




Section: Provider Network Management	Policy Name: Credentialing & Re-Credentialing: Behavioral Health Practitioners	Policy Number: 02.02
Owner: Chief Compliance & Privacy Officer	Reviewed By: Mila Todd	Total Pages: 11
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> Other (please specify): _____	Final Approval By:  Approved by SWMBH Board	Date Approved: Mar 13, 2025
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"/> CCBHC	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. **Civil Judgment:** 45 CFR 60.3 defines civil judgment as a court-ordered action rendered in a federal or state court proceeding, other than a criminal proceeding. This does not include consent judgments that have been agreed upon and entered to provide security for civil settlement in which there was no finding or admission of liability.
- B. **Criminal Conviction:** The Social Security Act 1128(i) states that an individual or entity is considered to have been convicted of a criminal offense related to the delivery of a health care item or service when:
 - a. A judgment of conviction has been entered against an individual or entity by a federal, state, tribal, or local court regardless of whether there is an appeal pending or the conviction or other record relating to criminal conduct has been expunged. There has been a finding of guilt against an individual or entity by a federal, state, tribal, or local court; or
 - b. A plea of guilty or nolo contendere (no contest) by the individual or entity has been accepted by a federal, state, tribal, or local court; or
 - c. When an individual or entity has entered participation in a first offender, deferred adjudication, or other arrangement where conviction has been withheld.
- C. **National Practitioner Databank (NPDB) and the Healthcare Integrity and Protection Databank (HIPDB):** The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance, Practitioner Data Banks Branch is responsible for the management of the NPDB and the HIPDB. They can be located on the Internet at <https://www.npdb.hrsa.gov/>.
- D. **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. **MDHHS Community Mental Health Services Program (CMHSP) Credentialing (Universal Credentialing)**
 - 1. SWMBH, its participant CMHSPs and network providers shall cooperate in the implementation and use of the MDHHS CMHSP Credentialing Program (commonly referred to as "Universal Credentialing").
- B. **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

C. 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 three (3) years.

D. Requirements for Initial Credentialing and Re-Credentialing Individual Practitioners

1. Prior to inclusion in the SWMBH provider network and at least every three (3) years thereafter, individual practitioners requesting inclusion or participating in the SWMBH provider network will complete, sign and date the universal credentialing application in the MDHHS CRM or the current SWMBH Individual Practitioner Credentialing Application (as applicable), including all attestations, and provide any supporting documentation necessary for credentialing to occur.
2. SWMBH or Participant CMHSP credentialing staff will verify information obtained in the credentialing application and validate the standards contained in the table 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.

Credentialing Standard	Verification Method	Clean File Criteria	Required for Initial Credentialing	Required for Re-credentialing
Completed universal credentialing application within the Customer Relationship System or current SWMBH Individual Practitioner Credentialing Application as applicable, signed and dated by the individual practitioner that attests to the following: <ul style="list-style-type: none"> • Lack of present illegal drug use; • History of loss of license, registration, 	Review of completed Individual Practitioner Credentialing Application and any relevant addenda concerning: <ul style="list-style-type: none"> • The reasons for inability to perform essential functions; • Lack of present illegal drug use; • History of loss of license; • History of loss or limitation of privileges; • Current malpractice coverage that was not provided with the application and signed attestation. 	Complete, signed and dated application with no positively answered attestation questions.	Yes	Yes

<p>certification, and/or felony convictions;</p> <ul style="list-style-type: none"> Any history of loss or limitation of privileges or disciplinary action; Accuracy and completeness of information in the applications; and Ability to perform the essential functions of the position with or without accommodation. 				
<p>Criminal history and National and State sex offender registry checks.</p>	<p>ICHAT: https://apps.michigan.gov Michigan Public Sex Offender Registry: https://mspsor.com National Sex Offender Registry: http://www.nsopw.gov</p>	<p>No results.</p>	<p>Yes</p>	<p>Yes</p>
<p>Evaluation of the individual practitioner's work history for the prior five (5) years, with each gap in work history of six (6) month or more clarified in writing by the practitioner.</p>	<p>Review of credentialing application, with any gaps of six (6) months or more explained in writing.</p>		<p>Yes</p>	<p>Yes</p>
<p>Licensure or certification, and in good standing.</p>	<p>Primary source verification made directly with the state licensing agency website (LARA for Michigan – http://w3.lara.stat.mi.us/free/) SPECIAL NOTE FOR PHYSICIANS:</p> <ul style="list-style-type: none"> The American Medical Association (AMA) or American Osteopathic Association (AOA) physician profile information may be used as the primary source for licensure, board certification, and education verification for physicians. 	<p>Current valid and unrestricted license to practice in the state of Michigan; and No state sanctions or restrictions on licensure in the past ten (10) years.</p>	<p>Yes</p>	<p>Yes</p>

Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs or other postgraduate training.	<ul style="list-style-type: none"> Primary source verification directly with the applicable certification board. Because medical specialty boards verify education and training, verification of board certification fully meets the requirement for verification of education. 		Yes	Yes
If a practitioner is NOT Board Certified - Verification of education	<ul style="list-style-type: none"> Official transcript of graduation from an accredited school; and/or LARA license; and/or Verification via the National Student Clearinghouse: https://www.studentclearinghouse.org <p>SPECIAL NOTE:</p> <ul style="list-style-type: none"> 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). 		Yes	No
Primary source verification of the past five (5) years of malpractice lawsuits, judgments, or settlements.	<p>National practitioner Databank (NPDB)/HIPDB query and a written description of any malpractice lawsuits and/or judgments or settlements within the last five (5) years provided by either the practitioner or their malpractice carrier; OR In lieu of an NPDB/HIPDB query, verification of ALL of the following:</p> <ul style="list-style-type: none"> Historical checks of criminal convictions related to the delivery of a health care item or service. Historical checks of civil judgments related to the delivery of a health care item or service. Disciplinary status with regulatory board or agency. Medicare/Medicaid sanctions and exclusions (see below) 	<p>No malpractice lawsuits or judgments or settlements within the last five (5) years; OR No positive findings on any of the verifications.</p>	Yes	Yes

The individual practitioner is not excluded from participation in Medicare, Medicaid, or other federal contracts, and is not excluded from participation through the MDHHS Sanctioned Provider List.	<p>CMS Sanctioned Provider List: https://exclusions.oig.hhs.gov</p> <p>MI Sanctioned Provider List: www.michigan.gov/MDHHS (Providers>Information for Medicaid Providers>List of Sanctioned Providers)</p> <p>System for Award Management (SAM): https://sam.gov</p> <p>**Checked during initial credentialing and monthly thereafter via monthly sanctioned provider screenings.**</p>	<p>Initial Credentialing: Practitioner is not listed as excluded or sanctioned.</p> <p>Recredentialing: Monthly sanctioned provider monitoring results from initial credentialing through recredentialing show the practitioner is not listed as excluded or sanctioned.</p>	Yes	Yes
Current professional liability insurance meets the standards defined in the contract.	Copy of current certificate of insurance.	Meets contractual requirements.	Yes	Yes
A quality review is completed at recredentialing.	<p>Documented review of the following:</p> <ul style="list-style-type: none"> Grievances & appeals Recipient Rights complaints/investigations Customer services complaints Program Integrity & Compliance Investigations MMBPIS or other applicable performance indicators The most recent annual site review/monitoring report, if applicable. 	Grievances & appeals, recipient rights, and customer services complaints are within the expected threshold given the provider's size; there has been no substantiations of credible allegations of fraud; MMBPIS and other performance indicators substantially meet set	No	Yes



		standards (if applicable).		
The practitioner is enrolled in the MDHHS CHAMPS System.	Verification of CHAMPS enrollment.	Practitioner is enrolled in CHAMPS	Yes	Yes

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; and
 - b. Disciplinary status with regulatory board or agency.
 - v. Medicare/Medicaid sanctions and exclusions.
 - vi. CHAMPS Enrollment.
 - vii. 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 (i), (ii), and (iii) 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 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. 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.
- b. Participant CMHSPs shall promptly report to SWMBH's Director of Provider Network information about a practitioner 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.
- c. 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
10	10/13/23	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board
11	02/14/25	Multiple	Updated in accordance with MDHHS Credentialing Policy; require compliance with Universal Credentialing; updated re-credentialing to every three years.	Mila Todd