



PRE-CONTRACT/PRE-SERVICE POLICY AND PROCEDURE

In this document, CCC is referenced in place of CCC and CHA.

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Terms not defined in the DEFINITIONS section of this document may be found in the Glossary.

1 PURPOSE

- 1.1 This policy establishes a process for pre-determining which providers with whom CHA/CCC should move forward with the contracting process to provide services to members. It also establishes a process for verification of an out of area, out of network provider’s license to practice within their field as well as compliance with federal and state regulations.

2 SCOPE

- 2.1 This policy applies to all out of area, out of network providers as well as potential new providers who will be considered in network by virtue of an executed contract with CHA/CCC.

3 POLICY STATEMENT

- 3.1 Prior to providing services to CHA/CCC members, all providers must have the following items checked for verification of both competency to provide services within their respective scope of practice and assurance of compliance with federal and state regulations:
 - 3.1.1 Medicare Opt-Out
 - 3.1.2 State License, including verification there are no sanctions against the license
 - 3.1.3 Office of the Inspector General (OIG)
 - 3.1.4 System of Aware Management (SAM)
 - 3.1.5 Verification of an active DMAP number
 - 3.1.6 Verification of NPI

4 PROCEDURE

Confidentiality Statement

This Pre-Contract Pre-Service Policy and Procedure along with all attachments hereto shall be considered Cascade Comprehensive Care’s (CCC) Proprietary/Confidential Information



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- 4.1 Staff assigned to conduct the pre-contract/pre-service check will perform all checks and complete the Pre-Contract/Pre-Service Checklist, including their signature and date attesting to the completion of all verifications.
 - 4.1.1 Claims Department will manage the Pre-Contract/Pre-Service Checklist for those out of network, out of area providers with whom CHA/CCC will not establish a contract, but who are providing services to our members based on the member's need.
 - 4.1.2 The Quality Management Department will manage the Pre-Contract/Pre-Service Checklist for those providers who will be considered in network, whether in or out of area, and with whom CHA/CCC intends to establish a contractual relationship should the provider successfully meet all requirements contained within the Checklist.
 - 4.1.2.1 The Provider Network Manager will notify the Quality Management Department of the need for the Pre-Contract/Pre-Service check to occur, including a date by which the checks need to be completed, but with no less than 48 hours' notice.
 - 4.1.3 The Checklist and all supporting documentation will be kept in the department performing the checks.
 - 4.1.4 Verification of OIG, SAM, Preclusion, and Medicare Opt-Out checks will be logged in each department's respective database as evidence that the checks occurred when audited.
 - 4.1.5 OIG and SAM checks will be performed every 30 days by the department with oversight over the pre-contract/pre-service process in accordance with federal and state regulations and CHA's contract with the Oregon Health Authority.

5 RESPONSIBILITIES

Compliance, Monitoring and Review

- 5.1 The Compliance Department will ensure that pre-contract/pre-service checks are being performed and documented during its regular department audits.
- 5.2 Quality Management will review this policy annually in coordination with the Claims and Provider Network Departments and make revisions as necessary.
- 5.3 The Executive Approval Committee will review this policy and procedure for compliance with OHA contract and guidelines at least once a year, or as applicable.

Reporting

- 5.4 Staff assigned to perform the pre-contract/pre-service check will notify the Provider Network Manager and the Director of Quality Management immediately of any provider who has been sanctioned and appears on either the CMS Preclusion, OIG, or SAM lists.
 - 5.4.1 Providers who do have been sanctioned by the above federal lists will not be approved to provide services to CHA/CCC members based on federal and state regulations as well as CHA's contract with the Oregon Health Authority and CCC's contract with Atrio Health Plans.
- 5.5 Staff assigned to perform the pre-contract/pre-service check will notify the Provider Network Manager and Director of Quality Management immediately of any provider whose license has been sanctioned by the licensing governing body.
 - 5.5.1 Providers who have active sanctions or stipulated orders against their license must complete the full credentialing process and be approved by the Quality Management Committee prior to execution of a contract with CHA/CCC to provide services to members.

Records Management

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5.6 Team Members must maintain all records relevant to administering this policy and procedure in the oversight department's record management system.

6 DEFINITIONS

7 RELATED LEGISLATION AND DOCUMENTS

- 7.1 [42 Code of Federal Regulations § 438.12](#)
- 7.2 [42 Code of Federal Regulations § 438.214](#)
- 7.3 [42 Code of Federal Regulations § 455.400-455.470](#) (excluding 455.460)
- 7.4 [Oregon Administrative Rule 409-045-0025 through Oregon Administrative Rule 409-045-0135](#)
- 7.5 [Oregon Administrative Rule 410-120-1395](#)
- 7.6 [Oregon Administrative Rule 410-130-0610](#)
- 7.7 [Oregon Administrative Rule 410-141-3120](#)
- 7.8 [Oregon Administrative Rule 410-141-3269](#)
- 7.9 Oregon Health Plan, Health Plan Services Contract #143110-11
- 7.10 [Oregon Revised Statute 41.675](#)
- 7.11 [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
- 7.12 [Oregon Health Authority \(OHA\): Coordinated Care Organizations \(CCO\)](#)
- 7.13 [Provider Enrollment for Claims Payment Policy and Procedure PP03002](#)

8 FEEDBACK

8.1 Team Members may provide feedback about this document by emailing policyfeedback@casadecom.com.

9 APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Advisory Committee to Approval	Quality Management Committee
Committee Review Dates	08/01/2019
Approval Dates	08/01/2019

10 APPENDIX

10.1 *Pre-Contract/Pre-Service Checklist PP09004.01*

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Pre-Contract/Pre-Service Checklist

Provider Name: _____

Specialty: _____ Location of Practice: _____

CHA Staff Performing Checks/Verification: _____ Date: _____

OIG Check

SAM Check

Verify DMAP

Verify NPI

Medicare Opt-Out Check (if applicable)

Verify State License and ensure there are no sanctions against the license

Sanctions Discovered:

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This Sanction Monitoring Activities Report along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information