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| Policy Title: | Provider Enrollment and Credentialing |
| Policy #: | 01-003-0011 |
| Effective Date: | 01/29/2025 |
| Approved by: | Telly Delor, Chief Operating Officer |
| Functional Area: | Administrative |
| Responsible Leader: | Telly Delor, Chief Operating Officer |
| Policy Owner: | Jennifer O'Dell, Administrative Coordinator, Provider Network Management |
| Applies to: | SCCCMH Staff, Direct-Operated Programs, Network Providers, Contract Agencies |

Purpose: To describe the credentialing and privileging process and delineate the responsibilities delegated by St. Clair County Community Mental Health (SCCCMH) to Network Providers. This Administrative Policy is compliant with 42 C.F.R. § 422.204, MDHHS, and PIHP contracts and policy requirements.

I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to have a system in place with procedures for credentialing and re-credentialing individual and organizational providers within its Provider Network. All providers, whether organizational or individual, that provide billable services must apply to be approved as a qualified provider within the SCCCMMH Provider Network.

II. Standards

PIHP Standards

- A.** The PIHP and its participant Community Mental Health Service Programs (CMHSP) and Substance Use Disorder (SUD) Providers will ensure the credentialing and re-credentialing of behavioral health practitioners and organizations with whom they employ and contract, and who fall within their scope of authority.
- B.** The PIHP is responsible for oversight of the credentialing and re-credentialing decisions made by CMHSPs. Each CMHSP and CMHSP-subcontracted provider must have a written policy and process for credentialing activities for both organizations and practitioners, i.e., provisional, full credentialing, re-credentialing,

probationary, adverse credentialing decisions, suspensions, terminations, sanctions, and appeals, which is in full compliance with the Region 10 PIHP Credentialing and Privileging policy.

C. The PIHP:

1. Reserves the right to validate primary source verification and the licensure, registration, or certification of each individual credentialed by an organizational provider and to confirm that the individual has not been excluded from Medicaid or Medicare participation. Adverse results may result in repayment of reimbursement for services provided by noncompliant staff, or in termination of the provider contract.
2. Retains the rights for provider selection. The PIHP is responsible for oversight regarding delegated credentialing or re-credentialing decisions. If the PIHP delegates to another entity any of the responsibilities of credentialing, re-credentialing, or selection of providers, it shall retain the right to approve, suspend, or terminate providers from participation in Medicaid and other funded services.
3. Monitors the SCCCMH Provider Network credentialing files, medical records, and billing claims to ensure compliance with this Administrative Policy. Adverse audit results may result in repayment of reimbursement for services provided by noncompliant staff, or termination of the provider contract.
4. Completes an annual of SCCCMH and its Network Providers. The review shall include a sample of enrollment, suspension, termination, and appeals files to ensure there is no evidence of discrimination of providers who serve high risk or costly populations occurring during selection and retention process, as well as to ensure the requirements of the Quality Assessment and Performance Improvement Program (QAPIP) are being met.

SCCCMH and Provider Network Organization Standards

- D.** SCCCMH may delegate all or a portion of the responsibility for credentialing and re-credentialing activities to delegated entities in accordance with 42 C.F.R. § 438.230. Any such delegations will be preceded by a pre-delegation assessment and details of such delegation shall be included in the provider contract document. When delegation is in place, the provider shall ensure that any staff providing service under the SCCCMH contract are properly credentialed and have obtained privileges to provide such service. Provider shall forward copies of all approved Applications for Privileges to SCCCMH indicating privileging results. SCCCMH and Region 10 PIHP retain the right to reject a provider from its Network.
- E.** SCCCMH and Network Providers (sub-delegated provider organizations) must establish Credentialing Committees to implement and oversee privileging and

credentialing activities. The committee works to ensure that providers are meeting reasonable standards of care and the adequacy of providers.

1. Staff involved in the credentialing of practitioners and organizations must maintain the confidentiality of the information reviewed for decision making.
2. All records and proceedings of the Committee are confidential and protected from discovery according to state and federal legal regulations and PIHP policy.
3. All Credentialing Committees must follow the PIHP and SCCCMH policy standards as applicable to the credentialing process.
4. All Credentialing Committees must not discriminate against any provider or organization solely on the basis of race, ethnicity, national identity, gender, age, sexual orientation, patient type, licensure, registration, or certification.
5. All Credentialing Committees must not discriminate against health care professionals or organizations who serve high-risk populations or those who specialize in the treatment of conditions that require costly treatment.
6. Awarding of privileges must be based upon scope of practice as defined in state licensing laws and rules in a specified area with other required certification standards such as Michigan Department of Licensing and Regulatory Affairs (LARA). Where applicable, Quality Assessment and Performance Improvement Program (QAPIP) information that relates to Provider Network Management, for example, contract monitoring and utilization management such as case record, program, and system level performance indicator information, may be considered as well.
7. Decisions of the Credentialing Committee may be:
 - i. *Provisional*: The Organization or *Practitioner Provider* may be granted this temporary status for a period not longer than one hundred fifty (150) days. All primary source verification must be completed prior to approval of provisional status as outlined above.
 - ii. *Full*: The Organization or Practitioner Provider has been approved to render services to SCCCMH enrollees for up to a two (2) year credentialing term beginning from the date of the Credentialing Committee's decision. The two (2) year term is inclusive of provisional status time.
 - iii. *Denied*: The Organization or Practitioner Provider has not been approved to render services to SCCCMH enrollees and may not be reimbursed for services using SCCCMH funds. The Organization or Practitioner Provider will be informed in writing of the adverse credentialing decision within thirty (30) days of the decision and with

information included that an appeal process is available for adverse credentialing decisions.

- iv. *Probationary*: The Organization or Practitioner Provider has been previously approved for provisional and/or full credentialing privileges but is found to have performance and/or compliance issues that require corrective action but do not rise to the threshold that would necessitate suspension or revocation. (Probationary timelines may vary based on the situation that resulted in probationary status and the time to complete corrective action items that are clearly outlined upon written notification (within 30 days of decision) to the Organization or Practitioner.

8. The composition of Credentialing Committee shall be.

- i. SCCCMH's Chief Clinical Officer shall serve as co-chairperson of the committee, providing clinical oversight/consultation as needed for the credentialing process.
- ii. SCCCMH Clinical staff (LMSW, LPC,LLP) may serve as co-chairpersons of the committee. They will seek out clinical consultation from CCO as needed.
- iii. The Credentialing Committee will hold regularly scheduled meetings (e.g., bi-weekly, monthly), in a sufficient frequency to review files before credentialing expiration.

- F. Organizational and Practitioner Providers must undergo a credentialing and privileging process minimally biannually **and** whenever there is a change in credentials.
- G. Organizations and practitioners must be approved for enrollment into the SCCCMH Provider Network **prior** to providing services and payment of any billable SCCCMH benefit plan service. Provisional status, at a minimum, must be in place **prior** to providing services.
- H. Organizations and practitioners whose credentialing/privileging has expired or lapsed must not provide billable services or receive payment for services until Application for Privileges has been reviewed and approved by the Credentialing Committee.
- I. Individual practitioners or organizational providers may deliver healthcare services to more than one PIHP/CMHSP. At its discretion, SCCCMH, may recognize and accept credentialing activities conducted by another PIHP/CMHSP in lieu of completing their own credentialing activities. This is considered granting "Deemed Status." When utilizing Deemed Status, SCCCMH must maintain copies of the credentialing PIHP/CMHSP decision in their administrative records.

