

<b>WCHO PIHP/CA Policy for the COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN and the LIVINGSTON-WASHTENAW COORDINATING AGENCY</b>	<b>Policy and Procedure</b>  <b>Organizational Credentialing/Recredentialing and Monitoring</b>
Department: Author:	Local Policy Number (if used)
Approval Date 1/17/12	Implementation Date 1/25/12 Practice currently in place with 12/7/11 revisions

**I. PURPOSE**

To establish guidelines that ensure all organizational contractors who provide specialty support services to consumers under the jurisdiction of Washtenaw Community Health Organization (WCHO) as the Pre Paid Inpatient Health Plan (PIHP) of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) and the Livingston-Washtenaw Coordinating Agency, meet the minimum criteria and standards established by the PIHP/CMHPSM/CA.

**II. REVISION HISTORY**

DATE	REV. NO.	MODIFICATION
1/25/11		
11/30/11		Updated to reflect local practice, changes in delegated functions, and new policy format

**III. PERSONS AFFECTED**

WCHO staff, staff of the Comprehensive Specialty Services Networks, all organizations applying to the CMHPSM/CA provider network panel, and those under contract with a community mental health board within the PIHP/CMHPSM to provide specialty support services to consumers.

**IV. POLICY**

This policy applies to all officials, board members, employees, students, and volunteers, of the affiliation, which is comprised of: the WCHO (as the Prepaid Inpatient Health Plan/PIHP) and the Comprehensive Specialty Services Networks (CSSN's) within the Community Mental Health Partnership of Southeast Michigan (CMHPSM). It also applies to the WCHO as the Livingston-Washtenaw Substance Abuse Coordinating Agency. This policy includes some Licensed Independent Practitioners and all subcontracted providers and substance abuse agencies under contract with the WCHO and its affiliate partners.

## V. DEFINITIONS

Affiliate- A Community Mental Health Services Program (CMHSP) affiliated with the Community Mental Health Partnership of Southeast Michigan.

Comprehensive Specialty Services Network (CSSN) - An organization that is certified as a CMHSP, including a recipient rights systems, services across all populations, a publicly appointed Board of Directors, and accreditation from TJC.

Community Mental Health Partnership of Southeast Michigan (CMHPSM) – A regional community mental health partnership comprised of Lenawee, Monroe, and Livingston CSSNs, Community Supports and Treatment Services as the CMH provider for Washtenaw County, and the WCHO as the PIHP.

Out-of-Network Provider - A provider of specialty support services who is not on the CMHPSM/CA network panel for that service.

Probationary Status - Temporary approval to the CMHPSM/CA network provider panel, which will be replaced with full approval when an on-site evaluation of the provider's service delivery practices occurs and an acceptable score is achieved. Probationary status is awarded due to a lack of information about the provider's service delivery practices; otherwise, the provider is acceptable for membership to the CMHPSM/CA network provider panel.

Provisional Status - A means of sanctioning a contracted provider or an applicant to the CMHPSM/CA network provider panel. Provisional status may result in a required plan of correction, temporary suspension of referrals, removing consumers currently served by the provider, or other sanctions up to and including termination of the contract or denial to the panel.

WCHO - The prepaid inpatient health plan (as defined in the Balanced Budget Act) for the four counties composing the CMHPSM.

## VI. RESPONSIBILITIES

The Washtenaw Community Health Organization (WCHO) will ensure that all organizations providing specialty support services to consumers in the Community Mental Health Partnership of Southeast Michigan (CMHPSM) and the Livingston-Washtenaw Coordinating Agency (CA) continuously meet the standards for quality and compliance set forth by the WCHO/CMHPSM/CA.

The CSSNs that comprise the Community Mental Health Partnership of Southeastern Michigan (CMHPSM), for which the WCHO is the PIHP, will ensure that all organizations providing specialty support services to consumers under contract with the CSSN continuously meet the standards for quality and compliance set forth by this policy.

