



Section: Provider Network Management	Policy Name: Credentialing & Re-Credentialing: Behavioral Health Practitioners	Policy Number: 02.02
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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: 1/1/14

Policy: Southwest Michigan Behavioral Health (SWMBH), its participant Community Mental Health Service Providers (CMHSP), and network organizational providers with contractual credentialing responsibilities 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 MDHHS Credentialing and Recredentialing standards. Practitioners may not provide care for SWMBH members until they have been credentialed in accordance with this policy.

SWMBH and its participant CMHSPs 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 Region 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 practitioner 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. Practitioner Types Requiring 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
 - k. Licensed Marriage and Family Therapists
 - l. Other behavioral healthcare specialists licensed, certified, or registered by the State

B. Timeframes for Credentialing and Re-Credentialing Individual Practitioners

1. Initial credentialing of individual practitioners applying for inclusion in the SWMBH network must be completed within 90 calendar days.
 - a. The 90-day timeframe starts when SWMBH or the participant CMHSP has received a completed, signed and dated credentialing application from the individual practitioner.
 - b. The completion time is the date written communication is sent to the individual practitioner notifying them of SWMBH or the participant CMHSP's decision.
 - c. Primary source verification must be completed within the 180 days preceding the credentialing decision date.
2. Re-credentialing shall occur at least every two (2) years.

C. Initial Credentialing Process

1. Practitioners requesting inclusion in the SWMBH provider network will complete the current SWMBH Individual Practitioner Credentialing Application, with signed and dated attestations regarding:
 - a. lack of present illegal drug use;
 - b. history of loss of license, registration, certification, and/or any felony convictions;
 - c. any history of loss or limitation of privileges or disciplinary action;
 - d. accuracy and completeness of information in the application;
 - e. ability to perform the essential functions of the position with or without accommodation; and



f. consent allowing verification of license, education, competence and any other related information.

2. Credentialing staff will verify information obtained in the credentialing application as described below. Copies of verification sources will be maintained in the practitioner credentialing file. When source documentation is not electronically dated, staff will initial and date with the current date.

3. 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"> • Verification of the license will be made directly with state licensing agency internet web site (LARA website for the state of Michigan http://w3.lara.state.mi.us/free/)
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"> • 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.
(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.)	
Work history for the past five years, with each gap in work history of six (6) months or more clarified in writing from the practitioner.	<ul style="list-style-type: none"> • Work history is verified through practitioner's credentialing application. • Gaps in work history of six (6) months or more must be explained in writing.



<p>Board certification, or education appropriate to license and area of practice.</p>	<ul style="list-style-type: none"> • 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. • The American Medical Association (AMA) or American Osteopathic Association (AOA) Master Files may be used as the source for education verification for physicians. • 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). • LARA license may be used in lieu of official transcript of graduation form an accredited school.
<p>Current professional liability insurance meeting the standards defined by contract.</p>	<ul style="list-style-type: none"> • Copy of current certificate of insurance.



Credentialing Criteria	Verification Method(s)
No malpractice lawsuits and/or judgments or settlements from within the last five (5) years.	<ul style="list-style-type: none"> • 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. • A written description of any malpractice lawsuits and/or judgments from the last five (5) years will be provided either by the practitioner or their malpractice carrier.
The practitioner must not be excluded from participation in Medicare, Medicaid, or other federal contracts, and is not excluded from participation through the MDHHS Sanctioned Provider list.	<ul style="list-style-type: none"> • Queries will be made to the System for Award Management (SAM), the Office of Inspector General (OIG), and the MDHHS Sanctioned Provider list to ensure that practitioners have not been suspended or debarred from participation with Medicare, Medicaid or other Federal contracts (initial credentialing). • Queries will be made monthly thereafter as part of on-going monitoring and for re-credentialing purposes.
No state sanctions or restrictions on licensure in the past ten (10) years.	<ul style="list-style-type: none"> • Verification of the license will be made directly with state licensing agency internet web site (LARA website for the state of Michigan http://w3.lara.state.mi.us/free/)

D. Re-credentialing Process.

1. Re-credentialing will be completed at least every two (2) years. The Credentialing Committee may recommend re-credentialing for a lesser period of time.
2. Every practitioner will complete or update the current SWMBH Practitioner 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 C.3. above, 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:

- i. the reasons for inability to perform essential functions,
 - ii. lack of present illegal drug use,
 - iii. history of loss of license,
 - iv. history of loss or limitation of privileges,
 - v. 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. This includes but is not limited to grievances and appeals, recipient rights complaints, customer services complaints, and compliance-related issues including fraud/waste/abuse.
- e. To ensure quality and safety of care between credentialing cycles, SWMBH performs on-going monitoring of the following, in accordance with SWMBH Policy 2.18:
- 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. Temporary/Provisional Credentialing Process

1. Temporary or provisional status can be granted one time to practitioners until formal credentialing is completed. Temporary or provisional credentialing should be used when it is in the best interest of Medicaid members to have providers available to provide care prior to formal completion of the entire credentialing process.

