

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 11/15/07	Reviewed: 11/30/10 By: JM Last Revision: 12/7/10	Section: PROVIDER NETWORK	Policy No: 061	Pages: 1 of 2 (1 Attachment)
☒ Wraparound ☒ Wraparound-REACH ☒ FISS ☒ Project O-Yeah	Effective Date: 1/1/11	Subject: PROVIDER CREDENTIALING COMMITTEE			

I. POLICY

The Wraparound Milwaukee Credentialing Committee is endorsed by Wraparound Milwaukee Administration and is responsible for administering the Wraparound Milwaukee Provider Network Credentialing Plan (*see Attachment*) on behalf of Wraparound Milwaukee.

II. PROCEDURE

The Credentialing Committee membership will consist of the Wraparound Milwaukee Medical Director and licensed psychotherapists, one each from the Mobile Urgent Treatment Team and an agency providing clinical services through the Wraparound Milwaukee Provider Network. Psychotherapist representation is to include: a Licensed Psychologist and a Licensed Clinical Social Worker or a Licensed Marriage and Family Therapist or a Licensed Professional Counselor. Psychotherapists with AODA credentials are preferred. Other than the Medical Director, Committee members are asked to make a one-year commitment to serve as a Credentialing Committee Member.

Provider Network agency membership opportunities will be announced at routinely scheduled Wraparound Milwaukee Provider Meetings. Mental health and AODA (alcohol and other drug abuse) practitioners interested in serving on the Credentialing Committee are asked to notify the Provider Network Coordinator in writing (email accepted) if they are interested in serving as a member of the Credentialing Committee. Initial selection of the Provider Network agency representative is to be made with input from the Medical Director, Director of Wraparound Milwaukee, Provider Network Coordinator and Quality Assurance Specialist assigned to the Provider Network. Subsequent membership is to include input from existing committee members.

Committee Members are required to sign a Non-Discrimination / Confidentiality Statement annually.

Committee Meetings

The Wraparound Milwaukee Credentialing Committee Meetings will be scheduled for the 1st Friday of the month at 9:00 a.m. (or at another day and time as agreed to by the Committee) at the Wraparound Milwaukee Administrative offices. Meetings will not be held on months where there is no agenda.

Meetings will be chaired by the Quality Assurance Specialist assigned to the Wraparound Milwaukee Provider Network. In the absence of the Quality Assurance Specialist, the meeting may be chaired by the Wraparound Milwaukee Provider Network Coordinator. The chairperson is a non-voting member of the Committee.

Meeting agendas will be prepared by the Quality Assurance Specialist. Copies of the credential files associated with clinicians requiring Committee action will be available for review by Committee Members at the meeting. All copied material is to be returned to the chairperson, so that it can be properly destroyed (placed in locked confidential material recycling bin or shredded).

Meeting minutes will be recorded by the Provider Network Clerical Specialist and will reflect key discussion points, decisions made, rationale, planned actions, responsible person and follow-up. Minutes will be reviewed and approved by the Quality Assurance Specialist and kept on file in a binder maintained by the Provider Network Clerical Specialist. The Credentialing Meeting Minutes Binder will be available for committee members to review during Credentialing Committee meetings, however, Committee members are not allowed to take minutes with them from the meeting.

Duties of the Wraparound Milwaukee Provider Network

Wraparound Milwaukee Provider Network staff will review each application for completeness. The credentialing

process will not discriminate against any applicant on the basis of gender, race, religion, age, disability, sexual orientation, ethnic origin or client population served.

Applicants that do not meet the minimum enrollment criteria will be notified in writing by either the Wraparound Milwaukee Provider Network Coordinator or Quality Assurance Specialist.

Applicants who meet the minimum enrollment criteria and have NO adverse activity will be presented in summary format to the Medical Director for review.

Applicants who meet the minimum enrollment criteria with adverse activity (license sanctions, quality of care issues, settled malpractice claims history) and all pending malpractice claim information will be submitted to the Credentialing Committee for review.

Within 45 days of the date of approval, applicants will receive written notification from the Wraparound Milwaukee Provider Network Coordinator or Quality Assurance Specialist that their application has been approved and the effective date of the approval. A courtesy copy of the notice will also be sent to the agency/ies who have requested to add the applicant as a Clinical Provider in the Wraparound Milwaukee Provider Network.

