

PATHWAYS CMH

POLICY TITLE: Credentialing Program	CATEGORY: Personnel – Employee Guidelines	
EFFECTIVE DATE: June 4, 2014	BOARD APPROVAL DATE: June 4, 2014	
REVIEWED DATE: June 30, 2015	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER REVISION(S): <input type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: COO/Human Resources Director	CEO APPROVAL: Mary Swift, CEO	

APPLIES TO:

Pathways Employees
Pathways Contract Providers

POLICY:

As the Senior Clinical Staff Person of Pathways, the Senior Clinical Leader is responsible for all clinical aspects of the credentialing program including acting as the chairperson of the Pathways Credentialing Committee; approving clean credentialing applications, responding to requests to appeal adverse credentialing determinations and the development and annual review of policies and procedures implemented to carry out credentialing at Pathways. The Pathways Credentialing Committee is responsible to apply legal, professional and ethical scrutiny to applicants seeking to be credentialed and recertified in the network. When credentialing is delegated, Pathways provides oversight and review of the credentialing activities of the organizational providers in the Pathways Network and retains final authority for the approval of all providers in the network.

PURPOSE:

Pathways assures due diligence in credentialing and recertification to provide a competent workforce for the individuals we serve. The Balanced Budget Act (BBA) and the Michigan Department of Community Mental Health (MDCH), along with NorthCare and URAC have regulations and policies and standards that require managed care entities to follow clearly defined policies and procedures for credentialing and recertification staff. Pathways adopts this policy and set of procedures to assure Pathways staff who provide clinical oversight, management, and services to individuals receiving services within the provider network are fully qualified and in good standing.

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.
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 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.

3. **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. Delegation of this function to an organizational provider must be monitored for the same standards required for Pathway's Credentialing Committee. Organizational providers with contracts with Pathways are required to complete the standard NorthCare Network Credentialing application and to be recredentialed every two years by the Pathways' Credentialing Committee. They must meet all the standards of the national accreditation body used by their agency.

4. **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/.

5. **Organizational Providers:** are providers with whom Pathways contracts and that directly employ and/or contract with individual practitioners to provide 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.

6. **PIHP:** is the Prepaid Inpatient Health Plan under contract with the Department of Community Health to provide managed behavioral health services to Medicaid eligible individuals.

7. **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.

8. **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; post -graduate experience in direct patient care; and Board certification (if the senior clinical staff person is an M.D. or D.O.).

REFERENCES:

- URAC Health Plan Credentialing Standards 7.1 version
- NorthCare Network Provider Oversight, Monitoring & Evaluation Policy
- NorthCare Network Provider Directory Policy

HISTORY:

Dates Reviewed: June 30, 2105

Dates Revised:

Dates Approved: June 4, 2014

PROCEDURES

A. Pathways Credentialing Committee Membership

1. Multidisciplinary Participants
 - a. Standing Members: Pathways Senior Clinical Staff; Pathways Peer Reviewer; Pathways Human Resources Staff; and at least one clinician who has no role in Pathways management to formally approve or deny recommendations to credential or re-credential individual practitioners and organizational providers based on their meeting reasonable standards of care.
 - b. Appointments of the participating provider is for a two year term beginning with the fiscal year. The participating provider membership may rotate every two years.
2. Ad hoc participants:
 - a. The Contract Manager; and other representatives of specialty services who can provide peer review for specialty disciplines. The names and specialty of Ad hoc participants will be recorded in the minutes.
 - b. New Ad Hoc Participants must sign a confidentiality agreement and receive training regarding the confidentiality of the Committee's work before participating in a meeting of the Committee. The need to adhere to confidentiality should be reviewed at each meeting.
3. The Senior Clinical Staff Person is authorized to approve clean applications without Committee review.

B. Tasks of the Credentialing Committee

1. Credential Pathways personnel who are peer reviewers deemed capable by the Senior Clinical Staff to make determinations of medical necessity and the appropriateness of clinical interventions for the services they authorize and/or review. The Committee will have final approval or denial of credentialing of Pathways clinical personnel and the organizational providers with whom Pathways contracts.
2. The Committee monitors Pathways clinical staff and reports from its organizational providers for sanctions and exclusion from federal and state programs of any network providers. Pathways has the authority to immediately suspend the participation of any provider, pending investigation, to assure the health, welfare and safety of the individuals we serve.
3. Review and recommend for adoption credentialing policies for approval by the Pathways Board.
4. The Committee will report to the Pathways CEO on the effectiveness of the program and to the Pathways Board through the CEO report.

5. The Committee will meet as necessary to meet its responsibilities but no less than quarterly.
6. The Committee will assure minutes are taken of all committee meetings that protect the confidentiality of the applicants and provide sufficient detail to demonstrate a discussion was held for each applicant with issues regarding their application.
7. The committee will designate an individual to maintain the Pathways Provider Directory.

C. Tasks of Pathways Human Resources Credentialing Staff

1. Responsible to assure all required documentation is completed before an application is sent for review by the Credentialing Committee.
2. Assure the confidentiality of all information collected for the Credentialing Committee.

D. Credentialing/Re-credentialing of Pathways staff and contract/organizational providers.

1. Organizational providers must credential staff according to their accreditation and contract with Pathways. The Organizational Provider implements written policies and procedures for the selection and retention of providers that are at least minimally compliant with the requirements outlined in the Pathways Credentialing Policies. A NorthCare Network Organizational Credentialing Application will be completed for initial credentialing and for recredentialing at least every two years.
2. NorthCare retains final authority for panel membership based on the Pathways Credentialing Committee's review of the organization's credentialing/recredentialing application and credentialing reviews at least every two years.
3. Pathways has the authority to request any reviews of sub-contracted providers conducted by other organizational providers.
4. NorthCare requires Pathways complete a routing form for initial and recredentialing of providers to accompany the updated Provider Directory submitted to NorthCare before review by the senior clinical officer and the NorthCare Credentialing Committee.

E. Pathways staff and Network Providers may submit feedback regarding the Credentialing Program through the Pathways Credentialing Committee.