Florida Healthy Kids Uniform Credentialing and Recredentialing Policy

Each Managed Care Organization (MCO) must be accredited by a nationally recognized accrediting body, such as the National Committee for Quality Assurance, or have initiated the accreditation process within one year and received accreditation within eighteen months after executing the contract with FHKC.

The MCOs must maintain written policies and procedures for credentialing and recredentialing providers. At a minimum, the MCOs' credentialing and recredentialing policies and procedures must include the following activities:

- Verify provider licenses, including licenses issued in states other than Florida. Verification must include the following:
  - Confirmation that the license is not expired
  - Confirmation that there are no current limitations on the provider's license

- Establish categorical risk levels for providers and provider categories who pose an increased financial risk of fraud, waste and abuse.
  - Criminal background checks, including fingerprints, must be conducted for providers, and any person with at least 5 percent direct or indirect ownership interest in the provider, when such person meets the criteria for a "high" risk.
  - Risk levels must be adjusted from "limited" or "moderate" to "high" when any of the following occurs:
    - A provider has a payment suspension imposed based on a credible allegation of fraud, waste or abuse
    - The provider has an existing Medicaid or CHIP overpayment
    - The provider has been excluded by HHS or a state Medicaid or CHIP program within the previous 10 years
    - A temporary moratorium has been lifted in the previous 6 months for a particular provider type or provider.

- Conduct pre- and post-enrollment site visits to verify the accuracy of information submitted by providers who are designated as moderate or high categorical risks to the Florida Healthy Kids program and to determine compliance with state and federal enrollment requirements.
  - The MCO must require providers to allow the Centers for Medicare and Medicaid Services (CMS), FHKC, their agents, and their designated contractors to conduct unannounced on-site inspections of any and all provider locations.
  - Providers must be denied enrollment in the network or terminated from the network if the provider fails to permit access to provider locations for any site visits, unless FHKC determines that denial or termination of the provider is not in the best interests of the program and documents such determinations in writing.

- Confirm the identify and determine the exclusion status of providers and any person with an ownership or control interest or who is an agent or managing employee of the provider through checks of the following federal databases upon enrollment and recredentialing:
  - The Social Security Agency's death master file
  - The National Plan and Provider Enumeration System (NPPES)
  - The List of Excluded Individuals/Entities (LEIE)
  - The Excluded Parties List System (EPLS)

- Confirm the exclusion status of providers and any person with an ownership or control interest or who is an agent or managing employee of the provider through checks of the LEIE and EPLS databases on a monthly basis.

- Monitor providers for compliance with the provider contract, including:
    - Appointment timeliness standards
    - Maintenance of accurate directory information, including:
        - Office hours
        - Street address
        - Phone number
        - Acceptance of new patients
- Develop a process to identify quality deficiencies, including:
    - Monitoring and evaluating claims and encounter data for patterns of care by individual providers
    - Conducting ongoing reviews of providers
- Take appropriate corrective action with providers.
- Impose appropriate sanctions, suspension, restriction and termination of providers, including terminating or denying enrollment because of inability to verify the identity of the provider applicant or upon determination that the provider has falsified any information provided on the application.
- Ensure primary care providers without board certification are removed from the network or receive an exemption timely.
- Recredential providers at least every three years.
    - Criminal background checks must be repeated at least every five years.
- Recredential providers, including screening activities, prior to allowing providers who were removed from the network to re-enroll in the network.

The MCO may rely upon any credentialing or recredentialing activities conducted by Florida Medicaid for a particular provider. The MCO remains responsible for conducting any activities required in this policy that were not conducted by Florida Medicaid.

To be eligible to participate in the MCO's Florida Healthy Kids network, providers must:

- Have a current state license (medical, occupational or facility) or authority to do business in the state in which they practice.
- Have no revocation, moratorium or suspension of their license imposed in Florida or any other state.
- Have no sanctions imposed by Medicare or Medicaid unless there is proof of reinstatement or other documentation showing that all obligations under the sanction have been met.
- Provide evidence of professional liability claims history.
- Provide disclosures related to ownership and management, business transactions and conviction of crimes to the MCO.
    - Ownership and management disclosures includes the information required by 42 CFR 455.104(b).
        - Providers must provide this information upon submission of an application, execution of a provider agreement, upon FHKC's request, during recredentialing, and within 35 days after any change in ownership.

        - MCOs must deny providers enrollment in the network or terminate them from the network when any person with a 5 percent or greater direct or indirect ownership interest in the provider, or who is an agent or managing employee of the provider, does not submit timely and accurate information, unless FHKC determines that denial or termination of the provider is not in the best interests of the program and documents such determinations in writing.

