



PROGRAM AND PERSONNEL COMMITTEE

Friday, May 5, 2023
8:00 a.m.

376 E. Apple Ave., Muskegon, MI 49442

Program and Personnel Committee Chair: Cheryl Natte
Program and Personnel Committee Vice-Chair: Janice Hilleary

AGENDA

- | | | |
|-----|--|-------------|
| 1) | Call to Order | Action |
| 2) | Approval of Agenda | Action |
| 3) | Approval of the Minutes of April 14, 2023
(Attachment #1 – pg. 1-2) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Items for Consideration | |
| | A) Authorization to approve the HealthWest Position Changes
(Attachment #2 – pg. 3-4) | Action |
| | B) Authorization to approve the HealthWest Policy and Procedural Changes
(Attachment #3 – pg. 5-33) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication / Director's Report | |
| | A) Performance Improvement and KPI Report – May 2023
(Attachment #4 – pg. 34-40) | Information |
| 9) | Audience Participation | |
| 10) | Adjournment | Action |

/hb

Main Office

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HealthWest.net

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

April 14, 2023
8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

The regular meeting of the Program/Personnel Committee was called to order by Chair Natte at 8:01 a.m.

ROLL CALL

Members Present: Thomas Hardy, Steph Umlor, Cheryl Natte, Janet Thomas, Janice Hilleary, Tamara Madison

HealthWest Staff Present: Holly Brink, Tasha Percy, Shannon Morgan, Cyndi Blair, Amber Berndt, Matt Plaska, Phil McPherson, Gary Ridley, Melina Barrett, Gordon Peterman, Linda Wagner, Justine Tufts, Justine Belvitch

Guests Present: Kristen Wade

MINUTES

It was moved by Ms. Thomas, seconded by Ms. Hilleary, to approve the minutes of the March 10, 2023 meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

It was moved by Mr. Hardy, seconded by Ms. Umlor, to authorize the position changes as outlined in the motions above and on the attached Position Change Spreadsheet for FY 2023 County Budget, effective May 1, 2023, or as otherwise noted in the written motions.

It was moved by Mr. Hardy, seconded by Ms. Umlor, to amend the motion delaying the reclassification to Quality Assurance, Provider Network Management, Individual Placement and Support (IPS), and Care Coordination Team.

MOTION AMENDED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

There was no communication.

DIRECTOR'S COMMENTS

Ms. Blair, Interim Director, informed the board that they have really been looking at the massive numbers of consumers coming through the front doors. HealthWest has been covering the 3rd shift at the hospital, as they have no master's level clinicians to cover this, and it is our responsibility. The caseloads are significantly up, and we are really looking at what ancillary teams we can create to help support those caseloads. We are looking at different ways to meet the needs of those coming through the doors for the next 30 days.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:13 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

***PRELIMINARY MINUTES
To be approved at the Program/Personnel Committee Meeting on
May 5, 2023***

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program Personnel	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Executive	REQUEST DATE May 5, 2023	REQUESTOR SIGNATURE Cyndi Blair, Interim Director	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)			
<p>HealthWest Board authorization is requested to make the following position changes:</p> <p>Autism Program HealthWest Board authorization is requested to reclass Behavior Analysis Technician-32 hr, Position N11751 (Wage Grade HO-00160, \$15.932 – \$20.058), Funding Account 7000 to a Registered Behavior Technician-32 hr (Wage Grade HO-00170, \$17.646 - \$21.848), Funding Account 7000. The employee currently in this position has recently passed the coursework required to become registered. This has been our goal for Behavior Analysis Technicians (BAT) and reclassing those BAT's who have become registered has been an ongoing incentive program in our Autism Program. The cost of this change is \$2,209 per year and is covered by Medicaid funding, that is planned for in our Autism budget.</p> <p>Wage Step Adjustment for Mid-Level Practitioners HealthWest Board authorization is requested to place the Mid-Level Practitioners at the same step on their new wage grade, approved at the April 2023 Board meeting, as they were on in their previous wage grade. In April 2023, the board approved a new wage grade for the Mid-Level Practitioners effective May 1, 2023, after a market study was conducted and showed that HealthWest wage grade for that position was much lower than market. It was our intent to place the mid-level practitioners at the same step on the new pay grade as they were on in the old pay grade, but we failed to include that verbiage in the motion.</p>			
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)			
<p>I move to authorize the position changes and related costs as outlined in the motions above and on the attached Position Change Spreadsheet for FY 2023 County Budget, effective May 22, 2023.</p>			
COMMITTEE DATE May 5, 2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE May 19, 2023	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 104-P

Reclassifications

Motion Item #	Effective Date	Current position Title	Current Position #	Current Wage Grade	Incumbent Employee	Current Budget Org	%	New Position Title	New Budget Org	%	New Wage Grade
	5/29/2023	Behavior Analysis Technician	N11751	HO 00160	Elizabeth Alsteens	7000	100	Registered Behavior Technician	no change	no change	HO 00170

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Quality Assurance	REQUEST DATE May 5, 2023	REQUESTOR SIGNATURE Cyndi Blair, Interim Executive Director	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is being requested to make the below and attached policy and procedural changes as required to comply with MDHHS guidelines.</p> <p>02-026 – Credentialing and Re-Credentialing Requirements of HealthWest Employees and Licensed Independent Practitioners</p> <p>Updates to the policy were made to align with the recent changes distributed by MDHHS that went into effect January 1, 2023. Those changes can be found here. Changes were also made to better define our credentialing-related policies, as there was a lot of overlap between this policy and policy 10-004. See both the redlined and proposed draft copy (easier to read) attached.</p> <p>10-004 – Credentialing and Re-Credentialing of Contracted Agency Providers</p> <p>Changes made to this policy were to clearly identify that it is applicable to contracted <u>agency</u> providers and remove the overlap between this and policy 02-026, as well as identify that the Lakeshore Regional Entity has assumed this responsibility of provider credentialing for the time being. See both the redlined and proposed draft copy (easier to read) attached.</p> <p>02-017 – Privileging of Licensed Independent Practitioners</p> <p>After careful review and consideration, it is proposed that Policy and Procedure 02-017 Privileging of Licensed Independent Practitioners be removed from HealthWest policies. Lakeshore Regional Entity Credentialing Specialist, Pam Bronson, has been consulted with, as well as human resources staff and it has been determined that privileging of psychiatrists is not necessary at the CMH level as we are a Behavioral Health Provider and not a psychiatric hospital or medical hospital setting. Per the Mental Health Code, Section 330.1101 pertaining to the CMH Medical Director and his or her requirements state that they only be an “appropriately credentialed psychiatrist”. Part (4) of that same section also refers to granting privileges only for state hospital staff. Per MDHHS requirements, we are to credential physicians like any other CMH staff or Licensed Independent Practitioner and guidelines for that are provided with a link in the narrative above.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of directors to authorize the policy and procedural changes as described above and attached, effective May 19, 2023.			
COMMITTEE DATE 05/05/2023	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE 05/19/2023	BOARD APPROVAL _____ Yes _____ No _____ Other		

HEALTHWEST

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Policy and Procedure

No. 02-026

Prepared by:

Effective: December 20, 2002
Revised: July 28, 2019

Judith E. Cohen, MA, LLP
Network Manager
Amber Berndt
Credentialing Specialist

Approved by:

SUBJECT: Credentialing and Re-Credentialing Requirements of HealthWest Employees and Licensed Independent Practitioners

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Julia Rupp, Cyndi Blair, Interim Executive Director

I. POLICY

HealthWest will ensure compliance with all applicable Federal, State and local laws, rules and regulations for credentialing and re-credentialing of all organizations and all individual HealthWest practitioners, (non-employees) who are contracted by HealthWest as well as those who are directly contracted by HealthWest (non-employees) all directly employed practitioners.

II. PURPOSE

In accordance with statutory and funding requirements, HealthWest is responsible to assure that providers (practitioners and organizations) practitioners are appropriately qualified and competent to provide covered and authorized services. All professionals who provide clinical services within the network must be properly credentialed and re-credentialed, including HealthWest's directly employed practitioners.

III. APPLICATION

HealthWest directly employed practitioners, as well as directly contracted licensed independent practitioners and interns and all contracted providers.

IV. DEFINITIONS

- A. Credentialing – process by which HealthWest ensure s providers staff and licensed independent practitioners meet certain criteria as determined by the state of Michigan and remain in compliance with the criteria in order to provide services to HealthWest be accepted as a network provider.
- B. Re-credentialing – process by which the HealthWest ensures that providers meet criteria as determined by the state of Michigan and remain in compliance in order to provide services to HealthWest meet certain criteria and remain in compliance with the criteria in

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~~order to continue as a network provider. I.....~~

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~~C. Licensed Independent Practitioner (LIP) - Any individual permitted by law and the organization to provide care without direct supervision within the scope of the individual's licensure and/or certification and in accordance with individually granted clinical privileges.~~

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V. PROCEDURE

A. HealthWest will have a written system in place for credentialing and re-credentialing individual practitioners included in their provider network that are not operating as part of an organizational provider.

1. Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals:

- a. Physicians (M.D.s and D.O.s)
- b. Physician's Assistants
- c. Psychologists (Licensed, Limited License and Temporary License)
- d. Licensed Master's Social Workers
- e. ~~Licensed Bachelor's Social Workers~~
- f. ~~Limited Licensed Social Workers, and~~
- g. Registered Social Service Technicians
- h. ~~Licensed Professional Counselors and Limited Licensed Professional Counselors~~
- i. Nurse Practitioners
- j. ~~Registered Nurses, and~~
- k. Licensed Practical Nurses
- l. ~~Occupational Therapists, and~~
- m. Occupational Therapist Assistants
- n. Physical Therapists
- o. ~~Physical Therapist Assistants~~
- p. Speech Pathologists
- q. Board Certified Behavior Analysts

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- r. Licensed Family and Marriage Therapists
- s. Other behavioral healthcare specialists licensed, certified, or registered by the State

2. HealthWest will ensure that:

- a. The credentialing and re-credentialing processes do not discriminate against:
 - i. A health care professional, solely on the basis of license, registration, or certification; or
 - ii. A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatments.
- b. Compliance with Federal requirements that prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid. A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers is available on the Michigan Department of Health and Human Services website at www.michigan.gov/MDHHS. (Click on Providers, click on Information for Medicaid Providers, click on List of Sanctioned Providers).
- c. Providers residing and providing services in a bordering state must meet all applicable licensing and certification requirements within both states.