Duties of the Medical Director

The Medical Director will be responsible for:

- Review and approval of practitioner applications (initial and re-credentialing) that do not require review by the full Credentialing Committee (i.e., file with no adverse activity).
- Providing direction regarding discrepancies that were noted during the initial review process.
- Communicating with physicians (verbally or in writing) regarding credentialing issues that require corrective action plans.

Duties of the Credentialing Committee

The Credentialing Committee is responsible for review and approval of applications by practitioners who meet minimum participation criteria with adverse activity.

The Credentialing Committee review process will not discriminate against any provider on the basis of gender, race, religion, age, disability, sexual orientation, ethnic origin or client population served by the applicant.

The Credentialing Committee may utilize an exception process should it be necessary to credential certain applicants/practitioners given the needs of the Program's participants/service recipients. The Credentialing Committee will examine all criteria based first on the need for the given practitioner's services within the Network. If a need exists, criteria associated with approval of the applicant will be examined on an individual basis, taking into account the following:

- Malpractice claims history: less than two (2) claims in a five (5) year period, or claims judged to be of nuisance value. Exceptions will be granted and reviewed on an individual basis by the Credentialing Committee.
- If there is a history of drug or alcohol abuse, the applicant must be involved in a credible program to correct impairment with concurrent and present monitoring by the medical society or state board. There should be no evidence of recidivism.
- Office hours: coverage with less than recommended office hours.
- Previous sanction activity: the nature of the sanction and remedy.
- Additional exceptions will be granted and reviewed on an individual basis by the Credentialing Committee.

Reviewed & Approved by: Bruce Kamradt
Bruce Kamradt, Director



WRAPROUND MILWAUKEE

CREDENTIALING

AND

RECRECREDENTIALING

2011 PLAN

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INTRODUCTION

As a specialized Managed Care Organization (MCO), Wraparound Milwaukee identifies services that will be available to participants in the Wraparound Milwaukee Program. The services available to clients each have a specific definition and credentialing requirements for providers in to service.

Agencies must complete an application process that includes:

- a written application which identifies the services that the agency is applying to provide services through the Wraparound Milwaukee Provider Network
- identification of specific services that the agency is requesting authorization for each direct service provider identified in the application to provide
- a desk review to assure agency and direct service provider compliance with service specific education, training and /or credentialing/licensing requirements
- compliance with criteria set forth in the Wraparound Milwaukee Fee-for-Service Agreement in effect at the time that the application is being processed
- a site visit (for agencies located in the Metropolitan Milwaukee area) to confirm that the physical location meets minimum requirements for service(s) to be provided
- a review of direct service provider background checks as required by Milwaukee County (general completed during the site visit) for direct service providers identified in the agency application.

Mental health and Alcohol and other Drug Abuse (AODA) practitioners must also complete a Universal Application and credentialing process that is consistent with the requirements of the National Committee for Quality Assurance (NCQA).

AUTHORITY

It is the responsibility of Wraparound Milwaukee Administration and the Wraparound Milwaukee Provider Network to ensure the appropriate direct services providers, including psychiatrists, psychologist, socials workers, other mental health practitioners and AODA providers are available through the Wraparound Milwaukee Provider Network to assist in meeting the needs of Wraparound Milwaukee participants. This is accomplished through an effective provider application and credentialing process, including ongoing quality monitoring and quality review activities.

Final decision making for credentialing/recredentialing of providers rests with Wraparound Milwaukee Administration. The Wraparound Milwaukee Provider Network is responsible for accepting and processing provider applications and implementation of the credentialing/recredentialing review process. Provider Network staff process agency applications and review practitioner Universal Applications for completeness and compliance with service specific credentialing requirements. Practitioner applications with NO adverse activities are presented to the Medical Director for review and approval. A summary list of applicants with no adverse activity that are approved is presented to the Credentialing Committee. The Credentialing Committee is responsible for reviewing practitioner applications with adverse activity license sanctions, malpractice claims history, pending malpractice claim(s), quality of care issue(s). Applicants that do not meet the minimum participation criteria are notified in writing by the Committee Chair Person and/or Provider Network Coordinator, in the case of a physician, the notice is co-signed by the Medical Director.

The Credentialing Committee may utilize an exception process to credential/recredential certain applicants/practitioners given the needs of the Program's participants/service recipients. The Credentialing Committee will review all criteria based first on the need for the given practitioner's services within the Network. If a need exists, criteria associated with approval of the applicant it to be examined on an individual basis taking into account the following:

- Malpractice claims history: less than two (2) claims in a five (5) year period, or claims judged to be of nuisance value. Exceptions will be granted and reviewed on an individual basis by the Credentialing Committee.
- If there is a history of drug or alcohol abuse, the applicant must be involved in a credible program to correct impairment with concurrent and present monitoring by the medical society or state board. There should be no evidence of recidivism.
- Office hours: coverage with less than recommended office hours.
- Previous sanction activity: the nature of the sanction and remedy.
- Office site visit: a plan to remedy any deficiencies with provisional approval until the remedy is achieved.
- Additional exceptions will be granted and reviewed on an individual basis by the Credentialing Committee.

