1. **PURPOSE:**

To establish expectations and requirements for WMCMH organizational providers to credential and re-credential individual practitioners they employ or subcontract with.

1. **APPLICATION:**

This procedure applies to contracted providers of WMCMHS.

1. **REQUIRED BY:**

42 CFR 438.214 – Provider Selection; Lakeshore Regional Entity Policy 4.4, “Credentialing and Recredentialing;” Michigan Department of Health and Human Services (MDHHS) Behavioral Health Code Charts and Provider Qualifications; MDHHS Medicaid Provider Manual; MDHHS Technical Requirement entitled, “Credentialing and Re-Credentialing Processes”

1. **TERMS / DEFINITIONS / ABBREVIATIONS:**
	1. Individual Practitioner. Any individual who is engaged in the delivery of healthcare services and is legally authorized to do so by the state in which they deliver the services.
	2. 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 National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. They can be located on the Internet at [www.npdb-hipdb.hrsa.gov/](http://www.npdb-hipdb.hrsa.gov/).
	3. Organizational Provider. Any entity that directly employs or contracts with individuals to provide health care services. Examples of organizational providers include but are not limited to: hospitals; nursing homes; homes for the aged; psychiatric hospitals, units, and partial hospitalization programs; substance abuse programs; home health agencies; licensed and unlicensed residential settings; skill building providers; and supported employment providers.
	4. Staffing Agency. A company that recruits and offers individual practitioners to WMCMH for temporary, permanent, or contract positions. Staffing agencies do not provide health care services.
2. **PROCEDURES**:

**A. Credentialing Individual Practitioners**

* + 1. WMCMH credentials and re-credentials contracted individual practitioners, including those engaged via a staffing agency. WMCMH delegates to its contracted organizational providers the responsibilities for credentialing and re-credentialing its employed or subcontracted individual practitioners. WMCMH and LRE are responsible for oversight regarding delegated credentialing or re-credentialing decisions.
		2. Credentialing and re-credentialing must be conducted and documented for at least the following individual practitioners:
			1. Physicians (M.D.s or D.O.s)
			2. Physician’s Assistants
			3. Psychologists (Licensed, Limited License or Temporary License)
			4. Licensed Master’s Social Workers
			5. Licensed Bachelor’s Social Workers
			6. Limited License Social Workers
			7. Registered Social Service Technicians
			8. Licensed Professional Counselors
			9. Nurse Practitioners
			10. Registered Nurses
			11. Licensed Practical Nurses
			12. Occupational Therapists
			13. Occupational Therapist Assistants
			14. Physical therapists
			15. Physical Therapist Assistants
			16. Speech Pathologists
			17. Board Certified Behavior Analysts
			18. Licensed Family and Marriage Therapists
			19. Other behavioral healthcare specialists licensed, certified, or registered by the state
		3. Credentialing and re-credentialing processes shall not discriminate against:
			1. A healthcare professional, solely on the basis of license, registration, or certification; or
			2. A healthcare professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
		4. The contracted provider must ensure compliance with federal requirements that prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid.
			1. A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers is available at [http://exclusions.oig.hhs.gov](http://exclusions.oig.hhs.gov/)
			2. A complete list of sanctioned individuals is available on the System for Award Management website at [https://www.sam.gov](https://www.sam.gov/)
			3. For Michigan Substance Abuse Certification (CAC and ARMS): [www.mcbap.com/search.mcbap.php](http://www.mcbap.com/search.mcbap.php)
		5. If an organization contracting with WMCMH enters into a subcontract with an individual or agency to provide a WMCMH service, the contracted provider will be responsible to credential that staff or agency prior to provision of services.
		6. The organization must have a documented process for ongoing monitoring, and intervention if appropriate, of sanctions, complaints, and quality issues pertaining to individual practitioners, which must include, at a minimum, review of:
			1. Medicare/Medicaid sanctions and excluded, debarred, and suspended check.
			2. State sanctions or limitations on licensure, registration, or certification.
			3. Member concerns that include grievances, complaints, and appeals.
			4. Any quality issues identified.
		7. Compliance with the standards outlined within this procedure must be demonstrated through the contract organization’s own credentialing policies and procedures.
		8. The contract organization’s credentialing policy or procedure may be audited as part of a PIHP or WMCMH administrative review process. The organization’s credentialing policy or procedure must:
			1. Identify staff member(s) and/or entity (e.g., credentialing committee) responsible for oversight and implementation of the credentialing process and delineate their role.
			2. Describe any use of participating providers in making credentialing decisions.
			3. Describe the methodology to be used by staff members or designees to provide documentation that each credentialing or re-credentialing file is complete and reviewed prior to presentation of credentialing committee and ongoing.
			4. Indicate criteria and timelines for the credentialing and re-credentialing of licensed staff.
			5. Describe how the findings of the organization’s Quality Improvement Plan are incorporated into the re-credentialing process.
		9. The contract organization must ensure that a credentialing/re-credentialing file is maintained for each credentialed individual practitioner. Each file must contain:
			1. The initial credentialing and all subsequent re-credentialing applications
			2. Information gained through primary source verification.
			3. Any other pertinent information used in determining whether the individual practitioner met the credentialing and re-credentialing standards.
1. **Initial Credentialing for Individual Practitioners**

