BERRIEN MENTAL HEALTH AUTHORITY
--PROCEDURE--

SUBJECT: Credentialing & Re-credentialing of Behavioral Health Practitioners	SECTION: 09-01-01 Page 1 of 11
APPLICATIONS: Employees & Contractors as Specified EFFECTIVE DATE: 08/26/98 APPROVED BY: Chief Executive Officer REVISED: 11/98, 9/99, 11/00, 4/02, 2/05, 7/05, 10/05, 11/07, 3/08, 11/09, 8/10, 9/11, 1/14, 7/14, 1/15, 4/16, 6/16, 3/18, 3/19, 8/2021, 2/2022, 2/2023, 2/2024, 4/2025, 9/2025, 2/2026	REQUIRED BY: BBA Section: 438.214 (a-e) 42 CFR 422.204 SWMBH: 2.02, 2.05 and P10.13.01

POLICY: It is the policy of Southwest Michigan Behavioral Health (SWMBH), Berrien Mental Health Authority (BMHA), and Network Organizational Providers with contractual credentialing responsibilities will ensure the credentialing and re-credentialing of behavioral health practitioners who employ, contracts with, and who fall within the scope of its authority. The credentialing process will be completed in compliance with the and the Michigan Department of Health and Human Services (MDHHS), 42 CFR 422.204 MDHHS credentialing and re-credentialing standards. Practitioners will not provide services prior to being credentialed in accordance with this procedure.

BMHA will not discriminate against any healthcare professionals solely on the basis of race, ethnic/national identity, gender, age, sexual orientation, licensure, registration, certification, and those who serve high-risk populations or that specializes in the treatment of costly treatment.

PURPOSE: To assure consumers served by BMHA Staff and Contractors receive care from Practitioners who are properly credentialed, licensed and/or qualified.

STANDARDS:

1. BMHA shall cooperate in the implementation and use of the MDHHS CMHSP Credentialing Program (commonly referred to as "Universal Credentialing" or the "CRM" (Customer Service Module).
2. The credentialing requirements below apply to SWMBH Provider Network Management, Network Providers and BMHA employees.

DEFINITIONS:

Practitioners: Professional who provides healthcare services within the scope of practice that they is legally authorized to do so by the State in which they deliver the service.

Types requiring Credentialing- Physician (MD/DO), Physician Assistant, Psychologist (Licensed, Limited License, or Temporary), Professional Counselor (Licensed or Limited Licensed) Licensed Master's Social Worker (Licensed or Limited Licensed), Licensed Bachelor's Social Worker (Licensed or Limited Licensed), Licensed Mariage and Family Therapists, Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA), Registered Social Service Technicians, Nurse Practitioner, Register Nurse (RN), Licensed Practical Nurse (LPN), Occupational Therapist (OT), Certified Occupational Therapist Assistants (COTA), Physical Therapist (PT), Physical Therapist Assistants, Speech-Language Pathologist (SLP), Registered Dietitian and other behavioral healthcare specialists licensed, certified, or registered by the State

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.

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:

1.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

2.A plea of guilt or nolo contendere (no contest) by the individual or entity has been accepted by a federal, state, tribal, or local court; or

3.When an individual or entity has entered participation in a first offender, deferred adjudication, or other arrangement where conviction has been withheld.

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/.

Credentialing Committee: A committee of professional staff comprised of the following positions: Medical Director, Director of Behavioral Health Services, Director of Human Resources, Director Provider Network, Licensed Independent Practitioner, and at least one additional Network Provider Representative (who has no other role in organization management) as appointed by BMHA's Chief Executive Officer.

Primary Source Verification: The written confirmation and/or documentation of the licensure, education, experience, training, and other qualifications specified by a Practitioner applicant outlined in BMHA Primary Source Verification Table.

PROCEDURE:

Timeframes for Credentialing and Re-Credentialing Individual Practitioners

1. Initial credentialing of individual practitioners applying for inclusion in the BMHA network must be completed within 90 calendar days.
    a. The 90-day timeframe starts when BMHA 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 BMHA'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 3 years.

