




## CORPORATE POLICY & PROCEDURE

	Policy Name: Non-Licensed Provider Credentialing and Re-Credentialing Process
Department: Credentialing	Policy Number: CR16
Version: 1	Creation Date: 2/3/2022
Revised Date:	Review Date:
Line of Business: <input type="checkbox"/> All <input checked="" type="checkbox"/> Umpqua Health Alliance <input type="checkbox"/> Umpqua Health Management <input type="checkbox"/> Umpqua Health - Newton Creek <input checked="" type="checkbox"/> Umpqua Health Network	
Signature:	
DocuSigned by:  Approved By: F. Douglas Carr, M.D., Chief Medical Officer Approved By: Credentialing Committee	3/7/2022  Date: 3/4/2022 Date: 3/4/2022

### POLICY STATEMENT

Umpqua Health Alliance (UHA) through Umpqua Health Network (UHN) shall, in accordance with Oregon Administrative Rules (OAR) 410-141-3510 and 309-019-0125 and in accordance with Coordinated Care Organization (CCO) Contract ensure all non-licensed providers including Qualified Mental Health Associates (QMHA) and Qualified Mental Health Professionals (QMHP) meet qualifications and competencies and will be required to complete initial credentialing prior to participation pursuant to Patient Protection and Affordable Care Act (PPACA) Section 6402, 42 Code of Federal Regulation (CFR) §§§ 438.214, 455.400 through 455.470 (excluding § 455.460), and to reapply and complete re-credentialing every three (3) years (not to exceed 36 months).

### PURPOSE

To provide a procedure for the Credentialing Department and Credentialing Committee to collect evidence of education, applicable credentials, screen the credentials, report credentialed information of participating non-licensed providers including QMHPs and QMHAs in order to deliver behavioral health and substance abuse disorder (SUD) services. This process helps lead to early detection of incomplete/lack of education or training of non-licensed providers.

### RESPONSIBILITY

Credentialing Department  
 Credentialing Committee

### DEFINITIONS

Community Health Worker (CHW): An individual who meets qualification criteria adopted by the authority under ORS 414.665.

National Committee for Quality Assurance (NCQA): An independent nonprofit organization that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.



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**Primary Source Verification:** Verification of credentialing information directly from the entity (e.g., state licensing board) that conferred or issued the original credential

**Mental Health Intern:** Program staff who meet qualifications for QMHA and are currently enrolled in a graduate program approved by the Division-approved certification or licensing body but does not have the necessary graduate degree in psychology, social work, or related field of behavioral science, or have an equivalent degree as determined by the Division-approved certification or licensing body (OAR 309-019-0105).

**Non-Licensed Provider:** Any applicant holding certification(s) as one of the following:

- Certified Alcohol and Drug Counselor (CADC) I, II, & III
- Certified Gambling Addiction Counselor (CGAC) I & II
- Certified Prevention Specialist (CPS)
- Certified Recovery Mentor (CRM) I & II
- Certified Gambling Recovery Mentor (CGRM)
- Qualified Mental Health Associate (QMHA) and QMHA II
- Qualified Mental Health Professional (QMHP)
- Peer Support Specialist (PSS)
- Community Health Worker (CHW)
- Peer Wellness Specialist (PWS)
- Traditional Health Worker (THW)

**Peer Support Specialist:** An individual providing services to another individual who shares a similar life experience with the peer support specialist (addiction to addiction, mental health condition to mental health condition, family member of an individual with a mental health condition to family member of an individual with a mental health condition (OAR 410-180-0305).

**Qualified Mental Health Associate (QMHA):** An individual delivering services under the direct supervision of a Qualified Mental Health Professional (QMHP) who meets the minimum qualifications as authorized by the Local Mental Health Authority (LMHA) or designee and specified in OAR 309-019-0125.

**Qualified Mental Health Professional (QMHP):** A Licensed Medical Practitioner (LMP) or any other individual meeting the minimum qualifications as authorized by the LMHA or designee and specified in OAR 309-019-0125.



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### PROCEDURES

#### Credentialing

1. The Provider Network Department protocol is to inform the applicant that, if they are new medical professionals in their first area of practice, they will follow the direction of obtaining the proper DMAP number (and Medicare number, *if applicable*) in order to proceed with the credentialing process.
2. Applicant must complete a Non-Licensed Provider Credentialing application and be accompanied by supporting documentation provided by the applicant requesting network participation prior to initiating the credentialing process.
  - a. A signed attestation must accompany the Non-Licensed Provider Credentialing application.
  - b. A signed Authorization and Release of Information must accompany the Non-Licensed Provider Credentialing application.
    - i. The Authorization and Release of Information form allows UHN to conduct its primary source verification.
  - c. Applicant must provide supervision plan by a licensed medical practitioner. Including supervising physician's name and license.
    - i. Supervising physician must meet requirements outlined in CR20 - Non-Licensed Provider Qualifications and Competencies.
    - ii. UHN will primary source verify supervising provider's license through the appropriate license issuer.
3. UHN will obtain a signed authorization from the applicant to conduct a criminal background check.
4. Signed Seclusion and Restraint Attestation of QI01- Freedom of Seclusion and Restraint policy review, *if applicable*.
5. Applicants must meet the requirements, qualifications and competencies outlined in CR19 – Traditional Health Worker Requirements or CR20 – Non-Licensed Provider Qualifications and Competencies.
6. Primary source verification, as followed in CR3, Element A of the NCQA guidelines, is completed by the Credentialing Department and may be written, electronic or oral. Oral verification requires a dated signed note in the credentialing file by the staff completing the verification. The notation must state who verified the item and how it was verified.
7. UHN shall maintain records documenting academic credentials, training received, licenses or certifications of staff and facilities used, and reports from the NPDB (CR4 - Oversight of Credentialing Files).