The credentialing/recredentialing process shall not discriminate against any practitioner:

- on the basis of gender, race, religion, age, disability, sexual orientation, ethnic origin or client population served.
- on the basis of license or certification provided the practitioner is acting within the scope of his/her license or certification under applicable State law or other applicable regulations.

CONFIDENTIALITY

Wraparound Milwaukee will be responsible for the development, maintenance, and updating of all confidentiality policies and statements associated with agency and direct service provider applications and the practitioner credentialing process. Policies are reviewed annually as required by the Wraparound Milwaukee Policy Maintenance Committee.

SCOPE

All direct service providers requesting to provide services through the Wraparound Milwaukee Provider Network are subject to review with respect to training, education, and licensing requirement set forth by Wraparound Milwaukee and federal and state licensing and regulator agencies.

Wraparound Milwaukee encourages enrollment of a broad range of providers in order to promote participant choice and diversity within the Wraparound Milwaukee Provider Network.

Mental Health and AODA practitioners (practicing individually, in a group or in an outpatient client) who provide the following services will be required to submit a Universal Application and complete the Wraparound Milwaukee credentialing review process.

- Physician/Psychiatry Services
- Psychology Services
- Psychotherapy Services (individual, family and group)

- AODA Assessment
- AODA Counseling Services (individual, family and group)
- In-Home Therapy (Medicaid Lead)
- Special Therapy (specifically clinicians who are Certified or Licensed by the State of Wisconsin such as Occupational Therapy)

Practitioners who practice exclusively within the inpatient, residential care or group home settings who provide care for Wraparound Milwaukee participants are not required to undergo credentialing by Wraparound Milwaukee provided the practitioner does not bill for services under an outpatient clinic license.

CREDENTIALING AND RECREDENTIALING

Initial Credentialing and Recredentialing Requirements

Each practitioner must complete a Universal Application for participation as a provider in the Wraparound Milwaukee Provider Network that includes the following minimum requirements:

1. Complete, sign and date Wraparound Milwaukee Universal Application.
2. Complete attestation to:
 - History associated with clinical license and /or clinical privileges, disciplinary actions and felony convictions.
 - Absence of current substance abuse.
 - Mental and physical competence to perform the essential duties of the profession.
 - The correctness and completeness of the application.
3. Sign and date releases of information.
4. Current unrestricted license or 3000 hour psychotherapy letter (for employment in a state certified outpatient mental health facility) from the State of Wisconsin
5. For physicians, valid DEA certificate.
6. Current liability insurance in compliance with the 2011 Wraparound Milwaukee Fee-for-Service Agreement.
7. Proof of highest level of education, and in the case of physicians, proof of graduation from an accredited medical school or school of osteopathy or proof of completion of an accredited residency or fellowship program, or proof of board certification; ECFMG certification or equivalent, if practitioner is a foreign medical graduate (for 3000 hour practitioners, there will be a \$10.00 fee assessed to the affiliate agency to cover the cost of education verification).
8. Signed Background Information Disclosure form. Note: if there are any affirmative answers (except Section B, No. 4 and 5), Wraparound Milwaukee will require the affiliate agency to submit a current (within the last year) background check in order to complete the credentialing process.
9. Work history since graduation from professional or medical school.
10. Malpractice and/or professional liability actions for the most recent five years
11. History of Medicaid/Medicare sanctions showing practitioner is currently in good standing.
12. Disclosure of ownership or financial interest in any clinical laboratory, diagnostic testing center, hospital ambulatory surgery center, home health, or other business dealing with the provision of ancillary health services, equipment or supplies.
13. Original copy of application submitted to Wraparound Milwaukee.

The above elements may be subject to primary source verification, as applicable, according to information. Notice of the right to correct erroneous information is contained within the: Wraparound Milwaukee Primary Source Verification Notice (available on the Wraparound Milwaukee Web Site), the Wraparound Policy “*Provider Network Applicant Right Request Information and Correct Erroneous Information*” and within the Universal Application as articulated on the “Children’s Community Health Plan Release and Immunity from Liability” page.

