SUMMIT POINTE POLICY AND PROCEDURE MANUAL

Section: Provider Network	**Policy Name:** Credentialing and Recredentialing	**Policy Number:** 1.2.4
Owner: Director of Provider Network	**Applies To:** ☒Summit Pointe Staff ☒Summit Pointe Contract Providers ☒Summit Pointe CCBHC Services ☐Summit Pointe CCBHC DCO Providers	
Approved By: Jean M. Goodrich		
Version Number: 2	**Revised Date: 02/09/2024**	**First Effective Date: 03/01/2024**

I. **PURPOSE:**
To ensure that all customers served by Summit Pointe are receiving care from practitioners and providers who are properly credentialed.

II. **DEFINITIONS:** Refer to the "Summit Pointe Policy and Procedures Definitions Glossary."

III. **POLICY:**
It shall be the policy of Summit Pointe to verify through a credentialing and re-credentialing process the educational requirements, certification, or licensure, if and to the extent required by position or scope of service, for all Summit Pointe staff, contracted providers, interns, and others who provide behavioral health services to Summit Pointe customers. The credentialing process will be completed in compliance with 42 CFR 422.204. Under this policy, employed and contracted practitioners and credentialed organizations are defined as providers.

Summit Pointe will not discriminate in the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely based on that license or certification. If Summit Pointe declines to include individual or groups of providers in its provider network, it must give the affected providers written notice of the reason for its decision. 42 CFR 438.12.

IV. **PROCEDURE:**
Credentialing and re-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 individual service providers will be credentialed:

- Physicians (MD/DO)
- Physician Assistants/Nurse Practitioners
- Psychologists (Licensed, Limited License, Temporary License)
- Licensed:
    - Master's Social Workers
    - Bachelor's Social Workers
    - Limited Licensed Masters Social Worker
    - Registered Social Service Technicians
    - Professional Counselors
    - Limited Licensed Professional Counselors
    - 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 Marriage and Family Therapists
- Paraprofessional Direct Care Staff – i.e. Health Care Advocates, Peer Supports, Recovery Coaches, etc.

All organizations providing contracted behavioral health care services and billing Medicaid shall also be credentialed as organizations. Credentialing must be completed prior to contracting for service provision. Re-credentialing is required to be completed every two years. The Credentialing Committee may recommend re-credentialing for a lesser time.

Timeframes for Credentialing and Re-Credentialing:

- Initial credentialing must be completed within 90 days of hire for individual practitioners.
- Initial credentialing must be completed within 90 days of receiving an application for organizational providers.
- The 90-day timeframe starts when Summit Pointe receives a completed, signed and dated credentialing application and supporting documentation.
- The completion time is the date that written communication is sent to the individual or organization notifying them of the Credentialing Committee's decision.
- Primary source verification must be completed within 180 days preceding the credentialing decision date.
- Providers will be notified of the credentialing decision within 10 business days following a decision.

Process for Credentialing and Re-Credentialing:
Summit Pointe will provide an application upon request. Summit Pointe will utilize both the individual and organizational application as provided by Southwest Michigan Behavioral Health. The applicant must fully complete the application and be returned with all required documentation. For employees and internal practitioners, an application will be completed prior to the hire date. The application will be processed by designated staff members.

Summit Pointe will require completed credentialing applications (individual and organizational), 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.

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 for reviewing 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 or review by the Medical Director.

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 or Medical Director.

For Provider Network organizational 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 90 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 or Medical Director 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 or Medical Director. The investigation will be documented by the designated staff.

The designated staff will review the investigation findings and develop a summary of the issues for the presentation at the Credentialing Committee or to the Medical Director. Once the investigation and summarization are complete, the committee or Medical Director will make a credentialing determination at that time.

Initial credentialing and re-credentialing Provider Network Organizational 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.

Temporary Credentialing Process:
Temporary 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 an attestation. A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of application. 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 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 credentialing status shall not exceed 60 days after which time the credentialing process shall move forward.

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 designated staff.

Re-Credentialing Considerations:
Re-credentialing criteria and application processing includes review of the re-credentialing application for completeness and accuracy all with all supporting documentation.

Primary source verification and re-credentialing criteria for physicians and practitioners is as previously outlined in the initial credentialing process except for 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 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 for individuals and organizations.

To ensure quality and safety of care between credentialing cycles Summit Pointe performs ongoing monitoring as outlined in the Ongoing Compliance Monitoring Policy 1.2.5. The Credentialing Committee may use a provisional credentialing status if quality issues are being monitored by Provider Network. Significant issues impacting the quality of customer care will be brought forth to the Credentialing Committee and documented in meeting minutes.

The following quality and compliance standards are taken into consideration:

- Member complaints, adverse events and information from quality improvement activities related to identified instances of poor quality.
- Recipient Rights Substantiations
- Site Review outcomes
- Compliance related findings including fraud, waste and/or abuse.
- Special Investigations
- Any incidences of Medicaid and Medicare sanctions.
- Restrictions and/or sanctions on licensure and/or certification.

Right to Request for Review:
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.

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. 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 monthly.

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:

- Decrease in responsibilities until the licensure or certification or liability insurance coverage can be reinstated.
- Determine that the practitioner should be terminated for cause.

Contracted Organizations Credentialing Requirements:
Organizational providers will be held responsible for credentialing and re-credentialing their directly employed and subcontracted professional service providers per Summit Pointe contractual requirements. They shall maintain written policies and procedures consistent with Michigan Department of Health and Human Services and Southwest Michigan Behavioral Health 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.

Reporting Requirements:
Summit Pointe will comply with all reporting obligations as outlined by Southwest Michigan Behavioral Health. Summit Pointe will utilize required reporting templates at timeframes specified by Southwest Michigan Behavioral Health.

Summit Pointe will ensure that the Southwest Michigan Behavioral Health Provider Directory is kept up to date. Summit Pointe will report any improper conduct of an organizational provider which could result in a termination from the network.

V. **REFERENCES:**
42CFR 422.204
42 CFR 438.12
Summit Pointe Policy 1.2.5: Ongoing Compliance Monitoring
Southwest Michigan Behavioral Health Policy 2.02
Southwest Michigan Behavioral Health Policy 2.03

VI. **ATTACHMENTS:**
None