BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

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Section: 6	**Contract Management**		
Topic: 6	**Organizational Credentialing**		
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABH) to ensure the competency and qualifications of the service delivery network in the provision of specialty services and supports by credentialing and re-credentialing selected new and existing organizations in its contracted provider network prior to contract initiation, renewal, and extension. These guidelines apply to in-network organizational providers serving more than one (1) individual consumer and receiving claims reimbursement in excess of $50,000.00 per fiscal year, or as deemed necessary by clinical leadership and contract management staff.

Purpose

This policy and procedure is created to ensure consumers receive the highest quality of care from the provider network by assuring that contracted organizational providers, as defined in this policy, meet the criteria and qualifications set forth by BABH.

Education Applies to

☐ All BABH Staff
☒ Selected BABH Staff, as follows: Contract & Finance Management, Clinical Leadership, Quality Improvement, and Recipient Rights/Customer Services
☐ All Contracted Providers: ☐ Policy Only ☐ Policy and Procedure
☒ Selected Contracted Providers, as follows: All Contracted Provider Organizations, as defined in this policy and procedure. ☐ Policy Only ☒ Policy and Procedure
☐ Other:

Definitions

Credentialing: The primary verification of documented evidence of applicable and relevant training, degrees, licenses, registrations, certificates, experience, criminal background, status as a

Medicaid/Medicaid provider, notations on the National Practitioner Database, etc. as defined by accreditation organizations, contracts, Michigan and Federal law and organizational policy.

Criminal Background Check: A primary source verification of criminal history that may include fingerprinting. It must be completed consistent with AFC licensing and other regulatory requirements.

Organization: For the purposes of this policy, organizations are defined as non-CMHSP, and non-LIP (Licensed Independent Practitioners) as defined in C07-S01-T13 Credentialing and Privileging of Licensed Independent Practitioners.

Primary Service Provider: The primary care organization (CMHSP or contract agency), responsible for coordination of the person centered planning process and completion of treatment planning documentation. Case-holding programs include core services such as ACT, Case Management/ Support Coordination, Outpatient, Home Based and Infant Mental Health, as well as Respite Only and Medications Only, if offered.

Secondary Service Provider: Organizational providers who are not responsible for coordinating the person centered planning process, such as Skill Building/Supported Employment, Community Living Supports, Autism (Applied Behavioral Analysis) and Inpatient Psychiatric Hospitals. Residential providers are a sub-set of Community Living Supports providers and include Type A (i.e., contracts for partial occupation of a setting) and Type B (i.e., contracts for full occupation of a setting).

Tertiary Service Providers: Organizations providing clinical disciplines and other professional services such as Nurses, Dieticians, Psychologists, Physical Therapists, Occupational Therapists, and Speech-Language Pathologists . Includes Fiscal Intermediaries and Independent Facilitation provider organizations. (Licensed Independent Practitioners are a non-organizational type of Tertiary Service Provider; which are outside of the scope of this procedure)

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Procedure

BABH will exercise reasonable care in selecting and maintaining the organizational providers, both primary care and specialty care, included in its contracted provider network. BABH will initially credential and re-credential organizational providers in its network in accordance with this Policy and Procedure.

The organizational credentialing process will be implemented by the BABH Contracts Administrator, in accordance with the Organizational Credentialing Matrix for varying organization types, with final recommendations (and oversight) for initial, conditional, expedited or renewal of organizational provider credentials made in conjunction with the responsible Director of Integrated Care and the CEO. The BABH Contracts Administrator will maintain records regarding organizational credentialing and re-credentialing in contract management files, including any primary source verification records and completed performance assessments.

MSHN shall provide ongoing oversight for all delegated credentialing or re-credentialing decisions and reserves the right to approve, suspend, or terminate, a provider selected by BABHA from participation in the provision of Medicaid funded services.

