

WASATCH BEHAVIORAL HEALTH  
SPECIAL SERVICE DISTRICT

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## Selection and Retention of Staff Members/In-house Providers, Contracted (Outside) Providers, Vendors, Volunteers – A– 1.10

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### Purpose:

Wasatch Behavioral Health (WBH) shall identify an adequate number of licensed in-house and contracted outside providers to provide medically necessary treatment services and ensure all in-house employed providers (staff members), contract outside providers, vendors and volunteers undergo an appropriate review of their credential(s), criminal background, and any state and federal government adverse actions or sanctions.

### Definitions:

**Agent** means any person who has been delegated the authority to obligate or act on behalf of a provider (i.e., health plan).

**Disclosing entity** means a Medicaid provider (other than an individual practitioner or group of practitioners) (i.e., the health plan) or a fiscal agent.

**“Employed Provider”** means any licensed individual who is engaged in the delivery of health care services and is legally authorized to do so under State law, or any unlicensed provider qualified to provide covered services, and is employed by WBH.

**Fiscal agent** means a contractor that processes or pays vendor claims on behalf of the Medicaid agency (i.e., health plan).

**Indirect ownership interest** means an ownership interest in an entity that has an ownership interest in the disclosing entity (i.e., health plan) or in an entity that has an indirect ownership interest in the disclosing entity (i.e., health plan).

**Managing employee** means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency (i.e., health plan).

**Other disclosing entity** means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:

- (a) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
- (b) Any Medicare intermediary or carrier; and

- (c) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program.

**Ownership interest** means the possession of equity in the capital, the stock or the profits of the disclosing entity (i.e., health plan).

**Person with ownership or control interest** means a person or corporation that:

- Has an ownership interest totaling 5 percent or more in a disclosing entity (i.e., health plan);
- Has an indirect ownership interest equal to 5 percent or more in a disclosing entity (i.e., health plan);
- Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity (i.e., health plan);
- Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity (i.e., health plan) if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity (i.e., health plan);
- Is an officer **or director**\* of the disclosing entity that is organized as a corporation (i.e., health plan); or
- Is a partner in the disclosing entity that is organized as a partnership (i.e., health plan)?

\*Director includes the health plan's Board of Directors' members who have authority to make decisions that affect the business of the health plan.

**Subcontractor (Contracted Outside Provider)** means

- (a) An individual, agency, or organization to which a disclosing entity (i.e., the health plan) has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- (b) An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement (i.e., the agreement with the health plan).

## **Policy:**

### **In-house and Contracted Outside Providers:**

- A. Where possible, WBH's Executive Committee shall ensure and maintain a sufficient array of licensed in-house providers, case managers (SSW's), support staff, and contracted outside providers to meet the anticipated medically necessary treatment needs of its clients. Where possible, approved providers will represent the characteristics and health care needs of specific Medicaid populations represented in WBH's catchment area. WBH will take into consideration geographic locations of providers and Medicaid enrollees, distance, travel time, means of transportation Medicaid enrollees ordinarily use and physical access for Medicaid enrollees with disabilities in sufficient number, mix, and geographic distribution. Where possible,

WBH shall maintain an adequate number of contracted outside providers in terms of training, experience, and specialization to ensure timely access to services.

