MCCMH MCO Policy 10-070

Chapter: **DIRECT OPERATED SERVICES**
Title: **CREDENTIALING AND RE-CREDENTIALING SERVICES**

Prior Approval Date: 12/28/2020
Current Approval Date: 12/21/2022

Proposed by: 12/21/2022
Chief Executive Officer Date

Approved by: Al Lorenzo 12/21/2022
County Executive Office Date

I. ABSTRACT

This policy establishes the standards and procedures of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, on the credentialing and re-credentialing of individuals providing services. This policy ensures that only qualified practitioners are authorized to provide clinical treatment and related services to MCCMH persons served.

II. APPLICATION

This policy shall apply to all applicable MCCMH staff, contractual staff, volunteers, interns, independent contractors, directly operated network providers, designated collaborating organizations (DCO), and contracted credentialing verification organizations (CVO).

III. POLICY

It is the policy of MCCMH that all individuals directly or contractually employed by MCCMH provide a level of care consistent with professionally recognized standards and in accordance with applicable credentialing and certification requirements of Michigan Department of Health and Human Services (MDHHS) and the Centers for Medicare and Medicaid Services (CMS).

IV. DEFINITIONS

A. Credentialing
The process of determining the accuracy of a qualification reported by an individual including licensing, relevant education, training or experience, current competence, and ability to perform requested privileges.

B. Credentialing and Privileging Committee
A peer-review body with members from the types of practitioners participating in the organization's network that reviews credentialing and privileging applications and

makes determinations. MCCMH maintains a multidisciplinary committee, with representation from various specialties.

C. Community Health Automated Medicaid Processing System (CHAMPS)
The MDHHS web-based, rules-driven, real time adjudication Medicaid Management System.

D. Credentialing Packet
Credentialing documents provided to the Credentialing and Privileging Committee members may include, by way of example and without limitation: Credentialing Application, Privileging Application, Supervisor Review Form, Training Records, OIG exclusion search results, GSA/SAM search results, Medicare Preclusion List search results, LARA search results, Michigan sanctioned provider list search results, official transcripts, verification of school's accreditation status, proof of liability insurance, criminal background check, current resume, results from a query of the National Practitioner Data Bank (NPDB), certification verification from Michigan Certification Board for Addiction Professionals, review listings in practitioner directories, and other documents as required by the Chief Quality Officer or designee, Credentialing and Privileging Committee, Chief Executive Officer, and/or Chief Medical Officer.

E. Designated Collaborating Organization (DCO)
A provider with whom MCCMH has a formal relationship to provide allowable services on behalf of MCCMH as a Certified Community Behavioral Health Clinic (CCBHC). A DCO's services must be provided in a manner aligned with the requirements of Section 2402(a) of the Affordable Care Act and meet requirements specified in the Certified Community Behavioral Health Clinic (CCBHC) contract. MCCMH is clinically and financially responsible for the services of DCOs and thus, is responsible for the credentialing of DCO staff.

F. National Practitioner Data Bank (NPDB)
A web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers.

G. Peer Review
A process by which mental health professionals evaluate the clinical competence of staff and the quality and appropriateness of care. The records, data, and knowledge collected are confidential and not subject to public record or subpoena. Evaluations are based on criteria established by MCCMH, accepted standards of mental health professionals, and MDHHS.

H. Practitioner
A person authorized to provide mental health or substance use services or treatment.

I. Privileging
The process of authorizing a healthcare professional to provide care within a defined scope. Privileging is performed in conjunction with the evaluation of an individual's

clinical qualifications and/or performance and after a thorough review and validation of their credentials.

J. Provider/DCO
An individual or entity engaged in the delivery of healthcare services and legally authorized to do so by the State of Michigan.

V. STANDARDS

A. All applicants seeking admission to MCCMH's provider network shall undergo a comprehensive review and verification of their education, experience, licensing, and other requirements consistent with criteria promulgated by pertinent regulatory and accrediting bodies.

