

**Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
NARBHA Edition**

**Section 3.20** Credentialing and Recredentialing

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**3.20.1 Introduction**

The credentialing and recredentialing processes are integral components of the ADHS/DBHS quality management program. The credentialing and recredentialing processes help to ensure that qualified behavioral health providers, who are capable of meeting the needs of the persons who are seeking and/or receiving behavioral health services, participate in the ADHS/DBHS provider network.

Credentialing and recredentialing is an ongoing review process to assure the current competence of practitioners by validating the training and competence of individual practitioners in particular specialty areas. This level of review is intended to provide verification that the appropriate training, experience, qualifications, and ongoing competence has been demonstrated by individual practitioners for the services they provide.

The credentialing and recredentialing requirements differ depending on the type of provider. Physicians, nurse practitioners, physician assistants, psychologists and all other behavioral health professionals who are registered to bill independently or provide behavioral health services for which they are licensed to perform must be credentialed prior to providing services in the ADHS/DBHS behavioral health system.

The specific requirements associated with the credentialing and recredentialing processes for each type of provider are discussed below.

**3.20.2 References**

The following citations can serve as additional resources for this content area:

[42 CFR 438.214](#)

[A.R.S. Title 32, Chapter 33](#)

[A.R.S. § 36-551](#)

[4 A.A.C. 6](#)

[9 A.A.C. 20-101](#)

# Arizona Department of Health Services

## Division of Behavioral Health Services

### PROVIDER MANUAL

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[9 A.A.C. 20-204](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contract](#)

[ADHS/TRBHA IGAs](#)

[Section 3.9 Assessment and Service Planning](#)

[Section 3.10 SMI Eligibility Determination](#)

[AHCCCS Medical Policy Manual, Chapter 900](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

#### 3.20.3 Scope

To whom does this apply?

This section applies to provider agencies and staff providing behavioral health services to persons enrolled in the ADHS/DBHS behavioral health system.

#### 3.20.4 Did you know...?

- If the T/RBHA delegates any of the credentialing/recredentialing or selection of provider responsibilities, the T/RBHA must retain the right to approve, suspend, or terminate any providers selected and may revoke the delegated function if the delegated performance is inadequate.
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#### 3.20.5 Definitions

[Behavioral Health Professional](#)

[Behavioral Health Technician](#)

[Credentialing](#)

[Independent Licensed Practitioners](#)

[Primary Source Verification](#)

#### 3.20.6 Objectives

The objectives of the credentialing and recredentialing processes are to:

- Maintain fair credentialing and recredentialing processes in which standards are applied consistently throughout the state;
- Obtain application information about a potential provider's background and work history;
- Verify credentials and other information (e.g., malpractice or sanction activity) with primary sources;
- Provide flexibility in the process (i.e., expedited credentialing) so that any gaps in service provider networks can be expeditiously addressed; and

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**3.20.7 Procedures**

**3.20.7-A. General process for credentialing**

Responsible Entity. Each T/RBHA or its designee must establish credentialing and recredentialing processes that are in compliance with the standards set forth in this section.

Effective July 15, 2010, NARBHA credentials all behavioral health professionals who are registered with AHCCCS to bill independently before those individuals are entered into NARBHA provider contracts.

Behavioral Health Professionals who are registered with AHCCCS to bill independently (see [PM 3.20.7-C](#)) shall complete the NARBHA Credentialing Application [NARBHA PM Form 3.20.1 - Credentialing Application Practitioners](#) and forward the completed application to the NARBHA Credentialing Unit.

The NARBHA Credentialing Unit will ensure that primary source verification is completed on the applicant, as required in this policy. The NARBHA Credentialing Committee will review a summary of all credentialing applications. The NARBHA Credentialing Committee will approve applicants that meet the requirements contained in this policy. Once an applicant is credentialed by NARBHA, NARBHA shall enter the individual into the appropriate NARBHA contract and shall provide a copy of the credentialing file to the contracted agency or applicant.

