

POLICY AND PROCEDURE MANUAL	BCCMHA	PAGE 1 OF 5
CATEGORY - CORPORATE COMPLIANCE	CHAPTER 12	SUBJECT D
PROVIDER SCREENING AND SANCTIONS	REVISED 12/19/05 09/21/11 02/08/06 12/06/13 08/14/06 12/05/14 02/14/08 12/07/15 12/08/17	EFFECTIVE 1-15-03

I PURPOSE

To establish guidelines for corporate compliance and monitoring involving Barry County Community Mental Health Authority (BCCMHA).

II APPLICATION

The provisions of this subject apply to administrative and designated personnel involved in the Corporate Compliance Program.

III POLICY

BCCMHA will maintain a high quality of care and service as well as integrity in its financial and business operations. Therefore, BCCMHA, in conjunction with Southwest Michigan Behavioral Health (SWMBH), will conduct appropriate screening of providers, employees, independent contractors, and business partners to ensure that they have not been sanctioned by a federal or state law enforcement regulatory or licensing agency. (See Credentialing and Privileging Policy).

BCCMHA, as part of its provider network practices, will not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. This does not preclude BCCMHA from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to clients and the community served. BCCMHA reserves the right not to contract with providers beyond the number necessary to meet the needs of its clients.

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IV STANDARDS & PROCEDURES

All employee and provider network applications may include questions pertaining to any pending charges or conviction for violation of criminal law; and/or any sanction or disciplinary actions by any state or federal law enforcement, regulatory, or licensing agency. It will be the responsibility of any hiring or contracting authority within the organization to verify the accuracy and honesty of the responses provided by applicants.

The credentials of medical professionals or entities employed by BCCMHA, or with whom there is an established business relationship will be verified with appropriate licensing and disciplining authorities, including any adverse actions taken against the individual that might impair his/her performance of duties, or fiduciary responsibility on behalf of the organization. This verification process shall include checking against the Office of Inspector General Corporate Integrity Agreements, and the Federal System of Award Management, Michigan Medicaid Exclusion List, CHAMPS, Michigan Department of Health and Human Services – Bureau of Health Professionals Disciplinary Action Report, Office of Inspector General EPLS, General Services Administration Debarment List, National Practitioner’s Data Bank, and any board certification, as applicable. A copy of the search results shall be placed in the contract and/or credentialing file. This is in addition to the monthly search of the exclusion lists to capture exclusions and reinstatements that have occurred since the last search, or at any time providers submit new disclosure information. These monthly review results shall be placed in administrative files managed by the Corporate Compliance Program. Please see the Federal Exclusion Screening Policy for more details.

If a provider becomes a sanctioned provider on the OIG Federal Exclusion List during the contract term, that contractor shall be removed from involvement with BCCMHA services related to federal or state health care programs.

To ensure that licensed independent contract providers in the BCCMHA network have renewed their Michigan licenses and any applicable certifications in a timely manner, the Contract Manager or their designee will:

1. Review information on a periodic basis to identify any provider with an expired license or certification, liability insurance and/or accreditation.
2. Request updates to liability insurance and accreditation by sending the provider a letter of request.
3. Verify expired licenses and certifications by checking primary source verification. Any licensed independent contract provider who has not renewed their license or any certification with applicable grace periods of its expiration will be immediately terminated from the provider network. Those providers who are terminated for

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lapsed licensure or certification may reapply for participation at the discretion of the Executive Director once licensure or certification is renewed.

The aforementioned processes will include, but not be limited to, physicians, and other medical practitioners, physician assistants, nurses, nurse aides, physical therapists, psychologists, and social workers. Entities that will be checked would include, but not limited to, independent contract providers and any ancillary service organizations. When appropriate, a review may be conducted with legal counsel of agreements with medically related entities to ensure that they are checked for adverse governmental actions or sanctioning, including any exclusion from the Medicare/Medicaid programs. In addition, a criminal background check will be conducted for employees, contract staff, and interns.

Individuals in receipt of services from a network provider that has an adverse credentialing decision will be notified in writing of the adverse decision and supporting reasons.

REFERENCES

CARF 1.G.5.

BHP 1.G.5.

BBA

DHHS

OIG

HIPAA

SWMBH

CMS

QUALITY IMPROVEMENT

This policy/procedure will be evaluated by the Quality Improvement Committee on an annual basis to enhance and improve the quality.

At any time employees can request in writing, on the form provided, that this policy or items in this policy be reviewed by the Quality Improvement Committee. Employee's written requests can be given to any Quality Improvement Committee member.

When an area for improvement is indicated, the process for improvement as identified in the Quality Improvement Plan will be followed.

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APPROVED BY:

Richard Thiemkey
Executive Director

Date

Tamie Case, MPA, CHC
Corporate Compliance Officer

Date

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DATE REVIEWED

11/05/03
12/22/04
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