



Section: Provider Network Management	Policy Name: <b>Credentialing &amp; Re-Credentialing: Behavioral Health Practitioners</b>	Policy Number: <b>02.02</b>
Owner: <b>Chief Compliance &amp; Privacy Officer</b>	Reviewed By: <b>Mila Todd</b>	Total Pages: <b>7</b>
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input checked="" type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <i>Mila C. Todd</i> Mila Todd (Jan 10, 2022 14:40 EST) <b>Approved by SWMBH Board</b>	Date Approved: <b>10/08/2021</b>
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: <b>1/1/14</b>

**Policy:** Southwest Michigan Behavioral Health (SWMBH) and its participant Community Mental Health Service Providers (CMHSP) will ensure the credentialing and re-credentialing of behavioral health practitioners whom they employ, contract with, and who fall within their scope of authority. The credentialing process will be completed in compliance 42 CFR 422.204 and National Council for Quality Assurance (NCQA) credentialing standards. Practitioners may not provide care for SWMBH members until they have been credentialed in accordance with this policy.

SWMBH and its participant Community Mental Health (CMH) agencies will not discriminate against any provider solely on the basis of race, ethnic/national identity, gender, age, sexual orientation, licensure, registration or certification. SWMBH and its participant CMHSPs will not discriminate against health care professionals who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

**Purpose:** To ensure that all customers receiving services within the SWMBH Prepaid Inpatient Health Plan (PIHP) receive care from practitioners who are properly credentialed, licensed and/or qualified.

**Scope:** SWMBH Provider Network Management  
Participant CMHSPs  
Network Providers

**Responsibilities:** SWMBH Provider Network Management, Participant CMHSPs, and network providers must follow the below requirements as it relates to credentialing activities.



**Definitions:**

- A. Practitioner: A professional who provides health care services within the scope of practice that he/she is legally authorized to do so by the State in which he or she delivers the services.

**Standards and Guidelines:**

**A. Credentialing**

1. Credentialing will be completed for all practitioners as required by this policy and all applicable Michigan and Federal laws. Specifically, the following types of practitioners will be credentialed:
  - a. Physicians (M.D.s or D.O.s)
  - b. Physician Assistants
  - c. Psychologists (Licensed, Limited License, and Temporary License),
  - d. Licensed Master’s Social Workers, Licensed Bachelor’s Social Workers, Limited License Social Workers, and Registered Social Service Technicians
  - e. Licensed Professional Counselors
  - f. Board Certified Behavior Analysts
  - g. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
  - h. Occupational Therapists and Occupational Therapist Assistants
  - i. Physical Therapists and Physical Therapist Assistants
  - j. Speech Pathologists

**B. Credentialing Criteria and Application Process**

1. Practitioners requesting inclusion in the SWMBH provider network will complete the current formal SWMBH Credentialing Application or another application approved by SWMBH. The application will be processed by designated credentialing staff.
2. SWMBH will require completed credentialing applications, with signed and dated attestations regarding accuracy and completeness of information, ability to perform duties, lack of present illegal drug use, history of loss of license and any felony convictions, and consent allowing verification of license, education, competence and any other related information.
3. Credentialing staff will verify information obtained in the credentialing application as described in section III.B.4, below. Copies of verification sources will be maintained in the practitioner credentialing file. When source documentation is not electronically dated, staff will sign and date with the current date. The verification timeframe will not exceed one-hundred-eighty (180) days.
4. Credentialing criteria for physicians and practitioners, and verification methods, are as follows:

Credentialing Criteria	Verification Method(s)
Current valid and unrestricted license to practice in the state in which the practitioner practices	<ul style="list-style-type: none"> <li>• Verification of the license will be made directly with state licensing agency internet web site (LARA website for the state of Michigan <a href="http://w3.lara.state.mi.us/free/">http://w3.lara.state.mi.us/free/</a>)</li> </ul>
A valid and unrestricted Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) for those practitioners who prescribe medication.	<ul style="list-style-type: none"> <li>• A DEA or CDS may be verified by a copy of the DEA or CDS certificate provided by the practitioner, with the state licensing agency via internet website, or the National Information Service (NTIS) database.</li> </ul>



