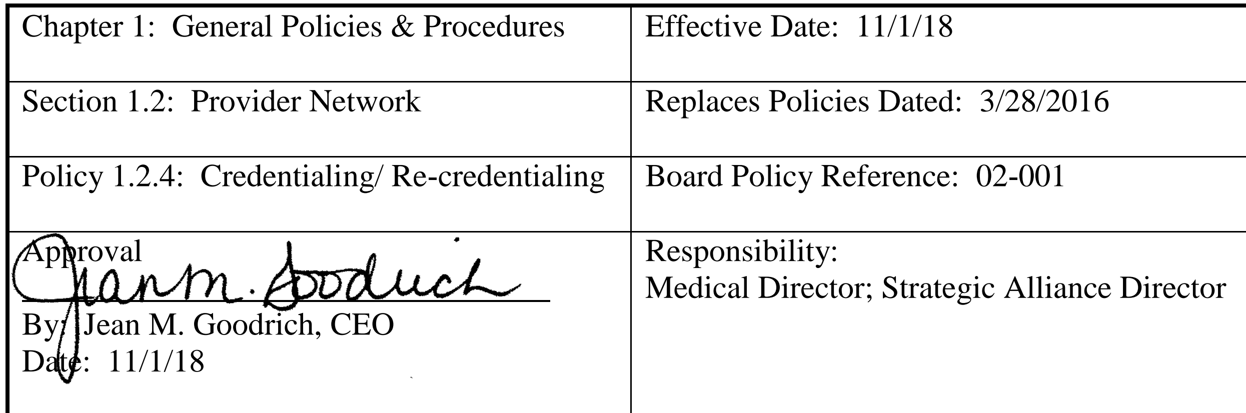
Summit Pointe®

Mental health professionals dedicated to making life work.



Chapter 1: General Policies & Procedures	Effective Date: 11/1/18
Section 1.2: Provider Network	Replaces Policies Dated: 3/28/2016
Policy 1.2.4: Credentialing/ Re-credentialing	Board Policy Reference: 02-001
Approval By: Jean M. Goodrich, CEO Date: 11/1/18	Responsibility: Medical Director; Strategic Alliance Director

PURPOSE:

To ensure that Summit Pointe has established procedure(s) for credentialing and re-credentialing of behavioral health practitioners and organizational providers in accordance with 42 CFR 422.204 and NCQA credentialing standards.

POLICY:

Credentialing Program, Provider Network Management – It shall be the policy of Summit Pointe to ensure the credentialing and re-credentialing of behavioral health practitioners whom they employ, contract with, and organizational providers, who fall within their scope of authority. The credentialing process will be completed in compliance with 42 CFR 422.204 and NCQA credentialing standards. Under this policy, employed and contracted practitioners and credentialed organizations are defined as providers within the Summit Pointe Provider Network.

Summit Pointe will not discriminate against any provider solely on the basis of race, ethnic/national identity, gender, age, sexual orientation, licensure, registration or certification. Summit Pointe will not discriminate against health care professionals who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

DEFINITIONS:

Credentialing Committee - A committee of professional peers as appointed by the Summit Pointe Chief Executive Officer whose role is to make recommendations and final approval regarding credentialing and re-credentialing decisions for inclusion in the Summit Pointe Provider Network for designated disciplines and service provisions. Summit Pointe may conduct credentialing verification activities for individuals/organizations that do not have to be approved by the Credentialing Committee.

Organizational Provider – Defined as behavioral health facilities providing mental health or substance abuse services in an inpatient, residential, or ambulatory setting. These may include acute care psychiatric facilities, adult foster care homes with specialized certification, crisis residential providers, home health agencies, substance abuse residential and detoxification facilities and substance abuse outpatient facilities.

I. Standards and Guidelines:

Credentialing – Credentialing will be completed for providers as required by the Credentialing Program policy and as applicable by Michigan and Federal Laws. Specifically, the following types of providers will be credentialed:

- Physicians (MD/DO)
- Physician Assistants/Nurse Practitioners
- Psychologists (Licensed, Limited License, Temporary License)
- Licensed –
  - Master's Social Workers (MSW)
  - Bachelor's Social Workers (BSW)
  - Limited Licensed MSW/BSW
  - Registered Social Service Technicians
  - Professional Counselors (Licensed, Limited License)
  - Board Certified Behavior Analysts
  - Registered Nurses, Licensed Practical Nurses, Medical Assistants
  - Occupational Therapists and Occupational Therapist Assistants
  - Physical Therapists and Physical Therapist Assistants
  - Speech Pathologists
  - Licensed Behavioral Health Facilities (specialized residential)
  - Paraprofessional Direct Care Staff – i.e. Health Care Advocates, Peer Supports, Recovery Coaches, etc.

