will need to include additional supporting documentation in favor of the applicant’s reconsideration for network participation. Reconsiderations will be reviewed by the CMO, Medical Director Designee or at the next regularly scheduled Committee meeting, but in no case later than 90 days from the receipt of the additional documentation. Applicants will be notified within 14 calendar days of the committee decision. The applicant does not have the any further recourse if the decision is
Credentialing Program Description

to uphold the initial decision. Applicants who are denied initial participation may reapply for admission into the applicable network within a year from the Credentialing Committee previous decision.

Recredentialing Applicants
Current applicants whose participation is suspended, reduced or terminated, shall have the right to request reconsideration of the decision in writing within 30 days of receipt of the formal termination notice sent by Cenpatico’s Credentialing Department. All written requests for reconsideration will need to include additional supporting documentation in favor of the applicant’s request for continued network participation. The reconsideration determination is done by committee members not involved in the recredentialing denial.

The reconsideration review will be scheduled no later than 90 days after the receipt of the request. The panel’s recommendation will be based upon the applicant’s submitted credentials, the credentialing committee’s recommendations and supporting documentation submitted by the applicant. The reconsideration determination will be by an affirmative vote of the majority of the members of the panel. The provider does not have the any further recourse if the decision is to uphold the recredentialing denial.

Recredentialing: (Policy CAZCREDO2_Recredentialing)
Recredentialing is completed every three years for all network providers/practitioners. As part of the recredentialing process, applicants are notified within 120 days of the expiration of their credentials either by the Credentialing Verification Organization or by Cenpatico’s Credentialing Department. Cenpatico’s Credentialing Department will mail, fax or email notifications to the applicants at least three times within the notification cycle.

Effective 1/1/2015, the following provider types must be registered with the Council for Affordable Quality Healthcare (CAQH) in order to be credentialed:

- Physicians (MD’s and DO’s);
- Licensed Psychologists (PhD’s);
- Licensed Psychiatrists;
- Nurse Practitioners;
- Physician Assistants;
- Licensed Clinical Social Workers (LCSW’s);
- Licensed Marriage and Family Therapists (LMFT’s);
- Licensed Independent Substance Abuse Counselors (LISAC’s);
- Licensed Professional Counselor (LPC’s).

Licensed practitioners noted above, being credentialed by the State’s Credentialing Alliance must have all required credentialing documents uploaded to CAQH. If the State’s mandated Credentialing Verification Organization (CVO) is not utilized the noted provider types will be required to submit the Standardized Provider Credentialing Application and the documents noted below. Any credentials with an expiration date must have at least 60 days remaining.

The following documents are required for recredentialing:

Providers
- Current copy of provider’s State Licensure;
- Current copy of provider’s DEA or Bureau of Narcotics and Dangerous Drugs Certificate (if applicable);
- Current copy of provider’s State Controlled Dangerous Substance Certificate (if applicable);
- Current copy of the provider’s professional and general liability insurance policy with the limits of coverage per occurrence and in aggregate amounts, the name of the liability carrier, and insurance effective date and expiration date. The face sheet must indicate that the applicant is the insured, the policy period, and the following coverage amounts:
  - Each Occurrence - $1,000,000.00
  - Damage to Rented Premises - $50,000.00
  - Personal and Advertising Injury - $1,000,000.00
  - General Aggregate - $2,000,000.00
  - Products completed operations aggregates - $1,000,000.00
  - Sexual Abuse/Molestation - $500,000.00
Credentialing Program Description

- Professional Liability
  - Each Claim $1,000,000.00
  - Annual Aggregate $3,000,000.00
  - Automobile Liability (if applicable) Combined Single Limit - $1,000,000.00
  - Workers Compensation & Employer’s Liability (if applicable):
    - E.L. Each Accident $1,000,000
    - E.L. Disease each employee $1,000,000.00
    - E.L. Disease – Policy Limit $1,000,000.00
- If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement.
  - Current copy of Board Certification (if applicable);
  - If applicable current copy of the W-9 for the contracted provider or contracted group;
  - If applicable the Provider Demographic Form

Organizational Providers
Organizational Providers/Health Delivery Organizations will be required to submit the Organizational Credentialing Application and the following documents:

