


CHAPTER: 9	SECTION: 2	SUBJECT: HUMAN RESOURCES
TITLE: CREDENTIALING		
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ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. **PURPOSE:** The purpose of this policy is to assure that all Service Providers of Community Mental Health of Ottawa County comply with all applicable, Federal, State, and local laws, and the Michigan Department of Community Health rules and regulations for credentialing and re-credentialing.

II. **APPLICATION:** All Service Providers of Community Mental Health of Ottawa County (CMHOC).

III. **DEFINITIONS:**

- A. **Service Provider:** Persons providing services for Community Mental Health of Ottawa County who are employees, agency contract providers or individual contract providers.
- B. **Credentialed Positions:** Positions that require certain specified credentials.
- C. **Credentialing:** Process by which CMH assures that Providers meet and maintain required criteria in order to be accepted as a Network Provider.
- D. **Re-credentialing:** Process by which CMH assures that Providers meet and maintain required criteria in order to continue as a Network Provider.
- E. **Credentials:** Documented evidence of licensure/registration, education, training, experience or other qualifications, as required by the position/service to be provided.
- F. **Employees:** Persons who are employees of the County of Ottawa.
- G. **Primary Source:** The original source of a specific credential that can verify the accuracy of a qualification reported by an individual health care practitioner. Examples include medical school, graduate medical education programs and state medical board

IV. **POLICY:**

- A. It is the policy of Community Mental Health of Ottawa County to verify all employees and contracted Service Providers to be in compliance with all applicable Federal, State, and local laws, the Michigan Department of Health and Human

Services (MDHHS) and PIHP contract rules and regulations for credentialing and re-credentialing.

- B. CMHOC will assure that the credentialing and re-credentialing process of all members of the individual contracted service provider network and internal CMH staff will include completion of a Certification of Debarment, as well as requirements for compliance with other federal and state licensing requirements for certification, licensure or registration.
- C. CMHOC will ensure that any internal licensed staff and any contracted licensed staff will meet the criteria set forth by CMHOC and Medicaid.
- D. Credentialing and re-credentialing must be conducted for at least the following health care professionals:
 - 1. Physicians (MDs and DOs);
 - 2. Physicians Assistants;
 - 3. Psychologists (Licensed, Limited Licensed, and Temporary License);
 - 4. Licensed Social Workers (Master's, Limited Master's, Bachelor's, Limited Bachelor's);
 - 5. Licensed Professional Counselors;
 - 6. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses;
 - 7. Occupational Therapists and Occupational Therapist Assistants;
 - 8. Physical Therapists and Physical Therapists Assistants;
 - 9. Speech Pathologists; and
 - 10. Other positions requiring certification, licensure, or specialized training not otherwise outlined above, including but not limited to, staff providing specialized Substance Use Disorder Treatment (SUD), such as acupuncturists, Peer Support Professionals, and Applied Behavior Analysis (ABA) staff.
- E. CMHOC ensures:
 - 1. That the credentialing and re-credentialing processes do 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.
 - 2. Compliance with Federal requirements that prohibit employment or contractual relationships with providers excluded from participation under either Medicare or Medicaid regulations and rules.

V. PROCEDURE:

- A. The initial credentialing of individual practitioners and CMH staff must require, minimally, the following:
 - 1. A written application that is completed, signed, and dated by the provider that includes the following elements:

- a) Attestation of lack of present illegal drug use;
 - b) Any history of loss of license and/or felony convictions;
 - c) Any history of loss or limitation of privileges or disciplinary action;
 - d) Attestation by the applicant of the correctness and completeness of the application;
 - e) A review of the population served according to age and disability, and
 - f) Demographic information sufficient to allow for:
 - i. Ongoing exclusion monitoring checks via Streamline Verify (ongoing) and Office of Inspector General (OIG) checks (initially and at recredentialing); and
 - ii. Annual National Practitioner Database (NPDB) queries (if applicable).
2. Evaluation of the provider's work history for the prior five years (if applicable).
 3. Verification of the primary sources of:
 - a) Licensure or certification.
 - b) Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - c) Documentation of graduation from an accredited school.
 - d) NPDB or Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of either, verification of the following:
 1. Minimum five year history of professional liability claims resulting in judgment or settlement;
 2. Disciplinary status with regulatory board or agency; and
 3. Medicare/Medicaid sanctions.
 - e) If the individual practitioner is a physician, then physician profile information obtained from the American Medical Association (AMA) or American Osteopathic Association (AOA) may be used to satisfy the primary source requirements for (a), (b), and (c) above.
 - f) If the provider is residing and providing services in a bordering state, they must meet all applicable licensing and certification requirements within both states.
 4. All offers of employment are contingent based on successful background checks, reference checks, verification of last employer, submission of transcripts or diploma and approval of the Human Resources Department.
- B. At a minimum, re-credentialing for all Individual Practitioners identified above, will ensure that:
1. Re-credentialing occurs at least every two years, and includes:
 - a) An update of information obtained during the initial credentialing period, including:
 1. Primary Source Verification of licensure or certification;

