

Credentialing program requirements

Per the terms of our agreement with the Arkansas Department of Human Services (DHS), Summit Community Care must submit for approval and follow a documented process for credentialing and re-credentialing of providers who have signed agreements to participate in our PASSE provider network. For continued participation in the Summit Community Care network, providers must complete the Summit Community Care credentialing process by January 1, 2021.

To ensure an adequate and competitive network prior to the end of this year, effective April 1, 2020, Summit Community Care implemented our credentialing requirements. The purpose of this communication is to notify participating providers of the timelines associated with the credentialing requirements, define the specific requirements by provider type and outline materials required for completing the credentialing process.

Timelines for credentialing requirements

Summit Community Care will continue to configure new providers under “Deemed” status until September 30, 2020. As of October 1, 2020, a new provider will be configured with “Deemed” status **only if** the provider submitted a completed *Credentialing Application*. The Summit Community Care credentialing program allows for a 90-day turn around on credentialing decisions. This allows Summit Community Care time to finalize the credentialing review prior to January 1, 2021.

Any “Deemed” status will be revoked as of December 31, 2020, and providers who have not completed the credentialing process will be listed as nonparticipating as of January 1, 2021. Other than emergent services, all services rendered by a nonparticipating provider require prior authorization.

For new providers joining the Summit Community Care network on or after January 1, 2021, the effective date of participation will be the latter of the contract execution date or the credentialing approval date. Therefore, providers joining the network after January 1, 2021, should not render services to Summit Community Care members until on or after the provider’s effective date. This includes individual practitioners joining existing contracted groups.

Credentialing requirements by provider type

The Summit Community Care credentialing program outlines three separate provider categories:

1. Professional practitioners – Individuals who are licensed or certified in accordance with applicable state or federal laws to deliver health care services. This includes **only those** individuals who are **licensed, certified or registered by the State to practice independently**, including but not limited to the following:
 - MDs, DOs
 - DMDs, oral and maxillofacial surgeons
 - DCs, ODs
 - Nurse practitioners, physician assistants, and certified nurse midwives
 - Psychologists who are state certified or state licensed and have a master's level training, and certain other behavioral health care specialists (licensed clinical social worker, licensed professional counselor, licensed marriage and family therapist, or licensed independent substance abuse counselor who is able to practice independently)
 - Medical therapists (physical therapy, occupational therapy, speech therapy)
 - Genetic counselors
 - Audiologists
 - Acupuncturists
 - Registered dietitians
 - **Exclusions:** Practitioners rendering services exclusively in an inpatient setting or free-standing facilities who provide care to members only because members are directed to the particular facility setting, including but not limited to:
 - Pathologists.
 - Radiologists.
 - Anesthesiologists.
 - Neonatologists.
 - Emergency room physicians.
 - Urgent care center physicians or mid-level practitioners.
 - Hospitalists.
 - Pediatric intensive care specialists.
 - Other intensive care specialists.

2. Health care delivery organizations (HDOs) – Facilities, institutions or entities that are licensed or certified in accordance with State and/or Federal laws to provide or deliver health care services. This includes but is not limited to the following:
 - Hospitals
 - Home health agencies
 - Skilled nursing facilities/nursing homes
 - Ambulatory surgery centers
 - Behavioral health facilities providing mental health and/or substance abuse treatment in inpatient, residential or ambulatory settings:
 - Adult family care/foster care homes
 - Ambulatory detox
 - Community mental health centers (CMHCs)
 - Crisis-stabilization units
 - Intensive family intervention services
 - Intensive outpatient – mental health and/or substance abuse
 - Methadone maintenance clinics
 - Outpatient substance abuse clinics
 - Partial hospitalization – mental health or substance abuse
 - Residential treatment centers (RTCs/PRTFs)
 - HDOs **excluded** from credentialing requirements at this time:
 - Durable medical equipment (DME)
 - Orthotics and prosthetics
 - Urgent care centers
3. Home- and community-based service (HCBS) providers – Individuals or entities furnishing non-medical or non-direct health care services that address the needs of individuals with functional limitations who need assistance with everyday activities, focused on functionally supporting individuals living in the community

DHS continues to review the credentialing requirements applicable to the PASSE program. Upon receipt of final direction from DHS, Summit Community Care will publish a separate provider update related to these HCBS requirements. This update will include a list of HCBS provider types as well as the timeline and requirements associated with credentialing of HCBS providers.

