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Owner:	<i>Ricarda Pope-King: Provider Network Administrator</i>
Policy Area:	<i>Credentialing</i>
References:	<i>NCQA CR 2 Element A</i>

Credentialing Committee Procedure

PROCEDURE PURPOSE

To provide guidelines for the responsibilities of the Credentialing Committee.

EXPECTED OUTCOME

To provide a Credentialing Committee model for accredited Behavioral Health and Substance Use Disorders providers that complies with Michigan Department of Health and Human Services and Accreditation Organizations.

PROCEDURE

1. Detroit Wayne Integrated Health Network (DWIHN) ensures the development and implementation of a Credentialing Committee charged with oversight of the credentialing and re-credentialing processes of practitioners and providers. **NCQA CR 2**
2. Oversight of the credentialing/re-credentialing process ensures that all clean files are approved by this Credentialing Committee. **NCQA CR 2**
3. DWIHN's Credentialing Committee is comprised of and chaired by their Medical Director or their physician designee, other members are DWIHN staff related to the credentialing process, along with representatives from the contracted provider network from various specialties who provide advice and expertise as needed for credentialing decisions; these practitioners come from a variety of contracted providers with different professional backgrounds. **NCQA CR 2 Element A Factor 1**
4. Each member of the Credentialing Committee signs an attestation declaring that they will keep information confidential and that they will not discriminate against individuals or providers seeking to be credentialed/re-credentialed. **NCQA CR 1 Element A Factor 6**
 - a. Prior to attending Credentialing Committee, committee member receive an Attestation form via email from the Credentialing Unit. The attestation is completed and returned by email and retained in the MCO secure folder (R: drive).
5. The Credentialing Committee ensures that clean files are reviewed and approved by a medical director or designated physician. The Credentialing Committee maintains notes and sign in sheets for each meeting verifying approval of clean files by the Medical Director or their physician designee. **NCQA CR 2 Element A Factor 3**
6. The Medical Director and the Credentialing Committee provide oversight of the following

activities: **NCQA CR 2**

- a. The credentialing and re-credentialing process for providers and/or entities under contract with DWIHN and which collectively form DWIHN's provider network.
- b. Reviews 5% of clean practitioners files.
- c. Reviews all unclean files where practitioners who do not meet established criteria and provide an appropriate disposition.
- d. The Credentialing Committee reviews the credentials for practitioners who do not meet established thresholds. **NCQA CR 2 Element A Factor 2**
- e. The Medical Director or a designated physician reviews and approves clean files in the Medversant primary source verification database following approval by the Credentialing Committee. **NCQA CR 2 Element A Factor 3**
 1. The list of clean files is presented to the Credentialing Committee by the Credentialing Unit Provider Network Administer for approval.
 2. The Medical Director or their designee approves clean files in the Medversant credentialing database.
 3. Once approved, Medversant generates a letter of the credentialing status to the practitioner via email.
- f. Rendering decisions regarding quality reviews of provider files for completeness of applications consistent with established credentialing and re-credentialing criteria including confirmation of adherence to organization policies and procedures, contract requirements, and current malpractice insurance in the amount of \$1 million per occurrence/\$3 million dollars aggregate.
- g. Development and update of credentialing criteria consistent with DWIHN, federal or other state requirements, and other relevant professional standards. Developing and monitoring adherence to established timeliness for the credentialing process.
- h. Reviews the Credentialing/Re-Credentialing policy annually to ensure that it complies with National Committee on Quality Assurance, federal and state regulations and standards.
- i. Practitioners are notified of their right to review the status of their credentialing/re-credentialing application, upon request, in the applications packet. The process for requesting the information is as follows: **NCQA CR 1 Element B**
 1. The practitioner must submit in writing via email, letter or fax a request to the CVO.
 2. Responses to request will be made by the CVO within five (5) business days of the request.
- j. Type of information shared will include: type of documentation received, additional documentation needed, type of clearances completed, correspondence sent or being sent to the practitioner.
- k. Mental health professionals that fail to meet the credentialing requirements of the provider organization or DWIHN, as detailed in this policy, shall be reviewed by the credentialing committee. **NCQA CR 2 Element A Factor 2**
 - l. If member health and safety is determined to be at risk, the provider shall be immediately prohibited from providing mental health services on behalf of those entities.
- m. The provider organization shall not be reimbursed for any services performed or billed for by that non-credentialed mental health professional during the period of his or her noncompliance, and any funds received by the provider organization prior to the discovery of the mental health professional's

