

POLICIES AND PROCEDURE MANUAL

Chapter:	Provider Network Management		
Title:	Credentialing and Recredentialing – Individual Practitioners		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Page: 1 of 5	Review Cycle: Annually Author: Director of PNMS	Adopted Date: 01.12.21 Review Date:	Related Policies: Provider Network Management Provider Network Credentialing/Re-credentialing Disqualified Providers

Purpose

The purpose of this operating procedure is to detail the process for credentialing and recredentialing activities to ensure compliance with the Michigan Department of Health & Human Services (MDHHS) Credentialing and Recredentialing Processes for Individual Practitioners, and include at minimum:

- Physicians (MDs or DOs);
- Physician assistants;
- Psychologists (licensed, limited licensed and temporary licensed);
- Social workers (licensed master’s, licensed bachelor’s, limited licensed and registered social work technician);
- Licensed professional counselors;
- Nurse practitioners, registered nurses and licensed practical nurses;
- Occupational therapists and occupational therapist assistants;
- Physical therapists and physical therapist assistants;
- Speech pathologists; and
- Registered dietitians.

Primary Source Verification (PSV)

Individual practitioner credentials must be verified by primary source, prior to any consumer contact. Any information found to vary from the application must be communicated to the applicant in writing within 30 days of application submission, prior to proceeding with the application process. The notice must include a timeframe for making corrections and the method/manner for submitting corrections.

Valid credentials are a condition of employment/contract and ongoing participation in the provider network. As applicable, the following require PSV – refer to Attachment A for *Best Practices in PSV*:

- State Licensure, certification, or registration;
- Board Specialty Certification (MD/DO);
- Educational and academic status;
- Drug Enforcement Agency (DEA)/Controlled Dangerous Substances (CDS);
- Professional Liability/Malpractice Coverage;
- Criminal History (refer to Background Check procedure);
- Peer References;
- 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:
 - Minimum 5-year history of professional liability claims resulting in judgement or settlement;
 - Disciplinary status with regulatory board or agency; and
 - Medicare/Medicaid Sanctions

Note: If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association (AMA) or American Osteopathic Association (AOA) may be used to satisfy state licensure, Board Certification, and Educational and academic status.

Subsequent verification(s), as applicable, must be conducted, documented, dated, and verified by the credentialing designee upon expiration/renewal of credential.

Initial Credentialing

Initial credentialing decisions will be made within 90 calendar days from the date the application is received from the provider. This will be calculated based on the application received date to the date of the notice to the provider of the credentialing decision. 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. 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 items listed in the Primary Source section above, as applicable to the individual practitioner applying for credentialing.

Temporary Credentialing Status

Temporary Status of individual practitioners is intended to increase the available network of providers in underserved areas, whether rural or urban and when it is in the best interest of Medicaid beneficiaries that providers be available to provide care prior to formal completion for the entire credentialing process. The credentialing organization shall have up to 31 days from the receipt of the completed application, accompanied by the minimum documents identified below, to render a decision regarding temporary credentialing. An individual practitioner may be considered for temporary credentialing if the following minimum requirements are met:

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. History of loss of license and/or felony convictions,
 - c. History of loss or limitation of privileges or disciplinary action,
 - d. Attestation by the applicant of the correctness and completeness of the application;
2. Evaluation of the providers work history for the prior five years;
3. Proof of liability and/or malpractice insurance consistent with contractual requirements, and
4. In addition, upon receipt of the initial credentialing application the credentialing designee shall perform primary source verification of the following before recommending the application for temporary status:
 - a. State Licensure, certification, or registration;
 - b. Board certification, if applicable, or the highest level of credential attained;
 - c. Medicare/Medicaid Sanctions;
 - d. Criminal background check(s).

The agency Medical Director, qualified practitioner, or credentialing committee must review the information obtained and determine whether to grant temporary status. If temporary status is granted, it shall expire one hundred and fifty (150) calendar days after the temporary credentialing decision effective date. Following approval of temporary status, the process of verification and review by the Medical Director, qualified

practitioner or Credential Committee, must be completed.