Accreditation by a nationally recognized accreditation organization. Accreditation by a nationally recognized accreditation organization will meet ADHS/DBHS credentialing and recredentialing standards. NARBHA must ensure, to the extent possible, that providers are not subjected to duplicative credentialing processes.

To minimize duplication, NARBHA shall provide a copy of the completed credentialing file to the contracted agency that may be used in that agency's accreditation reviews.

The Provider or applicant has the right to appeal a credentialing decision made by NARBHA according to Section 5.6 "Provider Claims Disputes" of the ADHS/DBHS/NARBHA Provider Manual, which is available on the NARBHA website. If after the appeal process described Section 5.6 of the ADHS/DBHS/NARBHA Provider Manual has concluded, the provider may pursue an additional appeal as described in the "Contract Claims" requirements set forth in the Uniform Terms and Conditions portion of the NARBHA Provider contract. The "Contract Claims" portion of the NARBHA Provider contract requires all contract claims or controversies to be resolved according to A.R.S. Title 41, Chapter 23, Article 9, and rules adopted thereunder.

Fairness of Process. The T/RBHAs or their designee shall maintain fair credentialing and recredentialing processes which:

- Does not discriminate against a provider solely on the basis of the professional's license or certification; or due to the fact that the provider serves high-risk populations and/or specializes in the treatment of costly conditions;

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- Affords the provider the right to review information gathered related to his/her credentialing application and to correct erroneous information submitted by another party. The organization is not required to reveal the source of information if the information is not obtained to meet organization credentialing verification requirements or if disclosure is prohibited by law;
- Notifies the provider when the information obtained through the primary source verification process varies substantially from what the provider provided;
- Ensures credentialing/recredentialing information is kept confidential; and
- States that practitioners have a right to be informed of the status of their application upon request, and must describe the process for responding to such request, including information that the organization may share with practitioners with the exception that this does not require the organization to allow a practitioner to review references, recommendations or other peer-review protected information.

Provider File. The T/RBHAs must maintain an individual credentialing/recredentialing file for each credentialed provider. Each file must include:

The initial credentialing and all subsequent recredentialing applications;

Information gained through credentialing and recredentialing queries; and

Any other pertinent information used in determining whether or not the provider meets the T/RBHA's credentialing and recredentialing standards.

Notification Requirement. The T/RBHAs must have procedures for reporting to appropriate authorities (AHCCCS, the provider's regulatory board or agency, Adult Protective Services, Child Protective Services, Office of the Attorney General, etc.) any serious quality deficiencies that could result in a provider's suspension or termination from the T/RBHA's network. If the issue is determined to have criminal implications, a law enforcement agency must also be notified. The T/RBHA must:

Maintain documentation of implementation of the procedure, as appropriate;

Have an appeal process for instances in which NARBHA chooses to alter the provider's contract based on issues of quality of care and/or service; and

Inform the provider of the appeal process.

Additional Standards. Other standards related to the credentialing process include the following:

- The credentialing process must be in compliance with federal requirements that prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid;

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- Mechanisms must be put in place to ensure that credentialed providers renew licenses or certifications required by the appropriate licensing/certifying entity and continuously practice under a current and valid license/certification; and
- Behavioral health care providers who are part of the NARBHA network are subject to an initial site visit as part of the initial credentialing process.

**3.20.7-B. Temporary Credentialing Process**

- If an expedited or temporary credentialing process is utilized, the following minimum requirements must be met:

A provider must complete a signed application that must include the following items:

- Reasons for any inability to perform essential functions of the position, with or without accommodation;
- Lack of present illegal drug use;
- History of loss of license and/or felony convictions;
- History of loss or limitation of privileges or disciplinary action;
- Current malpractice insurance coverage; and
- Attestation by the applicant of the correctness and completeness of the application.

In addition the applicant must furnish the following information:

- Minimum five year work history or total work history if less than five years; and
- Current Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) certificate, as applicable.

