

VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY POLICIES & PROCEDURES

Title: Credentialing & Recredentialing
Network Providers

Number: I.08.01

Approved By: Executive Team

Originated: 02/19/24

DIRECTIVE:

This procedure shall serve as a guideline to ensure that all customers served receive care from Network Providers that are properly credentialed, licensed and/or qualified. The Contract, Provider Network, and Compliance Office shall be responsible for the oversight and implementation of the credentialing and privileging of Independent Contractors and Organizational Providers.

DEFINITIONS:

Network Provider: A Network Provider is both an Organizational Provider and/or a Solo Practitioner/Independent Contractor and is not a VBCMh employee.

Organizational Provider: 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 use disorder programs; and home health agencies.

Solo Practitioner/Independent Contractor: An individual who is self-employed and holds a fully executed agreement with VBCMh to provide health care services.

PROCEDURES:

All Network Providers shall use the SWMBH Organizational Provider Application and Checklist.

A. Process for Credentialing and Re-Credentialing Network Providers:

1. Initial credentialing of all Network Providers applying for inclusion in the Van Buren Provider Network must be completed within 90 calendar days.
 - a. The 90-day time frame starts when Van Buren Provider Network or the participant CMHSP has received a completed, signed and dated SWMBH Credentialing application from the Network Provider. The application will be processed by designated credentialing staff.
 - b. The completion time is the date when written communication is sent to the network provider notifying them of SWMBH or the participant CMHSP's decision.
 - c. Primary source verification must be completed within the 180 days preceding the credentialing decision date.
2. During initial credentialing and at re-credentialing, Van Buren credentialing staff will submit credentialing packets along with primary source verifications and other supporting documentation to its Credentialing Committee for a decision regarding the inclusion on the Van Buren Provider Network. Packets will be reviewed for completeness prior to committee meeting. If the file meets clean file criteria in every

category listed, the medical director or designee may sign off to approve the provider, in lieu of taking to the Credentialing Committee. Failure to provide requested information within the designated time frame, or providing information containing significant misrepresentations or omissions, is grounds for denial of the application or contractual arrangement.

3. During initial credentialing and at re-credentialing, Van Buren will ensure that network providers are notified of the credentialing decision in writing within 10 business days following a decision. In the event of an adverse credentialing decision, the network provider will be notified of the reason(s) in writing and of their right to and process for appealing/disputing the decision in accordance with SWMBH Policy 2.14.

B. Network Provider Assignments

1. SWMBH is responsible for credentialing/re-credentialing the following organizational provider types, on behalf of the Region:
 - a. Substance Use Disorder
 - b. Psychiatric Inpatient
 - c. Crisis Residential
 - d. Autism Services
 - e. Financial Management Services
 - f. Specific Specialized Residential service providers as determined by the Regional Provider Network Management Committee
2. Participant CMHSPs are responsible for credentialing/re-credentialing all other organizational provider types for inclusion in each participant CMHSP subcontracted network of providers.
3. SWMBH retains the right to approve, suspend, or revoke/terminate from participation in the provision of Medicaid funded services, any provider (organizational or practitioner) in the Region 4 network (including participant CMHSP network providers), regardless of whether SWMBH or a participant CMHSP performed the credentialing activities.

C. Requirements for Credentialing and Re-Credentialing Network Providers

1. Before executing an initial contract and at least every 2 years thereafter, Van Buren will require network providers wishing to provide contracted services in the Van Buren network to submit a fully completed application, using the current approved SWMBH Organizational Credentialing Application and checklist.
2. The application will contain the following:
 - a. A signed and dated statement from an authorized representative.
 - b. Documentation collected and verified for organizational providers will include (as applicable), but are not limited to, the following information:

| Documentation Requirement | Clean File Criteria |
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| Complete SWMBH application with a signed and dated statement from an authorized representative of the-network provider attesting that the information submitted with the application is complete and accurate to the facilities' knowledge, and authorization for Van Buren to collect any information necessary to verify the information in the credentialing application. | Complete application with no positively answered attestation questions. |
| State licensure or certification information. License/certification status and any violations or special investigations thereof | No license violations and no special State investigation in time frame (in past 5 years) |

