



2.05 OPERATING POLICY & PROCEDURE

Subject: Credentialing and Re-Credentialing Individual Providers/Practitioners		Application: All Departments & Providers
First Effective 4/12/08	Revised 12/7/21	Review 2/13/2023

PURPOSE

To outline the requirements and responsibilities for the credentialing and re-credentialing of Pivotal employees, individual contract providers and peer support/service providers. (Refer policy 2.06 for the credentialing of organization providers)

DEFINITIONS:

A. National Practitioner Databank (NPDB)

B. Primary Source Verification

The process of independently contacting the organization responsible for issuing the particular credentialing requirement to verify the reported status of an individual or agency.

C. Provider

Any individual or entity that is engaged in the delivery of healthcare services and is legally authorized to do so by the State in which he or she delivers the services.

POLICY

All persons served within the Pivotal provider network shall receive care from individuals who are properly and currently credentialed/licensed/qualified.

STANDARDS

A. NON-DISCRIMINATION

1. Pivotal shall ensure that no employee or applicant for employment for the delivery of services or operations provided through contract shall be subjected to discrimination with respect to hiring, recruitment, advancement or discharge, or in the terms, conditions or privileges of employment, or a matter directly or indirectly related to employment solely because of religious or political beliefs, ethnicity, age, gender, height, weight, marital status, gender orientation, sexual orientation,

physical or mental disability, or any other criteria unrelated to the provider/applicant's ability to perform the duties of the particular job or position.

2. Pivotal shall not discriminate against any provider or applicant for employment:
 - a. Solely on the basis of licensure, registration or certification.
 - b. Health care professionals who serve high-risk populations or who specialize in treatment of conditions that require costly treatment.

B. CREDENTIALING OF CMHSAS-SJC PROVIDERS

1. The Pivotal is responsible for the credentialing and re-credentialing of all individual providers in the positions as noted under D.1.
2. Participating providers from contract provider organizations will not be members of the Credentialing Committees of Pivotal and they do not directly participate in credentialing decisions of the credentialing committee.

C. COMPOSITION OF CREDENTIALING COMMITTEE

1. The Medical Director or other designated physician shall be appointed as a member of the committee and shall have direct responsibility for and participation in the credentialing program. Additionally, the credentialing committee shall include the Director of Corporate Compliance, the Human Resource Manager, a Clinical Supervisor and a Billing/Financial Specialist
2. The Credentialing Committee shall give thoughtful consideration for the credentialing information. The committee's discussion will be documented within its meeting minutes.
3. The committee will review complaints and grievances related to quality of care issues, site reviews or other finding.

D. CREDENTIALING AND RE-CREDENTIALING

1. Credentialing and Re-credentialing of individuals include:
 - a. Physicians (M.D.'s or D.O.'s)
 - b. Physician Assistants
 - c. Psychologists (Licensed, Limited License, or Temporary License)
 - d. Licensed Masters Social Workers, Licensed Bachelor's Social Workers, Limited Licensed Social Workers and Registered Social Service Technicians
 - e. Licensed Professional Counselors
 - f. Board Certified Behavioral Analysisists and/or Board Certified Assistant Behavioral Analysisists
 - g. Nurse Practitioners, Registered Nurses or Licensed Practical Nurses
 - h. Occupational Therapists or Occupational Therapist Assistants
 - i. Physical Therapists and Physical Therapist Assistants
 - j. Speech Pathologists
 - k. Certified Peer Support Specialists

1. Individuals receiving stipend payments from Pivotal who perform a Medicaid covered service.
2. An individual record of each credentialed provider will be maintained and kept confidential. Credentialing records will be stored electronically on the M:Drive and only be accessible by the Chief Compliance Officer. Each record must contain:
 - a. Initial credentialing or provider application and subsequent re-credentialing
 - b. Information gained through primary source verification
 - c. Pertinent information used in making determination as to whether the provider/staff have met credentialing and re-credentialing standards
 - d. Verification of the completeness of the information for making the credentialing or re-credentialing decision.

