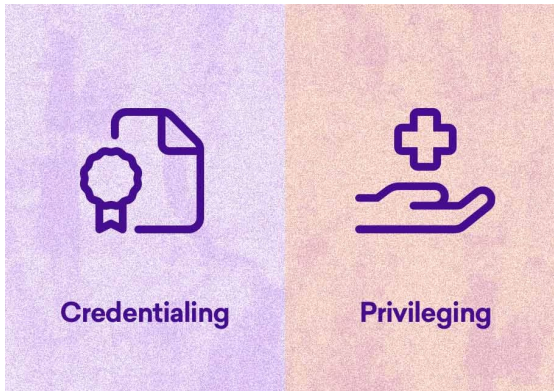


# Privileging & Credentialing Provider Training

June 2023



# Privileging & Credentialing Requirements



- \* PIHPs and PHIP network providers performing credentialing functions must have a written system in place for credentialing and recredentialing
  - \* Ensures Organizational Providers and Individual Practitioners are properly credentialed, licensed, and/or qualified to provide services
  - \* The credentialing process shall be completed in accordance with 42 CFR 422.204 and MDHHS Contract and Policy Standards

# Written Policy & Procedures

- \* The PIHP Credentialing & Privileging Policy (01.06.05)
  - \* Located on the PIHP's website
  - \* Includes standardized timeframe requirements, credentialing file requirements and adverse credentialing decisions
  - \* CMH and SUD Providers can use the PIHP policy to review, create, and / or update Provider Credentialing and Privileging Policies
  
- \* Credentialing policies and procedures need to align with 42 CFR 422.204, MDHHS Contract, and MDHHS & PIHP Policy



# Written Policy & Procedures

- \* Policy content shall include a process which includes initial credentialing, temporary / provisional credentialing, re-credentialing, deeming status, adverse credentialing decisions and reporting
- \* Providers must also have written policies and procedures for monitoring Sub-Contracted Providers and/or Practitioners

# Credentialing File Requirements

- \* CMH Providers are to follow the same standard of practice as the PIHP to ensure review of their Provider Network's Organizational Applications
- \* Privileging & Credentialing (P&C) applications shall be in a separate designated credentialing file for **each Organizational Provider (Sub-Contracted Provider)** and for **each Individual Practitioner** that is credentialed through the Provider
  - \* Including applications and related records for initial credentialing, provisional credentialing, and recredentialing
  - \* Recredentialing must take place minimally every two (2) years



# Credentialing File Requirements

## Organizational Provider Applications

- \* **The beginning of a credentialing term will not precede any signature dates on the application**
- \* A completed and signed P&C Organizational Provider application sent to the PIHP/CMH for consideration includes the following:
  - \* All areas on the application have been completed in full
  - \* The application has been signed by an authorized official of the organization
  - \* ASAM LOC Designation Letters from MDHHS/BHDDA (SUD services)
  - \* Certificate of Liability Insurance
  - \* Copy of LARA License
  - \* Post Licensure Surveys completed by LARA (if available)
  - \* Accreditation Letters and Monitoring Reports, as well as any corrective action plans

*Con't next slide*

# Credentialing File Requirements

## Organizational Provider Applications

- \* An NPI check. The NPI check must list the primary address of the provider, as well as the address of the location if they differ
- \* LARA License Verification
- \* MDHHS Office of the Inspector General (OIG) Exclusions Database Search for the Provider Organization, Provider Key Staff and Provider Board Members
- \* MDHHS Sanctioned Provider List Search for the Provider Organization and Provider Key Staff

# Credentialing File Requirements

## Organizational Provider Applications



The PIHP/CMH Privileging & Credentialing Committee will review all completed applications and decide if the organization will be included on the PIHP/CMH Provider Network panel.



During the credentialing and re-credentialing processes, organizational providers shall be notified of any credentialing decision in writing within thirty (30) days following the decision.



In the event of an adverse credentialing decision, the organizational provider will be notified in writing of the reason and will be provided with information regarding the appeal process for adverse credentialing decisions.



