

POLICIES AND PROCEDURE MANUAL

Chapter:	Provider Network Management		
Title:	Credentialing: Monitoring		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Version: 2.0 Page: 1 of 5	Review Cycle: Annually Author: PNMC; Chief Executive Officer	Adopted Date: 04.2015 Review Date: 08.2017 Revision Eff. Date:	Related Policies: Provider Network Management Provider Network Credentialing/Re-credentialing

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Purpose

The purpose of this operating procedure is to detail the process for monitoring delegated credentialing and re-credentialing activities in compliance with the Michigan Department of Health & Human Services (MDHHS).

Monitoring Delegated Credentialing and Re-Credentialing Activities

The Mid-State Health Network (MSHN) provider network credentialing and re-credentialing process is delegated to Community Mental Health Service Program Participants (CMHSP) and/or Substance Use Disorder Service Providers (SUDSP) under contract with MSHN. Delegation includes compliance with the Credentialing and Re-Credentialing policy, conducting specific credentialing and re-credentialing activities for applicable individuals/organizations, and establishing and maintaining credential file information and documents. The CMHSP Participant and/or SUDSP validates, and revalidates, at least every two years that an individual and organizational providers are licensed as necessary to operate within the State of Michigan and have not been excluded from Medicaid or Medicare.

All members of the MSHN provider network shall have policies and procedures for credentialing and re-credentialing that are updated as needed (not less than biennially), to meet MDHHS credentialing guidelines, MSHN policy, and any other pertinent regulatory requirements including:

- Following a documented process credentialing and re-credentialing of individuals/organizations that are employed or under contract.
- Assuring that all individuals/organizations, whether employed or contracted, are credentialed.
- A policy that reflects the scope, criteria, timeliness and process for credentialing and re-credentialing providers.
- Copies of all licenses, registrations, and/or certifications kept in the employees' or contractors' files.
- Process requiring that an individual file be maintained for each credentialed provider (individual or organization) and each file include:
 - The initial credentialing and all subsequent re-credentialing applications.
 - Information gained through primary source verification.
 - Any other pertinent information used in determining whether or not the provider met the credentialing standards.
 - For organizations, evidence of review and compliance with their credentialing/re-credentialing practices.
- A policy and procedures require that, at a minimum include:
 - A written application that is completed, signed and dated by the provider and attests to the following elements:
 - Lack of present illegal drug use (individual)
 - Any history of loss of license and/or felony convictions
 - Any history of Medicare/Medicaid sanctions/exclusion

- Any history of loss or limitation of privileges or disciplinary action
 - Attestation by the applicant of the correctness and completeness of the application.
- A summary of the provider's work history for the prior 5 years (If individual)
- Verification from primary sources of:
 - Licensure or certification
 - Board certification, if applicable, or the highest level of credential attained
 - Documentation of graduation from an accredited school
 - National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or in lieu of, all of the following must be verified:
 - Minimum 5-year history of professional liability claims resulting in a judgment or settlement
 - Disciplinary status with regulatory board or agency; and
 - Medicare/Medicaid sanctions
- If 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 for licensure or certification, board certification or the highest level of credential attained, and documentation of graduation from an accredited school.

MSHN is responsible for the oversight of any delegated credentialing or re-credentialing decisions within its service delivery network and shall review these practices at least biennially (Attachment A). Delegated credentialing must adhere to MSHN policy and procedure, and MSHN retains the right to approve the credentialing by a provider or require discontinuation of service by individuals without the proper credentialed status. Improper or insufficient credentialing practices of a contractor may be cause for contractual sanction(s) by MSHN, requiring a corrective action plan, and could be cause for contract suspension or termination.

The CMHSP Participant/SUDSP must have staff designated with responsibility for the administration and oversight of credentialing/re-credentialing activities. The designee shall assure that approval of credentialing/re-credentialing is conducted by staff/a committee with appropriate qualifications and competencies. The designee shall maintain credentialing and re-credentialing source documents of individuals/organizations who are employed by or subcontracted by the MSHN contracted organizations, will be maintained in a procedurally defined fashion, and are subject to MSHN audit.

Applies to:

- ☒ All Mid-State Health Network Staff
- ☐ Selected MSHN Staff, as follows:
- ☒ MSHN's Participants: ☐ Policy Only ☒ Policy and Procedure
- ☒ Other: SUDSP's

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

PNMC: Provider Network Management Committee

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

References/Legal Authority:

MDHHS Policy Credentialing & Re-credentialing Processes

MDHHS PIHP/Regional PIHP CMSHP Contract: Provider Credentialing

MDHHS Medicaid Provider Manual

Medicaid Managed Supports and Services Program; Attachment PII.B.A

Substance Use Disorder Policy Manual Credentialing and Staff Qualification Requirements

Change Log:

Date of Change	Description of Change	Responsible Party
04.2015	New	PNMC
01.2016	Annual Review	PNMC
09.28.2016	Annual Review	PNMC
08.2017	Annual Review – No change	Director, Provider Network Management Systems

Credentialing and Provider Staff Training Record Review – Attachment A

CMSHP:	Date of review:
Reviewer:	Person(s) Interviewed:

Desk Audit/POC Follow-Up:
Findings:

Staff/Contractor Initials			
Initial Application			
Complete Application (Education, work Experience, etc.)			
Primary Source Verification			
Licensure			
Criminal Background Check Frequency			
Medicaid/Medicare Sanctions Frequency			
Education/Internship/Residency (Physicians, NP, PA, ETC)			
Measures of Current Clinical Competency in Areas of Work/Privilege			
Appropriate Credentials/Privileges Assigned			
QI/Performance Monitoring			
Performance Evaluation			
Peer Review			
Appropriate Credentials/Privileges requested/Assigned			
Re-Credentialing			
Complete Application (Education, work Experience, etc.)			
Primary Source Verification Updates			
Licensure			
Criminal Background Check Frequency			
Medicaid/Medicare Sanctions Frequency			

Measures of Current Clinical Competency in Areas of Work/Privilege			
QI/Performance Monitoring			
Performance Evaluation			
Peer Review			
Training			
HIPAA			
Recipient Rights			
Discipline/Practitioner Specific Training			
Appropriate Credentials/Privileges requested/Assigned			
<u>Other</u>			
Record Maintenance			
Assigned Staff			
Credentialing Committee			