- B. Non licensed case managers (case manager 1) must become SSW licensed by the State of Utah within twenty-four (24) months from the date of hire as a Case Manager I. Failure to obtain the appropriate license within twenty-four (24) months may result in discharge or demotion.
- C. All clients admitted to WBH services shall be informed of their right to certified American Sign Language (ASL) and foreign language interpreter services, as needed, without cost. (See related policy and procedures C-3.03 Interpreter Services).
- D. WBH ensures physical access, reasonable accommodations, culturally competent communications, and accessible equipment for clients with disabilities.
- E. WBH has established access standards for responding to clients' requests for services based on their level of need (See policy and procedures C-3.06 Client Access to Treatment).
- F. WBH's approved contracted outside providers shall be maintained through contracts renewed annually, or through single-case contracts initiated and renewed on a case-by-case basis. WBH may contract with individual providers and provider groups. Contracted outside providers shall provide all approved services within the requirements of the Utah Department of Health's (UDOH) Prepaid Mental and Substance Use Services Health Plan (PMHP) Contract, standards contained in the Utah Medicaid Behavioral Health Centers Provider Manual, Utah State Division of Substance Abuse and Mental Health's "Best Practice Guidelines", and WBH's Fraud and Abuse Prevention and Reporting Policy C-3.13.
- G. WBH in-house providers, contracted outside providers, and single-case agreement outside providers shall comprise a sufficient group of behavioral health professionals to provide Medicaid enrollees with adequate access to all covered services.
- H. WBH shall have an initial credentialing process for physicians and other licensed professionals, including members of physician groups, that is based on written applications and primary source verification of licensure, disciplinary status, and eligibility for payment under Medicaid to assure (1) contracted outside providers are appropriately credentialed, (e.g. that the individual or institution has a current license, is in good standing with licensing boards, etc.), and (2) a record review for any adverse actions or sanctioning of contract provider(s) by other states or the federal government.
- I. WBH shall have an initial credentialing process verifying that non-licensed staff (ie. case managers, peer support specialist) are certified through the Utah Department of Human Services Division of Substance Abuse and Mental Health.
- J. WBH shall re-credential physicians and other licensed professionals, including members of physician groups, at least every three years and includes updated information obtained through the initial credentialing process.
- K. WBH shall ensure Outside providers under contract with WBH remain licensed and/or accredited, and are re-licensed and/or accredited at least every three years using updated information obtained through the initial credentialing process.

- L. WBH shall ensure contract outside provider(s), and provider hospitals are appropriately credentialed, and have no adverse actions or sanctions against them by state or federal governments. WBH will review contracted providers' credentials not less than every two years. WBH will notify licensing and disciplinary bodies, or other appropriate entities, when suspensions or terminations of providers occur because of quality of care deficiencies.
- M. WBH shall not employ or subcontract with any individual who is under a current federal debarment, suspension, sanction or exclusion from participation in federal health care programs under either section 1128 or section 1128A of the Social Security Act, or who has had his or her license suspended or revoked by any state.
- N. WBH shall ensure it does not discriminate against behavioral health providers who serve high-risk populations or specialize in conditions that require medically necessary costly treatment for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification.
- O. WBH reserves the right to:
  - 1. Refuse to contract with providers beyond the number of sessions necessary to meet the needs of its Medicaid enrollees,
  - 2. Use different reimbursement amounts for different specialties or for different practitioners in the same specialty,
  - 3. Establish measures designed to maintain the quality of services and control costs so long as they are consistent with WBH's responsibilities to its Medicaid enrollees,
  - 4. Require Medicaid enrollees receive their treatment from an in-house provider when the in-house provider can provide timely access and is qualified to perform the medically necessary services.
- P. Should WBH decline to include an outside provider applicant, or terminate an outside provider agreement, it will provide the affected parties written notice of the reason for its decision (See attachment B Notice Letter).

**Vendors:** Vendor applicants shall be reviewed using Section 1128 or Section 1128A of the Social Security Act which states WBH shall not employ or subcontract with any individual who is under a current federal debarment, suspension, sanction or exclusion from participation in federal health care programs, or who has had his or her license suspended or revoked by any state. (See Procedures - Vendors and Contractors, below).

**Volunteers:** Volunteer applicants offering professional services shall be required to undergo WBH's, credentialing process identified below.

Support volunteers shall participate in new employee orientation training. The volunteering person shall be visually supervised at all times while with clients. Volunteers shall have no rights or authority to encumber or act as an agent of WBH.