# Credentialing File Requirements

## Individual Practitioner Applications



- \* The PIHP, CMH and SUD Providers will follow the same standard of practice to ensure appropriate and accurate review of Individual Practitioner Applications
- \* The PIHP, CMH and SUD Provider's credentialing processes shall be completed in compliance with 42 CFR 422.204, MDHHS Contract, and MDHHS & PIHP Policy

# Credentialing File Requirements

## Individual Practitioner Application

- \* **The beginning of a credentialing term will not precede any signature dates on the application**
- \* A completed and signed Individual Practitioner application sent to the PIHP/Provider for consideration shall include appropriate signatures and dates of signatures as follows:
  - \* The applicant signs and dates the application and submits it to their supervisor
  - \* The supervisor reviews, signs, dates the application and sends it to Human Resources
  - \* Human Resources staff reviews the application, performs required checks, signs and dates the application and sends it to the organization's P & C Committee.
  - \* The P & C Committee reviews the application and issues a decision of the credentialing term, or issues a denial, and the authorized official signs and dates the application
  - \* Written notification is sent to the applicant with the credentialing decision within thirty (30) days

# Credentialing File Requirements

## Individual Practitioner Applications

Before the P&C Committee reviews an application, the application is reviewed for completeness, including:

- \* An NPI check. The NPI check must list the primary address of the practitioner's workplace
- \* LARA License Verification/certification check
- \* MDHHS Office of the Inspector General (OIG) Exclusions Database Search
- \* MDHHS Sanctioned Provider List Search for the Practitioner
- \* Evidence of review of any grievances, appeals, and/or quality issues involving the Individual Practitioner



# Credentialing File Requirements

## Individual Practitioner Applications

- \* National Practitioner Databank (NPDB) query verified at [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov) OR the following three (3) items:
  - \* 1. Confirmation of the past five (5) years of malpractice settlements directly from the malpractice carrier (in lieu of the NPDB query) and review of any applicable grievances, appeals and quality issues from practitioners or organizations.
    - \* Monitoring and intervention, if appropriate, of provider sanctions, complaints, and quality issues pertaining to the provider will be reviewed and at a minimum will include:
      - a. Medicare/Medicaid sanctions
      - b. State sanctions or limitations on licensure, registration, or certification
      - c. Member concerns which include appeals and grievance (complaints) information
      - d. PIHP Quality issues
  - \* 2. Disciplinary status with regulatory board or agency, verified at <https://w2lara.state.mi.us/VAL/License/Search>;
  - \* 3. OIG/Medicare/Medicaid Sanctions verified at <http://exclusions.oig.hhs.gov>.

# Credentialing File Requirements

## Individual Practitioner Applications

- \* A completed and signed Individual Practitioner application sent to the PIHP or CMH/SUD Provider for consideration includes the following:
  - \* All areas on the application have been completed in full
  - \* Practitioner Liability Insurance (if applicable)
  - \* A signed and dated explanation for answers requiring more information (as noted in the application)
  - \* Human Resources review and completion of identified areas
  - \* PIHP Conflict of Interest Attestation
  - \* Copy of appropriate licenses / certifications
  - \* Up-to-date Resume for 5-year work history evidence
  - \* Transcript and/or Diploma

# Credentialing File Requirements

## Individual Practitioner Applications

- \* The PIHP/Provider Privileging & Credentialing Committee will review all applications and issue a credentialing decision
  - \* A Medical Director or Designee shall never unilaterally approve nor deny any credentialing request
  - \* Individual practitioners shall be notified of any credentialing decision in writing within thirty (30) days following the decision.
  - \* In the event of an adverse credentialing decision, the individual practitioner will be notified of the reason in writing and will be provided with information regarding the appeal process for adverse credentialing decisions.

# Adverse Credentialing Determinations

- \* All organizations shall have a standardized process for disputes and appeals for those who receive an adverse credentialing decision, as well as a formal tracking mechanism for monitoring adverse credentialing decisions.
- \* The PIHP, CMH and SUD Providers shall provide written notification of adverse credentialing decisions to Organizational Providers (PIHP, CMH) and/or Individual Practitioners (PIHP, CMH, SUD) with a reason for the decision.
- \* The notification shall also include information that an appeal process is available for adverse credentialing decisions.
- \* It is expected that all organizations will provide written notice within thirty (30) days of the decision. A copy of the letter shall be maintained in the Credentialing file of the Provider / Practitioner.



# Adverse Credentialing Determinations

- \* Providers and Practitioners have the right to appeal adverse credentialing decisions within thirty (30) days of the date of the decision notification.
- \* The appeals process does not apply to medical necessity appeals or conditions dictated in the provider contract that result in immediate termination such as Provider/Practitioner loss of required certification or licensure, suspension from service participation in the Michigan Medicaid and/or Medicare programs, and/or listed by a department or agency in the State of Michigan in its registry for Unfair Labor Practices.





