



Section 3.20

Credentialing and Re-credentialing

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I. STATEMENT OF PURPOSE:

The credentialing and re-credentialing processes are integral components of the Arizona Health Care Cost Containment System (AHCCCS) quality management program. The credentialing and re-credentialing processes help to ensure that qualified behavioral health providers, who are capable of meeting the needs of the persons who are seeking and/or receiving behavioral health services, participate in the AHCCCS provider network.

Credentialing and re-credentialing 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 re-credentialing 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 AHCCCS behavioral health system.

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

II. REFERENCES:

The following Pascua Yaqui (PY) Centered Spirit Program (CSP) Provider Manual sections can serve as additional resources for this content area:

Section 3.9, Assessment and Service Planning

Section 3.10, Serious Mental Illness (SMI) Eligibility Determination



The following citations and AHCCCS document can also serve as a resource for this content area:

42 CFR 438.214
A.R.S. Title 32, Chapter 33
A.R.S. § 36-551
4 A.A.C. 6
9 A.A.C. 20-101
9 A.A.C. 20-204
AHCCCS/TRBHA Intergovernmental Agreement (IGA) 2021

III. **DEFINITIONS:**

Behavioral Health Clinician (BHC): An individual who meets the applicable requirements in A.A.C. R9-20-204 and is a licensed:

1. Psychiatrist,
2. Behavioral health medical practitioner,
3. Psychologist,
4. Social worker,
5. Counselor,
6. Marriage and family therapist,
7. Substance abuse counselor, or
8. Registered nurse with at least one year of full-time behavioral health work experience.

Behavioral Health Technician (BHT): An individual who meets the applicable requirements in A.A.C. R9-20-204 and:

1. Has a master's degree or bachelor's degree in a field related to behavioral health;
2. Is a registered nurse;
3. Is a physician assistant who is not working as a medical practitioner;
4. Has a bachelor's degree and at least one year of full-time behavioral health work experience;
5. Has an associate's degree and at least two years of full-time behavioral health work experience;



6. Has a high school diploma or high school equivalency diploma and:
 - a. 18 credit hours of post-high school education in a field related to behavioral health completed no more than four years before the date the individual begins providing behavioral health services and two years of full-time behavioral health work experience; or
 - b. Four years of full-time behavioral health work experience; or
 - c. Is licensed as a practical nurse, according to A.R.S. Title 32, Chapter 15, with at least two years of full-time behavioral health work experience.

Credentialing: Is the process of obtaining, verifying and assessing information (e.g., validity of the license, certification, training and/or work experience) to determine whether a behavioral health professional or a behavioral health technician has the required credentials to provide behavioral health services to persons enrolled in the AHCCCS behavioral health system. It also includes the review and primary source verification of applicable licensure, accreditation and certification of behavioral health providers.

Independent Licensed Practitioners: Behavioral health professionals who are:

1. Physicians (MD and DO),
2. Licensed Psychologists,
3. Nurse Practitioners, or
4. Physician Assistants.

Independent Licensed Practitioners also include the following behavioral health professionals who are licensed by the Arizona Board of Behavioral Health Examiners (Az BBHE) and authorized to practice without direct supervision:

5. Licensed Clinical Social Workers,
6. Licensed Professional Counselors,
7. Licensed Marriage and Family Therapists, and
8. Licensed Independent Substance Abuse Counselors.

Primary Source Verification: Verification is a direct contact with the sources of credentials. For example, this may include residency programs, licensing agencies, and specialty boards to guarantee that statements about training, experience and other qualifications are legitimate, unchallenged, and appropriate.



Temporary/provisional credentialing: The process of granting temporary or provisional credentials when it is in the best interest of members that providers be available to provide care prior to completion of the entire credentialing process. This process is applied in medically underserved areas, whether rural or urban. Temporary/provisional credentialing is granted in accordance with initial credentialing requirements and within 14 calendar days from receipt of a complete application.

IV. **STANDARDS:**

- A. The objectives of the credentialing and re-credentialing processes are to:
 - 1. Maintain fair credentialing and re-credentialing processes in which standards are applied consistently throughout the state;
 - 2. Obtain application information about a potential provider's background and work history;
 - 3. Verify credentials and other information (e.g., malpractice or sanction activity) with primary sources;
 - 4. Provide flexibility in the process (i.e., expedited credentialing) so that any gaps in service provider networks can be expeditiously addressed.
- B. The credentialing process operates in compliance with federal requirements that prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid.
- C. Mechanisms are in place to ensure that the credentialed clinicians renew licenses or certifications required by the appropriate licensing/certifying entity and continuously practice under a current and valid license/certification.
- D. Behavioral health care providers who are part of the CSP network are subject to an initial site visit as part of the initial credentialing process.

