Policy Section	Contracts	Policy Number	V-004-001
Subject	Credentialing and Recredentialing of Individual Practitioners	Issue Date	09/29/2008
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		Approved By	Julia Majeske
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POLICY

It is the policy of Tuscola Behavioral Health Systems (TBHS) to ensure that the credentials of individual practitioners are verified and that clinical privileges are granted, as appropriate to the clinician's practice level, in order to ensure that individuals receive the highest quality of care.

PURPOSE

The purpose of this policy and procedure is to detail the process of credentialing and recredentialing activities to ensure compliance with MDHHS and MSHN credentialing and recredentialing processes for individual practitioners, and include at a minimum:

- Physicians (MDs or DOs);
- Physician Assistants;
- Psychologists (licensed, limited licensed and temporary licensed);
- Social workers (licensed master's, licensed bachelor's, limited licensed and registered social work technicians);
- Licensed professional counselors;
- Nurse practitioners, registered nurses and licensed practical nurses;
- Occupational therapists and occupational therapist assistants;
- Physical therapists and physical therapist assistants;
- Speech pathologists; and
- Registered dietitians
- Board Certified Behavior Analysts
- Licensed Family and Marriage Therapists
- Other behavioral healthcare specialists that are licensed, certified or registered by the State of Michigan.

APPLICATION

This policy applies to licensed, registered or certified individual practitioners.

DEFINITIONS

For the purposes of implementing the policy statement, the following definitions are to be used:

1) Individual Practitioner:
An individual who is engaged in the delivery of healthcare services and is legally authorized to do so by the State of Michigan.

2) Qualified Practitioner:
A licensed healthcare professional with equivalent or higher credentials who may appropriately assess the competencies of an individual practitioner seeking credentialing within the agency.

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

Credentialing Committee: A group of individuals, selected by an organization, to review the professional backgrounds and qualifications of applicants to make the determination if an individual meets the criteria to provide healthcare services.

4) Recredentialing:
The ongoing administrative process for updating, reviewing, verifying and evaluating the qualifications and credentials to ensure individuals meet the necessary criteria to provide healthcare services. This is required, at minimum, every two years.

5) MDHHS:
Michigan Department of Health and Human Services

6) MSHN:
Mid-State Health Network, the Pre-Paid Inpatient Health Plan responsible for oversight of delegated functions, including credentialing activities.

PROCEDURES

Primary Source Verification (PSV)

1. Individual practitioner credentials must be verified by primary source, prior to any contact with individuals served. Any information found to vary from the application must be communicated to the applicant in writing within 30 days of application submission, prior to proceeding with the application process. The notice must include a timeframe for making corrections and the method/manner for submitting corrections.

2. Valid credentials are a condition of employment/contract and ongoing participation in the provider network. As applicable, the following require PSV. Refer to MSHN Provider Network Management – Attachment A – Primary Source Verification Guidelines.

   - State Licensure, certification, or registration in good standing;
   - Board Specialty Certification or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other post graduate training (e.g. MCBAP, AMA, APA, ABMS, etc.)
   - Official transcript of graduation from an accredited school and/or a LARA license;
   - Drug Enforcement Agency (DEA)/Controlled Dangerous Substances (CDS);
   - Professional Liability/Malpractice Coverage;
   - Criminal Background check and/or Fingerprinting
   - National Sex Offender Registry
   - State Sex Offender Registry

- Central Registry if working with children
- Sanction Checks
- Peer References;
- National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified:
    - Minimum 5-year history of professional liability claims resulting in judgement or settlement;
    - Disciplinary status with regulatory board or agency; and
    - Medicare/Medicaid Sanctions

Note: If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association (AMA) or American Osteopathic Association (AOA) may be used to satisfy state licensure, Board Certification, and Educational and academic status.

3. Subsequent verification(s), as applicable, must be conducted, documented, dated, and verified by the Contract Manager upon expiration/renewal of credential.

4. The Contract Manager utilizes a Credentialing Verification Checklist when conducting primary source verifications and while documenting the credentialing process.

Initial Credentialing Procedures

Initial credentialing decisions will be made within 90 calendar days from the date of the completed, signed and dated application received from the individual practitioner. This will be calculated based on the application received date and the date of the notice to the provider of the credentialing decision. Completion time is indicated when written communication is sent to the individual practitioner notifying them of the credentialing decision.