B. It is the responsibility of MCCMH to:

1. Have a defined credentialing and re-credentialing process that selects independent practitioners to provide the highest quality of care to persons served.

2. Ensure that credentialing and re-credentialing processes are confidential and the privacy of all applicants is respected and secured.

3. Establish credentialing and re-credentialing processes that do not discriminate against applicants and continually monitor such processes.

a. MCCMH's credentialing and re-credentialing processes shall not discriminate against health care professionals:

i. Who serve high risk populations or specialize in the treatment of conditions that require costly treatment;

ii. To the extent the health care professional is acting within the scope of their license or certification under applicable state law; and

ii. Based on race, ethnic/national identity, gender, age, patient type, license, registration, certification, sexual orientation, disability, religion, or any other characteristic protected under applicable federal or state law.

b. MCCMH ensures non-discriminatory practices by:

i. Instilling preventative measures in MCCMH policies that mandate anti-discriminatory behaviors and practices for populations served and MCCMH staff;

ii. Ensuring, through ongoing monitoring, that the credentialing verification organization (CVO) adheres to their non-discrimination policy during primary source verification;

iii. Requiring that each member of the Credentialing and Privileging Committee sign an attestation stating that they will not discriminate or breach confidentiality of applications reviewed; and

iv. Maintaining a complaint process for allegations of discrimination or breaches of confidentiality regarding the credentialing/re-credentialing processes.

4. Establish a Credentialing and Privileging Committee to oversee credentialing and re-credentialing decision-making processes.

5. Verify that information provided in member materials and practitioner directories is representative of information gathered during the credentialing process.

6. Ensure all credentialing and re-credentialing information is securely maintained. MCCMH confirms that processes are in place to secure, modify, and track modifications of credentialing files.

7. Comply with federal requirements that prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid.

C. Credentialing Individual Practitioners

1. Initial credentialing shall occur prior to provision of billable services and prior to an employee being permitted to access the electronic medical record (EMR).

2. Re-credentialing shall be conducted a minimum of every two (2) years thereafter.

3. Credentialing and re-credentialing shall be conducted and documented for at least the following health care professionals employed or individually contracted by MCCMH:

a. Physicians (M.D.s or D.O.s)

b. Physician Assistants

c. Psychologists (Licensed, Limited License, 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. Addiction Medicine Specialists

k. Doctoral or Master's-level Psychologists who are state certified or licensed

l. Master's-level Clinical Social Workers who are state certified or licensed

m. Master's-level Clinical Nurse Specialists or Psychiatric Nurse Practitioners who are nationally or state certified or licensed

n. Behavioral Healthcare Specialists who are licensed, certified, registered by the state to practice independently

o. Other persons referenced on the state's provider qualification document

4. Employment is contingent upon the practitioner receiving recognition of credentials and authorization of privileges as required by the position.

VI. PROCEDURES

A. Initial Credentialing Process

1. Applicants requesting credentialed status must complete a signed and dated application that attests to the following:

   a. Lack of present illegal drug use;

   b. Reason(s) for inability to perform the essential functions of the position;

   c. History of adverse action, loss or limitation of license, loss or limitation of privileges, disciplinary actions, and/or felony convictions;

   d. Current malpractice insurance coverage;

   e. History of Medicare/Medicaid sanctions;

   f. Summary of the applicant's work history for the previous five (5) years; and

   g. Attestation by the applicant confirming the correctness and completeness of the application.

2. Information in the applicant's application shall be reviewed and verified. MCCMH uses primary sources (or its website); contracted agents of primary sources (or its website); and NCQA-accepted sources listed for credentials (or its website) to verify credentials.