E. NOTIFICATION OF CHANGE IN CREDENTIALLED STATUS

The provider is responsible for notifying Pivotal of any changes to credentialed status.

F. PRIMARY SOURCE VERIFICATION

Credentials must be verified through the use of primary sources whenever possible. The credentialing process includes verification of discrete requirements for qualifications, which include, but are not limited to the following:

1. Licensure or certification.
2. Board Certification, or highest level of credentials attained if applicable, completion of any required internships/residency programs or other postgraduate training (Physician only).
3. Documentation of graduation from an accredited school.
4. NPDB query or, in lieu of the NPDB query, all of the following must be verified:
 - a. Minimum five-year history of professional liability claims resulting in judgment of settlement
 - b. Disciplinary status with regulatory board or agency
 - c. Medicare/Medicaid sanctions
5. If the individual practitioner undergoing credentialing is a physician, then the physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of A-C above.
6. Excluded Parties List System query to determine if an individual or organization has been suspended or debarred from federal contracts.
7. HR will provide an initial list and then new add on employees each month. The information will then be provided to Zebu to run monthly OIG/SAM's verifications.

G. INITIAL CREDENTIALING OF INDIVIDUALS

At minimum, initial credentialing must require:

1. Completion of a written application which is signed and dated by the provider or staff.
2. Providers and/or applicants must attest to the following:
 - a. Lack of present illegal drug use
 - b. Any history of loss of license, registration or certification and/or felony convictions.
 - c. Any history of loss or limitations of privileges, or disciplinary action.
 - d. The correctness and completeness of the application.
3. Education/continuing education, including documentation, of graduation from an accredited school or program.
4. Relevant experience including work history for the last five (5) years.
5. Lack of substantiated violations of abuse or neglect in Recipient Rights registry. Individuals with substantiated Abuse I or Neglect I violations should not be hired without a formal review of circumstances and timeframe of the violation, and without the written consent of the Chief Executive Officer and Credentialing Committee.
6. Licensing/registration/certification
7. Board Certification, or the highest level of credentials attained, or completion of post graduate training or requirements.
8. Criminal background checks and screening (Michigan Public Sex Offenders Registry) of staff working:
 - a. With children
 - b. In Adult Foster Care homes (Public Act 218 as amended by Act 59 section 400.734a)
 - c. As required by other regulations (e.g., substance abuse) or contract for the provision of services
9. It is the policy of Pivotal to take into consideration section 134a of the Michigan Mental Health Code (MCL 330.1134a) when completing the credentialing process. Procedures will be implemented to determine whether a person's criminal record should disqualify him/her from the sub-contracted provider panel.
10. NPDB query, in lieu of all of the following, must be verified and the provider:
 - a. Must not be sanctioned through the Centers for Medicare and Medicaid Services (CMS) as published through the Michigan Medical Services

- Administration Bulletins. Checking for Medicare Opt Out (for Medicare practitioners).
- b. Must have a minimum of five (5) year history of professional liability claims resulting in no judgment or settlement.
 - c. Must not have disciplinary status with regulatory board or agency.
 - d. Queries will be made to the System for Award Management (SAM) for practitioners.
 - e. Must not be presently excluded from participation in Medicare, Medicaid or any other Federal health care program (refer to Office of Inspector General [OIG] web site – <http://exclusions.oig.hhs.gov/>).
11. Excluded Parties List System query to determine if an individual or organization has been suspended or debarred from federal contracts.
 12. Providers must have general liability and malpractice insurance as per contract requirements.

H. TEMPORARY OR PROVISIONAL CREDENTIALING OF INDIVIDUALS

Temporary or provisional credentialing is intended to increase the available network of providers in underserved areas, whether rural or urban, and meet the needs of persons receiving services.