NOTE: Substance Use Disorder organizational providers must utilize the MSHN Temporary Privileging form and submit to MSHN for approval after completing the application and primary source verification process, in order to be added to REMI as a rendering provider. SUD Temporary Privileging is approved for one hundred and twenty (120) calendar days. If credentialing disposition is not made within 120 calendar days, the practitioner may not continue to provide services.

Suspension and Revocation

Circumstances that automatically result in suspension or revocation :

- *Lack of current licensure* – The practitioner does not possess a current, valid license to practice in Michigan or the bordering state in which they reside and provide services, including because a previously valid license has expired, lapsed, or has been suspended or revoked, or otherwise ceases to meet the qualification.
- *Lack of DEA/CDS registration* - The practitioner does not possess a current, valid registration with the DEA/CDS, including because a previously valid registration has lapsed, expired, or been suspended or revoked or otherwise ceases to meet the qualification. This criterion applies only to a practitioner's who prescribe controlled substances.
- *No malpractice insurance* - The practitioner does not currently have professional liability insurance in the amounts required by the agency policy or otherwise ceases to meet the qualification. This criterion applies only to a Practitioner's required to carry professional liability insurance and is not covered under the agency policy.
- *Exclusion from government programs* - The practitioner is excluded from or limited in participation in a federal or state health care program.
- *Criminal charges* - The practitioner is charged with, indicted for, or convicted (including a pleas of guilty or no contest) of an exclusionary crime as outlined in the Disqualified Individuals Policy.

Credentialing suspension/revocation decisions will not include any information regarding an applicant's status related to allegations or pending investigations in process associated with licensure or registration; MSHN and its CMHSPs and SUDSPs support due process for all independent applicants in matters pertaining to unsubstantiated allegations of misconduct.

MSHN beneficiary concerns, which include grievances/complaints and appeals information, will be included in credentialing processes whenever deemed relevant by MSHN and its CMHSP Participants and SUDSPs.

Recredentialing

Recredentialing of individual practitioners must take place at least every two years (calculated from mm/yy to mm/yy) and will be calculated from the date of the last credentialing decision to the date the notice is sent to the provider informing him or her of the recredentialing decision. Recredentialing must include:

1. An update of information obtained during the initial credentialing, including attestations:
 - a. Loss of license since their initial licensure
 - b. Any felony convictions since last credentialing cycle
 - c. Any loss or limitation of privileges or disciplinary status since last credentialing cycle
2. 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 concerns which include grievances (complaints) and appeals information.
 - d. Quality issues

Credentialing Committee or Designated Authority:

It is recommended that a credentialing committee be established and include members qualified to assess a practitioner's competencies and qualifications. The role of the credentialing committee is to:

- review the credentials of practitioners who do not meet the agency's criteria for participation in the network;
- give thoughtful consideration to credentialing information;
- document discussions about credentialing and recredentialing decisions.

Credentialing files that meet all necessary criteria constitute a "clean file" and may be approved by the agency's Clinical/Medical Director or qualified practitioner and do not require credentialing committee approval. Evidence of clinical/medical director or qualified practitioner approval is a handwritten signature or initials, electronic approval from agency issued email account (e.g. voting feature or email response) or unique electronic signature identified if the agency has appropriate controls for ensuring that only the designated medical director or qualified practitioner can access the email account or enter the electronic signature. The medical director or designated qualified practitioner's approval date is considered the "credentialing decision date."

In instances where a credentialing committee is not feasible due the size of an organization, at minimum a qualified practitioner shall be designated with the authority to evaluate and approve credentialing files.

Applies to:

All MSHN Staff

Selected MSHN Staff, as follows:

MSHN CMHSP Participants: Policy Only Policy and Procedure

Other: subcontracted providers

Definitions:

Credentialing: The act of verifying a health care practitioner's "credentials" such as licensure, education, and training.

CMHSP: Community Mental Health Services Participant in the MSHN Region with delegated authority to manage a network of behavioral health providers; responsible for conducting credentialing and recredentialing activities.

DEA: an identifier assigned to a health care provider such as an MD/DO by the Drug Enforcement Administration allowing them to write prescriptions for controlled substances.