Initial Credentialing –
Summit Pointe will provide an application upon request. The applicant must fully complete the application and return it with all required documentation. For employees and internal practitioners, an application will be completed prior to the hire date and prior to the contract finalization. The application will be processed by designated staff members.

Credentialing Criteria and Application Process – Providers requesting inclusion in the Summit Pointe Provider Network will complete the designated SWMBH Credentialing Application. The application will be processed by designated credentialing staff.

Summit Pointe will require completed credentialing applications, with signed and dated attestations regarding accuracy and completeness of information, ability to perform duties, lack of present illegal drug use, history of loss of license and any felony convictions, and consent allowing verification of license, education, competence and any other related information.

Credentialing staff will verify information obtained in the credentialing application as described in the tables below. Copies of verification sources will be maintained in the practitioner credentialing file. When source documentation is not electronically dated, staff will sign and date with the current date. The verification time frame will not exceed 180 days.

Credentialing criteria for physicians and practitioners and verification methods are as follows:

Credentialing Criteria	Verification Method(s)
Current valid and unrestricted license to practice in the State in which the practitioner practices.	The practitioner may provide a copy of the license(s), or verification of the license may be made directly with State Licensing Agency internet website (LARA website for the State of Michigan). http://w3.lara.state.mi.us/free/
A valid and unrestricted Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) for those practitioners who prescribe medication. (If a practitioner's DEA certificate is pending, the practitioner may make arrangements with a participating practitioner to write all prescriptions requiring a DEA number until the practitioner has a valid DEA certificate and the practitioner will provide documentation of such arrangement in writing.)	A DEA or CDS may be verified by a copy of the DEA or CDS certificate provided by the practitioner, with the State Licensing Agency via internet website, or the National Information Service (NTIS) database.
Work history for the past 5 years with each gap in work history exceeding 1 year clarified in writing from the practitioner.	Work history is verified through practitioner's credentialing application.
Board certification or education appropriate to license and area of practice.	Verification of education shall be completed through primary source verification to the educational institution or certification board. Because medical specialty boards verify education and training, verification of board certification fully meets the requirement for verification of education. If a practitioner is not board certified, verification of the medical education at the highest level is verified. The American Medical Association (AMA) or American Osteopathic Association (AOA) Master Files may be used as the source for education verification for physicians. The Educational Commission for Foreign Medical Graduates (ECFMG) may be used to verify education of foreign

	physicians educated after 1986 (for practitioners who are not board certified and verification of completion of a residency program or graduation from a foreign medical school are not verifiable with the primary source.)
Current professional liability insurance meeting the standards defined by contract. A written description of any malpractice lawsuits and/or judgments from the last 10 years will be provided either by the practitioner or their malpractice carrier.	A query to the National Practitioner Data Bank (NPDB) will be completed via web-based access to the NPDB sit for each practitioner. The NPDB query contains malpractice history which was reported by malpractice carriers to the NPDB.
The practitioner must not be excluded from participation in Medicare, Medicaid, or other federal contracts and must not have opted out of Medicare if s/he will be providing Medicare services.	Queries will be made to the System for Award Management (SAM) and the Office of Inspector General (OIG) to ensure that practitioners and organizational providers have not been suspended or debarred from participation with Medicare, Medicaid or other federal contracts. A query will be made of www.ngsmedicare.com to verify that the practitioner has not opted out of Medicare, if a Medicare provider.
Clinical Privileges in good standing at Hospital(s) where contracted to provide services, if applicable.	Confirmation shall be obtained from each applicable hospital and documented in writing.

