

PNC Purpose Statement

This Council's purpose is to discuss and prioritize issues related to the CMHOC Provider Network. This type of forum will assure that there is a common and consistent message going out from CMHOC to the provider network.

1. Welcome, Introductions and Overview

Bill Phelps, Program Coordinator, Contracts and Training

a. Results of Pre-Meeting Survey

- i. All requested agenda items were incorporated into today's meeting

b. Improving Communication Focus Group

- i. Our goal is to better improve communication with the provider network
- ii. Recommendations for topics for future meetings

2. Genoa Pharmacy

Jacob Golin, PharmD, Pharmacy Site Manager

a. Location and Contact Information

- i. 12265 James Street, Holland, MI 49424
- ii. 616-499-3197
- iii. jgolin@miottawa.org

b. Medication Adherence

- i. Our number one goal is medication adherence
- ii. Peer reviewed study from 2016 showed that using Genoa Pharmacies had a 90% medication adherence rate compared to 40-50% with retail pharmacies, as well as an 18% reduction in emergency room visits and a 40% reduction in hospitalizations
- iii. Five factors for success:
 1. Shared location with CMH Providers
 2. Specialized packaging to organize medications
 3. Medication mailing
 4. Proactively connect with Providers regarding refills
 5. Assistance with prior authorizations
- iv. Genoa fills all medications – even those unrelated to CMH services

c. Vaccinations

- i. Flu shots are available
- ii. Walk-ins welcome from 9 am to 4 pm, no appointment required
- iii. No out of pocket regardless of insurance status
- iv. Covid boosters will be available soon

d. Questions

- i. What's your evening/overnight delivery/pick up process? Do you deliver meds yourselves or they should be picked up? Do you support other counties or only Ottawa? Do you guys have access to Care Suite?
Thanks!

1. Our pharmacy is open until 5 pm Monday through Friday – there is an emergency service for afterhours medication transfers or other issues as well



2. We can mail medications anywhere in Michigan
3. We are not familiar with Care Suite
- ii. Are the Covid vaccines also at no charge?
 1. Yes. We will always try to bill insurance first but if the person is uninsured or if there are issues with insurance, they can be done at no charge

3. Training Requirements

Bill Phelps, Program Coordinator, Contracts and Training

- a. **Attachment I/Training Updates**
 - i. There have been some recent changes to this document – mostly formatting
- b. **CPR online training prior to in-person**
 - i. Participants must complete the online portion prior to the in person training
 - ii. A non-hybrid option can be available upon request
- c. **Questions**
 - i. Can I get a contact for the First Aid CPR Training?
 1. Email wphelps@miottawa.org or call 616-856-0785

4. Recipient Rights Updates

Bill Phelps covering for Briana Fowler, Director of Recipient Rights

- a. **Timely Rights Training Completion for New Hires (latest data from MDHHS-ORR shows we were at 85% compliance and benchmark is 95%)**
 - i. Please prioritize working with newly hired staff to get these done in a timely manner
- b. **Questions**
 - i. I have staff that are teachers and can't make the times available for Recipient Rights, what other options can we utilize for that training?
 1. Bill will reach out after meeting with additional information

5. Fiscal Updates/Financial Considerations

Amy Bodbyl-Mast, Finance Manager

Nicholas Sall, Assistant Finance Manager

Lauren Peterson, Provider Compliance and Billing Supervisor

Krystal Spaans, Provider Compliance and Claims Supervisor

- a. **Introductions**
- b. **End of Year Submission Deadlines**
 - i. See slides on pages 9 - 10
- c. **Timeliness Reminder/Clean Claims**
 - i. See slides on pages 12 - 13
- d. **GIVA**
 - i. See slide on page 15
- e. **EOBs**
 - i. See slide on page 14
- f. **Time Based Codes**

i. See slide on page 16

g. Questions

- i. DCW wage – is there the option to opt out of that?
 - 1. Yes, you have that option
- ii. What is the additional amount we pass on to employees? Does the \$0.85 include administrative fees?
 - 1. We're working on finalizing the official verbiage which will be provided at a later date.
 - 2. The \$0.85 does not include administrative fees.
- iii. Will there be a required attestation for employees for DCW?
 - 1. If there is a required attestation, it will be for employers not the individual employees
- iv. What is the administrative amount for providers per hour?
 - 1. That will be included in the language we provide once it is finalized. The administrative amount is the standard 12 percent.
- v. Will there be a training on billing for H2023 and H2025 with the changes that were effective 8/1/2023?
 - 1. We do have some documentation that we can share. The intention was to offer one-on-one training sessions. We will reach out to set something up with your team
- vi. Will we receive \$0.85 plus 12% for the passthrough? How is the 12 % calculated?
 - 1. Yes that's correct. The 12% is calculated off of the \$0.85

