

Changes to CBH Facility Re-Credentialing Process

The purpose of this notice is to inform our network that CBH recently made changes to our facility's re-credentialing process, attempting to simplify and streamline the process while maintaining effective oversight of our provider network. These changes do **not** affect independent practitioners, group practices, or Federally Qualified Health Centers (FQHCs). For information related to the credentialing of these providers, please refer to the [CBH Provider Manual](#) (see pages 8-27).

Changes for facilities include how re-credentialing reviews are scheduled, cycle lengths/statuses conferred, Committee decision-making, and use of site visits. Details for each of these changes are as follows:

Scheduling

The CBH Credentialing Committee (Committee) will set the dates for reviews of facilities based on the last status conferred. In the past, re-credentialing reviews completed by the Committee were scheduled based on the availability of information from a site visit and review by the Network Improvement and Accountability Collaborative (NIAC) or other CBH Departments. Providers may notice that re-credentialing status letters are now received without a NIAC site visit having occurred in proximity to the Committee re-credentialing review.

Site Visits

Facilities that have accreditation from entities such as the Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), etc may have re-credentialing site visits waived. Others may have visits completed by State licensing bodies or CBH departments that can include Provider Operations, Quality Management, or Compliance used in lieu of the NIAC site visit and review. NIAC will continue to make visits, prioritizing reviews and visits for providers with large CBH/County census, levels of care of concern, or other factors.

Committee Decision Making

Decisions regarding the credentialing and re-credentialing status of all providers in the CBH Network are made by the CBH Credentialing Committee. The Committee is chaired

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by the CBH Chief Medical Officer or designee and has members including senior-level CBH staff and provider representation. The Committee will have the authority for deciding on the re-credentialing status of facilities that are presented. To make an informed and unbiased decision, all reports to Committees for decision will be “deidentified”. That process involves identifying information such as name, NPI, PROMISE number, etc. being removed from the presentation. Committee members will be presented with information about the services provided, licenses held, Key Performance Indicators (KPI), and any significant concerns for the provider from Quality Management, NIAC, Compliance, and/or Provider Operations. Decisions to not re-credential or award provisional statuses will be made by the Committee based on the recommendations from the component division reports. Factors that could influence a negative re-credentialing decision (provisional or failed re-credentialing) include but are not limited to:

- ➔ Significant and unresolved Quality Improvement Plans/Performance Improvement Plan/Corrective Action Plan
- ➔ Presence as a negative outlier for KPI
- ➔ Current Corporate Integrity Agreement
- ➔ Poor performance on Network Inclusion Criteria (NIC) tool review
- ➔ Failure to submit annual staff roster
- ➔ Active and open case related to potential fraud

Statutes

In the past, CBH facilities could potentially receive re-credentialing statuses ranging from six months to three years. One organization with programs receiving several different periods was not uncommon, placing stress on both our providers and CBH/NIAC. To simplify the process, facilities will now receive either a one- year or three-year cycle if approved by the Committee for re-credentialing. Notification letters will contain the status conferred represented as “up to” the status achieved (one year or three years). Within the time frame specified, the Committee will be presented with updated information and a new

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decision made. A one-year status will be considered a provisional status with follow-up and ongoing monitored assigned to the department(s) responsible for oversight of the concern(s) leading to the one-year status.

Should you have questions regarding these changes, please contact CBH Compliance at CBH.ComplianceContact@phila.gov.