Organizational providers may deliver healthcare services to more than one CMHSP. BABH reserves the right to obtain a current equivalent credentialing process or accept credentialing activities conducted by any other CMHSP in lieu of completing the process in-house. Furthermore, BABH reserves the right to perform primary source verification of any documents as warranted. In such cases BABH will maintain copies of the credentialing CMHSP's decisions in its administrative records.

Potential contractors expressing interest in joining the BABH network when there is not a current need for specified services will be sent a Provider Network Application and informed that BABH will keep their materials on file for future consideration.

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I. Initial Credentialing:

The initial credentialing process assists BABH in evaluating whether or not to grant network membership to an organizational provider. BABH will collect, review and verify specific information regarding these organizational providers to determine whether the organizational provider meets established BABH criteria.

Organizations interested in entering BABH's provider network will be required to submit to the following credentialing process as a component of its overall application procedure:

1. Completion of a Provider Network Application and submission of materials as required therein, including:

    a. Current professional and/or facility licensure, certification or registration, and any history of loss of licensure, certification or registration
    b. Certificate(s) of Liability Insurance
    c. Accreditation certificate (if applicable)
    d. Audited or certified financial statements or IRS Form 990
    e. Attestation of Medicare, Medicaid, and Office of Inspector General (OIG) sanctions, judgments or settlements pending and any other civil or criminal litigation related to the provider's prior or current experiences with delivery of Medicaid, Medicare or other state/federal health care services, and any history, including felony convictions.
    f. Proposed rates and services to be provided
    g. References, including information regarding service delivery history for the past five years and any history of loss of organizational credentials (i.e., adverse contract actions)
    h. Attestation to the correctness and completeness of the application and signature

2. Organizations interested in providing primary care services to BABH's consumer population will be required to demonstrate evidence of internal credentialing and privileging policies and procedures per the standards of their accrediting body, e.g. Joint Commission, COA, CARF, etc. Organizations that are not CARF-accredited at a minimum must meet the CARF-approved credentialing and privileging policies of

BABH, as detailed in C07-S01-T13 Credentialing and Privileging of Licensed Independent Practitioners. This process must include evidence of criminal background checks on all its employees prior to hire, and annually. In addition, the provider will check the Office of Inspector General and Medicaid and Medicare excluded providers list to prevent fraudulent activity in accordance with C13-S02-T11 Prohibited Affiliations and/or Exclusion or Conviction.

3. Organizations interested in providing Medicaid services, such as Autism benefit services, to BABH's consumer population will be required to demonstrate evidence of the ability to meet MI Department of Health and Human Services (MDHHS) PIHP/CMHSP Provider Qualifications Per Medicaid Services and HCPCS/CPT Codes requirements as published on the MDHHS website.

4. The information submitted with the Provider Network Application will be reviewed.

5. References listed on the Provider Network Application will be contacted.

6. A visit to the business office of the potential organizational provider to evaluate the site according to the current standards of practice and medical recordkeeping adopted by the organization may be arranged at the option of BABH Clinical Leadership.

7. Confirmation that the potential provider organization has met the following BABH credentialing standards will take place:

    a) Provider Network Application is complete in all applicable sections
    b) Professional and/or facility licensure, certification or registration is current and in good standing
    c) Liability insurance certificate is current and meets the minimum limits required
    d) Accreditation (if applicable) is current and in good standing
    e) The provider appears to be in good financial standing after review of audited or certified financial statements or IRS Form 990
    f) The provider is in good standing with state and federal regulatory bodies, including Medicare, Medicaid and OIG, in accordance with C13-S02-T11 Prohibited Affiliations and/or Exclusion or Conviction.

g) Any other civil or criminal litigation related to the provider's prior or current experiences with delivery of Medicaid, Medicare or other state/federal health care services does not reflect systemic deficiencies that may impact the organization's ability to perform in a manner consistent with BABH standards.
h) Proposed rates are competitive to other network providers or the market place and proposed services meet agency needs.
i) References are professional and in good standing (minimum of 3)

8. The organization will be informed of the receipt of any information that varies substantially from its application/attestation. The organization will be given the opportunity to correct any alleged erroneous information. BABH reserves the right to reject applications determined to be inadequate or less than satisfactory.

