

St. Clair County Community Mental Health Authority
Credentialing Committee

APPEAL TO ENROLLMENT OR CREDENTIALING DENIAL

(Second review of enrollment or privileging request)

TO: _____ Chairperson, Privileging & Credentialing Committee

FROM: _____

DATE: _____

REGARDING: Enrollment or Credentialing Decision Appeal

Part I: Credentialing Appellant

This section is to be completed by the Appellant and submitted to the Appeal Committee within thirty (30) days of adverse decision.

Detail the adverse credentialing/privileging decision that is being appealed. Attach Credentialing Committee disposition):

Provide detail information why you believe this decision was incorrect. Attach any additional pages/documentation if necessary:

What action or decision are you seeking from the Provider Network Credentialing Committee? Explain your rationale:

Part II: CMHSP Response

- ☐ Agree with original credentialing decision
- ☐ Overturn original credentialing decision
- ☐ Pended action until further review. Next steps will include: _____

Rationale for Decision: _____

Credentialing Chairman Signature

Date

Executive Management Signature

Date

cc: Credentialing Committee
CMHSP/Agency Director
Contract Manager