## VII. STANDARDS

Organizations who wish to provide specialty support services to consumers in the WCHO/CMHPSM/CA will successfully complete an initial application for membership on the WCHO/CMHPSM/CA network provider panel. Membership on the network panel is awarded by the local CMHSP Board and the Affiliation Network Committee. Panel membership is in no way

a guarantee that an organization will be awarded a contract by any of the CMHPSM affiliate counties, nor does it ensure that the organization will receive referrals if contracted to provide services. WCHO/CMHPSM/CA consumers may choose their providers from among the organizations on the network panel with contracts, and consumer choice is honored to every extent possible.

RFPs will be opened or closed by local CSSNS, and CSSNs/the WCHO shall issue contracts to organizations on the network provider panel on an as-needed basis, taking into account network capacity and consumer choice. In determining network capacity,, consideration will be given at minimum to: anticipated Medicaid enrollment, expected utilization, numbers and types of providers required, number of network providers who are not accepting new beneficiaries, geographic location of providers and beneficiaries, distance, travel time, and transportation availability, including physical access for beneficiaries with disabilities.

Once a contract is issued to an organization, the contracting CSSN will monitor to ensure that the organization maintains the contractual agreement in good standing and complies with relevant accreditation, local, state, and federal requirements.

Each CSSN will separately review the adequacy of ~~their~~ its own local provider panel, and conduct a local capacity/needs assessment annually.

The WCHO Board will annually inventory the network panel/provider list. This inventory will either be conducted by the Finance Committee of the WCHO Board and reported to the Board, or be directly reviewed by the WCHO Board.

The WCHO will notify the Department of Community Health within seven (7) days of any significant changes to the WCHO/CMHPSM/CA provider network panel when notified of a change by an affiliate CSSN.

**A. CSSN Monitoring:**

Any CSSN that is contracting with the WCHO shall be annually reviewed by the WCHO to determine its capacity to provide delegated services. Any area of less than full compliance will be addressed in a plan of correction that will be monitored by the WCHO Compliance Department.. Each CSSN shall provide the WCHO with a copy of its current insurance certificate, the most recent accreditation report, and any additional information required by contract.

**B. Hospital Credentialing:**

Any hospital under contract with a CMHPSM affiliate will be credentialed by the contracting CSSN prior to issuance of a contract. Credentialing shall include the verification of the hospital's license, accreditation, as well as verification that the hospital is not excluded from Medicaid or Medicare participation.

**C. Organizational Credentialing:**

The applicant will complete an RFP application which will be reviewed and, as applicable, scored by CSSN staff. Staff will conduct an on-site evaluation of the applicant's administrative practices using a standard monitoring tool. If the applicant is already serving WCHO/CMHPSM/CA consumers, an on-site evaluation of the applicant's service delivery practices and verification of claims submitted will be conducted using a standard monitoring tool. If the applicant agency is not yet serving

WCHO/CMHPSM/CA consumers, the service delivery evaluation and verification of claims will be conducted after the organization has received referrals and is serving WCHO/CMHPSM/CA consumers; within six months of being appointed to the provider panel, if possible.

The applicant organization must receive an acceptable score on its RFP application and initial site visit to be approved for appointment to the WCHO/CMHPSM/CA network panel. If necessary, approval will be probationary, pending the outcome of the service delivery site visit and claims verification. If the organization receives an acceptable score, it will receive notification from the relevant CSSN that its probationary period has ended and it has full approval to the CMHPSM/CA network provider panel. If the score is not acceptable, Staff will bring this information to the CMHPSM Network Management Committee with a recommendation of either denial to the CMHPSM/CA network panel, or provisional status.

Generally, a score of 80% or above shall be acceptable; however, an applicant may be denied to the network provider panel or granted provisional status if it receives a score of less than full compliance in a critical or high risk area.

If the organization is granted provisional approval, a plan of correction is required. Staff shall monitor the implementation of the plan of correction, and will provide consultation and technical assistance as needed. If the applicant can demonstrate that deficiencies were addressed, the relevant section of the site visit tool will be re-scored taking the new information into account. When the applicant has achieved an acceptable score, Staff will recommend removing the provisional status. The local CSSN will determine if provisional status is removed and will ensure this information is provided to the CMHPSM Network Management Committee.

