OBJECTIVES

Participants will be able to:

- Expand their knowledge of efficient and effective provider credentialing tools and processes
- Identify the operational, network maintenance, and regulatory components of the MA credentialing process
- Identify strength, weaknesses and improvement opportunities in the use of the universal credentialing form
- Expand their knowledge of program development, relocation, addition of new services or changes in services
Participants will be able to:

- Expand their knowledge about the process and timing for individual and program enrollment in Medicaid.
- Expand their knowledge about the federal Ordering, Referring and Prescribing (ORP) requirement and operation implications.
- Expand their knowledge about other developing changes in the HealthChoices system.
DEPARTMENT OF HUMAN SERVICES PANELISTS

- Jamie Bauchanauer, Office of Medical Assistance Programs (OMAP)
- Sherry Peters, Office of Mental Health and Substance Abuse Services (OMHSAS)
DISCUSSANT PANEL

- David Wall, MCC Warwick
- Jonna DiStefano, Delaware County Offices of Behavioral Health & Intellectual Disabilities
- Scott Suhring, Capital Area Behavioral Health Collaborative
- David McAdoo, Southwest Six Behavioral Health
- Mark Fuller, Beacon/VBH
MANAGED CARE PANELISTS

- Scott Donald, Magellan Behavioral Health
- Barbara Miller, PerformCare
- Kristin Burns, Community Care Behavioral Health
- Charlotte Chew, Beacon/VBH
- Kimberly Doyle, Community Behavioral Health
Centers for Medicaid and Medicare require states to have written policies and procedures for the selection and retention of providers. In the Commonwealth of Pennsylvania, this responsibility falls under the contracts of each BH-MCO.

At a minimum, the policies and procedures must include credentialing and re-credentialing requirements and follow a documented process for such practices.

CF42 §438.228
Basic requirements for providers (other than physicians and other health care professionals)

- Licensed to operate in the State and in compliance with any other State and Federal requirements
- Reviewed and approved by a credentialing body or meets the standards established by the organization
- 42CFR§ 422.204
For physicians and other health care professionals

- Verification of licensure or certification from primary sources, disciplinary status, eligibility for payment under Medicare and site visits

- Re-credentialing at least every 3 years that updates information obtained during initial credentialing and considers performance indicators

  - 42CFR§422.204, §422.752, §422.222, §422.220, §442.205
Each BH-MCO has a credentialing committee who is responsible for:

- Sending applications and performing due diligence
- Tracking of re-credentialing
- Reviewing care issues as needed
On-going tracking of:

- Providers and their licenses, NPI, and PROMISe numbers
- FTE values of staff
- Expirations dates of licenses and the addresses
- Programs provided
- Additions, changes and deletions in staff, programs or locations
The Credentialing Process contains two separate but interrelated components:

- Application, Review and Approval by the BH-MCO’s Credentialing Committee
- Medical Assistance Enrollment/Provider Identification Numbers assigned by the Department of Human Services
RCPA and BH-MCO Collaboration on the Universal Facility Credentialing/Re-credentialing Application:

- Standardized the CORE information collected by all BH-MCO throughout the Commonwealth of Pennsylvania
- Addendums added to address each BH-MCO’s deliverables based on County/Oversight Contracts and Deliverables for the populations served
- Comments, Questions or Suggestions regarding the forms??

STRENGTH, WEAKNESSES AND IMPROVEMENT OPPORTUNITIES
As with Credentialing and Re-credentialing, relocations, additions and changes of services contains two separate but interrelated components:

- BH-MCO review and approval
- MA Enrollment/PROMISe Provider Number

BILLING FOR THE NEW PROGRAM OR SITE CANNOT OCCUR UNTIL THE ABOVE ITEMS HAVE BEEN COMPLETED.

PROGRAM DEVELOPMENT, RELOCATION, ADDITION OF SERVICES OR CHANGES IN SERVICES