# Community Care Plan
## The **Health Plan** with a Heart

# Provider Credentialing, Re-credentialing and Accreditation Standards

# Training **Topics**

# Overview

Our processes for credentialing and re-credentialing providers are designed to ensure compliance with AHCA policies, Florida Medicaid (MMA) requirements, and applicable state and federal regulations. These processes ensure that providers meet the standards set by accrediting bodies such as NCQA and AAAHC, and that licensed healthcare providers comply with CCP's credentialing and performance criteria for participation. They are also designed to uphold minimum standards and guidelines for provider qualifications.

# CCP Credentialing

Credentialing Department is responsible for verifying information from all medical, and behavioral health practitioners and providers seeking contracts with CCP.

**CCP verifies the following**

- Licenses and DEA registration
- Education, training, and board certifications
- Hospital privileges and malpractice history
- Sanctions, exclusions, legal actions, and Medicare opt-out status
- Social Security Death Master File and Level 2 background checks
- Unsanctioned ownership and work history
- Valid individual Medicaid ID if applicable

# Credentialing Requirements

- CAQH Provider Data Collection form or Completed CCP standardized application
- Attestation: Signed and dated attestation (within the last 180 days) confirming the accuracy of the application, and disclosing any history of license loss, disciplinary actions, substance abuse, competence issues, and felony convictions
- Malpractice Insurance: Current malpractice insurance details or proof of state compliance
- Updated W-9: Current year tax information
- Certification: Current copy of specialty/board certification, if applicable

# Credentialing Requirements

- **Work History:** A curriculum vitae (CV) with at least five years of work history is required. However, if the work history section of the application is up to date and current, a CV is not necessary. If there is a gap in work history exceeding six months, an explanation for the gap must be provided.
- **Ownership Disclosure:** Form listing individuals or facilities with 5% or greater ownership, or those with managerial control
- **DEA Registration:** Current DEA certificate (Hard Copy)
- **Medical Licenses:** Current, unrestricted licenses to practice in the state (Hard Copy)
- **Patient Load:** For all PCPs and OB/GYNs

# Online Application with CAQH

You will receive an email from the Credentialing Department with an initial letter that includes instructions for logging into the Provider Hub. A credentialing contact within your practice may assist with completing the application, and importing the data from CAQH. The application can be easily accessed and submitted through the Provider Hub.

For step-by-step instructions, please follow the link below: Portal Application Process Guide

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**Subject:** Online Application Request for [redacted]

**Sent To:** [redacted]@gmail.com

Dear [redacted]

Thank you for your interest in applying to Health Care District of Palm Beach County (HCDPB). We have transition to a new credentialing system called CredentialStream that enables us to process your application in a more timely and efficient manner importing your CAQH Application information into our system. To expedite the completion of your appointment process, now **is not required** that you sign the application. By using the "Import your data button" the admin may extract all the information in your CAQH application into the application hub. Once the profile and supplements sections are completed, the admin should notify at rferguson@ccpcares.org, to retrieve the information from the hub.

If the aforementioned CAQH information is not provided or available, please follow the online hub application instructions below.

**Online Application Hub Instructions**

The provider and the admin will be required to manually complete the online application into the application hub. If you need help, please contact me at rferguson@ccpcares.org or contact Community Care Plan Credentialing Hotline (844) 618-5773.

When you are ready to complete your application please go to the following website:

https://hub.veritystream.cloud/app/39023/userlogin

At the secure website you will enter the following information:

| | |
|---|---|
| **User login (e-mail):** | *(Your email address that this email was sent.)* |
| **Password:** | Click **'Log In'** if you already have an established password & know it. |
| | Or **'First Time Login'** if you need to create/or reset it. |

*TLS is an IETF-standardized cryptographic protocol designed to provide privacy and security for users on the Internet. TLS ensures that no third-*

# Online Application without CAQH ID

You will receive an email from the Credentialing Department with an initial letter that includes instructions for logging into the Provider Hub.
If CAQH information is not provided or available, please follow the online hub application instructions below

For step-by-step instructions, please follow the link below:
Portal Application Process Guide

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# Providers

- **Accreditations:** Verification of accreditations with accepted agencies for each facility
- **Licensing and Inspections:** Certificates of license and AHCA inspection reports
- **Sanctions:** Federal Medicare and Medicaid sanctions checks
- **Tax Information:** Federal tax identification number (TIN)
- **Liability Claims:** Review of liability claims against the provider over the past five years
- **Medicaid Eligibility:** Verification of Medicaid eligibility
- **NPI Number:** National provider identifier (NPI) number
- **Disciplinary Actions:** Any past or current disciplinary or legal action by the state of Florida against the provider
- **Non-accredited:** please submit most recent CMS survey

