POLICY AND PROCEDURE MANUAL	BCCMHA	PAGE 1 OF 8
CATEGORY – PROVIDER NETWORK	CHAPTER 17	SUBJECT C
BEHAVIORAL HEALTH PRACTIONERS CREDENTIALING	REVISED	EFFECTIVE 12/23/19

I. PURPOSE

The purpose of the provider network is to enroll and credential competent and qualified providers to meet the needs of the population served by Barry County Community Mental Health Authority (BCCMHA). The policy establishes guidelines for credentialing and re-credentialing agency providers and independent contractors.

II. APPLICATION

The provision of this policy applies to administrative staff of BCCMHA and contractual service providers.

III. POLICY

BCCMHA may credential and re-credential behavioral health staff and independent behavioral health contractual providers with whom it contracts and fall within its scope of authority and action. BCCMHA, as part of its provider network practices, will not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. BCCMHA will not discriminate against a provider solely on the basis of license or certification. This does not preclude BCCMHA from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to clients and the community served.

It is the responsibility of the BCCMHA Credentialing Committee to review and recommend approval of the credentialing application of applicants prior to them being designated as a participating provider on the BCCMHA provider network.

BCCMHA will communicate with providers about their credentialing status upon request throughout the credentialing process.

IV. DEFINITIONS

Organizational Provider: Entities that directly employ and/or contract with individuals to provide behavioral health care services. Examples of organizational providers include, but are not limited to: Community Mental Health Services Programs; homes for the aged; and home health agencies.

Group/Individually Licensed Provider: An individual contracted by BCCMHA to provide behavioral health care, support, or services who has met the qualifications evidenced by education, training, certification, registration, or experience. The provider is required to hold a professional licensure, certification or registration (i.e., OTR, LLP, etc.).

Independent Contract Provider: An individual contracted by BCCMHA to provide behavioral health care, support, or services who has met the qualifications evidenced by education, training, certification, registration, or experience. The provider is not required to hold a professional licensure, certification or registration (i.e., OTR, LLP, etc.).

Provider: An individual or entity that is engaged in the delivery of health care services and is legally authorized to do so by the State in which he or she delivers the services.

V. STANDARDS & PROCEDURES

A. Credentialing

1. Credentialing will be completed for all practitioners as required by this policy and all applicable Michigan and Federal laws. Specifically, the following types of practitioners will be credentialed:
    a. Physicians (M.D.s or D.O.s)
    b. Physician Assistants
    c. Psychologists (Licensed, Limited License, and Temporary License),
    d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians
    e. Licensed Professional Counselors
    f. Board Certified Behavior Analysts
    g. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
    h. Occupational Therapists and Occupational Therapist Assistants
    i. Physical Therapists and Physical Therapist Assistants
    j. Speech Pathologists

B. Credentialing Criteria and Application Process

1. Practitioners requesting inclusion in the BCCMHA provider network will complete the current formal SWMBH Credentialing Application. The application will be processed by designated credentialing staff.
2. BCCMHA will require completed credentialing applications, with signed and dated attestations regarding accuracy and completeness of information, ability to perform duties, lack of present illegal drug use, history of loss of license and any felony convictions, and consent allowing verification of license, education, competence and any other related information.
3. Credentialing staff will verify information obtained in the credentialing

application as described in section III.B.4, below. Copies of verification sources will be maintained in the practitioner credentialing file. When source documentation is not electronically dated, staff will sign and date with the current date. The verification timeframe will not exceed one-hundred-eighty (180) days.

4. Credentialing criteria for physicians and practitioners, and verification methods, are as follows:

1. **Credentialing Criteria**	2. **Verification Method(s)**
3. Current valid and unrestricted license to practice in the state in which the practitioner practices	• Verification of the license will be made directly with state licensing agency internet web site (LARA website for the state of Michigan http://w3.lara.state.mi.us/free/)
4. A valid and unrestricted Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) for those practitioners who prescribe medication. 5. (If a practitioner's DEA certificate is pending, the practitioner may make arrangements with a participating practitioner to write all prescriptions requiring a DEA number until the practitioner has a valid DEA certificate and the practitioner will provide documentation of such arrangement in writing.)	• A DEA or CDS may be verified by a copy of the DEA or CDS certificate provided by the practitioner, with the state licensing agency via internet website, or the National Information Service (NTIS) database. 6.
7. Work history for the past five years, with each gap in work history exceeding six (6) months clarified in writing from the practitioner. 8.	• Work history is verified through practitioner's credentialing application. • Verbal explanation from the applicant may be accepted for gaps in work history between 6 and 12 months. Gaps in work history greater than 12 months must be explained in writing.
9. Board certification, or education appropriate to license and area of practice.	• Verification of education shall be completed through primary source verification to the educational institution or certification board. Because medical specialty boards verify education and training, verification of board certification fully meets the requirement for verification of education. If a practitioner is not board certified, verification of the