- J.** Providers requiring credentialing as required by this policy and all applicable Michigan and Federal laws, include practitioners who provide or directly oversee billable clinical services for SCCCMH. Specifically, the following types of practitioners will be credentialed (also review Exhibit A “SCCCMH Practitioner Credentials, Licensure and Certification Description):
1. Physician/Psychiatrist (M.D. or D.O.)
 2. Physician Assistant (PA-C)
 3. Psychologist Licensed (LP), Limited License (LLP), and Temporary License (TLLP)
 4. Licensed Master’s Social Worker (LMSW), Licensed Bachelor Social Worker (LBSW), Bachelor or Master Level Limited License Social Work (LLBSW or LLMSW)
 5. Registered Social Service Technician (SST) or Limited Social Service Technician (LSST)
 6. Licensed Professional Counselor (LPC) or Limited Licensed Professional Counselor (LLPC)
 7. Licensed Marriage and Family Therapist (LMFT)
 8. Board Certified Behavior Analysts (BCBA), Board Certified Assistant Behavior Analyst (BCaBA)
 9. Nurse Practitioner (APRN-BC, ANP, FNP, PedNP), Registered Nurse (BSN, RN), Licensed Practical Nurse (LPN)
 10. Mental Health/Psychiatric Nurse Practitioner (APRN-BC, MHNP, PsychNP, PMHN)
 11. Occupational Therapist (OTR) and Occupational Therapist Assistant (COTA)
 12. Physical Therapist (PTR) and Physical Therapist Assistant (PTA)
 13. Speech Pathologists (SLP)
 14. Registered Dietician (RD)
 15. Specifically Focused Treatment Staff
 16. Master’s Degree in Human Services
 17. Bachelor’s Degree in Human Services or Non-Human Services (BS or BA)
 18. Substance Abuse Treatment Practitioners/Supervisors (MCBAP)
 19. SUD Recovery Coaches, SUD Case Managers and/or non-degreed SUD providers
 20. Qualified Mental Health Professionals (QMHP)
 21. Qualified Intellectual Disability Professional (QIDP)

22. Child Mental Health Professional (CMHP)

23. Certified Peer Support Specialist (CPSS)/Peer Support Specialists

24. Interns

The above list is not necessarily all-inclusive. The PIHP and SCCCMH reserve the right to require privileges for other practitioners within its network.

K. Providers **exempt from credentialing include**

1. Practitioners who do not qualify as mental health professionals (with the exception of substance abuse practitioners certified by MCBAP, recovery coaches, and certified peer support staff) who provide billable services under the auspices of an enrolled organization provider (i.e., paraprofessional staff [including group home staff], fiscal intermediaries).
 - i. Provider organizations are to have an internal process that ensures all paraprofessional staff meet the requirements of the MDHHS Medicaid Provider Manual.
 - ii. All paraprofessional staff must be appropriately trained to provide direct care to a SCCCMH beneficiary.
 - iii. All staff must have all required MDHHS trainings within 30 days of hire or transfer to an applicable position. During this interim time, the staff must be under the direct supervision of staff members who are fully trained. Documentation of such training and supervision must be on file by the provider. At minimum, paraprofessional training must consist of the following curricula areas:
 - (1) Recipient Rights & Complaint Process
 - (2) First Aid
 - (3) Population-specific services
 - (4) Residential training (MDHHS approved curriculum for residential direct care workers).
 - (5) Behavioral Management (if applicable to their caseload)
 - iv. Provider organization must have an internal process that ensures all paraprofessional staff have a criminal background check prior to contract/ employment by any provider panel organization and that the person is found to be in “good standing” with the law.
2. Practitioners who practice exclusively within a hospital setting and provide direct care for a SCCCMH Provider Network beneficiary, as part of a bundled per-diem, **and** practitioners of an out-of-network organizational provider where the organization has its own internal credentialing process (e.g., COFR

referral to a CMHSP). In both scenarios, the delegated CMHSP must ensure the out-of-network “Purchase of Services” contract states that:

- i. All billable Medicaid services can only be provided by an appropriately credentialed practitioner(s).
- ii. All encounter services provided are to be directly transmitted to SCCCMH for MDHHS processing and cost reporting in an encounter/billing compliant format.

- L. Written notice of the outcome of review of Application for Privileges by the P&C Committee for both Organizations and Practitioners must be provided to the applicant within 30 days of committee decision. Written notice is required for provisional, full, and/or renewed privileges; denial or restriction of privileges (e.g. probationary privileges with reasons for decisions); and upon release of restricted privileges. Notice of adverse credentialing decision must include information that an appeal process is available.
- M. *Credentialing Term Timeframes.* At no time must the beginning of a credentialing term of any kind precede any signature dates on any Organization or Practitioner application. This means the beginning of a credentialing term can be no earlier than the date of the Credentialing Committee meeting at which the application was approved. Back dating applications is **prohibited**.
- N. Organizational and Practitioner Providers have the right to appeal adverse credentialing decisions (denied, suspended, terminated, revoked) not in their favor within 30 days of the adverse credentialing decision. The appeals process does not apply to medical necessity appeals or conditions dictated in the provider contract that result in immediate termination.
- O. Practitioner Providers have the right to review the information submitted in support of their credentialing application. This review is at the applicant’s request. The following is excluded from a request to review information: information reported to the National Practitioner Data Bank (NPDB); criminal background check data; references; recommendations; peer-reviewed, protected information.
- P. Should information submitted by an applicant on their application vary substantially from the information obtained and/or provided to the Credentialing Committee, the Committee Designee must contact the applicant to advise of the variance and provide applicant ten (10) calendar days to correct the information if it is indeed inaccurate. Any additional documentation will be date stamped and kept as part of the applicant’s credentialing file.
- Q. Credentialing File Requirements
 1. In a distinct separate file for each Organizational Provider, the following information must be maintained:

- i. Current, completed, and signed P&C application
 - ii. Previous P&C applications (including initial credentialing, provisional, and past re-credentialing applications)
 - iii. Certificate of insurance coverage meeting contractual expectations (coverages and dollar amounts)
 - iv. Accreditation by a national accrediting body
 - v. Confirmation there were no malpractice lawsuits, settlements, or judgements within the last five (5) years
 - vi. Queries to the Office of Inspector General (OIG) upon initial application and monthly to ensure organizations and key management staff have not been suspended or debarred from participation with Medicare, Medicaid, or other federal contracts.
 - vii. Queries to the MDHHS Sanctioned Provider list upon initial application and monthly for that organizations key management staff they are excluded from participation.
 - viii. License verification directly to the state licensing agency website (LARA) to confirm license in good standing with no license violations or special state investigations within the past five (5) years for initial credentialing or last two (2) years for re-credentialing.
 - ix. PIHP Conflict of Interest Attestation (completed annually)
 - x. Credentialing Decision Letters/Notifications
 - xi. Any other documents not already referenced that are required for the area of practice and/or that were referenced in consideration of awarding privileges.
2. In a distinct separate file for each Individual Practitioner, the following information must be maintained:
 - i. Current, completed, and signed P&C application
 - ii. Previous P&C applications (including initial credentialing, provisional, and past re-credentialing applications)
 - iii. Primary Source Verification of Education and/or Certifications (i.e., Board certification, MCBAP certification, etc.) appropriate to the area of practice. This includes copy of educational transcript and/or diploma
 - iv. Certificate/proof of liability insurance is only required for practitioners who are not covered through the agency in which privileges are being sought.