Individual Practitioner: includes Licensed Independent Practitioners who are permitted by law and the organization to provide care and services without direction or supervision, within the scope of the individual's license OR other Licensed or Certified Health Care Practitioners who are licensed, certified, or registered but who are not permitted by law to provide care and services without direction or supervision.

LARA: Michigan Department of Licensing and Regulatory Affairs; primary source for verifying licensing status of individual practitioners.

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network, the Pre-Paid Inpatient Health Plan responsible for oversight of delegated functions, including credentialing activities.

OIG: Officer of the Inspector General

Qualified Practitioner: a licensed healthcare professional with equivalent or higher credentials who may appropriately assess the competencies of an individual practitioner seeking credentialing within the agency. This independent may make credentialing decisions as outlined within this procedure.

Re-credentialing: Process of updating and re-verifying credential information

SUDSP: Substance Use Disorder Service Provider under contract with MSHN to provide SUD services; responsible for conducting credentialing and recredentialing activities.

Verification: the act of validating, through a primary source or designated equivalent source, the accuracy of a credential reported by an independent health care practitioner. Refer to Attachment A.

References/Legal Authority:

- MSHN Personnel Manual: Credentialing and Recredentialing
- MDHHS Contract: Credentialing & Re-credentialing Processes (P.7.1.1); Section 7.1 Provider Credentialing; SUD Policy Manual - Credentialing and Staff Qualification Requirements (PII.B.A)
- MDHHS Medicaid Provider Manual
- 42 CFR 438.214
- 42 CFR 438.12

Change Log:

Date of Change	Description of Change	Responsible Party
09.2020	New - Annual Review – Revised credentialing procedure entirely to create procedure for LIPs	Director, Provider Network Management Systems

Attachment A: Best Practices in Primary Source Verification (PSV)

A primary source is the original source of a specific credential that can verify the accuracy of a credential reported by an individual practitioner. PSV is received directly from the issuing source. For example, if information on state licensure status is verified directly with the licensing body, this is PSV. A copy of the license is not considered PSV.

PSV can be performed in several ways:

- Electronically through agency website (i.e. State licensure, NPDB, etc.). If verified electronically, a screenshot or PDF version of the screen shall include the date the information was verified.
- Letters requesting the appropriate information are written to the primary source and responses are received directly from the primary source.
- Documentation of verification via telephone including the name of the agency called, date, the person contacted, the questions asked and responses, the name, date, and signature of the person receiving the response.

Designated Equivalent Sources: Verification of credentials through an agent that contracts with an approved source to provide credentialing information is allowed. Prior to using this method documentation must be obtained from the agent indicating that there is a contractual relationship between it and the approved source.

The following are best practice standards which align with NCQA standards for credentialing. Verification time limit will be calculated from the date of verification to the date of the credentialing decision.

Information to Verify	Verification Source	When	Clean File Criteria	Verification Time Limit
Application	Agency Application	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	Completed, signed, and dated application with no positively answered attestation questions; authorization to conduct CBC	365 days from date of signature
Professional State Licensure	Any of the following: <ul style="list-style-type: none"> • LARA – Department of Licensing and Regulatory Affairs to verify a valid, current license • NPDB can be used to verify licensing sanctions 	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> E	Current, valid, unrestricted license in the state where the practitioner practices is in effect at the time of credentialing committees decision	180 days
Board Certification appropriate to the license and area of practice, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training. (MD/DO)	Any of the following: <ul style="list-style-type: none"> • AMBS, its member boards and its approved Display Agents • AMA/AOA Physician Masterfile • AOA Physician Profile Report • Confirmation from Specialty Board • State licensing agency if there is confirmation that this agency conducts PSV of board status. If practitioner claims to be board certified, it must be verified. Verification of Board Certification	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> E		180 days