## **Procedures:**

### **Establishing Sufficient Number of Qualified Providers**

- A. Quarterly, the Human Resource Director and the Associate Director of Care Management Services /Corporate Compliance Officer, shall together provide the Executive Committee with spreadsheets of all licensed and certified providers who are staff members and volunteers of WBH as well as those with whom it sub-contracts for treatment services. WBH's Executive Committee shall use the list to review the sufficiency of licensed and certified providers available to meet the treatment needs of its Medicaid clients using the criteria below.
1. The anticipated Medicaid enrollment;
  2. The expected utilization of services, taking into consideration the characteristics and health care needs of specific Medicaid populations represented in the service area;
  3. The number and types (in terms of training, experience, and specialization) of health care professionals required to furnish the Covered Services; and
  4. The geographic locations of providers, and Medicaid enrollees, considering distance, travel time, the means of transportation ordinarily used by Enrollees, and whether the location provides physical access for Medicaid enrollees with disabilities.

### **Selection of Outside Sub-contract Providers**

- A. WBH's Contract Program Manager shall accept outside provider candidate applications, and recruit outside provider applicants, based on the criteria identified in this policy. The Contract Program Manager may or may not decide to provide a candidate with an application. The Contract Program Manager when electing to not use a provider applicant will provide the applicant written notification of the reason.
- B. When a Medicaid enrollee requests permission to see a non-paneled provider and receives approval from WBH, the Contract Program Manager shall actively attempt to obtain a private provider contract application from the provider requested by the client and expedite the contracting process to the degree possible. The client shall be given the choice of seeing another contracted provider or WBH employee provider should he/she desire treatment in the interim.

### **Certification, Credentialing and Re-credentialing of Providers**

- A. **Outside Providers:** WBH's Contract Program Manager, upon receiving a candidate's application, will review the application for completeness including all required attachments. (See Policy C-4.31 Intake, Recovery Planning, and Discharge Services for Medicaid Clients By Outside Providers). Should any information be omitted, the Contract Program Manager shall notify the applicant of the missing information and request it be submitted to be considered. Following the receipt of the completed application, the Contract Program Manager shall forward the information to WBH's Associate Director of Care Management Services /Corporate Compliance Officer to complete the contract /application process.

**Completion of Application Process for Outside Providers:** All licenses submitted with application shall be verified prior to signing of the contract. The Associate Director of Care Management Services /Corporate Compliance Officer shall screen and verify all applications. When the license is verifiable through the Division of Occupational and Professional Licensing, it will be verified through DOPL.gov by the Associate Director of Care Management Services /Corporate Compliance Officer. If the license is not verifiable through DOPL.gov, WBH will require original source verification prior to hiring or signing of the contract. A record of this verification will be kept with the signed contract.

The Associate Director of Care Management Services /Corporate Compliance Officer shall use the Inspector General (HHS-OIG's) List of Excluded Individuals and Entities (LEIE) and the System for Award Management (SAM) databases to ensure that the potential contractor is not under a current federal debarment, suspension, sanction or exclusion from participation in Medicare, Medicaid, and other Federal health care programs.

The Associate Director of Care Management Services /Corporate Compliance Officer, upon completing the applicant review process, shall report his/her findings to the Contract Program Manager. The Contract Program Manager shall contact the applicant in writing if the application is denied stating the reason for the denial.

If the candidate's application review is clean, the Associate Director of Care Management Services /Corporate Compliance Officer shall send the contract to WBH's attorney for review and request that it be a voting item in the next WBH Authority Board meeting. Following authority board approval, and the Board Chair's signature, the contract shall be in force. A copy of the contract shall be sent to the contractor along with an offer by the Contract Program Manager to provide any technical assistance necessary regarding the provider's responsibilities under the contract.

The signed contract will include a provision that the outside provider will utilize the Inspector General HHS-OIG's List of Excluded Individuals and Entities (LEIE) and the System for Award Management (SAM) database to ensure that they do not employ any individual who is under a current federal debarment, suspension, sanction or exclusion from participation in Medicare Medicaid, and other Federal health care programs.

(See contract in Policy C-4.31 Intake, Recovery Planning, and Discharge Services for Medicaid Clients By Outside Providers).