At a minimum, the initial credentialing of an individual practitioner requires:

1. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements:
	1. Lack of present illegal drug use.
	2. Any history of loss of license, certification, and/or felony convictions.
	3. Any history of loss or limitation of privileges or disciplinary action.
	4. An attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.
	5. Attestation by the applicant of the correctness and completeness of the application.
2. An evaluation of the individual practitioner’s work history for the prior five (5) years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
3. Verification from primary sources:
	1. State licensure or certification and in good standing at: [https://www.michigan.gov/lara/0,4601,7-154-89512---,00.html](https://www.michigan.gov/lara/0%2C4601%2C7-154-89512---%2C00.html) and <http://search.mcbap.com/lo/>
	2. Board certification, or highest level of credential attained if applicable, or completion of any required internships/residency programs, or other postgraduate training.
	3. Official transcript of graduation from an accredited school and/or LARA license.
	4. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Data Bank (HIPDB) query at <https://www.npdb.hrsa.gov/> or, in lieu of the NPDB/HIPDB query, all of the following must be verified:
		1. Minimum five (5) year history of professional liability claims resulting in a judgment or settlement;
		2. Disciplinary status with regulatory board or agency; and
		3. Medicare/Medicaid sanctions.
	5. 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.
	6. Prior to employment, verification of background checks shall include:
		1. Criminal
		2. Driving Record, if applicable
		3. Sex Offender Registry
		4. Central Registry Check (for practitioners serving children)
		5. Reference Checks
		6. Excluded, debarred, or suspended Office of the Inspector General check
4. **Temporary/Provisional Credentialing of Individual Practitioners**
	1. Temporary or provisional credentialing of individual practitioners is intended to increase the available network of individual practitioners in underserved areas, whether rural or urban. Contract organizations must have policies and procedures to address granting of temporary or provisional credentials when it is in the best interest of service recipients that individual practitioners be available to provide care prior to formal completion of the entire credentialing process. Within the WMCMH provider panel, temporary or provisional credentialing shall not exceed 150 days.
	2. The contract organization shall have up to 31 days from receipt of a complete application, accompanied by the minimum documents below, within which to render a decision regarding temporary or provisional credentialing.
	3. For consideration of temporary or provisional credentialing, at a minimum, an individual practitioner must complete a signed application that includes the following items:
		1. Lack of present illegal drug use.
		2. History of loss of license, registration, or certification, and/or felony convictions.
		3. History of loss or limitation of privileges or disciplinary action.
		4. An evaluation of the individual practitioner’s work history for the prior five (5) years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
		5. Attestation by the applicant of the correctness and completeness of the application.
	4. The contract agency must conduct primary source verification of the following:
		1. Licensure or certification in good standing.
		2. Board certification, if applicable, or the highest level of credential attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training; and
		3. Official transcript of graduation from an accredited school and/or LARA license.
		4. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified: i. Minimum five (5) 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.
		5. 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.
		6. Medicare/Medicaid sanctions and excluded, debarred, or suspended check.
	5. The contract organization must review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification shall be completed.
5. **Additional Requirements**
6. National Provider Identifier (NPI)-All persons eligible to obtain an NPI must do so. The document below is a crosswalk designed to categorize the type, classification, and/or specialization of health care providers. [https://www.cms.gov/Medicare/Provider-Enrollment-and- Certification/MedicareProviderSupEnroll/Taxonomy.html](https://www.cms.gov/Medicare/Provider-Enrollment-and-%20Certification/MedicareProviderSupEnroll/Taxonomy.html)
7. Persons eligible to register with CHAMPS must do so.
8. **Re-credentialing Individual Practitioners**