- Current copy of provider’s JCAHO/CARF/COA/or AOA accreditation letter with dates of accreditation (if applicable);
- Current copy of the state or local license(s) and/or certificate(s) under which the facility operates;
- If none of the documents are submitted, an On-Site inspection will be conducted by Cenpatico Integrated Care staff. The site inspection will be conducted to ensure compliance with service specifications as outlined in Arizona Health Care Cost Containment System AHCCCS Medical Policy Manual, Policy 950, Credentialing and Recredentialing Processes;
- Current copy of the provider’s CLIA license (if applicable);
- Current copy of the provider’s Pharmacy license (if applicable);
- Current copy of the provider’s professional and general liability insurance policy with the limits of coverage per occurrence and in aggregate amounts, the name of the liability carrier, and insurance effective date and expiration date. The face sheet must indicate that the applicant is the insured, the policy period, and the following coverage amounts:
  - Each Occurrence - $1,000,000.00
  - Damage to Rented Premises - $50,000.00
  - Personal and Advertising Injury - $1,000,000.00
  - General Aggregate - $2,000,000.00
  - Products completed operations aggregates - $1,000,000.00
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    - Workers Compensation & Employer’s Liability (if applicable):
      - E.L. Each Accident $1,000,000
      - E.L. Disease each employee $1,000,000.00
      - E.L. Disease – Policy Limit $1,000,000.00

Providers that fail to submit timely will be presented to the Credentialing Committee and designated as “failure to recredential”. These applicants will be notified by mail, fax or email of the Committee’s decision regarding the failure to complete the recredentialing process. Providers that fail to recredential will have 30 days from the Committee’s decision to submit completed materials to avoid termination. If providers submit materials on the 31st day or beyond they will have to follow initial credentialing submission guidelines. If the completed credentialing information is submitted and the providers are approved, their effective date will be based on the date the initial credentialing submission is approved. Providers that fail to recredential cannot request provisional credentialing status. Termination notifications are mailed within 14 days of the decision, stating the decision and reason. Applicants whose participation is suspended, reduced or terminated, shall have the right to request reconsideration of the decision in writing within 30 days of receipt of the formal notice.
Credentialing Program Description

Recredentialing Terminations: (Policy CAZCRED02_Recredentialing & CAZCRED10_Agency Termination)
Participating practitioners and/or providers who are at risk for termination from the network are presented to the Credentialing Committee on a monthly basis with the reason for the termination. The Credentialing Committee reviews the report with the reason for termination and provides a recommendation regarding the termination. Applicants are notified of the termination effective date and their right to a reconsideration process. Applicants are notified within 14 calendar days of the Committee decision and have 30 days from the committee date to submit applicable documents or information to avoid termination. If the credentials are received on the 31st day or beyond, the provider must undergo the initial credentialing process. The provider cannot request expedited or provisional credentialing and they are terminated in Amisys until the credentialing has been completed and approved.

Terminating, Restricting, Limiting and Denying Clinical Privileges: (Policy CAZCRED07_Reducing_Suspending_or_Terminating_Practitioner Provider Participation)
The CMO or Credentialing Designee and CC have the authority to notify any practitioner/provider with lapsed licensure/malpractice coverage that the practitioner/provider may not provide services to Cenpatico or Bridgeway members until the issue has been corrected and verification has been received from the licensing/insurance entity. The practitioner/provider is expected to correct the issue within 30 days, or further de-credentialing action will be taken by the CC. In all CC actions that terminate, restrict, limit, or deny clinical privileges of a practitioner/provider based on issues of quality of care and/or services, the CC shall notify the practitioner of the proposed action prior to action being taken unless there is thought to be imminent harm to members. The notification will include an explanation of the reasons for the action. All letters will denote methods for the practitioner to request reconsideration of the adverse decision. Any provider that is found to be on the Health and Human Services Office of Inspector General (HHS-OIG) List of Excluded Individual/Entities (LEIE) or the General Services Administration (GSA) Excluded Parties List Systems (EPLS) will be terminated without the right to appeal.

