

NORTHCARE NETWORK

POLICY TITLE: Credentialing Policy
POLICY EFFECTIVE DATE: June 26, 2002
BOARD ADOPTED: June 26, 2002
BOARD ADOPTED REVISIONS:
12/18/02; 10/06/04; 2/7/07; 8/1/07

REVIEWED/REVISED:
March 24, 2005
Nov. 13, 2006, July 11, 2007
TEXT REVISION: Feb. 15, 2008

PURPOSE

The purpose of NorthCare's Credentialing Policy is to ensure processes are established to determine whether or not an individual, organizational, or prospective individual or organizational provider is qualified to render services and/or supports as a NorthCare Network provider. This policy will also outline requirements of organizational providers in terms of credentialing their providers.

DEFINITIONS

Credentialing (As defined by the American Society of Addiction Medicine and the American Managed Behavioral Healthcare Association): The process of reviewing, verifying, and evaluating a practitioner's credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the specialized professional background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing is that a practitioner is granted membership in a medical staff or provider panel.

National Practitioner Databank (NPDB) and the Healthcare Integrity and Protection Databank (HIPDB): The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance, Practitioner Data Banks Branch is responsible for the management of the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. HRSA. They can be located on the Internet at www.npdb-hipdb.hrsa.gov/.

Organizational Providers: are providers that NorthCare Network contract with and that directly employ and/or contract with individuals to provide health care services. Examples of organizational providers include, but are not limited to: Community Mental Health Services Programs; hospitals; nursing homes; homes for the aged; psychiatric hospitals, units and partial hospitalization programs; substance abuse programs/entities; and home health agencies.

PIHP: is Prepaid Inpatient Health Plan under contract with the Department of Community Health to provide managed behavioral health services to Medicaid eligible individuals.

Provider: is any individual that is engaged in the delivery of healthcare services and is legally authorized to do so by the State in which he or she delivers the services.

OVERVIEW

This policy addresses temporary/provisional credentialing and re-credentialing processes for those individual and organizational providers, directly employed or contracted, by NorthCare and/or a NorthCare Network Provider, as it pertains to the rendering of specialty behavioral healthcare services. This policy does not establish the acceptable scope of practice for any of the identified providers, nor does it imply that any service delivered by the providers identified in the body of the policy is Medicaid-billable or reimbursable.

POLICY

NorthCare requires all individual and organizational providers serving in the NorthCare Network through employment, contract, or sub-contract to be properly credentialed. NorthCare's QI Coordinator is responsible for coordinating the oversight and monitoring of the credentialing and recredentialing process completed by the Human Resource Department staff at each network provider organization. Employees and prospective employees of Pathways, d.b.a. NorthCare are credentialed in accordance with Pathways policy, which is to be consistent with this policy and State policy.

NorthCare will ensure, through its contracts and monitoring, that each Organizational Provider implements written policies and procedures for the selection and retention of providers and that those policies and procedures include, at minimum, requirements outlined in this policy.

NorthCare and each Organizational Provider is responsible for ensuring that each provider/organizational provider, employed or under contract, meets all applicable licensing, scope of practice, contractual, and Medicaid Provider Manual requirements. Please reference the applicable licensing statutes and standards, as well as the Medicaid Provider Manual and NorthCare Privileging Policy, should you have questions concerning scope of practice or whether Medicaid funds can be used to pay for a specific service.

NOTE: The individual practitioner and organizational provider credentialing process contain two primary components: initial credentialing and re-credentialing. NorthCare recognizes the Organizational Providers may have a process that permits initial credentialing on a provisional or temporary basis, while required documents are obtained or performance is assessed. The standards that govern these processes are in the sections that follow.

A. Credentialing Individual Practitioners

1. The Provider Organization must have a written system in place for credentialing and re-credentialing individual practitioners included in their provider network that are not operating as part of an organizational provider. Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals:
 - a) Physicians (M.D.s and D.O.s)
 - b) Physician's Assistants
 - c) Psychologists (Licensed, Limited License, and Temporary License)
 - d) Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians
 - e) Licensed Professional Counselors
 - f) Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
 - g) Occupational Therapists and Occupational Therapist Assistants
 - h) Physical Therapists and Physical Therapist Assistants
 - i) Speech Pathologists
 - j) Certified Addictions Counselor: CAC– Michigan, CAC – IC&RC
 - k) Certified Clinical Supervisor (CCS), CCS – IC & RC, CCS – Michigan
 - l) Certified Criminal Justice Professional (CCJP)
 - m) Non-degreed who has attained three (3) years (6000) hours of experience and has taken and received a passing score on one of the following:
 - Fundamental of Alcohol and Other Drug Problems (FAODP) exam
 - Fundamentals of Substance abuse Counseling (FSAC) exam
2. Providers and Organizational Provider's must ensure:
 - a) That the credentialing and re-credentialing processes do not discriminate against:
 - A health care professional, solely on the basis of license, registration or certification; or