6. Credentialing and OIG Updates

Kristen Hennings, Compliance Program Coordinator

Amy Avery, Program Evaluator

a. Clinical Application

i. See slides on pages 19 - 27

b. Criminal Background Checks

i. See slide on page 28

c. OIG Checks

i. See slides on pages 29 - 31

d. MDHHS Provider Credentialing Process

i. See slides on pages 32 - 34

e. Questions

- i. can the application be signed via DocuSign rather than wet signature?
 - 1. Yes

7. Contract Updates

Gina Kim, Contract Manager

a. Fiscal Year 2024 Boilerplate

- i. Finalized contracts will be sent out as soon as possible. We are waiting on our corporate counsel to finalize the Notification Clause they are adding



1. Non-boilerplate Contracts will be sent out as soon as possible. We are waiting on our corporate counsel to finalize their updates to the Attachment C Insurance Clause
 - ii. DCW codes effected – see second slide on page 37
 1. DCW is intended to support Direct Care Workers, but if you already know you are planning to opt out please email Gina including reasons for doing so
 - iii. Attachment K
 1. This attachment only applies to Designated Collaborating Organizations, of which there are none at this time so you will see that box unmarked on your contract
 - iv. Training Costs
 1. We are looking for ways to cover training costs on our end for FY24, but the language in the contract will stay the same
 - v. Business Associate Agreement
 1. The BAA outlines responsibilities of protecting PHI and ensures compliance with HIPAA. Once finalized, this will be sent out as a standalone document to sign
- b. Reminders**
- i. Please review contracts for errors so they can be corrected before they are fully executed
 - ii. Our boilerplate is developed by the LRE. We do our best to accommodate individual needs and requests, but there are limitations to what is in our control to change

8. CMH/LRE Updates

Lynne Doyle, CMH CEO

a. THANK YOU!

- i. We could not do our work without you. We understand it is hard and complicated work, but we truly appreciate everything you do.

b. Grant Updates

- i. Certified Community Behavioral Health Clinics (CCBHC) grant
 1. We are now part of the states demonstration program
- ii. SAMHSA Improvement and Advancement (I&A) grant
- iii. Both grants will help us continue to provide integrated coordinated care with emphasis on health and wellness and expand on the work we already do

c. Recovery Fest

- i. Takes place today at the Holland Civic Center from 3-7
- ii. This month is national recovery month
- iii. Activities for kids and adults
- iv. Stop by and celebrate recovery!

d. LRE Updates

- i. Medicaid rates for FY24 are unknown
- ii. Anticipating a cut of at least \$2,000,000 in Medicaid revenue. We are anticipated a cut in Medicaid revenue likely to be at least 2 million



- iii. We do not believe these cuts will impact our provider system, but we will keep you informed if that changes

9. Questions/Feedback

Bill Phelps, Program Coordinator, Contracts and Training

a. Movement West Michigan

- i. A survey went out last week regarding mass transit services in the Holland area

b. Disclosure Forms

- i. Effective 10/1 the LRE will be assuming responsibility for collecting Disclosure Forms and they will no longer be a part of our contract packet

10. Planning for Next Meeting

Bill Phelps, Program Coordinator, Contracts and Training

a. Process for Obtaining Topics for next meeting

- i. We will send out a survey ahead of the next meeting to help us create our agenda

b. The next meeting will be Thursday, March 28th, 2024



FISCAL UPDATES

Provider Network Council (PNC) Meeting 9/21/2023

Community Mental Health of Ottawa County

Finance Manager

- Amy Bodbyl-Mast

Asst. Finance Manager

- Nicholas Sall

Provider Compliance &
Claims

- Krystal Spaans
- Laura Peterson

INTRODUCTIONS

AGENDA

End of Year Submissions

Timeliness Reminder / Clean Claims

EOB's

GIVA

Time Requirements

END OF YEAR CLAIMS PROCESSING

CLAIMS/INVOICES FOR SERVICES PROVIDED BETWEEN
10/1/22 AND 9/30/23

MUST BE SUBMITTED BY NO LATER THAN **10/13/2023**

NOTE: Review all previously processed claims for services provided between 10/1/22 to 9/30/23 for accuracy to avoid any possible future recoupment actions



OUTSTANDING OR DISPUTED CLAIMS

- Please submit a GIVA ticket and a single Excel file of all outstanding, disputed, or claims awaiting Coordination of Benefits by the 10/13/2023 deadline.
 - This file should include patient ID number, date of service(s), code(s), unit(s), and estimated liability

Any disputed claims, resubmissions, or claims awaiting Coordination of Benefits must be submitted **no later than Friday, November 10, 2023.**

➤ Disputed/outstanding claims not submitted by this deadline may be denied.

