




Section: Provider Network Management	Policy Name: Credentialing & Re-Credentialing: Organizational Providers	Policy Number: 02.03
Owner: Director of Provider Network Management	Reviewed By: Mila Todd	Total Pages: 8
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> Other (please specify): _____	Final Approval By:  <small>Mila Todd (Mar 31, 2023 05:59 EDT)</small> Approved by SWMBH Board	Date Approved: Mar 31, 2023
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 1/1/14

Policy: Southwest Michigan Behavioral Health (SWMBH) and its participant Community Mental Health Service Providers (CMHSPs) will credential and re-credential behavioral health organizational providers with whom they contract and that fall within their scope of authority and action. Neither SWMBH nor its participant CMHSPs will discriminate against any provider solely on the basis of licensure, registration or certification. Neither SWMBH nor its participant CMHSPs will discriminate against health care professionals or organizations who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

Purpose: To ensure that all customers served receive care from organizational providers that are properly credentialed, licensed and/or qualified.

Scope: SWMBH Provider Network
 ManagementParticipant CMHSPs
 Network Providers

Responsibilities: SWMBH Provider Network Management, participant CMHSPs, and network providers will follow the requirements listed herein as it relates to credentialing.

Definitions: Organizational provider: An entity that directly employs and/or contracts with individuals to provide health care services. Examples of organizational providers include, but are not limited to, community mental health services programs (CMHSPs); hospitals; nursing homes; homes for the aged; psychiatric hospitals, units, and partial hospitalization programs; substance use disorder programs; and home health agencies



Standards and Guidelines:

A. Process for Credentialing and Re-Credentialing Organizational Providers

1. Initial credentialing of all organizational providers applying for inclusion in the SWMBH network must be completed within 90 calendar days.
 - a. The 90-day time frame starts when SWMBH or the participant CMHSP has received a completed, signed and dated credentialing application from the organizational provider.
 - b. The completion time is the date when written communication is sent to the organizational provider notifying them of SWMBH or the participant CMHSP's decision.
 - c. Primary source verification must be completed within the 180 days preceding the credentialing decision date.
2. During initial credentialing and at re-credentialing, SWMBH or participant CMHSPs 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.
3. During initial credentialing and at re-credentialing, SWMBH and its participant CMHSPs 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(s) in writing and of their right to and process for appealing/disputing the decision in accordance with SWMBH Policy 2.14.

B. Organizational Provider Assignments

1. SWMBH is responsible for credentialing/recredentialing the following organizational provider types, on behalf of the Region:
 - a. Substance Use Disorder
 - b. Psychiatric Inpatient
 - c. Crisis Residential
 - d. Autism Services
 - e. Financial Management Services
 - f. Specific Specialized Residential service providers as determined by the Regional Provider Network Management Committee
2. Participant CMHSPs are responsible for credentialing/recredentialing all other organizational provider types for inclusion in each participant CMHSP subcontracted network of providers.
3. SWMBH retains the right to approve, suspend, or revoke/terminate from participation in the provision of Medicaid funded services, any provider (organizational or practitioner) in the Region 4 network (including participant CMHSP network providers), regardless of whether SWMBH or a participant CMHSP performed the credentialing activities.

C. Requirements for Credentialing and Re-Credentialing Organizational Providers

1. Before executing an initial contract and at least every 2 years thereafter, SWMBH and its participant CMHSPs will require organizational providers wishing to provide contracted services in the SWMBH network to submit a fully completed application, using the current approved SWMBH Organizational Credentialing Application.
2. The application will contain the following:



- a. A signed and dated statement from an authorized representative.
- b. Documentation collected and verified for organizational providers will include (as applicable), but are 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 organizational provider attesting that the information submitted with the application is complete and accurate to the facilities' knowledge, and authorization for SWMBH or CMHSP to collect any information necessary to verify the information in the credentialing application.	Complete application with no positively answered attestation questions.
State licensure or certification information. License/certification status and any violations or special investigations thereof incurred during the past five years or during the current credentialing cycle will be included in the credentialing packet for committee consideration.	No license/certification violations and no special state investigations in timeframe (in past five years for initial credentialing and past two years for re-credentialing).
Accreditation by a national accrediting body (if such accreditation has been obtained). Substance abuse treatment providers are required to be accredited. If an organization is not accredited, an on-site quality review will occur by SWMBH or CMHSP provider network staff prior to contracting.	Full accreditation status during the last accreditation review or no plan of correction for an on-site pre-credentialing site review. SWMBH recognizes the following accrediting bodies: CARF, Joint Commission, DNV Healthcare, NCQA, CHAPS, COA, and AOA.
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 five (5) years.
Verification that the organization and any individuals listed as a "Screened Person" under SWMBH Policy 10.13 have not been excluded from participation in Medicare, Medicaid, or other Federal contracts, and are not excluded from participation through the MDHHS Sanctioned Provider list.	<p>Organization and its "Screened Persons" are not listed as sanctioned and/or excluded by the OIG, the System for Award Management (SAM), or the Michigan Sanctioned Provider list (for initial credentialing).</p> <p>Queries will be made monthly thereafter as part of on-going</p>