# Adverse Credentialing Determinations



- \* The PIHP, as well as the CMH and SUD Providers, shall follow this standard of practice to ensure appropriate and accurate adverse credentialing notifications and tracking is taking place within the timeframes and guidelines specified.
- \* The PIHP, CMH and SUD Provider credentialing processes shall be completed in compliance with 42 CFR 422.204, MDHHS Contract, and MDHHS & PIHP Policy.

# Contract Monitoring Findings

- \* FY2022 Contract Monitoring credentialing reviews found errors and missing documentation from Provider P&C Files including but not limited to:
  - \* Completion of all areas of the application
  - \* Identification of Provider Liability Insurance
  - \* Copy of LARA License
  - \* PIHP Conflict of Interest Attestation
  - \* Other appropriate licenses / certifications
  - \* Up-to-date Resume for 5-year work history evidence
  - \* Transcript and/or Diploma
  - \* Training evidence
  - \* Evidence of Primary Source Verification (ex. OIG exclusions database check)

# 2022 HSAG Audit of PIHP Findings

- \* Health Services Advisory Group (HSAG) Compliance Review Recommendations for Region 10 and delegates performing credentialing functions following the 2022 Compliance Review:
  - \* “The PIHP must comply with, and ensure delegates performing credentialing activities comply with, all initial credentialing requirements as outlined in its contract with MDHHS.”
  - \* “The PIHP must comply with, and ensure delegates performing credentialing activities comply with, all recredentialing requirements as outlined in its contract with MDHHS.”



# 2022 HSAG Audit of PIHP Findings

- \* “The PIHP must comply with, and ensure delegates performing organizational credentialing activities comply with, all initial credentialing requirements as outlined in its contract with MDHHS.”
- \* “The PIHP must comply with, and ensure delegates performing organizational recredentialing activities comply with, all recredentialing requirements as outlined in its contract with MDHHS.”



# Updates

- \* FY 2022 HSAG and Contract Monitoring results support our efforts to improve the Privileging & Credentialing processes within our network. The following changes have been identified as opportunities to improve:
  - \* Applications have been reviewed and updated
  - \* Contract Monitoring P&C Record Review improvements have been incorporated for the FY23 reviews
  - \* Universal Credentialing is being implemented by MDHHS, stay tuned, we will send updates as we receive them!

# In Conclusion

- \* The PIHP, CMH and SUD Providers ensure the credentialing and recredentialing of organizations and practitioners with whom they employ and contract with
- \* The PIHP, CMH and SUD Providers will have a written policy and process for all credentialing activities (provisional, probationary, temporary, full, recredentialing), as well as for adverse credentialing decisions, suspensions, terminations, sanctions, and appeals (or follow the PIHP policy as written)
- \* All credentialing processes shall be completed in compliance with 42 CFR 422.204, MDHHS Contract / Policy and PIHP Policy
- \* All organizations shall maintain a **distinct and separate file** for **each** Organizational Provider / Individual Practitioner with elements as detailed in this presentation, in 42 CFR 422.204, in the MDHHS Contract & Policies and in the PIHP Credentialing & Privileging Policy 01.06.05

# Resources

- \* 42 CFR 422.204
  - \* <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-E/section-422.204>
- \* MDHHS Policy
  - \* [https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder82/Folder2/Folder182/Folder1/Folder282/Provider\\_Credentialing.pdf?rev=01df15e906974a32abe791c600462d56](https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder82/Folder2/Folder182/Folder1/Folder282/Provider_Credentialing.pdf?rev=01df15e906974a32abe791c600462d56)
- \* MDHHS Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes
  - \* [https://www.region10pihp.org/downloads/service\\_codes\\_information/sfy\\_2023\\_behavioral\\_health\\_code\\_charts\\_and\\_provider\\_qualifications\\_2023.01.xlsx](https://www.region10pihp.org/downloads/service_codes_information/sfy_2023_behavioral_health_code_charts_and_provider_qualifications_2023.01.xlsx)
- \* PIHP Policy 01.06.05
  - \* [https://www.region10pihp.org/downloads/forms-policy\\_chapter\\_1/01.06.05\\_credentialing\\_and\\_privileging.pdf](https://www.region10pihp.org/downloads/forms-policy_chapter_1/01.06.05_credentialing_and_privileging.pdf)

# QUESTIONS?

Please contact the PIHP should you have any questions.



*Stephanie Willis-Ritland*  
*Network Manager*  
*Region 10 PIHP*  
*[willisritland@region10pihp.org](mailto:willisritland@region10pihp.org)*