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3. Lakeshore Regional Entity (LRE), the Pre-Paid Inpatient Health Plan (PIHP), retains the right to approve, suspend, or terminate a provider selected by HealthWest from participation in the provision of Medicaid-funded services.

4. The Executive Director of HealthWest is responsible for the oversight and implementation of the credentialing/re-credentialing decisions and processes.

The LRE Corporate Compliance Officer shall review HealthWest's credentialing/re-credentialing processes and decisions made by HealthWest as part of its compliance monitoring.

5. HealthWest shall have a written credentialing policy and procedure that will reflect the scope, criteria, timeliness and process for the credentialing and re-credentialing of all of its directly employed practitioners and network providers, licensed and non-licensed. The policy will:

- a. Specify the administrative staff person and entity, which for HealthWest will be the Credentialing Committee (which will be made up of a variety of both clinical and administrative staff) or the Credentialing Specialist as designated by the Executive Director, who is (e.g., credentialing committee) responsible for oversight and implementation of the credentialing/re-credentialing processes and delineate their roles.

- b. Describe any use of participating providers in making credentialing decisions.
- c. Describe the methodology to be used by HealthWest staff members or designees to provide documentation that each credentialing or re-credentialing file was reviewed for completeness prior to presentation to their respective credentialing/re-credentialing authority (e.g., credentialing committee).

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- d. Describe how the findings of the HealthWest Quality Assessment Performance Improvement Program are incorporated into the re-credentialing process.
- 6. HealthWest must ensure that an individual credentialing/ re-credentialing file is maintained for each credentialed provider. Each file must include:
 - a. The initial credentialing and all subsequent re-credentialing applications;
 - b. Information gained through primary source verification; and
 - c. Any other pertinent information used in determining whether or not the provider met HealthWest's credentialing and re-credentialing standards.
- 7. The HealthWest Medical Director provides consultation to the HealthWest Executive Director regarding credentialing/re-credentialing of medical staff. HealthWest's policy shall specify the role of providers in the credentialing/re-credentialing process.
- 8. The process for Credentialing and Re-credentialing will be as follows:
 - a. ~~The Hiring Supervisor will complete the Credentialing Review Form (A204) while completing the Recommendation for Hire process. The form will provide input and verification of what Medicaid designation and Evidence-Based Practices (EBPs) Therapies the employee will be performing and ensure all required certifications and licensing are obtained as proof. The supervisor will also complete the Recommendation for Hire at this time. The supervisor will use the employee's New Hire Application to assist in the decision-making process and return all documents to Human Resources once complete.~~
 - b. a. ~~Once the employee After an applicant~~ formally accepts the job offer/contract, the employee individual will complete the Initial Credentialing and Insurance Paneling Application (A254) or the electronic Laserfiche for which is included in the new hire onboarding packet will be sent to the staff person. The Re-credentialing Application (A255) This application will also be completed as needed (promotion/transfer) either on paper or electronically, as required by the credentialing timeline, by current employees if they are promoted or transferred to a new position, or as the re-credentialing timeline expires.
 - c. b. Once the above steps are complete, Human Resources will begin their process of verification while also completing the Credentialing Documentation Checklist Summary in on the Laserfiche Credentialing and Privileging Determination Form. This Checklist summary is the first piece of the credentialing approval process.

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d. c. Once the Credentialing Documentation Checklist Summary is complete, the Credentialing Committee is notified via Laserfiche email, and the eEmployee is scheduled for review with the Committee.

e. d. Once the Committee reaches a decision and documents on the Committee Review tab in Laserfiche, written notification will be sent to the employee notifying them of the decision, along with a final copy of the Credentialing and Privileging Determination Form. This form allows us to track what EBPs and therapies our staff are providing, as well as expiration dates for certification/licensing, when re-credentialing is due, etc.

e. When re-credentialing is due, the Credentialing Committee will send out notice 60 days prior to expiration date if possible to notify the staff and supervisor of the upcoming request to complete/update their Credential Review Form in Laserfiche and the Re-Credentialing and Paneling Application (Form A255 and in Laserfiche) with any new licenses or certifications staff may have obtained and add/remove any EBPs and/or therapies they need updated. A copy of the previous Credentialing and Paneling Application will be sent with this request for reference and to mitigate the amount of time for staff to complete the process. The forms will be returned to Human Resources and the process outlined above will repeat. Any time an individual is due to be re-credentialed, whether due to timing, promotion, or transfer, the Credentialing Committee or designee will also reach out to Customer Services to ensure that there have been no grievances and/or appeals made against the staff member that need attention prior to being re-credentialed, as well as review the most recent evaluation on file to ensure there have been no supervisor concerns.

f. In addition to performing the quality checks with the Customer Services Department and a review of the provider's most recent performance evaluation, HealthWest also performs monthly sanction checks using EPStaffCheck through Valenz Health that searches databases from Michigan Medicaid Exclusions, Office of Inspector General for both the Most Wanted as well as Exclusions databases, System for Award Management Excluded Parties, and the Office of Foreign Assets Control Specially Designated Nationals.

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B. Initial Credentialing

At a minimum, HealthWest's policies and procedures for the initial credentialing of the individual practitioners must require:

1. A written application that is completed, signed and dated by the provider individual practitioner and attests to the following elements:
 - a. Lack of present illegal drug use.
 - b. Any history of loss of license, registration, certification, and/or felony convictions.

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- c. Any history of loss or limitation of privileges or disciplinary action.
 - d. Attestation by the applicant of the correctness and completeness of the application.
 - ~~e. Attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.~~
 - 2. An evaluation of the provider's work history for the prior five (5) years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
 - 3. Verification from primary sources of:
 - a. Licensure or certification and in good standing.
 - b. Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - c. Official transcript Documentation of graduation from an accredited school and/or LARA license. HealthWest will continue to ask for official transcripts where applicable.
 - d. National Practitioner Databank (NPDB)/ Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified:
 - i. Minimum five-year history of professional liability claims resulting in judgment or settlement;
 - ii. Disciplinary status with regulatory board or agency; and
 - iii. Medicare/Medicaid sanctions.
 - e. If the individual practitioner undergoing credentialing is a physician, the physician profile information obtained from the American Medical Association may be used to satisfy the primary source requirements of (a), (b), and (c) above.
 - e. —
 - 4. Timing: Initial Credentialing must be completed within 90 calendar days starting from the date on the credentialing application HealthWest has received a complete credentialing file from the provider/practitioner. Completion time ends when notice is sent from HealthWest to the provider/practitioner with a decision.
- C. Temporary/Provisional Credentialing of Individual Practitioners
- Temporary or provisional credentialing of individual practitioners is intended to increase the available network of providers in underserved areas, whether rural or urban. HealthWest must have policies and procedures to address granting of temporary or

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provisional credentials 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. Temporary or provisional credentialing shall not exceed one hundred and fifty (150) days. Designated HealthWest staff shall The Credentialing Committee or designee shall have up to thirty-one (31) days from receipt of a complete application the dated Credentialing Application, accompanied by the minimum documents identified below, within which to render a decision regarding temporary or provisional credentialing.

1. For consideration of temporary or provisional credentialing, at a minimum, an individual practitioner-provider must complete a signed-written application that is completed, signed, and dated by the individual practitioner and attests to the following elements; must include the following items:
 1. a. Lack of present illegal drug use.
 2. b. History of loss of license, registration, or certification and/or felony convictions.
 3. c. Any History of loss or limitation of privileges or disciplinary action.
4. A summary of the provider's work history for the prior five (5) years:
 - d. Attestation by the applicant of the correctness and completeness of the application.
 - e. Attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.
2. An evaluation of the individual practitioner's work history for the prior five years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
3. Designated HealthWest staff must conduct primary source verification of the following:
 4. a. Licensure or certification and in good standing;
 - b. Board certification, if applicable, or the highest level of credential attained, if applicable, or completion of any required internships/residency programs, or other post graduate training; and
 - c. Official transcript of graduation from an accredited school and/or LARA license (HealthWest will continue to request official transcripts when applicable and use only LARA as a last resort); and
 - d. National Practitioner Databank (NPDB)/ Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified:

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- i. Minimum five-year history of professional liability claims resulting in judgment or settlement;
 - ii. Disciplinary status with regulatory board or agency; and
 - iii. Medicare/Medicaid sanctions.
2. Medicare/Medicaid sanctions if the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (a.), (b.), and (c.) above.
3. Designated HealthWest The Credentialing Committee or Designated Staff of the Committee staff must review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification as outlined in this Section, should be completed.

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D. Re-credentialing Individual Practitioners

At a minimum, the re-credentialing policies for physicians and other licensed, registered or certified health care providers must identify procedures that address the re-credentialing process and include requirements for each of the following:

- 1. Re-credentialing at least every two (2) years-
- 2. Submission of the current credentialing application
- 3. An update of information obtained during the initial credentialing if applicable:-
- 3. Primary Source Verification A process for ongoing monitoring, and intervention if appropriate, of provider sanctions, complaints, and quality issues pertaining to the provider, which must include, at a minimum, review of:
 - 4. Refer to initial credentialing section of this policy for additional details.
 - a. Medicare/Medicaid sanctions.
 - b. State sanctions or limitations on licensure, registration or certification.
 - c. Member concerns which include grievances (complaints) and appeals.
- 5. Any HealthWest or PIHP Quality issues.