Notification to Authorities:
Per Arizona Health Care Cost Containment System, Chapter 900, Policy 950, if an adverse action is taken with a provider due to a quality of care concern or any known serious issues and/or quality deficiencies that result in a provider’s suspension or termination from the Cenpatico’s or Bridgeway’s Network, Cenpatico or Bridgeway must report the adverse action to the AHCCCS Clinical Quality Management Unit.

Clean File Review:
Clean File reviews take place during the weeks when there is no formal Credentialing Committee meeting. This review is also for expedited or provisional credentials. Clean Files are deemed as credentials that have no adverse findings in the applicant’s credentials that were submitted.

The CMO or Credentialing Designee has 48 hours to approve or deny the submitted provider files. Applicants denied by the CMO or Credentialing Designee are submitted to the next Credentialing Committee meeting for committee review. Providers that are approved by the CMO or designee are denoted as such in the Credentialing Database and a subsequent report is sent to the Cenpatico Integrated Care Provider Data Management Department for loading or updating the applicant’s participation information in Amisys. Initial or reinstated providers if approved, will receive an effective date of the following Friday. The list of the Clean File Approvals is also presented at the next scheduled Credentialing Committee meeting.

Adverse Review/Exceeding Thresholds:
The CMO or designee can review all applications exceeding established thresholds and make determinations or choose to forward the file to the CC for review. Any applicant denied or given restricted credentials has the right to request re-consideration. Examples of threshold limits are a provider having:

- Malpractice claims history - greater than three claims in a six year period;
- History of impairment (physical or mental);
- When applicable, office site visit scores less than 85%;
- Office site does not meet appointment availability standards;
Credentialing Program Description

- Previous sanction activity within the past six years;
- For practitioners being recredentialed, any elements of the quality improvement report that exceed established thresholds;
- Lack of state licensure when applicable for individual or organizational providers.

Provisional Credentialing: (Policy CAZCRED11_Provisional_Credentialing)
Provisional Credentialing can only be conducted on the following provider types;

- Physicians (MD’s and DO’s);
- Licensed Psychologists (PhD’s);
- Licensed Psychiatrists;
- Nurse Practitioners;
- Physician Assistants;
- Licensed Clinical Social Workers (LCSW’s);
- Licensed Marriage and Family Therapists (LMFT’);
- Licensed Independent Substance Abuse Counselors (LISAC’);
- Licensed Professional Counselor (LPC’).

Occasionally, it is in the interest of members to allow a practitioner in the network prior to completion of the entire initial credentialing process. Per the AHCCCS Medical Policy Manual, Policy 950 #, Cenpatico has 14 days from receipt of a complete application accompanied by the designated documents to render a decision regarding temporary or provisional credentialing. The Credentialing Committee may opt to provisionally credential practitioners who are applying to the network for the first time. A practitioner may only be provisionally credentialed once and practitioners may not be held in a provisional credentialing status for more than 60 calendar days. Practitioners that are in a provisional status that do not clear the Initial Credentialing Requirements will be terminated. For practitioners entering into a provisional status, the following documents and items must be primary source verified:

- Provider’s AHCCCS ID;
- Provider’s NPI;
- A current and signed Credentialing application or current, signed and dated CAQH application;
- Cenpatico Integrated Care Provider Demographic Form;
- Verification of a current, valid license to practice;
  - Providers cannot have more than three citations within three years;
- A copy of the provider professional and general liability insurance policy with the limits of coverage per occurrence and in aggregate, name of the liability carrier, and insurance effective date and expiration date (Month/Day/Year);
- Verification that the provider has not had more than three malpractice claims or settlements in the past six years;
- The practitioner is not listed on the Health and Human Services Office of Inspector General (HHS-OIG) List of Excluded Individual/Entities (LEIE) or the General Services Administration (GSA) Excluded Parties List Systems (EPLS);
- If the provider has citations or corrective action plans that have not been cleared, they will not be eligible for Provisional Credentialing.