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8. Primary Source Verification elements must be verified within 180 days prior to the Credentialing Committee's decision.
- a. Applicant information.
  - b. Specialty information, *if applicable*.
  - c. Education (e.g. undergraduate, graduate, professional school, or other clinical training programs, *if applicable*).
    - i. Graduate education, *if applicable*.
    - ii. Accredited medical education, *if applicable*.
    - iii. Professional school, *if applicable*.
    - iv. Clinical training.
    - v. Postgraduate/internship, *if applicable*.
  - d. OHA registration and approval.
  - e. Current certification.
    - i. For THWs: Verification of certification and registry will be completed from OHA's THW Registry:  
<https://traditionalhealthworkerregistry.oregon.gov/>
    - ii. For QMHP/A and other non-licensed provider certification: Verification is completed through Mental Health & Addiction Certification Board of Oregon (MHACBO).
  - f. Professional Work History, *if applicable*.
  - g. Professional References.
  - h. Applicant must maintain a log of Continuing Medical Education (CME).
    - i. Applicant must submit a current CME log upon UHN's request.
  - i. UHN requires a copy of current professional liability insurance coverage be held at a minimum of \$1 million per occurrence and \$3 million aggregate.
    - i. Professional liability coverage may be provided and held by the applicant's employer.
    - ii. UHN will accept a professional liability coverage face sheet, if directly from carrier.
      1. No verification required, NPDB will be utilized to confirm to any malpractice history.
    - iii. Federal Tort Letter as an addendum to the application, must indicate the insurance effective date and expiration date (the future effective date is acceptable).



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- j. Malpractice history must not contain a pattern of excessive suits over a five (5) year period based on incident date.
  - i. This will be verified through the NPDB or the malpractice insurance carrier.
  - ii. If there is claims history information on current or previous malpractice coverage derived from the NPDB or malpractice insurance carrier, the applicant is required to submit relevant documentation pertaining to those claims with the Non-Licensed Provider application to complete the credentialing process.
  - iii. All malpractice claim history will be submitted to the Credentialing Committee for review.
    - 1. If the claim history is deemed acceptable, the credentialing process will continue.
    - 2. If deemed not acceptable, the Credentialing Committee will determine the most suitable way to analyze and review claims history before applicant is accepted or denied.
- k. UHN requires each applicant to have a unique provider identification number (NPI) that is verified through National Plan and Provider Enumeration System (NPPES)
  - i. NPI and taxonomy codes are reported to OHA in its DSN Provider Capacity Report (as required under Ex. G of this Contract) for purposes of Encounter Data submission, prior to submitting encounter data in connection with services by the provider and that complies with 42 U.S. Code (USC) 2320d-2(b).
- l. Proof of enrollment as a Medicaid provider with the OHA
  - i. UHA may execute provisional provider contracts pending the outcome of screening and enrollment with OHA, for no longer than 120 days. UHA will terminate the contract immediately if notified by OHA that the provider is precluded from being enrolled as a Medicaid Provider. Notwithstanding the foregoing, UHA may not execute provisional provider contracts with moderate or high-risk providers who are required to undergo fingerprint-based background checks until the provider has been approved for enrollment by OHA.



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9. Absence of physical, mental health, or substance abuse problems that currently interfere with the ability to safely and competently provide services with or without accommodations.
10. Absence of valid justification of Medicare or Medicaid sanctions verified through the NPDB, the Office of Inspector General (OIG) and System for Award Management (SAM).
  - a. UHN will not refer UHA members to or use providers who have been terminated from OHA or excluded as Medicare, CHIP, or Medicaid providers by Centers for Medicare and Medicaid Services (CMS) or who are subject to exclusion for any lawful conviction by a court for which the provider could be excluded under 42 Code of Federal Regulation (CFR) §§ 1001,101 or 455.3(b).
  - b. UHN will not employ or contract with providers excluded from participation in Federal health care programs under 42 CFR § 438, 214(d).
11. If UHN knows or has reason to know that a applicant's certification is expired, has not been renewed, or is subject to sanction or administrative action, UHN will report such finding to UHA so that Oregon Health Authority (OHA) is notified immediately through Administrative Notice of such circumstances.

