

# **POLICY ON CREDENTIALING AND RE-CREDENTIALING PROVIDERS**

Rev. 11/22/06

## **PHILOSOPHY**

The credentialing process is integral in ensuring that Enrollees in Children Come First (CCF) receive quality care. The credentialing process helps to ensure that only qualified Providers who are capable of meeting the needs of youth with severe emotional disturbance and their families participate in the CCF Provider Network.

The credentialing requirements differ depending on the type of Provider. The specific requirements associated with the credentialing process for each type of Provider are outlined in the *Certification Guide*.

## **POLICY**

The objectives of the credentialing process are to:

- Maintain fair credentialing standards that are applied consistently across the CCF Provider Network;
- Obtain application information about potential Provider's background and work history;
- Verify credentials and other information (e.g. license, liability insurance, sanction activity) with primary sources;
- Provide flexibility in the process (e.g. expedited credentialing) so that gaps in the Provider Network can be expeditiously addressed; and
- Determine competency of Providers who will be providing services to CCF Enrollees.

A Provider is defined as an agency or clinic in its whole or individual practitioners who apply independently.

## **PROCEDURE**

### **SELECTION OF PROVIDERS**

Groups or individuals seeking to participate the CCF Provider Network must complete a *Provider Application* and submit it to the Clinical Services Manager. The *Provider Application* includes general information, as well as information about services to be provided and accessibility. Required documentation as outlined in the *Certification Guide* must be attached to the *Provider Application* when it is submitted.

Providers are considered for selection based on Enrollee need, Provider reputation in the community, and Coordinator or Enrollee request. Enrollee need is determined through an annual Enrollee satisfaction survey conducted by Wisconsin Family Ties, an annual Coordinator survey, and input from the CCF Provider Network at an annual Provider meeting. The final acceptance of new Providers is contingent upon the successful completion of the credentialing process.

## CREDENTIALING PROCESS

The Clinical Services Manager reviews documentation of credentials and verifies that licenses, certifications, and insurance are current. Providers are notified of their acceptance or denial into the Provider Network in writing within seven (7) business days from CCF receiving the completed *Provider Application* and credentialing information.

## RETENTION OF PROVIDERS

CCF is dedicated to maintaining a diverse and competent Provider Network. The Clinical Services Manager works with existing Providers to answer questions and resolve issues. CCF also implements a systematic process for auditing Providers using the *Provider Audit Tool* to ensure conformity with CCF standards.

## RE-CREDENTIALING

CCF requires that Providers undergo re-credentialing every three (3) years in order to monitor the quality of our Provider Network.

Recredentialing begins approximately 6 months prior to the expiration of the previous credentialing cycle. Providers are sent a letter requesting updated information regarding the status of the Provider's license, certification, insurance, education and training. Failure to comply with CCF's request may result in termination from the Provider Network.

Credentialing information is re-verified from primary sources during the recredentialing process. CCF also reviews any complaints received regarding the Provider from Enrollees or Coordinators.

High-volume Providers may also be required to participate in a structured site visit if one has not been conducted by the Clinical Services Manager within the previous credentialing period. This review will include an evaluation using the *Provider Audit Tool* to ensure conformity with CCF standards.

CCF will notify Providers of their credentialing status within seven (7) business days of receiving all requested credentialing information.

## SUBCONTRACTING

Providers under contract with CCF are responsible for monitoring any subcontracted services to ensure that they are duly qualified to provide the contracted service according to CCF credentialing standards. For additional expectations regarding subcontracting, please reference the CCF contract.

## PAYMENT

### Rate setting

CCF has established uniform rates according to service code. Providers must submit requests for rate increases in writing to the Clinical Services Manager. Rates are automatically reviewed by the Clinical Services Manager every three (3) years and given the following consideration:

- Medical Assistance rates
- Market value of the service in Dane County
- Demand for service in comparison to number of Providers of that service in the CCF Provider Network

Providers are informed of any rate changes in writing 30 days prior to the change taking effect.

### Billing

Providers must submit billing to CCF within 60 calendar days of the last day of the month in which the service was delivered. Bills received after 60 calendar days may not be paid.

Acceptable forms of billing include, but are not limited to:

- Standard *Health Insurance Claim Form*
- Invoice containing business name, address, phone
- Parent Aide/Mentor Billing Invoice

CCF will pay all uncontested bills within 45 days of receipt.