# Behavioral Health Practitioners

**Specialty Profile**
- Completed provider specialty profile

**Certification**
- Current copy of Accelerated Resolution Therapy (ART) certification, if applicable

**Credentialing Verification**
- Licenses and Certifications: Verification of state License or certification and DEA License (if applicable)
- Certification and Education: Board certification or residency training
- Professional Background: Work history, National Practitioner Data Bank (NPDB) check, and federal/state sanction activity
- Hospital Privileges: Verification of good standing at participating CCP hospitals, if applicable
- Medicaid ID: Verification of Medicaid enrollment

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# Facilities

- Application: Completed, signed, and dated facility provider application (within the last six months), including active NPI, tax identification number, service location, and Medicaid/Medicare identification numbers (if available)
- Licensing: Current medical, facility, and/or business tax receipt licenses as applicable.
- License Status: No revocation, moratorium, or suspension of the facility's state license by AHCA or the Department of Health, if applicable
- Staff Credentials: License numbers and credentials for all relevant staff (e.g., therapists, nurses).
- Background Screening: Level II background checks within the past five years for administrators, owners, or responsible individuals

# Facilities

- **Compliance Attestation:** Affidavit of compliance and AHCA background screening results for facility leadership
- **Insurance Coverage:** Current general and professional liability and workers' compensation cover sheets (or exemption), showing coverage limits, expiration dates, and facility details
- **Ownership Disclosure:** Form listing any individuals or entities with 5% or greater ownership per facility location
- **Medicaid Information:** Current Medicaid ID number or documentation of Medicaid provider registration
- **Sanction Disclosure:** Explanation for any sanctions imposed by Medicare or Medicaid
- **Behavioral Management Attestation:** Required if applicable
- **W-9 Form:** Current tax form

# Additional Requirements for Facilities

**Accreditation**

Copy of accreditation letter with dates and list of practice locations covered by

- Joint Commission on Accreditation of Health Care Organizations (JCAHO)
- Commission on the Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)
- American Osteopathic Hospital Association (AOHA)

**CLIA**

- Copy of Clinical Laboratory Improvement Amendments (CLIA), if applicable.

**Additional Requirements for Non-Accredited Facilities**

- State/local fire/health certificate, quality assurance plan, aftercare program description, and organizational charts, including staff-to-patient ratio
- The most recent CMS survey

# Behavioral Health Facilities

Behavioral health facilities/agencies must provide the following documentation when applying for participation with CCP

**Required Documentation**

- Application: Complete, signed, and dated application
- Staff List: Details of current mental health/substance use disorder staff recommended for membership, including license type, contact details, Social Security numbers, and CAQH numbers
- Accreditation: Copy of accreditation letter with dates and a list of all practice locations covered under one of these bodies:
  - Joint Commission on Accreditation of Health Care Organizations (JCAHO)
  - Commission on the Accreditation of Rehabilitation Facilities (CARF)
  - Council on Accreditation (COA)
  - American Osteopathic Hospital Association (AOHA)
  - If the provider is not accredited, the most recent CMS survey must be submitted

# Behavioral Health Facilities

**Required Documentation**

- Licenses and Certifications: State or local operating licenses/certificates, and Clinical Laboratory Improvement Amendments (CLIA), if applicable
- Malpractice Insurance: Current policy face sheet, including expiration dates, coverage amounts, liability carrier, and provider's name
- Satellite Locations: List of all locations and services offered, including relevant accreditation, licenses, insurance, and CLIA/DEA certificates as applicable
- Credentialing Procedures: Facilities are not required to submit credentialing procedure documentation. Instead, they must attest in the application whether they conduct the verification process for their staff.
- Ownership Disclosure: Statement of ownership and controlling interest, if applicable
- Clinician Roster: For facilities using a different rendering NPI on claims, an electronic roster of clinicians providing services with their credentialing materials

# Additional Requirements for Behavioral Facilities

Additional Requirements for Facilities with TCM (targeted case management) and CBHA (child behavioral health assessors):

- Include a signed form as required by the Medicaid manual, along with updated rosters during the credentialing and re-credentialing process

**Non-Accredited Facilities Must Also Include**

- Fire/Health Certificate: State or local fire/health certification
- Quality Assurance Plan: Copy of the facility's quality assurance plan
- Aftercare Program: Description of aftercare or follow-up program
- Organizational Charts: Including staff-to-patient ratio

# Site Visit Criteria

**Site Visits**
- Conducted for primary care physicians (PCPs), OB/GYNs, and high-volume specialties in unaccredited facilities, during initial credentialing, re-credentialing, or after complaints
- Evaluates office-site criteria, physical accessibility, appearance, adequacy of spaces, and medical record-keeping
- A score of 80% or greater is required. Scores below 80% may result in rejection or continued review

**Site Visit Triggers**
- Conducted during initial credentialing, re-credentialing, and changes or additions to office locations
- Complaints: Related to office site or quality of care concerns

# Incomplete Application Notice



If the application is incomplete or missing documentation, the Credentialing Department will send notification emails according to the following timeline:

- First Notification: Sent 10 days after submission
- Second Notification: Sent 20 days after submission
- Third Notification: Sent 30 days after submission
- Final Notice: Sent after 90 days of inactivity, informing the provider that the application may be withdrawn.

