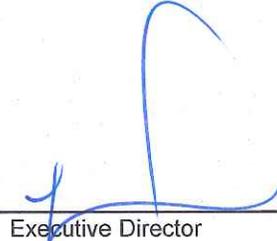

Chapter: **QUALITY IMPROVEMENT**
Title: **NETWORK PROVIDER CREDENTIALING AND RECREDENTIALING**

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Approved by: _____


Executive Director


Date

I. Abstract

This policy establishes the delegated credentialing and recredentialing policy of the Macomb County Community Mental Health Board (MCCMH Board) to ensure that only qualified network providers are authorized to provide clinical treatment and related services to consumers of the MCCMH Board.

II. Application

This policy shall apply to contract network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board that all health practitioners for network providers must be both qualified and competent. Credentialing and recredentialing are the processes by which qualifications and competency are formally recognized. It is the policy of the MCCMH Board to delegate credentialing and recredentialing to the network providers. MCCMH will maintain National Committee for Quality Assurance (NCQA) accreditation standards by monitoring and auditing the delegated function of credentialing and recredentialing for all contract network providers.

IV. Definitions

A. Audits/ Evaluation

MCCMH must conduct an annual evaluation of all contract providers. This includes a review of applicable policies and procedures and an audit of how the contract providers process activities.

B. Credentialing and Recredentialing

A process which requires reviewing, evaluating, and verifying a practitioner's qualifications and background (e.g. education, training, clinical experience, licensure, board and/or other certification, other relevant credentials, malpractice

history and/or disciplinary actions, Medicaid/Medicare status) to ensure the practitioner possesses the education, training and skill to fulfill the requirements of the position.

C. Delegated Function

Any function or responsibility mandated by the provisions of the federal Balanced Budget Act that MCCMH, as a PIHP, is required to provide under contract with the Michigan Department of Community Health (MDCH), which MCCMH subsequently assigns to a third party via contract or a mutual written agreement. The contractor is given the responsibility to carry out the delegated function, and MCCMH remains accountable to MDCH for the proper performance of the particular delegated function.

D. Delegation

A formal process by which an organization gives another entity the authority to p to carry out a function that it would otherwise perform. Although an organization may delegate the authority to perform a function, it may not delegate the responsibility for ensuring that the function is performed appropriately.

E. Improvement Actions

Based on the findings from the annual evaluation and audit, MCCMH will identify areas of improvement and take action when required.

F. NCQA Accreditation

This is based off of proficiency in the following five categories: quality management and improvement, care coordination, utilization management, credentialing and recredentialing, and member's rights and responsibilities. NCQA accreditation signifies that the organization provides high-quality care, access, and consumer protections.

G. NCQA-Accredited Organization/ NCQA-Certified Program

MCCMH may delegate functions to contract providers that are NCQA-Accredited Organizations or NCQA-Certified Programs. In the event that MCCMH delegates to a contract provider that is NCQA accredited or certified, MCCMH is not required to conduct a pre-delegation evaluation, annual evaluation, and annual audit. Both the NCQA-Accredited Organizations and NCQA-Certified Programs have are awarded to organizations that meet the requirements set forth by the NCQA. NCQA-Accredited organizations include: health plan accreditation, managed behavioral health organization accreditation, disease management accreditation, wellness and health promotion accreditation, and case management accreditation. NCQA-Certified programs include: credentialing verification organization certification, disease management certification, health information products certification, physician hospital quality certification, and utilization management and credentialing certification.

H. NCQA Managed Behavioral Health Organization (MBHO) Accreditation

NCQA Managed Behavioral Health Organization Accreditation demonstrates to health plans, employers, regulators, and consumers that an organization follows evidence based practices for providing high-quality care, access, and consumer

protections. MCCMH possess NCQA Managed Behavioral Health Organization Accreditation.

I. **Practitioner**

A person authorized to provide mental health or substance abuse services or treatment.

J. **Practitioner Rights**

Practitioners maintain the right to review information to support their credentialing application; correct erroneous information; and upon request, receive the status of their credentialing or recredentialing application.

K. **Pre-delegation Assessment and Evaluation**

MCCMH has created a credentialing pre-delegation assessment form which is based upon NCQA standards. The contract network provider must receive at least a score of 95% to be considered for delegation of credentialing and recredentialing. MCCMH must evaluate the contract network provider's capacity to perform the specific NCQA required activities before entering into a delegation agreement.

L. **Privileging**

A part of the credentialing process which determines the scope of an individual's competencies to perform specific services or procedures within the MCCMH Provider Network as determined by peer review, training, licensure, and registration.

M. **Reports**

MCCMH must receive reports from contract providers, including contract providers that are NCQA-Accredited and NCQA-Certified, on a semiannual basis. MCCMH must submit a report with the findings of the contract provider reports to NCQA.