Credentialing Criteria	Verification Method(s)
<p>(If a practitioner's DEA certificate is pending, the practitioner may make arrangements with a participating practitioner to write all prescriptions requiring a DEA number until the practitioner has a valid DEA certificate and the practitioner will provide documentation of such arrangement in writing.)</p>	
<p>Work history for the past five years, with each gap in work history exceeding six (6) months clarified in writing from the practitioner.</p>	<ul style="list-style-type: none"> <li>• Work history is verified through practitioner's credentialing application.</li> <li>• Verbal explanation from the applicant may be accepted for gaps in work history between 6 and 12 months. Gaps in work history greater than 12 months must be explained in writing.</li> </ul>
<p>Board certification, or education appropriate to license and area of practice.</p>	<ul style="list-style-type: none"> <li>• Verification of education shall be completed through primary source verification to the educational institution or certification board. Because medical specialty boards verify education and training, verification of board certification fully meets the requirement for verification of education. If a practitioner is not board certified, verification of the medical education at the highest level is verified.</li> <li>• The American Medical Association (AMA) or American Osteopathic Association (AOA) Master Files may be used as the source for education verification for physicians.</li> <li>• The Educational Commission for Foreign Medical Graduates (ECFMG) may be used to verify education of foreign physicians educated after 1986 (for practitioners who are not board certified and verification of completion of a residency program or graduation from a foreign medical school are not verifiable with the primary source).</li> </ul>
<p>Current professional liability insurance meeting the standards defined by contract.</p>	<ul style="list-style-type: none"> <li>• Copy of current certificate of insurance.</li> </ul>



Credentialing Criteria	Verification Method(s)
No malpractice lawsuits and/or judgments from within the last ten (10) years.	<ul style="list-style-type: none"> <li>• A query to the National Practitioner Data Bank (NPDB) will be completed via web-based access to the NPDB site for each practitioner. The NPDB query contains malpractice history which was reported by malpractice carriers to the NPDB.</li> <li>• A written description of any malpractice lawsuits and/or judgments from the last ten (10) years will be provided either by the practitioner or their malpractice carrier.</li> </ul>
The practitioner must not be excluded from participation in Medicare, Medicaid, or other federal contracts, and must not have opted out of Medicare if he/she will be providing Medicare services.	<ul style="list-style-type: none"> <li>• Queries will be made to the System for Award Management (SAM) and the Office of Inspector General (OIG) to ensure that practitioners have not been suspended or debarred from participation with Medicare, Medicaid or other Federal contracts.</li> <li>• A query will be made at <a href="http://www.wpsmedicare.com/j8macpartb/departments/enrollment/b_opt_enroll.shtml">http://www.wpsmedicare.com/j8macpartb/departments/enrollment/b_opt_enroll.shtml</a> to verify that the practitioner has not opted out of Medicare, if a Medicare provider.</li> </ul>
No state sanctions or restrictions on licensure in the past ten (10) years.	<ul style="list-style-type: none"> <li>• Verification of the license will be made directly with state licensing agency internet web site (LARA website for the state of Michigan <a href="http://w3.lara.state.mi.us/free/">http://w3.lara.state.mi.us/free/</a>)</li> </ul>

**C. Temporary/Provisional Credentialing Process**

1. Temporary or provisional status can be granted one time to practitioners until formal credentialing is completed.
2. Providers seeking temporary or provisional status must complete a signed application with attestation.
3. A decision regarding temporary /provisional credentialing shall be made within 31 days of receipt of application.
4. In order to render a temporary / provisional credentialing decision, verification will be conducted of:
  - a. Primary-source verification of a current, valid license to practice.
  - b. Primary-source verification of the past five years of malpractice claims or settlements from the malpractice carrier, or the results of the National Practitioner Data Bank (NPDB) query.
  - c. Medicare/Medicaid sanctions
5. Each factor must be verified within 180 calendar days of the provisional credentialing decision. The organization shall follow the same process for presenting provisional credentialing files to the Credentialing Committee or medical director as it does for its regular credentialing process.



6. Temporary / Provisional credentialing status shall not exceed 60 days, after which time the credentialing process shall move forward according to this credentialing policy.

#### D. Re-credentialing Criteria and Application Process

1. Re-credentialing will be completed for all participating physicians and other participating practitioners at least every two (2) years for those providing Medicaid services, and every three (3) years for those providing Medicare services only. The Credentialing Committee may recommend re-credentialing for a lesser period of time.
2. Every practitioner will complete or update the current formal SWMBH Credentialing Application and related materials required for the re-credentialing process. Additionally, the practitioner will provide the relative information supporting any changes in their credentials. The application will be processed by the credentialing staff.
3. Re-credentialing criteria and application processing includes review of the re-credentialing application for completeness and accuracy. Primary source verification and re-credentialing criteria for physicians and practitioners is as previously outlined in Section A.1. with the exception of the following:
  - a. Education, Training and Work History: Education and Training are considered 'static' and no re-verification is conducted during re-credentialing. However, work history may change and will be re-verified.
  - b. Board Certification will be re-verified.
  - c. The practitioner is required to sign and date the attestation statement attesting to the correctness and completeness of the application. The practitioner is required to sign any relevant addenda concerning the following: 1) the reasons for inability to perform essential functions, 2) lack of present illegal drug use, 3) history of loss of license, 4) history of loss or limitation of privileges, 5) current malpractice coverage that was not provided with the re-credentialing application and signed attestation.
  - d. Quality information and member complaint data will be considered at re-credentialing.
  - e. To ensure quality and safety of care between credentialing cycles, SWMBH performs on-going monitoring of:
    - i. Member complaints, adverse events, and information from quality improvement activities related to identified instances of poor quality,
    - ii. Any incidences of Medicaid and Medicare sanctions and,
    - iii. Restrictions and/or sanctions on licensure and/or certification.

