


SWMBH MI Health Link Operating Policy 2.3

Subject: Clean Credentialing and Re-Credentialing Files		Accountability: Provider Network	Effective Date: 01/28/2015	Pages: 2
REQUIRED BY: BBA Section _____ PIHP Contract Section _____ NCQA/URAC Standard: <u>CR 2</u> Other _____		Last Reviewed Date: 5/10/17	Past Reviewed Dates: 1/28/15 5/12/16	
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input checked="" type="checkbox"/> OTHER: _____	APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____	Last Revised Date:	Past Revised Dates: 1/28/15 5/12/16	
Approved:  5/10/17 Date: _____		Required Reviewer: Director of Provider Network Management and Clinical Improvement		

I. 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.

II. 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.

III. 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;

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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.

IV. Definitions

None

V. References

NCQA CR-2

VI. Attachments

None