- B. **Staff Members including In-house Providers:** WBH's Human Resource Department (HR) shall review all applicants for employment and send the eligible candidates to the appropriate Program Manager. The Program Manager or designee shall make appointments for those eligible to sit for interviews with the selected interview committee. All employment offers shall be contingent upon successful completion of:
1. A pre-employment screening. See WBH Policy - HR – 3.20 Drug-Free Workplace Policy and HR-1.09 Background Screening.
  2. A review of the Inspector General HHS-OIG's List of Excluded Individuals and Entities (LEIE) and the System for Award Management (SAM) databases to

ensure that the candidate is not under a current federal debarment, suspension, sanction or exclusion from participation in Medicare, Medicaid, and other Federal health care programs.

3. A “Background Screening Request” (See Attachment A) submitted by the HR department to the State of Utah for clearance. All prospective candidates who will participate in programs involving youth or vulnerable adults shall complete the application and pass the Background Criminal Investigation (BCI).
4. Providing evidence, as required, of current licensure or certification in the form of original documents or certified copies of the original documents.
5. Once employed, staff members shall attend the new employee orientation and complete the Provider Application that includes an NPI #. All applications are entered in the Medicaid database Prism.

**C. Re-Certification Process:**

1. Staff members with a temporary or limited clinical license shall provide the HR Department with verification of permanent licensure before the expiration date of the temporary license.
2. All staff members shall 1) annually complete, and return to the HR Department, an application for a Background Criminal Investigation (BCI) review and 2) bi-annually provide a copy of their Department of Occupational Licensing renewed professional license(s) to the HR Department for the coming two years. Staff members not providing a copy of the renewed license(s) prior to the expiration of their current license may not treat clients until proof of renewal has been received by the HR Department. Failure to complete the BCI application and/or renew their professional license in a timely manner may result in an employee’s termination.
3. Contracted Outside Providers shall annually provide evidence of a clean Background Criminal Investigation (BCI) report as part of the process of contract renewal.
4. All hospital admitting and treating WBH clients shall bi-annually provide WBH evidence of its current Joint Commission on Accreditation of Healthcare Organizations (JCAHO) certification.
5. WBH shall not knowingly contract with or retain on its behalf any person or entity which has been:
  - a) Convicted of a criminal offense related to behavioral health care, or health care unless such person or entity has implemented a compliance program as part of an agreement with the federal government, or
  - b) Listed by a federal agency as debarred, ineligible, or excluded from participation in Medicare, Medicaid, and other Federal health care programs.

**Screening for Excluded Providers (Junction Database):** Monthly, WBH’s Information Technology (IT) Department shall conduct a search of the Inspector General HHS-OIG’s List of Excluded Individuals and Entities (LEIE) and the System for Award Management (SAM) databases to ensure that WBH staff members including providers, outside

providers, and persons with ownership or control interest in WBH, including WBH Board of Directors, are not under a current federal debarment, suspension, sanction or exclusion from participation in Medicare, Medicaid, and other Federal health care programs. (See attachment C for process instructions).

The IT Department shall search the (LEIE) and the System for Award Management (SAM) databases to capture exclusions and reinstatements that have occurred since the last search. The IT department shall maintain documentation of the searches.

The IT Department shall immediately report any exclusion information to WBH's Corporate Compliance Officer.

WBH shall report to the Utah Department of Health (Medicaid), Division of Health Care Finance, within 30 calendar day of the discovery, any exclusion information discovered. This information shall also be documented and submitted to Medicaid using the approved "Disclosure of Excluded Providers Form"(s). These forms are tracked and maintained by the Care Management Services Assistant.

### **Screening for Excluded Providers (Outside Providers, Commissioners, Hospitals):**

Monthly, WBH shall conduct a search of the Inspector General HHS-OIG's List of Excluded Individuals and Entities (LEIE) <http://exclusions.oig.hhs.gov/> and the System for Award Management (SAM) <https://www.sam.gov/sam/> database to ensure that WBH staff members including providers, outside providers, and persons with ownership or control interest in WBH Are not under a current federal debarment, suspension, sanction or exclusion from participation in Medicare, Medicaid, and other Federal health care programs.