Upon receipt of a properly completed provider network application form, the credentialing process is implemented through the Contract Manager per the following general procedures:

1. A credential file will be created and maintained by the Contract Manager. The credential file will contain, at minimum, the following:

    - Completed, signed and dated provider network application and all subsequent completed, signed and dated recredentialing applications;
    - A current resume or curriculum vitae, which includes employment history for the past 5 years (or, if less than 5 years, the maximum amount of professional experience). Gaps in employment history of six (6) months or more, in the prior five (5) years, must be addressed in writing
    - Request for clinical privileges (as applicable)
    - Credential Verification Organization (CVO) report (as applicable)
    - All primary source verification documentation
    - All correspondence between the provider and TBHS
    - The results of the credential review
    - Recommendation from the credentialing panel, if applicable

- Any other pertinent information used in determining whether or not the provider met the credentialing standards

2. The individual practitioner shall supply the necessary information through a provider network application. The written application will be completed, signed and dated by the individual practitioner and will attest to the following:

   - Lack of present illegal drug use
   - Any history of loss of license
   - Any history of felony convictions
   - Any history of loss or limitation of privileges or disciplinary actions
   - The correctness and completeness of the application
   - The applicant is able to perform the essential functions of the position with or without accommodations

3. Credentials Verification Organization Application: TBHS maintains a contract with a Credentials Verification Organization (CVO). A Credentials Verification request form (or other similar form specified by the CVO) is completed by the Contract Manager or designee and submitted to the CVO pursuant to the published procedures of the CVO.

4. Credentials Verification Options: The types of credentials verified depend on the type of practitioner. Typically, static historical information is verified only at the time of initial credentialing.

   - Primary source verification of licensure or certification - Professional or Medical Licenses to practice in the State of Michigan
   - Primary source verification of Prescribing Licenses (including narcotics and other drug control licenses), as applicable
   - Primary source verification of any sanctions against the license(s)
   - Primary source verification of Current Board Certifications or highest level of credentials attained (as applicable)
   - Current Malpractice Insurance Coverage (minimum levels of insurance are defined in the contract between TBHS and the Independent Practitioner), as applicable
   - Malpractice History – minimum of five-year history (as applicable)
   - Completion of any required Internships, Residency Programs and Fellowships, or other postgraduate training (as applicable)
   - Peer References
   - Employment History and Affiliations - current resume or curriculum vitae that specifies the past five years (or, if less than 5 years, the maximum amount of professional experience) Gaps exceeding six (6) months or more in the prior five (5) years must be addressed in writing.
   - Hospital Privileges (as applicable)
   - Continuing Medical Education (as required by State Licensing Board)
   - Primary source verification of Medicare Sanctions/Medicaid Sanctions
   - Primary source verification of any disciplinary status with a regulatory board or agency
   - National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank Query (as applicable)

- Primary source verification of criminal background and FBI fingerprinting checks (as applicable)
- Primary source verification of graduation from an accredited school
- Primary source verification of Michigan State Public Sex Offender Registry and United States Department of Justice National Sex Offender Registry
- Michigan Department of Health and Human Services Central Registry Check (for individuals working directly with children)

5. TBHS may accept the credentialing decision of another CMHSP for an individual/organizational provider pending review of all credentialing documentation. Documentation of the current credentialing CMHSP's decision shall be kept in the individual/organizational provider's record.

6. Credentials Confirmation: The CVO conducts the requested credentials verification and/or other integrity checks and provides a written summary of its findings to the Contract Manager or designee within established timeframe (not to exceed 120 days).

7. The Contract Manager or designee reviews the credential file including the report of the CVO for completeness, noting any areas where credentials are in question.

8. The Contract Manager or designee will forward the credentialing file to the Credentialing Committee to review credentials.

   - Questionable Credentials or Credentials Not Verified: Where credentials are questionable or not confirmed, the Credentialing Committee will not credential the provider. The non-credentialing decision, and reasons for denial, is communicated in writing to the individual practitioner by the Chief Executive Officer (CEO) within 31 days of the date of application.

   - Credentials Verified: Where credentials are in order, the credential file is forwarded to the appropriate Credentialing Committee for evaluation. This committee will include representation from various disciplines credentialed through TBHS, including, but not necessarily limited to: Medical Director, Chief Executive Officer, Chief Operating Officer (COO), Psychiatrist, Psychologist, Social Worker, and Nurse.

     The Credentialing Committee will consider quality and performance improvement data, such as sentinel events, grievances, appeal activity, site reviews, case reviews and other available documentation in their review of clinical credentials and subsequent recommendation to the CEO.

