

Universal Credentialing FAQ's



Is the Universal Credentialing (UC) Customer Relationship Management (CRM) system a requirement?

Yes, Public Act 282 of 2020 mandates that MDHHS create a uniform credentialing process for licensed and/or certified providers/practitioners. Requirements to use the BH UC-CRM are also listed in the MDHHS BPHASA Credentialing and Recredentialing policy located here [Policies & Practice Guidelines \(michigan.gov\)](https://www.michigan.gov/policies-and-practice-guidelines).

What health care professionals should be included in the Universal Credentialing (UC) process within the Customer Relationship Management (CRM) system?

- Physicians
- Physician's assistants
- Psychologists
- Licensed master's social workers, licensed bachelor's social workers, and social service technicians
- A social worker granted a limited license
- Licensed professional counselors
- Nurse practitioners, registered nurses, and licensed practical nurses
- Occupational therapists and occupational therapist assistants
- Physical therapists and physical therapist assistants
- Speech language pathologists
- Any other professional that requires licensure

Should those that do not hold a license or board certification be included in the UC CRM?

No, if you have questions, please contact your PIHP credentialing representative. This means that non-professional staff will NOT be included.

Will temporary/provisional credentialing of providers/practitioners be added into the CRM?

No, only when they are ready to be fully credentialed.

Do Organizational Providers or Practitioners have to fill out an application for each entity that they contract with?

No, if you are contracting with a provider that is already in the system and their main office is not located in your area, you can subscribe to the file within the CRM.

For those that use a Certified Verification Organization (CVO) for either providers and/or practitioners, the UC CRM will allow a CVO to upload the application and Primary Source Verification (PSV); however, each entity is responsible to approve/deny the practitioner/provider in the system.

Is the Universal Credentialing system compliant with national standards?

Yes

Should SUD treatment providers be included?

Yes

Will Residential providers be included?

Home and Community Based Services (HCBS) Residential Providers (small mom and pop provides) are not currently being required. (Plans can choose if they want to add these providers).

How often do we recredential providers/practitioners?

Starting 10/1/2024, all providers/practitioners need to be recredentialed every three-years. Prior to 10/1/2024, providers/practitioners fall under the two-year requirement.

Will provider/practitioners being 'provisionally' credentialed be entered into the UC system?

When the workgroup was making these decisions, it was decided that those being 'provisionally' credentialed would not be in the system. Provider/practitioners will still be required to be in the system once ready for full credential.

What information is required the first time a provider/practitioner is entered into the UC CRM?

You will treat the file as an 'initial file' when entering into the CRM and require all information that would normally be requested at initial credentialing. There will be an area to still identify the file as 'recredential' and you will find this in the job aid regarding 'subscriptions'.

Does the UC CRM have the ability to extract data from other electronic systems (such as PCE)?

Not currently.

How will it be determined which entity will recredential a provider/practitioner?

Recredentialing is based on the provider/practitioner's home office location. If a PIHP/CMHSP contracts with that provider/practitioner that falls within their region, that PIHP/CMHSP is the Responsible Credentialing Coordinator (RCC).

What if the provider/practitioner's home office is within my region but we do not contract with them?

The region that is credentialing/recredentialing that provider/practitioner will be the RCC. The PIHP/CMHSP that has a recredentialing date coming up first will be the RCC.

What if our entity is no longer contracting with a provider/practitioner in our region?

Another region that is contracted with the provider/practitioner will need to be assigned as the RCC. To change the RCC, email: MDHHS-Universalcredentialing@michigan.gov.

How can our region be given access to know when a provider/practitioner is recredentialed if our region is not the RCC?

The entity will request to be a 'subscriber' to that provider/practitioner (see job aid on how to do this).

Will regions be required to search the UC CRM to verify if a provider/practitioner is already in the system or been credentialed?

Yes, this is to avoid duplication.

What if we know that another entity is contracting with a practitioner/provider and they are not in the system and the recredentiaing is coming due?

You can reach out to that entity and ask them if they will enter the provider/practitioner into the system, if not, your entity will be responsible to enter the provider/practitioner into the system and later the entity that is in the home office location will need to be switched as the RCC.

What if the provider/practitioner is not located when searching the UC CRM?

Refer to the job aid to add the provider/practitioner to the excel spreadsheet that will need to be emailed to MDHHS-BH-CRM@michigan.gov.

What if the address that is associated with the provider/practitioner is not their home office location?

First double check with the provider/practitioner of what address is considered the home location. When requesting a change, send an email to MDHHS-BH-CRM@michigan.gov requesting the address be changed.

What if the provider/practitioner is not located in the State of Michigan?