### Re-Credentialing

1. Applicants must meet the requirements, qualifications and competencies outlined in CR19 – Traditional Health Worker Requirements or CR20 – Non-Licensed Provider Qualifications and Competencies.
2. Primary source verification is completed by qualified UHN staff or its delegate, and may be written, electronic, or oral.
  - a. Oral verification requires a dated, signed note in the credentialing file stating who verified the item, and how it was verified.
3. The re-credentialing application shall include all information necessary to update and re-evaluate the qualifications of the provider.
  - a. A provider must submit Non-Licensed Re-Credentialing application.
  - b. Current documentation must accompany the application:
    - i. Malpractice insurance.
      - a. Professional liability insurance certificate or Federal Tort letter indicating the insurance effective and expiration dates (the future effective date is acceptable).
    - ii. OHA recertification approval.
    - iii. Current certification.



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- b. For THWs: Verification of certification and registry will be completed from OHA's THW Registry:  
<https://traditionalhealthworkerregistry.oregon.gov/>
        - c. For QMHP/A and other non-licensed provider certification: Verification is completed through Mental Health & Addiction Certification Board of Oregon (MHACBO).
        - iv. Professional Work History, if applicable.
        - v. Professional References.
      - c. Applicant must provide supervision plan by a licensed medical practitioner. Including supervising physician's name and license.
        - i. Supervising physician must meet requirements outlined in CR20 - Non-Licensed Provider Qualifications and Competencies.
        - ii. UHN will primary source verify supervising provider's license through the appropriate license issuer.
      - d. A signed attestation must accompany the Non-Licensed Provider Credentialing application.
        - i. A signed Authorization and Release of Information must accompany the Non-Licensed Provider Credentialing application.
          - a. The Authorization and Release of Information form allows UHN to conduct its primary source verification.
4. The following databases are queried, all adverse information reported, if any, will be evaluated:
  - a. NPDB;
  - b. Office of Inspector General (OIG);
  - c. System for Award Management (SAM); List of Excluded Individuals/Entities (LEIE); and
  - d. Appropriate certification issuer.
5. Malpractice history.
  - a. There can be no pattern of excessive suits over a five (5) year period based on incident date.
  - b. Is verified through the NPDB or the malpractice company.
  - c. NPDB query or claims history provided by the insurance carrier shows malpractice history, the applicant must submit relevant documentation with the Non-Licensed Provider application. The applicant will not proceed through the re-





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credentialing process until required documentation is submitted to the Credentialing Department.

- d. All case histories will be submitted to the Credentialing Committee for review.
  - i. If history is deemed acceptable, the credentialing process will continue.
  - ii. If history is deemed not acceptable, the committee will determine the most suitable way to analyze and review claims history before the OPRA is accepted or rejected.
6. UHN requires each applicant to have a unique provider identification number (NPI) that is verified through National Plan and Provider Enumeration System (NPPES)
  - a. NPI and taxonomy codes are reported to OHA in its DSN Provider Capacity Report (as required under Ex. G of this Contract) for purposes of Encounter Data submission, prior to submitting encounter data in connection with services by the provider and that complies with 42 U.S. Code (USC) 2320d-2(b).
7. Absence of physical, mental health, or substance abuse problems that currently interfere with the ability to safely and competently provide services with or without accommodations.
8. Absence of valid justification of Medicare or Medicaid sanctions verified through the NPDB, the Office of Inspector General (OIG) and System for Award Management (SAM).
  - a. UHN will not refer UHA members to or use providers who have been terminated from OHA or excluded as Medicare, CHIP, or Medicaid providers by Centers for Medicare and Medicaid Services (CMS) or who are subject to exclusion for any lawful conviction by a court for which the provider could be excluded under 42 Code of Federal Regulation (CFR) §§ 1001,101 or 455.3(b).
  - b. UHN will not employ or contract with providers excluded from participation in Federal health care programs under 42 CFR § 438, 214(d).
9. If UHN knows or has reason to know that an applicant's certification is expired, has not been renewed, or is subject to sanction or administrative action, UHN will report such finding to UHA so that Oregon Health Authority (OHA) is notified immediately through Administrative Notice of such circumstances.

### Applicant Notification

1. Upon completion of the credentialing or re-credentialing process and decision from the Credentialing Committee, the applicant will be notified in writing of approval and or denial via mail, email, or fax within (10) ten business days of the Credentialing Committee decision.





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- a. Once UHN's Credentialing Committee has reviewed/approved a provider, he or she is re-credentialed at least every three (3) years (not to exceed 36 months to the day).

### Delivery System Network Provider Report

1. An applicant (whether employees or subcontractors) that does not meet the definition of a QMHA or QMHP or is not required to be licensed or certified by a State of Oregon board or licensing agency, UHN will document, certify, and report to the Oregon Health Authority (OHA) in its Delivery System Network (DSN) Provider Report required under Exhibit G of the CCO Contract:
  - a. The date of the applicant's education, experience, competence, and
  - b. Supervision are adequate to permit performance of such applicant's specific assigned duties.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Credentialing	Primary Source Verification Process	SOP-CR2	1/1/2022	1