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Human Resources	HR		523.3
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PROCEDURE

Application

This procedure shall apply to all employees and contracted providers of The Right Door for Hope, Recovery and Wellness. Physicians (M.D.s or D.O.s), Physician Assistants, Psychologists, Licensed Bachelor Social Workers, Licensed Master's Social Workers, Limited Licensed Social Workers or Registered Social Service Technicians, Licensed Professional Counselors, Nurse Practitioners, Registered Nurses, or Licensed Practical Nurses, Occupational Therapists or Occupational Therapy Assistants, Physical Therapists or Physical Therapy Assistants, and Speech Pathologists.

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1.0 Credentialing-Individual Practitioners

1.1 Credentialing and re-credentialing of individuals under this procedure shall include Physicians (M.D.s or D.O.s), Physician Assistants, Psychologists, Licensed Bachelor Social Workers, Licensed Master's Social Workers, Limited Licensed Social Workers or Registered Social Service Technicians, Licensed Professional Counselors, Nurse Practitioners, Registered Nurses, or Licensed Practical Nurses, Occupational Therapists or Occupational Therapy Assistants, Physical Therapists or Physical Therapy Assistants, Speech Pathologists, and any other licensed, registered, or certified individuals that The Right Door may choose to employ or contract.

1.2 Credentialing and re-credentialing processes shall not discriminate against a provider solely on the basis of license, registration or certification; or against a provider who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

1.3 Providers sanctioned from participation under either Medicaid or Medicare shall not be considered for employment or contracting. The Sanctioned Provider Listings found at http://exclusions.oig.hhs.gov and at

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www.michigan.gov/mdch shall be used to determine provider status under these programs.

1.3.1 At the time of employment or establishment of an agreement or contract with a licensed independent health care practitioner (a licensed physician or fully licensed psychologist), director, or manager of The Right Door for Hope, Recovery and Wellness, an individual with beneficial ownership of five percent or more, or an individual with a consulting, or other arrangement (e.g., sub-contract) with The Right Door for Hope, Recovery and Wellness, for the provision of items or services that are significant and material to The Right Door for Hope, Recovery and Wellness obligations under its contract with MSHN, The Right Door for Hope, Recovery and Wellness will search, at least monthly, the Office of Inspector General's U.S. Department of Health and Human Services (OIG) exclusions database at http://exclusions.oig.hhs.gov/ to ensure the individual or entity has not been excluded from participating in federal health care programs. The Right Door for Hope, Recovery and Wellness will maintain documentation of the completion of such checks and make them available to MSHN for inspection.

1.3.2 Notice requirements: The Right Door for Hope, Recovery and Wellness will notify MSHN CEO immediately if search results indicate that any licensed independent health care practitioner, director, or manager of The Right Door for Hope, Recovery and Wellness, an individual with beneficial ownership of five percent or more, or an individual with, a consulting or other arrangement with The Right Door for Hope, Recovery and Wellness, for the provision of items or services that are significant and material to The Right Door for Hope, Recovery and Wellness obligations under its contract with MSHN are on the OIG exclusions database.
1.3.3 The Right Door for Hope, Recovery and Wellness' responsibility for Disclosing Criminal Convictions:
The Right Door for Hope, Recovery and Wellness' HR Director will promptly notify MSHN CEO if any staff member, director, or manager of The Right Door, individual with beneficial ownership of five percent or

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more, or an individual with an employment, consulting, or other arrangement with The Right Door, for the provision of items or services that are significant and material to The Right Door obligations under its contract with MSHN, has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. (See 42 CFR 1001.1001(a)(1).)

1.3.4 Disclosure of Convictions: The Right Door for Hope, Recovery and Wellness requires staff members, directors, managers, or owners or contractors to disclose all felony convictions and any misdemeanors for violent crimes. The Right Door for Hope, Recovery and Wellness employment, consulting or other agreements contain language that requires disclosure of any such convictions.

1.3.5 The Right Door for Hope, Recovery and Wellness' Responsibility for Notifying the PIHP CEO of Administrative Actions that Could Lead to Formal Exclusion:
The Right Door for Hope, Recovery and Wellness' HR Director will promptly notify MSHN CEO if any administrative action for specific regional performance issues that limits employee, director, manager, owner, consultant or other contractor participation in the Medicaid program, including any conduct that results in suspension or termination of such individuals or entities.

1.4 If the responsibility for credentialing/re-credentialing is delegated by the The Right Door to another entity, the right to approve, suspend, or terminate a provider selected by that entity is retained by the The Right Door. The Right Door shall retain responsibility for oversight regarding delegated credentialing or re-credentialing decisions.

1.5 The Right Door designates the Human Resources Director/Contract Manager, or their designees, as responsible for oversight of the

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credentialing process, including ensuring that credentialing is completed according to agency policy and procedure.

1.6 The credentialing steps taken by another affiliate of the Mid-State Health Network (MSHN) to credential a contract provider may be accepted by The Right Door without duplication.

1.7 An individual file will be maintained for each credentialed provider which shall include:

1.7.1 The initial credentialing and all subsequent re-credentialing applications and supporting documentation;

1.7.2 Information gained through primary source verification; and

1.7.3 Any other pertinent information used in determining whether or not the provider met the credentialing standards.

2.0 Initial Credentialing

2.1 Providers shall complete a written application attesting to the following:

2.1.1 Lack of present illegal drug use.
2.1.2 Any history of loss of license and/or felony convictions.

2.1.3 Any history of loss or limitation of privileges or disciplinary action.

2.1.4 Attestation by the provider of the correctness and completeness of the application.

2.2 Designated Human Resources/Contract Management staff shall review the provider's work history for the prior five years.

