

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	Provider Network Management		
<b>Title:</b>	Provider Network Credentialing/Recredentialing		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 04.07.2015	<b>Related Policies:</b> Provider Network Management Service Provider Reciprocity Personnel Manual
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> Provider Network Mgmt. Committee, Chief Executive Officer	<b>Review Date:</b> 03.05.2024	
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### 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 recredentialed.

### 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 recredentialing 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 recredentialing 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, and related procedures, applies to Community Mental Health Service Participants (CMHSPs) and their network of providers and Substance Use Disorder Service Providers (SUDSPs) contracted directly with MSHN.

### Independent Practitioners

All credentialing/re-credentialing practices shall be conducted in accordance with the Michigan Department of Health and Human Services (MDHHS) Credentialing and Recredentialing Process and MSHN *Credentialing Independent Practitioners procedure*, and at a minimum, require:

- Initial credentialing upon hire or contracting,
- Re-credentialing at least every two years, and
- A process for ongoing monitoring and primary source verification of expired licenses, certifications, and other credentials.

Credentialing and recredentialing 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.

Credentialing and recredentialing processes must ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state.

### Organizational Providers

For organizational providers included in its network, and in accordance with the *Credentialing Organizational Providers procedure*, MSHN and CMHSPs must:

- validate, and re-validate at least every two years, that the organizational provider is licensed or certified as necessary to operate in the State of Michigan, and has not been excluded from Medicaid or Medicare participation.
- ensure that the contract with any organizational provider requires the organizational provider to credential and re-credential their directly employed and subcontract direct service providers in accordance with the MSHN credentialing/re-credentialing policies and procedures (which must conform to MDHHS's

credentialing process).

### **Monitoring and Oversight of Credentialing and Recredentialing Activities**

MSHN provider network credentialing and recredentialing process is delegated to the CMHSP Participants and Substance Use Disorder Service Providers (SUDSP) under contract with MSHN. Delegation includes compliance with the credentialing and recredentialing policies and procedures, conducting specific credentialing and recredentialing activities for applicable health care providers, and establishing and maintaining credentialing records.

All CMHSPs and SUDSPs under contract with MSHN providing Medicaid, Healthy Michigan, and Substance Use Disorder Community Grant Services shall have policies and procedures for credentialing and recredentialing that are updated as needed (not less than biennially), to meet MDHHS credentialing guidelines, MSHN policy, and any other pertinent regulatory requirements. Written credentialing policies and procedures must reflect the scope, criteria, timeliness, and process for credentialing and recredentialing organizational providers and individual practitioners. The policy must be approved by the governing body, and:

- A. Identify the administrative staff member and/or entity (e.g., credentialing committee) responsible for oversight and implementation of the process and delineate their role;
- B. Describe any use of participating providers or practitioners in making credentialing decisions;
- C. Describe the methodology to be used by Prepaid Inpatient Health Plan (PIHP) staff members or designees to provide documentation that each credentialing or re-credentialing file was complete and reviewed prior to presentation to the credentialing committee for evaluation;
- D. Describe how the findings of the Quality Assessment Performance Improvement Program (QAPIP) are incorporated into the re-credentialing process.
- E. Background checks;
- F. Suspension and revocation
- G. Monitoring of credentialing/recredentialing practices including the practices of organizational providers.

MSHN is responsible for the oversight of any delegated credentialing or recredentialing decisions within its service delivery network and shall review these practices in accordance with the MSHN delegated functions monitoring and oversight policy, procedure, and protocols. Compliance shall be assessed based on MSHN policies and standards in effect at the time of the credentialing or recredentialing decision. Credentialing and recredentialing records are subject to MSHN, state, and Federal audit.

MSHN retains the right to approve the credentialing decisions of a CMHSP or SUDSP or require discontinuation of service by organization providers and/or independent practitioners without the proper credentialing status. Improper or insufficient credentialing practices by CMHSP or SUDSP may be cause for contractual sanction(s) by MSHN, requiring a corrective action plan, and could be cause for contract suspension or termination. In accordance with the Medicaid Event Verification Policy and Procedure, MSHN may recoup funds for any fee-for-service provider for any claims/encounters that are found to be invalid as a result of improper credentialing.

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

### **Deemed Status**

Organizational Providers or Independent Practitioners may deliver healthcare services to more than one agency. MSHN, CMHSPs, or SUDSPs may recognize and accept credentialing activities conducted by any other agency in lieu of completing their own credentialing activities. In those instances where MSHN, CMHSPs, or SUDSPs choose to accept the credentialing decision of another agency, they must maintain copies of the credentialing documents including Primary Source Verification (PSV) and the credentialing decision in their administrative records.

MSHN and CMHSPs must utilize the MDHHS Universal Credentialing system as required by MDHHS when credentialing individuals and organizations.

