

**TITLE: CREDENTIALING OF PROVIDERS**

**PURPOSE:** The Center for Health Care Services (CHCS) will ensure each provider possesses the required education, certification or license, training, experience, and demonstrated competency to perform the functions of their assigned position. The Center maintain a policy and procedure for initial Credentialing and continued Re-credentialing of licensed providers with whom it contracts or employs to provide services to its consumers. This policy supersedes Board Policy 6.13, 'Credentialing of Providers' dated March 29, 2006.

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[Key words: Provider, Credentialing, Credentialing Committee, Credentialing Specialist, Medical Executive Committee, Criminal Background Check, Direct Care, Loss of Privileges, National Committee for Quality Assurance (NCQA), National Providers Data Bank (NPDB), Primary Source Verification, and Privileges]

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**POLICY STATEMENT:**

To ensure quality care for the consumers served, only licensed providers who are professionally competent and continuously meet the credentialing standards and requirements established by CHCS will be authorized to provide services.

**SCOPE:**

The processes described in this policy apply to all licensed providers who provide services billed through CHCS.

## **POLICY ELABORATION:**

### **I. DEFINITIONS**

- A. “Provider” – Physicians, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Professional Counselors, Registered Nurses, Licensed Vocational Nurses, Occupational / Physical / Speech Therapists, Licensed Chemical Dependency Counselors, Early Childhood Intervention Specialists, Advanced Nurse Practitioners, Physician’s Assistants, Educational Psychologists and other licenses and/or professionals as deemed necessary by the Center.
- B. “Credentialing” - the formal process through which CHCS:
  - 1. collects, verifies and evaluates the professional credentialing and qualifications of licensed individual providers against the criteria, standards and requirements established by CHCS for providing services to CHCS consumers; and
  - 2. determines whether such individual provider meets these criteria, standards and requirements.
- C. “Credentialing Committee” – shall include the Center’s Chief Operating Officer (COO) or designee (non-voting), the Center’s Medical Director/Chief of Staff (voting privileges), the Director of Contracts and Procurement or designee (non-voting), Center Legal Counsel (non-voting), two licensed Physicians (voting privileges), and the Credentialing Specialist (in a support role). The committee will also include one representative of each of the following licensed provider disciplines: Licensed Professional Counselor, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Chemical Dependency Counselor, and Advanced Nurse

Practitioner (voting privileges) to be appointed by the President / CEO to attend on an ad-hoc basis as determined by specific credentialing applications up for review at each scheduled meeting. A general quorum is defined as three licensed Physicians, which must include the Medical Director/Chief of Staff or designee. If a non-Physician, licensed provider application (as defined above) is scheduled for review, the appropriate appointed licensed provider representative or designee must also be present. The Medical Director/Chief of Staff will serve as Chair of this Committee and is directly responsible for the Credentialing Committee process, as a subset of the Medical Executive Committee. (MEC).

- D. “Credentialing Specialist” – The staff member responsible for ensuring all licensed staff are appropriately credentialed/re-credentialed with third party payors, and that said licensed staff maintain current licensure requirements.
- E. “Criminal Background Checks” - All providers will have documentation of a completed background check prior to credentialing to provide services for the Center.
- F. “DPS” – Texas Department of Public Safety Controlled Substances Registration
- G. “DEA” – US Department of Justice Drug Enforcement Administration registration to prescribe controlled substances
- H. “National Committee of Quality Assurance” (NCQA) - A private, non-profit accrediting body that evaluates health plans in the areas of patient safety, confidentiality,

consumer protection, access, service, and continuous improvement.

- I. “National Provider Data Bank” (NPDB) – The NPDB is primarily an alert or flagging system intended to facilitate a comprehensive review of health care Providers’ professional credentials. The information contained in the NPDB is intended to direct discrete inquiry into, and scrutiny of specific areas of a Providers’ licensure, professional society memberships, medical malpractice payment history, and record of clinical privileges. The information contained in the NPDB should be considered together with other relevant data in evaluating a Providers’ credentials; it is intended to augment, not replace, traditional forms of credentials review.
- J. “Notification of Decision” – The organization will notify the applicant of the credentialing decision within seven (7) working days of the Credentialing Committees’ decision.
- K. “Primary Source Verification” – For the purposes of this policy, “verify” or “verification” means confirmation and evidence from the issuing source or designated monitoring entity of the requested information. The process of confirming a licensed provider’s claim of experience, education, and evidence of licensure. Primary source verification will include a review by the NPDB (National Provider Data Bank) for licensed professionals.
- L. “Primary source verification timeframe” – Credentialing information for each new application or re-credentialing will be collected and verified through primary sources of verification within the one hundred eighty (180) day period immediately prior to the credentialing committee’s

scheduled review of the provider's application/or re-credentialing information to assure that credentialing decisions are based on accurate, current information.

- M. "Privilege" - The process of granting permission to a provider, upon the recommendation of the Credentialing Committee, to provide services within well-defined limits established by Third Party Payors, based on an individual's professional license, experience, training, competence, compliance with the ethics of their profession, and/or clinical judgment within an individual's professional standards of care.
- N. "Temporary Privilege" – Permission for a provider to provide services to consumers, but not to exceed 60 days. The Credentialing Specialist will verify the applicant meets the minimum qualifications set by the Center, including a background check and proof of current licenses. In case of a Center emergency, which will be determined by the President/CEO or designee, the Credentialing Committee may authorize extensions of the temporary privileges.
- O. "Termination of Privileges" - The systematic process of suspending or terminating the privilege of a behavioral health care provider to work for the Center. All privileges are immediately terminated when a behavioral health care provider no longer works for the Center.
- P. "Nondiscrimination" - the credentialing and re-credentialing process does not allow for decisions based solely on an applicant's or provider's race, color, national origin, gender, age, religion, disability, or sexual orientation. Additionally, selection and retention criteria do

not discriminate against applying and participating providers who serve high-risk populations or those who specialize in treating costly conditions.

- Q. “CHCS's discretion” - The credentialing criteria, standards and requirements set forth in this policy are not intended to limit CHCS's discretion in any way, nor to create rights for providers who seek to provide services to CHCS consumers.

## **II. OVERVIEW**

### **A. Organization and Accountability**

1. The Reimbursement Department will provide oversight of the Center’s Credentialing Services Unit, which will:
  - a. Review and revise guidelines as needed based on NCQA standards that will ensure all Providers are credentialed to provide services within the Center, to include the following:
    - (1) Minimum qualifications necessary for temporary privileging.
    - (2) An appeals process for the denial of privileges.
    - (3) A re-credentialing process that occurs every 36 months for all Providers.
  - b. Be responsible for conducting or supervising Primary Source Verification.
  - c. Allow for input from any interested party.

- d. Keep the Board of Trustees informed of all credentialing decisions.
2. The Credentialing Committee will be responsible for:
    - a. Granting full privileges to Providers which shall allow Providers to serve all consumers within the Center.
    - b. Provide an informational report on credentialing decisions to the Board of Trustees on a quarterly basis, which will include biographical information on recently credentialed physicians and physician extenders.

## B. Providers Rights

1. The Provider has the right to:
  - a. Review information submitted to support his/her credentialing application.
  - b. Correct erroneous information.
  - c. Be informed of the status of his/her credentialing or recredentialing application, upon written request.
  - d. Be notified of these rights at the time of application.

**REFERENCES/BIBLIOGRAPHY:**

Texas Administrative Code Title 25 Chapter 412 G, RULE §412.312  
Competency and Credentialing  
National Committee for Quality Assurance (NCQA)

**OFFICES OF PRIMARY RESPONSIBILITY:**

Reimbursement Department