Credentialing criteria for organizational providers and verification methods are as follows:

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 authorizing Summit Pointe 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 and any license violations or special investigations incurred during the past 5 years or during the current	No license violations and no special State investigation in time frame (in past 5 years for initial credentialing and past 2 years for re-credentialing).

credentialing cycle will be included in the credentialing packet for committee consideration.	Violations and special investigations can be verified via the State website for adult foster care providers at http://www.deg.state.mi.us/brs_afc.asp.
Accreditation by a national accrediting body (if such accreditation has been obtained). Substance abuse treatment providers are required to be accredited. Youth continuum providers are required to be accredited. If an organization is not accredited, an on-site quality review will occur by Summit Pointe 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. Summit Pointe recognizes the following accrediting bodies: CARF; JCAHO; DNV Healthcare; NCQA; CHAPS; COA; and AOA.
Verification that the provider has not been excluded from Medicare/Medicaid participation. *The SWMBH Final Adverse Legal Actions/Convictions and Demographic Data Sheet is completed by the provider and submitted to SWMBH as part of the contracting process. SWMBH then causes the monthly checks to occur for exclusionary lists.	Is not on the OIG Sanctions list/System for Award Management.
A copy of the facility's liability insurance policy declaration sheet.	Current insurance coverage meeting contractual expectations.
Any other information necessary to determine if the facility meets the network-based health benefits plan participation criteria that the network-based health benefits plan has established for that type of facility.	Information provided as requested by Summit Pointe.
Quality information will be considered at re-credentialing.	Grievance and appeals and recipient rights complaints are within the expected threshold given the provider size, MMBPIS and other performance indicators if applicable to meet standards.

*Organizational providers may be held responsible for credentialing and re-credentialing their direct employed and subcontracted professional service providers per Summit Pointe contractual requirements. They shall maintain written policies and procedures consistent with MDHHS credentialing standards. Summit Pointe will verify these components during on-site reviews and via other means as necessary to ensure the provider's credentialing practices meet applicable requirements.

The applicant completes the credentialing packet and submits the application to the designated staff within the time period stated on the cover letter, as identified in the

hiring packet or prior to contract finalization. Failure to provide requested information within the designated time frame, or providing information containing significant misrepresentations or omissions, is grounds for denial of the application, termination of employment or contractual arrangement.

The designated staff reviews the application for completeness using the application audit tool and verifies accuracy and notifies the applicant if materials are missing. It is the applicant's duty to notify the designated staff of any changes that may have occurred during the application process.

Information is obtained from the National Practitioner Data Bank (NPDB) and other sources regarding Medicare/Medicaid sanctions and OIG sanctions list as identified above. This information is incorporated into the applicant's credentials file with the application. A file will be maintained for each credentialed provider and the file will include the initial credentialing and all subsequent re-credentialing applications. In lieu of the NDB query, all of the following must be verified:

- Minimum 5 year history of professional liability claims resulting in a judgment or settlement.
- Disciplinary status with regulatory board or agency; and Medicare/Medicaid sanctions.

For applicants or current providers within the Provider Network, prior to review by the Credentialing Committee, verification of completeness, accuracy and looking for any conflicting information in the credentialing application will be completed.

The designated credentialing staff will be responsible to review the information for completeness and accuracy. A checklist is utilized to review information and to ensure that primary source verifications have been documented to ensure a complete file is ready for committee review. The checklist will be signed and dated indicating completeness and readiness for review by the Committee.

Throughout the credentialing process, communication with applicants will be ensured, upon their request, regarding the status of their credentialing applications. Summit Pointe will accept additional information to correct incomplete, inaccurate or conflicting credentialing information.

When missing information is observed during the review of credentialing applications, the designated staff will request this information to ensure a complete file is prepared before review by the Credentialing Committee for those applicants desiring to be a part of the Provider Network.

For Provider Network applicants, the complete application and documentation for inclusion in the Provider Network will be reviewed by the Summit Pointe Credentialing Committee. Approvals and disapprovals for inclusion in the Provider Network will be made by the Committee. The process from application to Committee shall take no more than 180 days. Documentation submitted with the application must be collected less than 6 months prior to review. If documentation is older, an attestation shall be obtained from the applicant that indicates the documentation remains valid.

Information discovered through the credentialing process that may impact the quality of care or service provided to customers will prompt an additional review of the applicant. Such circumstances are likely to be, but not limited to, information about malpractice litigation, missing information or inconsistent information. In such instances, the Committee will review the information and request the designee to further research the issue with the provider. The provider file will be pended until the investigation can be completed. The investigation will include review of the information submitted, interview with the provider and obtaining of any further information as requested by the Credentialing Committee. The investigation will be documented by the designated staff.

The designated staff will review the investigation findings with the Medical Director and develop a summary of the issues for the presentation at the Credentialing Committee. This summary will be presented at the next scheduled Credentialing Committee meeting once the investigation and summarization is complete. The committee will make a credentialing determination at that time.