- v. Confirmation of past five (5) years of malpractice settlements. For medical professionals, can query the National Practitioner Data Bank (NPDB). Alternately, a written, dated, and signed description of any malpractice lawsuits and/or judgements from the last five (5) years will be provided either by the practitioner or their malpractice carrier.
 - vi. Background Check Evidence – minimally initially and every two (2) years
 - vii. Queries to the Office of Inspector General (OIG) upon initial application and monthly to ensure practitioners have not been suspended or debarred from participation with Medicare, Medicaid, or other federal contracts
 - viii. Queries to the MDHHS Sanctioned Provider list upon initial application and monthly to ensure practitioners have not been excluded from participation
 - ix. License verification directly to the state licensing agency website (LARA) to confirm license in good standing with no revocations or suspension (disbarment)
 - x. Evidence of relevant work history of at least five (5) years or total work history; can be through verified on resume or employment application
 - xi. PIHP Conflict of Interest Attestation (completed every 2 years)
 - xii. Credentialing Decision Letters/Notifications
 - xiii. Any other documents not already referenced that are required for the area of practice (e.g., active DEA without restrictions/limitations, etc.) and/or that were referenced in consideration of awarding privileges
- 3. Paper credentialing records must be stored in locked cabinets with access restricted to authorized personnel only. Electronic credentialing files/records must be maintained on a secure server.
 - 4. Credentialing records must be stored for a minimum of ten (10) years. Records may be scanned into electronic documents on a secure server for storage purposes.
 - 5. The Credentialing record must be separate from the personnel/training file.
- R.** Provider Organizations must maintain and have available for external audit review a file for each credentialed provider that contains:
- 1. The initial and all subsequent credentialing applications
 - 2. Information from primary source verification
 - 3. Any other pertinent information used in determining whether or not a provider meets the SCCCMH credentialing standards.

All privileging and credentialing information for each credentialed provider must be provided to Region 10 in a separate privileging and credentialing file.

S. SCCCMH and Provider Organization must maintain a file for each provider for whom appointment or reappointment to the SCCCMH provider network has been denied.

T. Suspension Status

1. It is not required that provider issues go through the normal dispute process when customer safety is of well-founded concerns. These situations must be handled in an expeditious manner whenever failure to take such action may result in the imminent danger to the health and/or safety of any individual.
2. The Medical Director/CEO/CCO/designee may impose suspension.
3. Suspension may range in scope dependent upon the severity of the concern or confirmation of serious quality of care issues. This may range from a precautionary suspension to an automatic, full suspension of privileges.
4. The Organization/Practitioner will be notified in writing immediately following suspension.
5. All new referrals to the Organization/Practitioner cease during the term of suspension.
6. In the event of a practitioner suspension, all enrollees served must be transferred to another practitioner within that agency. If there is not another practitioner available at that organization or if organization itself is suspended, the provider will coordinate care with SCCCMH to transfer enrollees.
7. Investigations of issues of concern will be conducted by the entity responsible for credentialing of the Organization/Practitioner and will be complete and timely.

U. Provider Restrictions

SCCCMH and Network Providers must not employ or contract with providers excluded from participation due to the following:

1. Officer, director, partner, or managing employee who has 5% or more controlling interest in the entity (42 C.F.R. § 438.610); Where applicable SCCCMH/provider must comply with federal regulations to obtain, maintain, disclose, and furnish required information about ownership and interest, business transactions and criminal convictions as specified in 42 C.F.R. § 455.104 through § 455.106

2. Organizations or practitioners with license revocations or suspension (disbarment)
 3. Organizations or practitioners sanctioned or excluded by Medicare or Medicaid as verified monthly through both OIG – <http://exclusions.oig.hhs.gov> and the MDHHS sanctioned Provider List – <https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/list-of-sanctioned-providers>.
 4. Individuals with employment, consulting, or other arrangements with SCCCMH for the provision of items or services that are significant and material to SCCCMH obligations under its contract with the state. See 42 C.F.R. § 438.610).
 5. Violation of compliance with mandates of federal health care programs under Social Security Act 1128 and 1128A.
- V.** SCCCMH and its Network Providers are required to comply with PIHP contract and policy requirements and federal regulations to obtain and report disclosures within specified federal guidelines, specifically:
1. The SCCCMH/Network Provider is required to disclose information about individuals with ownership or control interests in the SCCCMH/Provider Organization.
 2. The SCCCMH/Network Provider is required to identify and report any additional ownership or control interests for those individuals in other entities, as well as identifying when any of the individuals with ownership or control interests have spousal, parent-child, or sibling relationships with each other.
 3. The SCCCMH/Network Provider must comply with the federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 C.F.R. § 455.104 through § 455.106.
 4. The appropriate [form #1305 Conflict of Interest Attestation – Individual Provider](#) or [form #1306 Conflict of Interest Attestation – Entity Provider](#) must be completed and submitted to SCCCMH as part of the Privileging and Credentialing process.
- W.** Reporting Requirements.
1. SCCCMH and Network Providers must:
 - i. Report to the MDHHS Division of Program Development, Consultation and Contracts, the Mental Health and Substance Abuse Administration, and other appropriate authorities, such as the Attorney

- General, etc., when any individual or entity has an exclusion, sanction, or debarment under Medicare, Medicaid, the Children's Health Insurance Program (CHIP) or any other federal healthcare program (including but not limited to exclusion or criminal conviction for offenses described under Section 1128 of the Social Security Act) that are learned or identified through OIG database searches.
- ii. Take administrative action to limit a provider's participation in the Medicaid program, upon learning about exclusions or criminal convictions, including any provider entity conduct resulting in suspension or termination from the provider network
 - iii. Notify a law enforcement agency if the issue is determined to have criminal implications
 - iv. Document and maintain any such reporting in the provider's credentialing file.
2. Network Providers must notify SCCCMH within five (5) days of any change in organizational and Practitioner Provider credentials that are the result of:
 - i. Sanctions (e.g., Medicaid, Medicare, or any other Federal health care programs)
 - ii. Suspension
 - iii. Probation (terms of probation must be clarified)
 - iv. Revocation
 - v. Termination (voluntary or involuntary)
 - vi. Any significant change that affects adequate capacity and covered services.
 3. SCCCMH must notify the PIHP of a Network Provider's reported changes or its own, as applicable, within six (6) days.
 4. The SCCCMH must notify MDHHS directly of any such changes in composition affecting access to care for its General Fund recipients within five (5) days.