NARBHA must conduct primary source verification of the following:

- Licensure or certification; and
- National Practitioner Data Bank (NPDB) query; or
- In lieu of NPDB query, all of the following:
  - Minimum five year history of professional liability claims resulting in a judgment or settlement;
  - Disciplinary status with regulatory board or agency; and
  - Medicare/Medicaid sanctions.

NARBHA must ensure compliance with all applicable credentialing requirements within six months following the granting of temporary credentials. If the provider has not been

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credentialed during this six month time period, then the T/RBHA may issue a second temporary credential. All credentialing must be completed by the end of the second six-month period.

An applicant for temporary credentialing shall complete the NARBHA application for Temporary Credentialing [NARBHA PM Form 3.20.2 Credentialing Application – Temporary Provisional](#) and forward the application to the NARBHA Credentialing Unit.

NARBHA shall ensure that primary source verification is conducted on the applicant's license, the applicant's AHCCCS ID, and NPDB/EPLS/LEIE query.

**3.20.7-C. Credentialing requirements**

The following behavioral health professionals are subject to credentialing and recredentialing.

- Physicians (MD and DO)
  
- Licensed Psychologists
  
- Nurse Practitioners
  
- Physician Assistants
  
- Licensed Clinical Social Workers (only required if they will be billing independently)
  
- Licensed Professional Counselors (only required if they will be billing independently)
  
- Licensed Marriage and Family Therapists (only required if they will be billing independently)
  
- Licensed Independent Substance Abuse Counselors (only required if they will be billing independently)

The initial credentialing process for these providers must include the following components:

A written application to be completed signed and dated by the potential provider that attests to the following elements:

- Reasons for any inability to perform essential functions of the position, with or without accommodation;
  
- Lack of present illegal drug use;
  
- If applicable, history of loss of license and/or felony convictions;
  
- If applicable, history of loss or limitation of privileges or disciplinary action;
  
- Current malpractice insurance coverage; and
  
- Correctness and completeness of the application.

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In addition, the applicant must furnish the following:

- Minimum five year work history or total work history if less than five years; and
- Drug Enforcement Administration (DEA) or Chemical Database Service (CDS) certification as applicable.

For credentialing of physicians, nurse practitioners, physician assistants and psychologists, primary source verification of:

- Licensure by the appropriate state licensing board;
- Board certification, if applicable, or highest level of credentials attained;
- If the T/RBHA lists provider schooling information in member materials or on the T/RBHA website, documentation of graduation from an accredited school and completion of any required internships/residency programs, or other postgraduate training; and
- National Practitioner Data Bank (NPDB) query; or
- In lieu of NPDB query, all of the following must be verified:
  - Minimum five year history (or total history if less than five years) of professional liability claims resulting in judgment or settlement;
  - Disciplinary actions and licensure status with regulatory board or agency if applicable; and
  - Medicare/Medicaid sanctions if applicable.

For credentialing of independent masters level behavioral health therapists who are registered by AHCCCS to bill independently, primary source verification of:

- Licensure by the Arizona Board of Behavioral Health Examiners;
- A review of complaints received and disciplinary status through the Arizona Board of Behavioral Health Examiners;
- Minimum five year history, or total history if less than five years, of professional liability claims resulting in a judgment or settlement; and
- Medicare/Medicaid sanctions, if applicable.

**3.20.7-D. Credentialing requirements for individuals who are not licensed or certified**

Individuals who are not licensed or certified must be included in the credentialing process and profiled as outlined in [A.A.C. R9-20-204](#).

**3.20.7-E. Recredentialing**

NARBHAs or designee must ensure that all credentialed providers described in subsection 3.20.7-C are recredentialled. The recredentialing process must:

- Occur at least every two years; and

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- Update information obtained during the initial credentialing process with the exception of:
- History of loss of license and/or felony convictions;
  
- Minimum five year work history;
  
- Board certification, if the provider is Board certified; and
  
- Initial site visits performed for all behavioral health care providers who are part of the NARBHA network.

