

POLICY/PROCEDURE TITLE: Provider Credentialing and Re-credentialing POLICY/PROCEDURE #: 703 Section: Provider Network Developed and maintained by: Provider Network Manager Scope: <input checked="" type="checkbox"/> OnPoint Staff <input type="checkbox"/> MH/IDD, <input type="checkbox"/> Housing, <input type="checkbox"/> SUD, <input type="checkbox"/> Integrated Health, <input checked="" type="checkbox"/> OnPoint Contract Providers <input type="checkbox"/> Other _____	Approved By: _____ (Executive Director)	
	Approved By: _____ (Medical Director; <i>as applicable</i>)	
	DATES	
	First Effective	08/2006
Revised	03/2023	
Reviewed	03/2023	

PURPOSE

As a Community Mental Health Authority and part of the Region 3 Prepaid Inpatient Health Plan (PIHP), OnPoint seeks to ensure the competency and qualifications of the service delivery network in the provision of services and supports.

POLICY

It is the policy of OnPoint that all individuals served by organizations and individual practitioners in OnPoint’s Provider Network will meet all applicable licensing, scope of practice, contractual, and Medicaid Provider requirements.

DEFINITIONS

- A. Individual Practitioner: An individual who is engaged in the delivery of healthcare services and is legally authorized to do so by the State in which he/she delivers the services. For purposes of this policy, an individual practitioner refers to professionals who have a contract to provide services within the OnPoint provider network and are not operating as part of an organizational provider.

- B. 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, hospitals; nursing homes; homes for the aged; psychiatric hospitals, units, and partial hospitalization programs; substance abuse programs; adult foster care homes, and home health agencies.

PROCEDURES

- I. Credentialing and Re-Credentialing of Organizational Provider
 - A. The LRE maintains responsibility for initial credentialing and re-credentialing of organizational providers. The LRE tracks and maintains organizational credentialing documentation and will provide to OnPoint as needed. OnPoint will coordinate with the LRE when provider changes occur.
 - B. Organizational Provider Credentialing occurs prior to OnPoint developing a formal contractual agreement with a Provider. The LRE will validate the following at least every two (2) years:

1. The organizational provider completes the current credentialing application, including disclosure of ownership.
 2. The organizational provider is licensed or certified and in good standing as necessary to operate in the State.
 3. The organizational provider is approved by an accredited body (if a provider is not accredited, the PIHP must perform an on-site quality assessment).
 4. There are no malpractice lawsuits and/or judgements within the last five (5) years.
 5. The organizational provider is not excluded from participation in Medicare, Medicaid, or other Federal contracts.
 6. The organizational provider is not excluded from participation through the MDHHS Sanctioned Provider list.
 7. Current insurance coverage which meets contractual expectations is on file.
 8. For solely community-based providers (e.g. ABA or CLS in private residences), an on-site review is not required, an alternative quality assessment is acceptable.
- C. The LRE shall complete and maintain Medicaid/Medicare Exclusion background checks by conducting an examination of Federal and State databases of excluded parties and litigation checks. Such examination shall take place prior to time of contracting and at least monthly thereafter.
- D. Organizational Providers are responsible to credential and re-credential their direct employees, as well as subcontracted service providers and individual practitioners in accordance with the LRE's credentialing/re-credentialing policies and procedures.

II. Individual Practitioner initial credentialing and re-credentialing

- A. The Provider Network team and the human resources department will work collaboratively to ensure individual practitioners in the OnPoint provider network are credentialed based on the requirements listed in this policy. Human resources will retain copies of all required documentation as described in this procedure.
- B. Initially and at the time of re-credentialing each individual practitioner will complete 702.1 "Provider Background (CC/RR) Release Form" initiating the OnPoint Human Resources department to complete Background Checks which shall include the following: Criminal Background check, Check of Exclusion/Debarment of Medicaid and Medicare services via the Office of Inspector General (OIG), OnPoint Corporate Compliant Check, OnPoint Office of Recipient Rights (ORR) check and driving record check if needed.
- C. OnPoint Human Resources Department will complete and maintain Medicaid/Medicare Exclusion background checks by conducting an examination of Federal and State databases of excluded parties and litigation checks. Such examination shall take place prior to time of contracting and at least monthly thereafter.
- D. Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals:
1. Physicians (M.D.s and D.O.s)
 2. Physician's Assistants
 3. Psychologists (Licensed, Limited License, and Temporary License)
 4. Licensed Master's Social Workers
 5. Licensed Bachelor's Social Workers
 6. Limited License Social Workers
 7. Registered Social Service Technicians
 8. Licensed Professional Counselors

9. Nurse Practitioners
10. Registered Nurses
11. Licensed Practical Nurses
12. Occupational Therapists
13. Occupational Therapist Assistants
14. Physical Therapists
15. Physical Therapist Assistants
16. Speech Pathologists
17. Board Certified Behavior Analysts
18. Licensed Family and Marriage Therapists
19. Other behavioral healthcare specialists licensed, certified, or registered by the State.