- noncompliance shall be returned to DWIHN. (refer to the Credentialing/Re-Credentialing Policy Exhibit C Letter Terminating Provider Status and Exhibit D Letter Requesting Additional Information).
- n. Providing oversight, as applicable, specific to "Deemed Status" entities. In instances where DWIHN chooses to accept the credentialing decisions of another PIHP entity, it determines to have "Deemed Status," copies of the credentialing entity's decision shall be maintained in the administrative records to delineate how documentation (re-credentialing, member grievances or appeals, etc.) regarding "Deemed Status" providers are to be handled within the system. **PIHP Agreement Attachment 7.1.1.1**
 - o. Review and final decision making for appeals of adverse credentialing decisions made by contracted providers within the network. (see refer to the Credentialing/Re-Credentialing Policy Exhibit E Letter Reinstating Provider Status)
 - p. Oversight of the CVO and the contracted provider network's implementation of the credentialing and re-credentialing process, which includes the right to approve, suspend, or terminate providers selected by the DWIHN or their subcontractors.
 - q. Shall contact contracted providers that do not respond to the CVO's request for verification of credentialing providers. Contract sanctions may be imposed.
 - r. DWIHN shall annually review and validate a 5% sample of CVO staff credential files.
 - s. Establishing criteria, when applicable, for granting temporary or provisional credentials based upon a specific community/consumer need.
7. Ensure the completeness of credentialing files prior to submission to the Credentialing Committee, and document all findings through the CVO and the Credentialing Unit of DWIHN. Incomplete files shall be returned and submitted to the Credentialing Committee when the file is complete. DWIHN's Medical Director or a designated physician will review and approve or deny the file.
8. Ensures that complaints of discrimination or breach of confidentiality regarding the credentialing/re-credentialing process are reported to the Credentialing Committee for investigation. **NCQA CR 1 Element A Factor 6**
9. Ensures that substantiated complaints/ grievances/quality of care/utilization management issues against practitioners or provider organizations are addressed during credentialing/re-credentialing. **NCQA CR 5 Element A Factors 3 & 4**
- a. Each Detroit Wayne Integrated Health Network (DWIHN) unit will receive a reminder to submit the name of practitioners or providers that have a substantiated grievance, complaints, quality of care issues, compliance issues, utilization management issues and or clinical issues 7 business days prior to the Credentialing Committee meeting.
 - b. Those units will submit that information to pihpcredentialing@dwihn.org email box 2 business days prior to the Credentialing Committee with supporting documents if there is a substantiated complaint. This information will be maintained on the spread sheet.
 - 1. If no complaints etc., they will inform the Credentialing Specialist and the spread sheet (which is being developed with DWIHN IT unit) will reflect that with the date and the name of the person that gave that information.
 - 2. If there are substantiated complaints, they will be presented to the Credentialing Committee which consists, of the Medical Director or their designee, DWIHN staff from various units and representatives from behavioral health and substance use disorder providers, for discussion about the resolution and the effect, if any, on credentialing.