V. **PROCEDURES:**

- A. General process for credentialing:
 - 1. The Pascua Yaqui (PY) Tribe Department of Human Resources and CSP business office ensures primary source verification of all new staff members and ensures ongoing conformance with certification and licensure requirements. An initial credentialing form is completed by all clinical providers and kept in personnel file. CSP providers will complete a re-credentialing form every three years to ensure verification of credentialing.
 - 2. CSP also ensures that all staff members are privileged to complete assessments and treatment plans.



3. CSP maintains a fair credentialing and re-credentialing process that:
 - a. Does 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;
 - b. Affords 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;
 - c. Notifies the provider when the information obtained through the verification process varies substantially from what the provider provided;
 - d. Ensures credentialing/re-credentialing information is kept confidential;
 - e. 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.

4. CSP ensures that clinicians are credentialed and re-credentialed. This process occurs at least every three years and includes an update of information obtained during the initial credentialing and considers any available information on the provider's performance. The credentialing and re-credentialing forms are kept in a personnel file for each credentialed provider. Each file must include:
 - a. The initial credentialing and all subsequent re-credentialing applications including attestation by the applicant of the correctness of the application as demonstrated by signature on the application;
 - b. Information gained through credentialing and re-credentialing queries; and
 - c. Utilization data, quality of care concerns, performance measure rates, and level of member satisfaction, and



- d. Any other pertinent information used in determining whether or not the provider meets CSP's credentialing and re-credentialing standards.

Notification requirement:

CSP has procedures for reporting to appropriate authorities including AHCCCS, the provider's regulatory board or agency, Adult Protective Services (APS), Child Protective Services (CPS), Office of the Attorney General, (OAG), etc. any serious quality deficiencies that could result in a provider's suspension or termination from the network. If the issue is determined to have criminal implications, a law enforcement agency must also be notified. CSP must:

1. Maintain documentation of implementation of the procedure, as appropriate;
2. Have an appeal process for instances in which the TRBHA chooses to alter the provider's contract based on issues of quality of care and/or service; and
3. Inform the provider of the appeal process.

Additional standards:

Other standards related to the credentialing process include the following:

1. 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;
2. Documentation must show that the following sites have been queried. Any provider that is found to be on any of the lists below may be terminated without the right to appeal:
 - a. AHCCCS Office of Inspector General (AHCCCS OIG) List of Excluded Individuals/Entities (LEIE); and
 - b. General Services Administration (GSA) Excluded Parties List System (EPLS);
3. Mechanisms must be put in place to ensure that licensed providers renew licenses or certifications required by the appropriate licensing/certifying entity and continuously practice under a current and valid license/certification; and
4. Behavioral health care providers who are part of the TRBHA network are subject to an initial site visit as part of the initial credentialing process.



B. Temporary or provisional credentialing process:

The TRBHA shall have 14 calendar days from receipt of a complete application to render a decision regarding temporary or provisional credentialing. Once provisional/temporary credentialing is approved, provider information must be entered into the TRBHA's information system to allow payment to the provider effective the date the provisional credentialing is approved.

Providers working in a Federally Qualified Health Center (FQHC) and FQHC Look-alike Center, as well as hospital employed physicians (when appropriate), must be credentialed using the temporary or provisional credentialing process even if the provider does not specifically request their application be processed as temporary or provisional.

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

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

In addition, the applicant must furnish the following information:

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

The TRBHA must conduct primary source verification of the following:

1. Licensure or certification (a signed statement from the medical or nursing board of examiners stating they do primary verification of education and internship/residency as part of the licensing process is acceptable);



2. Board certification, if applicable, or the highest level of credential attained; and
3. National Practitioner Data Bank (NPDB) query; or

In lieu of NPDB query, all of the following:

1. Minimum five-year history of professional liability claims resulting in a judgment or settlement;
2. Disciplinary status with regulatory board or agency; and
3. Medicare/Medicaid sanctions.

The TRBHA's Medical Director must review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification and committee review, as outlined in this Section, should be completed.

The TRBHA 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 TRBHA may issue a second temporary credential. All credentialing must be completed by the end of the second six-month period.

