PATHWAYS CMH

POLICY TITLE: Credentialing Program	**CATEGORY:** Human Resources/Personnel	
EFFECTIVE DATE: June 4, 2014	**BOARD APPROVAL DATE:** September 6, 2017	
REVIEWED DATE: May 22, 2017	**REVISION(S) TO POLICY STATEMENT:** ☒ **Yes** ☐ **No**	**OTHER REVISION(S):** ☒ **Yes** ☐ **No**
RESPONSIBLE PARTY: COO/Human Resources Director	**CEO APPROVAL:** Mary Swift, CEO	

APPLIES TO:
Pathways Employees
Pathways Contract Providers

POLICY:
Pathways assures due diligence in credentialing and re-credentialing to provide competent providers for the individuals we serve by implementing a comprehensive credentialing and re-credentialing program. Pathways is responsible to apply legal, professional and ethical scrutiny to individual and organizational applicants seeking to be credentialed/recredentialed. The oversight and monitoring of the credentialing of sub-contract provider staff is delegated to direct contractors. This policy does not establish the acceptable scope of practice for any of the identified providers, nor does it imply that any service delivered by the providers identified in the body of the policy is billable or reimbursable.

PURPOSE:
The purpose of this policy is to set standards and guidelines for Pathways to assure that clinical oversight, management, and services are provided by providers who are fully qualified, competent, and in good standing. In addition, this policy sets the expectation and guidelines for contract and sub-contract providers, within the Pathways system, to comply with applicable rules and regulations including, but not limited to, the Balanced Budget Act (BBA), Michigan Department of Health and Human Services (MDHHS), applicable Accreditation standards and NorthCare Network's Credentialing Program.

DEFINITIONS:

1. ***Clean Application***: The provider has completed all applicable sections of the credentialing application; and where indicated, the provider has signed, initialed and dated the credentialing application; and all necessary support documentation has been submitted and is included with the credentialing application in the provider's file. The provider meets the credentialing criteria as stated in this policy, which is approved by the credentialing committee. Credentials verification supports the provider meets credentialing criteria and there are no issues to report to the credentialing committee.

2. **Contractor**: Any provider, supplier, distributor, vendor, or firm (person or entity) that furnishes services under the primary contract with Pathways

3. ***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 practitioner'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 practitioner is granted membership in a medical staff or provider panel.

4. ***Credentialing Committee:*** A committee of professional peers led by a senior clinical leader. The committee membership should reflect required members and ad hoc members to assure appropriate peer review for each provider and has at least one participating provider who has no other role in the organization's management. This committee has the final authority to approve or disapprove applications by providers for participation on the organization's provider panel and delegates authority for approval of clean credentialing applications to the identified Senior Clinical Staff.

5. ***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 Processions, 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/.

6. ***Organizational Providers (Facilities):*** are providers with whom Pathways contracts and that directly employ and/or contract with individual practitioners to provide behavioral 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 use treatment programs; residential facilities and home health agencies.

7. ***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.

8. **Individual Practitioner**/***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.

9. ***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.).

10. **Sub-Contractor**: Any provider, supplier, distributer, vendor or form (person or entity) that furnishes services to or for a prime contractor or another subcontractor.

REFERENCES:

- NorthCare Credentialing Program Policy

HISTORY:

Dates Reviewed: June 30, 2105; June 12, 2016 ; November 1, 2016; May 22, 2017
Dates Revised: June 12, 2016; November 1, 2016 (Policy); May 22, 2017 (Policy & Procedure)
Dates Approved: June 4, 2014; August 3, 2016; November 2, 2016; September 6, 2017

PROCEDURES:
Pathways is required to have written policies and procedures for the selection, credentialing/recredentialing and retention of providers that are compliant with applicable federal, state and regional rules/regulations and accreditation requirements. Continuous monitoring of the credentialing program occurs across the system to ensure compliance and identify quality or network issues. Pathways is responsible for ensuring that individual practitioners/providers, employed or under contract, and organizational providers meet all applicable licensing, scope of practice, contractual, and payor requirements. Credentialing decisions are made based on multiple criteria related to professional competency, quality of care and the appropriateness by which behavioral health services are provided.