Initial credentialing and re-credentialing Provider Network applicants are notified in writing of the credentialing decision within 10 working days following a decision. In the event of an adverse determination, notification will be in writing and will specify the reasons for the adverse credentialing decision and the practitioners will be notified of their right to appeal and/or dispute the decision, and of the process for such appeal and/or dispute.

Applicants have the right to review information submitted in support of their credentialing application and will be permitted to do so upon request in writing to the Medical Director.

Temporary/Provisional Credentialing Process – Temporary or provisional status can be granted one time to practitioners until formal credentialing is completed. Providers seeking temporary or provisional status must complete a signed application with attestation. A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of application. In order to render a temporary/provisional credentialing decision, verification will be conducted of:

- Primary source verification of a current valid license to practice.
- Primary source verification of the past 5 years of malpractice claims or settlements from the malpractice carrier, or the results of the National Practitioner Data Bank (NPDB) query.
- Medicare/Medicaid sanctions.

Each factor must be verified within 180 or 365 calendar days from the provisional credentialing decision, as appropriate. 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.

Temporary/provisional credentialing status shall not exceed 60 days after which time the credentialing process shall move forward.

Re-Credentialing Criteria and Application Process – Re-Credentialing will be completed for all participating physicians and participating practitioners at least every 2 years. The Credentialing Committee may recommend re-credentialing for a lesser period of time.

Every practitioner will complete or update the current formal Credentialing Application and related materials required for the re-credentialing process. Additionally, the practitioner will provide the relative information supporting any changes in their credentials. The application will be processed by the credentialing staff.

Re-credentialing criteria and application processing includes review of the re-credentialing application for completeness and accuracy. Primary source verification and re-credentialing criteria for physicians and practitioners is as previously outlined in the initial credentialing process with the exception of the following:

- Education, Training and Work History – These are considered 'static' and no re-verification is conducted during re-credentialing. However, work history may change and will be re-verified.

- Board Certification will be re-verified.

- The practitioner is required to sign and date the attestation statement stating to the correctness and completeness of the application. The practitioner is required to sign any relevant addenda concerning the following: 1) The reasons for inability to perform essential functions. 2) Lack of present illegal drug use. 3) History of loss of license. 4) History of loss or limitation of privileges. 5) Current malpractice coverage that was not provided with the re-credentialing application and signed attestation.

- Quality information and member complaint data will be considered at re-credentialing.

- To ensure quality and safety of care between credentialing cycles. Summit Pointe performs ongoing monitoring of:

    - Member complaints, adverse events and information from quality improvement activities related to identified instances of poor quality.
    - Any incidences of Medicaid and Medicare sanctions.
    - Restrictions and/or sanctions on licensure and/or certification.

Privileging – Granting of privileging is implemented for employees and internal contractual Independent Practitioners who provide direct customer service as a method for ensuring a continuous high level of professional competence. Independent Practitioners that require privileging are defined as fully licensed physicians and psychologists.

Temporary privileges may be issued for new practitioners in order to meet the needs of customers. Temporary privileges shall be short-term in nature – no more than 120 days.

Prior to the expiration of the 120 days, a review shall be conducted within the Medical Team to determine recommendations for granting privileges (this shall include an overview of the components from credentialing and competency). Delineation of privileges will be according to the scope of practice including population(s) and credentialing requirements.

The Privileging Application will be completed in conjunction with the SWMBH Credentialing Application initially and renewed at least every two years. Re-credentialing verification activities shall be a component of the initial and renewal of privileging process.

Specific areas to be reviewed shall include, but are not limited to:

- Prescribing and monitoring the effect of medications utilizing electronic or manual tools.

- Ordering lab and other medical tests to ascertain appropriateness for psychotropic medication.

- Monitoring the physical health of customers and set of standards of practice regarding the identification and management of health related issues including referral to appropriate medical resources in the community – i.e. pain management.

- Review, consultation, and/or evaluation of customer cases according to specified criteria requested during the course of customer treatment.

- Review, consultation, and/or evaluation of high-risk and non-compliant customer cases according to criteria.

- Identification of quality of care concerns and adequacy of clinical management and work collaboratively to identify opportunities for improvement and resolution of customer care issues.