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| incurred during the past five years or during the current credentialing cycle will be included in the credentialing packet for the committee consideration. | for initial credentialing and past 2 years for re-credentialing). Violations and special investigations can be verified via the State website for adult foster care providers at http://www.deg.state.mi.us/brs_afc.asp . |
| Accreditation by a national accrediting body (if such accreditation has been obtained). Substance abuse treatment providers are required to be accredited. Youth continuum providers are required to be accredited. If an organization is not accredited, an on-site quality review will occur by Van Buren staff prior to contracting. | Full accreditation status during the last accreditation review or no plan of correction for an on-site pre-credentialing site review. Van Buren recognizes the following accrediting bodies: CARF, Joint Commission, DNV Healthcare, NCQA, CHAPS, COA, AND AOA. |
| Verification that the organization and any individuals listed as a "Screened Person" under SWMBH Policy 10.13 have not been excluded from participation in Medicare, Medicaid, or other Federal contracts, and are not excluded from participation through the MDHHS Sanctioned Provider list. *The SWMBH Final Adverse Legal Actions/Convictions and Demographic Data Sheet is completed by the provider and submitted to SWMBH as part of the contracting process. SWMBH then causes the monthly checks to occur for exclusionary lists. | Organization and its "Screened Persons" are not listed as sanctioned and/or excluded by the OIG, the System for Award Management (SAM), or the Michigan Sanctioned Provider list (for initial credentialing). Queries will be made monthly thereafter as part of on-going monitoring and for re-credentialing. Provider and its Screened Persons must not have been listed as excluded during any month since the prior credentialing activity (re-credentialing). |
| A copy of the organization's liability insurance policy declaration sheet. | Current insurance coverage meeting contractual expectations. |
| Any other information necessary to determine if the organization meets the network-based health benefits plan participation criteria that the network-based health benefits plan has established for that type of organization. | Information provided as requested by Van Buren. |
| Quality information will be considered at re-credentialing. | Grievance and appeals, recipient rights, and customer services complaints are within the expected threshold given the provider size; there are no substantiated fraud; MMBPIS and other performance indicators substantially meet set standards (if applicable). |

- c. Information discovered through the credentialing process that may impact the quality of care of service provided to customers will prompt an additional review of the applicant. Such circumstances are likely to be, but not limited to, information about malpractice litigation, missing information or inconsistent information. In such instances, the Committee will review the information and request the credentialing designee to further research the issue with the provider. The provider file will be pended until the investigation can be completed. The investigation will include

review of the information submitted, interview with the provider and obtaining of any further information as requested by the Credentialing Committee. The investigation will be documented by the designated staff. The designated staff will review the investigation findings with the Credentialing Committee and/or the Medical Director and develop a summary of the issues. This summary will be presented at the next scheduled Credentialing Committee meeting once the investigation and summarization is complete. The committee will make a credentialing determination at that time.

Applicants have the right to review the information submitted in support of their credentialing application and will be permitted to do so upon request in writing to the Credentialing Committee and/or the Credentialing Committee.

D. Temporary/Provisional Credentialing Process

1. Temporary or provisional status can be granted one time to organizations until formal credentialing is completed. Temporary or provisional credentialing should be used when it is in the best interest of Medicaid members to have providers available to provide care prior to formal completion of the entire credentialing process.
2. Timeframes.
 - a. A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of a complete application and the minimum documents listed below:
 - b. Temporary/provisional credentialing status shall not exceed 150 days, after which time the credentialing process shall move forward according to this credentialing policy.
 - c. Primary source verification must be completed within the 180 days preceding the provisional credentialing decision date.
3. Requirements
 - a. Provider's seeking temporary or provisional status must complete the current approved SWMBH Organizational Credentialing Application, signed and dated by an authorized representative.
 - b. Van Buren shall perform verification from primary sources of:
 1. Current valid license or certification and in good standing as necessary to operate in the State of Michigan.
 2. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following:
 - ii. Minimum five (5) year history of professional liability claims resulting in a judgment or settlement; and
 - iii. Disciplinary status with regulatory board or agency
 3. Medicare/Medicaid sanctions (OIG, SAM, and Michigan Sanctioned provider lists)
 - c. Van Buren shall evaluate the network provider's continuing operation as a provider for the prior five (5) years. Gaps in operation of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
4. Van Buren shall follow the same process for presenting provisional credentialing files to the Credentialing Committee as it does for its regular credentialing process. Temporary/Provisional credentialing decisions shall be made by the applicable entity's Credentialing Committee and not through the clean file process.