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E. Credentialing Organizational Providers-

- 1. HealthWest must validate and re-validate at least every two (2) years that their organizational providers and their own directly employed direct service providers are licensed or certified as necessary to operate in the State and have not been excluded from Medicaid or Medicare participation.

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2. ~~HealthWest must ensure that the contract between HealthWest and any organizational providers require the organizational provider to credential and re-credential their directly employed and subcontract direct service providers in accordance with HealthWest's credentialing/re-credentialing policies and procedures (which must conform to MDHHS's credentialing process).~~
3. ~~HealthWest must validate the organization's license (current unrestricted, unconditional license to practice mental health and/or Substance Use Disorder services in the State of Michigan).~~
4. ~~HealthWest must ensure an organization's certification (if applicable) to provide specialized services as required by the State of Michigan.~~
5. ~~HealthWest must ensure the organization maintains current professional liability insurance (malpractice insurance) in the amount required by HealthWest (minimum \$1,000,000 per occurrence and \$3,000,000 aggregate).~~

FE. Notification of Adverse Credentialing Decision

An individual practitioner ~~or organizational provider that is denied credentialing or re-credentialing~~ by HealthWest shall be informed of the reason(s) for the adverse credentialing decision in writing by the Credentialing Committee Chair within ~~ten-thirty~~ (30) days of the decision.

EG. Appeal of Adverse Credentialing Decision by HealthWest

An appeal process shall be available when credentialing or re-credentialing is denied, suspended, or terminated for any reason other than lack of need. The appeal process will be consistent with federal and state requirements.

1. The ~~provider-practitioner~~ must make a written request for reconsideration within thirty (30) business days of receipt of the notification letter. The written request must include a detailed description of the issues in dispute, the basis for the ~~provider's-practitioner's~~ disagreement, all evidence and documentation supporting the ~~provider's-practitioner's~~ position, and the action the ~~provider-practitioner~~ desires from HealthWest. The HealthWest Executive Director, in consultation with the ~~HealthWest Medical Director Credentialing Committee~~, will review the written request and inform the ~~provider-practitioner~~ of their decision in writing within thirty (30) days.
2. If the ~~provider-practitioner~~ is not satisfied with the decision made, the ~~practitioner-provider~~ can submit a written request within thirty (30) business days for a hearing with a Credentialing Appeals Board. The Executive Director will appoint the Credentialing Appeals Board which would include the ~~practitioner's~~ practicing ~~provider-peers~~, medical management representatives and administrative personnel. The Credentialing Appeals Board would notify the ~~practitioner-provider~~ in writing of its decision within fifteen (15) days of the hearing.
3. If the ~~practitioner-provider~~ is not satisfied with the decision of the Credentialing Appeals Board, the ~~practitioner-provider~~ can submit a written request for a hearing with the HealthWest Board of Directors within thirty (30) business days.

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of the Credentialing Appeals Board decision. The hearing will be held at the next earliest date of the Board of Directors' regularly scheduled meeting. A decision by the Board of Directors will be considered as a final decision.

4. If the practitioner provider fails to submit a complete and timely request for a reconsideration or a request for a hearing with the Credentialing Appeals Board or the HealthWest Board of Directors, the practitioner provider will be deemed to have accepted HealthWest's determination of the issues raised by regarding the practitioner provider and to have waived all further internal or external processes regarding the issues.

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Individual practitioners or organizational providers may deliver healthcare services to more than one CMHSP. A CMHSP may recognize and accept credentialing activities conducted by any other CMHSP in lieu of completing their own credentialing activities. In those instances where a CMHSP chooses to accept the credentialing decision of another CMHSP, they must maintain copies of the credentialing CMHSP's decisions in their ~~administrative records~~ individual practitioner's credentialing file.

HI. Reporting Requirements

HealthWest policy requires the reporting of improper known organizational provider or individual practitioner conduct that results in suspension or termination from HealthWest's provider network to the appropriate authorities such as: MDHHS Bureau of Health Professions, Health Investigative Division; MDHHS Office of Attorney General, Health Care Fraud Division/Program Investigations Section; and the individual or organization's Regulatory/Licensing Board. Criminal offenses should be reported to law enforcement. Such procedures shall be consistent with current Federal and State requirements, including those specified in the MDHHS Medicaid Specialty Supports and Services Contract and the Balanced Budget Act of 1996.

VI. **REFERENCES**

~~MDHHS/PIHP~~ MDHHS Credentialing and Re-Credentialing Processes dated ~~June~~ December 12, 2022⁴
Lakeshore Regional Entity Policy 4.4
~~42 CFR 438.214(b) (2)~~
MDHHS/HealthWest FY 2023³ Contract
42 CFR 438.12
42 CFR 438.214(c)

Commented [A6]: Omit. Pertains to providers and ensuring through contracts it has written policies and procedures for selection and retention of network providers.

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HEALTHWEST

Policy and Procedure

No. 02-026

Prepared by:

Effective: December 20, 2002

Revised: May 19, 2023

Amber Berndt
Credentialing Specialist

Approved by:

Subject: Credentialing and Re-Credentialing
Requirements of HealthWest
Employees and Licensed
Independent Practitioners

Cyndi Blair, Interim Executive Director

I. POLICY

HealthWest will ensure compliance with all applicable Federal, State and local laws, rules and regulations for credentialing and re-credentialing of all individual HealthWest practitioners, as well as those who are directly contracted by HealthWest (non-employees).

II. PURPOSE

In accordance with statutory and funding requirements, HealthWest is responsible to assure that practitioners are appropriately qualified and competent to provide covered and authorized services. All professionals who provide clinical services within the network must be properly credentialed and re-credentialed, including HealthWest's directly employed practitioners.

III. APPLICATION

HealthWest directly employed practitioners, as well as directly contracted licensed independent practitioners and interns.

IV. DEFINITIONS

- A. Credentialing – process by which HealthWest ensure staff and licensed independent practitioners meet criteria as determined by the state of Michigan and remain in compliance in order to provide services to HealthWest.
- B. Re-credentialing – process by which HealthWest ensures that providers meet criteria as determined by the state of Michigan and remain in compliance in order to provide services to HealthWest.
- C. Licensed Independent Practitioner (LIP) - Any individual permitted by law and the organization to provide care without direct supervision, within the scope of the individual's licensure and/or certification and in accordance with individually granted clinical privileges.

V. PROCEDURE

- A. HealthWest will have a written system in place for credentialing and re-credentialing individual practitioners included in their provider network that are not operating as part of an organizational provider.
1. Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals:
 - a. Physicians (M.D.s and D.O.s)
 - b. Physician's Assistants
 - c. Psychologists (Licensed, Limited License and Temporary License)
 - d. Licensed Master's Social Workers
 - e. Licensed Bachelor's Social Workers
 - f. Limited Licensed Social Workers
 - g. Registered Social Service Technicians
 - h. Licensed Professional Counselors
 - i. Nurse Practitioners
 - j. Registered Nurses
 - k. Licensed Practical Nurses
 - l. Occupational Therapists
 - m. Occupational Therapist Assistants
 - n. Physical Therapists
 - o. Physical Therapist Assistants
 - p. Speech Pathologists
 - q. Board Certified Behavior Analysts
 - r. Licensed Family and Marriage Therapists
 - s. Other behavioral healthcare specialists licensed, certified, or registered by the State
 2. HealthWest will ensure that:
 - a. The credentialing and re-credentialing processes do not discriminate against:

- i. A health care professional, solely on the basis of license, registration, or certification; or
 - ii. A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatments.
 - b. Compliance with Federal requirements that prohibit employment or contracts with providers excluded from participation under either Medicare or Medicaid. A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers is available on the Michigan Department of Health and Human Services website at www.michigan.gov/MDHHS. (Click on Providers, click on Information for Medicaid Providers, click on List of Sanctioned Providers).
 - c. Providers residing and providing services in a bordering state must meet all applicable licensing and certification requirements within both states.
3. Lakeshore Regional Entity (LRE), the Pre-Paid Inpatient Health Plan (PIHP), retains the right to approve, suspend, or terminate a provider selected by HealthWest from participation in the provision of Medicaid-funded services.
 4. The Executive Director of HealthWest is responsible for the oversight and implementation of the credentialing/re-credentialing decisions and processes.

The LRE Corporate Compliance Officer shall review HealthWest's credentialing/re-credentialing processes and decisions made by HealthWest as part of its compliance monitoring.

5. HealthWest shall have a written credentialing policy and procedure that will reflect the scope, criteria, timeliness and process for the credentialing and re-credentialing of all of its directly employed practitioners and network providers, licensed and non-licensed. The policy will:
 - a. Specify the administrative staff person and entity, which for HealthWest will be the Credentialing Committee (which will be made up of a variety of both clinical and administrative staff) or the Credentialing Specialist as designated by the Executive Director, who is responsible for oversight and implementation of the credentialing/re-credentialing processes and delineate their roles.
 - b. Describe any use of participating providers in making credentialing decisions.
 - c. Describe the methodology to be used by HealthWest staff members or designees to provide documentation that each credentialing or re-credentialing file was reviewed for completeness prior to presentation to their respective credentialing/re-credentialing authority (e.g., credentialing committee).