- c. The Credentialing Committee will determine whether the practitioner's or provider's should be credentialed or denied.
 1. If the credentials requested are denied the individuals or entities will receive an appeals form.
 - i. The practitioner or provider will have 30 days to return the form.
 - ii. A sub-group of the Credentialing Committee will review the appeal.
 - a. The group will consist of a representative from the Credentialing Unit, the Compliance officer or their designee and a representative from the unit where the issue came from.
 - iii. The sub-committee will decide within 10 business days of receipt of the appeal the disposition.
 - iv. The practitioner will be notified in writing a maximum of 3 business days after disposition.
 - a. If the practitioner or provider appeal receives an adverse disposition the organization they work for will be notified as well as other regulatory agencies as appropriate.
10. Ensure findings from the Quality Assessment Performance Improvement Program (QAPIP) are submitted to the chair of DWIHN's Credentialing Committee (DWIHN's Medical Director) and incorporated in all re-credentialing decisions.
11. Determinations on credentialing and re-credentialing of practitioners shall be performed prior to the practitioner's initial provision of services on behalf of DWIHN and at least every two years thereafter. The Credentialing Committee may determine, in its sole discretion, that more frequent re-credentialing examinations of certain providers based on criteria directly related to the quality of care and UR activities are necessary on an individual basis.
12. Mental health professionals that fail to meet the credentialing requirements of the provider organization, or of DWIHN as detailed in this policy, shall be reviewed by the Credentialing Committee.
 - a. If member health and safety is determined to be at risk, the provider shall be immediately prohibited from providing mental health services on behalf of those entities.
 - b. In addition, the provider organization shall not be reimbursed for any services performed or billed for by that non-credentialed mental health professional during the period of his or her non-compliance, and any funds received by the provider organization prior to the discovery of the mental health professionals noncompliance shall be returned to DWIHN.
 - c. See Exhibit C Letter Terminating Provider Status and Exhibit D Letter Requesting Additional Information in the Credentialing/Re-Credentialing Policy.
 - d. Inform the applicant in writing of the reasons for any adverse credentialing/re-credentialing decision to deny, suspend, or terminate the contract for any reason other than lack of need, and their right to the appeal process (consistent with state and federal regulations) within 30 calendar days of decision being made (see Exhibit F Local Appeal Credentialing/Re-credentialing form in the Credentialing/Re-Credentialing Policy). The appeal and hearing rules will be included with the written notice of the adverse credentialing/re-credentialing decision. The appeals process is summarized as follows:
 1. The applicant may request a hearing within 30 calendar days after notification of decision by submitting the written request to DWIHN's Credentialing Committee The applicant can request in writing with hearing request that an attorney or another person of their choice be present for the appeals hearing.
 2. DWIHN will designate a hearing officer or panel of individuals to review the appeal.

3. The applicant will receive written notification of the appeal decision and specific reasons for the decision within 7 business days of final disposition.
4. Should DWIHN, an accredited agency or direct contractor decline to include individual providers or groups of providers in its network, the affected providers are given written notice of the reason for its decision. **CR 6 Element A Factors 1& 2**

13. The Credentialing Committee gives thoughtful consideration to credentialing information and engages participants in discussion of the relevant information and issues. This discussion is documented in meeting minutes maintained by the Credentialing Committee.
14. The Credentialing Committee receives and reviews bi-annual reports from the Credentialing Unit regarding monitoring of accredited provider credentialing processes. The Credentialing Committee submits an annual report to the Quality Improvement Steering Committees.
15. Contracted providers that are accredited by a nationally recognized body must comply with that organizations credentialing standards and utilize DWIHN application and Credentialing Verification checklist.

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Ricarda Pope King, Credentialing Unit Provider Network Administrator
Department	Credentialing Unit
Frequency of monitoring:	Monthly review of credentialing applications recorded on the Credentialing File Review Log
Reporting provided to:	Quality Improvement Steering Committee
Comments: This procedure is attached to the Credentialing/Recredentialing Policy and Organizational Credentialing/Recredentialing Procedure .	

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Smith: Project Manager, PMP	11/2021
Tania Greason: Quality Improvement Admin	11/2021
Ricarda Pope-King	10/2021