➤ EMAIL TO: CMHOCFinance@miottawa.org

DCW INCREASE

- Contracts and Fiscal teams are working on implementing the DCW increase effective 10/01/2023



ATTACHMENT B TIMELINESS REMINDERS

- Claims that **DO NOT** require an EOB must be submitted within 60 days of the DOS or it will be denied.
- Claims that **DO** require an EOB must be submitted with coordination of benefits to CMH within 90 days of receipt of the EOB from the third-party payor. The claim shall include the third-party EOB as evidence that the primary payor was billed.
- Previously denied claims should be corrected and re-billed to the CMH within 60 days from the date of the denial for re-processing and reimbursement. Re-billed claims submitted more than 60 days from the date of denial will be ineligible for payment.

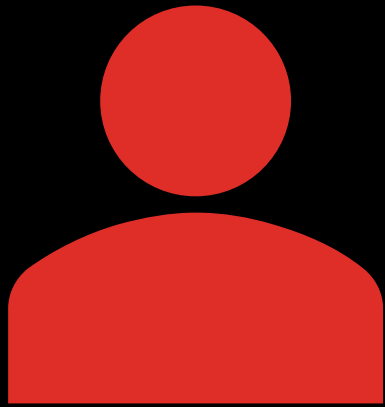
CLEAN CLAIMS

- When Submitting claims please make sure that all necessary information is included to ensure we can promptly process the claim for payment. Claim errors delay processing the claim for payment.
 - Performing Provider
 - Appropriate Modifiers / Credentialing
 - Start & Stop Times
 - Units Billed
 - Location of Service
- EOB's must be submitted at time of submission or claim will be denied.
- If insurance does not offer ABA benefits, we either need the primary insurance denial or a letter on file from the insurance company that they do not cover ABA services.

EOB'S

- Sent securely the day payment is made
 - Detailed description of any denial reason or reason for a payment difference.





GIVA

Help Desk portal for Fiscal Services:
<https://cmhoc.giva.net/home.cfm>

GIVA Email Address:
CMHOCFINANCE@miottawa.org

TIME BASED CODES

- Effective 10/1/23 all time-based codes will require a start and stop time.
- Please review the Behavioral Health Code Chart for time-based codes.



QUESTIONS?





**COMMUNITY
MENTAL HEALTH**

OTTAWA COUNTY

Credentialing and OIG Checks

Clinical Applications

- The date that the Program Evaluator (Amy Avery) receives the clinical application with all the attachments is the date the provider will be set up for billing.
- You will receive a confirmation email once the provider has been set up for billing in Ottawa County, so please do not have your provider provide any services until this email is received.
- In addition, if the job position requires necessary trainings (such as RBT or Recovery Coach Training, CAADC, or DP-C) please make sure it is attached to the application.
- Please make sure when you submit a clinical application they are completed in their entirety. If there is missing information on the application or missing documents, this will cause a delay in the process.

Clinical Applications Continued

- When a provider has a license update, the day that the Program Evaluator (Amy Avery) is notified, is the day that the update is effective for billing. If they provide services using the updated billing prior to notification, then it will cause billing issues.
- If you have any further questions regarding credentialing, please refer to your specific Attachment A located on our website.
- The provider will maintain policies and procedures to ensure that contracted physicians and other health care professionals (e.g., social workers, OT, etc.) are licensed by the State of Michigan and are qualified to perform their services. Provider must immediately notify the LRE and CMHSP if any license is terminated, revoked or suspended during the term of this Agreement.

Clinical Applications Continued

- The provider will maintain policies and procedures to ensure that licenses and certifications are current and valid.
- The provider will maintain policies and procedures to ensure that support care staff who are not required to be licensed are qualified to perform their jobs.
- The provider agrees to immediately notify CMHSP of any State licensure or certification investigation.
- For SUD Providers: Organizations/programs must be licensed for SUD service provision.



