**BCBA® CREDENTIALING AGREEMENT**

This credentialing agreement (“Agreement”) is entered into as of **[Effective Date],** by and between **[Company]** and **[BCBA Name].**

**PURPOSE**
This Agreement establishes the terms under which the BCBA will undergo credentialing with the Company’s contracted payors, including but not limited to commercial insurance payors, the **[State]** Medicaid behavior analysis program, and other third-party payors. The BCBA agrees to complete all credentialing and enrollment requirements before rendering billable services under the Company.

**CREDENTIALING REQUIREMENTS**
The BCBA agrees to provide all necessary documentation and information required for credentialing, including but not limited to:

* Current BCBA certification from the Behavior Analyst Certification Board (BACB ®)
* State licensure (if applicable)
* National Provider Identifier (NPI) number
* CAQH Number
* Proof of current professional liability insurance coverage
* Proof of completed Level II fingerprinting and background checks (as required by payors)
* Resume with current work history
* Any additional documents required by specific payors

**CREDENTIALING PROCESS**
3.1 The Company will submit and manage all credentialing applications on behalf of the BCBA. The BCBA agrees to cooperate fully and promptly in providing the required documents and responding to credentialing inquiries.

3.2. The BCBA understands that the credentialing process varies by payor and may take several weeks to months to complete. During this period, the BCBA may provide non-billable services such as training and shadowing under the supervision of a credentialed BCBA.

3.3. The BCBA agrees not to render billable services until credentialing approval is obtained from each applicable payor.

**COMPENSATION DURING CREDENTIALING**
4.1. The BCBA will not be eligible for reimbursement from insurance payors until credentialing is complete and services cannot be rendered to clients during this period. No compensation will be provided to the BCBA during the credentialing process.

4.2. The Company reserves the right to modify the compensation structure based on the length of the credentialing process and business needs.

**MEDICAID ENROLLMENT**
5.1. The BCBA understands that Medicaid enrollment is a separate process from commercial and managed care credentialing and may have additional requirements.

5.2. The BCBA agrees to provide all documentation necessary for Medicaid enrollment, including but not limited to Medicaid-specific applications and background checks as required by the **[State]** Medicaid program.

5.3. The BCBA acknowledges that Medicaid enrollment may take longer than commercial credentialing and must be completed before rendering services to Medicaid and managed care clients.

**TERM AND TERMINATION**
6.1. This Agreement shall remain in effect until credentialing is successfully completed, after which the BCBA will enter into a separate employment or independent contractor agreement.

6.2. Either party may terminate this Agreement with **[X] days'** written notice if:

* The BCBA fails to complete credentialing requirements
* A payor denies credentialing for any reason
* The BCBA fails to meet Company standards or compliance requirements
* The Company determines it no longer requires the BCBA’s services

**COMPLIANCE AND LIABILITY**
7.1. The BCBA agrees to adhere to all ethical and professional standards set forth by the BACB, state regulations, and the Company’s policies.

7.2. The BCBA shall be responsible for maintaining up-to-date credentials and notifying the Company of any changes in licensure, certification, or insurance coverage. This includes timely renewal of professional licenses, liability insurance, and any required training certifications. The BCBA must update CAQH profile before the expiration of any credential, liability insurance, or training to prevent delays or denials in credentialing.

7.3. The BCBA acknowledges that failure to renew credentials in a timely manner may result in an inability to provide billable services, suspension from practice, loss of reimbursement eligibility, and potential termination of this Agreement.

7.4. The Company reserves the right to conduct periodic audits of the BCBA’s credentials to ensure ongoing compliance with all payor requirements. The BCBA agrees to cooperate fully with such audits and provide any requested documentation promptly.

7.5. The BCBA agrees to indemnify and hold the Company harmless from any claims, liabilities, or legal actions arising from non-compliance with credentialing requirements.

**CONFIDENTIALITY**
8.1. Both parties agree to maintain the confidentiality of all patient records, Company policies, and credentialing-related information in accordance with HIPAA and other applicable laws.

8.2. The BCBA agrees not to disclose or use proprietary Company information outside the scope of this Agreement.

**GENERAL PROVISIONS**

9.1. **Governing Law** – This Agreement shall be governed by the laws of the State of **[State]**.

9.2. **Entire Agreement** – This Agreement constitutes the entire understanding between the parties regarding credentialing and supersedes all prior agreements or understandings, whether written or oral.

9.3. **Amendments** – Any modifications to this Agreement must be in writing and signed by both parties.

9.4. **Severability** – If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

**IN WITNESS WHEREOF**, the parties have executed this Agreement as of the Effective Date.

**[Company]**
By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[BCBA NAME]**
By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_