Primary Source Verification (PSV): (Policy CAZCRED09 PSV & Practitioners Right to Review and Correct Information)
As part of the credentialing and recredentialing application review processes, primary and secondary verification is conducted in a manner consistent with the process required by State guidelines and internal guidelines. The following sources are used in the PSV process:

- AHCCCS PMMIS – Provider Enrollment, Categories of Service etc.
- National Provider Identification (NPI Registry)
  https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do;
- Student Clearinghouse http://www.studentclearinghouse.org/;
- Board Certification
  http://www.boardcertifieddocs.com/abms/static/home.htm?sessionid=9FD1DD01DD53;
- American Medical Association (AMA) https://profiles.ama-assn.org/amaprofiles/;
Credentialing Program Description

- Practitioner Licensure validations:
  - Midlevels: [http://www.azbbhe.us/verifications.htm](http://www.azbbhe.us/verifications.htm);
  - Psychology: [http://www.psychboard.az.gov/PsySearch.asp?licenseTypeld=1](http://www.psychboard.az.gov/PsySearch.asp?licenseTypeld=1);
  - Nurse Practitioner: [https://www.azbn.gov/OnlineVerification.aspx](https://www.azbn.gov/OnlineVerification.aspx);
  - Facilities: [http://www.azdhs.gov/als/search/index.htm](http://www.azdhs.gov/als/search/index.htm);
- Department of Justice Dru Sjodin National Sex Offender Public Website (NSOPW)
- Facility Accreditation Validation;
  - JCAHO: [http://www.qualitycheck.org/consumer/searchQCR.aspx](http://www.qualitycheck.org/consumer/searchQCR.aspx);

All practitioners are notified of their right to review information obtained by Cenpatico’s Credentialing Department to evaluate their credentialing and/or recredentialing application. This includes information obtained from any outside primary source such as the National Practitioner Data Bank - Healthcare Integrity and Protection Data Bank (NPDB – HIPDB), malpractice insurance carriers and the applicable licensing body.

Per Cenpatico’s policy on Credentialing Applicants Right to Review Information, this does not allow the applicants to review references, personal recommendations or other information that is peer or committee review protected. Should the credentialing applicant believe any of the information to be erroneous or should any information gathered as part of the primary source verification process differ from that submitted by the practitioner, they have the right to correct any erroneous information submitted by another party.

**Site Visits: (Policy CAZCRED03_Site Visits)**

On-site reviews by Cenpatico’s or Bridgeway’s staff are not necessarily required in the case of an initial or recredentialing review. The Cenpatico Credentialing Specialist reviewing the credentials will ensure that Hospitals and Behavioral Health & Physical Health facilities meet the following credentialing guidelines in lieu of a credentialing Site Visit:

- The provider is licensed/certified to operate in Arizona, as applicable, and is in compliance with any other applicable state or federal requirements. Applicants that do not have an active license with the appropriate state agency, will not be allowed into the network;
- If applicable, the appropriate accrediting body certification is within three years of the credentialing cycle review. If the Organizational entity is not accredited; a Centers for Medicare and Medicaid Services (CMS) certification that illustrates the Organizational entity is complaint and the certification has been completed within three years of the current credentialing review. If a CMS certification has not been conducted; an ADHS/DBHS Title XIX certification or state licensure review may stand as a substitute. In this case, the applicant must provide a copy of the report and any corrective action summaries must be in an accepted status.

Cenpatico’s or Bridgeway’s Provider Relations Department will conduct onsite visits to the provider/practitioner’s office to investigate member complaints related to quality of an office site for concerns about physical accessibility and appearance or adequacy of exam room/waiting room space or at the request of the credentialing committee.

The site evaluation includes but is not limited to:

- Staff information (i.e. provider makes interpreter services available);
- Office policies/general information;
- Physical/safety information/physical accessibility;
- Posting of office hours;
Credentialing Program Description

- Scheduling/appointment availability/office protocols;
- Availability of emergency equipment (as applicable);
- Medication administration/dispensing;
- Medical record keeping practices;
- Access/24-7 access.


The CAZ Credentialing Department monitors on a monthly basis:

- OIG and Sanctions findings from Cenpatico’s Compliance Department;
- Limitations or sanctions on state licensure;
- Licensure End Dates;
- Adverse events and complaints between recredentialing;
- The Providers AHCCCS ID, Category or Service and NPI.