- d. Describe how the findings of the HealthWest Quality Assessment Performance Improvement Program are incorporated into the re-credentialing process.
6. HealthWest must ensure that an individual credentialing/ re-credentialing file is maintained for each credentialed provider. Each file must include:
 - a. The initial credentialing and all subsequent re-credentialing applications;
 - b. Information gained through primary source verification; and
 - c. Any other pertinent information used in determining whether or not the provider met HealthWest's credentialing and re-credentialing standards.
7. The HealthWest Medical Director provides consultation to the HealthWest Executive Director regarding credentialing/re-credentialing of medical staff. HealthWest's policy shall specify the role of providers in the credentialing/re-credentialing process.
8. The process for Credentialing and Re-credentialing will be as follows:
 - a. After an applicant formally accepts the job offer/contract, the individual will complete the Initial Credentialing and Insurance Paneling Application (A254) or the electronic Laserfiche for which will be sent to the staff person. The Re-credentialing Application (A255) will be completed as needed (promotion/transfer) either on paper or electronically, as required by the credentialing timeline.
 - b. Once the above steps are complete, Human Resources will begin their process of verification while also completing the Credentialing Documentation Summary on the Laserfiche Credentialing and Privileging Determination Form. This summary is the first piece of the credentialing approval process.
 - c. Once the Credentialing Documentation Summary is complete, the Credentialing Committee is notified via Laserfiche email, and the employee is scheduled for review with the Committee.
 - d. Once the Committee reaches a decision and documents on the Committee Review tab in Laserfiche, written notification will be sent to the employee notifying them of the decision, along with a final copy of the Credentialing and Privileging Determination Form. This form allows us to track what EBPs and therapies our staff are providing, as well as expiration dates for certification/licensing, when re-credentialing is due, etc.
 - e. When re-credentialing is due, the Credentialing Committee will send out notice 60 days prior to expiration date if possible to notify the staff and supervisor of the upcoming request to complete/update their Credential Review Form in Laserfiche and the Re-Credentialing and Paneling Application (Form A255 and in Laserfiche) with any new licenses or certifications staff may have obtained and add/remove any EBPs and/or

therapies they need updated. A copy of the previous Credentialing and Paneling Application will be sent with this request for reference and to mitigate the amount of time for staff to complete the process. The forms will be returned to Human Resources and the process outlined above will repeat. Any time an individual is due to be re-credentialed, whether due to timing, promotion, or transfer, the Credentialing Committee or designee will also reach out to Customer Services to ensure that there have been no grievances and/or appeals made against the staff member that need attention prior to being re-credentialed, as well as review the most recent evaluation on file to ensure there have been no supervisor concerns.

- f. In addition to performing the quality checks with the Customer Services Department and a review of the provider's most recent performance evaluation, HealthWest also performs monthly sanction checks using EPStaffCheck through Valenz Health that searches databases from Michigan Medicaid Exclusions, Office of Inspector General for both the Most Wanted as well as Exclusions databases, System for Award Management Excluded Parties, and the Office of Foreign Assets Control Specially Designated Nationals.

B. Initial Credentialing

At a minimum, HealthWest's policies and procedures for the initial credentialing of the individual practitioners must require:

1. A written application that is completed, signed and dated by the individual practitioner and attests to the following elements:
 - a. Lack of present illegal drug use.
 - b. History of loss of license, registration, certification, and/or felony convictions.
 - c. Any history of loss or limitation of privileges or disciplinary action.
 - d. Attestation by the applicant of the correctness and completeness of the application.
 - e. Attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.
2. An evaluation of the provider's work history for the prior five (5) years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
3. Verification from primary sources of:
 - a. Licensure or certification and in good standing.
 - b. Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training.

- c. Official transcript from an accredited school and/or LARA license. HealthWest will continue to ask for official transcripts where applicable.
 - d. National Practitioner Databank (NPDB)/ Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified:
 - i. Minimum five-year history of professional liability claims resulting in judgment or settlement;
 - ii. Disciplinary status with regulatory board or agency; and
 - iii. Medicare/Medicaid sanctions.
 - e. If the individual practitioner undergoing credentialing is a physician, the physician profile information obtained from the American Medical Association may be used to satisfy the primary source requirements of (a), (b), and (c) above.
4. Timing: Initial Credentialing must be completed within 90 calendar days starting from the date on the credentialing application from the practitioner. Completion time ends when notice is sent from HealthWest to the practitioner with a decision.

C. Temporary/Provisional Credentialing of Individual Practitioners

Temporary or provisional credentialing of individual practitioners is intended to increase the available network of providers in underserved areas, whether rural or urban. HealthWest must have policies and procedures to address granting of temporary or provisional credentials 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. Temporary or provisional credentialing shall not exceed one hundred and fifty (150) days. The Credentialing Committee or designee shall have up to thirty-one (31) days from the dated Credentialing Application, accompanied by the minimum documents identified below, within which to render a decision regarding temporary or provisional credentialing.

1. For consideration of temporary or provisional credentialing, at a minimum, an individual practitioner must complete a written application that is completed, signed, and dated by the individual practitioner and attests to the following elements:
 - a. Lack of present illegal drug use.
 - b. History of loss of license, registration, or certification and/or felony convictions.
 - c. Any history of loss or limitation of privileges or disciplinary action.
 - d. Attestation by the applicant of the correctness and completeness of the application.

- e. Attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.
2. An evaluation of the individual practitioner's work history for the prior five years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
3. Designated HealthWest staff must conduct primary source verification of the following:
 - a. Licensure or certification and in good standing;
 - b. Board certification, if applicable, or the highest level of credential attained, if applicable, or completion of any required internships/residency programs, or other post graduate training; and
 - c. Official transcript of graduation from an accredited school and/or LARA license (HealthWest will continue to request official transcripts when applicable and use only LARA as a last resort); and
 - d. National Practitioner Databank (NPDB)/ Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified:
 - i. Minimum five-year history of professional liability claims resulting in judgment or settlement;
 - ii. Disciplinary status with regulatory board or agency; and
 - iii. Medicare/Medicaid sanctions.
 - e. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (a.), (b.), and (c.) above.
4. The Credentialing Committee or Designated Staff of the Committee must review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification as outlined in this Section, should be completed.

D. Re-credentialing Individual Practitioners

At a minimum, the re-credentialing policies for physicians and other licensed, registered or certified health care providers must identify procedures that address the re-credentialing process and include requirements for each of the following:

1. Re-credentialing at least every two (2) years
2. Submission of the current credentialing application

3. An update of information obtained during the initial credentialing if applicable
4. Primary Source Verification
5. Refer to initial credentialing section of this policy for additional details

E. Notification of Adverse Credentialing Decision

An individual practitioner that is denied credentialing or re-credentialing by HealthWest shall be informed of the reason(s) for the adverse credentialing decision in writing by the Credentialing Committee Chair within thirty (30) days of the decision.

F. Appeal of Adverse Credentialing Decision by HealthWest

An appeal process shall be available when credentialing or re-credentialing is denied, suspended, or terminated for any reason other than lack of need. The appeal process will be consistent with federal and state requirements.

1. The practitioner must make a written request for reconsideration within thirty (30) business days of receipt of the notification letter. The written request must include a detailed description of the issues in dispute, the basis for the practitioner's disagreement, all evidence and documentation supporting the practitioner's position, and the action the practitioner desires from HealthWest. The HealthWest Executive Director, in consultation with the Credentialing Committee, will review the written request and inform the practitioner of their decision in writing within thirty (30) days.
2. If the practitioner is not satisfied with the decision made, the practitioner can submit a written request within thirty (30) business days for a hearing with a Credentialing Appeals Board. The Executive Director will appoint the Credentialing Appeals Board which would include the practitioner's practicing peers, medical management representatives and administrative personnel. The Credentialing Appeals Board would notify the practitioner in writing of its decision within fifteen (15) days of the hearing.
3. If the practitioner is not satisfied with the decision of the Credentialing Appeals Board, the practitioner can submit a written request for a hearing with the HealthWest Board of Directors within thirty (30) business days of the Credentialing Appeals Board decision. The hearing will be held at the next earliest date of the Board of Directors' regularly scheduled meeting. A decision by the Board of Directors will be considered as a final decision.
4. If the practitioner fails to submit a complete and timely request for a reconsideration or a request for a hearing with the Credentialing Appeals Board or the HealthWest Board of Directors, the practitioner will be deemed to have accepted HealthWest's determination of the issues raised regarding the practitioner and to have waived all further internal or external processes regarding the issues.

G. Deemed Status

Individual practitioners or organizational providers may deliver healthcare services to more than one CMHSP. A CMHSP may recognize and accept credentialing activities conducted by any other CMHSP in lieu of completing their own credentialing activities. In those instances where a CMHSP chooses to accept the credentialing decision of another CMHSP, they must maintain copies of the credentialing CMHSP's decisions in their individual practitioner's credentialing file.

H. Reporting Requirements

HealthWest policy requires the reporting of improper known organizational provider or individual practitioner conduct that results in suspension or termination from HealthWest's provider network to the appropriate authorities such as: MDHHS Bureau of Health Professions, Health Investigative Division; MDHHS Office of Attorney General, Health Care Fraud Division/Program Investigations Section; and the individual or organization's Regulatory/Licensing Board. Criminal offenses should be reported to law enforcement. Such procedures shall be consistent with current Federal and State requirements, including those specified in the MDHHS Medicaid Specialty Supports and Services Contract and the Balanced Budget Act of 1996.

VI. REFERENCES

MDHHS Credentialing and Re-Credentialing Processes dated December 12, 2022
Lakeshore Regional Entity Policy 4.4
42 CFR 438.214(b) (2)
MDHHS/HealthWest FY 2023 Contract
42 CFR 438.12
42 CFR 438.214(c)

/ab

HEALTHWEST
Policy and Procedure
No. 10-004

Prepared by: ~~Judith E. Cohen~~ Amber Berndt, Network Manager
Effective: December 20, 2002
Revised: ~~March 22~~ May 5, 2023
~~Credentiaing Specialist~~

Approved by: Julia B. Rupp Cyndi Blair, Interim Executive Director
Subject: Credentialing and Re-Credentialing of Contracted Agency Providers

I. POLICY

It is the policy of HealthWest for all contracted Providers to be in compliance with all applicable Federal, State, and local laws and the Michigan Department of Health and Human Services rules and regulations for credentialing and re-credentialing.

II. PURPOSE

The purpose of this policy is to assure that all contracted and subcontracted Providers of HealthWest comply with all applicable, Federal, State, and local laws, and the Michigan Department of Community Health rules and regulations for credentialing and re-credentialing.

