



## NMRE Substance Use Disorder (SUD) Provider Credentialing Protocols

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| SUBJECT  | ACCOUNTABILITY: NMRE, NMRE<br>SUD Services Providers  | Effective Date:<br>August 27, 2014             | Pages: 7               |
| REQUIRED BY  | BBA Section:<br>PIHP Contract Section: 7.0, "Provider<br>Credentialing," P7.1.1,<br>"Credentialing and Re-Credentialing<br>Process," P7.9.1, QAPIP,<br>Other: | Last Review Date:<br>July 25, 2019             | Past Review<br>Date:   |
| Policy: <input checked="" type="checkbox"/><br><br>Procedure: <input type="checkbox"/> | Review Cycle: Annual<br>Author: NMRE Provider Network<br>Manager  | Responsible<br>Department:<br>Provider Network | Reviewers:<br>NMRE CEO |

### Definitions

**Beneficiary:** A person served by the publicly funded behavioral health and substance use disorder system or his/her representative.

**Provider:** Any substance use disorder prevention, treatment, or recovery supports provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services funded in whole, or in part by NMRE managed care funds.

**MDHHS:** Michigan Department of Health and Human Services

**Northern Michigan Regional Entity (NMRE):** The PIHP for Region 2, the 21-counties located in Michigan's northern lower peninsula.

**Northern Michigan Regional Entity (NMRE) Quality Oversight Committee:** Regional quality improvement committee comprised of NMRE staff and quality leaders from the five Member CMHSPs. Additional Members may be appointed as appropriate, including members from the SUD Provider panel and services beneficiaries.

**Northern Michigan Regional Entity Substance Use Disorder (SUD) Oversight Policy Board:** Because NMRE has qualified for status as a MDHHS-designated community mental health entity authorized to coordinate the provision of substance use disorder services in its 21-county service area, the Mental

Health Code requires NMRE to establish a substance use disorder oversight policy board through a written contractual agreement with the Counties. Membership will include a representative appointed by each county's Board of Commissioners. The NMRE SUD Oversight Policy Board will: 1) Approval of any portion of the NMRE's budget that contains PA 2 (liquor tax) Funds; 2) Advise and make recommendations regarding NMRE's budgets for substance use disorder treatment or prevention using non PA 2 Funds to the NMRE Governing Board; and 3) Advise and make recommendations regarding contracts with substance use disorder treatment or prevention providers.

**Prepaid Inpatient Health Plan (PIHP):** One of ten organizations in Michigan responsible for managing Medicaid services related to behavioral health, development disabilities, and substance use.

**Substance Use Disorder:** The taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety or welfare, or a combination thereof.

#### Purpose

The purpose is to ensure that substance use disorder providers and their staff meet the qualifications set forth by the Michigan Department of Health and Human Services (MDHSS).

#### Protocols

##### **A. Provider Responsibilities**

###### 1. Routine Open Panel Process

Provider will submit to NMRE a completed NMRE Provider Application during the open panel process. Completed NMRE Clinical and/or Prevention Applications for all staff who provide services funded in whole or part by funds managed by NMRE are also required.

###### 2. Special Open Panel Process

Provider will submit to NMRE a completed NMRE Provider Application during the open panel process. Completed NMRE Clinical and/or Prevention Applications for all staff providing services funded in whole or part by funds managed by NMRE are also required.

###### 3. Competitive Service Proposal Process

Provider will submit to NMRE a completed NMRE Provider Application during the open panel process. Completed NMRE Clinical and/or Prevention Applications for all staff providing services funded in whole or part by funds managed by NMRE are also required.

4. Annual Review

Provider will submit to NMRE an updated NMRE Provider Application during the annual review. Annual updates to the NMRE Clinical and/or Prevention Applications for all staff providing services funded in whole or part by funds managed by NMRE are also required.

5. New Provider Staff

Provider will submit to NMRE completed NMRE Clinical and/or Prevention Applications for staff providing services funded in whole or part by funds managed by NMRE at the time of hire. Provider will submit to NMRE a completed Clinical and/or Prevention Application prior to the delivery of services. It will be the responsibility of the provider to conduct primary source verification for education and credentials on newly hired direct service staff.

**B. Notification to the NMRE**

Provider will notify NMRE within ten (10) business days of any of the following events:

1. Any civil, criminal, or other action or finding of any licensing/regulatory body or accrediting body, the results of which suspend, revokes, or in any way limits provider's authority to render covered services;
2. Any actual or threatened loss, suspension, restriction, or revocation of provider's license;
3. Any malpractice action filed against provider;
4. Any charge or finding of ethical or professional misconduct by provider;
5. Any loss of provider's professional liability insurance or any material change in provider's liability insurance;
6. Any material changes in information provided to NMRE in the accompanying provider network application or in the credentialing information concerning any provider;
7. Any other event which limits provider's ability to discharge its responsibilities under this Agreement professionally, promptly, and with due care and skill; or
8. Provider is excluded from participation with the Medicaid Program.