9. When credentialing and recredentialing an individual practitioner residing and providing services in a different state, the practitioner must meet all applicable licensing and certification requirements within both states. A verification of the out-of-state licensure and criminal background check shall be completed.

10. The credentialing and recredentialing process will not discriminate against:

    - A healthcare professional solely on the basis of license, registration or certification.

- A healthcare professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

11. Compliance with Federal regulations prohibit employment or contracts with providers excluded from participation under either Medicaid or Medicare 438.12 and 438.214c; Michigan Department of Health and Human Services (MDHHS) Credentialing and Recredentialing Processes, MDHHS PIHP/Regional PIHP CMHSP Contract and MDHHS Medicaid Provider Manual.

12. Although TBHS is responsible for the credentialing/recredentialing of the selection of providers, the PIHP has the right to approve, suspend, or terminate a provider selected by TBHS if all of the requirements associated with the delegation functions are not met.

13. Upon entry into any contract with an organizational provider, this same credentialing/recredentialing policy and procedures shall apply. TBHS will validate and revalidate at least every two years that an organizational provider is licensed as necessary to operate within the State and has not been excluded from Medicaid and Medicare participation.

    - TBHS may delegate the responsibility of credentialing/recredentialing individual health care professionals, directly or contractually employed by an organizational provider, to the organizational provider or another entity. If TBHS delegates to another entity any of the responsibilities of credentialing/recredentialing or selection of providers that are required by this policy, it must retain the right to approve, suspend, or terminate a provider selected by that entity as well as meet all requirements associated with the delegation of TBHS functions. TBHS is responsible for oversight regarding delegated credentialing or recredentialing decisions.

Temporary/Provisional Credentialing Status

1. A one-time temporary status of individual practitioners is intended to increase the available network of providers in underserved areas, whether rural or urban, when it is in the best interest of Medicaid beneficiaries that providers be available to provide care prior to formal completion of the entire credentialing process. TBHS shall have up to 31 days from the receipt of the completed application, accompanied by the minimum documents identified below, to render a decision regarding temporary credentialing.

2. An individual practitioner may be considered for temporary credentialing if the following minimum requirements are met:

    a. A written application is completed, signed and dated by the provider and attests to the following elements:
        - Lack of present illegal drug use
        - History of loss of license, certification, registration
        - History of felony convictions
        - History of loss or limitation of privileges or disciplinary action
        - Correctness and completeness of the application
        - The applicant is able to perform the essential functions of the position with or without accommodations

b. Evaluation of the providers work history for the prior five years; Gaps in employment history of six (6) months or more, in the prior five (5) years, must be addressed in writing

c. Proof of liability and/or malpractice insurance consistent with contractual requirements

d. In addition, upon receipt of the initial credentialing application the credentialing designee shall perform primary source verification of the following before recommending the application for temporary status:
   - State licensure, certification, or registration
   - Board certification, if applicable, or the highest level of credential attained
   - Medicare/Medicaid sanctions
   - Criminal background check(s)

3. TBHS' Medical Director, qualified practitioner, or credentialing committee must review the information obtained and determine whether to grant temporary status. If temporary status is granted, it shall not exceed 150 calendar days after the temporary credentialing decision effective date. Following approval of temporary status, the process of verification and review by the Medical Director, qualified practitioner or credentialing committee must be completed.

4. Provisional credentialed status may be assigned to an individual practitioner identified as not meeting the agency performance and/or credentialed status standards and requirements. Providers assigned provisional status shall be issued formal notice of the change, specific areas required for improvement/correction, and shall be required to submit a plan of correction (POC). The POC shall be monitored by a designated agency administrator for a defined period and at specified intervals. Should the provider not meet the requirements of a plan of correction, within the defined period, further sanctions may be administered up to and including discharge from the network and employment/contract termination.