III. APPLICATION

All contracted and subcontracted Providers of HealthWest.

IV. DEFINITIONS

- A. Credentialing – process by which HealthWest assures that Providers meet and maintain required criteria in order to be accepted as a Network Provider. This process is currently being done by the Lakeshore Regional Entity.
- B. Re-credentialing – process by which HealthWest assures that Providers meet and maintain required criteria in order to continue as a Network Provider. This process is currently being done by the Lakeshore Regional Entity.

IV. PROCEDURE

- A. HealthWest will assure the credentialing and recredentialing process of all members of its Provider Network include completion of the Certification of Debarment, as well as requirements for compliance with other Federal and State licensing requirements for certification, licensure, or registration. Verification of licenses and certifications for the Provider Network will be done using the State of Michigan's Department of Health and Human Services website, as well as through the U.S. Department of Health and Human Service's Medicare and Medicaid Sanctions and Reinstatement Report and the U.S. Department of Health and Human Service's National

Practitioner Databank (NPDB). All contracted and subcontracted Providers of HealthWest will credential Providers according to the requirements of the HealthWest Credentialing and Re-Credentialing Requirements Policy, No. 02-026.

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B. Requirements and Monitoring:

~~The Credentialing Committee is responsible for oversight and implementation of the credentialing process. Monitoring of compliance is identified in the chart below. Written communication regarding a decision will be given to the provider no later than 480-90 days after the receipt of the complete credentialing packet the organizational providers credentialing application. Once the Credentialing Committee has met and reviewed the file, HealthWest has 60 days to notify the provider of its decision.~~

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Credentialing Organizational Providers

1. PIHP must validate and re-validate at least every two (2) years that their organizational providers and their own directly employed direct service providers are licensed or certified as necessary to operate in the State and have not been excluded from Medicaid or Medicare participation.
2. PIHP must ensure that the contract between HealthWest and any organizational providers require the organizational provider to credential and re-credential their directly employed and subcontract direct service providers in accordance with HealthWest's credentialing/re-credentialing policies and procedures (which must conform to MDHHS's credentialing process).
3. PIHP must validate the organization's license (current unrestricted, unconditional license to practice mental health and/or Substance Use Disorder services in the State of Michigan).
4. PIHP must ensure an organization's certification (if applicable) to provide specialized services as required by the State of Michigan.
5. PIHP must ensure the organization maintains current professional liability insurance (malpractice insurance) in the amount required by HealthWest (minimum \$1,000,000 per occurrence and \$3,000,000 aggregate).

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NOTE: HealthWest may delegate to its accredited Providers the responsibility for compliance and monitoring of their employees and/or subcontracted providers including Licensed Independent Practitioners and may request use of HealthWest methods/tools.

Provider	Requirements	Provider Evidence	Review Schedule	Monitoring Method
Accredited Providers (e.g., TJC, CARF, or COA)	<ul style="list-style-type: none"> • Full compliance with State of Michigan Department of Community Health and Human Services licensing, certification, or registration requirements. • Full compliance with Department of Justice registration requirements (if applicable). 	<ul style="list-style-type: none"> • Full Accreditation Report. • Full Licensure Report. • Self or External Record Audit Reports. • Plans of Correction or Performance Improvement. • Copy of signed 	<ul style="list-style-type: none"> • Application and re-application. • Unscheduled. • Adverse incident. 	<ul style="list-style-type: none"> • HealthWest staff review of evidence. • May include on-site record audit.

Provider	Requirements	Provider Evidence	Review Schedule	Monitoring Method
	<ul style="list-style-type: none"> • Non-exclusion to participate in Medicaid and Medicare programs under Section 1128 of the Social Security Act. • Performance Indicators obtained through the following: QAPIP Programs; utilization management system; the grievance system and consumer satisfaction surveys. • Any additional requirements defined in HealthWest policy or contract. 	Certificate of Debarment indicating that the provider is not excluded. <ul style="list-style-type: none"> • Copy of current list of exclusions from the Department of Health and Human Service's Medicare and Medicaid Sanctions and Reimbursement Report. 		
Non-Accredited Providers	<ul style="list-style-type: none"> • Same as above. 	<ul style="list-style-type: none"> • Full Licensure Report. • HealthWest Record and Compliance Review. • Self/External record audits using HealthWest tool. • Staff training documents. 	<ul style="list-style-type: none"> • Same as above with probable site review. • Lakeshore Regional Entity will randomly review a sampling of Provider files throughout the year. 	<ul style="list-style-type: none"> • HealthWest staff on-site record and evidence review.
Licensed Independent Practitioners	<ul style="list-style-type: none"> • Same as above. 	<ul style="list-style-type: none"> • Record Review. 	<ul style="list-style-type: none"> • Annually unless there is a plan of correction requiring more frequent reviews. 	<ul style="list-style-type: none"> • On-site record and evidence review or review of accredited report and/or contract.

C. Consequences for failure to comply with the Policy are based in the HealthWest Boilerplate Contract Standards and Language. The consequences for contract compliance or employment will vary depending upon the classification of the credentialed employee and/or his or her presence on the Medicaid/Medicare Exclusionary List.

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1. HealthWest ~~Provider~~ Network ~~Manager~~~~Development staff~~/designee will notify Provider of non-compliance plan of correction requirements and timeframes.
2. HealthWest ~~Provider~~ Network ~~Development staff~~~~Manager~~/designee will monitor completion until full compliance is achieved.
3. HealthWest may withhold payment or terminate contract.
4. HealthWest may terminate employment.

V. REFERENCES

1. Michigan Department of Health and Human Services/HealthWest Contract
2. Lakeshore Regional Entity/HealthWest Contract
3. Section 1128 of the Social Security Act, "Exclusion of Certain Individuals and Entities from Participation in Medicare and State Health Programs"
4. United States Department of Justice, Controlled Substance Registration Department
5. CARF: Behavioral Health Standards Manual
6. HealthWest Policy #02-026, Credentialing and Re-Credentialing Requirements
7. [MDHHS Credentialing and Re-Credentialing Processes dated December 2022](#)
- ~~7. MDHHS Credentialing Technical Requirements~~
- ~~8. County of Muskegon Human Resource policies~~
9. [42 CFR 438.214\(b\) \(2\)](#)
- ~~8.~~

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HEALTHWEST
Policy and Procedure
No. 10-004

Prepared by:
Amber Berndt, Credentialing Specialist

Effective: December 20, 2002
Revised: May 5, 2023

Approved by:

Subject: Credentialing and
Re-Credentialing of Contracted
Agency Providers

Cyndi Blair, Interim Executive Director

I. POLICY

It is the policy of HealthWest for all contracted Providers to be in compliance with all applicable Federal, State, and local laws and the Michigan Department of Health and Human Services rules and regulations for credentialing and re-credentialing.

II. PURPOSE

The purpose of this policy is to assure that all contracted and subcontracted Providers of HealthWest comply with all applicable, Federal, State, and local laws, and the Michigan Department of Community Health rules and regulations for credentialing and re-credentialing.

III. APPLICATION

All contracted and subcontracted Providers of HealthWest.

IV. DEFINITIONS

- A. Credentialing – process by which HealthWest assures that Providers meet and maintain required criteria in order to be accepted as a Network Provider. This process is currently being done by the Lakeshore Regional Entity.
- B. Re-credentialing – process by which HealthWest assures that Providers meet and maintain required criteria in order to continue as a Network Provider. This process is currently being done by the Lakeshore Regional Entity.

IV. PROCEDURE

- A. HealthWest will assure the credentialing and recredentialing process of all members of its Provider Network include completion of the Certification of Debarment, as well as requirements for compliance with other Federal and State licensing requirements for certification, licensure, or registration. Verification of licenses and certifications for the Provider Network will be done using the State of Michigan’s Department of Health and Human Services website, as well as through the U.S. Department of Health and Human Service’s Medicare and Medicaid Sanctions and Reinstatement Report and the U.S. Department of Health and Human Service’s National

Practitioner Databank (NPDB). All contracted and subcontracted Providers of HealthWest will credential Providers according to the requirements of the HealthWest Credentialing and Re-Credentialing Requirements Policy, No. 02-026.

B. Requirements and Monitoring:

Monitoring of compliance is identified in the chart below. Written communication regarding a decision will be given to the provider no later than 90 days after the receipt of the organizational providers credentialing application.

Credentialing Organizational Providers

1. PIHP must validate and re-validate at least every two (2) years that their organizational providers and their own directly employed direct service providers are licensed or certified as necessary to operate in the State and have not been excluded from Medicaid or Medicare participation.
2. PIHP must ensure that the contract between HealthWest and any organizational providers require the organizational provider to credential and re-credential their directly employed and subcontract direct service providers in accordance with HealthWest's credentialing/re-credentialing policies and procedures (which must conform to MDHHS's credentialing process).
3. PIHP must validate the organization's license (current unrestricted, unconditional license to practice mental health and/or Substance Use Disorder services in the State of Michigan).
4. PIHP must ensure an organization's certification (if applicable) to provide specialized services as required by the State of Michigan.
5. PIHP must ensure the organization maintains current professional liability insurance (malpractice insurance) in the amount required by HealthWest (minimum \$1,000,000 per occurrence and \$3,000,000 aggregate).

NOTE: HealthWest may delegate to its accredited Providers the responsibility for compliance and monitoring of their employees and/or subcontracted providers including Licensed Independent Practitioners and may request use of HealthWest methods/tools.

Provider	Requirements	Provider Evidence	Review Schedule	Monitoring Method
Accredited Providers (e.g., TJC, CARF, or COA)	<ul style="list-style-type: none"> • Full compliance with State of Michigan Department of Community Health and Human Services licensing, certification, or registration requirements. • Full compliance with Department of Justice registration requirements (if applicable). • Non-exclusion to participate in Medicaid and Medicare programs under Section 1128 of the Social Security Act. 	<ul style="list-style-type: none"> • Full Accreditation Report. • Full Licensure Report. • Self or External Record Audit Reports. • Plans of Correction or Performance Improvement. • Copy of signed Certificate of Debarment indicating that the provider is not excluded. • Copy of current list of 	<ul style="list-style-type: none"> • Application and re-application. • Unscheduled. • Adverse incident. 	<ul style="list-style-type: none"> • HealthWest staff review of evidence. • May include on-site record audit.

