

Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
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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](#)

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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.

3.20.5 Definitions

[Behavioral Health Professional](#)

An individual who meets the applicable requirements in A.A.C. R9-20-204 and is a licensed:

- a. Psychiatrist,
- b. Behavioral health medical practitioner,
- c. Psychologist,
- d. Social worker,
- e. Counselor,
- f. Marriage and family therapist,
- g. Substance abuse counselor, or
- h. Registered nurse with at least one year of full-time behavioral health work experience.

[Behavioral Health Technician](#)

An individual who meets the applicable requirements in A.A.C. R9-20-204 and:

- a. Has a master's degree or bachelor's degree in a field related to behavioral health;
- b. Is a registered nurse;
- c. Is a physician assistant who is not working as a medical practitioner;
- d. Has a bachelor's degree and at least one year of full-time behavioral health work experience;
- e. Has an associate's degree and at least two years of full-time behavioral health work experience;
- f. Has a high school diploma or high school equivalency diploma and:
 - i. 18 credit hours of post-high school education in a field related to behavioral health completed no more than four years before the date the individual begins providing

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behavioral health services and two years of full-time behavioral health work experience; or
ii. Four years of full-time behavioral health work experience; or
g. Is licensed as a practical nurse, according to A.R.S. Title 32, Chapter 15, with at least two years of full-time behavioral health work experience.

Credentialing

Is the process of obtaining, verifying and assessing information (e.g., validity of the license, certification, training and/or work experience) to determine whether a behavioral health professional or a behavioral health technician has the required credentials to provide behavioral health services to persons enrolled in the ADHS/DBHS behavioral health system. It also includes the review and primary source verification of applicable licensure, accreditation and certification of behavioral health providers.

Independent Licensed Practitioners

Behavioral health professionals who are Physicians (MD and DO), Licensed Psychologists, Nurse Practitioners, or Physician Assistants and the following behavioral health professionals who are licensed by the Arizona Board of Behavioral Health Examiners and authorized to practice without direct supervision: Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Independent Substance Abuse Counselors.

Primary Source Verification

Verification is a direct contact with the sources of credentials. For example, this may include residency programs, licensing agencies, and specialty boards to guarantee that statements about training, experience and other qualifications are legitimate, unchallenged and appropriate.

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

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.

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Magellan Credentialing Overview. Magellan uses credentialing criteria that define the licensure, education and training criteria practitioners must meet, and decision-making processes in the review and selection of behavioral health care professionals for inclusion into Magellan's practitioner/provider network. The following describes the general process for practitioner credentialing:

- Practitioners complete, sign and submit a Magellan Provider Application and any supporting documentation necessary to complete the credentialing process.
- Administrative verifications are completed and the credentialing file forwarded to the Regional Network Credentialing Committee (RNCC) for clinical credentialing determination.
- The practitioner is sent written notification of the credentialing decision within sixty (60) days of the determination.
- For those practitioners contracting, as well as credentialing, with Magellan, the practitioner's contract with mutually agreed upon terms is executed and an original is returned to the practitioner.

Clinician Appeal Process

- Magellan will notify a clinician in writing of their right to appeal for instances in which Magellan chooses to terminate the clinician's contract based on issues of quality of care and/or service as outlined in this section. The termination notification includes the following directions on how to request and submit an appeal.
 - The clinician is given 33 days to submit a request for appeal.
 - The appeal must include all relevant information necessary to process the appeal request.
 - Administrative Credentialing Decisions.
 - Requests for appeal of administrative decisions are sent to: Magellan Health Services of Arizona, Inc. Attn: Credentialing Department 4801 East Washington Street, Phoenix AZ 85034.
 - Upon receipt of the request for appeal documentation, the request is forwarded to the RNCC for review and determination. The RNCC has at least thirty (30) days from receipt of all necessary information to make a determination.
 - The Credentialing department notifies the practitioner in writing of the RNCC's decision within thirty (30) calendar days of the decision.
 - Other Credentialing Decisions (i.e. concerns regarding quality of care, non-compliance with Magellan policies and procedures, legal or ethical issues, etc.)
 - Requests for appeal of all other credentialing decisions are sent to the Magellan National Network Credentialing Committee (NNCC) Appeals

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Committee at the following address: Network Quality Services
Coordinator, 14100 Magellan Plaza, Maryland Heights MO 63043.