Practitioner Responsibilities

Along with the criteria for credentialing, all practitioners must agree to meet the following basic responsibilities in order to be a provider for Wraparound Milwaukee Provider Network:

- to abide by the Fee-for-Services Agreement in effective at the time of the provision of services to Wraparound Milwaukee participants/service recipients
- to abide by the ethical principles of his/her profession, including but not limited to, refraining from fee splitting or other inducements related to client referral; providing care for participants; refraining from delegating the diagnosis or care of participants/service recipients to a practitioner who is not qualified to undertake this responsibility

Wraparound Milwaukee may perform credentialing functions for other Health Plans or Managed Care entities and may offer practitioners the option to become service providers for these Plans. The option to “Opt-In” as a provider for a contracting Health Plan will be based on the contracting Plan’s agreement with Wraparound Milwaukee. Practitioners electing to become a provider for the contracting Plan agree to abide by the policies and procedures set forth by contracted Health Plan. Contracted Plans retain the right to enroll any and all practitioners as service providers within their plan based on their own credentialing criteria.

Right to Appeal

Practitioners who are declined enrollment in the Wraparound Milwaukee Provider Network due to quality of care or liability claims issues have the right to appeal the decision in writing within fourteen (14) days of formal notice of denial. All written appeals should include additional supporting documentation in favor of the applicant’s reconsideration for the Wraparound Milwaukee Provider Network. Appeals will be reviewed by the Credentialing Committee at the next regularly scheduled meeting, but not later than 60 days from the receipt of the additional documentation. The applicant will be sent a written response to his/her appeal within 30 days of appeal decision.

Practitioners whose enrollment in the Wraparound Milwaukee Provider Network is suspended, reduced, or terminated, shall have the right to appeal the decision in accordance with Wraparound Milwaukee Policies and Procedures and Milwaukee County Ordinances. Appeals are reviewed the Credentialing Appeals Committee which consists of the Program Director, Director of the Mobile Urgent Treatment Team (or his designee) and a Child Psychiatrist from the Milwaukee County Behavioral Health Division. The Committee will review the appeal within 45 days of receipt of the formal written (dated and signed) appeal request by the practitioner. The Appeals Committee hears appeals of decisions to deny, suspend, or restrict participation or to terminate the participation status of practitioners. The Appeals Committee may uphold, reject or modify the decision. The Appeals Committee’s recommendation will be based upon the evidence admitted at the hearing. A final decision related to the appeal rests with the Wraparound Milwaukee Program Director.

CREDENTIALING PROCESS

Initial Credentialing Process:

All mental health and AODA practitioners applying for initial credentialing with Wraparound Milwaukee are required to complete a Universal Application. The application form must be complete, signed and dated by the applicant.

Wraparound Milwaukee verifies the information provided by the practitioner in support of their application for Provider Network enrollment through external primary sources within 60 days prior to the credentialing decision. The practitioner is notified promptly of any problems related to the collection and/or verification of these documents and information.

It is the sole responsibility of the practitioner/applicant to produce all necessary information and documentation required to conduct a thorough review of the application. Failure to provide the necessary information within sixty (60) days from the initial application date will result in termination of the process. If the practitioner ever seeks to join the network in the future, he/she must begin the process from inception.

An application is not considered complete until all necessary information is obtained and verified by Wraparound Milwaukee Provider Network staff. This includes any supplemental information that may be requested to support the application.

The medical staff office of the Milwaukee County Behavioral Division obtains an AMA check/profile and National Data Bank Report for all physician applications on behalf of Wraparound Milwaukee.

Applicants who meet the minimum participation criteria and who do not meet the established credentialing criteria (no adverse activity) will be presented in summary format to the Medical Director for review and approval. Applicants who meet the minimum participation criteria with adverse activity (license sanctions, quality of care issues, settled malpractice claims history) and all pending malpractice claim information will be submitted to the Credentialing Committee for review.

It is the responsibility of the Credentialing Committee to review each applicant's qualifications and make approval or denial recommendations to Wraparound Milwaukee Administration. Wraparound Administration then makes the final decision for approval or rejection of the practitioner's application to become a provider. The practitioner will be sent a written notice of his/her status within 30 days of the rendering of a decision their application to become a provider for Wraparound Milwaukee.

