

CONTRACT CREDENTIALING FY24



NORTH COUNTRY
COMMUNITY MENTAL HEALTH

PROVIDER NETWORK MEETING – AUGUST 1, 2023
PRESENTER: LANI LAPORTE, CONTRACT MANAGER

A photograph of a business meeting. Several people are gathered around a table, looking at a tablet computer. One person is pointing at the screen. There are coffee cups on the table. The scene is brightly lit, likely from a window in the background.

DISCUSSION

- 1. CREDENTIALING CHANGES**
- 2. TYPES OF CREDENTIALING**
- 3. CREDENTIALING DOCUMENTATION**
- 4. CREDENTIALING THROUGH PROVIDER MODULE**
- 5. PROVIDER MODULE MANAGERS**
- 6. VOLUNTEERS**



Why keep reviewing credentialing?

- * HIGHER LEVEL OF MDHHS SCRUTINY AND INCREASED AUDITS
- * MEETING CONTRACTUAL REQUIREMENTS
- * NORTHSTAR PROVIDER MODULE REPORTING REQUIREMENTS
- * FUTURE MDHHS REPORTING REQUIREMENTS

CONTRACT CREDENTIALING FY24

TWO YEAR CREDENTIALING REQUIREMENTS = TWO YEAR CONTRACT TERMS

- Professional Providers Recredentialed more frequently by NCCMH HR

DOCUMENTATION REQUIREMENTS:

- All Providers = minimum 15 documents -> 25+ items reviewed
- Professional providers = minimum plus professional application process
- Licensed residential = minimum plus additional HCBS survey & site review
- Day programs = minimum plus site review

TYPICAL PROCESSING TIME:

- Background checks = 2 – 10 days
- Total credentialing time = 2 – 4 weeks from date of internal request



DOCUMENTATION REQUIREMENTS – ALL PROVIDERS

- 1. DISCLOSURE OF OWNERSHIP**
- 2. PROVIDER APPLICATION**
- 3. BACKGROUND CHECK AUTHORIZATION FORM AND CURRENT DL ADDRESS/NAME**
- 4. NORTHSTAR USER REGISTRATION (or other billing format developed)**
- 5. LICENSES/HCBS: Professional, Licensed Residential, HCBS Survey**
- 6. ACCREDITATIONS: CARF or other**
- 7. FALSE CLAIM ATTESTATION**
- 8. TRAINING/PROVIDER MANUAL ATTESTATIONS**
- 9. CERT OF INSURANCE – MULTIPLE TYPES OR WAIVER**
- 10. W9/TAX ID INFORMATION**
- 11. PROOF OF BUSINESS ENTITY REGISTRATION WITH THE STATE**
- 12. FINANCIAL VIABILITY/FINANCIAL RECORDS MAY BE REQUESTED**
- 13. PROOF OF TB TEST WITHIN LAST 3 YEARS OR TB TESTING POLICY AND PROCEDURE ON PROVIDER LETTERHEAD**
- 14. PROVIDER MODULE MANAGER USER REGISTRATION**
- 15. ORGANIZATIONAL PROFESSIONAL PROVIDER FORMAL CREDENTIALING POLICY AND PROCEDURE**
- 16. PUBLISHED PRICE LISTING**
- 17. NCCMH FORMAL NOTIFICATION OF CREDENTIALING APPROVAL PRIOR TO CONTRACTING**





**ADDITIONAL
DOCUMENTATION REQUIREMENTS –
LICENSED RESIDENTIAL**

- 1. HCBS SURVEY**
- 2. ONLINE LICENSE VERIFICATION**
- 3. LISTING OF HOME LOCATIONS,
HOME MANAGERS AND THEIR
CONTACT INFO**
- 4. SITE REVIEW DONE WITHIN 10 DAYS
OF NEW CLIENT PLACEMENT**
- 5. HOMES ARE LISTED INDIVIDUALLY
AS APPROVED LOCATIONS IN THE
CONTRACT**



**ADDITIONAL
DOCUMENTATION REQUIREMENTS –
DAY PROGRAMS**

1. SITE REVIEW COMPLETED



**ADDITIONAL
DOCUMENTATION REQUIREMENTS –
PROFESSIONAL SERVICES**

- 1. INDIVIDUAL PROFESSIONAL CREDENTIALING APPLICATION INCLUDING**
 - A. 3 REFERENCE LETTERS
 - B. COPY OF HIGHEST LEVEL DIPLOMA
 - C. RESUME
 - D. OFFICIAL TRANSCRIPT SENT FROM COLLEGE TO NCCMH CONTRACT MANAGER FOR HIGHEST DEGREE
 - E. COPY OF ALL LICENSES
 - F. PROOF OF PROFESSIONAL INSURANCE
 - G. CE DOCUMENTATION
- 2. SUBJECT TO REVIEW BY CREDENTIALING COMMITTEE**
- 3. INVOICING MAY BE OUTSIDE OF NORTHSTAR, REQUIRING PROGRAM NOTES OR SEPARATE BILLING FORMS**
- 4. ORGANIZATIONAL CREDENTIALING WILL INCLUDE A REVIEW OF YOUR INTERNAL POLICY/PROCEDURE ON CREDENTIALING YOUR OWN LICENSED PROFESSIONAL STAFF – MUST BE IN WRITING, ON LETTERHEAD OR IDENTIFYING YOUR ORGANIZATION, DATED AND APPROVED**