2.3 There shall be verification from primary sources of:

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2.3.1 Licensure or certification.

2.3.2 Board certification, if applicable, or highest level of credentials obtained, or completion of any required internships/residency programs or other postgraduate training.

2.3.3 Documentation of graduation from an accredited school.

2.3.4 National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query. In lieu of NPDB/HIPDB query, all of the following shall be verified:

2.3.4.1 Minimum five year history of professional liability claims resulting in a judgment or settlement;

2.3.4.2 Disciplinary status with regulatory board or agency;

2.3.4.3 Medicare/Medicaid sanctions.

2.3.5 If the provider is a physician, then physician profile information obtained from the American Medical Association (A.M.A.) may be used to satisfy the primary source requirements of 2.3.1, 2.3.2, and 2.3.3 above.

2.3.6 National Health Service Corps Providers must be checked through the National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query.

2.4. The Human Resources Director/Contract Manager or their designee(s) shall ensure that credentialing information is complete, and that findings are documented in an approved format.

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2.5 The Human Resources Director/Contract Manager shall review the information obtained and determine whether to approve credentials or grant temporary or provisional credentials.

2.5.1 Initial credentialing determinations will be made and communicated to the applicant provider within thirty one (31) days of receipt of a completed application including submission of all supporting documentation.

2.5.2 Temporary or provisional credentials may be granted for a period not to exceed one hundred and fifty (150) days.

2.6. Providers shall be approved to provide those services that are consistent with their professional licensure and within their scope of practice as defined by state licensure.

3.0 Temporary/Provisional Credentialing of Individual Providers

3.1 Temporary or provisional credentials may be granted when it is in the best interest of Medicaid Beneficiaries that providers be available to provide care prior to formal completion of the entire credentialing process.

3.2 For consideration of temporary or provisional credentialing, providers shall complete a written application attesting to the following:

3.2.1 Lack of present illegal drug use.

3.2.2 Any history of loss of license and/or felony convictions.

3.2.3 Any history of loss or limitation of privileges or disciplinary action.

3.2.4 Attestation by the PROVIDER of the correctness and completeness of the application.

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3.3 Designated Human Resources/Contract Management staff shall review the provider's work history for the prior five years.

3.4 There shall be verification from primary sources of:

3.4.1 Licensure or certification.

3.4.2 Board certification, if applicable, or highest level of credentials obtained, or completion of any required internships/residency programs or other postgraduate training.

3.4.3 Documentation of graduation from an accredited school.

3.4.4 Medicare/Medicaid sanctions.

3.5 The designated Human Resources/Contract Management staff must review the information obtained and determine whether to grant provisional credentials.

3.5.1 Credentialing determinations will be made and communicated to the applicant provider within thirty-one (31) days of receipt of a completed application including submission of all supporting documentation.

3.5.2 Temporary or provisional credentialing shall not exceed 150 days.

3.6 Providers shall be approved to provide those services that are consistent with their professional licensure and within their scope of practice as defined by state licensure.

4.0 Re-credentialing

4.1 Licensed, registered, or certified providers shall be re-credentialed every two years, to include:

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4.1.1 An update of information obtained during the initial credentialing process.

4.1.2 A review of Medicare/Medicaid sanctions.

4.1.3 Primary source verification of license, registration, or certification.

4.1.4 Review of grievances, complaints, and appeals information.

4.1.5 Review of quality concerns as evidenced by QAPIP studies, QI findings, or other sources for information on service quality.

5.0 Organizational Providers

5.1 At the time of initial application, organizational providers shall submit an application for network participation, signed authorization to perform a background check, and a signed contract. The background checks may include, but not be limited to, criminal checks, verification of licensure, Medicaid/Medicare sanction listing, and sex offender tracking.

5.2 Once the background checks have been performed and satisfactory results are obtained, then the contract approval process can proceed.

5.3 Background checks shall be performed initially and at least every two years to assure that the license to operate is current and that the provider has not been excluded from Medicaid or Medicare participation.

6.0 Adverse Credentialing Decisions

An individual practitioner or organizational provider that is denied credentialing or re-credentialing by The Right Door shall be informed in writing of the reasons for the adverse decision.

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7.0 Appeal Process

7.1 In the event a credentialing or re-credentialing application is denied, or a provider is suspended or terminated for any reason other than need, the provider may appeal the decision by submitting a letter of appeal to The Right Door Chief Executive Officer (CEO) within ten (10) business days of the date of the determination notice. The letter shall concisely state the basis for the appeal and shall include any supporting documentation.

7.2 All appeals will be reviewed and a decision made within fourteen (14) business days of receipt of the appeal letter. The decision issued by the CEO shall be final and binding.

8.0 Reporting

The Right Door shall report any clinical misconduct by a member of its providers that results in suspension or termination from the provider network to MDHHS, the provider's regulatory Board or agency, the Attorney General) and any other federal and State entities as specified in the Medicaid Managed Specialty Supports and Services Contract, and as appropriate and applicable.

9.0 Delegated Credentialing/Re-credentialing Responsibilities

9.1 The PIHP shall:

9.1.1 Retain the right to approve, suspend, or terminate contracted providers selected by The Right Door;

9.1.2 Be responsible for oversight of delegated credentialing or re-credentialing decisions;

9.1.3 Meet all requirements associated with the delegation of PIHP functions;

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9.1.4 Require The Right Door not to accept the credentialing decisions of another PIHP.

Kerry L Possehn, Chief Executive Officer	Date		