	monitoring and for re-credentialing. Provider and its Screened Persons must not have been listed as excluded during any month since the prior credentialing activity (re-credentialing).
A copy of the organization's liability insurance policy declaration sheet.	Current insurance coverage meeting contractual expectations.
Any other information necessary to determine if the organization meets the network-based health benefits plan participation criteria that the network-based health benefits plan has established for that type of organization.	Information provided as requested by SWMBH or CMHSP.
Quality information will be considered at re-credentialing.	Grievance and appeals, recipient rights, and customer services complaints are within the expected threshold given the provider size; there are no substantiated fraud; MMBPIS and other performance indicators substantially meet set standards (if applicable).

D. Temporary/Provisional Credentialing Process

- a. Temporary or provisional status can be granted one time to organizations until formal credentialing is completed. Temporary or provisional credentialing should be used when it is in the best interest of Medicaid members to have providers available to provide care prior to formal completion of the entire credentialing process.
- b. **Timeframes.**
 - i. A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of a complete application and the minimum documents listed below.
 - ii. Temporary/provisional credentialing status shall not exceed 150 days, after which time the credentialing process shall move forward according to this credentialing policy.
 - iii. Primary source verification must be completed within the 180 days preceding the provisional credentialing decision date.
- c. **Requirements.**
 - i. Providers seeking temporary or provisional status must complete the current approved SWMBH Organizational Credentialing Application, signed and dated by an authorized representative.
 - ii. SWMBH and/or Participant CMHSPs shall perform verification from primary sources of:
 1. Current valid license or certification and in good standing as necessary to operate in the State of



Michigan.

2. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following:
 - a. Minimum five (5) year history of professional liability claims resulting in a judgment or settlement; and
 - b. Disciplinary status with regulatory board or agency.
3. Medicare/Medicaid sanctions (OIG, SAM, and Michigan Sanctioned Provider lists)
- iii. SWMBH and/or Participant CMHSPs shall evaluate the organizational provider's continuing operation as a provider for the prior five (5) years. Gaps in operation of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
- d. SWMBH/Participant CMHSPs shall follow the same process for presenting provisional credentialing files to the Credentialing Committee as it does for its regular credentialing process. Temporary/Provisional credentialing decisions shall be made by the applicable entity's Credentialing Committee and not through the clean file process.

E. Credentialing Reciprocity (Deemed Status).

- a. **Out of Region.** SWMBH and its participant CMHSPs may accept credentialing activities conducted by any other Region in lieu of completing its own credentialing activities. If SWMBH chooses to accept the credentialing activities of another Region, copies of the credentialing Region's decision shall be maintained in the SWMBH/Participant CMHSP credentialing file.
- b. **In Region.** SWMBH and its participant CMHSPs shall work collaboratively to reduce the burden on shared network providers (providers that contract with two or more participant CMHSPs) by coordinating credentialing/recredentialing activities to ensure, to the extent practicable, that shared providers in the SWMBH network only complete credentialing/recredentialing through a single participant CMHSP or SWMBH, and that those credentialing/recredentialing results are shared with the Region.
- c. **Reciprocity Procedure.** When accepting credentialing activities performed by another Region or another in-Region entity, SWMBH and its participant CMHSPs shall follow the SWMBH Procedure 02.03.01 – Credentialing Reciprocity.