Provider	Requirements	Provider Evidence	Review Schedule	Monitoring Method
	<ul style="list-style-type: none"> • Performance Indicators obtained through the following: QAPIP Programs; utilization management system; the grievance system and consumer satisfaction surveys. • Any additional requirements defined in HealthWest policy or contract. 	exclusions from the Department of Health and Human Service’s Medicare and Medicaid Sanctions and Reimbursement Report.		
Non-Accredited Providers	<ul style="list-style-type: none"> • Same as above. 	<ul style="list-style-type: none"> • Full Licensure Report. • HealthWest Record and Compliance Review. • Self/External record audits using HealthWest tool. • Staff training documents. 	<ul style="list-style-type: none"> • Same as above with probable site review. • Lakeshore Regional Entity will randomly review a sampling of Provider files throughout the year. 	<ul style="list-style-type: none"> • HealthWest staff on-site record and evidence review.

C. Consequences for failure to comply with the Policy are based in the HealthWest Boilerplate Contract Standards and Language. The consequences for contract compliance or employment will vary depending upon the classification of the credentialed employee and/or his or her presence on the Medicaid/Medicare Exclusionary List.

1. HealthWest Provider Network Manager/designee will notify Provider of non-compliance plan of correction requirements and timeframes.
2. HealthWest Provider Network Manager/designee will monitor completion until full compliance is achieved.
3. HealthWest may withhold payment or terminate contract.
4. HealthWest may terminate employment.

V. REFERENCES

1. Michigan Department of Health and Human Services/HealthWest Contract
2. Lakeshore Regional Entity/HealthWest Contract
3. Section 1128 of the Social Security Act, “Exclusion of Certain Individuals and Entities from Participation in Medicare and State Health Programs”
4. United States Department of Justice, Controlled Substance Registration Department
5. CARF: Behavioral Health Standards Manual
6. HealthWest Policy #02-026, Credentialing and Re-Credentialing Requirements
7. MDHHS Credentialing and Re-Credentialing Processes dated December 2022
8. County of Muskegon Human Resource policies
9. 42 CFR 438.214(b) (2)

/ab



Vision: Building a healthier, more informed, and inclusive community through innovation and collaboration.

Mission: To be a leader in integrated health care, inspiring hope and wellness in partnership with individuals, families, and the community.

Performance Improvement Report

May 2023

Key Performance Indicators

- Work continues to establish of a quarterly Key Performance Indicator (KPI) report that will include the following:
 - Access Measures (timeliness of assessment and start of services)
 - Satisfaction Measures (satisfaction scores, inquiries, grievances, and appeals)
 - Demand for Crisis Service (warmline, mobile crisis, pre-admission screening, crisis res/inpatient)
 - Inpatient Recidivism (re-admission within 30 days)
 - Health Disparities (FUH-A and FUH-C)
 - Encounters and Service Delivery Trends
 - Medicaid Enrollment and Penetration Rates
 - HR/Workforce Measures (positions in recruitment and filled, turnover)
- May 2023 KPI Report included following this summary.

Strategic Plan Objective: Reduce Health Disparities

- Follow-up to Hospitalization (FUH) data has been reviewed by the Performance Improvement (PI) Committee, Consumer Advisory Committee, Clinical Leadership (Managers and Directors), and HealthWest Board.
- A workgroup formed to address questions and make recommendations based on feedback from those groups.
- The team began meeting last month and started data analysis and exploration of possible improvements.
- Data analysis is aimed at understanding differences in the experiences of new consumers and individuals already open to services, reasons for follow-up that did not occur or was non-compliant, and trends for specific facilities.
- Recommendations for changes include using peer support specialists to provide outreach in the time between discharge and follow-up appointment; resuming regular meetings with leadership from Trinity Health Behavioral Health; developing materials that can help parents, guardians, and consumers understand the process from discharge to follow-up; integrating efforts from overlapping initiatives such as Suicide Safer Communities and Community Health Coordination; and taking advantage of relaxation of pandemic protocols within hospitals.

Performance & Quality Measures

- Satisfaction dashboards are complete and in use by the PI Committee, Customer Services, and clinical teams.
 - Dashboards include data from quarterly IPOS reviews, progress notes, NOMS surveys, and grievances.
 - Satisfaction data included within this month's KPI report is based on quarterly IPOS reviews.
- Development work continues on Power BI dashboards for access, effectiveness, and efficiency.

Adverse Events (Critical Incidents, Risk Events, and Sentinel Events)

- HW started using PCE incident reporting module on 10/1/22; this greatly improved incident reporting quality.
- Additionally, MDHHS has implemented a new process this fiscal for incident reporting using the MiCAL CRM, which has prompted many questions for us, other CMHPs, and the LRE. Some questions are process-related, while others pertain to the incident definitions and the intent behind various reporting requirements.
- We are likely underreporting incidents that occur, both within HW teams and contracted provider agencies
- Areas of focus this spring include re-training for HW staff and providers on incident reporting requirements and processes, increased oversight of provider agencies, and expanding the data monitored by the PI Committee

Other Updates

- Staff and teams across the agency are paying special attention to the end of the Covid-19 public health emergency and its impact on Medicaid redeterminations and telehealth service delivery. Power BI dashboards are in place for the PI Committee, agency leadership, and clinical teams to use to monitor both areas.
- Region-wide satisfaction survey will be launched soon (estimated roll-out mid-May). This is a revised survey and updated processes, to ensure all CMHs participate, use uniform processes, and collect data at similar times.
- Quarterly peer chart reviews, one of the internal processes we use to ensure completeness and quality of documentation, as well as adherence to clinical workflows and Medicaid requirements, are currently underway. Peer chart reviews are also one of the primary tools we use to ensure corrective actions are implemented across the agency. Results from peer chart reviews will be included in future reports from the PI Committee.
- MDHHS is setting new performance indicator thresholds for MMBPIS Indicator 2a (timeliness of initial assessment following a routine request for services) and Indicator 3 (timeliness of service following the initial assessment). Thresholds will likely take effect at the start of FY24. HealthWest has been invited to attend the next statewide Quality Improvement Council meeting to represent the CMHSP perspective on these new thresholds. In the meantime, both HW and the LRE are taking steps to ensure that we are able to meet the new thresholds when they are implemented.
- HealthWest recently submitted numerous monthly and quarterly reports, according to MDHHS and PIHP contract requirements.
 - Summary snapshots of two of these reports (quarterly Medicaid grievances and MMBPIS performance indicators) are included following the KPI report.
- Site Reviews
 - MDHHS will be returning to the LRE for a 90-day follow-up review in June to ensure we have implemented the necessary remediations from our approved corrective action plan
 - HealthWest's 2023 CMHSP site review will be conducted by the LRE in September

Key Performance Indicator Report

May 2023



Behavioral Health Encounters FY18 - FY23

Data Source: Fastlane

claimcptcode

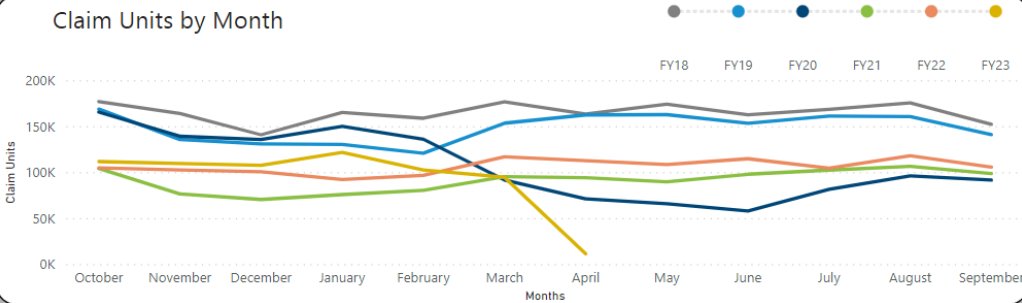
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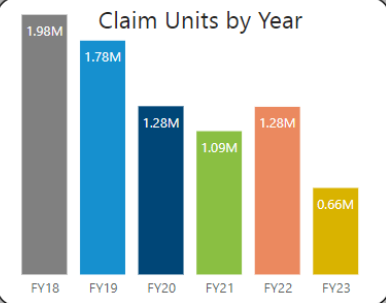
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This data represents only encounters accepted by MDHHS.