DISCLOSURE OF OWNERSHIP

- **Contractually required to report changes immediately or within 35 days of request, at initial and renewal contracting**
- **Must have one person in section on management and control**
- **Must list board of director membership**
- **Initiates background check process**
- **Signed by provider official signer**
- **Last section of your contract spells out your obligations to report**

BOARD MEMBER LISTINGS

- **Report Annually (or as frequently as board members change) or minimally when new Disclosure of Ownership is required/requested**
- **List legal name, SSN, DOB, home address**
- **Information run against monthly OIG Checks**
- **Recommend Board advance notice during BOD orientation**



PROVIDER APPLICATION

- **Type of services you are qualified and willing to perform**
- **Key Contacts – identify Signer, Intake Referral Coordinator Person, Finance Person**
- **Specifies Personal Intervention Types Utilized**
- **Requires License Attachments (Homes, Professional Licenses or Authorizing Letter for Crisis Res Location)**
- **Requires Accreditation Attachment (Letter or Certificate)**
- **New in FY24: Application will ask you to provide/attach**
 - **Name and contact of Provider Module Manager**
 - **Qualifications for ADA Accessibility at your Primary Headquarter location**
 - **Online Provider Directory Listing Information**
 - **Request information on multiple language capabilities**
 - **Financial Statements**
 - **Licensed Residential Home Listing with Lic#, Home Manager Contact Info**
 - **Price List (if published)**

BACKGROUND CHECK AUTHORIZATION FORM – INCLUDING ID VERIFICATION

- Fully completed and signed authorization form required of person's listed on DOO as being in management or control of provider entity (excluding board members)
- State ID or Driver's License showing current home address IS REQUIRED.
- One authorization kept on file (updates requested when you move, change name or DL)
- What is done with documentation:
 - Limited access to only those that need to know
 - Information on individuals known to be in mgmt. and control of provider are run initially against ICHAT and OIG, Michigan exclusions database.
 - NCCMH continues to run SSN monthly through VALENZ (OIG, Death Listing, etc.)
 - NCCMH does full recheck every two years and/or at contract renewal minimally

ACCREDITATIONS

- **Multiple Types: CARF, Teaching Family, Joint Commission, Hospital**
- **Provide updated Letter or Certificate of accreditation when received AND any time you submit a Provider Application**

ACCREDITED



COI = CERTIFICATE OF INSURANCE

- *See required coverages per Insurance Requirements stated in Contract and provided at time of contract renewal.*
- **Required to show Secondary Insured as NCCMH, 1420 Plaza Drive, Petoskey MI 49770**
- **Required to show Dollar Limits of Coverage and Expiration Date of current coverage**
- **Small AFC's please note that homeowner liability insurance coverages may NOT meet minimum requirements.**
- **Current insurance required to be on file at all times.**

TB TEST RESULTS

- **Required EVERY THREE YEARS on your staff and proof of this needs to be in employee files.**
- **Small provider owners should submit their own test results as credentialing documentation.**
- **Most contracted providers should have TB Testing Policy in their written policies and procedures (On Provider Letterhead) and submitted every two years to NCCMH for credentialing.**
- **Credentialing may request both above items.**

PROFESSIONAL LICENSE CREDENTIALING

- **Professional Credentialing Applications requested at time of contract and thereafter at intervals.**
- **Provider responsible for submitting updated staff licenses every time the staff license is renewed; timing does not usually coincide with NCCMH credentialing schedule**
- **Credentialing Policy and Procedure of Professionally Licensed Organizations contractually held responsible for credentialing their own staff MUST be on file at NCCMH Contract Mgmt office.**

PROOF OF BUSINESS ENTITY, FINANCIAL SOLVENCY

- **NCCMH does business entity search at time of contracting.**
- **Larger Corporations requested to submit P&L/Balance Sheet and/or audited financials initially and every two years at credentialing.**
- **Audited Financials Contractually required for >\$500K annual Medicaid reimbursements**
- **Unaudited financials for > \$250K annual Medicaid reimbursements.**



CONFUCIOUS SAY: GOOD CREDENTIALING PROCEDURES NOW EQUALS EASIER TRANSITION INTO PROVIDER MODULE USE

PROVIDER MODULE MANAGER

**ASSIGNED BY SEPT 1, 2023 USING
NEW PMM USER REGISTRATION FORM**

**PROVIDER VOLUNTEERS REQUESTED
FOR PILOT TESTING**

TRAINING SCHEDULED FALL 2023 (TBD)



NORTH COUNTRY COMMUNITY MENTAL HEALTH

Where our **clients** and
community are the mission.

HOPE RECOVERY RESILIENCE WELLNESS



Access to Services:
1-877-470-7130

24-Hour Crisis Help Line:
1-877-470-4668

Customer Services:
1-877-470-3195

Office of Recipient Rights:
1-800-281-0481