


POLICY TITLE: CREDENTIALING, RECREDENTIALING, STAFF QUALIFICATIONS, AND BACKGROUND CHECKS	EFFECTIVE DATE January 1, 2014	REVISED DATE 6/1/2017
Topic Area: PROVIDER NETWORK MANAGEMENT	REVIEW DATES: 6/1/17	
Maintained by: LRE COO, Provider Network Coordinator, and Provider Network ROAT		
Supersedes: N/A	Authorized by:  Jeffrey Brown, Chief Executive Officer	
Approved by: LRE BOARD OF DIRECTORS		
Approval Date: 3/20/2014		

I. POLICY

This policy applies to credentialing, temporary/provisional credentialing and re-credentialing processes within the LRE’s PIHP Region. The Lakeshore Regional Entity (LRE) completes credentialing for all organizations and individual practitioners (non-employees) who are contracted with affiliated Community Mental Health Service Programs (CMHSPs) in the Region, as well as providers contracted with the LRE directly, as credentialing pertains to the rendering of specialty behavioral healthcare services within Michigan’s Medicaid program. CMHSPs will continue to be responsible for credentialing all directly employed practitioners

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. The Lakeshore Regional Entity is responsible for ensuring that each provider, directly or contractually employed, 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 for questions concerning scope of practice or whether Medicaid funds can be used to pay for a specific service.)

II. PURPOSE

In accordance with statutory and funding requirements, the LRE is responsible to assure that providers (practitioners and organizations) within the region are appropriately qualified and competent to provide covered and authorized services. All professionals who provide clinical services within the network must be properly credentialed and re-credentialed. (These services can either be by direct contract with the LRE or by LRE affiliated CMHSPs/regional providers if employed by that entity.)

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE Staff, member CMSHPs and contractual providers.

IV. MONITORING AND REVIEW

This policy is monitored and reviewed annually by the LRE Chief Operating Officer or designee.

V. DEFINITIONS

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 NPDB and the HIPDB HRSA.

Organizational Providers are entities 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 (CMHSPs); hospitals; nursing homes; homes for the aged; psychiatric hospitals, units and partial hospitalization programs; substance abuse programs; and home health agencies.

PIHP is a Prepaid Inpatient Health Plan under contract with the Department of Health and Human Services to provide managed behavioral health services to eligible individuals.

Provider is any individual or entity 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.

Individual Provider/Practitioner is someone practicing a skilled profession for which special education or licensing is required.

VI. RELATED POLICIES

N/A

VII. REFERENCES/SUPPORTING DOCUMENTS

- **42 CFR 438.214-Provider Selection**
(b)Credentialing and re-credentialing requirements - (2) Each MCO, PIHP and PAHP must follow a documented process for credentialing and re-credentialing of providers who have signed contracts or participation agreements with the MCO, PIHP or PAHP.
- **Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 17: Attachment P7.1.1** - The PIHP must have a written system in place for credentialing and re-credentialing individual practitioners included in their provider network who are not operating as part of an organizational provider.

ORGANIZATIONAL PROCEDURE

ATTACHMENT TO POLICY # 4.4	EFFECTIVE DATE	REVISED DATE
POLICY TITLE: CREDENTIALING, RECREDENTIALING, STAFF QUALIFICATIONS, AND BACKGROUND CHECKS	January 1, 2014	June 1, 2017
CHAPTER: Provider Network Management	REVIEW DATES	

I. OVERVIEW

As one of Michigan's 10 Prepaid Inpatient Health Plans (PIHP), the Lakeshore Regional Entity (LRE) is responsible for ensuring that any individuals or agencies contracted to provide specialty behavioral healthcare services within Michigan's Medicaid program meet all applicable licensing, scope of practice, contractual, and Medicaid Provider Manual requirements. Credentialing/re-credentialing activities and oversight is the responsibility of the LRE Credentialing Specialist, under the direction of the LRE Credentialing Committee. Attachment XX details the membership and roles-responsibilities for credentialing committee activities.

LRE shall assure when a CMHSP contracts with an organization employing professional clinical staff that the organization's credentialing policy and practices have been evaluated consistent with these requirements; and that at least every two years the LRE validates the implementation of the organizational provider's credentialing-re-credentialing practices through audits of credentialing/re-credentialing records at Provider Quality Review site visits.