Claim Units by Month



Claim Units by Year



HealthWest DEG Population Report

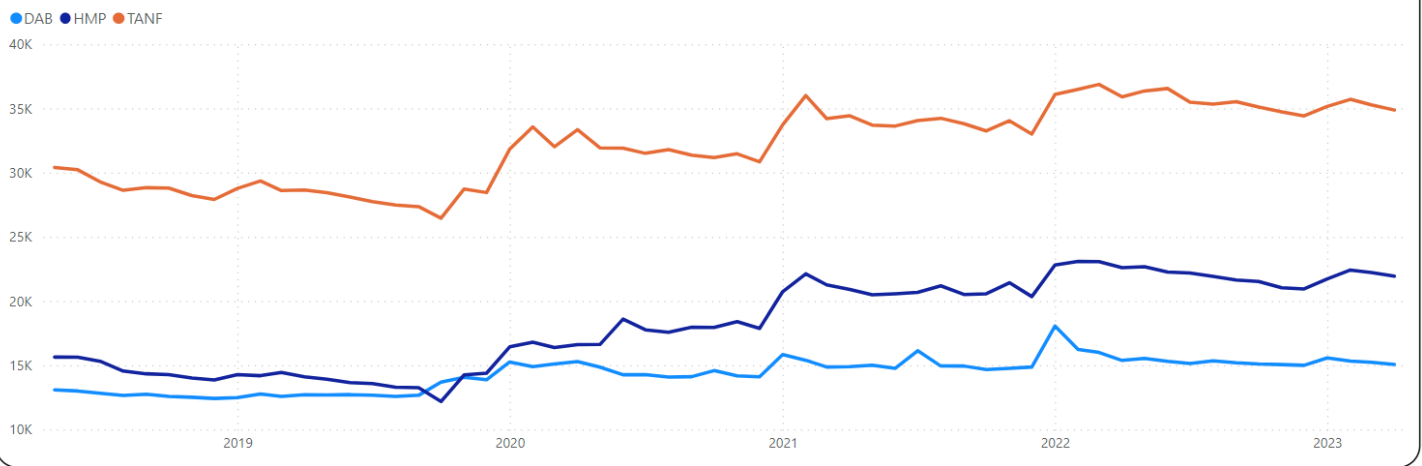
Date Last Refreshed 4/27/2023 1:16:48 PM

Date

4/30/2018

4/30/2023

Enrollments by Month



Performance and Quality Measures

Date Last Refreshed 5/2/2023 10:40:00 AM

Review Date

3/1/2022

5/1/2023

Primary Program

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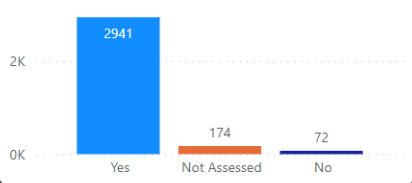
Satisfaction Status

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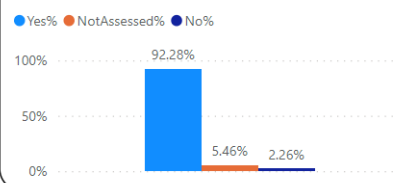
Supervisor

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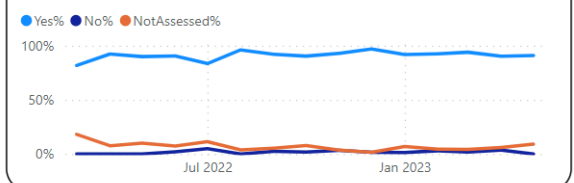
Satisfaction Count



Satisfaction Percentage



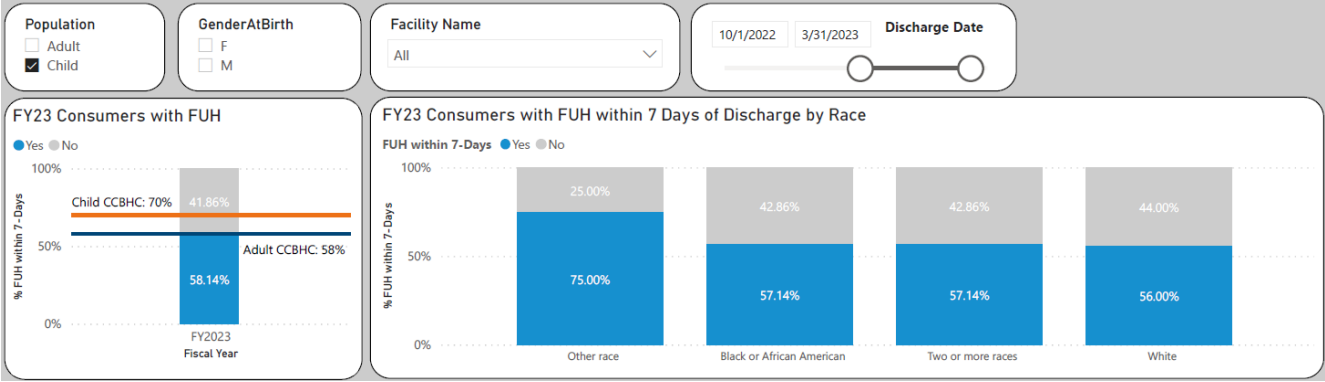
Response % over time





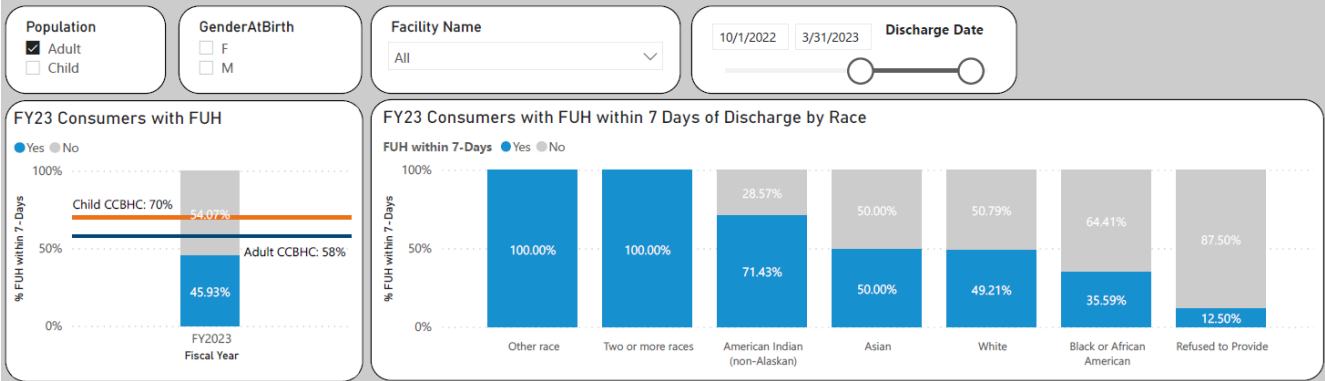
Follow-Up to Hospitalization by Race - 7 Days

Data Source: Latitude 43



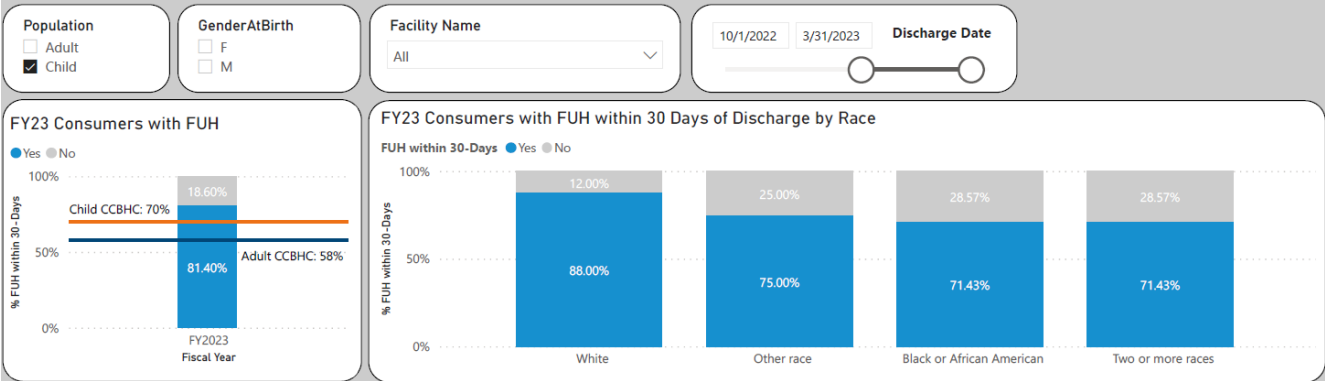
Follow-Up to Hospitalization by Race - 7 Days

Data Source: Latitude 43



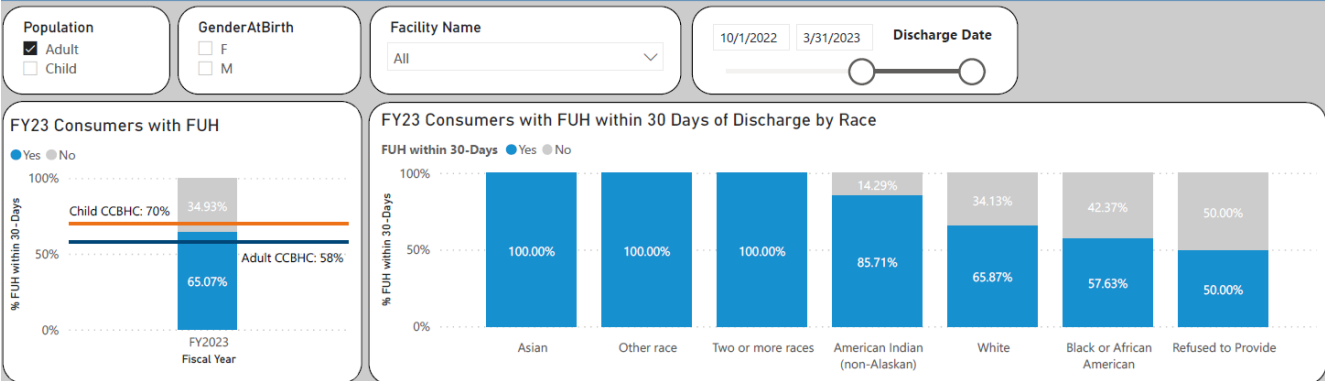
Follow-Up to Hospitalization by Race - 30 Days