The recredentialing of individual providers must include a process for ongoing monitoring and intervention if appropriate, provider sanctions, complaints and quality issues, which include, at a minimum, reviews of:

- Medicare/Medicaid sanctions;
  
- State sanctions or limitations on licensure;
  
- Behavioral health recipient concerns including grievances (complaints) and appeals information; and
  
- Quality issues.

**3.20.7-F. Additional credentialing standards for hospitals and behavioral health facilities**

NARBHA conducts the credentialing for hospitals, behavioral health facilities and other provider agencies. Initially, and every two years a provider agency completes a facility credentialing application [NARBHA PM Form 3.20.3 Credentialing Application – Initial/Re-credentialing for agencies](#) and forwards the application to the NARBHA Credentialing Unit. NARBHA shall ensure that primary source verification is conducted on each facility contained in the provider agency's application. On an annual basis, and if a change occurs, the provider agency forwards to the NARBHA Credentialing Unit a current license or certification for each licensed or certified facility, a certificate of insurance as required in the contract between NARBHA and the provider, and if applicable, other documentation contained in this Section.

- Hospitals and behavioral health facilities (OBHL licensed Level I, II, III, outpatient clinics and ADHS/DBHS Title XIX certified community service agencies) must ensure the following:
- The provider is licensed to operate in Arizona as applicable and is in compliance with any other applicable state or federal requirements; and
  
- The provider is reviewed and approved by an appropriate accrediting body, or if not accredited, Centers for Medicare and Medicaid Services (CMS) certification, ADHS/DBHS Title XIX certification or state licensure review may substitute for accreditation. In this case, the provider must provide a copy of the report to the contracted T/RBHA that verifies that a review was conducted and compliance was achieved.

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All subcontracted provider agencies in the NARBHA provider network shall provide documentation of meeting the minimum credentialing and insurance requirements as a condition of participation in NARBHA's provider network. Prior to issuing an initial provider contract, and on an annual basis for existing subcontracted providers, the following documentation shall be submitted to NARBHA:

For each facility that is licensed by the ADHS Office of Behavioral Health Licensure (OBHL) and under subcontract with NARBHA, all of the following:

- \* A copy of the current license;
- \* A copy of the most recent Program Description that corresponds to the licensed facility and that is filed with OBHL;

If the provider is a Community Service Agency, a current copy of the certificate issued by ADHS/DBHS.

If the provider is a HCTC Home, a current copy of the license issued by the DES Office of Licensing, Certification and Regulation or their designee.

If the provider is a habilitation agency provider, a current copy of the license issued by the DES Office of Licensing, Certification and Regulation.

The provider's current and appropriate AHCCCS ID and National Provider Identification (NPI) number for each provider type under subcontract.

Accreditation or Medicare certification if required by the ADHS/DBHS Covered Behavioral Health Services Guide;

Evidence of full compliance with insurance requirements contained in the provider subcontract.

**3.20.7-G Corporate Compliance Requirements for All Staff at All NARBHA Contracted Providers**

The Subcontracted Provider shall not employ or subcontract with individuals or entities excluded from participation in a Federal health care program.

Each NARBHA Subcontracted Provider shall comply with 42 CFR 438.610 and 42 CFR 1001.1901 which prohibits the provider from knowingly having a relationship with any person or entity that is debarred, suspended or otherwise excluded from participating in procurement or non-procurement activities in accordance with the regulations and guidelines of Executive Order No. 12549.

Each NARBHA Subcontracted Provider shall check potential and existing employees and subcontractors against the Excluded Provider List System (EPLS) and the Health and Human Services (HHS) List of Excluded Individuals/Entities (LEIE) databases on an annual basis.

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The Subcontracted Provider shall notify NARBHA, AHCCCS-OPI and DBHS-OPI immediately of any confirmed instances of an excluded provider that is or appears to be in a prohibited relationship with NARBHA or the Subcontracted Provider.

Each NARBHA Subcontracted Provider shall comply with NARBHA monitoring of the requirements contained in this Section.