Any applicant organization that is debarred, sanctioned, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department /agency will be denied membership to the WCHO/CMHPSM/CA provider network panel.

The WCHO and the CSSNs shall ensure that credentialing and re-credentialing processes do not discriminate against:

- A health care professional solely on the basis of license, registration, or certification.
- A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

- D. Organizational Recredentialing:** An organization that has been appointed to the WCHO/CMHPSM/CA network panel but has not been issued a contract or has not provided specialty support services to any CMHPSM/CA consumer for two years (an “inactive” organization), will be contacted in writing to determine its interest in remaining on the network panel. If the organization indicates that it would like to remain on the panel, the CSSN may or may not recredential the organization depending on whether it continues to need the capacity. If this capacity continues to be needed, the organization will remain on the network panel if all required information is provided and a satisfactory recredentialing score is achieved.

In order to ensure the continuous quality of specialty supports service providers in the CMHPSM/CA provider network, CSSNs will recredential organizations that have an active

contract during the course of ongoing monitoring, rather than on a periodic basis. Annual monitoring will include a check of the federal and state excluded/sanctioned Medicaid providers list.

Provider performance findings of the WCHO's Quality Assessment and Performance Improvement Program (QAPIP) will be incorporated into the recredentialing process

**E. Organizational Monitoring:**

CSSNs are delegated by the WCHO to conduct both organizational monitoring and at-risk monitoring for the providers with which they hold a contract. The CSSN will communicate any provider-related monitoring issues to the WCHO Compliance and Monitoring Department and through reports to the CMHPSM Network Management Committee.

Monitoring of providers shall occur on an annual basis. At minimum, monitoring entails an administrative review, a sample clinical record review of consumers served, and a sample of service sites reviewed. The WCHO/CMHPSM/CA expects that all contracted agencies providing specialty support services to consumers shall:

1. Not be presently debarred, sanctioned, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency (may be verified through the Michigan Department of Consumer and Industry Services and/or the federal "excluded parties" list);
2. Remain in good standing with all regulatory bodies and report to the contract administrator/manager any related issues as they arise;
3. Maintain current insurance and licensure as required by contract and provide evidence of same;
4. Respond promptly and effectively to any Recipient Rights findings, grievances or other complaints, or to any other service delivery concerns;
5. Participate as appropriate in administrative and service delivery monitoring and quality improvement efforts;
6. Maintain a minimum acceptable score of 80% for all annual audits conducted by the local CSSN or the WCHO, and/or full compliance in a critical or high risk area.
7. Address any deficiencies found during monitoring activities in a timely manner by submitting a plan of correction within the timeframe required; and
8. Maintain active accreditation by the Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), or other nationally recognized accrediting body as approved by the WCHO as the PIHP. The CMHPSM Network Management Committee can make recommendations to the WCHO on other accrediting bodies that may be acceptable.

For providers that have corrective action or for which at-risk monitoring is required, the WCHO Compliance and Monitoring Department will notify the CSSN if any further intervention needs to take place, and ensure that any applicable reporting to state or federal entities is completed. .

Under limited circumstances, the accreditation requirement may be waived by the WCHO or the local CSSN as the contractor when:

- No national accreditation standards exist for the type of service provided;
- The provider's scale of business does not support the administrative burden of obtaining and maintaining accreditation;
- The provider has in place a plan to achieve accreditation which has been approved by the WCHO/CSSN and is being implemented; or

- Other reasons as deemed appropriate by the WCHO or the local CSSN as the contractor

The reasons for waiving an accreditation requirement will be documented by the WCHO or the local CSSN as the contractor and placed in the provider's file. The CMHPSM Network Management Committee can make recommendations and provide their rationale to the WCHO or the local CSSN ~~on reasons~~ for waiving the accreditation requirement.

If the accreditation requirement has been waived, the contractor (WCHO or CSSN) must remain in compliance with any applicable standards of the Joint Commission or other accrediting bodies, as they relate to the contractor and its subcontractors.

The accreditation requirement may not be waived for providers of substance abuse treatment or prevention services.