**Notification Requirements and Appeal of Adverse Credentialing Decision:**

Organizational Providers and Independent Practitioners shall be notified, in writing, of all credentialing decisions, including credentialing status, effective date, and recredentialing due date. An organizational provider or independent practitioner that is denied credentialing or recredentialing shall be informed of the reasons for the adverse credentialing decision in writing, within 30 days of the decision, and shall have an appeal process that is available when credentialing or recredentialing is denied, suspended or terminated for any reason other than lack of need. The appeal process must be included as part of an adverse credentialing notification letter.

In instances of a conflict of interest, subcontracted providers responsible for credentialing and recredentialing Independent Practitioners may utilize the MSHN provider appeal process to ensure a neutral and fair appeal process is available.

If the reason for denial, suspension, or termination is egregious (serious threat to health safety of consumers or staff, represents a substantiated criminal activity, etc.) action shall be taken immediately. In the event of immediate suspension or termination MSHN, CMHSPs, and SUDSPs shall address coordination of care so as to prevent disruption of services.

**Record Retention**

All credentialing and recredentialing documentation must be retained for each credentialed provider and include:

- Initial credentialing and all subsequent recredentialing applications;
- Information gained through primary source verification; and
- Any other pertinent information used in determining whether or not the provider met credentialing and recredentialing standards

Records shall be retained in accordance with MSHN Record Retention Policy.

**Reporting Requirements**

CMHSP Participants and SUDSPs are responsible to report suspected fraud, abuse, and licensing violations to MSHN as soon as it is suspected. If a matter expected to lead to suspension or revocation, is known to be related to fraud, abuse, and/or a licensing violation, reporting shall be conducted in coordination with the MSHN Chief Compliance & Quality Officer and any regulatory/investigative agency involved. MSHN and the responsible CMHSP or SUDSP shall coordinate immediate verbal (phone) reporting to the Office of the Inspector General (OIG), Licensing and Regulatory Affairs (LARA) and the Division of Program Development, Consultation and Contracts, Behavioral & Physical Health and Aging Services Administration in MDHHS accordingly. Verbal notice shall be followed by written notice of the matter including any relevant supporting documentation. Information shall be submitted via e-mail in an encrypted format and by regular mail if requested. Once a matter has been turned over to the OIG further investigation should be suspended unless approval is granted by the OIG.

The Chief Compliance & Quality Officer shall maintain records of all credentialing activities reported to MDHHS or the OIG in accordance with MSHN compliance monitoring policies and procedures.

**Applies to:**

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
  - MSHN’s CMHSP Participants    Policy Only    Policy and Procedure
  - Other: Sub-contract Providers

**Definitions:**

CFR: Code of Federal Regulations

Credentialing: the administrative process for reviewing, verifying, and evaluating the qualifications and credentials to ensure individuals and organizations meet the necessary criteria to provide healthcare services.

CMHSP: Community Mental Health Services Program

Independent Practitioner: the administrative process for reviewing, verifying, and evaluating the qualifications and credentials to ensure individuals meet the necessary criteria to provide healthcare services.

LARA: Licensing and Regulatory Affairs

MDHHS: Michigan Department of Health & Human Services

MSHN: Mid-State Health Network: Prepaid Inpatient Health Plan under contract with the MDHHS to provide

managed behavioral health services to eligible individuals.

OIG: Office of Inspector General

Organizational Providers: An entity that directly employs and/or contracts 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.

PCC: Provider Credentialing Committee

PIHP: Prepaid Inpatient Health Plan

PSV: Primary Source Verification

QAPIP: Quality Assessment Performance Improvement Program

Re-credentialing: the ongoing administrative process for updating, reviewing, verifying, and evaluating the qualifications and credentials to ensure individuals and organizations meet the necessary criteria to provide healthcare services.

SUDSP: Substance Use Disorder Service Provider (Treatment, Prevention, and Recovery)

**References/Legal Authority:**

MSHN Personnel Manual: Credentialing and Recredentialing

MDHHS Contract

MDHHS Credentialing & Re-credentialing Processes

MDHHS SUD Credentialing and Staff Qualification Requirements

MDHHS Medicaid Provider Manual

Public Act 282 of 202

42 Code of Federal Regulations (CFR) 438.214

42 CFR 438.12

**Attachments:**

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
03.2015	New policy	PNMC
07.2015	Address compliance requirements with MDHHS Contract attachment– P7.1.1 in accordance with MSHN’s	Director of Provider Network Mgmt.
09.2016	Annual Review; Registered Dietitian added to list of professionals requiring credentialing	Director of Provider Network Mgmt.
09.2018	Annual Review	Director of Provider Network Mgmt.
08.2017	Annual Review; update responsible staff title	Director of Provider Network Mgmt.
09.2019	Annual Review – revisions, moved ‘A Word About Professional Licensure’ to LIP Procedure	Director of Provider Network Management Systems
11.2021	Biennial Review – Changed titles as necessary; Removed attachment references to MDHHS contract	Contract Specialist
01.2023	Revised and updated language in accordance with MDHHS Credentialing and Recredentialing Processes revision 03/24/23.	Compliance Administrator/Deputy Director
12.2023	Biennial Review	Contract Specialist