

Prospective Network Service Provider Review and Credentialing

Policy

It is the policy of Central Florida Behavioral Health Network, Inc. (CFBHN) to conduct a review of prospective Network Service Providers (NSPs) 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 review of prospective NSP's clinical, administrative and business operations prior to the initiation of a Network subcontract. This process does not apply to proviso programs or those which have been designated for funding directly by the Department of Children and Families (DCF).


Procedure

1. Agencies that have preliminarily been identified for inclusion into the Network undergo a formal review of their administrative compliance, clinical, financial and Information Technology (IT) operations.
 - A. Information gathered during the review is confidential, and is not shared outside of the CFBHN departments that conduct that review. Prospective NSPs maintain the right to access information shared with CFBHN during the review and credentialing process.
 - B. Prospective NSPs undergoing review have the right to be informed of their status in the review process. Status updates are 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, gender identity/expression 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 Prospective Provider Review and Approval Checklist, attached to this policy, defines the responsibilities of the CCO, Chief Financial Officer (CFO), Director of Contracts, and Director of IT during the review and credentialing process.
3. The CFBHN departments that conduct each component of the review share results with one another to determine if the organization is 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 subcontract for network services.
 - B. Organizations found to be ineligible for network inclusion in one or more areas of the review are notified in writing of:
 - 1) The reasons(s) they are 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.

Prospective Provider Review and Credentialing
(continued)

 <p>PROSPECTIVE NETWORK PROVIDER REVIEW and APPROVAL CHECKLIST</p>
<p>1. Clinical Review (Responsible Party: Chief Clinical Officer)</p> <p>A. Completion of a site visit, to include:</p> <ol style="list-style-type: none"> 1) Walk-through of the physical space, including waiting areas, examination rooms, and counseling offices. 2) Review of Risk Management practices. 3) Review of Health and Safety practices. 4) Review of Ethical practices in in service delivery. 5) Review of client confidentiality practices, including staff training on this topic. 6) Appointment availability data and documentation. 7) Review of clinical record-keeping, including the electronic health record system (as applicable) 8) Review of procedures related to client referrals and wait lists. 9) For unaccredited providers, a review of the CARF Standards for Unaccredited Providers. <i>This may be reviewed as part of a separate site visit conducted by NDCS and Continuous Quality Improvement (CQI) staff members.</i> <p>B. Evaluation of the organization's ability as a whole to:</p> <ol style="list-style-type: none"> 1) Implement a person-centered, recovery-oriented system of care. 2) Fulfill the mission of the network. 3) Fulfill its potential role within the network.
<p>2. Contract Compliance/Legal Review (Responsible Party: Director of Contracts)</p> <p>A. Required documents:</p> <ol style="list-style-type: none"> 1) Accreditation: Certificate; Report of most recent accreditation survey results; Corrective actions, performance improvement Plans, and performance data submitted to accrediting body. 2) Agency Service Capacity report, Projected Cost Center Operating and Capital Budget, Cost Center Personnel Data Report. 3) Deaf and Hard-of-Hearing Attestation Letter 4) CFBHN Business Associate Agreement 5) Certification of a Drug-Free Workplace Form 6) Civil Rights Compliance checklist 7) Civil Rights certificate 8) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts 9) Certification Regarding Lobbying/Certification for Contracts, Grants, Loans and Cooperative Agreements 10) Cost Allocation Plan 11) Current List of Board Members, to include mailing address, email, and phone number 12) Data Universal Numbering System (DUNS) Number 13) Dispute Resolution – Name and position of the person assigned. 14) Federally-Approved Indirect Cost Rate letter 15) Financial and compliance audit 16) Financial reports – Profit/loss statement, balance sheet, and statement of cash flows 17) Indigent Drug Program (IDP) agreements 18) Insurance – Proof of general, automobile and professional liability naming the Dept. of Children and Families and CFBHN as additional insureds under the policies. (Minimum requirements for professional and general liability insurance coverage of \$1 million per occurrence and \$3 million aggregate.) Optional: Cyber insurance coverage. 19) Documentation of legal signing authority. 20) Copies of all licenses (DCF, AHCA, etc.) 21) Local match plan 22) Memorandum of Understanding with Federally Qualified Health Centers 23) National Provider Identifier (NPI) 24) Organization chart with employee names, positions, and date of last revision 25) Program description 26) Provider fee policy 27) Scrutinized Vendor Certification 28) Sliding fee scale based on most recently published poverty guidelines. 29) Copies of contracts for subcontracted primary services 30) Proof of tax-exempt non-profit status – 501(c)(3) determination letter and tax-exempt certificate <p>B. A legal and malpractice claims history review, if applicable.</p>

Prospective Provider Review and Credentialing
(continued)

 PROSPECTIVE NETWORK PROVIDER REVIEW and APPROVAL CHECKLIST
3. Financial Review (Responsible Party: Chief Financial Officer)
A. A review of the provider's most recent audit and financial documents to conduct financial stability testing.
B. As applicable, verification that the organization is a Medicaid and/or Medicare provider.
4. IT Review (Responsible Party: IT Director)
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.

Prospective Provider Review and Credentialing	Date Issued: <u>06/01/2010</u>
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