CLINICAL APPLICATION

All sections must be completed in their entirety.

The date Community Mental Health of Ottawa County (CMHOC) receives the fully completed Clinical Application is the effective date of billing for CMHOC services.

An incomplete application may result in a delay of credentialing approval and effective date.

Once an individual is credentialed and approved to provide services the agency will receive a confirmation email from the CMHOC Program Evaluator.

AGENCY NAME: _____

Provide the following **service site information** for the individual listed:

Service Site Name: _____

Service Site Address: _____

Service Site Phone Number: _____

SECTION I: PERSONNEL INFORMATION

Services cannot be provided and billed until CMHOC has credentialed the individual listed.

First and Last Name: _____

Date of Birth: _____

Sex: Male Female Unknown

Social Security Number: _____

Date of Hire: _____

Date of Criminal Background Check: _____

Date of Medicaid Sanction Check (Office of Inspector General - OIG): _____

National Provider Identifier (NPI): _____

SECTION II: TYPE OF STAFF

Check all that apply to the services provided by the individual listed in Section I.

- | | |
|--|---|
| <input type="checkbox"/> Autism (please specify) _____ | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Case Management/Supports Coordination | <input type="checkbox"/> Speech/Language Pathology |
| <input type="checkbox"/> Psychology/Behavior Support | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Other (please specify) _____ |

SECTION III: CREDENTIALS

Attach the following documents appropriate to the services provided by the individual listed in Section I.

- | | |
|--|--|
| <input type="checkbox"/> Professional License | <input type="checkbox"/> Highest Educational Degree |
| <input type="checkbox"/> Professional Certificate | <input type="checkbox"/> DEA (Medical Professional only) |
| <input type="checkbox"/> Professional Registration | <input type="checkbox"/> Malpractice Insurance (if required by contract) |
| <input type="checkbox"/> Practitioner Specialty (*mark all that apply on page 2) _____ | |

SECTION IV: AGENCY/SUPERVISION SIGNATURE

By completing the information and signing below, the agency and supervisor listed certify that the Clinical Application has been completed fully for the individual requiring credentialing by CMHOC.

Signature: _____
Print Name: _____
Title: _____

Date: _____

Revised on 1/14/2019



SUBSTANCE USE DISORDER CLINICAL APPLICATION

All sections must be completed in their entirety.

The date Community Mental Health of Ottawa County (CMHOC) receives the fully completed Clinical Application is the effective date of billing for CMHOC services.

An incomplete application may result in a delay of credentialing approval and effective date.

Once an individual is credentialed and approved to provide services the agency will receive a confirmation email from the CMHOC Program Evaluator.

AGENCY NAME: _____

Provide the following **service site information** for the individual listed:

Service Site Name: _____

Service Site Address: _____

Service Site Phone Number: _____

SECTION I: PERSONNEL INFORMATION

Services cannot be provided and billed until CMHOC has credentialed the individual listed.

First and Last Name: _____

Position: _____

Date of Birth: _____

Sex: Male Female Unknown

Social Security Number: _____

Date of Hire: _____

Date of Criminal Background Check: _____

Date of Medicaid Sanction Check (Office of Inspector General - OIG): _____

National Provider Identifier (NPI): _____

SECTION II: TYPE OF STAFF

Check all that applies to the services provided by the individual listed in Section I.

- Treatment Supervisor (circle): CCS-M, CCS-R, or DP-CCS
- Specifically Focused Staff (specify): _____
- Treatment Adjunct Staff (specify): _____
- Intern – Internship Completion Date: _____
- Substance Abuse Treatment Specialist (SATS), NPI# _____
- Substance Abuse Treatment Practitioner (SATP), NPI# _____
- Other (specify): _____

SECTION III: CREDENTIALS

Attach the following documents appropriate to the services provided by the individual listed in Section I.

Complete the sections below for all types of staff marked in Section II.

1. **Substance Abuse Treatment Specialist:** In order to qualify as a substance abuse treatment specialist an individual must meet the criteria detailed in **any one of** the following three categories **and** be supervised* by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications.