Risk Management Monitoring: Potential issues related to quality of care with a provider that are discovered through or outside of normal monitoring activity are managed by the local contracting entity (the CSSN or WCHO) and brought to the attention of either the WCHO Compliance/Monitoring Department or the WCHO BFA . This information is compiled and maintained by the local contracting body for either immediate action where risk is clear or tagged for future/later review if more moderate issues ~~culminate~~ accumulate to the point where risk becomes clear. ~~that reaches the potential for risk.~~

Areas for such review include but are not limited to:

- Health & Safety matters for consumers
- Substantiated Recipient Rights Investigations or interventions
- Grievances
- Medicaid Appeals
- Suspicion of Medicaid fraud or abuse (including claims/billing issues)
- Confidentiality breaches or risk thereof

Issues and information are collected from the following sources/departments for review:

- Office of Recipient Rights
- Customer Services (including Grievances and CS trends)
- Compliance/Monitoring
- Fair Hearings Officer
- WCHO BFA
- Local Compliance Officers
- Local Privacy Officers
- Local CMH staff/case managers
- Utilization Management

Providers ~~found with~~ generating such concerns are additionally reviewed/audited specifically in those areas of concern, as well as for any other potential risks; depending on the provider and extent of review required, this risk monitoring will be conducted by the CSSN or the PIHP. From that review a specific compliance report and corrective action plan is written that includes time frames and must-pass elements. Consequently, the provider is more closely monitored for at least the following fiscal year, at least on a quarterly basis.

Any non-compliance with must-pass elements or overall corrective action results in an immediate joint review by the applicable WCHO/CSSN Executive Administrative Team and the local CSSN or WCHO Board (when indicated) for potential sanctions/contractual action in coordination with the contracting CSSN.

- F. Out-of-Network Providers: If the CMHPSM/CA network provider panel is unable to accommodate a consumer's needs, the affiliate county within the CMHPSM that serves the consumer shall contract with an out-of-network provider to provide services. All out-of-network providers will be assessed for their ability to provide quality services; if the provider is delivering services to another PIHP. The affiliates may opt to rely on that PIHP's credentialing decision. Generally, the affiliates will attempt to add the out-of-network provider to the CMHPSM/CA network provider panel by asking the provider to apply to an RFP and providing any assistance needed to facilitate the application process. However, the provider will remain an out-of-network provider if the provider's distance or rates is such that it is not desirable for frequent usage, or if the use of the provider was intended to be temporary or limited.
  
- G. Delegation: If the responsibility for credentialing/recredentialing or selection of individual practitioners has been delegated to a subcontracted agency, the WCHO, CMHPSM affiliates and/or the CA retain the right to approve, suspend, or terminate their use of each staff person, contracted individual or organization who is credentialed under such delegation. WCHO may review the credentialing/ recredentialing process used by subcontracted organizations when monitoring those providers.
  
- H. Reporting: Affiliates shall ensure that ~~improper~~ known provider misconduct is reported to the appropriate authorities (i.e., WCHO Compliance, MDCH, the provider's regulatory board or agency, and/ or the Attorney General, etc), if such misconduct results in the suspension or termination from the CMHPSM/CA provider network. Any such suspension or termination shall be recommended by the local contracting CSSN Board. The CMHPSM Network Management Committee and the Affiliation Committee of the WCHO Board will be notified of such actions. Reporting procedures will be consistent with current federal and state requirements, including those specified in the DCH Medicaid Managed Specialty Supports and Services Contract.
  
- I. Performance Improvement/Data Review  
The WCHO Compliance Department and the Affiliation Network Management Committee will review provider performance data and make any relevant recommendations for performance improvements to the Affiliation Clinical Performance Team as the PI entity of the CMHPSM.