I. Credentialing Individual Practitioners employed/contracted by Pathways or Organizational Providers

A. General Guidelines - Credentialing Individual Practitioners

1. The Organization must have a written system in place for credentialing and recredentialing individual practitioners included in their provider network that are not operating as part of an organizational provider. Credentialing and recredentialing must be conducted and documented for at least the following health care professionals:
   a. Physicians (M.D.s and D.O.s)
   b. Physician's Assistants (P.A.s)
   c. Psychologists (Licensed, Limited Licensed, and Temporary Licensed) (LPs, LLPs, TLLPs)
   d. Master's Social Workers - Licensed and Limited Licensed (LMSW, LLMSW)
   e. Bachelor's Social Workers - Licensed and Limited Licensed (LBSW, LLBSW)
   f. Registered Social Service Technicians (SSTs)
   g. Professional Counselors - Licensed and Limited Licensed (LPCs and LLPCs)
   h. Nurse Practitioners (NPs)
   i. Registered Nurses (RNs)
   j. Licensed Practical Nurses (LPNs)
   k. Occupational Therapists (OTRs)
   l. Occupational Therapist Assistants (OTAs)
   m. Physical Therapists (PTs)
   n. Physical Therapist Assistants (PTAs)
   o. Speech Pathologists
   p. Dietician
   q. Certified Addictions Counselor: CADC -Certified Alcohol &Drug Counselor – Michigan or CAADC-Certified Advanced Alcohol & Drug Counselor or CADC & CAADC through International Credentialing and Reciprocity Council (IC & RC)
   r. Certified Clinical Supervisor (CCS), CCS – IC & RC, CCS – Michigan)
   s. Certified Criminal Justice Professional (CCJP) through IC &RC& MI
   t. Certified Co-Occurring Disorders: CCDP-Certified Co-Occurring Disorders Professional or CCDP-D-Certified Co-Occurring Disorders Professional-Diplomat through IC &RC& MI
   u. Student Interns in approved Master's level educational program for social work, counseling, psychology, marriage and family therapy

2. Pathways and Organizational Provider's must ensure:

    a. That the credentialing and recredentialing processes do not discriminate against:

        i. A health care professional, solely on the basis of license, registration or certification; or
        ii. A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

    b. Compliance with federal & state requirements regarding appropriate background and exclusion checks be completed on all potential employees, students, interns, volunteers, contractors and board members as part of their screening process (Also see Pathways Background Check Policy).

3. If Pathways or an Organizational Provider delegates to another entity any of the responsibilities of credentialing/recredentialing or selection of providers that are required by this policy:
    a. the delegating entity must retain the right and final authority to approve, suspend, or terminate from participation in the provision of funded services a provider selected by that entity;
    b. the entity accepting the delegated responsibilities of credentialing/re-credentialing must meet all requirements associated with the delegation of Pathways and the Organizational Provider functions;
    c. the delegating entity is responsible for oversight regarding delegated credentialing or re-credentialing decisions;
    d. Pathways retains final authority to approve, suspend, or terminate a provider selected by that entity.

4. Compliance with standards outlined in this policy will be assessed based on the Organizational Provider's polices and standards in effect at the time of the credentialing/recredentialing decision.

5. Written credentialing policies must reflect the scope, criteria, timeliness and process for credentialing and recredentialing providers. The policies must be approved by the organization's credentialing committee and governing body, and:
    a. Identify the administrative staff member(s) and Credentialing Committee members responsible for oversight and implementation of the process and delineate their role;
    b. Describe the use of participating providers in making credentialing decisions;
    c. Describe the methodology to be used by staff members or designees to provide documentation that each credentialing or recredentialing file was complete and reviewed, as per (1) above, prior to presentation to the credentialing committee for evaluation;
    d. Describe how the findings of the Quality Assessment Performance Improvement Program are incorporated into the recredentialing process;
    e. Describe how the confidentiality of credentialing records is maintained. This will include the procedures that outline how authorized access to credentialing files is limited and maintained.

f. Describe the training process for all credentialing staff and Credentialing Committee members regarding the confidentiality of credentialing files and Committee meeting activities.

6. An individual credentialing/recredentialing file is maintained for each credentialed provider. Each file must include:
    a. The initial credentialing and all subsequent recredentialing applications;
    b. Information gained through primary source verification;
    c. Documentation that each file was complete and reviewed prior to evaluation by the credentialing committee; and
    d. Any other pertinent information used in determining whether or not the provider met the credentialing and recredentialing standards.

B. Initial Credentialing of Individual Providers

At a minimum, the initial credentialing of the individual providers require the review of the application by the Credentialing Committee within 180 days of a completed application with applicant signed attestation page. Primary and secondary source verification must be within six months prior to review. The review and approval of an application must be completed prior to designation as a participating provider. (NOTE: Pathways utilizes a standard credentialing application for individual providers whether they are employees or contract providers.)

1. The written application is completed, signed and dated by the provider and attests to the following elements:

    a. 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. An acknowledgement of the ongoing responsibility to notify the employer in a timely manner of any adverse change in licensure or certification status. As soon as the employee is aware or should have been aware of the change, the employer must be notified.
    e. Attestation by the applicant of the correctness and completeness of the application.