LRE prohibits either the employment of, or contracts with, individuals or any providers who are excluded from participation under either Medicare or Medicaid who otherwise have Medicare or Medicaid sanctions; LRE credentialing procedure requires compliance with these federal requirements that prohibit such excluded job functions, including officers, directors, significant purchasers, and board as well as contractor(s)' staff.

LRE contract and provider network applications, employment applications, credentialing processes, and background checks for professionals, directors, officers and persons involved in significant purchasing will ensure the verification that such parties are not listed as federally excluded. For purposes of this policy, individuals defined as included in addition to applicable providers are: LRE Officers, Directors, Employees and Contractors.

Additionally, LRE and its provider network shall maintain written procedures to address:

- Standards and responsible parties for credentialing functions;
- Initial and renewal application (including primary source verification and evidence that minimum training requirements are met);

- Background checks and primary source verification;
- Temporary and provisional credentialing;
- Record organization and retention including preparation and completeness prior to submission to the Credentialing Committee;
- Use of Quality Assessment and Performance Improvement Information Plan (QAPIP) information and findings as part of the re-credentialing process;
- Suspension, revocation, and appeals (including Notification of Adverse credentialing decisions);
- Deemed Status;
- Monitoring of credentialing/re-credentialing practices including the practices of organizational providers; and
- Reporting improper known or organizational provider or individual practitioner conduct that results in suspension or revocation.

When LRE delegates the responsibilities of credentialing/re-credentialing or selection of providers that are required by this policy, it retains the right to approve, suspend, or terminate from participation in the provision of Medicaid-funded services a provider selected by that entity. LRE shall provide ongoing oversight for all delegated credentialing or re-credentialing decisions.

II. PROCEDURES

A. Credentialing Individual Practitioners

1. Credentialing and re-credentialing will be conducted and documented for the following individual practitioners:
 - a. Physicians
 - b. Physician's Assistants
 - c. Psychologists
 - d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Master's Social Workers, Limited License Bachelor's Social Workers
 - e. Licensed Professional Counselors
 - f. Nurse Practitioners, Registered Nurses, or Licensed Practical Nurses
 - g. Occupational Therapists or Occupational Therapist Assistants
 - h. Physical Therapist or Physical Therapist Assistants
 - i. Speech Pathologists
 - j. Parent Support Partners
 - k. Peer Specialists
 - l. Recovery Coaches
 - m. Certified Alcohol and Drug Counselors and Certified Advanced Alcohol and Drug Counselors
 - n. Interpreters

2. Credentialing and re-credentialing processes shall not discriminate against:

- a. An individual practitioner, solely on the basis of license, registration or certification; or
- b. An individual practitioner who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

NOTE: Compliance is required with Federal requirements that prohibits employment or contract 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.

- 3. The LRE will ensure that a credentialing/re-credentialing file is maintained for each credentialed individual practitioner. Each file will contain:
 - a. The initial credentialing and all subsequent re-credentialing applications.
 - b. Information gained through primary source verification.
 - c. Any other pertinent information used in determining whether or not the individual practitioner met the credentialing and re-credentialing standards.
- 4. Initial Credentialing
 - a. At a minimum, the initial credentialing of an individual practitioner requires:
 - i. A written application that is completed, signed and dated by the individual practitioner and attests to the following elements:
 - ii. Lack of present illegal drug use.
 - iii. Any history of loss of license and/or felony convictions.
 - iv. Any history of loss or limitation of privileges or disciplinary action.
 - v. Attestation by the applicant of the correctness and completeness of the application.
 - b. An evaluation of the individual practitioner's work history for the prior five years.
 - c. Verification from primary sources:
 - i. State licensure or certification at www.cis.state.mi.us/free/ or www.mcbap.com or <https://w2.lara.state.mi.us/interpreter/>
 - ii. Board certification, or highest level of credential attained if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - iii. Documentation of graduation from an accredited school.
 - iv. 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 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.

- d. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of a, b, and c above.