Primary Source Verification

The following information is required for mental health and AODA (alcohol and other drug abuse) practitioners applying to become a provider with the Milwaukee Wraparound Provider Network. Wraparound Milwaukee Provider Network staff will obtain this information, review, and verify documents with the following primary sources:

DOCUMENT**VERIFICATION SOURCE**

Current Valid License to Practice

Wisconsin Department of Regulation and Licensing Website

3000 Hour Psychotherapy Letter

Practitioner must submit with application

Medical School, Internship and Residency Board Certification, DEA status, and Medicaid/Medicare Sanctions (for Physicians)

AMA E-Physician Profile

Education for 3000 hour letter practitioners

National Student Clearinghouse or communication with the school

Malpractice Claims

National Practitioner Data Bank

Medicaid/Medicare Sanction Information

Healthcare Integrity and Protection Data Bank

National Provider Identification Numbers (NPI) are verified using the National Plan and Provider Enumeration System web site at <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch>.

Documentation and verification information associated with processing of a properly completed application shall be no more than 60 days old at the time of the credentialing decision.

Recredentialing Process

Wraparound Milwaukee formally re-credentials practitioners every three years. Requests for re-credentialing information will be sent to the practitioner with sufficient advance notice to allow the re-credentialing process to be completed by the last day of the month that the re-credentialing renewal is due. Wraparound Milwaukee will forward a recredentialing application form to the practitioner for verification and update of information personal information and work history, completion of attestations regarding the practitioner's ability to provide services and lack of present illegal drug use, including an original signature and current date.

Primary source verification will be conducted to verify current and new professional licenses, malpractice claims and/or Medicaid/Medicare Sanction Information.

The following information is required for mental health and AODA (alcohol and other drug abuse) practitioner recredentialing. Wraparound Milwaukee Provider Network staff will obtain the required information, review, and verify documents with the following primary sources:

Primary Source Verification**DOCUMENT****VERIFICATION SOURCE**

Current Valid License to Practice

Wisconsin Department of Regulation
and Licensing WebsiteDEA status, Board Certification
Medicaid/Medicare Sanctions (for Physicians)

AMA E-Physician Profile

Malpractice Claims

National Practitioner Data Bank

Medicaid/Medicare Sanction Information

Healthcare Integrity and Protection Data
Bank

All applications, documents and verification information shall be no more than 60 days old at the time of the re-credentialing decision.

The practitioner recredentialing process includes a review of the following

- Participant/service recipient complaints/grievances
- Client satisfaction surveys
- Current Professional Liability Insurance Certificate

To assist with practitioner re-credentialing, the following may also be reviewed:

- Medical record audits
- Office site evaluations
- Quality improvement studies
- Utilization management

In the event that credentialing information obtained from other sources varies substantially from that provided by the practitioner, Wraparound Milwaukee shall notify the practitioner in writing within two weeks of the discrepancy. The applicant shall have 30 days to correct erroneous information submitted by other parties and/or to correct his/her own information or the processing of his/her application will be terminated.

OFFICE SITE EVALUATION AND MEDICAL RECORD DOCUMENTATION

The initial credentialing process includes an on-site office evaluation and medical record review for all new agencies that apply to provide service for Wraparound Milwaukee participants and their families. As part of the site review for mental health and AODA practitioners, standards for access to services, including emergency coverage and appointment availability are reviewed in order to assure reasonable access to services for Wraparound Milwaukee participants/service recipients. Medical groups and group practices do not need a separate site visit for each practitioner.

The site evaluation includes but is not limited to:

- Practitioner information (i.e. licenses/certifications, background checks, etc.)
- Office policies/general information
- Physical plant/physical accessibility
- Scheduling/appointments availability

- Availability of emergency equipment (as applicable)
- Medication storage policies and procedures
- Medical record keeping format including forms, practices and procedures
- Access/on-call coverage policies and procedures

The results of the office site evaluation and medical record keeping review are considered in the initial credentialing decision-making process. Practitioners with evaluation scores that fall below the threshold or 80% or that lack essential elements are subject to corrective action and re-review to monitor compliance as a requirement for enrollment in the Wraparound Milwaukee Provider Network.

Agencies/practitioners whose site evaluation reveals substandard scores will be monitored by the Wraparound Milwaukee Provider Network Coordinator for corrective action. Agencies/practitioners will be required to submit evidence of correction in non-compliant areas within a prescribed time frame not to exceed three (3) months for existing Network agencies/providers and prior to enrollment in the Network for new agencies/providers.

POLICIES AND PROCEDURES

All Wraparound Milwaukee Provider Network and credentialing policies and procedures are considered part of the Wraparound Milwaukee Credentialing Plan.

Updated 10/09; 11/10