        - MCOs must deny providers enrollment in the network or terminate them from the network when any person with a 5 percent or greater direct or indirect ownership interest in the provider, or who is an agent or managing employee of the provider, fails to cooperate with any required screening methods, including failing to submit sets of fingerprints in the form and manner required within 30 days of request, unless FHKC determines that denial or termination of the provider is not in the best interests of the program and documents such determinations in writing.

        - MCOs must deny providers enrollment in the network or terminate them from the network when any person with a 5 percent or greater direct or indirect ownership interest in the provider has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or Title XXI program in the last 10 years, unless FHKC determines that denial or termination of the provider is not in the best interests of the program and documents such determinations in writing.

    - Business transaction disclosures include information about the ownership of any subcontractor with whom the provider has had business transactions totaling more than $25,000 during the 12-month period and any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor during the previous five-year period.
        - The provider must provide such disclosures within 35 days of the date of request by CMS, the Agency for Health Care Administration (AHCA), or FHKC.
        - MCOs must include a provision to provide this information within the required timeframe the provider agreement.

    - Disclosures related to the conviction of crimes include the identity of any person who has ownership or control interest, as defined in 42 CFR 455.101 and 42 CFR 455.102, in the provider, or is an agent or managing employee of the provider, **and** has been convicted of a criminal offense related to the person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs. Providers must provide this information upon entering into a new provider agreement, renewing an existing provider agreement, or upon request by FHKC.

- Not be on the state or federal exclusions lists

- Not have had Medicaid prescribing rights suspended by the AHCA

- Not had enrollment terminated under Title XVIII of the Act or under the Medicaid program or CHIP of any other state. This provision applies only to providers terminated on or after January 1, 2011 from such programs.

- Consent to criminal background checks, including fingerprinting.
    - Providers and any person with a 5 percent or more direct or indirect ownership interest in the provider are required to submit a set of fingerprints in the requested form and manner within 30 days upon request.
- Meet the following requirements when the provider is a physician:

- Good standing of privileges at the hospital designated at the primary admitting facility by the physician or if the physician does not have admitting privileges, good standing of privileges at the hospital by another provider with whom the physician has entered into an arrangement for hospital coverage.
- Valid Drug Enforcement Administration (DEA) certificates, when applicable.
- Attestation that the total active patient load for all populations, including Medicaid FFS, Children's Medical Services Network, Medicaid Managed Care Plans, Medicare, Florida KidCare and commercial patients, is no more than three thousand patients per provider. An active patient is a patient who is seen by the provider at least three times per year.
- Facilities that meet the MCO's standards, including that adequate space, supplies, proper sanitation, smoke-free facilities, and proper fire and safety procedures are in place, evidence that the provider's office meets criteria for access for persons with disabilities, and acceptable medical record keeping practices.
- Provide a statement regarding any physical or behavioral health problems that may affect the provider's ability to provide health care, any history of chemical dependency/substance use disorder, any history of loss of license and/or felony or misdemeanor convictions, and eligibility to become a Medicaid or CHIP provider.

Primary Care Providers (PCPs) are limited to the following:

- Board-certified pediatricians
- Board-certified family practitioners
- Physician extenders working under the direct supervision of a board-certified pediatrician or family practitioner
- Providers who have recently completed a National Board for Certification of Training Administrators of Graduate Medical Education Programs approved residency program in pediatrics or family practice and are eligible for board certification but have not yet achieved board certification.
  - Such providers must become board-certified within three years of joining the network to remain eligible to act as a PCP for the Florida Healthy Kids population.
- Providers who have been granted a waiver to the board-certification requirement in accordance with FHKC's policies and procedures.

Facilities must meet applicable accreditation and licensure requirements and meet facility regulations specified by the Agency for Health Care Administration.

Behavioral health services must be provided by individuals or entities who meet the minimal licensure and credentialing standards set forth in statutes and rules of the Department of Children and Families, the Department of Health and the Division of Health Quality Assurance of the Agency for Health Care Administration pertinent to the treatment and prevention of mental health and substance abuse disorders in children and adolescents. The MCOs' networks shall also include:

- Board-certified child psychiatrists; or
- Practitioners licensed to practice medicine, osteopathic medicine, psychology, clinical social work, mental health counseling, or marriage and family therapy with a minimum of two years' full-time, post-graduate, paid

experience providing mental health and/or substance abuse services in a setting that specializes in providing mental health and/or substance abuse services to children and/or adolescents; and/or

- A certified addiction professional certified in accordance with Chapter 397, Florida Statutes, providing substance abuse services in a setting that specializes in providing substance abuse services to children and/or adolescents.

The MCOs must also have a system for the verification and examination of each provider's credentials. This system must maintain documentation (including copies of provider licenses) of all provider requirements listed above, as well as each provider's:

- Education
- Experience
- Prior training
- Ongoing service training
- National Provider Identifier (NPI) and taxonomy