For assistance, providers can contact the Credentialing Hotline at 1-844-618-5773 or email Credentialingdept@ccpcares.org

**First Notice- Missing Items**

10/21/2024

Dear

This letter is to inform you that the Credentialing Staff at Community Care Plan has received your application for appointment, however it was found to be incomplete. Please send the items listed below:

| Name of Item | Complete | Comments/Notes |
|---|---|---|
| State License | No | |
| DEA Certificate | No | |
| Attestation questions answered appropriately | No | |
| Current Malpractice Insurance | No | |
| Financial Responsibility Form/BARE | No | |
| Claims explanations received | No | |
| Correct documentation received | No | |
| Work History | No | |
| W-9 | No | |

Thank you for your prompt attention to this matter. If you feel you have received this notification in error, please email us directly at CredentialingDept@ccpcares.org.

Sincerely,

Community Care Plan Credentialing Department

# Common Application Errors

Below are examples of frequent errors encountered during the submission process:

- Missing education information
- Incomplete work history
- Missing DEA (Drug Enforcement Administration) registration (Hard Copy)
- Missing Florida state license (Hard Copy)
- Incomplete or missing PDMP (Prescription Drug Monitoring Program) forms
- Attestation not valid within the past 180 days
- Missing DEA waivers (If applicable)
- Outdated W-9 form

For assistance, providers can contact the Credentialing Hotline at 1-844-618-5773 or email Credentialingdept@ccpcares.org

# Decision Process

The credentialing process begins once all required documents are received. At that point, the verification process is initiated. Upon completion of the verifications, the provider's information is presented to the committee for a final decision.

**Timeline**
- Up to 60 days for MMA providers
- Up to 90 days for all other providers

# Re-credentialing

**Frequency**
- All providers in the CCP network must undergo re-credentialing every 36 months to maintain compliance with quality standards

**Required Submissions**
- Updated licensure, board certifications, malpractice insurance, and any other necessary credentials.
- Providers must also report changes in practice locations, ownership, or any legal and disciplinary actions since the last credentialing

**Review Process**
- CCP reviews provider performance, quality of care, member complaints, and adherence to CCP policies
- Providers with identified deficiencies may need to complete additional training or corrective actions.

# Re-credentialing

**Provider Responsibility**

- Providers must meet re-credentialing deadlines to avoid suspension or termination from the CCP network
- Advance notifications will be provided, and timely submission of all required documents is essential to maintaining network participation

**Termination of Agreement**

- CCP may terminate a provider's agreement if the credentialing committee or board of directors determines they no longer meet credentialing requirements

# Reviewing and Correcting Information

**Right to Review Information**

- Providers have the right to review the information submitted with their credentialing application and may request updates on the status of their credentialing or re-credentialing application.
- Providers have the right to correct any inaccurate information identified during the verification process.

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# Reviewing and Correcting Information

**Request Process**

- submit a written request to the CCP Credentialing Department at Credentialingdept@ccpcares.org

**Response Time**

- CCP will provide the information via certified mail within 14 days of receiving the request

**Correction Submission**

- Providers must submit a written explanation detailing the error or discrepancy within 21 days
- Credential staff will review any necessary corrections

# Provider Rights During the Credentialing & Recredentialing Process

**During the Credentialing/Recredentialing Process, Providers Maintain the Following Rights:**

- Review information submitted in support of their application.
- Correct erroneous information by submitting written corrections to CCP within 10 days of receiving notification.
- Be informed of the status of their application at any point by phone or in writing.

Contact the Credentialing Department at: **Credentialingdept@ccpcares.org or call 844-618-5773.**

# Reconsideration Process for Denied Participation

Practitioners and providers denied participation due to quality-of-care or liability claims can request reconsideration within 30 days of the denial notice

**Request Process**

Submission

- Submit a written request with additional supporting documentation for reconsideration

Review Timeline

- The Credentialing Committee will review the request at the next regular meeting, within 60 days of receiving the documentation

Hearing Scheduling

- If a hearing cannot be scheduled within six months due to unavailability, the reconsideration request is considered withdrawn

Decision Notification

- Applicants will be notified in writing of the final decision within 60 days