1. Documentation of all searches conducted shall be maintained by the Care Management Services/Corporate Compliance Officer's designee.
2. The designee shall immediately report any exclusion information to WBH's Care Management Services /Compliance Officer.
3. Other methods of auditing and monitoring may include onsite visits, questionnaires and state licensing inspections.
4. Contracts for outside providers will include a provision that the outside provider will utilize the Inspector General HHS-OIG's List of Excluded Individuals and Entities (LEIE) and the System for Award Management (SAM) databases to ensure that they do not employ any individual who is under a current federal debarment, suspension, sanction or exclusion from participation in Medicare Medicaid, and other Federal health care programs. WBH staff audit documentation during site reviews.

**Excluding Providers and Vendors:** WBH's Associate Director of Care Management Services /Corporate Compliance Officer shall, as part of the candidate application review process, engage in a systematic review of the (LEIE) and the System for Award Management (SAM) databases, submit applicant names to proper state and federal authorities, and review the name with WBH's executive committee and authority board to divulge and preclude any conflict of interest relationships. The Contract Program



Manager will address each of the following possibilities with each application submitted to ensure that WBH does not:

1. Employ or subcontract with any individual who is under a current federal debarment, suspension, sanction or exclusion from participation in federal health care programs under either section 1128 or section 1128A of the Social Security Act, or who has had his or her license suspended or revoked by any state;
2. Knowingly have a relationship of the type described below with any of the following:
  - a) An individual who is debarred, ineligible, or excluded from participation in Medicare, Medicaid, and other Federal health care programs.
  - b) debarred, suspended or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No.12549 or under guidelines implementing Executive Order No.12649; or
  - c) An individual who is an affiliate, as defined in the Federal Acquisition Regulation, of a person described in 1 above;
3. Knowingly has a relationship of the following types with individuals identified in 2), a) and b) above:
  - a) A director, or officer, of WBH.
  - b) A person with an employment, consulting or other arrangement with WBH for the provision of items and services that is significant and material to WBH's obligations under the PMHP Contract with Utah Department of Health (Medicaid).

**Nondiscrimination of Provider Applicants:** Upon completion of the review to exclude providers (above), WBH shall ensure the nondiscrimination of contract provider applicants by using the following criteria:

1. The current quantity of existing pool providers with the required expertise, requested gender, and geographic location of their office/clinic.
2. The absence of the required expertise within WBH's employee pool of providers.
3. The absence of a less expensive provider within the pool who can provide the required treatment.
4. Client dissatisfaction with all current in-house and sub-contracted pool providers.

**Nondiscrimination:** WBH's Associate Director of Care Management Services/Corporate Compliance Officer shall be identified as WBH's Nondiscrimination Coordinator in behalf of clients who will (1) take complaints and grievances from clients alleging nondiscrimination violations based on race, color, national origin, physical or mental disability, or age; and (2) maintain a Methods of Administration Plan as a means of assuring that their programs, activities, services and benefits are equally available to all persons without regard to race, color, national origin, disability, or age. (See Article V, B 21.)

**Reporting:**

When a staff member or contracted provider are found to be under a current federal debarment, suspension, sanction or exclusion from participation in Medicare, Medicaid, and other Federal health care programs, the Associate Director of Care Management Services/Corporate Compliance Officer shall submit a report within 30 days following the completion of a full investigation (see policy C – 3.13 Full Fraud or Abuse Investigative Report) to the Utah Department of Health (Bureau of Managed Health Care (BMHC), Division of Health Care Finance, and other appropriate Utah State authorities, such as the Department of Occupational and Professional Licensing (DOPL), as required. This information shall also be documented and submitted using the approved "Disclosure of Excluded Providers & Non-Inclusion of Providers" form. All disclosure and attestation forms shall be tracked and maintained by the Care Management Services Assistant.

Note: non-substantive reasons, such as the provider fails to complete the credentialing process or sufficient capacity has been met, are not violations of DOPL's laws; therefore, they do not need to be reported.

