

Prospective Provider Review and Credentialing

Policy:

Prior to contracting with a new provider, Central Florida Behavioral Health Network (CFBHN) conducts a review of the prospective organization to ensure that their administrative, clinical and business operations meet guidelines established for inclusion in the network.

Purpose:

This policy establishes the process for the CFBHN review of prospective providers' clinical, administrative and business operations prior to the initiation of a Network contract. This process does not apply to proviso programs, or those for which CFBHN has been designated by the Department of Children and Families to serve as a fiscal agent.

Procedure

1. Agencies that have preliminarily expressed interest in inclusion into the Central Florida Behavioral Health Network undergo a formal review of their administrative, clinical and business operations.
 - A. Information gathered during the review is confidential, and is not shared outside of the CFBHN departments that conduct the review. Prospective providers maintain the right to access information shared with CFBHN during the review and credentialing process.
 - B. Prospective providers undergoing review have the right to be informed of their status in the review process. Status updates will be made by phone or in writing by the CFBHN Chief Clinical Officer (CCO).
 - C. CFBHN does not make network inclusion decisions based solely on an applicant's race, ethnic/national identity, religious affiliation, gender, age, sexual orientation, or the types of procedures or patients in which the practitioner specializes. This does not preclude the Network from including practitioners who meet certain demographic or specialty needs, e.g. to provide culturally-specific services.
2. The Administrative item review is conducted by the Director of Contracts and the CCO. It includes:
 - A. Verification of status as a not-for-profit organization
 - B. Verification of licensure and/or certification in good standing with the appropriate state agency or certification board.
 - C. As applicable, verification that the organization is a Medicaid and/or Medicare provider
 - D. Verification that staff credentialing is current and utilizes primary source documentation. Also, that Level II employment screening requirements are met for substance abuse personnel (397.451 FS) and mental health personnel (435.04 FS).
 - F. Verification of accreditation status
 - G. Verification that the provider is not listed on the state of Florida's Convicted Vendor List or Scrutinized Vendor List.
3. The Business Operations review is conducted by staff of the CFBHN Finance and Information Technology departments. It includes:
 - A. The review of the provider's most recent audit and financial documents to conduct financial stability testing.
 - B. legal and malpractice claims history review.
 - C. Ensuring that minimum requirements for professional and general liability insurance coverage of \$1 million per occurrence and \$3 million aggregate are met or can be put into place.

Prospective Provider Review and Credentialing (continued)

- D. Conversation between CFBHN and the prospective provider’s Information Technology staff to ensure that computer and data transfer systems are secure, and able to adhere to CFBHN’s data submission and collection requirements.

- 4. A Clinical review conducted as a site visit by the Chief Clinical Officer and Network Development and Community Service (NDCS) staff members. The site visit includes:
 - A. A walk-through of the physical space, including waiting areas, examination rooms, counseling offices and client rooms.
 - B. Review of Risk Management practices.
 - C. Review of Health and Safety practices.
 - D. Review of Ethical practices in in service delivery.
 - E. Review of client confidentiality practices, including staff training on this topic.
 - F. Appointment availability statistics and documentation.
 - G. Review of clinical record-keeping, including the electronic health record system (as applicable)
 - H. Review of procedures related to client referrals and wait lists
 - I. For unaccredited providers, a review of the CARF Standards for Unaccredited Providers that the organization will be required to meet. This may be reviewed as part of a separate site visit conducted by NDCS and Continuous Quality Improvement (CQI) staff members.
 - J. Overall:
 - 1) Implementation of person-centered, recovery-oriented system of care.
 - 2) The organization’s capacity to fulfill the mission of the network.
 - 3) The organization’s ability to fulfill its potential role within the network.

- 5. The CFBHN departments that conduct each component of the review will share results with one another to determine if the organization has been selected for inclusion into the Network.
 - A. Organizations that meet the requirements established by the Administrative, Business, and Clinical practices review teams receive written notification of CFBHN’s intention to contract for network services.
 - B. Organizations found to be ineligible for network inclusion in one or more areas of the review will be notified in writing of:
 - 1) The reason(s) that they were found to be ineligible;
 - 2) As appropriate, information and resources that may help to improve the agency’s eligibility in the future;
 - 3) CFBHN’s process to appeal the decision. The CFBHN Executive Committee hears appeals of provider/organization disciplinary actions and new provider exclusion decisions.

<p>CFBHN Policy – Prospective Provider Review and Credentialing</p> <p>Approval: _____ Linda McKinnon, President/Chief Executive Officer</p>	<p>Date Issued: <u>06/01/10</u></p> <p>Last Review Date: <u>08/07/18</u></p> <p>Last Revision Date: <u>08/07/18</u></p>
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