3. MCCMH, through its CVO, shall verify the applicant's primary sources of:

   a. Five (5) years of work experience; with a clarification of all gaps in employment that exceed 6 months.

   b. Licensure or certification, including restrictions or adverse actions. MCCMH reserves the right to deny any license or certification they are unable to verify through primary source verification.

   c. Limitations on scope of practice.

   d. Board Certification, or highest level of credentials attained or completion of any required internship/residency programs or other post graduate training.

   e. Official transcripts of graduation from an accredited school with documentation supporting the accreditation status of the school attended.

   f. Professional liability insurance, if applicable.

   g. National Practitioner Data Bank (NPDB)/ Healthcare Integrity and Protection Databank (HIPDB) query.

   h. Minimum five-year history of professional liability claims resulting in a judgment or settlement.

   i. Disciplinary status with regulatory board or agency.

   j. Complete history of Medicare/Medicaid sanctions.

   k. MDHHS Medicaid Sanctioned Providers, OIG/LEIE, System of Award Management (SAM), Medicare Opt Out, and the Medicare Preclusion List.

   l. Enrollment in the Community Health Automated Medicaid Processing System (CHAMPS) at initial review and monthly thereafter.

   m. Review of other applicable practitioner directories to ensure consistency with credentialing data including education, training, board certification, and specialty.

   n. DEA or CDS Certificate, if applicable.

   o. If the individual undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy primary source requirements for:

i. Five-year work history

ii. Primary source verification of licensure or certification

iii. Board certification/highest level of credentials attained

iv. Completion of any required internships/residency programs/other postgraduate training

4. Primary source verification of written information shall bear the signature/ initials and date that the information was verified. For oral/verbal verification, the CVO shall sign/initial, date, and note the information verified in the credentialing file. All queries shall be dated and noted in the credentialing file.

5. The credentialing application includes a statement that informs the practitioner of his/her right to:

   a. Review information submitted to support their credentialing application;

   b. Correct erroneous information; and

   c. Receive the status of their credentialing or re-credentialing application, upon request.

6. MCCMH shall ensure that the initial credentialing of all individual practitioners applying for inclusion in MCCMH's network is completed within 90 calendar days of application submission. The start time begins when MCCMH has received a completed signed and dated credentialing application from the individual practitioner. Completion time is indicated when written communication is sent to the individual practitioner notifying them of MCCMH's decision.

B. <u>Re-Credentialing Individuals</u>

1. Re-credentialing shall occur at least every two (2) years or when there is a change to any initial credentialing information.

2. Re-credentialing shall include submission of the current credentialing application, an update of information obtained during the initial credentialing (if applicable), and primary source verification.

3. Individuals being re-credentialed must be compliant with MCCMH training policies and Michigan Administrative Code R. 330.2125.

4. Re-credentialing of physicians and other licensed, registered, or certified individuals also includes a review of any sanctions, complaints, and quality issues pertaining to the practitioner. This must include, at minimum, a review of Medicare/Medicaid sanctions; state sanctions or limitations on licensure, registration, or certification; enrollment in the Community Health Automated

Medicaid Processing System (CHAMPS); and concerns or issues pertaining to grievances and appeals.

5. MCCMH shall ensure findings from the Quality Assessment Performance Improvement Program (QAPIP) are submitted to the MCCMH Credentialing and Privileging Committee and considered in re-credentialing decisions.

C. All documentation and information required may not be more than sixty (60) days old at the time of the Credentialing and Privileging Committee's review.

D. Credentialing Review of Information

1. MCCMH shall notify the practitioner within ten (10) business days of obtaining credentialing information from other sources if the results vary substantially from what was provided by the practitioner.

   a. Upon notification of substantially varied information from other sources, the practitioner shall have the right to correct any erroneous information.

   b. The practitioner must complete a request in writing within seven (7) business days of receipt of notification that the information is incorrect.

   c. The practitioner shall have ten (10) business days to address the discrepancy.

2. The practitioner has the right to review information obtained by the CVO to evaluate a practitioner's credentialing application, attestation, or curriculum vitae (CV).

   a. The practitioner must send a written request to the CVO.

   b. The CVO may share information obtained from any outside source, with the exception of references, recommendations, or other peer-reviewed protected information.

   c. The practitioner must submit missing documentation within 14 calendar days of notification that the submission was incomplete.