At a minimum, the re-credentialing policies for physicians and other licensed, registered, or certified health care providers must identify procedures that address the re-credentialing process and include requirements for each of the following:

1. Re-credentialing at least every three (3) years.
2. Submission of a current credentialing application.
3. An update of information obtained during the initial credentialing.
4. Primary source verification.
5. Refer to the initial credentialing section above for further information.
6. **Credentialing and Recredentialing of Organizations Contracting with WMCMH**
7. LRE will validate, and re-validate at least every three (3) years, that WMCMH

contract organizations:

* 1. Complete the current credentialing application.
	2. Are licensed or certified and in good standing as necessary to operate in the State.
	3. Are approved by an accredited body (if a provider is not accredited, LRE must perform an on-site quality assessment).
	4. There are no malpractice lawsuits and/or judgments within the last five (5) years.
	5. Are not excluded from participation in Medicare, Medicaid, or other Federal contracts.
	6. Are not excluded from participation through the MDHHS Sanctioned Provider list.
	7. Have current insurance coverage meeting contractual expectations on file with the LRE.
	8. For solely community-based providers (e.g., ABA or CLS in private residences), an on-site review is not required, an alternative quality assessment is acceptable.
	9. The contract between WMCMH and any organizational provider must specify the requirement that the organizational provider must credential and re- credential their direct employees, as well as subcontracted service providers and individual practitioners in accordance with the LRE’s and WMCMH’s credentialing/re-credentialing policies and procedures (which must conform to MDHHS credentialing process).
1. **Deemed Status**
2. Individual practitioners or organizational providers may deliver healthcare services to more than one PIHP. LRE may recognize and accept credentialing activities conducted by another PIHP in lieu of completing its own credentialing activities.
3. In those instances where a WMCMH contract organization chooses to accept the credentialing decision of another PIHP, the contract organization must keep copies of the credentialing PIHP’s decisions in their administrative records.
4. **Notification of Adverse Credentialing Decision**

An individual practitioner or organizational provider that is denied credentialing or re- credentialing shall be informed of the decision in writing within thirty (30) days of the decision in writing reasons for the adverse credentialing decision in writing as well as the appeals process.

1. **Appeal Process for Adverse Credentialing Decision**
	* 1. An appeal process shall be available when credentialing or re-credentialing is denied, suspended, or terminated for any reason other than lack of need.
		2. The appeal process will be consistent with federal and state requirements. This must be included as part of the adverse credentialing decision notification letter.
2. **General Staff Qualifications**

All staff and contractors, whether professional or non-professional must meet the applicable requirements outlined in the MDHHS Medicaid Provider Manual, the MDHHS Behavioral Health Code Charts and Provider Qualifications document, and any other sources required by WMCMH and PIHP funders.

1. **Staff and Contractor Training**

The organizational provider must have a mechanism to ensure required trainings are completed by service providers and are documented in a timely manner. This includes the training of non-professional staff to guarantee they meet the requirements of WMCMH, LRE, and the documents referenced above.

1. **Interpreters and Translators**

Interpreters used by contracted organizations must be qualified as required by applicable Michigan law and rules on certifications and endorsements. All interpreters and translators must meet the state and federal regulations for Limited English Proficiency.

1. **Reporting Requirements**

The organizational provider will maintain written procedures for reporting known improper conduct that may result in suspension or termination from the WMCMH provider network to appropriate authorities (i.e., MDHHS, WMCMH, provider’s regulatory board or agency, the Attorney General, etc.). Procedures will be consistent with current federal and state requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services contract.

If at any time the organizational provider determines a screened person has been convicted of a criminal offense described under Sections 1128(a) and/or 1128(b) of the Social Security Act, or has had civil monetary penalties imposed under Section 1128A of the Act, the organizational provider shall immediately contact the WMCMH Director of Corporate Compliance and Risk Management. The WMCMH Director of Corporate Compliance and Risk Management will then communicate the pertinent information to LRE.

VII. **Revision History**

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| Rev. No. | Date  | Reason, initials |
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