B. Temporary/Provisional Credentialing of Individual Practitioners

1. Temporary or provisional credentialing of individual practitioners is intended to increase the available network of providers in underserved areas, whether rural or urban. LRE has 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.
2. LRE has up to 31 days from receipt of a complete application, accompanied by the minimum documents identified below, within which to render a decision regarding temporary or provisional credentialing.
3. For consideration of temporary or provisional credentialing, at a minimum a provider must complete a signed application that must include the following items:
 - a. Lack of present illegal drug use.
 - b. History of loss of license, registration, or certification and/or felony convictions.
 - c. History of loss or limitation of privileges or disciplinary action.
 - d. A summary of the provider's work history for the prior five years.
 - e. Attestation by the applicant of the correctness and completeness of the application.
4. LRE must conduct primary source verification of the following:
 - a. Licensure or certification;
 - b. Board certification, if applicable, or the highest level of credential attained; and
 - c. Medicare/Medicaid sanctions.
5. The Credentialing Specialist 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 policy, should be completed.

C. Re-credentialing Individual Practitioners

1. At a minimum, the re-credentialing of physicians and other licensed, registered, or certified health care providers will include:
 - a. Re-credentialing at least every two years.
 - b. An update of information obtained during the initial credentialing.
 - c. Review, at a minimum, of:
 - i. Medicare/Medicaid sanctions

- ii. State sanctions or limitations on licensure, registration or certification.
- iii. Member concerns that include grievances, complaints, and appeals.
- iv. Any quality issues identified.

D. Credentialing Organizational Providers

1. For organizational providers included in the LRE network:
 - a. The LRE validates, and re-validates 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.
 - b. The LRE ensures that the contract with the LRE or affiliated CMHSP and any organizational provider requires the organizational provider to credential and re-credential their directly employed and subcontract direct service providers in accordance with the LRE's credentialing/re-credentialing policies and procedures (which must confirm to MDHHS's credentialing process).
2. The LRE will maintain organizational credentialing for the region. This is the function of the LRE Credentialing Specialist and the LRE Credentialing Committee. Agencies wishing to submit an application for credentialing may submit a credentialing packet using the attached Application for Credentialing-Organizational Providers. The following qualifications must be demonstrated in the application materials in order for the LRE to accept your application:
 - a. License: A current unrestricted, unconditional license to practice mental health and/or SUD services in the State of Michigan;
 - b. Certification (if applicable): Current Certifications to provide specialized services as required by the State of Michigan;
 - c. Accreditation (treatment programs only): Current accreditation from a national body approved by the State of Michigan;
 - d. Insurance: Current malpractice insurance and professional liability insurance in the amount required by LREMSHN (minimum \$1,000,000 per occurrence and \$3,000,000 aggregate);
 - e. Willing to accept all Medicaid/Healthy Michigan clients residing in LRE's 7-county region.

E. Deemed Status

Individual practitioners or contract agencies may deliver healthcare services to more than one PIHP. The LRE will accept the credentialing of another PIHP. In those instances where the LRE credentialing department accepts the credentialing decision of another PIHP, the LRE will keep copies of the credentialing PIHP's decisions in their administrative records.

F. Notification of Credentialing Decision

The LRE Credentialing Specialist will notify practitioners of affirmative initial credentialing decisions within 60 calendar days of LRE Credentialing Committee decisions (see below for adverse decision process).

G. Notification of Adverse Credentialing Decision

An individual practitioner or contract agency that is denied credentialing or re-credentialing shall be informed within ten (10) days of the reasons for the adverse credentialing decision in writing as well as the appeals process.

H. Appeal Process for Adverse Credentialing Decision

An appeal process shall be available when credentialing or re-credentialing is denied, suspended or terminated for any reason other than lack of need. The appeal process will be consistent with federal and state requirements.

I. Reporting Requirements

1. LRE reports improper known organizational provider or individual practitioner conduct that results in suspension or termination from the LRE and affiliated CMHSP provider network to appropriate authorities (i.e. DCH, the provider's regulatory board or agency, the Attorney General, etc.). Procedures are consistent with current federal and state requirements, including those specified in the DCH Medicaid Managed Specialty Supports and Services Contract.
2. LRE maintains master list of approved credentialed organizational providers and licensed individual practitioners, in order to promote Region-wide utilization and reduce practitioner administrative burden. Initially, this list will be compiled based on individual results from each CMHSP within the LRE Region. This list will include active, approved, credentialed providers in the Region and will indicate when re-credentialing is due.

III. REFERENCES/SUPPORTING DOCUMENTS

- LRE Policy 4.4 – Credentialing, Recredentialing, Staff Qualifications and Background Checks.