

POLICY AND PROCEDURE MANUAL	BCCMHA	PAGE 1 OF 6
CATEGORY – PROVIDER NETWORK	CHAPTER 17	SUBJECT B
ORGANIZATIONAL CREDENTIALING	REVISED 10/12/11 12/12/13 10/31/16 03/08/17 12/23/19	EFFECTIVE 06/09/2010

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 behavioral health organizational providers and facility providers.

II. APPLICATION

The provision of this policy applies to contractual service providers.

III. POLICY

BCCMHA may credential and re-credential behavioral health organizations and facilities 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

SWMBH: Southwest Michigan Behavioral Health - PIHP

ORGANIZATIONAL CREDENTIALING

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.

Facility Provider: A qualified treatment system, facility, or organization, providing or seeking to provide Behavioral Health support or direct care services authorized for contracting through the credentialing and privileging process as evidenced by appropriate degree, licensure, certification, registration or accreditation and standards of quality.

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.

Specialized Residential Providers: Licensed foster care homes operating with a specialized certification from the Department of Health and Human Services.

V. STANDARDS & PROCEDURES

Credentialing Process

The Contract Manager will provide the SWMBH credentialing application to providers that are interested in contracting with BCCMHA prior to executing the initial contract and every two years thereafter. Failure to provide a completed packet may prevent BCCMHA from entering into or may negatively impact the contractual relationship with the applicant. Failure to provide requested information within the application or providing information containing significant misrepresentations or omissions may be grounds for denial of the application. The application will contain:

1. A signed and dated statement from an authorized representative.
2. Documentation collected and verified for providers will include (as applicable), but not limited to, the following information:

Documentation Requirement	Clean File Criteria
Complete application with a signed and dated statement from an authorized representative of the facility attesting that the information submitted with the application is complete and accurate to the facilities' knowledge, and authorization BCCMHA to collect any information necessary to verify the information in the credentialing application.	Complete application with no positively answered attestation questions.
State licensure information. License status	No license violations and no substantiated

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and any license violations or special investigations incurred during the past five years or during the credentialing cycle will be included in the credentialing packet for committee consideration.	special state investigations in time frame (in past five years for initial and past two years for re-credentialing)
Accreditation by a national accrediting body (if such accreditation has been obtained). If an organization is not accredited, an on-site review may occur by designated staff prior to contracting.	Full accreditation status during the last accreditation review or no plan of correction or action based upon the on-site review.
Verification that the provider has not been excluded from federal/state healthcare program participation.	Is not on the OIG Sanction List/SAM List
A copy of the facility's liability insurance policy declaration sheet (Certificate of Insurance).	Current insurance coverage meeting contractual needs.
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.	No malpractice lawsuits and/or judgments from within the last 10 years.
Any other information necessary to determine if the facility meets the network-based participation criteria.	Information provided as requested.
Quality information will be considered at re-credentialing.	Grievance and appeals and recipient rights complaints are within the expected thresholds given the provider size and other performance indicators, if applicable, meet standard.

1. During initial credentialing and at re-credentialing, BCCMHA will submit credentialing packets along with primary source verifications and other supporting documentation to its Credentialing Committee for a decision regarding the inclusion on the SWMBH Provider Network. Packets will be reviewed for completeness prior to committee meeting. If files meet clean file criteria in every category listed, the medical director or designee may sign off to approve the provider, in lieu of taking to Credentialing Committee.
2. During initial credentialing and at re-credentialing, BCCMHA will ensure that organizational providers are notified of the credentialing decision in writing within 10 business days following a decision. In the event of an adverse credentialing decision, the organizational provider will be notified of the reason in writing and of their right to and process for appealing /disputing the decision.

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A. Temporary/Provisional Credentialing Process

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

B. Assessment of Other Behavioral Health Organizations (other than acute care psychiatric facilities, specialized residential homes, crisis residential providers, substance abuse residential and detoxification facilities, and substance abuse outpatient facilities)

1. Before executing an initial contract, BCCMHA will require other behavioral health organizations not listed in section A to provide:
 - a. State and federal license, if applicable
 - b. Current W-9
 - c. Verification of liability insurance coverage
 - d. Accreditation status, if applicable
2. If the provider is not accredited and will be providing services at their place of business (ambulatory clinics), an on-site quality review must occur prior to contracting. SWMBH recognizes the following accrediting bodies: CARF, Joint Commission, DNV Healthcare, CHAPS, NCQA, COA, and AOA.
3. BCCMHA will verify that the provider has not been excluded from Medicare participation (is not on the OIG Sanctions list/SAM List).
4. BCCMHA will verify that the provider has met all state and federal licensing and regulatory requirements, if applicable.

C. Organizational providers may be held responsible for credentialing and re-credentialing their direct employed and subcontracted professional service providers

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per contractual requirements. They shall maintain written policies and procedures consistent with BCCMHA, SWMBH and MDHHS credentialing policies and any other applicable requirements. BCCMHA shall verify through on-site reviews and other means as necessary that the organizational provider’s credentialing practices meet applicable policies and requirements.

REFERENCES

MDHHS Credentialing & 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
Executive Director

Date

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

Date

ORGANIZATIONAL CREDENTIALING

REVIEW DATE

12/08/10

09/14/11

12/19/12

12/04/13

12/03/14

12/02/15

10/19/16

02/15/17

12/06/17

12/12/18

12/18/19