2. Primary Source Verification of NPI;
 3. Debarment Attestation;
 4. Record of clear criminal history; and
 5. Compliance with ongoing training requirements.
2. There exists a process for ongoing monitoring, and intervention if appropriate, of provider sanctions, complaints, and quality issues pertaining to the provider, which much include, minimally, review of:
- a) Medicare/Medicaid Sanctions;
 - b) State Sanctions or limitations on licensure, registration or certification;
 - c) Member concerns, including grievances (complaints) and appeals information; and
 - d) Provider Quality Issues.
- C. Organizational Provider Credentialing and Delegation of Credentialing within Provider Network:
1. Practitioners requesting inclusion in the CMHOC provider network will complete the formal CMHOC Credentialing Application. The application will be processed by designated credentialing staff.
 2. Community Mental Health of Ottawa County retains the right to approve, suspend, or terminate a provider.
 3. Community Mental Health of Ottawa County will accept the PIHP's decision for credentialing and accept the decision of the PIHP to suspend or terminate providers approved by CMHOC.
 4. The Executive Director is responsible for the oversight and implementation of the delegated credentialing/re-credentialing decisions and processes.
 5. Community Mental Health of Ottawa County shall ensure that an individual credentialing file is maintained for each credentialed service provider. Each file must include:
 - a) The initial credentialing application;
 - b) Information gained through primary source verification; and
 - c) Any other pertinent information used in determining whether or not the provider met the affiliate's credentialing/re-credentialing standards.
 6. Contractual providers must maintain individual credentialing/re-credentialing files on staff.
 7. Contractual providers residing and providing services in a bordering state must meet all applicable licensing and certification requirements within both states.
- D. Temporary/Provisional Credentialing of Individual Practitioners
1. Temporary or provisional credentialing of individual practitioners is intended to increase the available network of providers in underserved areas, whether rural or urban. It is the policy of CMHOC to address granting of temporary or provisional credentials when it is in the interest of Medicaid

beneficiaries that providers be available to provide care prior to formal completion of the entire credentialing process. Temporary or provisional credentialing shall not exceed 150 days. CMHOC shall have up to 31 days from receipt of a complete application, accompanied by the minimum documents identified from receipt of a complete applications, accompanied by the minimum documents identified below, within which to render a decision regarding temporary or provisional credentialing.

2. For consideration of temporary or provisional credentialing, at a minimum, a provider must complete a signed application that must include the following items:
 - a. Lack of present illegal drug use.
 - b. History of loss of license, registration or certification and/or felony convictions.
 - c. History of loss or limitation of privileges or disciplinary action.
 - d. A summary of the provider's work history for the prior five years.
 - e. Attestation by the applicant of the correctness and completeness of the application.
3. Community Mental Health of Ottawa County must conduct primary source verification of the following:
 - a. Licensure or certification: copy provided and source verification on the MDHHS website.
 - b. Board certification, if applicable, of the highest level of credential attained; and
 - c. Medicare/Medicaid sanctions.
4. Community Mental Health of Ottawa County must review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification as outlined in this Section, should be completed.
5. When Necessary Documentation Is Not Received:
 - a. The issue will be addressed through the supervisory and contract management processes.
 - b. In the event, the individual has not produced the necessary documentation; actions can be taken up to terminating employment or contract status.

E. Notification Of Investigation

1. Any CMHOC or contractual employee under investigation for any violations must report the investigation in writing to his/her supervisor.
2. The supervisor shall report the investigation to the Executive Director.