#### E. Practitioner Right for Request for Review

1. The Applicants Rights for Credentialing and Re-credentialing will be included in the initial credentialing packet sent to Applicants applying to be providers in the SWMBH provider network.
2. Applicants have the right, upon request, to be informed of the status of their application. Applicants may contact the credentialing staff via telephone, in writing or email as to the status of their application.
3. Applicants have the right to review the information submitted in support of their credentialing application. This review is at the applicant's request. The following information is excluded from a request to review information:



- a. Southwest Michigan Behavioral Health is not required to provide the applicant with information that is peer-review protected.
  - b. Information reported to the National Practitioner Data Bank (NPDB).
  - c. Criminal background check data.
4. Should the information provided by the applicant on their application vary substantially from the information obtained and/or provided to Southwest Michigan Behavioral Health by other individuals or organizations contact as part of the credentialing and/or re-credentialing process, credentialing staff will contact the applicant within 180 days from the date of the signed attestation and authorization statement to advise the applicant of the variance and provide the applicant with the opportunity to correct the information if it is erroneous.
5. The applicant will submit any corrections in writing within fourteen (14) calendar days to the credentialing staff. Any additional documentation will be date stamped and kept as part of the applicant's credentialing file.

**F. Credentialing Decisions**

1. Credentialing decisions shall be made in accordance with SWMBH policies 02.02 (Clean Credentialing & Re-Credentialing Files) and 02.05 (Credentialing Committee, Confidentiality of Credentialing Records, & Provider Nondiscrimination). Practitioners not selected for inclusion in the network will be given written notice of the reason for the decision.

**G. Reporting Requirements.**

1. Participant CMHSPs shall submit a monthly credentialing report to SWMBH, utilizing the MDHHS credentialing report template.

**Procedures:** None

**Effectiveness Criteria:** N/A

**References:** 42 CFR § 438.214 (a-e)  
Michigan Department of Community Health / PIHP contract attachment P.7.1.1  
Public Act 218 as amended by Act 59 section 400.734b  
42 FR 422.204  
NQCA CR 1, CR 2, CR 3, CR 4

**Attachments:** 02.02A Applicant Credentialing Rights



**Revision History**

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	5/18/15	N/A: before new template	N/A: before new template	N/A: before new template
2	12/1/16	N/A: before new template	N/A: before new template	N/A: before new template
3	5/10/17	N/A: before new template	N/A: before new template	N/A: before new template
4	12/14/18	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board
5	01/10/20	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board
6	09/28/21	Paragraph G	Added Reporting Requirements	Mila Todd
7	10/08/21	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board






# 02.02 Credentialing & Re-Credentialing - Behavioral Health Practitioners

Final Audit Report

2022-01-10

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## "02.02 Credentialing & Re-Credentialing - Behavioral Health Practitioners" History

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### APPLICANT RIGHTS FOR CREDENTIALING AND RECREDENTIALING

- Practitioners may be informed of the status of the application upon written, email, or telephone request.
- Practitioners may review all information obtained by SWMBH during the credentialing process, including the source of that information, unless it is prohibited or protected by law. This review is at the applicant's request.
- SWMBH will notify an applicant within 180 days from the signed attestation date of the application if any information obtained during the credentialing verification process varies substantially from the information provided by the applicant. SWMBH will advise the applicant of the variance and provide the applicant with the opportunity to correct the information if it is erroneous.
- The applicant will submit any corrections in writing within fourteen (14) calendar days of notification of discrepant information to the credentialing staff. Any additional documentation will be kept as part of the applicant's credentialing file.
- Practitioners may correct any erroneous information. Practitioners need to submit corrections to the SWMBH Provider Network Department in writing within fourteen (14) calendar days. Corrected information will be shared with the SWMBH Credentials Committee for consideration. Supplemental information is subject to verifications by SWMBH.
- Practitioners will be informed of the credentialing decision within ten (10) days of the decision date.
- Copies of all application and credentialing verification policies and procedures are available on SWMBH's website.

### Southwest Michigan Behavioral Health Credentialing Staff Contact Information

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