Recredentialing Procedures

Recredentialing of individual practitioners will take place at least every two years (calculated from mm/yy to mm/yy) and will be calculated from the date of the last credentialing decision to the date the notice is sent to the provider informing him or her of the recredentialing decision. This process will include an update of information obtained during the initial credentialing process.

a) Recredentialing must include:
   - Lack of present illegal drug use
   - An update of information obtained during initial credentialing, including attestations:
   - Loss of license, registration, or certification since last credentialing cycle
   - Any felony convictions since last credentialing cycle
   - Correctness and completeness of the application
   - Background check
   - Any loss or limitation of privileges or disciplinary status since last credentialing cycle
   - The applicant is able to perform the essential functions of the position with or without accommodations
   - A process for ensuring that ongoing monitoring and interventions are reviewed and considered within the decision-making process

b) The following monitoring and intervention process is completed for provider sanctions, complaints, and quality issues pertaining to the provider, which includes, at a minimum, an ongoing review of the following:

- Monthly review against federal and state sanctions (via VerifyComply)
- Primary source verification of all licenses to practice in Michigan
- Primary source verification of State limitations or sanctions against the license, registration or certification
- Review of any issues identified through the quality assessment/performance improvement program (site reviews/case reviews) and subsequently addressed through the regularly scheduled performance review. Quality issues may pertain to the tracking of state reporting indicators and review of data to correct the underlying issue.
- Review of any beneficiary concerns or complaints and appeals information during the regularly scheduled performance review. The Contract Manager shall obtain and/or be informed of any concerns, complaints, grievances or other suggestions pertaining to any individual practitioner upon request.
- All verifications, as applicable, must be conducted, documented, dated, and verified by the Contract Manager upon expiration/renewal of certification

c) In the event that an individual practitioner is not recredentialed due to abuse/neglect of an individual served, negligence, malpractice, incompetence, violations of professional or Agency ethics, loss of license, exclusion from Medicaid/Medicare, or any other circumstances that interfere with the provider's capacity to render professional services, it will be reported immediately to the appropriate regulatory body, state and/or federal authorities (e.g., MDHHS, the provider's regulatory board or agency, the Attorney General, etc.), in accordance with current federal and state laws, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract.

Credentialing Committee or Designated Authority

1. The role of a credentialing committee or designated authority is to:
   - Review the credentials of practitioners who do not meet the agency's criteria for participation in the network
   - Give thoughtful consideration to credentialing information
   - Document discussions about credentialing and recredentialing decisions

2. Credentialing files that meet all necessary criteria constitute a "clean file" and may be approved by TBHS' Medical Director, Chief Executive Officer or qualified practitioner. Evidence of Medical Director, Chief Executive Officer or qualified practitioner approval is a handwritten signature, or initials, electronic approval from TBHS issued email account (e.g. voting feature or email response) or unique electronic signature identified if TBHS has appropriate controls for ensuring that only the designated Medical Director, Chief Executive Officer or qualified practitioner can access the email account or enter the electronic

signature. The Medical Director, Chief Executive Officer or designated qualified practitioner's approval date is considered the credentialing decision date and written communication regarding approval shall be sent to the individual practitioner within five (5) business days of credentialing decision.

3. If credentials cannot be verified for any individual practitioner, they will not be credentialed. The non-credentialing decision and reasons for denial will be communicated in writing to the individual practitioner by the Chief Executive Officer within 31 days of the date of application. The individual practitioner may follow the appeal process as outlined in this policy. TBHS retains the right to approve, deny, suspend or terminate credentialing/recredentialing of independent practitioners. The Contract Manager shall document denials and notifications (tracking via spreadsheet) when an adverse credentialing decision occurs, including the offering to appeal.

4. If the reason for denial, suspension or termination is egregious (serious threat to health/safety of individuals served, represents a substantial criminal activity, etc.) action should be taken immediately. In the event of immediate suspension or termination, TBHS shall address coordination of care so as to prevent disruption of services.

5. In instances where a credentialing committee is not feasible due to the size of an organization, at minimum, a qualified practitioner shall be designated with the authority to evaluate and approve credentialing files.

6. The Contract Manager shall be responsible for the administration and oversight of credentialing and recredentialing activities and shall maintain credentialing and recredentialing source documents of individual practitioners.

Revocation or Suspension

1. Circumstances that automatically result in suspension or revocation:
    - *Lack of current licensure* – The practitioner does not possess a current, valid license to practice in Michigan or the bordering state in which they reside and provide services, including because a previously valid license has expired, lapsed, or has been suspended or revoked, or otherwise ceases to meet the qualification.
    - *Lack of DEA/CDS registration* – The practitioner does not possess a current, valid registration with the DEA/CDS, including because a previously valid registration has lapsed, expired, or been suspended or revoked or otherwise ceases to meet the qualification. This criterion applies only to practitioners who prescribe controlled substances.
    - *No malpractice insurance* – The practitioner does not currently have professional liability insurance in the amounts required by the agency policy or otherwise ceases to meet the qualification. This criterion applies only to a Practitioner's required to carry professional liability insurance and is not covered under the agency policy.
    - *Exclusion from government programs* – The practitioner is excluded from or limited in participation in a federal or State of Michigan healthcare program
    - *Criminal charges* – The practitioner is charged with, indicted for, or convicted (including a plea of guilty or no contest) of an exclusionary crime as outlined in the MSHN Disqualified Individuals Policy.

