## **Local Mental Health Authorities Credentialing Process**

Quick Reference Guide



## Roster Load for Local Mental Health Authorities (LMHAs)

Roster submissions allow Local Mental Health Authorities (LMHAs) to submit multiple providers to the plan in a single submission requesting they be added or removed from our network. A Roster is an excel spreadsheet containing all LMHA providers that need to be added to the Superior HealthPlan network of providers. LMHAs can inform Superior of the behavioral health practitioners working for their organization through the Roster Load (Roster) Process. Rosters can be sent directly to Superior at <a href="LMHA.Load@SuperiorHealthPlan.com">LMHA.Load@SuperiorHealthPlan.com</a>. Superior requires LMHAs use the following roster template for submissions <a href="LMHA Roster Load Template">LMHA Roster Load Template</a>. LMHA's can utilize the Roster Process to add or remove behavioral health providers to their existing contract with Superior. All practitioners, except Qualified Mental Health Professionals (QMHPs), must have a behavioral health taxonomy to be loaded through the roster.

Behavioral health providers can send a monthly roster of changes to <u>LMHA.Load@SuperiorHealthPlan.com</u>, including new providers and providers that need to be termed. To add or remove providers, the following information must be included within the roster template:

- Provider credentials to include Name, National Provider Identifier (NPI), Taxpayer Identification Number (TIN).
  - Although QMHPs do not have NPIs they should still be listed on the roster submission.
- Specify if the provider needs to be added or removed.
- Date requested for the change\*

\*Please Note: Effective dates are prospective, unless an effective date is requested within 30 days of the submission. (we can only go back up to 30 days)

## **Rosters Submission Requirement**

Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Counselor (LPC), Licensed Chemical Dependency Counselor (LCDC), Clinical Psychologists and QMHP providers are required to submit a valid Request for Child Abuse/Neglect Central Registry Check (DFPS Form 1600) along with the roster template.

- Superior will send the submitted DFPS Form 1600 to DFPS for review this process can take a few months.
  Only providers who are cleared by DFPS will be added. Every box must be completed to ensure the form is not rejected.
- The DFPS Form 1600 must be signed and dated within the last 6 months and will need to be submitted with the roster. Each field on the form must be completed.

## Direct Load for Medical Providers working under an LMHA

Medical providers, identified as providers without a behavioral health taxonomy, must go through direct credentialing with Superior. All effective dates will be future effective dates. Providers must have an effective date confirmed prior to rendering services.

Requests to add new medical providers to an existing group contract can be submitted online by selecting *Add a Provider to an Existing Group Contract* at SuperiorHealthPlan.com/JoinOurNetwork.

Superior will send a contracting packet to the e-mail address listed on the online submission. Providers must complete the packet and email it to <a href="SHP.NetworkDevelopment@SuperiorHealthPlan.com">SHP.NetworkDevelopment@SuperiorHealthPlan.com</a>. Expedited credentialing can be requested, however, not all records qualify. Criteria for expedited credentialing can be found by selecting Expedited Credentialing under *Process Improvement Resources* at <a href="SuperiorHealthPlan.com/ProviderResources">SuperiorHealthPlan.com/ProviderResources</a>.

If a provider's application is expedited, the provider will be given a provisional effective date. A provisional effective date allows a practitioner to see members, but the organization assumes the risk of recoupment if:

- Superior requests additional information and the information is not submitted.
- The provider fails credentialing.

Providers should not render services without confirming their effective date and contracted products with Superior. Claims will not be paid for services billed for DOS before the provider's effective date.

For questions, please contact Superior's Behavioral Health Account Management team at <a href="mailto:AM.BH@SuperiorHealthPlan.com">AM.BH@SuperiorHealthPlan.com</a>.