2. An evaluation of the provider's work history for the prior five years.

3. Verification from primary sources of:
    a. Licensure or certification including the expiration of the license or certificate and the date of verification
    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. 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:
        i. Minimum of five-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.

e. If the individual practitioner undergoing credentialing is a physician, then the Physician Masterfile System obtained from the American Medical Association may be used to satisfy the primary source of requirements of (a), (b), and (c) above.

4. A cover letter is required with all credentialing applications sent to providers/potential providers stating:
   a. specific staff to contact regarding any concerns communication about the status of their credentialing request.
   b. opportunity to correct incomplete, inaccurate or conflicting credentialing information.
   c. updated information does not prevent the organization from considering the additions or corrections in the credentialing process and submitting to the credentialing committee even if after correction the application appears to be a “clean application”.

5. A clean application does not require review by the Credentialing Committee and the Senior Clinical Staff Person may approve the application. A clean application is where the provider has completed all applicable sections of the credentialing application; where indicated the provider has signed, initialed and dated the credentialing application; and all necessary support documentation has been submitted and is included with the credentialing application in the provider’s file.

   a. The provider application must be submitted on the standard NorthCare Network Credentialing Application.

6. If during the review of an application issues of quality of care emerge, such as missing or inconsistent information, training requirements or consumer safety or malpractice issues:

   a. The organization is required to document their investigation of those issues and send findings to the Credentialing Committee.

   b. The Credentialing Committee will make a decision as to whether to approve with 1) no conditions (other than usual probationary period) 2) require a plan of correction along with probation 3) deny the request for credentialing.

7. Written Notification of Credentialing Determination within 10 Days:

   a. Written notice to all applicants must be provided within ten days of the Credentialing Committee’s decision as to their initial application. Providers will be considered as re-credentialed unless otherwise notified in writing.

   b. For any adverse determinations made by the Committee an individual practitioner or organizational provider that is denied credentialing or re-credentialing shall be informed of the reasons for the adverse credentialing decision in writing.

   c. If an individual or organizational provider disagrees with a credentialing determination to deny suspend or terminate for any reason other than lack of need, the matter may be reviewed at a higher level by submitting a written request to the Chief Executive Officer or designee within thirty (30) calendar days of disposition.

The request must include the following (see Appeals Request Form):

i. Reason for dispute;
ii. Documentation to support the appeal

C. Temporary / Provisional Credentialing of Individual Practitioners (applies only to Pathways employees)

Temporary or provisional credentialing of individual practitioners is intended to increase the available network of providers in underserved areas, whether rural or urban (per MDHHS/PIHP Contract Attachment P.7.1.1 Credentialing Process Requirements). Policies and procedures must address granting of temporary or provisional credentials when it is in the best interest of individuals served 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.

Pathways shall have up to 31 days from receipt of a complete application (or request for credentialing), accompanied by the minimum documents identified below, within which to render a decision regarding temporary or provisional credentialing.

For consideration of temporary or provisional credentialing, at a minimum, a provider must complete a signed application that must include the following items:

- Lack of present illegal drug use.
- History of loss of license, registration, or certification and/or felony convictions.
- History of loss or limitation of privileges or disciplinary action.
- A summary of the provider's work history for the prior five years.
- Attestation by the applicant of the correctness and completeness of the application.

Primary source verification of the following must be conducted:

- Licensure or certification;
- Board certification, if applicable, or the highest level of credential attained; and
- Medicare/Medicaid sanctions.

The Senior Clinical Staff Person must review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification for credentialing must be completed in the timeframes outlined in this policy.

D. Recredentialing Individual Practitioners Employed/Contracted

The recredentialing polices for physicians and other licensed, registered, or certified health care providers must identify procedures that address the recredentialing process and include requirements for each of the following:

1. Formal Recredentialing at least every two years.

2. Update of standard application submitted for initial credentialing with a cover letter that includes contact information of how to communicate with credentialing staff regarding application.

3. A standard process for ongoing monitoring, and intervention if appropriate, of provider sanctions, complaints and quality issues pertaining to the provider, which must include, at a minimum, review of:

a. Medicare/Medicaid sanctions
b. State sanctions or limitations on licensure, registration or certification

c. Member/client concerns which include grievances (complaints) and appeals information including dignity and respect

d. Quality issues such as the delivery of quality healthcare through evidence based treatments; practice guidelines and fidelity to standards of treatment; and abiding by agency standards of clinical documentation and other requirements

4. The same procedures outlined in Section B. 1-7 for initial credentialing of individual practitioners are applied to recredentialing applications.