	meets the requirement for verification of education and residency training. Must document the expiration date of board certification in the credentialing file. If it is a lifetime certification status with no expiration date, verify that the certification is current and document date of verification. Must verify at recredentialing. If the board does not provide an expiration date, must verify that it is current.			
Graduation from an accredited school; other training	<p>Verification can include:</p> <ul style="list-style-type: none"> sealed official transcript sent directly from the institution to verifying agency or verification through the National Student Clearinghouse. State licensing agency or specialty board or registry <p>Other sources for MDs</p> <ul style="list-style-type: none"> AMA Physician Masterfile AOA Physician Profile or AOA Physician Master File ECFMG for international medical grads after 1986 FCVS for closed residency programs 	<input checked="" type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> E	Verification of highest level of credentials attained. For physicians Residency is the highest level of training, not fellowship.	Prior to credentialing decision
Work History	<p>PSV not required. A minimum of 5 years of relevant work history must be obtained through the application, resume, or CV. Dates must be in month/year format for beginning and end of employment.</p> <p>Documentation of review can include the signature/initials of staff who reviewed the work history and date of review.</p>	<input checked="" type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> E	Gaps exceeding 6 months must be reviewed and clarified either verbally/ gap greater than 1 year in writing.	365 days
National Provider Data Bank <i>(acceptable source for sanctions or limitations on licensure, Medicaid/Medicare sanctions, and malpractice history)</i>	<p>NPDB – National Provider Databank OR:</p> <ul style="list-style-type: none"> Minimum 5 yr history of professional liability claims resulting in a judgment or settlement; and Disciplinary status with regulatory board or agency; and Medicare/Medicaid sanctions (OIG/SAM) 	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	No adverse findings	180 days

Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) for those prescribing controlled substances (MD, DO, mid-levels)	Any of the following: <ul style="list-style-type: none"> • Copy of the DEA or CDS Certificate • Confirmation on National Technical Information Service (NTIS) Database • Documented visual inspection and copy of the original certificate • Confirmation with DEA or CDS agency • AMA Masterfile (DEA only) • AOA physician profile report or AOA Physician Masterfile. 	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> E	Current, valid, unrestricted license	180 day time limit does not apply providing the DEA/CDS is current at the time of action/transmittal
Professional liability insurance/Malpractice Coverage, if applicable	Copy of Policy Certificate face sheet from carrier <i>Not required for practitioners covered under the agency policy</i>	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> E	Coverage meets agency requirements	
Malpractice Claims/Professional Liability History	Any of the following: <ul style="list-style-type: none"> • NPDB Query • Written confirmation of past five years history of malpractice history and verify with carrier 	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E		180 days
Medicaid/Medicare Exclusions	Any of the following: <ul style="list-style-type: none"> • NPDB Query • List of Excluded Independents and Entities maintained by the OIG; SAM, and MDCH List of Sanctioned Providers • AMA Physician Master File • FSMB 	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	Not excluded from participating in Medicaid/Medicare programs	180 days
Criminal History	iChat for Michigan <i>Refer to MSHN CBC Procedure & Disqualified Individuals Policy</i>	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	No criminal history as outlined in the MSHN Disqualified Individuals Policy	
Peer References		<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	No specific requirement for peer recommendations. The agency must designate a credentialing committee that uses a peer review process to make recommendations regarding credentialing decisions. The intent of this standard is that the agency obtains meaningful advice and expertise from practitioners in making credentialing decisions	
Quality Issues/Current	Assess the practitioner's ability to	<input checked="" type="checkbox"/> C	Agency develops and	

Competency	deliver care based on the credentialing information collected and verified prior to making a credentialing decision.	<input checked="" type="checkbox"/> R <input type="checkbox"/> E	implements policies and procedures for ongoing monitoring of sanctions, complaints, and quality issues between recredentialing cycles and takes appropriate action against practitioners when it identifies occurrences of poor quality	
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Attachment B: A Word About Professional Licensure

Proof of Licensure at Hire (where required)

MSHN job descriptions are generally written based on the minimum qualifications for positions/classifications within the MSHN network. If licensure is required, the Individual Practitioner must provide proof of licensure in order to apply for the specific position/classification. For example, if the position/classification requires a minimum of a 'limited license' then the LIP must have proof of having obtained the limited licensure at the time of employment/job application. If the position requires a full license, then that is what is required at the time of application or hire. Any candidate who does not have the licensure, or otherwise does not meet the minimum qualifications, will not be considered.