III. Procedures, Definitions, and Other Resources

A. Procedures

Responsibilities

| Position | Responsibilities |
|-----------------|---|
| Privileging and | 1. Review applications for privileging and credentialing or re- |

| Position | Responsibilities |
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| Credentialing (P&C) Committee, Chairperson(s), and Support Staff | <ul style="list-style-type: none"> credentialing and take action to approve or deny, assign scope of practices and privileging timeframes, and issue written decisions. 2. Review Appeals involving Organizational Provider privilege denials and render written responses. |
| Organizational Provider Applicant | <ul style="list-style-type: none"> 1. Apply for and be approved for enrollment into the Provider Network prior to providing services. 2. Follow processes set forth in this Policy. 3. Complete new application to add or change privileges and credentials. |
| Individual Applicants | <ul style="list-style-type: none"> 1. Apply for and be approved for enrollment into the Provider Network prior to providing services. 2. Follow processes set forth in this Policy. |
| Supervisors of Individual Applicants | <ul style="list-style-type: none"> 1. Review all applications for accuracy and completeness. 2. Ensure all required training is completed. 3. Ensure services are not provided until approval by the P&C Committee. 4. Coordinate with Human Resources in HR guidelines for privileging and credentialing Interns. |
| Human Resources Staff (HR) | <ul style="list-style-type: none"> 1. Verify practitioner information documentation is correct and complete. 2. Maintain employees' individual credentialing files. 3. Notify P&C Committee about concerns which could impact applicant's status. 4. Coordinate with Supervisors, Employees, and P&C Committee to follow Internship Guidelines. |
| Training Designee | Verifies required trainings. |
| Contract Management Staff | <ul style="list-style-type: none"> 1. Review applications of Organizational Provider Applicants and Practitioner Applicants, request missing or incomplete information or documentation, and submit completed applications to the P&C Committee. 2. Maintain Provider Registry. 3. Obtain Region 10 PIHP Conflict of Interest Attestations and submit to Region 10. Report areas of concern to SCCCMH Corporate Compliance Office. 4. Obtain complete privileging and credentialing documentation from external organizations to support Deemed status, when necessary. 5. Notify P&C Committee in writing of terminations or disenrollments of Organizational or Practitioner Providers. |
| Chief Executive Officer/ Chief Operating Officer | Review Appeals involving Practitioner Provider privilege denials and render written responses. |

Actions – Organizational Credentialing

| Action Number | Responsible Stakeholder | Details | | | | | | | |
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| 1.0 | Organizational Provider Applicant | <div><div><div>1. Complete and sign the SCCCMH form #1301 Organization Application and form #1306 Region 10 Conflict of Interest Attestation - Entity Provider. *Note, beginning in 2023, Organizations will be required to complete the Organization Application electronically (specific instruction will be provided).</div><div>2. Submit completed/signed SCCCMH Organization Application along with required primary source verification/supporting documentation (e.g., accreditation, license, certification, insurance, etc.) to SCCCMH contract manager for review by SCCCMH Privileging and Credentialing Committee.</div><div>3. Submit completed Conflict of Interest Attestation – Entity Provider to SCCCMH contract manager.</div><div>4. Ensure services do not begin until after review and approval of the Application by the Credentialing Committee.</div></div></div> | | | | | | | |
| 2.0 | Contract Managers | <div><div>5. Review the submitted application for completion, accuracy, verifies primary source information/supporting documentation and complete due diligence review. See table below for organization credentialing criteria and verification methods.</div><table><tr><th>Organization Credentialing Criteria</th><th>Verification Method(s)/Clean Application Criteria</th></tr><tr><td><div><div>• Complete application with a signed and dated statement from an authorized representative of the organization attesting that the information submitted is complete and accurate.</div><div>• Authorization for the PIHP/CMHSP to collect any information necessary to verify the information in the application</div></div></td><td><div><div>• Complete application with no positively answered attestation questions where additional information investigation would be needed.</div></div></td></tr><tr><td><div>• State licensure information. License status and any</div></td><td><div>• No license violations and no special state investigations in</div></td></tr></table></div> | | Organization Credentialing Criteria | Verification Method(s)/Clean Application Criteria | <div><div>• Complete application with a signed and dated statement from an authorized representative of the organization attesting that the information submitted is complete and accurate.</div><div>• Authorization for the PIHP/CMHSP to collect any information necessary to verify the information in the application</div></div> | <div><div>• Complete application with no positively answered attestation questions where additional information investigation would be needed.</div></div> | <div>• State licensure information. License status and any</div> | <div>• No license violations and no special state investigations in</div> |
| Organization Credentialing Criteria | Verification Method(s)/Clean Application Criteria | | | | | | | | |
| <div><div>• Complete application with a signed and dated statement from an authorized representative of the organization attesting that the information submitted is complete and accurate.</div><div>• Authorization for the PIHP/CMHSP to collect any information necessary to verify the information in the application</div></div> | <div><div>• Complete application with no positively answered attestation questions where additional information investigation would be needed.</div></div> | | | | | | | | |
| <div>• State licensure information. License status and any</div> | <div>• No license violations and no special state investigations in</div> | | | | | | | | |

| Action Number | Responsible Stakeholder | Details | |
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| | | license violations or special investigations incurred during the past five (5) years or during the current credentialing cycle must be included for committee consideration. | time frame (past five years for initial credentialing and past two years for re-credentialing timeline). |
| | | <ul style="list-style-type: none"> • Accreditation by national accrediting body (as applicable) • Outpatient Providers must be accredited. • SUD treatment providers must be accredited. • CMHSP's must be accredited. • If an organization is not accredited, an on-site quality review will occur by the PIHP/CMHSP provider network/ contract management staff prior to contracting. | <ul style="list-style-type: none"> • Accepted accreditation bodies include CARF, Joint Commission, NCQA, COA, ACHC (others may be considered on case-by-case basis). • Full accreditation status during last accreditation review. • No plan of correction during initial pre-delegation assessment or on-site pre-credentialing review. |
| | | <ul style="list-style-type: none"> • CMHSP must gather confirmation for the past five years of malpractice settlements directly from the malpractice carrier and review of grievance, appeals and quality issues. OR • Results of the National Practitioner Data Bank (NPDB) query. | <ul style="list-style-type: none"> • Gather the information about these for their file if they mark "Yes" to this question and verify they are not on the exclusions list. • Obtain explanation and status of any malpractice lawsuits and judgements within the past five (5) years. |
| | | <ul style="list-style-type: none"> • The organization must not be excluded from participation in Medicare, Medicaid, or other Federal contracts. • The organization must not be excluded from participation through the MDHHS Sanctioned Provider | <ul style="list-style-type: none"> • Organization is not on the OIG Sanctions list. • Organization is not on the MDHHS Sanctioned Provider list. • Key management staff noted on application must have an OIG and MDHHS Sanctioned Provider check |

| Action Number | Responsible Stakeholder | Details | |
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| | | List. | |
| | | <ul style="list-style-type: none"> • A copy of the organization's liability insurance policy declaration sheet. • Quality of care and contract compliance information will be considered at re-credentialing. | <ul style="list-style-type: none"> • Current insurance coverage meeting contractual expectations. • Contract monitoring findings, grievance and appeal and recipient rights complaints will be taken into consideration upon application for re-credentialing. • MMBPIS and other performance indicators, if applicable, must meet standards or have an accepted Root Cause Analysis and/or Plan of Correction approved by the Provider Network Management Dept on file. |
| | | <ol style="list-style-type: none"> 6. Outreach to the provider if there is any documentation missing or application is incomplete. 7. Process form #1306 Region 10 Conflict of Interest Attestation – Entity Provider per Board Policy #01-001-0030, Conflict of Interest. 8. Present the submitted, reviewed, and verified application to the SCCCMH Privileging and Credentialing Committee for review at the next scheduled meeting. 9. Will notify privileging and credentialing committee about concerns which could impact organizations privileging and credentialing application status. | |
| 3.0 | SCCCMH Privileging and Credentialing Committee | <ol style="list-style-type: none"> 10. Review the verified SCCCMH Organization Application. All primary source verifications and attestations must have been completed within a three (3) month period prior to committee review. 11. Take action to approve or deny as a provider organization. 12. Assign approved application, privileging scope of practices and privileging timeframe. Provisional credentialing is no longer than 150 days in length. 13. Send written P&C Committee decision results to Organization within 30 days. | |

| Action Number | Responsible Stakeholder | Details |
|---------------|-------------------------|--|
| | | Note: Denied applications are given reason for denial and include the appeal process. |
| 4.0 | Contract Management | <p>14. Update reports from their Provider Registry that includes a listing of all organizations within their Provider Network on the SCCCMH website monthly.</p> <p>15. Submit form #0282 Request for New Location Code into the SCCCMH Data Help Desk for the Committee-approved organization upon contract approval and prior to the organization providing any billable SCCCMH services; note in the Provider Registry Status Grid that the organization has been approved by the committee.</p> |