3. MCCMH shall ensure the completeness of credentialing files prior to submission to the Credentialing and Privileging Committee. Incomplete files shall be returned to the CVO and only submitted to the Credentialing and Privileging Committee once files are complete.

E. Participation of Chief Medical Officer

1. The Chief Medical Officer or their physician designee shall attend all Credentialing and Privileging Committee meetings and provide direction during discussions to ensure the Committee complies with all applicable federal, state, and accreditation standards.

2. MCCMH's Chief Medical Officer or physician designee, as a member of the Credentialing and Privileging Committee, shall review and approve or deny credentialing files.

F. Temporary Credentialing of Individuals

1. Temporary credentialing shall not be used in place of the initial credentialing process.

2. Temporary credentialing of individuals is granted when MCCMH determines that it is in the best interest of persons served that providers be available to provide care prior to formal completion of the entire credentialing process.

3. Temporary credentialing status shall be allowed not more than once and shall not exceed 150 days, during which time the initial credentialing process must be completed.

4. MCCMH shall have up to thirty-one (31) days from receipt of a complete application, accompanied by the minimum documents identified above, to render a decision regarding temporary credentialing.

5. The temporary credentialing packet must be provided to the employee at the time of hire and completed within twenty-four (24) hours.

6. For consideration of temporary credentialing, at minimum, an applicant shall complete a signed application that attests to the following items:

    a. Lack of present illegal drug use;

    b. History of adverse action, loss or limitation of license, registration, or certification, and/or felony convictions;

    c. History of adverse action, loss or limitation of privileges or disciplinary action;

    d. A summary of work history for the prior five years or all work history if the person has less than five years of experience. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process;

    e. DEA or CDS Certificate, if applicable; and

    f. Attestation by the applicant of the correctness and completeness of the application.

7. MCCMH shall conduct primary source verification of the following:

    a. Licensure or certification;

    b. Board certification, if applicable or the highest level of credential attained;

c. Official transcript of graduation from accredited school and/or LARA license;

d. NPDB query or, in lieu of the NPDB query, all the following shall be verified:

1) Minimum of five (5) year history of professional liability claims resulting in a judgment or settlement;
2) Disciplinary status with regulatory board or agency; and
3) Medicare/Medicaid sanctions.

e. History of Medicare/Medicaid sanctions; including the MDHHS Sanctioned Provider List, OIG/LEIE, System of Award Management (SAM), Medicare Opt. Out, and Medicare Preclusion List; and

f. Criminal background check.

8. MCCMH's Credentialing and Privileging Committee shall review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification, as outlined, must be completed.

G. Credentialing File

1. The Quality Division shall ensure that credentialing/re-credentialing documents are maintained in each credentialed employee's MCCMH personnel file.

2. Each credentialing file must include:

a. All initial credentialing and all subsequent re-credentialing applications;

b. Information gained through primary source verification;

c. Actual copies of credentialing information;

d. A detailed, signed/initialed, dated checklist which includes the name, source, and verification date;

e. The signature/initial of the MCCMH staff person verifying the information, date, and notes, if applicable, for each source verified and specification of the source type;

f. The status of the practitioner and other information found in practitioner directories; and

g. Any other pertinent information used to determine if the practitioner met MCCMH's credentialing and re-credentialing standards.

3. Practitioners have the right to access certain information contained in the credentialing file to verify accuracy. This information includes:

a. Documents authored by the practitioner;

b. Documents addressed to the practitioner;

c. Any sanction reports; and

d. A summary of the remaining contents of the credentialing file.

4. A practitioner who provides any false and/or misleading information regarding credentialing and re-credentialing information or documents may have their credentials immediately denied. The immediate denial is final and not subject to the action appeal process.

H. Decision-Making and Notices

1. MCCMH shall provide written notification to practitioners of initial credentialing decisions and re-credentialing decisions within sixty (60) calendar days from the Credentialing Committee's decision.