Please select the appropriate category below and provide the information requested below the item:

<input type="checkbox"/>	Possesses one of the following certifications from the Michigan Certification Board of Addiction Professionals or a Development Plan for achievement.	<input type="checkbox"/> CADC <input type="checkbox"/> CCDP <input type="checkbox"/> CADC-M <input type="checkbox"/> CCDP-D <input type="checkbox"/> CAADC <input type="checkbox"/> Dev. Plan <input type="checkbox"/> CCJP-R	MCBAP Certification Expiration Date: _____
<input type="checkbox"/>	Individual has a development plan with MCBAP and possesses one of the following licensures: MD/DO, PA, NP, RN, LPN, LP, LLP, TLLP, LPC, LLPC, LMFT, LLMFT, LMSW, LLMSW, LBSW, or LLBSW.	License #: _____	License Expiration Date: _____
<input type="checkbox"/>	Individual possesses one of the following alternative certifications. Please identify which certification:	<input type="checkbox"/> ASAM <input type="checkbox"/> APA <input type="checkbox"/> UMICAD	Certification Expiration Date: _____

2. **Substance Abuse Treatment Practitioner:** In order to qualify as a substance abuse treatment practitioner an individual must have a MCBAP development Plan in place **and** be supervised* by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications.

MCBAP Development Plan Expected Completion Date: _____

3.

Levels of Care to be provided:	Service Categories:
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Assessment
<input type="checkbox"/> Intensive Outpatient Program (IOP)	<input type="checkbox"/> Individual
<input type="checkbox"/> Detox	<input type="checkbox"/> Group
<input type="checkbox"/> Residential	<input type="checkbox"/> Didactic
<input type="checkbox"/> Methadone	<input type="checkbox"/> Case Management *
	<input type="checkbox"/> Peer Recovery Support **

* This employee has additional education, training, or experience qualifications for performing the duties of this position. *Please describe below (or attach an additional sheet):*

** Peer Recovery Support. Please attach an additional sheet to include responses to ALL of the following:

- Three (3) references of support;
- Current support system for PRS staff;
- Program's selection criteria for hiring PRS staff;
- How his/her recovery was verified and how recovery will be monitored;
- Date of his/her last treatment (if applicable);
- Specify types of services to be provided by PRS Associate or PRS Coach;
- Documentation of training received.

4. This employee has a degree in one of the following:

- Social Work (circle): Masters or Bachelor's
- Guidance & Counseling (circle): Masters or Bachelor's
- Clinical Psychology (circle): Masters or Bachelor's
- Physician
- Ph.D. Psychologist
- Other counseling related field (specify): _____
- Other (specify): _____

SECTION IV: AGENCY/SUPERVISION SIGNATURE

Supervision for SATS and SATP staff must be provided by an individual with a CCS-M, CCS-R certification, or who has a registered development plan to obtain one of these certifications

By completing the information and signing below, the agency and supervisor listed certify that the Clinical Application has been completed fully for the individual requiring credentialing by CMHOC.

Signature: _____ Date: _____
Print Name: _____
Title: _____

Criminal Background Checks

- The provider will require criminal background checks prior to hire and at a minimum of every two years for all persons (staff, management and non-management) providing services to or interacting with Individuals served by CMHSP or persons who have the authority to access or create CMHSP information.
 - Criminal background checks must be completed through the State of Michigan Licensing and Regulatory Affairs (LARA) Workforce Background Check system; Internet Criminal History Access Tool (ICHAT); or other service as approved by the LRE prior to starting work with Individuals.
 - The provider shall inform CMHSP if any board member has been convicted of a felony or misdemeanor related to patient abuse, health care, or any type of fraud, a controlled substance, or any obstruction of any investigation.

OIG Checks

- Providers shall ensure an initial examination of Federal and State databases of excluded parties and litigation checks (OIG) are conducted. Such examinations must take place at time of hire and monthly thereafter, for all Provider employees and persons joining Provider Board of Directors. If there is litigation initiated against a provider, you are to notify us immediately.
 - Please refer to your contract 2.4 Provider Panel Eligibility Requirements Subsection 2.4.1.5 for further information.
- We are expecting that all agency providers are compliant with trainings, criminal background checks, and OIG. We ask that you keep these in your files. Evidence of staff training, and compliance must be available for MDHHS, LRE, and/or CMHSP audits.
 - Again, if you have questions about which trainings you need to have to be compliant, please refer back to Attachment I on the CMH website.

2.4 Provider Panel Eligibility Requirements

2.4.1 Exclusion of Certain Individuals and Entities from Participation in Medicare and State Health Care Programs. To ensure compliance with the Social Security Act Sections 1128, 1128A, 1156, 42 CFR 438.6, 455.10 and 45 CFR Part 76, Provider must ensure the following:

2.4.1.1 Provider and its subcontractors, board members, and employees are not debarred, suspended, proposed for debarment, declared ineligible, or excluded from a federal or state health care program.