- A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
- b) Compliance with Federal requirements that prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid. A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers is available on their website at <http://exclusions.oig.hhs.gov>. A complete list of sanctioned providers is available on the Michigan Department of Community Health website at www.michigan.gov/mdch (click on Providers, click on Information for Medicaid Providers, click on List of Sanctioned Providers).
3. If NorthCare or an Organizational Provider delegates (NOTE: This refers to a possible contract with an entity to credential staff for the organization.) to another entity any of the responsibilities of credentialing/re-credentialing or selection of providers that are required by this policy, it must retain the right to approve, suspend, or terminate a provider selected by that entity and meet all requirements associated with the delegation of NorthCare or the Network Organizational Provider functions. NorthCare or the Organizational Provider is responsible for oversight regarding the respective entity's delegated credentialing or re-credentialing decisions.
 4. Compliance with the standards outlined in this policy must be demonstrated through Organizational Provider's policies and procedures. Compliance will be assessed based on the Organizational Provider's policies and standards in effect at the time of the credentialing/re-credentialing decision.
 5. The Organizational Provider's written credentialing policy must reflect the scope, criteria, timeliness and process for credentialing and re-credentialing providers. The policy must be approved by the Organizational Provider's governing body, and
 - a) Identify the Organizational Provider administrative staff member and/or entity (e.g., credentialing committee) responsible for oversight and implementation of the process and delineate their role;
 - b) Describe any use of participating providers in making credentialing decisions;
 - c) Describe the methodology to be used by Organizational Provider's staff members or designees to provide documentation that each credentialing or re-credentialing file was complete and reviewed, as per (1) above, prior to presentation to the credentialing committee for evaluation;
 - d) Describe how the findings of the Organizational Provider's Quality Assessment Performance Improvement Program are incorporated into the re-credentialing process.
 6. Organizational Provider's must ensure that an individual credentialing/re-credentialing file is maintained for each credentialed provider. Each file must include:

The initial credentialing and all subsequent re-credentialing applications;

 - a) Information gained through primary source verification;
 - b) Documentation that each file was complete and reviewed prior to evaluation by the credentialing committee; and
 - c) Any other pertinent information used in determining whether or not the provider met the CMHSP/SA Provider credentialing and re-credentialing standards.

B. Initial Credentialing

At a minimum, policies and procedures for the initial credentialing of the individual practitioners must require:

1. A written application that is completed, signed and dated by the provider and attests to the following elements:
 - a) Lack of present illegal drug use.

- b) Any history of loss of license and/or felony convictions.
 - c) Any history of loss or limitation of privileges or disciplinary action.
 - d) Attestation by the applicant of the correctness and completeness of the application.
2. An evaluation of the provider's work history for the prior five years.
3. Verification from primary sources of:
- a) Licensure or certification
 - b) Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - c) Documentation of graduation from an accredited school.
 - d) National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified:
 - i. Minimum of five-year history of professional liability claims resulting in a judgment or settlement;
 - ii. Disciplinary status with regulatory board or agency; and
 - iii. Medicare/Medicaid sanctions.
 - e) If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association may be used to satisfy the primary source of requirements of (a), (b), and (c) above.

C. Temporary / Provisional Credentialing of Individual Practitioners (Contract Provider)

Temporary or provisional credentialing of individual practitioners is intended to increase the available network of providers in underserved areas, whether rural or urban. Organizational Providers must have policies and procedures to address granting of temporary or provisional credentials when it is in the best interest of Medicaid Beneficiaries that providers be available to provide care prior to formal completion of the entire credentialing process. Temporary or provisional credentialing shall not exceed 150 days.

The Organizational Provider shall have up to 31 days from receipt of a complete application (or request for credentialing), accompanied by the minimum documents identified below, within which to render a decision regarding temporary or provisional credentialing.