V. **Standards**

A. MCCMH may delegate credentialing and recredentialing to a contract network provider if:

1. The contract network provider is NCQA certified or passes the MCCMH credentialing pre-delegation assessment. The MCCMH credentialing pre-delegation assessment is based upon NCQA standards and the contract network provider must score at least 95%;
2. The contract network provider is able to able to correct deficiencies within mutually agreed upon timeframes when issues of non-compliance are identified by MCCMH;
3. The contract network provider agrees to MCCMH's written agreement for credentialing delegates;

4. The contract network provider will submit timely and complete reports to MCCMH; and
 5. The contract network provider will comply with all applicable federal laws, state laws, and MCCMH policies.
- B. MCCMH utilizes NCQA MBBHO Accreditation standards for credentialing. MCCMH seeks to uphold the standards set forth by the NCQA for consumer safety and procedures in the following categories: quality management and improvement, care coordination, utilization management, credentialing and recredentialing, and members' rights and responsibilities.
 - C. MCCMH shall monitor the satisfactory completion of BBA mandated functions and responsibilities that it delegates to a contract network provider by conducting a pre-delegation assessment and evaluation, ongoing monitoring, and an annual evaluation.
 - D. MCCMH remains responsible for all delegated functions to contract providers to ensure compliance with NCQA standards.
 - E. MCCMH is directly responsible for ensuring that all contract network providers and subcontract providers are compliant with the standards and procedures set forth in this credentialing and recredentialing policy.
 - F. MCCMH shall specify, in the written agreement with the contract network provider, any credentialing and recredentialing responsibilities that are to be delegated to the contract network provider.
 - G. In the terms of the agreement with the contractor, MCCMH shall specify that the performance of the delegated functions will be monitored by MCCMH and, should performance be inadequate, corrective action shall be required of the contractor.
 - H. The agreement between MCCMH and the contractor shall provide for sanctions in the event of contractor non-performance of the delegated functions and responsibilities.

VI. Procedures

- A. Pre-Delegation
 1. Before any delegation, MCCMH will conduct a pre-delegation assessment and evaluation. This assessment and evaluation will evaluate the prospective contract network provider's process for credentialing and recredentialing. During pre-delegation, MCCMH must evaluate the contract provider's capacity to perform credentialing and recredentialing before entering into a delegation agreement.

2. Following the pre-delegation evaluation, MCCMH will determine if the contract network provider process for credentialing and recredentialing is satisfactory. If this process is deemed satisfactory, by achieving a 95% on the score sheet, MCCMH has the authority to delegate all credentialing and recredentialing to the contract network provider.

B. Pre-Delegation Assessment Standards

1. MCCMH will determine if the contract network provider has a well-defined credentialing and recredentialing process for evaluating and selecting licensed practitioners to provide care to MCCMH consumers. The contract network provider's credentialing policies and procedures must specify the following:
 - a. The types of practitioners to credential and recredential;
 - b. The verification sources used;
 - c. The criteria for credentialing and recredentialing;
 - d. The process for making credentialing and recredentialing decisions;
 - e. The process for managing credentialing files that meet the organization's established criteria;
 - f. The process for delegating credentialing or recredentialing;
 - g. The process for ensuring that credentialing and recredentialing are conducted in a nondiscriminatory manner;
 - h. The process for notifying practitioners if information obtained during the credentialing process varies substantially from the information they provided to the organization;
 - i. The process for ensuring practitioners are notified of the credentialing and recredentialing decision within 60 calendar days of the Credentialing Committee's decision;
 - j. The medical director or other designated physician's direct responsibility and participation in the credentialing program;
 - k. The process for ensuring the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law; and
 - l. The process for ensuring that listings in practitioner directories and other materials for members are consistent with credentialing data, including education, training, certification, and specialty;
 - m. The right of practitioners to review information submitted to support their credentialing application;

- n. The right of practitioners to correct erroneous information; and
 - o. The right of practitioners to receive the status of their credentialing or recredentialing application, upon request.
2. MCCMH will determine if the contract network provider has an established credentialing committee. The credentialing committee should use a peer-review process to make recommendations regarding credentialing decisions. The contract network provider's credentialing committee must perform the following functions:
- a. The organization obtains meaningful advice and expertise from participating practitioners when it makes credentialing decisions;
 - b. Reviews credentials for practitioners who do not meet established thresholds; and
 - c. Ensures that files it does not see that meet established criteria are reviewed and approved by a medical director or designated physician.
3. MCCMH will review the contract network provider's ongoing monitoring policies regarding practitioner sanctions, complaints, and adverse events. MCCMH will look to see if the contract network provider takes appropriate action against practitioners when it identifies occurrences of poor quality. The contract network provider's on going monitoring of practitioners must meet the following requirements:
- a. The organization implements ongoing monitoring and makes appropriate interventions by collecting and reviewing Medicare and Medicaid sanctions;
 - b. The organization implements ongoing monitoring and makes appropriate interventions by collecting and reviewing sanctions or limitations on licensure;
 - c. The organization implements ongoing monitoring and makes appropriate interventions by collecting and reviewing complaints;
 - d. The organization implements ongoing monitoring and makes appropriate interventions by collecting and reviewing information from identified adverse events; and
 - e. The organization implements ongoing monitoring and makes appropriate interventions by implementing appropriate interventions when it identifies instances of poor quality related to factors a-d.
4. MCCMH will determine if the contract network provider has a well-defined process for notifying appropriate authorities after the contract network provider has taken actions against a practitioner for quality reasons.