2. Credentialing suspension/revocation decisions will not include any information regarding an applicant's status related to allegations or pending investigations in process associated with licensure or registration; TBHS' due process for all applicants in matters pertaining to unsubstantiated allegations of misconduct.

3. TBHS will include concerns from individuals served, which include grievances/complaints and appeals information, in credentialing processes whenever deemed relevant by TBHS.

Reporting Requirements

TBHS shall 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. TBHS and MSHN shall coordinate immediate verbal reporting to the Office of Inspector General (OIG), Licensing and Regulatory Affairs (LARA) and the Division of Program Development, Consultation, and Contracts, Behavioral & Physical Health and Aging Services Administration and MDHHS accordingly. Verbal notice shall be followed by written notice of the matter including any relevant supporting documentation within five (5) days of the decision. Once a matter has been turned over to the OIG further investigation should be suspended unless approval is granted by the OIG.

The Contract Manager shall maintain records of all credentialing activities reported to MDHSS or the OIG.

Requests for Reconsideration or Appeal

Individual practitioners may ask for a reconsideration of credentialing/recredentialing decisions to deny, suspend, or terminate. TBHS has established an identified process that supports due process and offers individual practitioners with an appropriate mechanism to be given a fair hearing and review when adverse decisions are rendered about the training, renewing or revision, suspension, or termination of credentialing/recredentialing.

The process includes these steps:

a. The individual practitioner will provide, in writing, the request for a hearing to review the adverse decision about clinical privileging, within 10 calendar days of receipt of the notice of action.

b. The request for a hearing will be reviewed by the Contract Manager and the COO for the purpose of determining that the request is in keeping with the intent of the hearing process.

c. The Hearing Committee will be made up of the Medical Director, Contract Manager, the COO and the CFO.

d. The agenda will include the opportunity for the provider to present their reasoning and evidence for their disagreement with the decision rendered. Questions may be asked of the individual practitioner for the purpose of clarification. A decision, in writing, will be provided to the individual practitioner within five (5) working days of the date of the hearing.

e. In the event that the individual practitioner wishes to appeal the adverse decision after the notification of the results of the hearing process, a written request for appeal can be made to the CEO within five (5) working days of the hearing date. The CEO will respond back with a decision within five (5) working days of the receipt of the appeal request.

The Human Resources Supervisor or designee is responsible for the oversight of the credentialing and privileging processes, including renewal processes, for all non-contractual staff. The Contract Manager shall be responsible for the oversight of the credentialing and privileging processes, including renewal processes, for all contractual staff.

Record Retention

1. A credentialing and recredentialing checklist shall be completed. Once primary source verifications have been confirmed, a verification checklist shall be completed and signed by the Contract Manager verifying that the requirements for credentialed status have been met. Records of primary source verification shall be retained in the contractor's credentialing file in accordance with TBHS record retention guidelines. Records may be retained electronically.

2. All credentialing and recredentialing documentation must be retained for each credentialed practitioner and include:
    - Initial credentialing and all subsequent recredentialing application forms;
    - Information gained through primary source verification
    - Any other pertinent information used in determining whether or not the practitioner met credentialing and recredentialing standards

RELATED FORMS & MATERIALS

Provider Network Application Form
Clinical Privileging Application Form
Credentialing Verification Checklist
MSHN Provider Network Management – Attachment A – Primary Source Verification Guidelines
MSHN Disqualified Individuals Policy

REFERENCES/LEGAL AUTHORITY

A. BBA 97 Regulation 438.206(b)(6) and 438.214(b)(1) and (2)
B. Michigan Department of Health and Human Services Credentialing and Recredentialing Processes
C. Michigan Department of Health and Human Services PIHP/Regional PIHP CMHSP Contract
D. Michigan Department of Health and Human Services Medicaid Provider Manual
E. Mid-State Health Network Credentialing and Recredentialing Individual Practitioners Procedure
F. TBHS Quality Assessment and Performance Improvement Plan (QAPIP)

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