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1. Credentialing Criteria	2. Verification Method(s)
	medical education at the highest level is verified. • The American Medical Association (AMA) or American Osteopathic Association (AOA) Master Files may be used as the source for education verification for physicians. • The Educational Commission for Foreign Medical Graduates (ECFMG) may be used to verify education of foreign physicians educated after 1986 (for practitioners who are not board certified and verification of completion of a residency program or graduation from a foreign medical school are not verifiable with the primary source).
10. Current professional liability insurance meeting the standards defined by contract.	• Copy of current certificate of insurance.
11. No malpractice lawsuits and/or judgments from within the last ten (10) years. 12.	• A query to the National Practitioner Data Bank (NPDB) will be completed via web-based access to the NPDB site for each practitioner. The NPDB query contains malpractice history, which was reported by malpractice carriers to the NPDB. • A written description of any malpractice lawsuits and/or judgments from the last ten (10) years will be provided either by the practitioner or their malpractice carrier.
13. The practitioner must not be excluded from participation in Medicare, Medicaid, or other federal contracts, and must not have opted out of Medicare if he/she will be providing Medicare services. 14.	• Queries will be made to the System for Award Management (SAM) and the Office of Inspector General (OIG) to ensure that practitioners have not been suspended or debarred from participation with Medicare, Medicaid or other Federal contracts. • A query will be made at http://www.wpsmedicare.com/j8macpartb/departments/enrollment/b_opt_enroll.shtml to verify that the practitioner has not opted out of Medicare, if a Medicare provider.
15. No state sanctions or restrictions on licensure in the past ten (10) years.	• Verification of the license will be made directly with state licensing agency internet web site (LARA website for the state of Michigan http://w3.lara.state.mi.us/free/)

C. Temporary/Provisional Credentialing Process

1. Temporary or provisional status can be granted one time to practitioners

until formal credentialing is completed.

2. Providers seeking temporary or provisional status must complete a signed application with attestation.
3. A decision regarding temporary /provisional credentialing shall be made within 31 days of receipt of application.
4. In order to render a temporary / provisional credentialing decision, verification will be conducted of:
   a. Primary-source verification of a current, valid license to practice.
   b. Primary-source verification of the past five years of malpractice claims or settlements from the malpractice carrier, or the results of the National Practitioner Data Bank (NPDB) query.
   c. Medicare/Medicaid sanctions
5. Each factor must be verified within 180 calendar days of the provisional credentialing decision. The organization shall follow the same process for presenting provisional credentialing files to the Credentialing Committee or medical director as it does for its regular credentialing process.
6. Temporary / Provisional credentialing status shall not exceed 60 days, after which time the credentialing process shall move forward according to this credentialing policy.

D. Re-credentialing Criteria and Application Process

1. Re-credentialing will be completed for all participating physicians and other participating practitioners at least every two (2) years for those providing Medicaid services, and every three (3) years for those providing Medicare services only. The Credentialing Committee may recommend re-credentialing for a lesser period of time.
2. Every practitioner will complete or update the current formal SWMBH Credentialing Application and related materials required for the re-credentialing process. Additionally, the practitioner will provide the relative information supporting any changes in their credentials. The application will be processed by the credentialing staff.
3. Re-credentialing criteria and application processing includes review of the re-credentialing application for completeness and accuracy. Primary source verification and re-credentialing criteria for physicians and practitioners is as previously outlined in Section A.1. with the exception of the following:
   a. Education, Training and Work History: Education and Training are considered 'static' and no re-verification is conducted during re-credentialing. However, work history may change and will be re-verified.
   b. Board Certification will be re-verified.
   c. The practitioner is required to sign and date the attestation statement attesting to the correctness and completeness of the application. The

practitioner is required to sign any relevant addenda concerning the following: 1) the reasons for inability to perform essential functions, 2) lack of present illegal drug use, 3) history of loss of license, 4) history of loss or limitation of privileges, 5) current malpractice coverage that was not provided with the re-credentialing application and signed attestation.

d. Quality information and member complaint data will be considered at re-credentialing.

e. To ensure quality and safety of care between credentialing cycles, BCCMHA performs on-going monitoring of:

1. Member complaints, adverse events, and information from quality improvement activities related to identified instances of poor quality,
2. Any incidences of Medicaid and Medicare sanctions and,
3. Restrictions and/or sanctions on licensure and/or certification.

E. Practitioner Right for Request for Review

1. The Applicants Rights for Credentialing and Re-credentialing will be included in the initial credentialing packet sent to Applicants applying to be providers in the BCCMHA provider network.
2. Applicants have the right, upon request, to be informed of the status of their application. Applicants may contact the credentialing staff via telephone, in writing or email as to the status of their application.
3. Applicants have the right to review the information submitted in support of their credentialing application. This review is at the applicant's request. The following information is excluded from a request to review information:
   a. BCCMHA is not required to provide the applicant with information that is peer-review protected.
   b. Information reported to the National Practitioner Data Bank (NPDB).
   c. Criminal background checks data.
4. Should the information provided by the applicant on their application vary substantially from the information obtained and/or provided to BCCMHA by other individuals or organizations contact as part of the credentialing and/or re-credentialing process, credentialing staff will contact the applicant within 180 days from the date of the signed attestation and authorization statement to advise the applicant of the variance and provide the applicant with the opportunity to correct the information if it is erroneous.
5. The applicant will submit any corrections in writing within fourteen (14) calendar days to the credentialing staff. Any additional documentation will be date stamped and kept as part of the applicant's credentialing file.

F. Credentialing Decisions

1. Credentialing decisions will be made by the Credentialing Committee or if it is a

Clean File, will be reviewed by the Medical Director.

2. Practitioners not selected for inclusion in the network will be given written notice of the reason for the decision.

REFERENCES

MDHHS Credentialing and Re-Credentialing Technical Requirements
SWMBH

ATTACHMENTS

See Credentialing Packet

QUALITY IMPROVEMENT

The Quality Improvement Committee on an annual basis to enhance and improve the quality will evaluate this policy/procedure.

At any time, employees can request in writing, on the form provided, that the Quality Improvement Committee review this policy or items in this policy. Employee's written requests can be given to any Quality Improvement Committee member.

When an area for improvement is indicated, the process for improvement as identified in the Quality Improvement Plan will be followed.

APPROVED BY:

Richard Thiemkey Date
Executive Director

Brenna Ellison, LLMSW, CAADC, CMHP, QMHP, QIDP Date
Corporate Compliance Officer/Contract Manager

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REVIEW DATE
12/18/19