- Upon receipt of all necessary information, an appeal hearing is scheduled where NNCC makes a determination on the appeal request.
- The NNCC notifies the practitioner in writing of their decision within thirty (30) calendar days of the decision.
- Decisions by the RNCC and NNCC are binding and not appealable.

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

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;
- 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/rec credentialing 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/rec credentialing file for each credentialed provider. Each file must include:

- The initial credentialing and all subsequent rec credentialing applications;
- Information gained through credentialing and rec credentialing queries; and
- Any other pertinent information used in determining whether or not the provider meets the T/RBHA's credentialing and rec credentialing standards.

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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 the T/RBHA 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;
- 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 T/RBHA 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:

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- 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.

The T/RBHA 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.

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

Behavioral Health Professional Temporary/Expedited Credentialing

Behavioral Health Professional practitioners must complete and return a signed Initial Provider Application, Maricopa County, with the necessary supporting documentation to the Magellan Credentialing Administration for processing. Supporting documentation includes proof of malpractice insurance. The practitioner may be contacted by Magellan to obtain additional information if not all information is provided.

Once administrative verifications are completed, the temporary/expedited credentials file is submitted to the Medical Director for a credentialing decision, or to the RNCC if any adverse information is found. The temporary/expedited credentialing decision process (including primary source verification) takes approximately 5 business days after receipt of a complete application. This process may take longer if adverse information is found.

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

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- 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.

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:

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- 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.

Independent Behavioral Health Professional Credentialing

Independent clinicians must complete and return a signed Initial provider Application for Maricopa County with the necessary supporting documentation to the Magellan Credentialing Administration for processing. The Practitioner may be contacted by Magellan to obtain additional information if not all information is provided.

Magellan will make one attempt each week for three weeks to collect missing information. If all information has not been received by the 4th week, Magellan will deem the clinician application inactive. The application will not be reopened until all information has been provided.

Once administrative credentialing is completed, the credentials file is forwarded to RNCC for a clinical credentialing decision. The application review and credentialing decision process takes approximately 4 to 8 weeks after receipt of a complete application. The timelines could be greater if adverse information is found during the verification process. The practitioner is notified of the credentialing determination within sixty (60) calendar days of the clinical credentialing decision.

Annual License Renewal

On a monthly basis Magellan Network Credentialing Administration sends written notification to practitioners whose license is expiring. This reminder will be sent to practitioners 30 days prior to expiration. If Magellan Network Credentialing Administration does not receive licensure verification from the appropriate licensing board by the expiration date, the practitioner is notified of suspension of network participation until licensure is renewed.

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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

The T/RBHAs 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 three years; and
- 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 T/RBHA 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.

Magellan Recredentialing Process. Prior to the anniversary of the practitioner's credentialing date, the practitioner is notified of the requirements to submit a re-credentialing application and additional required documents. Practitioners are required to review, update, and sign a pre-populated re-credentialing form and submit any supporting documentation necessary to complete the re-credentialing process. Additional materials are submitted by fax and/or standard mail.

Magellan notifies the practitioner of any required information missing in the submission.

- Practitioner/provider credentials are re-verified with the exception of degree, institutional accreditations, work history and attestations for practitioners with prescriptive authority and clinical supervision. However, degree, or institutional accreditations are re-verified if there is new information or a change to the information since the most recent credentialing event.

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- Once administrative credentialing is completed, the recredentialing file is forwarded to the RNCC for clinical recredentialing. All practitioners' re-credentialing information is reviewed by the RNCC and a clinical recredentialing decision rendered.

Quality information obtained since the most recent credentialing event is included in the recredentialing review, including provider monitoring results, site visits, complaints, record reviews, etc.

Once administrative credentialing is completed, the recredentials file is forwarded to RNCC for a clinical credentialing decision. The application review and recredentialing decision process takes approximately 4 to 8 weeks after receipt of a complete application. The timelines could be greater if adverse information is found during the verification process. The practitioner is notified of the re-credentialing determination within sixty (60) calendar days of the clinical recredentialing decision.

Practitioners who do not meet Magellan criteria for ongoing network participation are notified in writing of their ineligible status and the reason for the ineligibility (e.g., area(s) of criteria not met, general liability concerns etc.): and informed of their right to appeal. Appeals must be submitted within thirty-three (33) calendar days of the date of the written notification date. Instructions for requesting such an appeal are included in the notification.

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

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.