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 Universal Credentialing 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: • Lack of present illegal drug use; • History of loss of license, registration, certification, and/or felony convictions; • Any history of loss or limitation of privileges or disciplinary action;	Review of completed Individual Practitioner Credentialing Application and any relevant addenda concerning: • 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

• Accuracy and completeness of information in the applications; and • Ability to perform the essential functions of the position with or without accommodation.				
Criminal history and National and State sex offender registry checks.	ICHAT: https://apps.michigan.gov National Background Report https://backgroundeport.com Michigan Public Sex Offender Registry: https://mspsor.com Michigan Department of Health & Human Services: DHS-1929 Central Registry Clearance National Sex Offender Registry: http://www.nsopw.gov	No results.	Yes	Yes
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.	Review of credentialing application, with any gaps of six (6) months or more explained in writing.		Yes	Yes
Licensure or certification, and in good standing.	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: • The American Medical Association (AMA) or American Osteopathic Association (AOA) physician profile information may be used as the	Current valid and unrestricted license to practice in the state of Michigan; and No state sanctions or restrictions on licensure in the	Yes	Yes

	primary source for licensure, board certification, and education verification for physicians.	past ten (10) years.		
Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs or other postgraduate training.	• 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	• Official transcript of graduation from an accredited school; and/or • LARA license; and/or • Verification via the National Student Clearinghouse: https://www.studentclearinghouse.org SPECIAL NOTE: • 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.	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: • 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) • CHAMPS Enrollment	No malpractice lawsuits or judgments or settlements within the last five (5) years; OR No positive findings on any of the verifications.	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.	CMS Sanctioned Provider List: https://exclusions.oig.hhs.gov MI Sanctioned Provider List: www.michigan.gov/MDHHS (Providers>Information for Medicaid Providers>List of Sanctioned Providers) System for Award Management (SAM): https://sam.gov ****Checked during initial credentialing and monthly thereafter via monthly sanctioned provider screenings.****	Initial Credentialing: Practitioner is not listed as excluded or sanctioned. Recredentialing: Monthly sanctioned provider monitoring results from initial credentialing through recredentialing show the practitioner is not listed as excluded or sanctioned.	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.	Documented review of the following: • 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 standards (if applicable).	No	Yes
The practitioner is enrolled in the MDHHS CHAMPS System.	Verification of CHAMPS enrollment.	Practitioner is enrolled in CHAMPS	Yes	Yes

Temporary/Provisional Credentialing Process

A. 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.

B. Timeframes
   1. A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of a complete application and the minimum documents listed below.

2. Temporary/provisional credentialing status shall not exceed 150 days, after which time the credentialing process shall move forward according to this credentialing procedure.
3. Primary source verification must be completed within the 180 days preceding the provisional credentialing decision date.

C. Requirements
1. Providers seeking temporary or provisional status must complete and sign the current approved SWMBH Practitioner Credentialing Application, including attestations regarding:
    a. Lack of present illegal drug use;
    b. History of loss of license, registration, certification, and/or felony convictions;
    c. Any history of loss or limitation of privileges or disciplinary action;
    d. The accuracy and completeness of the application.
2. BMHA shall perform verification from primary sources of:
    a. Current valid license, or certification, in good standing.
    b. Board certification, or highest level of credentials obtained, if applicable, or completion of any required internships/residency programs or other post graduate training.
    c. Official transcript of graduation from an accredited school and/or LARA license.
    d. National Practitioner Data Bank (NPDB) /Healthcare Integrity Protection Data Bank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
        1. Minimum five (5) year history of professional liability claims resulting in a judgement of settlement;
        2. Disciplinary status with regulatory board or agency; and
        3. Medicare/Medicaid Sanctions and Exclusions.
        4. CHAMPS Enrollment.
    e. If the individual practitioner undergoing credentialing is a physician, then the physician profile information obtained from the American Medical Association (AMA), or American Osteopathic Association (AOA) may be used to satisfy the primary source requirements of (d)1-3 above.
3. BMHA 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. It is the Practitioner's duty to notify the BMHA credentialing designee if there have been any changes that have occurred during the application process.

D. BMHA 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 Committee and not through the Clean File Process.

<u>Credentialing Reciprocity (Deemed Status)</u>

A. Out of Region. BMHA may accept credentialing activities conducted by any other Region in lieu of completing its own credentialing activities. If BMHA chooses to accept the credentialing activities

of another Region, copies of the credentialing Region's decision shall be maintained in the BMHA credentialing file.

B. In Region. BMHA shall work collaboratively to reduce the burden on shared network providers (Providers that contract with 2 or more participant CMHSPs) by coordinating credentialing/re-credentialing activities to ensure, to the extent practicable that shared providers in the SWMBH network only complete credentialing/re-credentialing through a single participant CMHSP or SWMBH, and that those credentialing/re-credentialing results are shared with the Region.
C. Reciprocity procedure. When accepting credentialing activities performed by another Region or another in-Region Entity, SWMBH and BMHA shall follow the SWMBH Procedure 02.03.01 – Credentialing Reciprocity.