2. When credentialing or re-credentialing is denied, suspended, or terminated for any reason other than lack of need, the practitioner shall be informed in writing of the reason(s) for MCCMH's adverse decision; their right to appeal the decision through the credentialing adverse action appeal process; and their right to review their file and present additional information for the Committee's review.

   a. A practitioner's request to appeal the Committee's decision must be received by MCCMH within ten (10) business days from the date the notice was issued.

   b. A formal hearing will be scheduled within thirty (30) business days of MCCMH's receipt of a practitioner's request for appeal.

   c. At the formal hearing, both the practitioner and MCCMH may be represented by counsel, provide any relevant evidence, and/or submit a memorandum of law or medical points.

   d. Within fifteen (15) business days of the formal hearing, MCCMH shall issue an official decision letter to the practitioner.

3. MCCMH shall report adverse actions to the NPDB when actions are taken that relate to a practitioners' professional competence or conduct and meet NPDB reporting requirements.

4. The Chief Executive Officer shall reserve the right to approve, reasonably deny, suspend, or terminate authorization for recognition of credentials for any employee or contractor which requires their official approval with justification for such action.

   a. Justification may include, but is not limited to, the findings of the MCCMH QAPIP, Office of Recipient Rights, Corporate Compliance Office, Credentialing and Privileging Committee, the Chief of Staff, personnel review, Bureau of Health Services (Licensure), or other monitoring and licensing bodies.

i. Practitioners shall be given written notice of such an adverse action within five (5) working days.

ii. Practitioners are given notice of their right to appeal the decision through the Adverse Action Appeal Process.

4. Summary suspension of a practitioner is appropriate when immediate action is necessary to protect the life or well-being of a person served or any person, or to reduce substantial imminent likelihood of significant impairment of the life, health, or safety of any person served.

    a. The MCCMH Chief Executive Officer, Chief Operations Officer, Chief Quality Officer, Chief Medical Officer, Chief Clinical Officer, Director of Managed Care Operations, or Program Supervisor may summarily suspend approval of any or all a practitioner's credentials and/or privileges with immediate effect based on review of professional competence or conduct, or when a summary suspension has been imposed at another mental health entity, or by another peer review entity.

    b. An investigation shall commence immediately and the finding shall provide for either reinstatement or notice of adverse action.

5. Automatic suspension or limitation is the immediate termination or suspension of credentials and/or privileges based on the limitation of a practitioner's license, registration, certification or Medicare or Medicaid program exclusion/sanctions.

    a. A practitioner will be subject to discipline, which may include termination and will at least include a suspension without pay, in the event the practitioner fails to renew their license, registration, or privileges before they expire.

    b. MCCMH does not recognize any statutory allowances for the renewal of a license or registration after its expiration date.

    c. The practitioner's suspension will continue at least until they provide proof of a renewed license, registration, or privileges.

    d. Automatic suspension or limitation is immediate, final, and not subject to the adverse action appeal process.

6. MCCMH may recognize and accept credentialing activities conducted by another PIHP of individual providers that deliver healthcare services to more than one PIHP in lieu of completing the credentialing process.

    a. This option for deemed status is considered on a case-by-case basis.

    b. In those instances where MCCMH chooses to accept the credentialing decision of another PIHP, it shall maintain copies of the credentialing

PIHP's decisions in its administrative credentialing records, including applicable credentialing files.

7. If a practitioner terminates employment with MCCMH and later is reinstated, MCCMH will initially credential the practitioner if the period exceeds thirty (30) days or when there is a change in scope of practice.

I. Reporting Credentialing and Re-Credentialing Decisions

1. MCCMH, consistent with state and federal reporting requirements and in accordance with its corporate compliance program, shall report to the appropriate authorities (e.g., MDHHS, the provider's regulatory or licensure board or agency, the Office of the Inspector General, the Attorney General, the accrediting body, etc.) any known problems that result in an individual's or organizational provider's suspension or termination from MCCMH's employment or network.

2. If MCCMH detects issues related to corporate compliance, MCCMH shall refer these issues to the MCCMH Chief Compliance Officer.

3. MCCMH shall maintain documentation through its Corporate Compliance Program of all disciplinary measures and actions implemented.