Additionally, MCCMH will determine if the contract network provider offers the practitioner a formal approach. This process must meet the following requirements:

- a. The organization has policies and procedures for the range of actions available to the organization. For example, if a practitioner is terminated or suspended from the Medicaid or Medicare program, or is the subject of a state or federal licensing action, the organization shall terminate, suspend, or decline a practitioner from its provider network as appropriate;
 - b. The organization has policies and procedures for reporting to authorities;
 - c. The organization has policies and procedures for a well defined appeal process;
 - d. The organization has policies and procedures for making the appeal process known to practitioners;
 - e. There is documentation that the organization reports practitioner suspension or termination to the appropriate authorities including state licensing agencies and the National Practitioner Data Bank (NPDB);
 - f. The organization informs affected practitioners of its appeal process and includes the following information in process and notification: providing written notification indicating that a professional review action had been brought against the practitioner, reasons for the action, and a summary of the appeal rights and process;
 - g. Allowing the practitioner to request a hearing and the specific time period for submitting the request;
 - h. Allowing at least 30 calendar days after the notification for the practitioner to request a hearing;
 - i. Allowing practitioner to be represented by an attorney or another person at the practitioner's choice;
 - j. Appointing a hearing officer or a panel of individuals to review the appeal; and
 - k. Providing written notification of the appeal decision that contains the specific reason for the decision.
5. MCCMH will determine if the contract network provider has written policies and procedures for the initial and ongoing assessment of providers with which it contracts. These written policies and procedures shall include the following:

- a. The organization includes behavioral healthcare facilities providing mental health or substance abuse services in the Inpatient setting;
- b. The organization includes behavioral healthcare facilities providing mental health or substance abuse services in the Residential setting;
- c. The organization includes behavioral healthcare facilities providing mental health or substance abuse services in the Ambulatory setting; and
- d. The organization assesses contracted behavioral healthcare providers.

C. Written Delegation Agreement

1. MCCMH will defer to the terms set forth in the written, mutually agreed upon delegation agreement between MCCMH and the contract network provider. The written delegation shall outline all responsibilities of the parties, including the submission of a report from the contract network provider on credentialing and recredentialing of all practitioners. The written delegation agreement will also describe the method that MCCMH will use to audit the contract network provider. The written delegation agreement must also require the network provider to submit a semiannual report. Additionally, if necessary, the written delegation agreement will have provisions regarding Protected Health Information (PHI). This agreement will also set forth the process by which MCCMH evaluates credentialing and recredentialing and also describes the remedies retained by MCCMH if the contract network provider does not fulfill its obligations. See MCCMH MCO Policy 3-010 for more information.

D. MCCMH Annual Audit and Evaluation of Credentialing and Recredentialing

1. MCCMH will conduct an annual evaluation and audit of all credentialing and recredentialing processes that a contract network provider conducts. The evaluation and audit will include a review of applicable policies and procedures that relate to the credentialing and recredentialing function. Specifically, this review will include:
 - a. Audit of the credentialing files against NCQA standards for each year that delegation has been in effect;
 - b. Evaluate delegate performance against NCQA standards for delegated activities; and
 - c. Evaluate regular reports.
2. MCCMH must conduct an annual evaluation of all delegates. This evaluation must include a review of the contract network provider's credentialing policies and procedures. This evaluation can be conducted through the following methods: site visit, telephone conversation, documentation review, or committee meetings.

- E. Improvement Action
 - 1. If, following formal review, MCCMH identifies deficiencies or areas for improvement in the contractor's performance, MCCMH and the contract network provider will negotiate a plan for corrective action. If the contract network provider does not cooperate, does not implement the corrective plan, or does not improve its performance, its performance will be deemed inadequate by MCCMH, and MCCMH may impose sanctions, including the termination of the contract.

VII. References / Legal Authority

- A. NCQA 2014 MBHO Standards and Guidelines, Appendix 3, Delegation
- B. MCCMH MCO Policy 3-010 Delegation