

NORTHCARE NETWORK

POLICY TITLE: Credentialing Oversight and Monitoring	CATEGORY: Provider Network Management	
EFFECTIVE DATE: 3/21/13	BOARD APPROVAL DATE: 7/13/16	
REVIEWED DATE: 9/11/23	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: Provider Network Specialist	CEO APPROVAL DATE: 12/5/23 Megan Rooney, CEO	

APPLIES TO

NorthCare Network Personnel
Network Providers

POLICY

NorthCare Network is directly responsible for continuous monitoring of NorthCare Network personnel and contracted individuals and organizations. Continuous monitoring and oversight of sub-contract individuals and organizations is delegated to Member CMHSPs. Member CMHSPs are required to ensure full compliance with applicable federal and state laws, accreditation standards and the NorthCare Network Credentialing Program.

PURPOSE

To ensure proper credentialing and monitoring of individual and organizational providers is conducted on an ongoing basis in accordance with applicable federal and state laws, accreditation standards and NorthCare Network policy/procedures.

DEFINITIONS

1. **Contractor** – Any provider, supplier, distributor, vendor or firm (person or entity) that furnishes services under primary contract with NorthCare Network.
2. **Credentialing** (As defined by the American Society of Addiction Medicine and the American Managed Behavioral Healthcare Association): The process of reviewing, verifying, and evaluating a provider’s credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the specialized professional background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing is that a provider is granted membership in a medical staff or provider panel.
3. **National Practitioner Databank (NPDB) and the Healthcare Integrity and Protection Databank (HIPDB)**: The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Processions, Office of Workforce Evaluation and Quality Assurance, Practitioner Data Banks Branch is responsible for the management of the National Practitioner

Data Bank and the Healthcare Integrity and Protection Data Bank. HRSA. They can be located on the Internet at www.npdb.hrsa.gov .

4. **Organizational Providers (Facilities)** – are providers with whom NorthCare Network contracts and that directly employ and/or contract with individual practitioners or organizations to provide behavioral health care services. Examples of organizational providers include but are not limited to: Member Community Mental Health Services Programs, psychiatric hospitals, substance use treatment programs and residential providers.
5. **PIHP (Prepaid Inpatient Health Plan):** In Michigan and for the purposes of the MDHHS/PIHP contract, a PIHP is defined as an organization that manages Medicaid specialty services under the state's approved Concurrent 1915(b)/1915(c) Waiver Program, on a prepaid, shared-risk basis, consistent with the requirements of 42 CFR Part 438. (In Medicaid regulations Part 438., Prepaid Health Plans (PHPs) that are responsible for inpatient services as part of a benefit package are now referred to as "PIHP" The PIHP also known as a Regional Entity under MHC 330.1204b or a Community Mental Health Services Program also manages the Autism iSPA, Healthy Michigan, Substance Abuse Treatment and Prevention Community Grant and PA2 funds
6. **Practitioner/Individual Provider:** is any individual 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.
7. **Senior Clinical Staff Person:** The appointed leadership role of the credentialing program of at least one senior clinical staff person who has: current, unrestricted clinical license(s); qualifications to perform clinical oversight for the services provided; five years' post-graduate experience in direct patient care; and Board certification (if the senior clinical staff person is an M.D. or D.O.).
8. **Sub-Contractor:** any provider, supplier, distributor, vendor or firm (person or entity) that furnishes services to or for a prime contractor or another subcontractor.

REFERENCES

- 42 CFR, (Balanced Budget Act of 1997), 438.214, 438.610
- Medicaid Provider Manual
- MDHHS/PIHP Contract
- Medicaid Sub-Contracting Agreement (PIHP/CMHSP Contract)
- NorthCare Network/Member CMHSP Delegation Agreement
- NorthCare Network Policies, as applicable

HISTORY

REVISION DATE: 6/19/13, 9/2/13, 9/19/13, 11/27/13, 11/5/14, 9/23/15, 5/17/16, 8/9/16, 12/13/16, 1/8/20, 8/24/20, 1/11/22, 9/11/23

REVIEW DATE: 3/20/13, 6/19/13, 9/19/13, 11/27/13, 11/5/14, 9/23/15, 5/17/16, 8/9/16, 12/13/16, 10/9/17, 8/10/18, 1/8/20, 8/24/20, 1/11/22, 11/2/22, 9/11/23

CEO APPROVAL DATE: 3/20/13, 6/19/13, 9/2/13, 9/19/13, 11/27/13, 11/5/14, 10/6/15, 5/31/16, 10/4/16, 12/13/16, 11/9/17, 9/17/18, 2/4/20, 9/1/20, 2/1/22, 12/6/22, 12/5/23

BOARD APPROVAL DATE: 3/21/13, 12/4/13, 7/13/16

PROCEDURES

A. NorthCare Network will monitor compliance with credentialing and recredentialing of contractors as warranted and no less than annually at time of provider site review in accordance with Network Provider Oversight Monitoring & Evaluation Policy. During the annual site review, a sample of sub-contractor file review conducted by the respective CMHSP will also be reviewed by NorthCare.