Actions – Practitioner Credentialing

| Action Number | Responsible Stakeholder | Details |
|---------------|------------------------------|---|
| 1.0 | Practitioner Applicant | <ol style="list-style-type: none"> Complete, preferably on the first day of employment, the SCCCMH form #1300 Practitioner Application Network Enrollment and Credentialing, as applicable, and form #1305 Region 10 Conflict of Interest Attestation – Individual Provider. <ul style="list-style-type: none"> *As of 2022, all direct SCCCMH staff must complete the Practitioner Application electronically at this location http://cmhpandc/ Access to this database is provided by Credentialing Support Staff/Designee. The form #1305 Conflict of Interest Attestation – Individual Provider is located in the Forms Index. Form should be completed electronically. Submit required documentation (e.g. degree, license, certification, trainings, etc.) to HR. Complete form #1305 Conflict of Interest Attestation – Individual Provider and submit to Contract Management. Ensure services do not begin until review and approval of the application by the Credentialing Committee. |
| 2.0 | Supervisor | <ol style="list-style-type: none"> Review application for accuracy, make corrections as needed, ensure all required documentation and trainings are completed, and sign application. Ensure services do not begin until review and approval of the application by the Credentialing Committee. |
| 3.0 | Contract Management Designee | <ol style="list-style-type: none"> Process form #1305 Conflict of Interest of Attestation – Individual Provider per Board Policy #01-001-0030, Conflict of Interest. |

| Action Number | Responsible Stakeholder | Details | |
|---------------|---|--|--|
| 4.0 | HR Designee | 8. Verify primary source information/supporting documentation. 9. Ensure and maintain all primary source documentation in employee's individual credentialing file and sign application. 10. If Practitioner meets criteria for Full credentialing, sign designated area of Practitioner Application to verify completion and accuracy of all primary source information: work history, background checks, education, licensures, and certification. 11. Notify Privileging and Credentialing Committee about concerns which could impact Practitioner's privileging and credentialing application status. | |
| 5.0 | Training Department Designee | 12. If Practitioner meets criteria for Full credentialing, verify completion and accuracy of all required trainings, and sign application. | |
| 6.0 | HR/Contract Management/ Privileging and Credentialing Committee/ Practitioner/ Contracted Practitioners/ Designee | | |
| | | Practitioner Credentialing Criteria | Verification Method(s)/Clean Application Criteria |
| | | <ul style="list-style-type: none">• Authorization for the PIHP/CMHSP to collect any information necessary to verify the information in the application. | <ul style="list-style-type: none">• All applicable signature lines signed, dated, and reflect a review of the current credentialing application. |
| | | <ul style="list-style-type: none">• Graduation from an accredited professional school or highest training program applicable to the academic degree, discipline, licensure, or registration of the healthcare practitioner.• Board certification appropriate to license in area of practice.• All applicable licenses are current and in good standing. | <ul style="list-style-type: none">• Verification of education must be completed by reviewing diploma and transcripts. Expiration dates of any certification are identified in file.• Medical specialty boards verify education and training. Verification of board certification fully meets this requirement for verification.• Review of all licenses and certifications to practice in each state the practitioner lives in or is providing services in as applicable to the privileges being sought. https://val.apps.lara.state.mi.us/License/Search |
| | | <ul style="list-style-type: none">• CMHSP must gather confirmation of the past five years of malpractice settlements directly from the malpractice carrier and | <ul style="list-style-type: none">• For medical professionals, a query to the National Practitioner Data Bank (NPDB) will be completed via web-based access to the NPDB site for each |

| Action Number | Responsible Stakeholder | Details | |
|---------------|-------------------------|---|---|
| | | review of grievance, appeals and quality issues. Or • Results of the National Practitioner Data Bank (NPDB) query. | practitioner. The NPDB query contains malpractice history which was reported by the malpractice carriers to the NPBD. • Or alternatively, the practitioner or their malpractice insurance carrier must provide a written description of any malpractice lawsuits and judgments during the last five (5) years; the practitioner must sign and date the written description. |
| | | • Certifications required for sought privileges. | • Example: MCBAP Certification www.MCBAP.com |
| | | • The practitioner must not be excluded from participation in Medicare, Medicaid, or other Federal contracts. • The practitioner must not be excluded from participation through the MDHHS Sanctioned Provider List. | • Queries will be made to the Office of Inspector General (OIG) upon initial application and monthly to ensure that practitioners have not been suspended or debarred from participation with Medicare, Medicaid, or other federal contracts. https://exclusions.oig.hhs.gov/ • Queries will be made to the MDHHS Sanctioned Provider List upon initial application AND monthly. https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/billingreimbursement/list-of-sanctioned-providers |
| | | • The practitioner must have a background check and be in “good standing” with the law prior to providing services. | • Attestation of initial background check upon hire. • Attestation of background check being completed yearly from the date of initial background check. • Evidence includes written, dated, and current (within the past two years) checked with iChat or other standard background check service as appropriate. |
| | | • The practitioner must have no license | • Verification of the license will be made directly with state licensing |

| Action Number | Responsible Stakeholder | Details | |
|---------------|-------------------------|---|--|
| | | revocations or suspension (disbarment). | agency internet website (LARA). https://val.apps.lara.state.mi.us/License/Search |
| | | • Work History (minimum of five years) | <ul style="list-style-type: none"> • New Employees with and without verifiable licenses and certification above must provide relevant work history of at least 3 professional references. • Current Employees their yearly evaluations are used. |
| | | • Complete application with no positively answered attestation questions where additional information investigation/review would be needed. | <ul style="list-style-type: none"> • Items not already referenced include: <ul style="list-style-type: none"> ○ Current active DEA and/or Controlled Dangerous Substance (CDS) certification with no restrictions or limitations (if applicable). ○ Lack of present illegal drug use. ○ Ability to perform the essential functions of the position, without or without accommodations. ○ No miscellaneous credentialing red flags. ○ No reporting complaints since the previous re-credentialing cycle. ○ No “yes” response on any of the applicant’s attestation, disclosure, criminal history (historical for initial or since previous re-credentialing cycle). |
| | | • Completed Disclosure of Control or Ownership/Conflict of Interest Attestation included. | <ul style="list-style-type: none"> • No concerns regarding information found within the Attestation regarding potential conflicts of interest. • The completed, current, and practitioner signed Conflict of Interest Attestation must be maintained in a separate |

| Action Number | Responsible Stakeholder | Details | |
|---------------|---|--|---|
| | | | practitioner credentialing/privileging file for each credentialed/privileged practitioner by the privileging organization. |
| | | • All other required primary source verification attestations/ documentation. | |
| 7.0 | Designated Credentialing Committee | <p>13. Review application and decide to approve or deny as a SCCCMH Network Provider.</p> <p>Note: Denied applications are given reason for denial and appeal process.</p> <p>14. Assign approved application, privileging scope of practices and privileging timeframe.</p> <p>Note: If all requirements have already been met as identified in the application, full credentialing can be given for up to two years. Re-credentialing can be given for up to two years</p> | |
| 8.0 | Credentialing Chairperson | <p>15. Sign and submit SCCCMH application to SCCCMH Privileging and Credential support staff to update the provider registry and to send written decision to the Practitioner, Supervisor, or Contract Supervisor.</p> | |
| 9.0 | Privileging and Credentialing Support Staff | <p>16. Send written decision to Practitioner Supervisor or Contract Supervisor within 30 days of the Privileging and Credentialing meeting date.</p> <p>17. Update SCCCMH Provider Registry.</p> <p>Note: It is not necessary for the contract credentialing agency to submit any of the provider's background/supporting documentation directly to the SCCCMH Credentialing Support Staff; however, this information must be maintained on file with the respective contract credentialing agency.</p> | |