### **Related Policies:**

C - 3.13 WBH Fraud and Abuse-Deficit Reduction Act

C - 4.31 Intake, Recovery Planning, and Discharge ...Outside Providers.

HR - 3.20 Drug-Free Workplace

HR – 1.09 BCI

C – 3.06 Client Access to Treatment – Performance Standards

C - 3.03 Interpreter Services

### **Right to Change and/or Terminate Policy:**

Reasonable efforts will be made to keep employees informed of any changes in the policy; however, WBH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

## Attachment B

### Notice

Dear "[Click here and type]"

This is notification to you that Wasatch Behavioral Health is no longer contracting with NAME OF ORGANIZATION and its clinical providers, due to (give detailed reason why contract has been discontinued). The contract will be discontinued as of (effective date).

Thank you for your cooperation and working relationship in the past.

Sincerely,

Cc:

Date

Address  
City, State Zip

Dear "[Click here and type]"

This letter is to inform you that Wasatch Behavioral Health Services Special Service District has denied your application to become a contracted provider. We based our decision on (give detailed reason why contract has been denied).

Please contact me if you have any questions.

## **Attachment C** **LEIE and SAM Employee Comparison Process**

### **LEIE Process through Junction**

- 1- To get the most current registry (ideally the day before the 1<sup>st</sup> of the month) to use in the compare process:
  - [http://oig.hhs.gov/fraud/exclusions/exclusions\\_list.asp](http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp) (there is an underscore between exclusions and list.asp)
  - Look under the LEIE Database for the Updated LEIE Database
  - Double click the most recent CSV file, downloading it into the downloads directory
- 2- Opening the downloaded UPDATED, Find & Replace commas with periods, Options – Replace All
- 3- Save as CSV (comma delimited) file, name with mmyy (make sure you're in the right directory, s:/shared.adm/Junction/LEIE)
- 4- Copy and paste the CSV file to \\Junction2\m\$\Junction\ExcludedEntities
- 5- Save the previous UPDATED file renamed as UPDATED\_mmyy (previous mmyy) and rename newest file to UPDATED
- 6- Move the previous month's file to the BU (Backup folder) in ExcludedEntities.
- 7- Upon monthly process execution, give any reported matches to the Care Management Services Department to research.

### **SAM Process through Junction**

- 1- To get the most current registry before the first day of the month:
  - go to the website, [https://www.sam.gov/portal/SAM/?portal:componentId=16bb71aa-8903-43f5-99de-b6b2cd6234d6&interactionstate=JBPNs\\_r00ABXc0ABBfanNmQnJpZGdIVmlld0lkAAAAQATL2pzZi9mdW5jdGlvbmFsLmpzcAAHX19FT0ZfXw\\*\\*&portal:type=action#1](https://www.sam.gov/portal/SAM/?portal:componentId=16bb71aa-8903-43f5-99de-b6b2cd6234d6&interactionstate=JBPNs_r00ABXc0ABBfanNmQnJpZGdIVmlld0lkAAAAQATL2pzZi9mdW5jdGlvbmFsLmpzcAAHX19FT0ZfXw**&portal:type=action#1)
  - Data Access tab
  - Scroll to the bottom to Complete File-Last 7 Days section and download the latest Exclusions file (by double clicking it)
- 2- Open (unzip) the downloaded csv file and make the following replacements:
  - Remove all columns except FirstName, Lastname,Middle,Suffix, SAM Number, and NPI
  - Replace All commas with periods
  - Replace All single quotes with blank
  - Replace All double quotes with blank
- 3- Save file in s:/shared.adm/Junction/SAM files
- 4- Copy and paste the new file to \\Junction2\m\$\Junction\SAM, renaming the old SAM.csv to SAM\_mmyy and the new one to SAM.csv
- 5- Move the previous month's file to the BU (Backup Folder) in SAM
- 8- Upon monthly process execution, give any reported matches to the Care Management Services Department to research

On the first day of the month, a Junction stored procedure runs that compares our staff to the National Excluded Entities registry database and the SAM.gov registry and reports any matches. Any matches reported are researched with HR for any BCI irregularities.