## VIII. EXHIBITS

None

## IX. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 and 438 et al. (Balanced Budget Act)		438.230(b)
Public Law 109-171, Deficit Reduction Act of 2005,		Title VI
Public Law 111 – 148:Patient Protection & Affordable Care Act of 2010 Public Law 111 – 152: Health Care & Education Reconciliation Act of 2010		Title I, Subtitles C and D
45 CFR Parts 160 & 164 (Health Information Portability and Accountability Act (HIPAA) and HITECH Act of 2010		
42 CFR Part 2 (Substance Abuse)		
Michigan Mental Health Code Act 258 of 1974		
The Joint Commission - Behavioral Health Standards		
Michigan Department of Community Health (MDCH) Medicaid Contract		
MDCH Substance Abuse Contract		
Michigan Medicaid Provider Manual		

VIII. PROCEDURES – take these out of policy for separate procedure manual?

A. Initial Credentialing

<u>WHO</u>	<u>DOES WHAT</u>
Organization Applying to WCHO/CMHPSM/CA Network Provider Panel	1. Submits an initial provider network panel application to CSSN in response to a Request for Proposals issued by the CSSN on behalf of the CMHPSM/CA.
WCHO or CSSN Staff (whichever is the contractor)	1. Receives the completed RFP application from the applicant organization. 2.. Communicates with the applicant organization regarding any missing or incomplete materials, or to request additional information as necessary. 3. Creates a provider profile in EII 4. Reviews and scores the RFP application as applicable; verifies the applicant’s credentials; and, using a standard monitoring tool, conducts an initial on-site evaluation of administrative practices to arrive at a score for the organization. If possible, conducts a site visit to review the organization’s service delivery practices and verify submitted claims. 5. Completes a site visit report and sends it to the organization

within 21 working days of the site visit.

6. Reviews all relevant information, and makes a recommendation to the Affiliation Subcommittee of the WCHO Board (for mental health providers) or the Organization Operations Subcommittee of the WCHO Board (for substance abuse providers).

Affiliation committee of the WCHO Board

1. Makes final decision whether to approve or deny the organization to the CMHPSM/CA network provider panel.

WCHO or CSSN Staff (whichever is the contractor)

1. Ensures that an award or denial letter is sent to the organization. Denial letters will include the reason for the denial and appeal information.
2. If the organization is appointed to the WCHO/CMHPSM/CA network provider panel, notifies WCHO/CMHPSM/CA staff of the new provider's availability.
3. If probationary approval is awarded, and contract is issued, conducts a site visit to review the organization's service delivery practices after it has begun providing specialty support services to WCHO/CMHPSM/CA consumers; claims verification will also occur at this site visit.
4. Completes a site visit report and sends it to the organization within 21 working days. If an acceptable score is achieved, notifies the provider that it is a full member of the provider panel (probationary period has expired). If an acceptable score is not achieved, makes a recommendation to the Affiliation Committee of the WCHO Board.
5. Ensures that any area of deficiency is addressed by the organization in a plan of correction. In the event that the organization is granted provisional approval, provides consultation and technical assistance as needed; and communicates regularly with WCHO/CMHPSM/CA staff regarding the status of the provider.

#### B. Re-Credentialing of an "Inactive" Provider

WCHO or CSSN Staff (whichever is the contractor)

1. Prior to the end of the organization's second year on the network panel, contacts the "inactive" provider to determine its interest in remaining on the panel.

Inactive Provider

1. Notifies WCHO staff of its decision to remain on the network provider panel or withdrawal/lack of response will be understood as a choice to withdraw.

WCHO or CSSN Staff (the contractor)

1. Determines the continuing need for the provider in consultation with network management committee.
2. Collects recredentialing information and performs a site visit, if the organization has indicated a preference to remain on the provider panel, and are determined to be necessary to network capacity OR

recommends non renewal of the provider agency.

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| Affiliation committee of the WCHO Board | <ol style="list-style-type: none"><li>1. Ensures that any deficiencies noted at the site visit are addressed through a plan of correction.</li><li>2. Makes final decision to remove the organization from the network provider panel.</li></ol> |
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C. Organizational Recredentialing

*NOTE: Recredentialing of an organization currently contracting with a CMHPSM affiliate will occur during the process of ongoing monitoring rather than at periodic intervals, and will not require a Board action.*