III. Initial credentialing of individual practitioners will include:

- A. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements (109.1 Credentialing Application):
 1. Lack of present illegal drug use.
 2. History of loss of license, registration, certification, and/or felony convictions.
 3. Any history of loss or limitation of privileges or disciplinary action.
 4. Attestation by the applicant of the correctness and completeness of the application.
 5. Attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.
- B. An evaluation of the individual practitioner's work history for the prior five (5) years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
- C. Verification from primary sources of:
 1. Licensure or certification and in good standing.
 2. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 3. Official transcript of graduation from an accredited school and/or LARA license.
 4. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
 - i. Minimum five (5) year history of professional liability claims resulting in a judgment or settlement.
 - ii. Disciplinary status with regulatory board or agency; and
 - iii. Medicare/Medicaid sanctions.
 5. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements above.
- D. Initial credentialing of all individual practitioners applying to provide services within the OnPoint network must be completed within 90 days of application submission. The start time begins when the PIHP has received a completed signed and dated credentialing application from the individual practitioner notifying them of the credentialing decision.

IV. Re-credentialing Individual Practitioners

- A. Re-credentialing for physicians and other licensed, registered, or certified health care practitioners must include the following requirements:
 1. Re-credentialing must occur at least every two (2) years.

2. Submission of the current credentialing application.
3. An update of information obtained during the initial credentialing if applicable.
4. Primary Source Verification.
5. Refer to the Initial Credentialing section of this document for additional details.

V. Temporary/Provisional Credentialing of Individual Practitioners

- A. On an exceptional basis if there have been difficulties obtaining primary source documentation, a copy of the necessary documentation will be accepted with the understanding that:
 1. Termination of the contract may occur if the primary source documentation is not received within one month of contract start date.
 2. Medicaid funds will not be utilized to pay the individual practitioners for services rendered until full credentialing approval is finalized and approved by the credentialing committee.
- B. OnPoint Credentialing Committee must review the information obtained and determine whether or not to grant provisional credentials.
- C. Temporary/Provisional Credentialing must not exceed 150 days.
- D. Following approval of provisional credentials, the process of verification, as outlined in this policy, should be completed.

VI. Credentialing and re-credentialing of individual practitioners shall not discriminate against:

- A. A healthcare professional solely based on license, registration or certification, OR
- B. A healthcare professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

VII. Notification of credentialing decision

- A. OnPoint credentialing committee will notify the provider network team of affirmative initial credentialing decisions and the provider network team will notify the individual practitioner (not to exceed 60 days). This is to be measured by the date of application received by Human Resources Department to the date the individual practitioner was notified of the decision.
- B. Notification of Adverse Credentialing Decision – An Individual Practitioner that is denied credentialing or re-credentialing shall be informed within ten (10) days of the reasons for the adverse credentialing decision in writing as well as the appeals process.

VIII. Appeal process for adverse credentialing decision

- A. An appeals process shall be available when credentialing or re-credentialing is denied, suspended, or terminated for any reason other than lack of need. The appeal process will be consistent with federal and state requirements.
- B. The first level of an appeal to adverse credentialing decision involves a submittal to the OnPoint Credentialing Committee. The appeal must be in writing and be made within fifteen (15) days of receipt of the adverse decision. The appeal must include a concise statement for the basis of the appeal, supporting documentation, and a description of any extenuating circumstances relevant to the adverse decision.
- C. The second level of review, if necessary, will involve a review and final decision by the OnPoint Management Team.

IX. Monitoring of Credential Status:

- A. OnPoint will provide ongoing monitoring, and intervention as deemed necessary, of individual practitioners and organizational providers as it relates to sanctions, complaints, and quality issues.
- B. The OnPoint Individual Practitioner process will include, at a minimum, review of:
 1. Monthly Medicare/Medicaid sanction checks
 2. Monthly State sanction checks
 3. Any limitations on licensure, registration, or certification
 4. Beneficiary concerns which include appeals and grievances (complaints) information
 5. Noted quality issues.
- C. The Lakeshore Regional Entity monitors organizational providers in collaboration with OnPoint staff. The LRE provides Monthly Medicare/Medicaid sanction checks, monthly State sanction checks and any licensure, registration, or certification checks. OnPoint will inform the LRE in writing of any identified concerns which may lead to suspension or termination of contract.

ATTACHMENTS

- OnPoint Policy 702.1 Provider Background (CC/RR) Release Form
- OnPoint Policy 109.1 Credentialing Application
- OnPoint Policy 109.2 Credentialing Addendum
- OnPoint Policy 109.3 Background Release Form

REFERENCES

- 42 CFR 438.214 – Provider Selection
- MDHHS Contract Attachment – Credentialing and Re-Credentialing Processes
- Lakeshore Regional Entity Policy 4.4 – Credentialing and Re-credentialing
- OnPoint Policy 109 Individual Credentialing and Re-credentialing
- OnPoint Policy 702 Provider Background Checks