J. Staff Qualifications

1. MDHHS publishes qualifications and definitions for staff performing specialty services and supports in the Community Mental Health System in the Michigan PIHP/CMHSP Provider Qualifications per Medicaid Services and HCPCS/CPT Codes. Additionally, the Office of Recovery Oriented Systems of Care publishes staff qualifications and definitions for staff performing services in Substance Use Disorder programs.

2. All individuals seeking privileges in the MCCMH network shall be responsible to review and comply with the credentialing requirements in the latest version of the Michigan Medicaid Provider Manual (Behavioral Health and Intellectual and Developmental Disability Supports and Services section) and any supplemental Medicaid bulletins.

3. All licensed or certified staff shall comply with the appropriate requirements regarding scope of service as promulgated in their respective licensure law.

K. Oversight And Monitoring

1. The Quality Division provides continuous practitioner monitoring (and intervention as appropriate) through the collection and review of sanctions, complaints, and quality issues pertaining to the practitioner which include, at minimum, review of:

   a. Monthly Medicare/Medicaid exclusions and State sanctions;

b. State limitations on licensure, registration, or certification on a yearly basis;

c. Grievances and appeals information;

d. Findings of the MCCMH Quality Assessment Performance

Improvement Program (QAPIP);

e. Training requirements for licensure/registration/certification; and

f. Allegations of wrongdoing (e.g., recipient rights complaints, corporate compliance issues, etc.) or adverse events.

2. Improper conduct which results in an adverse action by MCCMH will be reported, as required, to the appropriate authorities (i.e., MDHHS, the Attorney General, etc.) and the National Practitioner Data Bank, and in compliance with MCCMH MCO Policy 1-001, "Overview: Compliance Program/ Code of Ethics."

3. The Quality Division shall identify instances of poor quality related to the areas of continuous monitoring and notify the appropriate division director. The division director shall determine applicable disciplinary action which may include by way of example, and without limitation: work improvement plans, written or verbal reprimands, suspension, and/or termination.

4. MCCMH shall oversee the CVO's implementation of credentialing and re-credentialing processes and shall annually review and validate a sample of credential files.

5. MCCMH monitors the Medicare Opt Out database monthly. Individuals or providers that opt out of Medicare will not provide services to MI Health Link beneficiaries.

L. Reporting Requirements

1. MCCMH shall complete a monthly report for Integrated Care Organizations (ICOs) that outlines credentialing and re-credentialing decisions made by the Credentialing and Privileging Committee for the prior month.

2. MCCMH shall complete a semiannual report for MDHHS that outlines credentialing and re-credentialing decisions made by the Credentialing and Privileging Committee.

3. MCCMH's CVO shall provide proof of their accreditation status to MCCMH annually.

VII. REFERENCES / LEGAL AUTHORITY

A. Commission on Accreditation of Rehabilitation Facilities (CARF) Standards Manual, Section 1.I Workforce Development and Management

B. Health Insurance Portability and Accountability Act of 1996, P.L. 104-191

C. National Committee for Quality Assurance (NCQA), 2022 MBHO Standards and Guidelines

D. MCCMH Policy 3-015, "Contracted Provider Mandatory Training and Workforce Development."

E. Medicaid Managed Specialty Supports and Services Program, Contract Attachment P.7.1.1: MDHHS Behavioral Health and Developmental Disabilities Administration, "Credentialing and Re-credentialing Processes."

F. Medicaid Managed Specialty Supports and Services Program, Contract Attachment P.7.9.1: Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans

G. MCL 333.20173 (a) and (b)

H. MDHHS Administrative Rule 330.2105 (b)

I. Michigan Department of Health and Human Services Medicaid Provider Manual

J. Protecting Access to Medicare Act of 2014, P.L. 113-93, April 1, 2014

K. Coronavirus Aid, Relief, and Economic Security Act, CARES Act, P.L. 113-136, March 27, 2020

L. Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics, 2016

VIII. EXHIBITS

None.