1. A temporary or provisional status can be granted to providers until formal credentialing is completed. Temporary or provisional status cannot exceed 150 days.
2. Providers seeking temporary or provisional credentialing must complete and sign a provider application, and include documentation verifying primary source verification requirements in Section F.
3. The provider shall have up to 31 days to render a decision granting temporary or provisional credentialing.
4. The provider must conduct the following primary source verification to render a temporary or provisional credentialing status:
 - a. Licensure or certification
 - b. Board certification, if applicable, or the highest level of credential attained
 - c. Medicare/Medicaid sanctions

I. RE-CREDENTIALING OF INDIVIDUALS

Physicians, licensed, registered or certified health care providers, and individual practitioners must be re-credentialed at least every two years. Re-credentialing must include:

1. An up-date of the information contained in the provider application and during the initial credentialing.

2. Medicaid/Medicare sanctions.
3. State sanctions or limitations on licensure, registration or certification.
4. Integration and review of provider data in the areas of contract compliance, provider monitoring, quality improvement and grievance and appeal information.
5. Review of identified Quality Issues.
6. Additional background checks for re-credentialing may include on-line verification of licensure, review of disciplinary action report and criminal history checks.

J. DEEMED STATUS

Pivotal may recognize and accept credentialing activities conducted by another CMHSP, PIHP and the concomitant documentation requirements, in lieu of completing their own credentialing. A copy of the credentialing CMHSP or PIHP must be obtained and maintained in the file on the provider. The credentialing information must be updated at least every two years and whenever a change occurs.

K. NOTIFICATION OF ADVERSE CREDENTIALING DECISIONS AND DENIAL OF CONTRACT

An individual practitioner or organizational provider will be notified in writing of any adverse credentialing decision and the reason(s) for the decision.

L. APPEAL OF ADVERSE CREDENTIALING DECISIONS

Providers shall have a right to appeal a credentialing or re-credentialing decision if the denial is based upon any reason other than lack of need within the provider network (as per Pivotal policy 02.02 [Provider Grievance and Appeals (non-clinical)]).

M. REPORTING REQUIREMENTS

1. Pivotal must report improper conduct resulting in the suspension or termination of the provider's contract within their provider network to Southwest Michigan Behavioral Health (SWMBH) within 6 days. The SWMBH will report the situation to the appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, etc.) unless otherwise specified by the SWMBH.
2. Pivotal shall notify MDHHS and the SWMBH within seven days of any significant change to the provider network composition that would affect adequate capacity and services.

PROCEDURE

A. CREDENTIALING AND RE-CREDENTIALING OVERSIGHT AND IMPLEMENTATION

1. The following Pivotal departments and staff shall have specific oversight and implementation of the credentialing and re-credentialing processes:
 - a. Financial Analyst for contracted providers.
 - b. Human Resource Specialist shall be responsible for Pivotal employees, contingent employees and individuals under employment agreements with Pivotal.
 - c. Fiscal Intermediary Specialists for Self-Determination arrangements.

B. INITIAL CREDENTIALING REQUIREMENTS OF PROVIDERS, EMPLOYEES, PEERS AND PERSONS HIRED THROUGH SELF-DETERMINATION ARRANGEMENTS

1. In addition to credentialing and re-credentialing the practitioners listed above, Pivotal will also credential employees, peers and persons hired through self-determination arrangements.