9. If the organization is approved to be a provider, an agreement may be developed in accordance with C08-S06-T01 Contract Development & Processing.

10. If approved, potential organizational provider is required to meet all training requirements in the contract.

11. In addition to the credentialing standards some organizational providers will also be required to conduct criminal background checks of employees as mandated by regulatory requirements for Medicaid and/or other funding sources.

12. If not approved, the potential organizational provider will be notified in writing of the reasons for the denial of participation in the BABH's provider network. BABH retains the right to approve, suspend, deny, or terminate any provider for any reason, including for lack of need.

    a) Provider Appeal Mechanism: An appeal process is available to organizational providers when credentialing or re-credentialing is denied, suspended or terminated for any reason other than lack of need. Potential provider organizations have 30 calendar days to appeal the denial of network participation by submitting their concerns in writing to the BABH CEO. BABH will respond in writing within 21 calendar days with a final determination, and may request

that Provider submit additional information other than what was originally requested in the Provider Network Application.

II. Re-credentialing is the process through which BABH will update and verify all pertinent information regarding network organizational providers prior to renewing or extending a contract. Re-credentialing of existing network providers will occur at least biennially and will include:

1. Affirmation that the provider is not excluded or debarred from participation under either Medicaid or Medicare.

2. The use of the BABH Organizational Service Provider Risk Assessment to assess compliance and performance with the current contract(s).

3. The organizational provider will be notified prior to the expiration date of the contract of the need to send in updated information, including a new Provider Network Application and necessary documentation as requested to prove BABH credentialing standards are still met. When the information is received, the submitted information is reviewed and verified.

4. The organizational provider files are updated as indicated.

5. If approved, the contract document will be renewed for an additional term.

6. If not approved, the potential organizational provider will be notified and a determination will be made whether the services will be re-procured. Existing providers may appeal the denial in accordance with Section I. #12a of this policy and procedure.

7. BABH will notify the PIHP in writing of the reasons for the adverse credentialing decision if due to lack of compliance or poor performance.

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III. Expedited Credentialing of Organizational Providers:

Temporary credentials will be issued when it is in the best interest of beneficiaries that an organizational provider be available to provide care prior to formal completion of the entire credentialing process.

1. Confirmation that the potential provider organization has met the following temporary credentialing standards will take place:

    a) The provider is in good standing with state and federal regulatory bodies including Medicare, Medicaid and OIG, in accordance with C13-S02-T11 Prohibited Affiliations and/or Exclusion or Conviction.
    b) Professional and/or facility licensure, certification or registration is current and in good standing
    c) Liability insurance certificate is current and meets the minimum limits required
    d) Adequate assurance that provider will complete required criminal background checks
    e) Adequate assurance that the provider will meet training requirements in the contract
    f) Provider has capacity and can adequately assure that they provide properly qualified and trained employees on an expedited basis as applicable to services provided.

2. Temporary credentials will be issued for a maximum of 90 calendar days. BABH reserves the right to extend if necessary to meet program and consumer need.

IV. Conditional Credentialing Status:

If a credentialed organizational provider is determined to be a HIGH RISK PROVIDER (per the BABH Organizational Service Provider Risk Assessment), then BABH may place a provider on

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conditional credentialing status. BABH also reserves the right to place an organizational provider on conditional credentialing status due to a single or series of significant events, such as adverse clinical events, serious recipient rights complaint or an adverse action against licensure.

1. BABH will notify the provider in writing of their transfer to conditional credentialing status and will specify the credentialing standards that are no longer met. The provider will have 30 calendar days to appeal in accordance with Section I. #12a of this policy and procedure.