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| Organizational Provider                          | <ol style="list-style-type: none"><li>1. Provides CSSN staff with copies of insurance certificate, accreditation report, and other relevant documents as updated or as requested.</li><li>2. Reports to the designated CSSN contractor administrator/manager any changes to or problems with licensure, insurance coverage, financial viability, or other issues as they arise.</li><li>3. Participates in monitoring activities.</li></ol>        |
| WCHO or CSSN Staff (whichever is the contractor) | <ol style="list-style-type: none"><li>1. Performs primary source verification of licenses and sanctioned provider check; reviews data gathered on the provider; conducts monitoring activities and plan of correction follow-up.</li><li>2. If a determination has been made that the provider should not remain on the WCHO/CMHPSM/CA network provider panel, prepares a recommendation to the Affiliation committee of the WCHO Board.</li></ol> |
| Affiliation committee of the WCHO Board          | <ol style="list-style-type: none"><li>1. Makes final decision to deny an organization's recredentialing to the WCHO/CMHPSM/CA network provider panel.</li></ol>  |

D. Organizational Monitoring

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| Organizational Provider                          | <ol style="list-style-type: none"><li>1. Participates in monitoring activities, in conjunction with the affiliate community mental health agencies with whom the organization contracts.</li><li>2. Responds quickly and effectively to any substantiated Recipient Rights complaint or grievance filed by or on behalf of a consumer, or any identified service delivery concerns; and</li><li>3. Participates in ongoing performance improvement activities and reports PI and other data in accordance with contractual requirements.</li></ol> |
| WCHO or CSSN Staff (whichever is the contractor) | <ol style="list-style-type: none"><li>1. Coordinates monitoring activities, including communications with contracted providers regarding any required information that must be submitted; and conducts site visits according to a schedule established annually.</li><li>2. Requires a plan of correction from providers to address identified deficiencies, and monitors and/or provides technical assistance to ensure that the plan of correction is implemented.</li></ol>   |

3. In the event that a provider is placed on provisional status or otherwise sanctioned, communicates with the provider agency, WCHO/CMHPSM/CA staff, and the Affiliation Committee of the WCHO Board as needed. Provides oversight and/or technical assistance to the provider as needed to assist in improving the provider's practices.

E. Out-of-Network Provider

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| WCHO or CSSN Staff<br>(whichever is the contractor) | <ol style="list-style-type: none"> <li>1. Determines that a consumer is in need of specialty support services that cannot be provided by a provider on the WCHO/CMHPSM/CA network provider panel.</li> <li>2. Working with WCHO/CMHPSM/CA staff, locates an out-of-network provider and obtains information about the provider, including but not limited to <ul style="list-style-type: none"> <li>• Disbarred/sanctioned provider check;</li> <li>• Program description and rates;</li> <li>• Proof of licensure, if applicable, and review of any licensing reports;</li> <li>• Proof of current insurance;</li> <li>• Most recent accreditation report;</li> <li>• Most recent PI plan and PI data report.</li> </ul> </li> <li>3. If the provider is currently contracting with another community mental health agency or coordinating agency in the state of Michigan, CSSN staff may request: <ul style="list-style-type: none"> <li>• Information related to Recipient Rights activity and history;</li> <li>• A copy of the most recent site visit/monitoring report; and/or</li> <li>• A copy of the CMH/CA credentialing decision</li> </ul> </li> <li>4. When all necessary information is collected, discusses with WCHO/CMHPSM/CA staff to determine if the provider is acceptable.</li> <li>5. Conducts contract negotiations with the provider, if necessary;</li> <li>6. Asks local Board for contract approval and issues a contract to the provider.</li> <li>7. Notifies the local Office of Recipient Rights of the out-of network placement of a consumer of mental health services.</li> </ol> |
| WCHO or CSSN Staff<br>(whichever is the contractor) | <ol style="list-style-type: none"> <li>1. Monitors the use of out-of-network providers.</li> <li>2. Reports any changes in the provider panel to the WCHO</li> </ol>  |
| WCHO or CSSN Staff<br>(whichever is the contractor) | <ol style="list-style-type: none"> <li>1. Contacts out-of-network provider, when appropriate, to determine its interest in joining the WCHO/CMHPSM/CA network provider panel and provides assistance as needed in the application process.</li> </ol>   |