E. Credentialing Reciprocity (Deemed Status)

1. **Out of Region.** Van Buren may accept credentialing activities conducted by any other Michigan PIHP or CMH outside of the SWMBH region in lieu of completing its own credentialing activities. If Van Buren chooses to accept the credentialing activities of another Region, copies of the credentialing Region's decision shall be maintained in the Van Buren credentialing file.
2. **Within the SWMBH Region (also known as Region 4).** Van Buren shall work collaboratively to reduce the burden on shared network providers (providers that contract with two or more participant CMHSPs) by coordinating credentialing/re-credentialing activities to ensure, to the extent practicable, that shared providers in the SWMBH network only complete credentialing/re-credentialing through a single participant. CMHSP or SWMBH, and that those credentialing/re-credentialing results are shared with the Region.

Reciprocity Procedure: When accepting credentialing activities performed by another Region or another in-Region entity, VBCMH shall follow the SWMBH Procedure 02.03.01-Credentialing Reciprocity.

F. Site Reviews and Quality Assessments

1. Initial Credentialing
On-site reviews must be performed prior to initial credentialing/contracting for the following:
 - a. Non-accredited network providers that are not solely community-based; and
 - b. Specialized Residential sites (homes)
 - The Specialized Residential parent organization's accreditation does not eliminate the requirement for an on-site review of each specialized residential site (home).
 - i. For solely community-based providers (e.g. ABA or CLS in private residences), an on-site review is not required. An alternative quality assessment shall be performed in lieu of an on-site review. The alternative quality assessment shall be performed prior to initial credentialing/contracting.
 - ii. VBCMH may accept on-site reviews performed by another Region as part of the Credentialing Reciprocity.
2. Re-credentialing
 - a. The most recent annual site review/monitoring results shall be reviewed during the re-credentialing process.
 - b. The following information will be reviewed as part of the Quality checks during recredentialing:
 - Grievances and appeals
 - Recipient Rights complaints
 - Customer Services complaints
 - Compliance related issues including fraud/waste/abuse
 - If applicable, status of MMBPIS and other performance indicators
 - c. Van Buren will perform on-going monitoring of network providers in accordance with SWMBH Policy 2.18-Ongoing Monitoring of Network Practitioners and Organizations.

G. Network Provider Credentialing of Its Direct Employees and Contractors

1. Network providers may be held responsible for credentialing and re-credentialing their direct employees and subcontracted professional service providers per SWMBH or VBCMh contractual requirements.
2. Network providers shall maintain written credentialing/re-credentialing policies and procedures consistent with SWMBH and MDHHS credentialing policies and any other applicable requirements.
3. Network providers shall perform credentialing/re-credentialing activities in accordance with applicable contractual requirements, SWMBH policies and procedures, MDHHS policies and procedures, and any other applicable requirements.
4. Van Buren shall verify through annual on-site reviews and other means as necessary that the organizational provider's credentialing practices meet applicable policies and requirements.

H. Reporting Requirements

1. Routine
 - a. VBCMh shall submit a monthly credentialing report to SWMBH, utilizing the MDHHS credentialing report template.
 - b. SWMBH shall submit quarterly reports to MDHHS at the timeframes referenced in the MDHHS PIHP Master Contract Schedule E, utilizing the MDHHS credentialing report template.
2. Ad hoc
 - a. VBCMh shall promptly report to SWMBH's Director of Provider Network information about a network provider which could result in suspension or termination from the SWMBH network, including but not limited to:
 - Known improper conduct (e.g. fraud, threats to member health and safety, etc.).
 - Positive sanctions/exclusions screening results, in accordance with SWMBH Procedure 10.13.
 - Any other information that may affect the network provider's status as a SWMBH network provider.
 - b. SWMBH shall report any known improper conduct of a network provider which could result in suspension or termination from the SWMBH network in accordance with applicable SWMBH policies and to the applicable regulatory authority (MDHHS, MI OIG, MI AG, provider's governing board, etc.)

Related Forms:

SWMBH Operating Procedure 2.03.01 Credentialing Reciprocity

References:

MDHHS-PIHP Contract Schedule A, Section 1(N)(1)

MDHHS BPHASA Credentialing and Re-Credentialing Processes

BBA 438.214

SWMBH Policy 2.18

Attachments:

2.03A SWMBH Organizational Credentialing Application

2.03B SWMBH Organizational Credentialing Checklist