3. In the case of an investigation the Executive Director shall determine the action, if any, to be taken.

F. Notification of Adverse Credentialing Decision

1. A service provider that is denied credentialing or re-credentialing shall be informed of the reasons for the adverse credentialing decision in writing and the appeals process within ten business days of rendering the decision.

G. Appeals of Adverse Credentialing Decision

1. A provider appeal is a written request from a provider for reconsideration of participation on a network panel or additional, pertinent information supporting the provider's perspective of the circumstances.
 - a) The service provider must make a written request for reconsideration within 30 business days of receipt of the notification letter. The written request must include a detailed description of the issues in dispute, the basis for the provider's disagreement, all evidence and documentation supporting the provider's position, and the action the provider desires from Community Mental Health of Ottawa County. The Executive Director in consultation with the Medical Director will review the written request and inform the provider of their decision in writing within 30 days.
 - b) If the service provider is not satisfied with the decision made, the service provider can submit a written request within 30 business days for a hearing with a Credentialing Appeals Board. The Executive Director will appoint the Credentialing Appeals Board which will include Corporate Council, Medical Director and Administrative personnel. The Credentialing Appeals Board would notify the provider in writing of its decision within 15 days of its decision.
 - c) If the provider fails to submit a complete and timely request for reconsideration or a request for a hearing with the Credentialing Committee or the Credentialing Appeals Board, the service provider will be deemed to have accepted the CMH's determination of the issues raised by the provider and to have waived all further internal or external processes regarding the issues.

H. Deemed Status

1. CMHOC will accept the credentialing decisions of other CMHSPs within the Lakeshore Region for individual practitioners and organizational providers, and will maintain copies of credentialing decisions.

I. Internal Process

1. The QI Unit representative will be responsible for ensuring the appropriate credentialing and re-credentialing of all CMHOC employees and contracted staff.
2. For CMHOC employees:

- a) During the initial credentialing process (at time of hire or prior to providing services to CMHOC consumers),
 - 1. Ottawa County Human Resources (HR) will provide the QI Unit representative:
 - a) Date of hire;
 - b) Verification of education appropriate to the position/credentials required;
 - c) Confirmation of a clean criminal history check;
 - 1) ICHAT (Michigan Criminal Background check that checks the criminal history records of individuals who have been convicted of a crime in Michigan, as well as for individuals who have pending criminal cases).
 - 2) Central Registry checks for staff that work directly with minors. This system checks for CPS reports, Mandated Reporting reports, and criminal history.
 - 3) LEIN/Fingerprints for staff that have unescorted access in the jail.
 - d) A copy of appropriate licensure; and
 - e) Other confidential personnel records, including previous work history, dependent upon the requirements of the position/role to be held.
 - 2. The QI Unit Representative will be responsible for:
 - a) Source verification of licensure, using the State of Michigan Licensing and Regulatory Affairs (LARA) database;
 - b) Source verification of NPI (or ensuring the provider obtains an NPI);
 - c) Ensuring the individual does not appear on any list of excluded Medicare or Medicaid provider through the Federal OIG registry;
 - d) Reviewing the NPBD or HIDBP (if applicable); and
 - e) Obtaining a signed “A Certification Regarding Debarment, Suspension, and Other Responsibility Matters.”
- b) All credentialing records shall be kept in the organization’s Electronical Health Record (EHR).
- c) The designated supervisor is responsible for notifying the QI Unit of any service provider no longer providing service or of any changes in licensure/registration.
- d) It is the responsibility of the QI Unit for the ongoing monitoring of licenses of all credentialed/licensed staff. A thirty (30) day notification will be provided for license expiration dates.