- Assuring compliance with credentialing requirements and demonstrating the appropriate level of clinical/medical competency, skill, training, availability and good health to perform service provisions within Summit Pointe including but not limited to:

    - Review of Continuing Medical Education
    - Verification of Credentialing
    - Malpractice Claims History
    - Clinical or Medical Disciplinary Actions
    - Customer Satisfaction/Quality of Care
    - Customer Rights Complaints (Reported/Substantiated)/Clinical Care Issues
    - Peer Consultation/Observations

- Record Management Reviews

- The failure of any privileged practitioner to demonstrate the requisite level of skill, ethical practice, health and availability in providing customer care will necessitate the sanctioning, suspecting, or terminating of clinical or medical practice.

- Recommendations for granting and/or renewal of privileges shall be made by the Medical Director on behalf of the Medical Team to the Summit Pointe Board of Directors. The Summit Pointe Board of Directors shall document review and approval of granting of privileges within its reporting structure. The practitioners will receive notification, in writing, of granting delineation of privileges by the Board of Directors.

Right for Request of Review – Applicants have the right, upon request, to be informed of the status of their application. Applicants may contact the credentialing staff via telephone, in writing, or email as to the status.

Applicants have the right to review the information submitted in support of their credentialing applications upon request. The following information is excluded from a request to review information: Information reported to the National Practitioner Data Bank and criminal background data.

Should the information provided by the applicant on their application vary substantially from the information obtained and/or provided to Summit Pointe by other individuals or organizations contact as part of the credentialing and/or re-credentialing process, credentialing staff will contact the applicant within 180 days from the date of the signed attestation and authorization statement to advise the applicant of the variance and provide the applicant with the opportunity to correct the information if it is erroneous.

The applicant will submit any corrections in writing within 14 calendar days to the credentialing staff. Any additional documentation will be date stamped and kept as part of the applicant's credentialing file.

Provider Network Applications – Providers must have current Michigan licensure and/or certification in good standing in their respective professional discipline or practice.

The provider must show evidence of his/her performance that meets community standards of acceptability. Specific indicators of acceptable performance include:

- Absence of excessive recipient rights claims.
- Absence of excessive sentinel or adverse events.
- Absence of excessive substantiated malpractice claims.
- History of acceptable performance reviews (site reviews) (as applicable).
- Absence of excessive substantiated incidents reportable and/or reported to the National Practitioner Data Bank.
- Continuing education.
- Professional Observation Results (as applicable)

The Summit Pointe Credentialing Committee retains the authority to make credentialing determination regarding any network provider. Southwest Michigan Behavioral Health's Credentialing Committee retains the authority to make all final determinations regarding any provider credentialed by Summit Pointe's Credentialing Committee for participation in the SWMBH Provider Network.

Credentialing Decisions – Credentialing decisions shall be made in accordance with SWMBH policies (Clean Credentialing and Re-Credentialing Files, Credentialing Committee, Confidentiality of Credentialing Records, and Provider Non-Discrimination). Providers not selected for inclusion in the Summit Pointe Provider Network will be given written notice of the reason for the decision.

Exclusionary Process - Section 438.610 of the Code of Federal Regulations prohibits PIHPs from knowingly having a relationship with an individual who is debarred, suspended or otherwise excluded from any federal health care program or with anyone who is an affiliate of such individual. In order to facilitate the process of checking the Exclusion Lists for all provider entity "Screened Persons," all contracted provider entities submit to SWMBH names of individuals who have authority or responsibility relative to the conduct or behavior of staff within the business or agency, in addition to the name(s) of the provider organization. SWMBH will cause to have the names verified against the System for Award Management (SAM) and the Office of Inspector General (OIG) lists on a monthly basis.

Adverse Licensure/Certification/Liability Insurance - Summit Pointe will ensure primary source verification of licensure and certification of practitioners whose job responsibilities require licensure or certification and shall ensure no lapse in liability insurance coverage (contractors only).

Summit Pointe will implement corrective action in response to adverse changes in licensure or certification status and lapse in liability coverage. Practitioners are required to notify the Director of Human Resources in a timely manner in the event of an adverse change in license or certification or lapse of liability coverage.

These actions can be as follows: 1) Decrease in responsibilities until the licensure or certification or liability insurance coverage can be reinstated. 2) Determine that the practitioner should be terminated for cause.

REFERENCES:

- Balanced Budget Act Section 438.214 (a-e)
- Michigan Department of Health and Human Services Contractual Requirements
- 42 CFR 422.204
- NCQA CR 1, CR 2, CR 3, CR 4, CR 8

ATTACHMENTS:
None