**C. NMRE Review Process**

1. Provider Application Review

Provider applications will be reviewed to assure the following:

- a. Application is complete
- b. Application is signed by the person authorized by the provider's Board of Directors to sign the application
- c. Primary source verification will be conducted on the following items

- i. Accreditation-Any listed-AAAHC, JCAHO, COA, NCQA, CARF, AOA
- ii. Michigan Department of Health and Human Services – Health Systems and Professional Licensing
- iii. Health and Human Services – Office of Inspector General’s Excluded Provider/Entity List (checked monthly and at any time new disclosure information is received)
- iv. Medical Services Administration Medicaid Sanctioned Provider List
- v. Lists of Parties Excluded from Federal Procurement and Non-procurement Programs (Lists), which identifies those parties excluded throughout the U.S. Government (unless otherwise noted) from receiving Federal contracts or certain subcontracts and from certain types of Federal financial and non-financial assistance and benefits.

2. Clinical Application Review

Clinical applications will be reviewed to assure the following:

- a. Application is complete
- b. Application is signed by the applicant and his/her supervisor.
- c. Primary source verification will be conducted on the following items:
  - i. Criminal background check:
    - ① Assure no criminal history that would endanger beneficiaries or adversely affect service delivery
    - ② Confirm information regarding criminal background is consistent with clinical application
  - ii. Michigan Certification Board for Addiction Professions – Confirmation of MCBAP Certification or successful completion of a Development Plan (if applicable)
  - iii. Michigan Department of Community Health – Health Systems and Professional Licensing – Confirmation of licensure issued and standing with the State of Michigan
  - iv. Medical Services Administration Medicaid Sanctioned Provider List
  - v. List of Parties Excluded from the Federal Procurement and Non-procurement Programs (Lists).
  - vi. Health and Human Services – Office of Inspector General’s Excluded Provider List

3. Prevention Application Review

Prevention applications will be reviewed to assure the following:

- a. Application is complete

- b. Application is signed by the applicant and his/her supervisor.
- c. Primary source verification will be conducted on the following items:
  - i. Criminal background check:
    - ① Assure no criminal history that would endanger beneficiaries or adversely affect service delivery
    - ② Confirm information regarding criminal background is consistent with clinical application
  - ii. Michigan Certification Board for Addiction Professions – Confirmation of MCBAP Certification or successful completion of a Development Plan (if applicable)
  - iii. Medical Services Administration Medicaid Sanctioned Provider List
  - iv. List of Parties Excluded from the Federal Procurement and Non-procurement Programs (Lists).
  - v. Health and Human Services – Office of Inspector General’s Excluded Provider List

#### **D. Approval Process**

##### **1. Provider Application**

- a. A summary of the Provider Application review will be presented to the NMRE Quality Improvement Committee (QOC) annually or in the event of application to the provider panel as a result of a special opening. The QOC will make recommendations regarding inclusion in the NMRE Provider Panel for Treatment and/or Prevention Services to the SUD Oversight Policy Board.
- b. The NMRE SUD Oversight Policy Board will review the summary information and make a recommendation to the NMRE Governing Board for inclusion in the NMRE Provider Panel for Treatment and/or Prevention Services.
- c. The review and recommendation will be presented to the NMRE Governing Board.
- d. Providers approved for inclusion will be issued a contract.

##### **2. Clinical Application**

- a. In the event the Criminal Background check indicates inconsistency with information provided on the Clinical Application or criminal background that would endanger beneficiaries or adversely affect service delivery, the NMRE will review the information and make a determination. The review and information presented will be considered confidential and will be handled accordingly.
- b. A summary of the Clinical Application review will be presented to the QOC bi-annually.

- c. The NMRE Quality Department will be responsible for review and determination of approval of the application unless otherwise indicated within this procedure.
- d. Decisions will be based on the following:
  - i. Clinician meets staff qualifications as established by the MDHHS and Medical Services Administration
  - ii. Criminal background check is consistent with information provided on the Clinical Application
  - iii. Criminal background check does not indicate criminal background that would endanger beneficiaries or adversely affect service delivery
- e. NMRE will notify the Program Director in writing regarding the decision.

NOTE: Payment made by NMRE for services provided by prevention/treatment staff not meeting NMRE review standards will be retracted.

### 3. Prevention Application

- a. In the event, the Criminal Background check indicates inconsistency with information provided on the Prevention Application or criminal background that would endanger beneficiaries or adversely affect service delivery, the NMRE Quality will review the information and make a determination. The review and information presented will be considered confidential and will be handled accordingly.
- b. A summary of the Prevention Application review will be presented to the QOC bi-annually.
- c. The NMRE Quality Department will be responsible for review and determination of approval of the application unless otherwise indicated within this procedure.
  - i. Criminal background check is consistent with information provided on the Prevention Application
  - ii. Criminal background check does not indicate criminal background that would endanger beneficiaries or adversely affect service delivery
  - iii. Consistent with the staff qualifications stated in the most current proposal submitted in response to the Prevention Request for Proposal process for which a contract has been awarded.
- d. NMRE will notify the Program Director in writing regarding the decision.

NOTE: Payment made by NMRE for services provided by prevention/treatment staff not meeting NMRE review standards will be retracted.

### **E. Denial Process**

In the event an application is not approved, the Program Director will be notified in writing of the decision.

**F. Frequency**

The mechanisms outlined in these protocols will occur:

1. Annually to all clinicians, prevention staff, and programs;
2. As part of the opening of the Treatment Provider Panel;
3. In the event of a special opening of the Provider Panel;
4. In the event of a letting of competitive service proposal;
5. At the time of hire for all prevention and clinical staff submitting application to provide NMRE funded services.

Approval Signature



NMRE Chief Executive Officer

7/25/19

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Date