Required credentialing materials by provider type

Professional practitioners — Summit Community Care secures credentialing information and verifies credentials through both the Arkansas Centralized Credentials Verification Service (CCVS) program as well as the Council for Affordable Quality Healthcare (CAQH).

1. Medical doctors (MDs) and doctors of osteopathic medicine (DOs)
 - Under the CCVS program, state law allows the Arkansas State Medical Board to release, with a practitioner’s written authorization, verification of credentials as needed. Required materials to commence the initial credentialing review for an MD or DO include:
 - Signed, dated and completed Arkansas *CCVS Authorization and Release*.
 - Signed, dated and completed Arkansas *CCVS Attestation and Renewal* form.

2. Other professional practitioners
 - ***Excluding non-independently licensed individuals, e.g. qualified behavioral health professionals (QBHPs) such as LACs, LEPs, LMSWs, who are out-of-scope and not subject to these requirements,*** Summit Community Care requires other professional practitioners (non-MD, non-DO) to participate with the CAQH program or complete a CAQH application. CAQH is a free online credentialing data source. Non-physician practitioners will need to register with CAQH, ensure their application is complete and up to date, and authorize Summit Community Care to access their CAQH application. To learn more about CAQH, practitioners may visit <https://www.caqh.org>. You must submit your name and CAQH ID number to commence the initial credentialing review.

If a provider does not have internet access, the provider may request a paper copy of the CAQH application for completion. This must be completed in its entirety and returned with all supporting documentation outlined in the application.

Providers may submit materials to Credentials@SummitCommunityCare.com. For practitioners falling under the CAQH requirements, providers can send a list of the practitioners' names, degree/title, and corresponding CAQH numbers.

Note: Professional Conduct and Competence Review is defined as peer review by the geographic Credentialing Committee that assess a provider's conduct and qualifications in accordance with the credentialing policies and procedures. The following behavioral health practitioners are not subject to professional conduct review. However, they are subject to a certification requirement process, including verification of licensure as an independent provider of behavioral health services and/or compliance with regulator or state/federal contract requirements for the provision of services:

- Certified behavioral assistants
- Certified addiction counselors
- Substance use practitioners

Health care delivery organizations (HDOs) — required materials to commence the initial credentialing review for HDOs include:

- Signed, dated and completed health care delivery organization and ancillary application.
- All required supplemental documentation requested within the application.

HCBS providers — Required materials to commence the initial credentialing review for HCBS providers will be determined pending outcome of State direction as defined above.

Delegation of Credentialing Agreement

Certain providers may elect to execute a *Delegation Agreement* for credentialing. Under a delegate *Credentialing Agreement*, Summit Community Care may delegate all or some of the credentialing or recredentialing requirements to a provider. The benefits of this privilege are reduced costs, reduced redundancy and reduced administrative burden for the provider. While delegation of credentialing involves the sharing of risk

between Summit Community Care and the delegated provider, Summit Community Care remains ultimately responsible for the credentialing. Providers must have a minimum of 100 individual practitioners to participate in a delegated *Credentialing Agreement* and must maintain policies and procedures that adhere to National Committee for Quality Assurance (NCQA) guidelines.

Individual practitioners participating in the Summit Community Care network under a delegated *Credentialing Agreement* are excluded from the requirements to provide the credentialing materials defined herein. When a participating practitioner is no longer affiliated with an entity with which Summit Community Care maintains a delegated *Credentialing Agreement*, the practitioner must follow Summit Community Care's direct credentialing requirements.

Notification of credentialing decisions

Providers should receive notification of any action related to their submission of a credentialing application within 90 days, following Summit Community Care's receipt of a completed application. Providers will receive written notification of any action taken by the Credentials Committee.

All providers approved in credentialing will receive an approval letter. Any provider denied in credentialing will be notified via certified mail. The denial letter will contain the reason for the denial and will provide appeal rights, if applicable.

During the 2020 calendar year, even with the "deemed" status in place, if a provider submits a credentialing application for approval, and Summit Community Care denies the provider's credentialing, the provider's "deemed" status will be revoked, and the provider will no longer be listed as a participating provider **as of the effective date of the credentialing denial**.

Temporary credentialing

In select circumstances, if a member's care may be negatively impacted due to the unavailability of a participating provider, Summit Community Care may approve temporary credentials up to six months, pending the provider's completion of the full credentialing review by the Credentials Committee.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services toll free at **1-844-462-0022**. Provider Relations manager assignments by county are on our website at <https://bit.ly/2yEyyDf>.