- e) It is the responsibility of the QI Unit representative to ensure re-credentialing occurs at least every two years as outlined in this policy.
- 3. For Licensed Individual Practitioners (LIPs) contracting directly with CMHOC
 - a) The QI Unit representative is responsible for:
 - 1. Obtaining written authorization from the provider to obtain clean criminal history check;
 - 2. Obtaining a copy of the license/certification;
 - 3. Source verification of license/certification;
 - 4. Source verification of NPI (or ensuring the provider obtains an NPI);
 - 5. Ensuring the individual does not appear on any list of excluded Medicare or Medicaid provider through the Federal OIG registry;
 - 6. Reviewing the NPBD or HIDBP (if applicable); and
 - 7. Obtaining a signed “A Certification Regarding Debarment, Suspension, and Other Responsibility Matters.”
 - b) All credentialing information will be maintained in the appropriate CMHOC administrative folder.
- 4. For all contracted provider staff
 - a) The QI Unit representative is responsible for contacting the agency representative to obtain:
 - 1. Completed Clinical Application, signed by the provider to be credentialed;
 - 2. A copy of the provider license;
 - 3. Verification of a clean criminal history;
 - 4. Verification of appropriate educational credentials;
 - 5. Verification that all required trainings have been completed.
 - b) The QI Unit representative will confirm the final credentialing decision prior to submitting the provider to Fiscal Services to be set up as an individual practitioner in the billing system by:
 - 1. Source verifying the license using the State of Michigan LARA database;
 - 2. Source verifying the NPI.
 - c) All credentialing information will be maintained in the appropriate CMHOC administrative folder.

REQUIREMENTS AND MONITORING: DESIGNATED CMH STAFF WILL MONITOR COMPLIANCE AS DEFINED BELOW:

- A. CMHOC will maintain a rigorous process for the assurance of the ongoing credentialing of all licensed and credentialed staff within its provider network by:
 - 1. Reviewing all training records of provider staff during the annual contract renewal process;

2. Conducting regular exclusion monitoring checks via Streamline Verify on all CMHOC staff;
- B. Consequences for failure to comply with the Policy are based in the CMH Boilerplate Contract Standards and Language. The consequences for contract compliance or employment will vary depending upon the classification of the credentialed employee and/or his or her presence on the Medicaid/Medicare Exclusionary List.
1. CMH Contract Management staff/designee will notify Provider of non-compliance plan of correction requirements and timeframes.
 2. CMH Contract Management staff/designee will monitor completion until full compliance is achieved.
 3. CMH may withhold payment or terminate contract.
 4. CMH may terminate employment.
- C. Reporting Requirements
1. The policy will require the reporting of any improper conduct by the service provider that results in suspension or termination from the provider network to the appropriate authorities. Such procedures shall be consistent with current federal and state requirements, including those specified in the MDHHS Medicaid Specialty Supports and Services Contract and the Balanced Budget Act of 1996.

VI. ATTACHMENTS

“A Certification Regarding Debarment, Suspension, and Other Responsibility Matters”
Clinical Application
Credentialing Process
Credentialing Documentation
Lakeshore Regional Entity Policy 4.4 “Credentialing and Privileging”

VII. REFERENCES

MDHHS Medicaid Specialty Supports and Services Contract
Section 1128 of the Social Security Act, “Exclusion of Certain Individuals and Entities from Participation in Medicare and State Health Programs”
United States Department of Justice, Controlled Substance Registration Department
CARF: Behavioral Health Standards Manual
MDHHS Credentialing Technical Requirements, Contract Attachment P 7.1.1
MDHHS Credentialing and Re-Credentialing Processes
Ottawa County Human Resource policies

ATTACHMENT A

PROCESS SUMMARY

		EMPLOYER OF RECORD...		
		OTTAWA COUNTY	CONTRACT AGENCY	CONTRACT INDIVIDUAL
Time of Hire	3 written references	HR	CONTRACT AGENCY	QI
	Education (source)	HR	CONTRACT AGENCY	QI
	Work History	HR	CONTRACT AGENCY	QI
	Criminal Background	HR	CONTRACT AGENCY	QI
	Verification of license (source)	CMH	QI	QI
	Application & Attestation	CMH	QI	QI
	National Practitioner Data Bank (NPBD)	CMH	QI	QI
	Streamline Verify	CMH	QI	QI
	OIG	CMH	QI	QI
	Medicaid/Medicare sanctions	CMH	QI	QI
	Set up user in Avatar	Admin	QI	QI
	Set up to bill	Finance	QI	QI
	Re-credentialing	Verification of license (source)	QI	QI
National Practitioner Data Bank (NPDB)		QI	QI	QI
OIG		QI	QI	QI
Medicaid/Medicare sanctions		QI	QI	QI
Attestation		QI	QI	QI