2.4.1.2 Provider and its subcontractors, board members, and employees have not been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal/State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

2.4.1.3 Provider and its subcontractors, board members, and employees are not indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated above (see subparagraph 2.4.1.2).

2.4.1.4 Provider and its subcontractors, board members, and employees have not within a three (3) year period preceding this Agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

2.4.1.5 Provider shall ensure an initial examination of federal and state databases of excluded parties and litigation checks are conducted. Such examination must take place at the time of hire, and monthly thereafter, for all Provider employees and persons joining Provider Board of Directors.

2.4.1.6 Provider will notify CMHSP immediately when there is litigation initiated against Provider.

2.4.1.7 Provider shall immediately disclose to CMHSP any information regarding the ownership or control by a person convicted of a criminal offense described under Sections 1128(a)(b) and 1128(b)(1), (2), or (3) of the Social Security Act and if any staff member, member of the Board of Directors, manager, or person with an employment, consulting or other arrangement with Provider has been convicted of a criminal offense described under Section 1128A of the Social Security Act.

2.4.1.8 Provider agrees to immediately notify CMHSP of any threatened, proposed, or actual exclusion from any Federally-funded health care program of it or its staff.



U.S. Department of Health & Human Services
Office of Inspector General
U.S. Department of Health & Human Services

Report #, Topic, Keyword..
Advanced

- About OIG
- Reports & Publications
- Fraud
- Compliance
- Exclusions
- Newsroom
- Careers

Home > Exclusions

Visit our [tips page](#) to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

Search the Exclusions Database

Do not use your browser's back button while navigating through the LEIE search. Instead, use the built-in navigation features as indicated below:

Search For An Individual

- Search For Multiple Individuals
- Search For A Single Entity
- Search For Multiple Entities

Last Name (and/or) First Name

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 - [Applying for Reinstatement](#)
 - [Contact the Exclusions Program](#)
 - [Frequently Asked Questions](#)
 - [Special Advisory Bulletin and Other Guidance](#)

MDHHS Credentialing and Recredentialing Processes Policy

- This policy covers credentialing, temporary/provisional credentialing, and re-credentialing processes for those individual practitioners and organizational providers who are directly or contractually employed by the Prepaid Inpatient Health Plans (PIHPs), as it pertains to the rendering of specialty behavioral healthcare services within Michigan's Medicaid Program.
 - Licensed/Certified/Registered Health Care Professionals
 - Excludes AFC homes
- Re-Credentialing is to be done every two years.
- Link to MDHHS Credentialing and Recredentialing Policy: [Behavioral Health and Developmental Disabilities Administration, Provider Credentialing \(michigan.gov\)](#)

Initial Credentialing

Policies and procedures for the initial credentialing of 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.

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 of graduation from an accredited school and/or LARA license.
- d. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
 - i. Minimum five (5) year history of professional liability claims resulting in a 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.

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 License 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.

Contact information

If you have any comments, questions, or concerns about credentialing and compliance, please refer to your contract and/or feel free to reach out to us.

Program Evaluator Contact Information:

Amy Avery

Phone Number: 616-393-5682

Email: aavery@miottawa.org

Contracts

Presented by Gina Kim
for Community Mental Health of Ottawa County

FY24

Contract Renewal



BAA

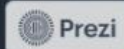
Stand-alone



Training costs



Reminders



FY24

Contract Renewal



Additional Clause

DCW

Attachment K



- Notification Clause for contracts involving care and treatment of minors

Some providers may see the updated language added.

- Attachment C Insurance

Non-boilerplate contracts will see the updated language in the contract.



Codes affected:

97153, 97154, 0373T, H0043, H0019, H0010, H0012, H0014, H0018, H2014, H2015, H2016, T2027, T1020, T2015, S5150, S5151, T1005, T1019, H2023



Applies to providers
operating as DCOs
under CCBHC
Demonstration.

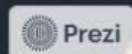
No DCOs at this time.



Training Costs



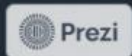
- SCA reporting requirement
- Language will stay



PHI&HIPAA ▲

Stand-alone document

Separate signatures



I need your help! ◆

REVIEW THE CONTRACTS

- Contact Information
- Service Locations and addresses
- Attachment B: Codes and Rates
- Regional effort
- Reminders to remind me