2. If the nature of the risk does not necessitate immediate termination of credentials (per BABH procedures) BABH will give provider the opportunity to remediate by submitting a corrective action plan. Corrective action plans are subject to BABH approval and provider will be subject to additional oversight by BABH.

3. BABH may withhold further referrals of consumers for services.

4. Depending on the nature of the risk, BABH may be required to report the conditional credentialing status to the PIHP, LARA, or other authorities.

5. BABH has a maximum of 12 months for organizational providers to remain on conditional credentialing status. Conditional status will be discontinued once the corrective action plan is met. If the corrective action plan is not met during that time period, BABH will take action to sanction or terminate the provider.

V. Provider Obligations and Disclosures

Throughout the credentialing cycle, the organizational provider is responsible for disclosing all of the following, but not limited to:

1. Responding to requests for information made by BABH; and

2. Keeping BABH informed of any changes in the organization's or its workforce's status relative to the criteria. An organizational provider should notify BABH immediately regarding any:

    a) Exclusion from the Medicare or Medicaid programs, including but not limited to any actions taken for non-compliance or criminal conviction as articulated in C13-S02-T11: Prohibited Affiliations and/or Exclusion or Conviction;
    b) Cancellation of liability insurance;
    c) Loss of licensure or transition to conditional or provisional status;
    d) Loss of accreditation or transition to conditional or provisional status;
    e) Any change in capacity to deliver services to consumers under contract;
    f) Reporting of Adverse Events per C03-S04-T01 Reporting and Investigation of Adverse Events
    g) Reporting of Recipient Rights incidents per C03-S03-T01 Abuse and Neglect
    h) Reporting of suspected Fraud and Abuse per C13-S02-T01 Internal Reporting (HOT-
    a. LINE) and Response for Suspected Fraud, Waste, and Abuse

VI. Sanctioning and Termination:

1. BABH may utilize a variety of means to ensure compliance with applicable requirements and organizational credentialing standards. BABH will pursue remedial actions (such as conditional credentialing status) and possibly sanctions, including intermediate sanctions, as needed, to resolve outstanding contract violations and performance concerns. The use of remedies and sanctions will typically follow a progressive approach, but BABH reserves the right to deviate from the progression, as needed, to seek correction of serious, repeated, or pattern of substantial non-compliance or performance problems. The application of remedies and sanctions shall be a matter of public record.

2. Approval will be obtained from the PIHP before financial penalty or fine is imposed against an organizational provider.

3. In the event that sanctioning has been ineffective, or inefficient due to the severity of performance issues, termination of the organizational provider's credentials and/or contract is necessary. Refer to C08-S06-T04 Termination Procedure.

4. BABH will notify the PIHP in writing of the reasons for termination of an organizational provider.

VII. BABH Organizational Service Provider Risk Assessment:

1. BABH will complete the Organizational Service Provider Risk Assessment in conjunction with the renewal of organizational provider credentials on a biennial basis for contracted service providers.
2. BABH will complete the Organizational Service Provider Risk Assessment on a biennial basis for direct operated programs.
3. BABH will post summary reports regarding provider performance on the BABH website for review by the public, in accord with managed care requirements.

Attachments

Organizational Service Provider Risk Assessment
Organizational Credentialing Matrix

Related Forms

Provider Network Application

Related Materials

N/A

References/Legal Authority

- MDHHS Managed Medicaid Specialty Supports and Services Contract and Technical Requirements for Credentialing
- 42 CFR 438.608 Fed Medicaid Managed Care Rules

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Submission Form

Approving Body/Committee/Supervisor:	Author/Reviewer:	Approval/Review Date:1/13/16
Marci Rozek	Erin Lewis	

Result:
Deletion ☐ New ☒ No Changes ☐ Replacement ☒ Revision ☐

List reason for deletion/replacement/revision here. If replacement, list policy to be replaced.
New policy and procedure; Replaces AAM Technical Requirement 2-2 Organizations Process