



Southwest Michigan Behavioral Health

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Barry County • Berrien County • Branch County • Calhoun County • Cass County • St. Joseph County • Kalamazoo County •
Van Buren County

BECOMING A PROVIDER FOR SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

APPLICATION

Individual and Organizational Providers seeking network participation must submit a completed Credentialing application to the Southwest Michigan Behavioral Health Provider Network Manager or Participant CMHSP designee through the SWMBH website. There are two application forms: One for individual providers and the other for organizational providers.

FOR INDIVIDUAL PROVIDERS, a completed application contains and attests to the completeness and accuracy of the following:

- A professional resume or Curriculum Vitae which provides the Provider's work history;
- A copy of all valid licenses, certificates, and/or registrations required for the practice of the profession for which the Provider is seeking approval;
- A practice history which contains a statement by the Provider in reference to professional liability claims history, any history loss of licensure or certification, any history of loss or limitations of clinical appointments or any disciplinary action by the state or a regulatory professional association, Medicare/Medicaid sanctions, felony convictions;
- All required attestations, including a release to perform primary source verification of all required information.
- Evidence of current and adequate malpractice insurance in the amount required by contract (date of coverage and the amount);
- For *physicians only*, as applicable, a primary source verification is required from a credible source as proof of the following:
 - 1) Medical school graduation,
 - 2) Completion of residency (ies) or board status (eligibility, application, status or certification date) as applicable,
 - 3) Valid Medical license to practice (last date of issue or renewal),
 - 4) Valid CDS and/or DEA certificate,
 - 5) Documentation of good standing with any hospital designated by the physician

as a primary admitting facility including date of appointment, clinical appointments, and any restrictions placed or recommendations given by the hospital.

6) Confirmation of professional liability claims history.

- Southwest Michigan Behavioral Health Provider Network Staff or designee reserves the right to question Individual Providers. Applications must be complete and indicate that the applicant is mentally, physically, and emotionally capable of fulfilling clinical responsibilities. In addition, signature on the attestation indicates that the applicant is free from illegal drug use, chemical dependency and is able to perform the essential functions needed of the professional position.
- Evidence of acceptability as an Individual Provider may be documented through a site visit to complete a structured review of the site, practitioner records and the record keeping practices as well as other areas of compliance.

FOR ORGANIZATIONAL PROVIDERS, a completed application contains and attests to the completeness and accuracy of the following:

- A copy of any licenses, certificates and/or registrations required for the type of facility for which the Organizational Provider is seeking approval;
 - A signed application containing, at minimum:
 - 1) The specific programs/services requested for approval;
 - 2) Any history of loss of licensure or certification, any history of loss or limitations or any disciplinary actions against the facility or its service providers by the State or any other regulatory body as well as an Medicare/Medicaid sanctions;
 - 3) Staffing pattern;
 - 4) Evidence of accreditation or evidence that the accreditation is in process;
 - 5) Other documentation as required relative to requested services/programs.
- Southwest Michigan Behavioral Health Provider Network reserves the right to review all policies and procedures. It is a requirement that the facility be clean, safe, and accessible, capable to delivering sound clinical programs and in compliance with standards for Facility Providers. A structured review of the site, the practitioner files and record keeping practices as well as other areas may be initiated by the SWMBH Provider Network Manager or designee.

APPLICATION PROCESSING: Southwest Michigan Behavioral Health: Acute Care Providers, Substance Abuse Treatment Providers and Shared providers

- 1) Upon receipt of the application, the Provider Network Manager or designee reviews the application for completeness. If the application is incomplete a request for any missing documentation will be sent to the provider.
- 2) If the application is complete, the Provider Network Manager will contact references, review all materials, primary source verify as required and may

interview the applicant (as indicated).

- 3) The SWMBH Credentialing Committee will review the provider application and supporting documentation.
- 4) The Provider Network Manager will notify the applicant in writing of the Credentialing decision. The SWMBH provider manual can be located at www.swmbh.org
- 5) The Provider Network Manager or designee will notify the Operations Manager and the Utilization Management Systems of the new Provider, the services approved and the contractual provisions. Finance is notified to allow Provider payment mechanisms to be initiated.

Re-Credentialing (occurs every 2 years): At least sixty (60) days prior to the expiration of current credentialing, the Provider must complete and submit a reapplication form. A completed re-application form consists of the following: a signed reapplication form, documentation of additional licenses, certifications, or registration not previously documented, evidence of continued malpractice insurance, and any other documentation reasonably required for the types of appointment requested. The reapplication includes an attestation of continuing ability to function as a Behavioral Health practitioner and requests identification of any legal actions initiated against the Practitioner since previous approval was obtained.

As part of the re-credentialing process, the Provider Network Manager will review information about the Provider from the following internal sources:

- Site Review reports
- Member complaints
- Performance Indicator data
- Clinical Documentation review audits

This data will be combined with the Provider's re-application materials and presented to the Credentialing committee. The committee will review the package and make a determination regarding the providers' status.

The Provider Network Manager will notify the Provider of the renewal decision.

A decision to suspend, reduce, or revoke credentialing of programs, facilities or services can be made by the Venture Credentialing Committee. Reasons to do so are:

- Consumer complaints and service inquiries;
- Consistently poor Consumer outcome as determined from quality assurance and utilization review activities;
- Violations of contractual provisions;
- Other reasons include but are not limited to:
 - 1) Loss of licensure or certification,

- 2) Loss of accreditation,
- 3) Loss of malpractice coverage,
- 4) Evidence of malpractice,
- 5) Ethics violations,
- 6) Billing fraud,
- 7) A felony conviction,
- 8) Inability to cooperate with case manager.

If such a decision is made, the Provider Network Manager of Southwest Michigan Behavioral Health will be responsible for notifying the Provider in writing. This action is also documented in the Provider's file and in the minutes of the meeting at which the action was taken.

The Provider Network Manager formally cancels the contractual relationship with the Provider with written notification detailing the reasons for termination. At the time of notification, the Provider will be informed of the right to appeal the decision and the specific process to utilize will be provided and is outlined in SWMBH policy 2.14 Provider Grievance and Appeals Process.

All contracted / participating providers in the Southwest Michigan Behavioral Health network have the right to appeal actions taken by SWMBH relating to a participating provider's status within the provider network and actions related to a provider's professional competency or conduct. These actions may include decisions made in the network credentialing or re-credentialing process, or instances when SWMBH has chosen to discontinue a provider's participating status with the network based on issues of quality of care/service. It also includes action taken as a result of any other breaches highlighted in the contract as a "material breach" and a potential cause for termination such as nondiscrimination, non-compliance with applicable laws, non-compliance with consumers' recipient rights and consumer grievance procedures, etc. The process for appeal is outlined in SWMBH's Policy number 2.14 and can be found on the SWMBH website located at www.swmbh.org.