

POLICIES AND PROCEDURE MANUAL

Chapter:	Provider Network Management		
Title:	Provider Network Credentialing/Re-Credentialing		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Version: 3.0 Page: 1 of 5	Review Cycle: Annually Author: Provider Network Management Committee, Chief Executive Officer	Adopted Date: 04.07.2015 Review Date: 01.09.2018 Revision Effective Date:	Related Policies: Provider Network Management Service Provider Reciprocity

Purpose

In accordance with statutory and funding requirements, Mid-State Health Network (MSHN) 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 MSHN network must be properly credentialed and re-credentialed.

Policy

MSHN seeks to ensure the competency and qualifications of the service delivery network in the provision of specialty services and supports covered services and programs. To achieve that goal, it is the policy of MSHN that specific credentialing and re-credentialing activities shall occur and be documented to ensure that staff, regional network providers, and their subcontractors are operating within assigned roles and scope of authority in service delivery or business functions. MSHN shall adopt procedures that assure credentialing and re-credentialing practices require providers and sub-contractors obtain and maintain proper credentials for their job position and responsibilities as required by statute, policies, and/or job description qualifications.

The policy applies to Community Mental Health Service Programs (CMHSPs) and Substance Use Disorder providers contracted directly with MSHN. The policy includes clinical professionals working through employment, as an independent contractor and/or organizational contractors.

All credentialing/re-credentialing practices shall be conducted in accordance with the Michigan Department of Health and Human Service Technical Requirements, and at a minimum, this policy, and applicable procedures, require:

- Initial credentialing upon hire or contracting,
- Re-credentialing at least every two years,
- An update of information obtained during the initial credentialing, and
- A process for ongoing monitoring, and intervention when appropriate, of provider sanctions, complaints, and quality issues, pertaining to the provider, which must include, at a minimum, a review of:
 - Medicare/Medicaid sanctions
 - State sanctions or limitations on licensure, registration, or certification
 - Beneficiary concerns, which include grievances (complaints) and appeals information
 - Community Mental Health Services Program (CMHSP) quality issues

The health care professionals addressed in this policy, to be credentialed, 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 dietitian. MSHN is also responsible to assure ongoing verification of Officers and Executives to confirm their eligibility to administer Medicaid programs.

Administration of credentialing/re-credentialing activities and oversight is the responsibility of the MSHN Director of Provider Network Management Systems, under the direction of the Provider Credentialing Committee (PCC). The PCC charter details the membership and roles/responsibilities for credentialing activities.

Credentialing and re-credentialing processes shall not discriminate against: (a) a health care professional solely on the basis of license, registration, or certification; or (b) a health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

MSHN 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 CMHSP validates the implementation of the organizational provider's credentialing/re-credentialing practices through tests of credentialing/re-credentialing records.

MSHN prohibits either the employment of, or contracts with, individuals or any providers who are excluded from participation under either Medicare or Medicaid or who otherwise have Medicare or Medicaid sanctions; MSHN 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)' provider-level staff.

MSHN 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: MSHN Officers, Directors, Employees and Contractors.

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

- I. Standards and responsible parties for credentialing functions;
- II. Initial and renewal application (including primary source verification and evidence that minimum training requirements are met);
- III. Background checks and primary source verification;
- IV. Temporary and provisional credentialing;
- V. Record organization and retention including preparation and completeness prior to submission to the credentialing committee;
- VI. Use of Quality Assessment and Performance Improvement information and findings as part of the re-credentialing process;
- VII. Suspension, revocation, and appeals (including Notification of Adverse credentialing decisions);
- VIII. Deemed Status;
- IX. Monitoring of credentialing/re-credentialing practices including the practices of organizational providers; and
- X. Reporting improper known or organizational provider or individual practitioner conduct that results in suspension or revocation.

When MSHN 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. MSHN shall provide ongoing oversight for all delegated credentialing or re-credentialing decisions.

MSHN and its CMHSPs are encouraged to recognize and exchange credentialing/re-credentialing information with other organizations within the MSHN provider network or with other Pre-paid Inpatient Health Plans (PIHPs) in lieu of completing their own credentialing activities. In instances where MSHN/CMHSPs choose to accept the credentialing decision of another PIHP/CMHSP, they must maintain copies of the credentialing PIHP/CMHSP's decisions in the provider credentialing file records. Sharing of information is intended to support administrative efficiency and shall be conducted on a need to know basis in accordance with MSHN's policy on Service Provider Reciprocity and in accordance with accrediting and policy requirements for primary source verification.

Applies to:

- ☒ All Mid-State Health Network Staff
- ☐ Selected MSHN Staff, as follows:
- ☒ MSHN's Affiliates: ☐ Policy Only ☒ Policy and Procedure
- ☒ Other: Sub-contract Providers

Definitions:

Credentialing: Confirmation system of the qualification of healthcare providers.

CMHSP: Community Mental Health Services Program

MDHHS: Michigan Department of Health & Human Services

MSHN: Mid-State Health Network

Organizational Providers: are entities that directly employ and/or contract with individuals to provide behavioral health/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; and home health agencies.

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

PNNMC: Provider Network Management Committee

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

Verification: Securing proof of authentication for an individual's credential(s).

References/Legal Authority:

Internal

MSHN Policies: *MSHN Employee Handbook sections*: Equal Employment Opportunity; Competency Requirements for the MSHN Provider Network; Network Management & Development; Network Service Provider Appeals & Dispute Resolution; Minimum Training Requirements; Prohibited Affiliations; Regulatory Compliance; Standard Provider Monitoring Process

MSHN Policies: *MSHN Provider Manual sections*: Minimum Training Requirements; Standard Provider Monitoring Process

MSHN Employment Application

External

MDHHS Policy Credentialing & Re-credentialing Processes

MDHHS PIHP/Regional PIHP CMHSP Contract: Provider Credentialing

MDHHS Medicaid Provider Manual

Attachments:

Attachment A: A Word About Professional Licensure

Attachment: MDHHS Credentialing and Staff Qualification Requirements for the Coordinating Agency Provider Network

Change Log:

Date of Change	Description of Change	Responsible Party
03.2015	New policy	PNMC
07.2015	Address compliance requirements with MDHHS Contract attachment– P7.1.1 in accordance with MSHN’s External Quality Review Plan of Correction	Director of Provider Network Management
09.2016	Annual Review; Registered Dietitian added to list of professionals requiring credentialing	Director of Provider Network Management
08.2017	Annual Review; update responsible staff title	Director of Provider Network Management

Attachment A: 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 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 individual 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 individual 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 Individuals

MSHN as an organization is supportive of the promotion of the completion of licensure for individuals where applicable, however, the oversight of specific licensure supervision, for any individual who might be hired in a position/classification who has a limited licensure status is up to the individual, 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 an individual 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 individual 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 individual 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 individual 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 individual 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.