If the provider/practitioner is not already located in the CRM, then you would be responsible for entering them into the CRM as the RCC. If others contract with this provider, they will subscribe to the file.

Will the UC CRM tell an entity if another region has already credentialed the provider/practitioner and thus, we do not need to enter into the UC CRM?

Yes, each credentialing coordinator will have access to this information. However, if the provider/practitioner's home office is located within your region, you will need to send in a request to change the RCC to your region. You can send these request to: MDHHS-BH-CRM@michigan.gov and/or MDHHS-Universalcredentialing@michigan.gov. You

will still need to subscribe to this provider/practitioner even if you are not the RCC. Follow the job aid for this.

Are there reports that can be pulled to get the information needed for tracking purposes?

Yes, should you have trouble with pulling reports, please contact MDHHS-BH-CRM@michigan.gov and/or MDHHS-Universalcredentialing@michigan.gov.

What if a provider/practitioner does not have all the information readily available but they still want to submit their application, can this be done?

No, applications will not be accepted until **ALL** required data is uploaded into the UC CRM. When the provider/practitioner has attested that the application is complete, this is the start of the 90-day requirement to complete the credentialing.

If another entity already added Primary Source Verification (PSV) documentation, does my entity also need to do a Primary Source Verification?

If your entity has a National Accreditation (i.e.: NCQA) you could be required to do your own PSV as this may be considered a 'delegated' function. It is best to check with your accrediting body on if using another regions PSV is acceptable. If you are not accredited, then you can use another entities PSV documentation, but you are still required to verify that these documents are accurate. You **will** be responsible for uploading a Quality Checklist (at recredentialing) as each entity has their own system for grievance, appeals and quality metrics to monitor their network providers. You will also need to verify with your accrediting body on the requirements of using a PSV that was completed more than **180 days** prior to when you subscribe to the file. It is expected that you use the same recredentialing cycle for the provider/practitioner as what is in the system even if the recredential date will take place before the three-year timeframe.

Will the entity be notified when a provider/practitioner is due for recredentialing?

The system will automatically generate reminders (90, 60 and 30 days) to the provider/practitioner, the RCC and those who are subscribed to the file.

Will the entity be notified when a provider/practitioner has documentation that is expiring?

The system will automatically generate reminders (90, 60 and 30 days) to the provider/practitioner, the RCC and those who are subscribed to the file. It will be the responsibility of the RCC to ensure that these are uploaded and approved.

Will the UC CRM automatically notify the provider/practitioner of approved/denied credentialing?

Yes, the UC CRM is set up to automatically generate a letter to the provider/practitioner once the entity approves the file. A copy of this letter can be found in the subscription

tab under the 'related' tab. If a CVO is utilized, this process will be completed by the CVO or entity as the CRM will not be sending this letter out.

What if the Provider is a national provider and does not have a home office in Michigan?

First verify if another Region hasn't entered the provider in the system. If not, your entity will be responsible to recredential and will be considered the Responsible Credentialing Coordinator.

Can I subscribe to a credentialing profile before it has been completed and approved?

No, the credentialing profile application and PSV must be completed before you can subscribe.

As an Organizational Provider, do we enter our staff that we credential into the system?

No, Organizational Providers are still responsible for credentialing internal staff.

As a PIHP/CMHSP we currently credential/recredential Organizational Provider staff, will these staff be entered into the CRM?

No, PIHPs/CMHSPs will be responsible for managing these files outside of the CRM as this is not a policy requirement.

If listed as the RCC, is the RCC responsible for site reviews for locations not within their region?

No, each region is responsible for site reviews for which they are contracting with. However, the RCC will credential all sites when recredentialing is due.

Is an on-site review required for solely community-based providers (e.g. ABA or CLS in private residents) and what is required to be uploaded for this area within the UC CRM?

An on-site review is not required, an alternative quality assessment is acceptable and should be uploaded.

Do PIHPs/CMHSPs need to use the Quality Checklist that is provided within the CRM?

No, however, the Quality Checklist must contain the required information for auditing purposes and be uploaded into the CRM.

Who is responsible for training providers/practitioners on how to use the UC CRM?

This is the responsibility of the PIHPs/CMHSPs. There are job aids and videos to providers/practitioners.

Are the PIHPs/CMHSPs still responsible for approval by their credentialing committee?

Yes, you still follow the same approval process for of all credentialing and recredentialing files. The CRM will send out the approval/denial letter to the practitioner/provider on each entity's behalf. Additional documents can be uploaded to send out as well. The day the letter is sent out in the CRM is the date of approval and determines the recredentialing date.

Will locum tenens be added in the UC-CRM?

No, give how locum tenens are used, they will not be included in the UC-CRM and the process your entity currently has in place should be utilized.