



Section: Provider Network Management	Policy Name: Clean Credentialing and Re-Credentialing Files	Policy Number: 02.04
Owner: Director of Provider Network Management	Reviewed By: Mila Todd	Total Pages: 4
Required By: <input checked="" type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input checked="" type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <i>Mila C. Todd</i>	Date Approved: 1/13/2022
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: 4/7/2020

Policy: SWMBH defines clean files as credentialing and re-credentialing files that meet all established criteria set forth in policies 2.2 Credentialing and Re-credentialing Behavioral Health Practitioners and 2.3 Credentialing and Re-credentialing Organizational Providers.

Purpose: To establish a policy to streamline Southwest Michigan Behavioral Health’s (SWMBH) review of credentialing and re-credentialing files of Practitioners and Organizational providers that are deemed clean and to determine which files require further review by the Credentialing Committee.

Scope: Provider Network

Responsibilities: SWMBH Provider Network is responsible for processing credentialing files and taking clean files to the SWMBH Medical Director.

Definitions: None

Standards and Guidelines:

- A. Credentialing staff will verify that the credentialing application is completed accurately and fully.
- B. Credentialing staff will complete primary source verifications set forth in policies 2.2 and 2.3 for all credentialing and re-credentialing files.
- C. Files meeting all of the SWMBH established credentialing and re-credentialing criteria are noted as such and may be reviewed by the Prepaid Inpatient Health Plan (PIHP) or delegate’s Medical Director. The Medical Director has the authority to determine that the file is “clean” and to sign



off on it as complete, clean and approved. This will be signified by the Medical Director's signature on the face sheet of the credentialing file. The date of the signature will be the credentialing decision date. Clean files may also go through the Credentialing Committee for formal approval in lieu of the clean files approval process.

- D. Files not meeting SWMBH's established clean file criteria will have the deficiencies/issues noted and will be reviewed by the Credentialing Committee for further discussion. To qualify as a "clean" file, the practitioner must meet all of the following criteria:
1. Current active license with no restrictions or limitations;
 2. No sanctions (license, Medicare or Medicaid);
 3. Practitioner has not opted out of Medicare, if applicable;
 4. Current active DEA with no restrictions or limitations (if applicable);
 5. Current malpractice coverage at the level required by contract;
 6. No gaps in work history greater than 12 months over past five-year period;
 7. Lack of present illegal drug use;
 8. Ability to perform the essential functions of the position, with or without accommodation;
 9. No professional liability settlements equal to or greater than \$200,000 or more than two (2) cases settled with or without payment (past ten years for initial credentialing, two years for re-credentialing);
 10. No adverse findings on National Practitioner Data Bank (NPDB) or Healthcare Integrity and Protection Data Bank (HIPDB)*;
 11. No restricted hospital privileges or other disciplinary activity*;
 12. Minimum credentialing guidelines met for education, training, and board certification;
 13. No miscellaneous credentialing red flags;
 14. No reported complaints or potential quality concerns since the previous re-credentialing cycle;
 15. No "Yes" response on any of the applicants attestation, disclosure, criminal history
*Historical for initial credentialing, or since previous re-credentialing cycle;
- E. The Medical Director has the authority to forward a credentialing file to the Credentialing Committee at his or her discretion.
- F. The Medical Director will never unilaterally deny a credentialing or re-credentialing request.

Effectiveness Criteria: None

References:

- A. 42 CFR 422.204
- B. NCQA CR1, CR2



Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	4/7/20	Whole doc	Put into new template	E. Peruchietti
2	1/13/22	N/A	Annual Review	Mila C. Todd