Full or Limited Licensure

MSHN may elect to use a limited license or a full license as the minimum qualification, in keeping with Medicaid/MDHHS requirements. For example, for case management positions within the MSHN network, one of the minimum qualifications according to the Medicaid QMHP definition is limited license social worker, so this minimum qualification is acceptable. When either MSHN or Medicaid requires a full licensure status, a limited license is not acceptable.

Job/Classification Title vs. Professional Licensure

With very few exceptions as so specified in certain job descriptions, even if licensure status is required, most professional position/classification titles are not specific to a certain licensure status or credential. For example, although Client Service Manager positions require (per Medicaid standards) a QMHP (Qualified Mental Health Professional) status - which includes social worker licensure as one possible means of qualification - the position/classification duties and responsibilities are that of a case manager, not a social worker, as other licensure or credentials could also meet the QMHP status minimum requirement. Another example is a position/classification that requires the professional to conduct independent or group therapy; generally, these positions/classifications require a master's degree, but the specific type of licensure may vary, and the job/classification title may not be specific to a certain licensure expectation.

Supervision of Limited Licensure Independents

MSHN as an organization is supportive of the promotion of the completion of licensure for LIPs where applicable, however, the oversight of specific licensure supervision, for any LIP who might be hired in a position/classification who has a limited licensure status is up to the LIP, with the support of their supervisor, in securing their own arrangements for licensure supervision as needed. There is no prohibition by MSHN preventing any such arrangement to occur between a LIP and their supervisor, and in fact work hours at MSHN are appropriate to use to meet or address licensure requirements; it is up to each independent limited licensure status professional, however, and their supervisor (or another professional if other than the supervisor) to make all specific arrangements and/or keep documentation. It is up to the supervisor or other LIP who voluntarily agrees to provide licensure supervision to make any needed accommodations. This support of the supervisor in assisting persons to obtain licensure would be considered an appropriate professional courtesy. If any LIP who is hired with a limited license as required by their position fails to obtain full licensure in the time frame allowed by statute, they could be subject to loss of their position of employment for failure to meet the minimum job qualifications, in the same manner that any LIP might fail to obtain or retain the licensure needed in order to continue their employment/job status at MSHN if required by the job classification. All conditions or allowances related to salaried employees, HIPAA/confidentiality, work environment standards and other work requirements apply in any MSHN work settings when licensing supervision oversight activities are occurring.

Applicant Name:	Type of Application: <input type="checkbox"/> Initial <input type="checkbox"/> Recredentialing	
Position Title:	Credentialing Designee:	
Application Process Dates	<input checked="" type="checkbox"/> or NA	
		Application sent to Practitioner
		Application returned to Credentialing Designee
		Application verified as complete, signed, dated, clinical references provided; authorization to conduct CBC
		If incomplete, returned to Practitioner
		Application resubmitted
		Application verified as complete, signed, dated, clinical reference provided; authorization to conduct CBC
PSV Verification Dates	<input checked="" type="checkbox"/> or NA	
	All Independent Practitioners:	
		Resume/CV with 5 year work history; gaps explained
		Photo ID
		Verification of Highest education completed
		NPI Number
		State License (LARA) #: Expiration Date:
		Criminal Background Check
		Central Registry Check
		Recipient Rights Database of Complaints
		Grievance and Appeals Database
		Professional Liability Policy, if not included under agency
		Clinical Reference Checks: #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/>
		NPDB Query or in lieu of NPDB: <ul style="list-style-type: none"> • Minimum five-year history of professional liability claims resulting in a judgment or settlement; • Disciplinary status with regulatory board or agency; and • Medicare/Medicaid sanctions (OIG/SAM).
	Physicians and Mid-levels Only:	
		Controlled Substance # Expiration:
		DEA Registration # Expiration:
		Board Certification, if applicable
<i>*AOA or AMA physician profile may be used to satisfy PSV requirements of licensure, board certification, education and academic status</i>		
Decision Process Dates	<input checked="" type="checkbox"/> or NA	
		Clean file signed by designee
		File submitted to credentialing committee
		Committee decision rendered
		Applicant notified of decision
		Recredentialing date established (within two years)