Reports or notifications of providers are submitted to the Cenpatico’s Contracting, Network and Compliance Departments. This will allow for cross functional teams to be alerted of potential providers that may terminate from the network. The CMO or Credentialing Designee working with the CC will initiate appropriate corrective action for providers when occurrences of poor quality are identified. The CMO, Credentialing Designee or CC reviews sanctions during regularly scheduled meetings or via an Ad Hoc emergency meeting. For records that have been submitted to the CC, the Committee Members will be asked for their professional feedback and be given an opportunity to vote on whether or not the provider should be allowed continuation in Cenpatico’s or Bridgeway’s Network or be placed on a corrective action.

Credentialing Specialist Application Review Process:

Cenpatico’s credentialing staff will ensure that each application and the supporting documents that have been submitted are complete and accurate. To denote their findings, each file has to contain the Credentialing Check List document. This document denotes the dates the PSV was conducted, the source of the PSV, which Credentialing Specialist conducted the review and whether or not the file is deemed a clean or an adverse file. All Credentialing documents are scanned in order and saved in a secure location. Additionally, certain components from the credentialing application and PSV documents are keyed into the Credentialing Database.

File Maintenance:

Individual confidential files containing credentialing information for each credentialed practitioner are maintained electronically. Access to these files is limited to authorize personnel only. The supporting credentialing data is maintained in the credentialing database and is limited to Cenpatico’s Credentialing Department only.

All practitioner changes or updates are maintained in the Credentialing Database. Changes requiring updates to the providers’ demographic information are noted on the Weekly Credentialing Report that is distributed to several cross functional departments at Cenpatico and Bridgeway. The Provider Data Management department reconciles data on the approved and terminated tab weekly to ensure information is maintained accordingly in Cenpatico’s and Bridgeway’s main provider system Amisys.

Maintenance of Confidentiality: (Policy CAZCREDO6_Maintaining_Confidentiality_of_Credentialing_Information)

Practitioner/Provider information reviewed by the Credentialing Specialist is considered privileged and confidential. This information is maintained in a secure area and is accessible only to staff with a direct need to access this information. Cenpatico’s Credentialing staff receives the appropriate training on protecting the confidentiality of protected information, such as credentialing files. At least annually, Cenpatico’s Credentialing staff will sign a confidentiality agreement affirming that they will protect confidential data.
Credentialing Program Description

Practitioner/Provider Directory:

Cenpatico maintains an online Provider Directory, which is updated bi-weekly. The data is generated from Amisys Provider Data Management systems (Amisys) and the Cenpatico Credentialing Database. The Provider Data Management records housed in Amisys or the Credentialing Database are audited by the Cenpatico’s Provider Data Management Department & Provider Relations, via a series of audit reports developed by the Cenpatico’s Data Analytics team. The audit reports compare the Provider Data against Cenpatico’s internal business rules and against the state reference files and NPPES data. Cenpatico’s Provider Data Management Department completes an end to end review and make updates accordingly. In addition, any data that is linked to the Providers’ credentials, such as AHCCCS ID, NPI, License number, or DEA number, are reported to the Credentialing department for processing and file maintenance updates.

The Cenpatico Credentialing Specialist will randomly check 20 providers on the Cenpatico Provider Directory each quarter to ensure that the practitioner/provider information appearing in the directory, such as the practitioners’ names, degrees, specialties, locations and telephone numbers, aligns with the Credentialing Provider Data.

Credentialing Processing TAT’s:

For initials applications, if the requested information has not been submitted within the 90 days from the original receipt date, the credentialing process will be discontinued. The credentialing process will start over and be given a new received date, if the requested documents are submitted after the 90th day.

For recredentialed providers, if the requested information has not been submitted within the 90 days from the original request date, the provider will terminated from the network as outlined in Policy CAZCRED02_Recredentialing & CAZCRED10_Agency Termination.

Informational Reminders

Non Credentialed Providers that are deemed as participating providers like Labs, DME and HCTC (aka Foster home) providers, must complete a Demographic Form, submit a copy of current licensure, insurance and if requested a current copy of the providers W9 may be required. The required documents must be submitted to Cenpatico’s Credentialing Department. Cenpatico’s Provider Data Management department will have the provider loaded into the Provider Data Management system with 5 – 10 business days.