Actions – Provisional Practitioner Credentialing

| Action Number | Responsible Stakeholder | Details |
|---------------|--|---|
| 1.0 | Provisional Privileged Practitioner (150-day Provisional Period) | <p>1. Complete required trainings and/or submits other required documentation to supervisor at earliest possible date prior to provisional credentialing end date. This will allow for a re-submission of application for full credentialing privileges once all requirements are met.</p> <p>Note: Provisional privileges cannot be extended beyond 150 days. In addition, the SCCCMH will not pay for services when credentials have expired. After 150 days credentialing and privileging status is: Full, Probationary, Suspended or Revoked, the latter three may include disciplinary actions</p> |
| 2.0 | Supervisor | 2. Ensure provisional staff completes all required training and any other required documentation. |
| 3.0 | HR | 3. Sign designated area of Practitioner Application to verify completion and accuracy of all primary source information: work history, background checks, education, licensures, and certification, once the 150-day provisional period is completed. |
| 4.0 | Training Department/ Designee | 4. Sign designated area of Practitioner Application to verify completion and accuracy of all trainings, once the 150-day provisional period is completed. |
| 5.0 | Contract Agency Supervisor | 5. Submit, as applicable to Contract Manager/Designated Credentialing Committee/Designee, fully completed Practitioner Application (all pages) for full credentialing privileges when applicable. |
| 6.0 | Designated Credentialing Committee | 6. Review Practitioner Application and decide to approve or deny for full credentialing privileges. |
| 7.0 | Credentialing Chairperson(s) | <p>7. Update timeframe for full privileges and mark full status on application.</p> <p>Note: Provisional and full privileges combined may NOT exceed a two (2) year timeframe.</p> <p>Note: Denied privileges are given reason for denial and appeal process.</p> <p>8. Submit completed, signed SCCCMH Practitioner Application to SCCCMH Privileging and Credentialing Support Staff to update SCCCMH Provider Registry and to send written</p> |

| Action Number | Responsible Stakeholder | Details |
|---------------|---|--|
| | | <p>decision to the Practitioner, Supervisor, or Contract Supervisor.</p> <p>9. Notify Practitioner Provider, Supervisor and HR of Suspended or Revoked privileges within 3 days of said decision.</p> |
| 8.0 | Privileging and Credentialing Support Staff | <p>10. Send written decision to the Practitioner, Supervisor, or Contract Supervisor within 30 days of the Privileging and Credentialing meeting date.</p> <p>11. Update SCCCMH Provider Registry.</p> <p>Note: It is not necessary for the contract credentialing agency to submit any of the provider's background/supporting documentation directly to the SCCCMH Credentialing Support Staff; however, this information must be maintained on file with the respective contract credentialing agency.</p> |

Actions – Privileging and Credentialing Interns

| Action Number | Responsible Stakeholder | Details |
|---------------|-------------------------|---|
| 1.0 | Supervisor | <p>1. Contact HR to request an internship position and follow HR internship guidelines.</p> |
| 2.0 | SCCCMH Staff | <p>2. Follow HR internship guidelines.</p> <p>Note: All interns must complete a Privileging and Credentialing application and use a separate OASIS user login that is different from primary job OASIS user login.</p> |

Actions – Re-Credentialing Organizations

| Action Number | Responsible Stakeholder | Details |
|---------------|-----------------------------------|---|
| 1.0 | Organizational Provider/Applicant | <p>1. Complete a new SCCCMH form #1301 Organization Application and form #1306 Region 10 Conflict of Interest Attestation – Entity Provider at least 60 days prior to the organization's expiration of privileges.</p> <p>2. Submit completed SCCCMH Organization Application along with required primary source verification documentation to SCCCMH Contract Manager/Designee.</p> <p>3. Submit completed form #1306 Region 10 Conflict of Interest Attestation – Entity Provider to SCCCMH Contract Manager.</p> |

| | | |
|-----|---------------------------------------|--|
| 2.0 | Contract Manager/ Designee | <p>4. Process form #1306 Region 10 Conflict of Interest Attestation – Entity Provider per Board Policy #01-001-0030, Conflict of Interest.</p> <p>5. Review the submitted application for accuracy, verify primary source information and complete due diligence review.</p> <p>6. Outreach to provider if there is any documentation missing or application is incomplete.</p> <p>7. Present the application to the Privileging and Credentialing Committee for review at the next scheduled meeting.</p> |
| 3.0 | SCCCMH Credentialing Committee | <p>8. Review the submitted SCCCMH Organization Application.</p> <p>9. Approve or deny as a Provider Organization.</p> |
| 4.0 | Credentialing Chairperson(s) | <p>10. Sign and submit SCCCMH application to Privileging and Credentialing support staff and Contract Management to update Provider Registry and to send written decision to the Practitioner, Supervisor, or Contract Supervisor.</p> <p>Note: Denied applications are provided with reasons for denial and include the appeal process.</p> |
| 5.0 | Credentialing Support Staff/ Designee | <p>11. Send written decision to the Practitioner, Supervisor, or Contract Supervisor within 30 days of the Privileging and Credentialing meeting date.</p> |
| 6.0 | Contract Manager/ Designee | <p>12. Update SCCCMH Provider Registry.</p> |

Actions – Re-Credentialing Practitioner

| Action Number | Responsible Stakeholder | Details |
|---------------|-----------------------------|---|
| 1.0 | Credentialing Support Staff | <p>1. Initiate re-credentialing application process via instructional email.</p> |
| 2.0 | Practitioner Applicant | <p>2. Complete a new SCCCMH form #1300 Practitioner Application Network Enrollment and Credentialing (pages 1-7) and form #1305 Conflict of Interest Attestation – Individual Provider at least 60 days prior to the practitioner's expiration of privileges OR when requesting additional credentials.</p> <ul style="list-style-type: none"> The Practitioner Application is located at http://cmhpandc/Auth/NProviderForm. Access to this database is provided in the instructional email. The form #1305 Conflict of Interest Attestation – Individual Provider is in ADP and the Form Index. |

| Action Number | Responsible Stakeholder | Details |
|---------------|---|--|
| | | <p>Forms should be completed electronically.</p> <p>Note: Additional privileges or credentials must undergo Provisional Credentialing status, not to exceed 150 days, before award of full credentialing status.</p> <p>3. Submit newly required documentation (e.g. license, certification, trainings, etc.), and completed form #1305 Conflict of Interest Attestation – Individual Provider, to HR/Designee.</p> |
| 3.0 | HR/Designee | <p>4. Process form #1305 Conflict Interest Attestation – Individual Provider per Board Policy #01-001-0030, Conflict of Interest.</p> <p>5. Verify primary source information/supporting documentation.</p> <p>6. Sign and date required areas on application.</p> |
| 4.0 | Designated Credentialing Committee | <p>7. Review application and makes a decision to approve or deny as a Network Provider.</p> <p>Note: Denied applications are given reason for denial and appeal process.</p> <p>8. Assign approved application, privileging scope of practices and privileging timeframe. Timeframe for full credentialing can be given for up to two years.</p> |
| 5.0 | Credentialing Chairperson(s) | <p>9. Sign and submit SCCCMH application to Privileging and Credentialing support staff to update Provider Registry and to send written decision to the Practitioner, Supervisor, or Contract Management.</p> <p>Note: applications received without fully completed trainings or other requirements may be put on probationary privileges status and disciplinary actions may be imposed.</p> |
| 6.0 | Privileging and Credentialing Support Staff | <p>10. Send written decision to the Practitioner, Supervisor, or Contract Supervisor within 30 days of the Privileging and Credentialing meeting date.</p> |
| 7.0 | Contract Manager/ Designee | <p>11. Update SCCCMH Provider Registry.</p> |