F. Site Reviews and Quality Assessments

- a. Initial Credentialing.
 - i. On-site reviews must be performed prior to initial credentialing/contracting for the following:
 1. Non-accredited organizational providers that are not solely community-based; and
 2. Specialized Residential sites (homes).
 - a. The Specialized Residential parent organization's accreditation does not eliminate the requirement for an on-site review of each specialized residential site (home).
 - ii. For solely community-based providers (e.g. ABA or CLS in private residences), an on-site review is not required. An alternative quality assessment shall be performed in lieu of an on-site review. The alternative quality assessment shall be performed prior to initial credentialing/contracting.
 - iii. SWMBH and its participant CMHSPs may accept on-site reviews performed by another Region as part of Credentialing Reciprocity.
- b. Re-credentialing



- i. The most recent annual site review/monitoring results shall be reviewed during the re-credentialing process.
- ii. The following information will be reviewed as part of the Quality checks during recredentialing:
 1. Grievances and appeals;
 2. Recipient Rights complaints;
 3. Customer Services complaints;
 4. Compliance-related issues including fraud/waste/abuse;
 5. If applicable, status of MMBPIS and other performance indicators.
- iii. SWMBH and its participant CMHSPs will perform on-going monitoring of network providers in accordance with SWMBH Policy 2.18 – Ongoing Monitoring of Network Practitioners and Organizations.

G. Organizational Provider credentialing of its direct employees and contractors.

- a. Organizational providers may be held responsible for credentialing and re-credentialing their direct employees and subcontracted professional service providers per SWMBH or SWMBH participant CMHSP contractual requirements.
- b. Organizational providers shall maintain written credentialing/re-credentialing policies and procedures consistent with SWMBH and MDHHS credentialing policies and any other applicable requirements.
- c. Organizational providers shall perform credentialing/re-credentialing activities in accordance with applicable contractual requirements, SWMBH policies and procedures, MDHHS policies and procedures, and any other applicable requirements.
- d. SWMBH or a participant CMHSP shall verify through annual on-site reviews and other means as necessary that the organizational provider's credentialing practices meet applicable policies and requirements.

H. Reporting Requirements.

- a. **Routine.**
 - i. Participant CMHSPs shall submit a monthly credentialing report to SWMBH, utilizing the MDHHS credentialing report template.
 - ii. SWMBH shall submit quarterly reports to MDHHS at the timeframes referenced in the MDHHS-PIHP Master Contract Schedule E, utilizing the MDHHS credentialing report template.
- b. **Ad hoc.**
 - i. Participant CMHSPs shall promptly report to SWMBH's Director of Provider Network information about an organizational provider which could result in suspension or termination from the SWMBH network, including but not limited to:
 1. known improper conduct (e.g. fraud, threats to member health and safety, etc.);
 2. Positive sanctions/exclusions screening results, in accordance with SWMBH Procedure 10.13;
 3. Any other information that may affect the organizational provider's status as a SWMBH network provider.
 - ii. SWMBH shall report any known improper conduct of an organizational provider which could



result in suspension or termination from the SWMBH network in accordance with applicable SWMBH policies and to the applicable regulatory authority (MDHHS, MI OIG, MI AG, provider's governing board, etc.).

Procedures: SWMBH Operating Procedure 2.03.01 Credentialing Reciprocity

Effectiveness Criteria: N/A

References:

MDHHS-PIHP Contract Schedule A, Section 1(N)(1)
MDHHS BPHASA Credentialing and Re-Credentialing Processes
BBA § 438.214
SWMBH Policy 2.18

Attachments:

2.03A SWMBH Organizational Credentialing Application
2.03B SWMBH Organizational Credentialing Checklist



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	5/18/15	N/A: before new template	N/A: before new template	N/A: before new template
2	12/1/16	N/A: before new template	N/A: before new template	N/A: before new template
3	12/1/17	N/A: before new template	N/A: before new template	N/A: before new template
4	12/14/18	N/A	Annual Board approval as required by MDHHS contract	Mila Todd & SWMBH Board
5	01/10/20	N/A	Annual Board approval as required by MDHHS contract	Mila Todd & SWMBH Board
6	09/28/21	Paragraph E	Added Reporting Requirements	Mila Todd
7	11/12/21	N/A	Annual Board approval as required by MDHHS contract	Mila Todd & SWMBH Board
8	02/10/23	Multiple	Revised entire policy to ensure alignment with revised MDHHS Credentialing Policy, and to add specificity around Quality checks and Reciprocity process.	Mila Todd
9	03/17/23	N/A	Reviewed by Regional PNM Committee	Mila Todd

02.03 Credentialing & Re-Credentialing - Organizational Providers

Final Audit Report

2023-03-31

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