II. CREDENTIALING/RECREDENTIALING ORGANIZATIONAL PROVIDERS

A. The Organizational Provider will:

1. Complete the standard NorthCare Network Organizational Application for credentialing and update the application for recredentialing. Recredentialing applications require a standard signed attestation attached to the application that verifies a process for ongoing monitoring, and intervention if appropriate, of provider sanctions, complaints and quality issues pertaining to the provider, which must include, at a minimum, review of:

   a. Medicare/Medicaid sanctions

   b. State sanctions or limitations on licensure, registration or certification.

   c. Member/client concerns which include grievances (complaints) and appeals information including dignity and respect.

   d. Organizational Provider Quality issues such as the delivery of quality healthcare through evidence based treatments; practice guidelines and fidelity to standards of treatment; and abiding by agency standards of clinical documentation and other requirements.

2. Submit a Provider Staff Change Form to NorthCare Network on a monthly basis. This form identifies actions taken by Pathways regarding credentialed staff such as new hires, terminations, and suspensions, to assist with ongoing monitoring by NorthCare.

B. The Credentialing Organization must:

1. Validate and re-validate at least every two years, that the organizational provider is licensed or certified as necessary to operate in the State, and has not been excluded from Medicaid or Medicare participation.

2. Ensure that the contract with an organizational provider requires the organizational provider to credential and re-credential their directly employed and subcontract direct service providers in accordance with the NorthCare Network's and Pathways credentialing/re-credentialing policies and procedures that are consistent with MDHHS's credentialing process.

3. At a minimum, conduct the review of the application by the Credentialing Committee within 180 days of receipt of a completed application with applicant signed attestation page. Primary and secondary source verification must be within six month prior to review. The review and approval of an application must be completed prior to designation as a participating provider in the Provider Directory.

4. A cover letter is provided to the applicant stating the following mechanisms and the specific staff to contact regarding any concerns in these matters:

   a. Communicate about the status of their credentialing request

   b. Have the opportunity to correct incomplete, inaccurate or conflicting credentialing information.

   c. Understand that updated information does not prevent the organization from considering the additions or corrections in the credentialing process and submitting to the credentialing committee even if after correction the application appears to be a "clean application".

5. At a minimum, every two years, Pathways conducts a credentialing audit of contracted facilities or other organizational providers that includes a review of credentialing policies and procedures to assure minimal compliance with Pathways policies and procedures; the security and confidentiality of credentialing records and sample audit of credentialing files. The sample size of credentialing files should be a minimum of 10 percent of such files, but no more than 30 files.

6. If during the review of an application, or through ongoing monitoring or annual performance reviews, issues of quality of care emerge, such as missing or inconsistent information, training requirements or consumer safety or malpractice issues, etc.:

   a. The organization is required to document their investigation of those issues and send findings to the Organization's Credentialing Committee.

   b. The Credentialing Committee will make a decision as to whether to approve with 1) no conditions (other than usual probationary period) 2) require a plan of correction along with probation 3) deny the request for credentialing.

7. Written Notification of Credentialing/Recredentialing Determination within 10 Days:

   a. The Credentialing Organization is responsible to issue written notice to all applicants within ten days of the Credentialing Committee's decision as to their application.

   b. For any adverse determinations made by the Committee the Provider shall be informed of the reasons for the adverse credentialing decision in writing.

   c. If an organizational provider disagrees with a determination in the application process or during review of a provider's status, and wishes to have the matter reviewed at a higher level, the provider may do so by submitting a written request to the Chief Executive Officer or designee within thirty (30) calendar days of disposition. The request must include the following (see Appeals Request Form):
      i. Reason for dispute;
      ii. Documentation to support the appeal

III. DEEMED STATUS

Individual practitioners or organizational providers may deliver healthcare services to more than one Network Provider. Organizations may recognize and accept credentialing activities conducted by any other Network Provider in lieu of completing their own credentialing activities, but must verify completeness of the requirements outlined herein. In those instances where an organization chooses to accept the credentialing decision of another Network Provider, the organization must maintain copies of the credentialing Provider's decision in their administrative records.

IV. REPORTING REQUIREMENTS

The organization must have procedures for reporting improper known organizational provider or individual practitioner conduct that results in suspension or termination from Pathways to appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, etc.). Such procedures shall be consistent with current federal and state requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract.

After hire, it is the responsibility of the provider to notify the employer/payor in a timely manner of any adverse change in licensure or certification status as soon as the provider is aware or should have been aware of the change. Acknowledgement of this responsibility is to be documented in the annual performance review of the provider.