Actions – Adding and/or Changing Privileges and Credentials

| Action Number | Responsible Stakeholder | Details |
|---------------|--|--|
| 1.0 | Practitioner/ Applicable Employee | <ol style="list-style-type: none"> 1. Complete new Practitioner Application to request additional credentials and/or changes and sign. 2. Submit application for supervisor approval and signature. |
| 2.0 | Supervisor | <ol style="list-style-type: none"> 3. Review application for completeness of additional credentials. 4. Check box “Approve” or “Not Approve,” sign. 5. Submit application to the Credentialing Committee Support Staff or applicable Contract Manager. |
| 4.0 | Designated Credentialing Committee | <ol style="list-style-type: none"> 6. Review application and make a decision to Approve or Not Approve as a SCCCMH Network Provider. |
| 5.0 | Credentialing Chairperson(s) | <ol style="list-style-type: none"> 7. Sign and submit SCCCMH application to Privileging and Credentialing support staff to update Provider Registry and to send written decision to the Practitioner, Supervisor, or Contract Supervisor. 8. Update SCCCMH Provider Registry. |
| 6.0 | Credentialing Support Staff | <ol style="list-style-type: none"> 9. Ensure all request for changes in credentials and/or privileges is added to nearest upcoming Credentialing Agenda. 10. Update Credentialing database with committee approved information. 11. Send written decision to the Practitioner, Supervisor, or Contract Supervisor within 30 days of the Privileging and Credentialing meeting date. |

Actions – Deemed Status

| Action Number | Responsible Stakeholder | Details |
|---------------|---------------------------------|---|
| 1.0 | Contract Manager Designee | <ol style="list-style-type: none"> 1. Request full privileging and credentialing packet from the PIHP/CMHSP/applicable healthcare provider when an organization has been approved for privileging and credentialing by another PIHP/CMHSP/healthcare provider. 2. Review privileging and credentialing packet and fill out form #1302 Organizational Deemed Status Request. 3. Submit form #1302 Organizational Deemed Status Request, and the privileging and credentialing packet to the SCCCMH Credentialing Committee for review and approval. |

Actions – Appeals

** For Appeals involving Provider Organization Denial of Privileges:*

| Action Number | Responsible Stakeholder | Details |
|---------------|---|--|
| 1.0 | Organization | 1. Complete form #1303 Appeal to Enrollment or Credentialing Denial and submit to SCCCMH Credentialing Committee Chairperson within 10 working days of date printed on notification of adverse action. |
| 2.0 | SCCCMH Credentialing Committee Chairperson(s) | 2. Address appeal at first scheduled meeting following the receipt of appeal. 3. Render a written response to appellant within 10 working days of the meeting. |

Actions – Appeals

** For Appeals involving Provider Practitioner Denial of Privileges:*

| Action Number | Responsible Stakeholder | Details |
|---------------|--|---|
| 1.0 | Individual/Practitioner | 1. Complete form #1303 Appeal to Enrollment or Credentialing Denial and submit to SCCCMH Credentialing Committee within 30 days of adverse decision document date. |
| 2.0 | SCCCMH Chief Operating Officer/Chief Executive Officer | 2. Address appeal at first scheduled meeting following the receipt of appeal. 3. Render a written response to appellant within 14 days of receipt of appeal request. |

Actions – Disenrollment

| Action Number | Responsible Stakeholder | Details |
|---------------|---------------------------------|---|
| 1.0 | Contract Manager/ Supervisor/HR | 1. Submit to SCCCMH Credentialing Committee within 10 days of activity, written notification of provider organization and/or provider practitioner termination or service(s) end date for disenrollment in the SCCCMH Provider Registry and OASIS databases |

B. Related Policies

[Board Policy #01-001-0030, Conflict of Interest](#)

[Administrative Policy 01-003-0005, Provider Enrollment in OASIS](#)

[Administrative Policy 02-003-0011, Utilization Management](#)

C. Definitions

1. *Appeal*: The process by which an organization or practitioner may ask for review of an adverse decision regarding credentialing and privileging.
2. *Applications*: The required SCCCMH tools used to apply for credentialing privileges and enrollment into the SCCCMH Provider Registry database.
3. *Certificate of Licensure*: Document issued by the State of Michigan as evidence of authorization to practice and use a designated title.
4. *Certificate of Registration*: Document issued by the State of Michigan as evidence of authorization to practice and use a designated title.
5. *Credentialing*: Is the process of evaluating verifying and reviewing organization and individual qualifications, including background and history, to provide services in the SCCCMH Provider Network via required federal, state, and approved regulatory agency certifications and licenses, applicable accreditation status, Medicaid/Medicare compliance status as well as any disciplinary actions. Credentialing also includes provider enrollment into the SCCCMH Credentialing Provider Registry database.
6. *Cultural Competency*: A set of skills, behaviors knowledge, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.
7. *Deemed Status*: The process in which recognition and acceptance of credentialing activities/approval of organizational and individual Practitioner Providers are conducted by another entity (CMHSP, PIHP, etc.) in lieu of completing SCCCMH credentialing processes.
8. *Delegation*: For the purposes of this administrative procedure, authority given by SCCCMH to contracted Mental Health Providers to perform credentialing functions on behalf of SCCCMH (i.e. individual practitioners) in a manner consistent with 42 C.F.R. §.
9. *Demonstrated Current Competency*: Indicated by the demonstration of relevant skills (ability to provide treatment interventions specific to population/disability groups), as evidenced by one's supervisor and peer review/recommendations or some specified criteria.
10. *Denied*: Denied is denying of all privileges and credentialing of the organization or the practitioner. The practitioner or organization is thereby unable to provide any services for SCCCMH.
11. *Due Diligence*: The process and selection criteria that SCCCMH will utilize to determine the qualifications of an organization, for example, accreditation, licensure, and exclusion from sanctions.

