SANDHILLS CENTER

Health Network Operations Credentialing Overview

qmcappd 6-28-16

urac ACCREDITED Health Network Expires 05/01/2019

urac ACCREDITED Health Call Center Expires 05/01/2019

urac ACCREDITED Health Utilization Management Expires 05/01/2019

Agencies, Facilities & LIPs Credentialing

Sandhills Center is committed to ensuring that the network is comprised of qualified agencies, facilities and licensed independent practitioners and recognizes the importance of behavioral health services to meet the needs of its members.

- Agencies include but are not limited to Critical Access Behavioral Health Agencies (CABHA), and specialty providers.

- Facilities include but are not limited to inpatient psychiatric and substance abuse treatment facilities, Psychiatric Residential Treatment Facilities, and Facility Based Crisis programs.

- Licensed Practitioners providing outpatient services such as psychiatric care, assessment & outpatient therapy.

Sandhills Center does not credential facilities such as Acute Inpatient Facilities, Skilled Nursing Facilities, Freestanding Surgical Centers or Home Health Agencies, whose primary services are not related to the treatment of behavioral health disorders.

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SHC under State mandate and guidance establishes credentialing and re-credentialing criteria for each type and category of network providers. SHC Chief Clinical Officer / Medical Director is responsible for oversight of the clinical aspects of the credentialing program. This position is responsible for the identification of emerging "best practices", review of new and revised service specific criteria, review of emergency credentialing applications, "Member Safety Credentialing" (concerns related to professional liability claims history – N-CR 10) and review and approval of all "clean applications" and "flagged applications".

The Chief Clinical Officer / Medical Director serves as chair of the SHC Clinical Advisory Committee. The Chief Clinical Officer / Medical Director works closely with the Provider Network Operations Director.

Criteria is reviewed and approved by the Clinical Advisory Committee and / or the Chief Clinical Officer / Medical Director.

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Credentialing applications are not to be submitted to the Clinical Advisory Committee and/or the Chief Clinical Officer / Medical Director for review if the provider's signature and date on the application is greater than 180 days old, or if primary or secondary source verification information collected is more than 6 months old.

Steps to Review Credentialing Information

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1. Applications received by Network Operations Support Staff are date stamped and logged in with the date of receipt.
2. The staff sends correspondence to the applicant that the application has been received.
3. Application are then dispersed to one of the assigned credentialing specialists depending on the case load.
4. The assigned credentialing specialist conducts the initial review of the application checking for completeness.
5. The specialist then reaches out to the applicant within 10 days of receipt, either letting them know that the application is considered complete or that additional information is needed.
6. Primary Source Verification is completed by the specialist – Licensure Boards (practitioners & facilities, if applicable), SAM, OIG, NTIS, NPPES, NPDB and Secretary of State.
7. Information for the initial review and primary source is entered into the electronic database under either LIP or Agency Credentialing with dates received / not received, dates of initial review and primary source verification with the staff's initials completing the tasks.

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8. If applicable, information requested by the credential specialist must be provided within 20 days of the request.
9. Once the information is received the supplemental / secondary review is then conducted by a credentialing specialist, other than the one who completed the initial review or by the Network Management Manager for accuracy. Findings are documented in the provider's electronic file by date and initials of the performing staff.
10. For completed agency applications, an on site review will be completed within 20 business days of review. SHC shall notify the prospective provider within 10 business days via certified letter regarding the results of the on site review.
11. All clean applications will be presented to the Chief Clinical Officer / Medical Director for approval. Once approved the credentialing specialist notifies the provider within 10 business days by letter that the Clinical Advisory Committee is making recommendation to the SHC Board of Directors to approve establishment of a contract.

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12. If applicable, information requested by the credential specialist must be provided within 20 days of the request.
13. If the on site review yields areas of concern the application will be "pended" for a "Plan of Correction" . SHC then has 15 business days to evaluate the material and schedule an abbreviated on site review, if needed. SHC then has 5 business days to notify the applicant if the POC is acceptable, if not acceptable the applicant can submit a second POC. If the second POC is denied, the applicant has a waiting period of 6 months prior to re-applying to the network.
14. Once the BOD approves, data entry is completed in the provider's electronic file with the effective date being the date of the SHC Board meeting.
15. Attachments describing the list of services by site that have been approved by the BOD are composed by the credentialing specialist / network data reports manager and this information is forwarded to the contracts unit at SHC for the final composition of the contract.

Attachments	Description
Attachment 1	List of Medicaid services by site
Attachment A	List of IPRS (State Funded) services by site
Attachment B	List of B-3 Innovations (Medicaid) services by site

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Questions?