C. CMHSAS-SJC CREDENTIALING PROCESS

1. Application to Provide Services on Behalf of Pivotal
 - a. Credentialing staff shall provide a Provider Application which includes a release for credentialing to the individuals and organizations requesting entry to the Pivotal Provider Panel for the provision of mental health and/or substance abuse services. The individual must return the completed Provider Application and submit the requested documentation to the credentialing staff to be considered for approval to the provider panel.
2. Application Review
 - a. The credentialing staff shall review the signed applications and assure they are completed correctly and the requested documentation has been received.
 - b. The credentialing staff shall complete primary source verification of licenses, credentials, and requirements that do not require an on-line check.
 - c. The credentialing staff shall complete the on-line primary source verification and background checks as specified in the specific Application.
 - d. The credentialing staff shall date stamp and initial the credentialing application, primary source documents and verification documents.
 - e. The credentialing staff shall seek a second review from another manager. Once completed, the application shall be forwarded Pivotal's Medical Director for review.
 - f. The Medical Director has the authority to determine that the file is "clean" and to sign off on it as complete, clean and approved. This will be signified by the Medical Director's signature on the face sheet of the credentialing file. The date of the signature will be the credentialing decision date. Clean files may also go through the Credentialing Committee for formal approval in lieu of going to the Medical Director. The credentialing committee must approve the medical director's credentialing file; the medical director cannot sign off on their own credentialing file.
 - g. Credentialing Committee meeting minutes will be kept confidential.
 - h. Credentialing Committee members and any others whose job is to work

with credentialing information (hard copy, electronic) will be required to complete confidentiality training and sign a confidentiality statement to preserve confidentiality.

- i. Credentialing records will be stored for a minimum of 7 years and disposed of as per Pivotal's policy 07.04 (Record Retention and Disposal).
3. Temporary or Provisional Credentialing of Individuals. Pivotal may grant temporary or provisional credentialing as the standards noted above.
4. Notification of Credentialing and Re-credentialing Decisions
Human Resource Specialist shall be responsible for written notification to their respective applicants of the decision rendered by the Pivotal Credentialing Committee within 31 days of receipt of the completed application and documentation. Applicants shall be notified in writing of a reason for denial and informed of the right to appeal this decision.
5. Grievance and Appeal (non-clinical)
Providers shall have a right to appeal a credentialing or re-credentialing decision if the denial is based upon any reason other than lack of need within the provider network, as per the Pivotal Provider Grievance and Appeal (non-clinical) policy and procedure.
6. Deemed Status
Upon recommendation from the Pivotal Credentialing Committee, Pivotal Credentialing Committee Chair shall facilitate the request for deemed status from another PIHP.

D. RE-CREDENTIALING OF INDIVIDUALS

1. Pivotal will follow the Re-credentialing of Individuals process as outlined in the above standards. If an individual fails to become recredentialed by their credentialing expiration date, they will not be eligible to work and/or provide services to consumer at Pivotal until they are fully credentialed.

E. NOTIFICATION OF CHANGE IN CREDENTIALLED STATUS

1. Notification of change in credentialed status should be forwarded to the Financial Analyst for contracted providers and the Human Resource Specialist for Pivotal employees.
2. Notification shall then be forwarded to Compliance Committee for contract compliance and possible sanctions if necessary.

F. REPORTING REQUIREMENTS

1. Improper conduct of providers resulting in the suspension or termination of the provider's contract will be reported to the proper authorities as outlined in the above standards.

REFERENCES

- Michigan Department of Health and Human Services; Credentialing and Re-credentialing Processes, September, 2006 and 2010
- Michigan Department of Health and Human Services, Office of Drug Control Policy, IC & RC Credentialing Requirements, October, 2006 and amendments.
- Supplement No. 7 to the 1987 DCH Administrative Rules
- Public Act 218 as amended by Act 59 section 400.734a
- Sections 1128 and 1902(a)(39) of the Social Security Act
- MDHHS/MSA 07-52/Attachment I – Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS / CPT Codes, as amended
- CMHSAS-SAS policy [02.09 \(Training Requirements\)](#)
- [Michigan Mental Health Code](#) (MCL 330.1134a)
- Chapter 7 Social Security Act 42 USCS § 1320a-7
- Southwest Michigan Behavioral Health
 - 2.1 (Delegation of Credentialing)
 - 2.2 (Delegation of Behavioral Health Practitioners)
 - 2.4 (Credentialing Record Confidentiality)
 - 2.5 (Credentialing Committee)
 - 2.6 (Organizational Providers Credentialing of Practitioners)

EXHIBIT

- 02.05A Individual Practitioner Credentialing Application