Practitioner Right for Request for Review

A. The applicant's rights for credentialing and re-credentialing will be included in the initial credentialing packet sent to applicants applying to be providers in the SWMBH/BMHA provider network.
B. 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.
C. 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:
    1. BMHA is not required to provide the applicant with information that is peer review protected.
    2. Information reported to the NPDB.
    3. Criminal Background Check Data.
D. Should the information provided by the applicant on their application vary substantially from the information obtained and/or provided to SWMBH/BMHA by other individuals or organizations contracted as part of the credentialing or re-credentialing process, 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.
E. 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.

Credentialing Decisions

A. Credentialing decisions shall be made in accordance with SWMBH Policy 02.02 (clean credentialing and re-credentialing files) 02.05 (credentialing committee, confidentiality of credentialing records, and provider non-discrimination) and BMHA Procedures 07-06-04 and 07-06-06. Practitioners not selected for inclusion in the network will be given written notice of the reason for the decision.
B. SWMBH/BMHA 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 2.4 and BMHA procedure 07-06-09.

C. SWMBH retains the right to approve, suspend, or revoke/terminate from participation in the provision of Medicaid funded services, any provider (organization or practitioner) in the Region 4 Network (including participant CMHSP Network Providers), regardless of whether SWMBH or a participant CMHSP performed the credentialing activities.

Reporting Requirements

Routine.

1. Participant CMHSP shall submit a monthly credentialing report to SWMBH, utilizing the MDHHS Credentialing Report Template.
2. SWMBH shall submit quarterly reports to MDHHS at the timeframe referenced in the MDHHS-PIHP Master Contract Schedule E, utilizing the MDHHS Credentialing Report Template.

Ad hoc.

1. 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:
    a. Member complaints, adverse events, and information from quality improvement activities related to identified instances of poor quality,
    b. Any incidences of Medicaid and Medicare sanctions and,
    c. Restrictions and/or sanctions on licensure and/or certification.

2. BMHA shall promptly report to SWMBH's Director of Provider Network information about an organizational provider which could result in suspension or termination from the SWMBH Network, included but not limited to:
    a. Known improper conduct (E.g., fraud, threats to consumer's health safety, etc.);
    b. Positive sanctions/exclusions screening results, in accordance with SWMBH procedure P10.13.01 and BMHA procedure 09-03-07.
    c. Any other information that may affect the practitioner's status as a SWMBH and BMHA Network Provider.
3. 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, Michigan OIG, AG, Provider's Governing Board, etc.).

4. BMHA contracts with staffing agencies to provide locum tenens or temporary coverage. These agencies are responsible for providing the following documents: Current State of Michigan License, Current Controlled Substance License, and Current Controlled Substance Registration Certificate from the Drug Enforcement Administration (DEA) and Michigan Medicaid Number. Each agency is required to verify the credentials for the candidates presented. The Human Resources Department maintains all locum tenens staffing documentation.

Ongoing Monitoring

A. Section 438.610 of the Code of Federal Regulations (42 CFR §438.610) prohibits Prepaid Inpatient Health Plan (PIHP) from knowingly having a relationship with an individual who is debarred, suspended, or otherwise excluded from in any federal health care program or with anyone who is an affiliate of such

individual. In order to facilitate the process of checking the Exclusion Lists for all Practitioner entity "Screened Persons," will be submitted to SWMBH to verify against the OIG and Excluded Parties List System (EPLS) lists on a monthly basis.

B. Human Resources Department maintains current licensure, insurance (if applicable), and conducts primary source verification upon renewal

C. Any Practitioner who has not renewed their licensure or any certification within applicable grace periods of its expiration will be immediately terminated from the provider network.

D. Practitioners who are terminated for lapsed licensure or certification may reapply for participation at the discretion of the BMHA Credentialing Committee once licensure or certification is renewed.

E. If a BMHA staff or contracted Practitioner is listed on an ongoing provider monitoring report or other information source that determines lack of compliance to BMHA practice standards, the BMHA Credentialing Committee will reassess the practitioner's ability to perform the services that he or she is providing.

F. The BMHA Credentialing Committee will assess the information and will take action as deemed necessary.

G. If a Practitioner becomes a Sanctioned Provider on the OIG Federal Exclusions List that Practitioner shall be removed from involvement with BMHA/SWMBH operations related to federal or state health care programs.

FORMS:
SWMBH/BMHA Credentialing Application
SWMBH/BMHA Malpractice Claims Explanation Form
BMHA Clinical Code of Ethics
SWMBH Practitioner Credentialing Rights

Reviewer: Credentialing Committee

Reviewed: 3/08, 4/09, 10/12**,** 7/13, 7/14, 6/16, 2/17, 3/18, 3/19, 10/2020, 8/2021, 2/2022, 2/2023, 9/2023, 2/2024, 4/2025, 9/2025, 2/2026