A provider must have an AHCCCS ID or be in the process of obtaining it to undergo the credentialing review at Cenpatico Integrated Care. Please note the following business rules, regarding AHCCCS ID’s

- If a provider does not have an AHCCCS ID, we will continue with the credentialing process.
- If the credentialing process is completed prior to the provider obtaining their AHCCCS ID, they will be loaded in our system as participating, but with a no payment allowed status.
- For practitioners that are prescribers, they will not be allowed to be enrolled in the US Scripts system as a prescriber until they receive their AHCCCS ID.

Nurse Practitioners must have the applicable scope of practice credentials/healthcare certification. The following are applicable Behavioral Health & Physical Health certifications for Nurse Practitioners.

- Family Psychiatric or Mental Health NP
- Adult Psychiatric and Mental Health NP
- Pediatric Primary Care Mental Health Specialist
- If none of these exist the practitioners license must denote “AP ISSUED PRIOR TO NATL CERT REQUIREMENT” and the provider must have a category of service (COS) attestation of 47 with AHCCCS
Credentialing Program Description

Effective Date: 3/26/2014
Revision Date: 1/26/2015, 2/4/2015

References:
- Quality Management and Performance Improvement Program Chapter 900, Policy 950 Credentialing and Recredentialing Processes
- CAZCRED01_Initial_Credentialing
- CAZCRED02_Recredentialing
- CAZCRED03_Site Visits
- CAZCRED04_Ongoing_Monitoring_of_Sanctions_and_Complaints
- CAZCRED05_Practitioners_Right_to_Review_and_Correct_Information
- CAZCRED06_Maintaining_Confidentiality_of_Credentialing_Information
- CAZCRED07_Reducing_Suspending_or_Terminating_PractitionerProvider_Participation
- CAZCRED08_Reconsideration_Process
- CAZCRED09_Primary_Source_Verification
- CAZCRED10_Agency_Termination
- CAZCRED11_Provisional_Credentialing
- Cenpatico Behavioral Health Provider Manual

Definitions:
Cenpatico IC: Cenpatico Integrated Care
EMT: Executive Management Team
CC: Credentialing Committee
Applicants: Physical Health Physicians (MD’s and DO’s), Allied Health Practitioners, Licensed Psychologists (PhD’s), Licensed Psychiatrists, Nurse Practitioners that are certified to practice within scope, Physician Assistants, Licensed Clinical Social Workers (LCSW’s), Licensed Marriage and Family Therapists (LMFT’s), Licensed Independent Substance Abuse Counselors (LISAC’s), Licensed Professional Counselors (LPC’s) and state mandated non-licensed Behavioral Health & Physical Health practitioners. This also includes Organizational providers include, at a minimum, Hospitals, Ambulatory Surgical Centers, Behavioral Health & Physical Health Residential Facilities, Behavioral Health & Physical Health Outpatient Clinics, free standing psychiatric hospitals, psychiatric and addiction disorder units, units in general hospitals, psychiatric and addiction disorder residential treatment centers and community mental health centers.

Revision Log

<table>
<thead>
<tr>
<th>Revision Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Added policies that linked to processes outline in the Program Description</td>
<td>4/7/2014</td>
</tr>
<tr>
<td>Added specific licensing types for Credentialing Committee Members</td>
<td>8/6/2014</td>
</tr>
<tr>
<td>Added additional information on the Reconsideration process</td>
<td>8/6/2014</td>
</tr>
<tr>
<td>Added CAQH requirement for applicable practitioners</td>
<td>8/6/2014</td>
</tr>
<tr>
<td>Added TAT &amp; Informational Reminders Sections</td>
<td>10/3/2014</td>
</tr>
<tr>
<td>Changed company name to Cenpatico IC, included physical health language, general grammatical updates &amp; corrections. Added the timeframe that providers can reapply that are denied or terminated in Credentialing</td>
<td>1/26/2015</td>
</tr>
<tr>
<td>Credentialing Committee Approval and recommendations, general updates and clarification on processing rules, changed the template</td>
<td>2/4/2015</td>
</tr>
</tbody>
</table>