12. *Enrollment*: The process of formally endorsing an organization or individual Practitioner Provider for inclusion on the SCCCMH panel of providers via the approval of their submitted provider application (i.e., organization or individual practitioner, as applicable) as a Medicaid billable provider via the SCCCMH credentialing process.
13. *Full Privileges*: The credentialing and privileging status of a provider that has satisfied all requirements of the provisional credentialing and privileging process. Full privileging and credentialing is valid for up to two (2) years (inclusive of the 150-day provisional period if utilized).
14. *Individual Credentialing*: The process of evaluating, verifying, and reviewing a paraprofessional and/or professional's qualifications. The information sought includes: background checks, education, training, clinical experience, licensure, board and/or other certification, other relevant credentials, malpractice history and/or disciplinary actions, Medicaid/Medicare status, etc., to establish the presence of the specialized professional background required for employment or contracting in the SCCCMH provider network, including the directly operated provider. The result of individual credentialing is that the individual is determined to have met stated criteria.
15. *Local Provider Network Revocations*: The formal removal by a credentialing committee of an individual or organizational provider's clinical privileges, as within the credentialing committee's purview, as is consistent with the SCCCMH policy/administrative procedure.
16. *National Provider Identifier (NPI)*: A standard unique identifier for healthcare providers as required in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. There are two types of NPIs: a personal identifier and an organizational identifier. NPIs do not expire, and each individual provider will need only one NPI number. This number is required to attain practitioner or organizational privileges under the PIHP. NPI numbers can be found at the following link: <https://www.npinumberlookup.org/>.
17. *Organizational Credentialing*: The process of evaluating, verifying, and reviewing a provider agency's legal status, accreditation status, Medicaid/Medicare compliance status, and qualifications of staff for membership in the SCCCMH Provider Network. The result of organizational credentialing is that a provider is determined to have met SCCCMH's stated credentialing criteria for membership in its network.
18. *Organizational Providers*: Entities under contract with SCCCMH that directly employ and/or contract with individuals to provide mental health or substance abuse services. Examples of organizational providers include, but are not limited to: CMHSPs, hospitals, psychiatric hospitals, partial hospitalization programs,

substance use disorder providers, case management programs, autism support services, assertive community treatment programs, and skill building programs.

19. *Paraprofessional*: Non-degreed staff positions, which include, but are not limited to: mental health assistants; direct care workers; and aides.
20. *Practitioner/Practitioner Provider*: A behavioral health professional who is licensed and recognized by the State of Michigan to practice independently, including but not limited to: psychiatrists and physicians; doctoral and/or master level psychologist; master level clinical social workers; master level professional counselors; and ancillary care professionals such as occupational therapists, physical therapists, speech pathologists, nurses, etc.;

Or

A Bachelor-level professional such as a social worker technician who provides services under the direct supervision of a licensed professional;

Or

For practitioners within the substance use disorder provider network, degreed and non-degreed staff that have been certified by the Michigan Certification Board for Addiction Professionals (MCBAP) or have on file with MCBAP, an approved "Development Plan."

21. *Practitioner/Organization/Database/Registry*: CMHSP's are required to maintain a mechanism for the tracking of all practitioners and organizations within their provider network. This information must be updated on a monthly basis and available for public access and/or viewing on the agency's website. If requested a paper copy must be provided.
22. *Primary Source Verification*: Proof of privileges, licensure, and certification (as applicable) and other pertinent information pertaining to the applicant, as furnished by the privileging behavioral healthcare facility, the Department of Licensing and Regulation, the National Practitioner Data Bank/NPDB (only for medical staff), and other regulatory agencies or data sources. Verification is required to ensure:
 - a. Graduation from an accredited professional school or highest training program applicable to the academic degree, discipline, licensure, or registration of the healthcare practitioner;
 - b. Valid Drug Enforcement Administration (DEA) or Controlled Dangerous Substance (CDS) certification, as applicable;
 - c. Board certification if the practitioner states that they are board certified on the application;
 - d. Current, valid license or registration from the state of other accepted certifying body to practice as a behavioral health care practitioner at the level that is applicable to the privileges requested;

- e. Five (5) year history of professional liability claims that resulted in the settlements or judgment paid by or behalf of the practitioner;
- f. For new employees work history of three professional references with satisfactory outcome; for current employees their yearly evaluations are used.
- g. Completion of criminal background check in that is in “good standing” with the law.

Note: Although criminal background checks are required, it is not intended to imply that a criminal record must result in the termination of employment or result in a decrease or termination of privileging and credentialing status. Criminal background checks are conducted as a condition of employment for potential employees and for network provider enrollees. Checks must be completed as a new employee, or when re-credentialing, but no less than every other year from the date the initial check was made. Evidence of this must be documented.

- h. Completion of a national and state sex offender registry check for each new direct-hire or contractually employed practitioner.
- i. For medical staff only, query and verify reporting from the National Practitioner Data Bank (NPDB) at www.npdb.hrsa.gov
 - (1) **Or** the following four items:
 - i. Confirmation of the past five (5) years of malpractice settlements directly from the malpractice carrier (in lieu of the NPDB query) and review of any applicable grievances, appeals and quality issues from practitioners or organizations;
 - ii. Disciplinary status with regulatory board or agency, verified at <https://val.apps.lara.state.mi.us/License/Search>
 - iii. OIG/Medicare/Medicaid Sanctions verified at <https://exclusions.oig.hhs.gov>
 - iv. Certification Verification verified at <https://mcbap.com/> if applicable.

23. *Privileging:* The process of determining whether or not an individual (employee or contractor) has sufficient competencies to perform the specific services or procedures requested as an employee or contractor within the SCCCMH provider network. The result of privileging is that an individual is granted clinical privileges to deliver specific services within a defined scope of practice.

Privileging types include.

- a. Provisional (up to first 150 days)
- b. Full
- c. Re-credentialing

- d. Probationary
- e. Suspend
- f. Revoked
- g. Denied

24. *Probationary Privileges*: When a provider with full credentials is found to have performance and/or compliance issues that require corrective action but do not rise to a threshold that would necessitate suspension or revocation. Probationary terms may vary depending on specific situations and may include a change in the scope of privileges, enhanced monitoring, enhanced trainings, or other changes as outlined in the credentialing file.
25. *Provisional Privileges*: The one-time process of credentialing and privileging a provider on an interim basis (up to 150 days) until a due diligence and primary source verification can be completed by the SCCCMH designated credentialing committee/designee.
26. *Re-credentialing*: The process of resubmitting a provider “enrollment and credentialing” application form into the applicable credentialing committee for evaluation and verification that the provider remains qualified to perform specific services in the SCCCMH provider network. Providers must be re-credentialed at least every 2 years or more frequently if their licensure and/or certification changes in a manner that may impact their professional scope of practice or there are practice level concerns that would warrant more frequent review is appropriate.
27. *Revoked Privileges*: Revocation is the formal removal of all privileges. The practitioner or organization is thereby unable to provide any services for SCCCMH.
28. *Suspended Privileges*: Suspension is the temporary removal of some or all privileges. The practitioner or organization is thereby unable to provide any services for SCCCMH and its Provider Network during the suspension period.

D. Forms

[#0282 Request for New Location Code](#)

[#1300 Practitioner Application Network Enrollment and Credentialing](#)

[#1301 Organization Application](#)

[#1302 Organizational Deemed Status Request](#)

[#1303 Appeal to Enrollment or Credentialing Denial](#)

[#1305 Conflict of Interest Attestation – Individual Provider](#)

[#1306 Region 10 Conflict of Interest Attestation - Entity Provider](#)

E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

[Exhibit A: SCCCMH Practitioner Credentials Licensure and Certification Descriptions](#)

[Exhibit B: SCCCMH Mission, Vision, and Values](#)

F. References

1. MDHHS and PIHP contracts
2. Medicaid Provider Manual
3. 42 C.F.R. § 455.104 et. Al

IV. History

- Initial Approval Date: 07/2018
- Last Revision Date: 10/2024 BY: Tracey Pingitore, Amy Kandell, Kerrie Kozloff, Kim Prowse, Stephanie Shank, Jennifer O'Dell, Joy Vittone
- Last Reviewed Date: 05/2022 BY: Latina K. Cates
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