

**NORTH COUNTRY COMMUNITY MENTAL HEALTH
NORTHERN AFFILIATION
ADMINISTRATIVE MANUAL**

CHAPTER: Affiliation, Chapter Two-Policy Statements
PROCEDURE NAME: Credentialing
PROCEDURE NUMBER: 2007

INTRODUCTION

North Country Community Mental Health is the Medicaid specialty prepaid inpatient health plan (PIHP) for a thirteen county area. The PIHP contracts with three community mental health services programs (CMHSP) and numerous community hospitals for service delivery. Each of these is an organizational provider with responsibility for credentialing clinical staff. The PIHP also enters into "single case" agreements with other provider organizations as needed. Again, these are organizational providers.

This procedure defines the minimum processes that organizational providers must meet when credentialing staff. This procedure also guides the PIHP in the rare instances in which it must credential staff.

APPLICATION

All Northern Affiliation organizational provider clinical staff either employed or contracted, and the Substance Abuse Coordinating Agency

Disciplines to be credentialed include, but are not limited to: Psychologists (licensed, limited license, or temporary limited license), Social Workers (licensed masters degree, licensed bachelors degree, limited license, or registered social work technicians), Nurses (Nurse Practitioners, registered nurses, licensed practical nurses), Physicians (MD or DO, psychiatry, general), physician's assistant, occupational therapists, occupational therapist assistants, speech pathologists, physical therapists, physical therapist assistants, dieticians, Pharmacists, and licensed professional counselor. Physicians and physician assistants, whether employed or contracted, will be privileged. Staff's level of competence and professional ethics must be of the highest order and they must continuously meet or exceed the qualifications, standards, and requirements set forth by the Board of North Country Community Mental Health.

PURPOSE

To establish the procedures by which a Northern Affiliation comprehensive provider organizations assures that the highest standard of clinical care is provided to consumers. The comprehensive provider is responsible defining standards of professional practice of its members and promoting individual accountability to the affiliation. The comprehensive provider will provide for inter and intra-disciplinary communication, foster professional staff development and assure that clinical staff maintain required qualifications and competencies to perform their defined clinical responsibilities.

PROCEDURE

I. Organizational Providers

The PIHP will validate, and revalidate during annual site visits, that organizational providers are licensed as necessary to operate within the State and have not been excluded from Medicaid or Medicare. The PIHP retains the right to approve, suspend, or terminate provider status for a provider selected by an organizational provider. Organizational providers may appeal decisions of the PIHP when the status of a provider of that organization is denied, suspended, or terminated for any reason other than lack of need. The PIHP will inform an individual or organizational provider in writing of any reason for a PIHP's adverse credentialing decision. The PIHP does not use any members of the provider panel in the process of credentialing provider organizations.

II. Deemed Status

The PIHP will grant “deemed status” to community mental health services programs in the state of Michigan, whether the organization is a PIHP or not. The PIHP does not grant “deemed status” to other providers. Each comprehensive provider and the Substance Abuse Coordinating Agency must specify, within its procedures, whether it grants “deemed status”. When “deemed status” is granted, the PIHP (or CMHSP) must verify the process utilized by other CMHSP to assure primary source verification and ongoing quality monitoring, and maintain copies of the CMHSP credentialing decision.

III. Credentialing Requirements

The PIHP Provider Network Manager will verify compliance with these processes used by all Organizational providers and the Substance Abuse Coordinating Agency during annual site visits.

- A. Human Resources compiles primary source verification of credentials and education along with written references defining clinical competencies. Credentials will be verified prior to date of hire and at time of renewal. Copies of all licenses, registrations, and certifications will be kept in the employee’s personnel file. Verification will include a check against federal and state excluded provider lists, i.e. O.I.G. List of Excluded Individuals, G.S.A. Excluded Party List, and M.S.A. Sanctioned Provider List. Additionally, physicians will be checked against the National Practitioner Data Bank.
- B. An Application for Credentialing is completed, signed and dated by the applicant and submitted to Human Resources.
- C. Human Resources documents primary source verification by initialing the appropriate sections of the application.

The application is reviewed for completeness initially by a staff member of the same or closely related discipline as the applicant who makes recommendation to the Committee.

- D. The appropriate committee reviews completed applications at its regularly scheduled meeting and makes a recommendation to approve, not approve or request additional documentation.

In order to assure no discrimination against any particular discipline, the committee will consist of a variety of disciplines. Also, any denials will be recorded to identify any potential trend in denials that may indicate discrimination based on licensure, certification, registration, specialization or serving high risk populations.

Any request for additional documentation is sent to the applicant.

- E. Once the application is complete the recommendation to approve is forwarded to the Executive Director.

A decision to not approve an application is documented along with the reason for the non-approval. Any decision not to approve is provided to the applicant in writing. Any denial of application may be appealed to the Clinical Services Committee and the agency director.

The decisions of the committee are documented in Clinical Services Committee meeting minutes. Completed and approved applications are maintained in the Credentialing and Privileging files. The Clinical Services Committee meets at a frequency necessary to assure timely review of applications.

- F. Human resources maintains individual files for each credentialed provider and each file contains the initial credentialing and all subsequent re-credentialing applications, information gained through the primary source verification, and any other pertinent information used in determining whether or not the provider meets credentialing standards.
- G. In the event that an individual or organizational provider’s credentialing is revoked or suspended for improper conduct, the credentialing organization will comply with all state and federal regulations regarding reporting said actions. In the event this occurs, it will be reported to the

Northern Affiliation Provider Network Specialist. The Provider Network Specialist, with the Director of Affiliation Services, will involve appropriate staff to review and report necessary information to the appropriate state licensing body.

- H. Each organization must specify, within its credentialing procedure, whether other providers are included in the credentialing process.

IV. Timelines and Criteria

Credentialing is completed at time of hire and at least every two years thereafter. To maintain credentialing, staff must continue to have valid licensure or registration as required, must meet defined competency requirements, must provide documentation of required peer review and required continuing professional education as defined by the agency.

Additionally, any finding of the PIHP Quality Assessment Performance Improvement Program, or of the organizational providers quality assessment program, regarding an individual's performance will be documented and incorporated into the re-credentialing application. Failure to provide any of these could result in suspension of credentialed status until documentation comes into compliance. At the time of re-credentialing a review of quality issues pertaining to the provider will include: Query of Medicare/Medicaid sanctions, query of State sanctions or limitations on licensure, registration or certification, and member concerns including grievances and appeals, and PIHP quality issues.

Initial credentialing and temporary/provisional credentialing of individual practitioners requires a written application that 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. Attestation by the applicant of the correctness and completeness of the application.
- E. An evaluation of the provider's work history for the prior five years.
- F. Verification from the primary source of:
 - i. Licensure or certification
 - ii. Board certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - iii. Documentation of graduation from an accredited school.
 - iv. National Practitioner Databank/Healthcare Integrity and Protection Databank query.

Temporary or provisional credentialing shall not exceed 150 days. A decision on temporary or provisional credentialing will be made within 31 days from receipt of a completed application.

The credentialing process will not discriminate against a health care professional solely on the basis of license, registration, or certification; or a health care professional who serves high-risk populations or specializes in the treatment of conditions that require costly treatment.

REFERENCE:

REVISED: March 31, 2004, March 2, 2007, September 28, 2007, April 15, 2008

APPROVED: Operations Committee: March 7, 2007
NCCMH Board: March 15, 2007, October 18, 2007