Data Source: Latitude 43



Follow-Up to Hospitalization by Race - 30 Days

Data Source: Latitude 43



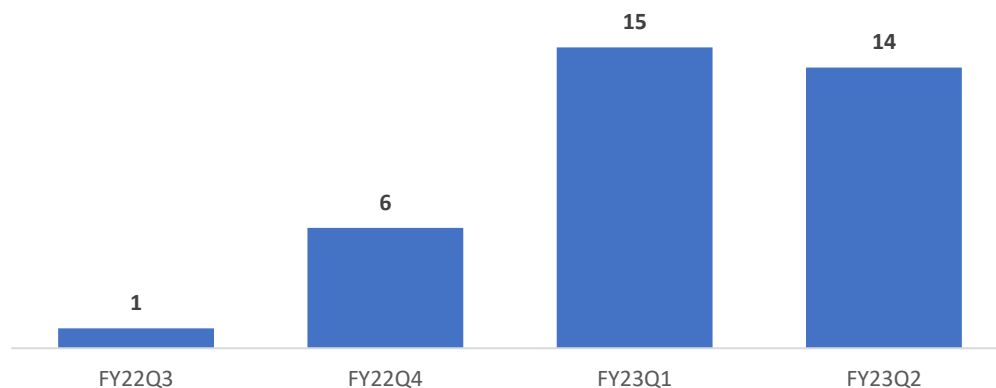
MDHHS Performance Indicator Reporting – FY23Q1

Performance Measure	Indicator	Population	FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1
Timeliness of Pre-Admission Screening Decision	1	Child	100.0%	98.7%	98.1%	100.0%	100.0%
	1	Adult	99.1%	99.4%	99.7%	98.5%	100.0%
	1	Threshold	95.0%	95.0%	95.0%	95.0%	95.0%
			FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1
Timeliness of Assessment Following Request for Services*	2a	MI Child	94.6%	79.8%	68.9%	66.7%	75.3%
	2a	MI Adult	97.1%	73.4%	48.8%	56.0%	56.5%
	2a	DD Child	96.3%	79.3%	95.2%	70.4%	85.2%
	2a	DD Adult	93.8%	71.4%	68.4%	77.8%	90.0%
			FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1
Time to Treatment (SUD only)	2b	Time to Treatment	94.5%	89.6%	87.1%	87.4%	91.4%
	2b	Threshold	95.0%	95.0%	95.0%	95.0%	95.0%
			FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1
Timeliness of Start of Services Following Assessment*	3	MI Child	79.2%	73.0%	67.5%	74.6%	57.1%
	3	MI Adult	72.9%	37.9%	67.6%	62.7%	57.4%
	3	DD Child	92.6%	53.8%	83.3%	66.7%	66.7%
	3	DD Adult	94.1%	60.0%	85.0%	53.8%	63.6%
			FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1
Follow-Up After Discharge from Inpatient	4a	Child	100.0%	100.0%	100.0%	81.3%	94.4%
	4a	Adult	95.5%	95.1%	95.7%	94.7%	94.7%
	4a	Threshold	95.0%	95.0%	95.0%	95.0%	95.0%
			FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1
Follow-Up After Discharge from SUD Detox	4b	Follow-Up	100.0%	95.2%	100.0%	100.0%	100.0%
	4b	Threshold	95.0%	95.0%	95.0%	95.0%	95.0%
			FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1
Inpatient Recidivism	10	Child	4.2%	28.6%	4.0%	15.0%	0.0%
	10	Adult	8.3%	7.0%	12.2%	2.8%	5.3%
	10	Threshold	15.0%	15.0%	15.0%	15.0%	15.0%

MDHHS Grievance Reporting – FY23Q2

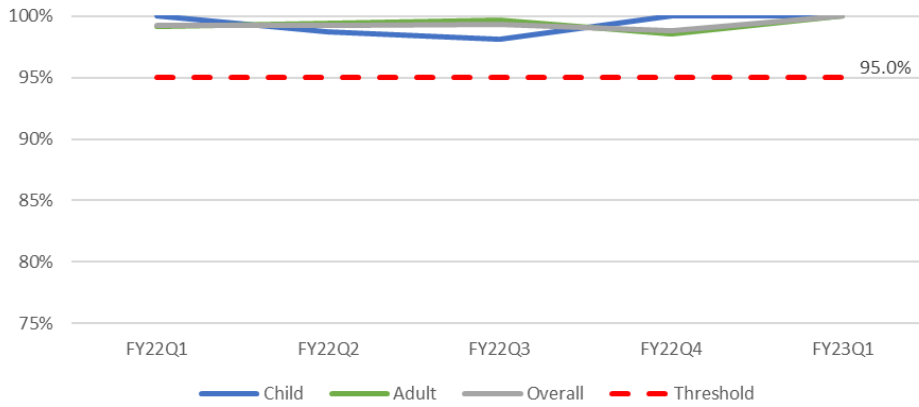
Medicaid Grievances Over Time

Total count, by quarter, of grievances filed by Medicaid beneficiaries



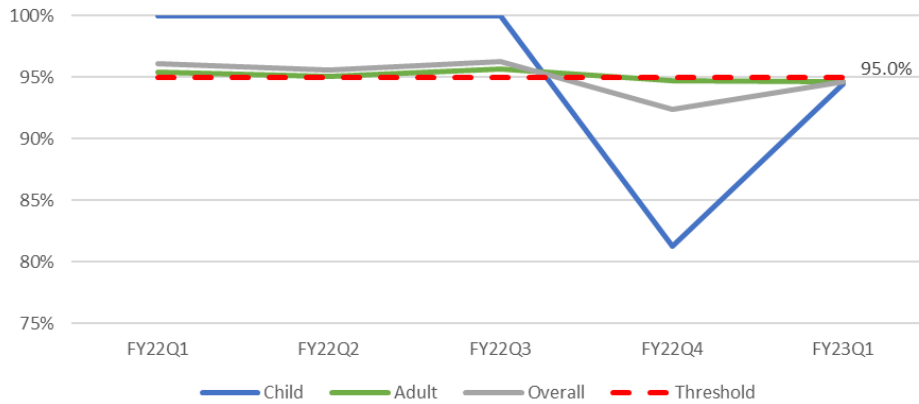
Timeliness of Pre-Admission Screening

MDHHS MMBPIS Indicator 1 (Standard: determination within 3 hrs. of request)



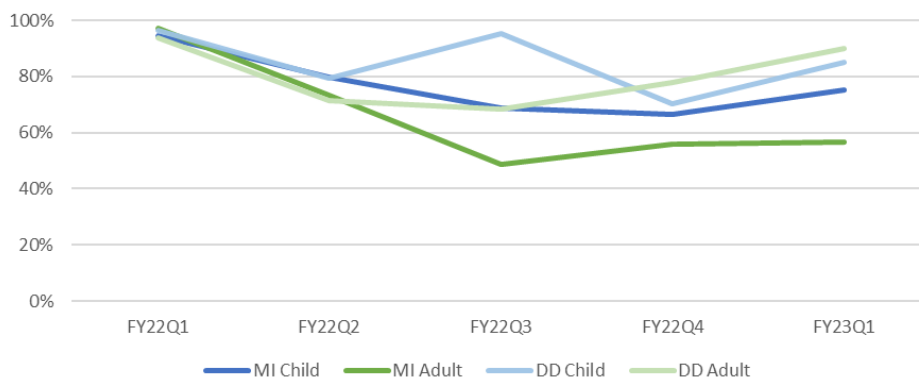
Follow-Up to Discharge from Inpatient

MDHHS MMBPIS Indicator 4a (Standard: follow-up within 7 days of discharge)



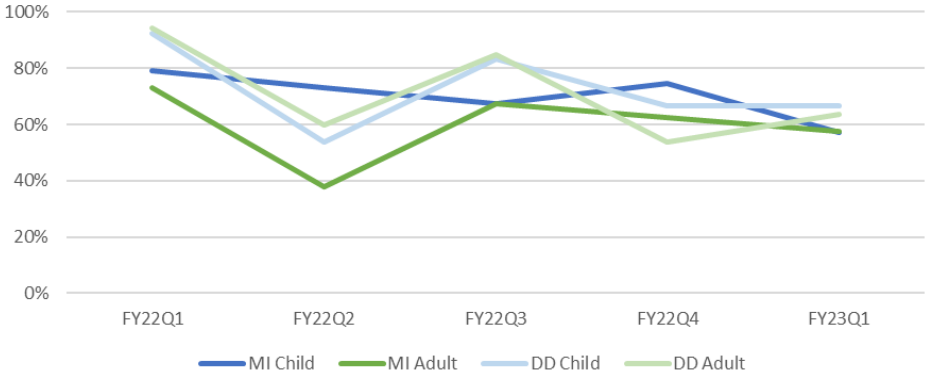
Timeliness of Initial Assessment

MDHHS MMBPIS Indicator 2a (Standard: assessment occurs within 14 days of request)



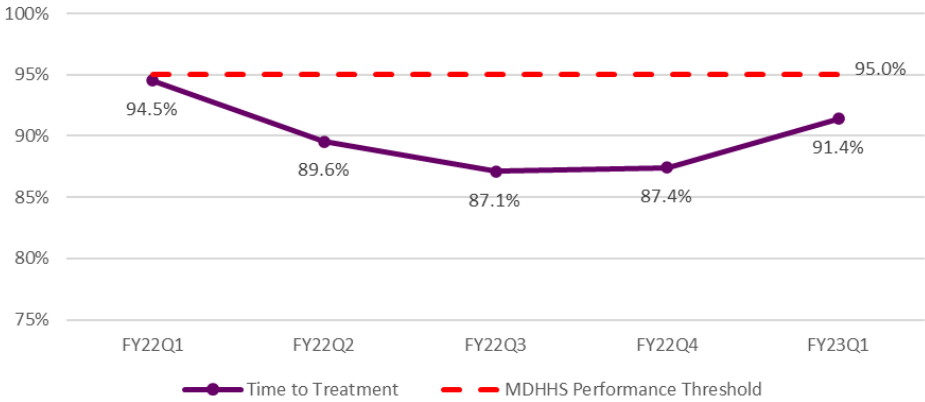
Timeliness of Start of Ongoing Services

MDHHS MMBPIS Indicator 3 (Standard: next service within 14 days of assessment)



Time to Treatment (SUD)

MDHHS MMBPIS Indicator 2b (Standard: first service within 14 days of request)



Follow-Up to Detox Discharge (SUD)

MDHHS MMBPIS Indicator 4b (Standard: follow-up within 7 days of discharge)