2. Timeframes.

- a. A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of a complete application and the minimum documents listed below.
- b. Temporary/provisional credentialing status shall not exceed 150 days, after which time the credentialing process shall move forward according to this credentialing policy.
- c. Primary source verification must be completed within the 180 days preceding the provisional credentialing decision date.

3. Requirements.

- a. Providers seeking temporary or provisional status must complete and sign the current approved SWMBH Practitioner Credentialing Application, including attestations regarding:
 - i. Lack of present illegal drug use;
 - ii. History of loss of license, registration, certification, and/or felony convictions;
 - iii. Any history of loss or limitation of privileges or disciplinary action;
 - iv. The accuracy and completeness of the application.
- b. SWMBH and/or participant CMHSPs shall perform verification from primary sources of:
 - i. Current valid license or certification, in good standing.
 - ii. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - iii. Official transcript of graduation from an accredited school and/or LARA license.



- iv. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
 - a. Minimum five (5) year history of professional liability claims resulting in a judgment of settlement;
 - b. Disciplinary status with regulatory board or agency; and
 - c. Medicare/Medicaid sanctions and exclusions.
 - v. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (a), (b), and (c) above.
 - c. SWMBH/Participant CMHSPs shall evaluate the individual practitioner's work history for the prior five (5) years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
4. SWMBH/Participant CMHSPs shall follow the same process for presenting provisional credentialing files to the Credentialing Committee as it does for its regular credentialing process. Temporary/Provisional credentialing decisions shall be made by the applicable entity's Credentialing Committee and not through the clean file process.

F. Credentialing Reciprocity (Deemed Status).

1. **Out of Region.** SWMBH and its participant CMHSPs may accept credentialing activities conducted by any other Region in lieu of completing its own credentialing activities. If SWMBH chooses to accept the credentialing activities of another Region, copies of the credentialing Region's decision shall be maintained in the SWMBH/Participant CMHSP credentialing file.
2. **In Region.** SWMBH and its participant CMHSPs shall work collaboratively to reduce the burden on shared network providers (providers that contract with two or more participant CMHSPs) by coordinating credentialing/recredentialing activities to ensure, to the extent practicable, that shared providers in the SWMBH network only complete credentialing/recredentialing through a single participant CMHSP or SWMBH, and that those credentialing/recredentialing results are shared with the Region.
3. **Reciprocity Procedure.** When accepting credentialing activities performed by another Region or another in-Region entity, SWMBH and its participant CMHSPs shall follow the SWMBH Procedure 02.03.01 – Credentialing Reciprocity.



G. 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 SWMBH/participant CMHSPs by other individuals or organizations contacted 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.

H. 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.
2. SWMBH and/or participant CMHSPs shall notify an individual practitioner that is denied credentialing or re-credentialing of the reason(s) for the adverse credentialing decision in writing within thirty (30) days of the decision. This written adverse credentialing decision notification must include information on the appeal process available to the practitioner, in accordance with SWMBH Policy 2.14.
3. SWMBH retains the right to approve, suspend, or revoke/terminate from participation in the provision of Medicaid funded services, any provider (organizational or practitioner) in the Region 4 network (including participant CMHSP network providers), regardless of whether SWMBH or a participant CMHSP performed the credentialing activities.

I. Reporting Requirements.

1. Routine.

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



b. SWMBH shall submit quarterly reports to MDHHS at the timeframes referenced in the MDHHS-PIHP Master Contract Schedule E, utilizing the MDHHS credentialing report template.

2. Ad hoc.

a. Participant CMHSPs shall promptly report to SWMBH's Director of Provider Network information about an organizational provider which could result in suspension or termination from the SWMBH network, including but not limited to:

- i. Known improper conduct (e.g. fraud, threats to member health and safety, etc.);
- ii. Positive sanctions/exclusions screening results, in accordance with SWMBH Procedure 10.13;
- iii. Any other information that may affect the practitioner's status as a SWMBH network provider.

b. SWMBH shall report any known improper conduct of an individual practitioner which could result in suspension or termination from the SWMBH network in accordance with applicable SWMBH policies and to the applicable regulatory authority (MDHHS, MI OIG, AG, provider's governing board, etc.).

Procedures: 02.03.01 Credentialing Reciprocity

Effectiveness Criteria: N/A

References: 42 CFR § 438.214 (a-e)

MDHHS-PIHP Contract Schedule A, Section 1(N)(1)

MDHHS BPHASA Credentialing and Recredentialing Processes

Public Act 218 as amended by Act 59 section 400.734b

42 FR 422.204

SWMBH Policy 2.18

SWMBH Policy 10.13

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	11/12/21	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board
8	02/14/23	Multiple	Revised entire policy to be consistent with updated MDHHS Credentialing Process.	Mila Todd
9	03/17/23	N/A	Reviewed by Regional PNM Committee.	Mila Todd

02.02 Credentialing & Re-Credentialing - Behavioral Health Practitioners

Final Audit Report

2023-03-31

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APPLICANT RIGHTS FOR CREDENTIALING AND RE-CREDENTIALING

- 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.

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