

PATHWAYS CMH

POLICY TITLE: Credentialing –Oversight and Monitoring	CATEGORY: Human Resources/Personnel	
EFFECTIVE DATE: November 1, 2016	BOARD APPROVAL DATE: November 2, 2016	
REVIEWED DATE: June 6, 2017	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: Human Resources Director	CEO APPROVAL: Mary Swift, CEO	

APPLIES TO:

Pathways Employees
Pathways Contract Providers

POLICY:

Pathways is directly responsible for continuous monitoring of Pathways personnel and contracted individuals and organizations. Pathways is required to ensure full compliance with applicable federal and state laws, accreditation standards and the Pathways Credentialing Program.

PURPOSE:

To ensure proper credentialing and monitoring of individual and organizational providers is conducted on an ongoing basis in accordance with applicable federal and state laws, accreditation standards NorthCare Network and Pathways policy/procedures.

DEFINITIONS:

1. Contractor – Any provider, supplier, distributor, vendor or firm (person or entity) that furnishes services under primary contract with Pathways.
2. Credentialing (As defined by the American Society of Addiction Medicine and the American Managed Behavioral Healthcare Association): The process of reviewing, verifying, and evaluating a provider’s credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the specialized professional background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing is that a provider is granted membership in a medical staff or provider panel.
3. 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. HRSA. They can be located on the Internet at www.npdb-hipdb.hrsa.gov/.
4. Organizational Providers (Facilities) – are providers with whom Pathways contracts and that directly employ and/or contract with individual practitioners or organizations to provide behavioral health care services. Examples of organizational providers include, but are not

limited to: Member Community Mental Health Services Programs, psychiatric hospitals, substance use treatment programs and residential providers.

5. PIHP (Prepaid Inpatient Health Plan): In Michigan and for the purposes of the MDHHS/PIHP contract, a PIHP is defined as an organization that manages Medicaid specialty services under the state's approved Concurrent 1915(b)/1915(c) Waiver Program, on a prepaid, shared-risk basis, consistent with the requirements of 42 CFR Part 438. (In Medicaid regulations Part 438., Prepaid Health Plans (PHPs) that are responsible for inpatient services as part of a benefit package are now referred to as "PIHP" The PIHP also known as a Regional Entity under MHC 330.1204b or a Community Mental Health Services Program also manages the Autism iSPA, Healthy Michigan, Substance Abuse Treatment and Prevention Community Grant and PA2 funds
6. Practitioner/Individual Provider: is any individual that is engaged in the delivery of healthcare services and is legally authorized to do so by the State in which he or she delivers the services.
7. Senior Clinical Staff Person: The appointed leadership role of the credentialing program of at least one senior clinical staff person who has: current, unrestricted clinical license(s); qualifications to perform clinical oversight for the services provided; five years post-graduate experience in direct patient care; and Board certification (if the senior clinical staff person is an M.D. or D.O.).
8. Sub-Contractor: any provider, supplier, distributor, vendor or firm (person or entity) that furnishes services to or for a prime contractor or another subcontractor.

REFERENCES:

NorthCare Credentialing Oversight and Monitoring Policy

HISTORY:

Dates Reviewed: November 1, 2016; June 6, 2017

Dates Revised: November 1, 2016

Dates Approved: November 2, 2016

PROCEDURES:

A. Sanctions or Limitations on Licensure:

Pathways reviews Federal and State of Michigan information regarding individual practitioners and organizational providers who have received sanctions or limitations on licensure/certification from various agencies as they are published or made available.

1. In addition to all the checks required in the Pathways Background Check Policy, the following two sites are also checked at time of initial hire/contract and at time of re-credentialing/contract renewal.
 - a. MDHHS, Bureau of Health Professions, Disciplinary Action Report
http://www.michigan.gov/lara/0,4601,7-154-72600_72603_27529-43008--,00.html
 - b. American Medical Association, Physician Masterfile System at <http://www.ama-assn.org/ama/pub/about-ama/physician-data-resources/physician-masterfile.page> to verify a physician's credentials.
2. All individuals and entities shall disclose to Pathways CEO or Compliance Officer immediately if they have ever been excluded from participation in any state or federal programs.
3. If Pathways has actual notice, or learns through other means, that an employed, contracted or sub-contracted individual or entity has become an excluded individual or entity, Pathways will remove (e.g., through termination of employment, contract or sub-contract) such individual or entity from responsibility for, or involvement in, the business operations related to any Federally Funded Health Care Programs or provision of items or services, directly, or indirectly, to Federally Funded Health Care Program beneficiaries and shall remove such persons from any position for which the excluded individual's compensation or the items or services furnished, ordered, or prescribed by the excluded individual, are paid in whole or part, directly or indirectly, by Federally Funded Health Care Programs or otherwise with Federal funds. Pathways Provider Directory will be updated, as applicable, within 45 days of exclusion from the network.

B. Expiration of Licensures:

1. To ensure providers at Pathways have renewed their Michigan licenses and any applicable certifications in a timely basis, Pathways credentialing staff will:
 - a. Monitor monthly to identify any provider with an upcoming license or certification, liability insurance and accreditation renewal.
 - b. Request updates to licensure or certification, liability insurance and accreditation at the time of re-credentialing or contract renewal.
2. Any Provider who has not renewed their license or certification prior to its expiration will be immediately suspended/terminated from the provider network. Services are not reimbursed during periods of lapsed license/certification.
3. Providers who are suspended/terminated for a lapse in licensure or certification may request reinstatement as a participating provider. Reinstatement is at the discretion of Pathways CEO, once licensure or certification is renewed.

C. Other Identified Credentialing Issues:

1. If a Pathways Participating Provider is listed on an ongoing disciplinary action report or other information source that determines lack of compliance to Pathways practice standards, Pathways will reassess the provider's ability to perform the services that he or she is under contract to provide.
2. Pathways Credentialing Committee may:
 - a. Determine that no action is justified;
 - b. Issue a letter of guidance, warning, or reprimand;
 - c. Impose conditions for continued practice on the Pathways provider network;
 - d. Impose a requirement for monitoring or consultation;
 - e. Recommend additional training or education;
 - f. Determine that the provider should be suspended or terminated for cause, as in the case of loss of license.
3. If an individual or entity is listed on the Sanctioned Provider or the OIG Federal Exclusions List during the contract term, that contractor is obligated to notify Pathways and shall be removed from involvement with Pathways operations related to federal or state health care programs.
4. Pathways and any Provider may not have any of the following relationships with an individual or entity who is excluded from participating in Federal health care programs.
 - a. Excluded individuals cannot be a director, officer, or partner of the PIHP/organization (this includes members of the governing board);
 - b. Excluded individuals cannot have a beneficial ownership of five percent or more of the PIHP/organization's equity; and
 - c. Excluded individuals cannot have an employment, consulting, or other arrangement with the PIHP/organization for the provision of items or services that are significant and material to the PIHP/organization's obligations under its contract with the State/PIHP.
5. Network Providers must notify Pathways CEO and/or Compliance Officer immediately if search results indicate that any of their network providers, individuals or entities, with ownership or control interests in a provider entity are on the OIG exclusions database.
6. Pathways will notify the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) Division of Program Development, Consultation and Contracts within two business days when disclosures are made by providers with regard to those offenses as detailed in sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act.