C. Credentialing requirements:

Credentialing is required for the following providers prior to conducting assessments and serving as clinical liaisons:

1. Physicians (MD and DO);
2. Licensed Psychologists;
3. Nurse Practitioners;
4. Physician Assistants;
5. Licensed Clinical Social Workers (only required if they will be billing independently);
6. Licensed Professional Counselors (only required if they will be billing independently);
7. Licensed Marriage and Family Therapists (only required if they will be billing independently);



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8. MA Social Worker;
9. BA Social Worker;
10. Substance Abuse Counselor;
11. Associate Counselor;
12. Associate Marriage and Family Therapist;
13. Registered nurse with at least one year of full-time behavioral health experience;
14. Behavioral Health Professionals; and
15. Behavioral Health Technicians

The credentialing process includes a written application to be completed, signed and dated by the potential provider that attests to the following elements:

1. Reasons for inability to perform essential functions with or without accommodations, if any;
2. Lack of present illegal drug use;
3. History of loss of certification/license or felony convictions;
4. History of loss or limitation of privileges or disciplinary activity;
5. Current malpractice insurance coverage; and
6. Attestation by the applicant of the correctness and completeness of the application.
7. Correctness and completeness of the application; and
8. Minimum five-year work history or total work history if less than five years; and
9. Current Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) certificate, as applicable.

Verification of:

1. Certification by Az BBHE or Board of Nursing or Board of Medical Examiners, Board of Psychologists; and



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2. A review of complaints received and disciplinary status through Az BBHE or Board of Nursing or Board of Medical Examiners, Board of Psychologists;
3. Documentation of graduation from an accredited school and completion of any required internships/residency programs, or other postgraduate training filed in personnel file: and

CSP conducts primary source verification of the following:

1. Licensure or certification; and
2. Excluded Provider List System (EPLS)
3. National Practitioner Data Bank (NPDB) query; or

In lieu of NPDB query, all of the following:

1. Minimum five-year history of professional liability claims resulting in a judgment or settlement;
2. Disciplinary status with regulatory board or agency; and
3. Medicare/Medicaid sanctions; and
4. State Sanctions or limitations of licensure.

For credentialing of independent master's level behavioral health therapists who are registered by AHCCCS to bill independently, primary source verification of:

1. Licensure by Az BBHE;
2. A review of complaints received and disciplinary status through Az BBHE;
3. Minimum five-year history, or total history if less than five years, of professional liability claims resulting in a judgment or settlement; and
4. Medicare/Medicaid sanctions, if applicable.

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



In accordance with AHCCCS policy, CSP requires that all providers who will be conducting assessments or serving as a Clinical Liaison must be privileged as well as credentialed. In order to be privileged:

1. All behavioral health professionals and behavioral health technicians must complete AHCCCS designed training classes on the Arizona assessment process and the role of BHCs and BHTs.
2. Additionally, all BHTs must complete an additional AHCCCS designed training session on the assessment process, (e.g., mental health status exam, DSM, clinical formulation). BHTs must also demonstrate competence by completing a minimum of three adequate assessments under the supervision of a behavioral health professional.

The BHC supervising the BHT must complete the following documentation:

1. An attestation to the BHT's competencies for performing assessments. PM Form 3.20.1, is used to document this requirement; and
2. Reporting on the BHT's case supervision. PM Form 3.20.2, is used to document this requirement.

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.

E. Re-credentialing:

CSP ensures that all credentialed providers described above are recredentialed. The re-credentialing process must:

1. Occur at least every three years; and include
2. Updated information obtained during the initial credentialing process except:
 - a. History of loss of license and/or felony convictions;
 - b. Minimum five-year work history;
 - c. Board certification, if the provider is Board certified; and
 - d. Initial site visits performed for all behavioral health care providers who are part of CSP network.



The re-credentialing of individual providers must include a process for ongoing monitoring and intervention if appropriate, provider, sanctions, complaints, and quality issues, which include, at a minimum, reviews of:

1. Medicare/Medicaid sanctions;
2. State sanctions or limitation on licensure;

Member concerns including grievances (complaints) and appeals information; and
3. Utilization management information (such as: hospital length of stay, pharmacy utilization);
4. Performance improvement and monitoring (such as performance measure rates);
5. Results of any medical record review audits; and
6. Quality of care issues (including trend data). If an adverse action is taken with a provider due to a quality of care concern, the TRBHA must report the adverse action to the AHCCCS Clinical Quality Management Unit.

