

Core Elements in Contracting and Credentialing with HealthChoice MCOs and BHOs

This document was developed by the Credentialing Subcommittee to help substance abuse treatment providers identify the core elements involved in the credentialing and contracting process with MCOs/BHOs in the HealthChoice Program, and thus facilitate contracting between providers and MCOs.

Core Elements of the Credentialing Process

The process in which the provider demonstrates that it has the qualifications to participate in the MCO/BHO network of providers. All MCOs/BHOs require the following:

1. Licensed or certified by the State.
 2. Maintain \$1million per incident or \$3 million per aggregate in malpractice insurance, or have a waiver stating that the program falls under the state tort requirement (i.e., Local Health Departments).
 3. Comply with the Americans with Disabilities Act.
 4. If not accredited by CARP, JCAHO or AOA, the following is required:
 - a. Sites visit every two years.
 - b. Proper format for medical record documentation
 - c. Confidentiality of medical records
 - d. Policy and procedures related to treatment options
 - e. Quality improvement plan
 - f. Health and safety procedures
 5. Provider must have a Medicaid number, though not necessarily be a Medicaid provider. Number can be obtained through the MCO.
- In addition, each MCO/BHO may have additional, specialized credentialing requirements.
 - Proper credentialing of a provider by the MCO/BHO to participate in the HealthChoice Program does not automatically imply that a provider is credentialed for commercial business.

Contracting

The contract describes the financial, procedural requirements agreed to by the provider and the MCO/BHO, and is contingent upon the provider meeting the credentialing requirements. A contract does not necessarily obligate the MCO/BHO to refer enrollees to the provider.