For consideration of temporary or provisional credentialing, at a minimum, a provider must complete a signed application that must include the following items:

- 1. Lack of present illegal drug use.
- 2. History of loss of license, registration, or certification and/or felony convictions.
- 3. History of loss or limitation of privileges or disciplinary action.
- 4. A summary of the provider's work history for the prior five years.
- 5. Attestation by the applicant of the correctness and completeness of the application.

The Organizational Provider must conduct primary source verification of the following:

- 1. Licensure or certification;
- 2. Board certification, if applicable, or the highest level of credential attained; and
- 3. Medicare/Medicaid sanctions.

The Organizational Provider's designee must review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification as outlined in this Section, should be completed.

D. Re-credentialing Individual Practitioners

At a minimum, the re-credentialing policies for physicians and other licensed, registered, or

certified health care providers must identify procedures that address the re-credentialing process and include requirements for each of the following:

1. Re-credentialing at least every two years.
2. An update of information obtained during the initial credentialing.
3. A process for ongoing monitoring, and intervention if appropriate, of provider sanctions, complaints and quality issues pertaining to the provider, which must include, at a minimum, review of:
 - a) Medicare/Medicaid sanctions
 - b) State sanctions or limitations on licensure, registration or certification.
 - c) Member/client concerns which include grievances (complaints) and appeals information.
 - d) Organizational Provider Quality issues.

E. Credentialing Organizational Providers

NorthCare and each Organizational Provider in its Network must:

1. Validate and re-validate at least every two years, that the organizational provider is licensed or certified as necessary to operate in the State, and has not been excluded from Medicaid or Medicare participation relating to procurement issues from www.epls.gov and related to health care issues from <http://exclusions.oig.hhs.gov>.
2. Credential and re-credential their directly employed and subcontract direct service providers in accordance with NorthCare's credentialing/re-credentialing policies and procedures, which conform to MDCH's credentialing process.
3. Address, in policy, the use, if any, of participating providers in the credentialing program. NorthCare does not use participating providers in the credentialing program.

F. Deemed Status

Individual practitioners or organizational providers may deliver healthcare services to more than one PIHP/CMHSP/SA Provider. NorthCare and a CMHSP/SA Provider may recognize and accept credentialing activities conducted by any other PIHP/CMHSP/SA Provider in lieu of completing their own credentialing activities. In those instances where a PIHP/CMHSP/SA Provider chooses to accept the credentialing decision of another CMHSP/SA Provider, they must maintain copies of the credentialing PIHP/CMHSP/SA Provider's decisions in their administrative records.

G. Notification of Adverse Credentialing Decision

An individual practitioner or organizational provider that is denied credentialing or re-credentialing by the PIHP/CMHSP/SA Provider shall be informed of the reasons for the adverse credentialing decision in writing by the PIHP/CMHSP/SA Provider.

H. Appeal of Adverse Credentialing Decision

Each PIHP/CMHSP/SA Provider shall have an appeal process that is available when credentialing or re-credentialing is denied, suspended or terminated for any reason other than lack of need. The appeal process must be consistent with applicable federal and state requirements.

I. Reporting Requirements

The PIHP/CMHSP/SA Provider must have procedures for reporting improper known organizational provider or individual practitioner conduct that results in suspension or termination from the PIHP/CMHSP/SA Provider's provider network to appropriate authorities (i.e., DCH, the provider's regulatory board or agency, the Attorney General, etc.). Such procedures shall be consistent with current federal and state requirements, including those specified in the DCH Medicaid Managed Specialty Supports and Services Contract.

REFERENCES

- ✓ 42 CFR, (Balanced Budget Act of 1997), 438.214
- ✓ Medicaid Provider Manual
- ✓ MDCH/PIHP Master Contract (Medicaid Managed Specialty Supports and Services Concurrent 1915(B)(c) Waiver Program), Sections 6.4.1 and 6.4.3
- ✓ Medicaid Sub-Contracting Agreement (PIHP/CMHSP Contract) Section XII.
- ✓ NorthCare Criminal Background Checks Policy
- ✓ NorthCare Sanction Policy
- ✓ NorthCare Compliance Policy
- ✓ NorthCare Jail Diversion Policy
- ✓ NorthCare Staff Competency/Education Policy
- ✓ NorthCare/CMHSP Delegation Agreement
- ✓ MDCH Credentialing and Re-Credentialing Processes, January 2007
- ✓ NorthCare Privileging Policy
- ✓ NorthCare Provider Network Management and Appeals Policy