B. Sanctions or Limitations on Licensure

NorthCare Network and the Network Providers review Federal and State of Michigan information regarding individual practitioners and organizational providers who have received sanctions or limitations on licensure/certification from various agencies as they are published or made available.

1. In addition to all the checks required in the NorthCare Network Background and Exclusion Check Policy, the following two sites are also checked at time of initial hire/contract and at time of re-credentialing/contract renewal.
 - a. MDHHS, Bureau of Health Professions, Disciplinary Action Report http://www.michigan.gov/lara/0,4601,7-154-72600_72603_27529-43008--,00.html
 - b. American Medical Association, Physician Masterfile System at <https://www.ama-assn.org/practice-management/masterfile/ama-physician-masterfile> to verify a physician's credentials.
2. All individuals and entities shall disclose to NorthCare Network CEO or Compliance Officer immediately if they have ever been excluded from participation in any state or federal programs.
3. If NorthCare Network has actual notice, or learns through other means, that an employed, contracted or sub-contracted individual or entity has become an excluded individual or entity, NorthCare Network will remove (e.g., through termination of employment, contract or sub-contract) such individual or entity from responsibility for, or involvement in, the business operations related to any Federally Funded Health Care Programs or provision of items or services, directly, or indirectly, to Federally Funded Health Care Program beneficiaries and shall remove such persons from any position for which the excluded individual's compensation or the items or services furnished, ordered, or prescribed by the excluded individual, are paid in whole or part, directly or indirectly, by Federally Funded Health Care Programs or otherwise with Federal funds. The NorthCare Network and Member CMHSP Provider Directories will be updated, as applicable, within 30 days of exclusion from the network.

C. Expiration of Licensures

1. To ensure providers in the NorthCare Network have renewed their Michigan licenses and any applicable certifications in a timely basis, the NorthCare Network and Network Providers credentialing staff will:
 - a. Monitor monthly to identify any provider with an upcoming license or certification.

- b. Ensure primary source verifications of licensure/certification is completed prior to re-credentialing or contract renewal.
 - c. Upload documents into the ELMER Provider Management system.
2. Any Provider who has not renewed their license or certification prior to its expiration will be immediately suspended/terminated from the provider network. Services are not reimbursed during periods of lapsed license/certification.
3. Providers who are suspended/terminated for a lapse in licensure or certification may request reinstatement as a participating provider. Reinstatement is at the discretion of NorthCare Network's Senior Clinical Director, once licensure or certification is renewed.

D. Other Identified Credentialing Issues

1. If a NorthCare Network Participating Provider is listed on an ongoing disciplinary action report or other information source that determines lack of compliance to NorthCare Network practice standards, NorthCare Network will reassess the provider's ability to perform the services that he or she is under contract to provide.
2. Any professional liability claim, judgment or settlement, reported or known, within the past five (5) years will be verified by the NPDB/HIPDB or directly with the insurance carrier.
3. The NorthCare Network Credentialing Committee may:
 - a. Determine that no action is justified;
 - b. Issue a letter of guidance, warning, or reprimand;
 - c. Impose conditions for continued practice on the NorthCare Network provider network;
 - d. Impose a requirement for monitoring or consultation;
 - e. Recommend additional training or education;
 - f. Determine that the provider should be suspended or terminated for cause, as in the case of loss of license.
4. If an individual or entity is listed on the Sanctioned Provider or the OIG Federal Exclusions List during the contract term, that contractor is obligated to notify NorthCare Network and shall be removed from involvement with NorthCare Network operations related to federal or state health care programs.
5. NorthCare Network and any Network Provider may not have any of the following relationships with an individual or entity who is excluded from participating in Federal health care programs.
 - a. Excluded individuals cannot be a director, officer, or partner of the PIHP/organization (this includes members of the governing board);
 - b. Excluded individuals cannot have a beneficial ownership of five percent or more of the PIHP/organization's equity; and
 - c. Excluded individuals cannot have an employment, consulting, or other arrangement with the PIHP/organization for the provision of items or

services that are significant and material to the PIHP/organization's obligations under its contract with the State/PIHP.

5. Network Providers must notify NorthCare Network's CEO and/or Compliance Officer immediately if search results indicate that any of their network providers, individuals or entities, with ownership or control interests in a provider entity are on the OIG exclusions database.
6. NorthCare Network will notify the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) Division of Program Development, Consultation and Contracts within two business days when disclosures are made by providers with regard to those offenses as detailed in sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act.