F. Additional credentialing standards for hospitals and behavioral health facilities:

Hospitals and behavioral health facilities, Bureau of Medical Facility Licensing (BMFL) Level I, II, III, outpatient clinics and AHCCCS Title XIX certified community service agencies must ensure the following:

1. The provider is licensed to operate in Arizona as applicable and is in compliance with any other applicable state or federal requirements; and
2. The provider is reviewed and approved by an appropriate accrediting body, or if not accredited, Centers for Medicaid and Medicare Services (CMS) certification, AHCCCS 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 TRBHA that verifies that a review was conducted and compliance was achieved.

Initial assessment of organizational providers:

As a prerequisite to contracting with the provider, the TRBHA must ensure that the organizational provider has established policies and procedures that meet AHCCCS requirements. The requirements described in this section must be met for all providers included in the TRBHA network (including, but not limited to, hospitals, home health agencies, attendant care agencies, group homes, nursing



facilities, behavioral health facilities, dialysis center, transportation companies, dental and medical schools, and free standing surgicenters).

Prior to contracting with the provider, the TRBHA must:

1. Confirm that the provider has met all the state and federal licensing and regulatory requirements (a copy of the license or letter from the regulatory agency will meet this requirement);
2. Confirm that the provider is reviewed and approved by an appropriate accrediting body as specified by the CMS (a copy of the accreditation report or letter from the accrediting body will meet this requirement). The TRBHA must state in policy which accrediting bodies it accepts;
3. Conduct an onsite quality assessment if the provider is not accredited. The TRBHA must develop a process and utilize assessment criteria for each type of unaccredited organizational provider for which it contracts which must include, but is not limited to, confirmation that the organizational provider has the following:
 - a. A process for ensuring that they credential their practitioners;
 - b. Liability insurance;
 - c. Business license; or
 - d. CMS certification or state licensure review/audit may be substituted for the required site visit. In this circumstance, the TRBHA must obtain the review/audit documentation from CMS or the state licensing agency and verify that the review/audit was conducted and that the provider meets the TRBHA's standards. A letter from CMS that states the organizational provider was reviewed/audited and passed inspection is sufficient documentation when the TRBHA has documented that they have reviewed and approved the CMS criteria and they meet the TRBHA's standards; and
 - e. Review and approve the provider through the TRBHA's credentialing committee.

Reassessment of organizational providers:

TRBHAs must reassess organizational providers at least every three years. The reassessment must include the following components and all information utilized by TRBHAs must be current:



1. Confirmation that the organizational providers remain in good standing with the State of Arizona, and
2. Federal bodies, and, if applicable, are reviewed and approved by an accrediting body. To meet this component the TRBHA must validate that the organizational provider meets the conditions listed below:
 - a. Federal requirements as applicable; and
 - b. Is reviewed and approved by an appropriate accrediting body. If an organization is licensed to operate in the State, and is in compliance with any other State or provider is not accredited an on-site review must be conducted, including minimally the components described above in *Subsection 3.20.7-F*;
 - c. Assess data available to the BMFL facility including:
 - i. The most current review conducted by BMFL licensing and/or summary of findings (please include date of review);
 - ii. Record of on-site inspection of non-licensed organizational providers to ensure compliance with service specifications.
 - iii. Evaluate organizational provider specific information including, but not limited to, the following:
 1. Member concerns which include grievances (complaints);
 2. Utilization management information (if applicable);
 3. Performance improvement and monitoring (if applicable);
 4. Results of medical records review audits (if applicable);
 5. Quality of care issues and, if an adverse action is taken with a provider due to a quality of care concern, the TRBHA must report the adverse action to the AHCCCS Clinical Quality Management Unit; and
 6. Onsite assessment.



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Review and approval by the TRBHA's credentialing committee with formal documentation that includes any discussion, review of thresholds, and complaints or grievances.

Notice of requirements (limited to providers):

The TRBHA must have procedures for reporting (in writing) to appropriate authorities (AHCCCS, the provider's regulatory board or agency, OAG, etc.) any known serious issues and/or quality deficiencies. If the issue/quality deficiency results in a provider's suspension or termination from the TRBHA's network, it must be reported. If the issue is determined to have criminal implications, a law enforcement agency must also be notified.

The TRBHAs must maintain documentation of implementation of the procedure, as appropriate:

1. The TRBHA must have an appeal process for instances in which the TRBHA chooses to alter the provider's contract based on issues of quality of care and/or service; and
2. The TRBHA must inform the provider of the appeal process.