

# Provider Network Management Agenda

<b>Date:</b> November 13, 2025	<b>Location:</b> TEAMS
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<b>Time:</b> 10AM – 12PM	<b>Dial-in Number:</b> 1 (248) 333-6216 <b>Conference ID:</b> 952 875 519#
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## Participants

<input type="checkbox"/> Wellvance Teresa McGee Julie Streeter	<input type="checkbox"/> North Country CMH Kim Rappleyea Katie Lorence Angie Balberde	<input type="checkbox"/> Northeast Michigan CMH Connie Caderette Jennifer Walburn Vicky DeRoven Jen Wieczorkowski
<input type="checkbox"/> Centra Wellness Network Chip Johnston Pat Kozlowski Kacey Kidder	<input type="checkbox"/> Northern Lakes CMH Hilary Rappuhn Mark Crane Kari Barker Jessica Williams	<input type="checkbox"/> NMRE Eric Kurtz Chris VanWagoner Carol Balousek

1. Introductions
2. October 15, 2025 Meeting Minutes Approval (page 2-8)
3. Prior Action Items
  - a. Forward NMRE DOO policy and confidentiality citations (Chris 10/15/25 email)
  - b. Forward NMRE web vendor contact info (Chris 10/15/25 email)
  - c. Implement telehealth services on directories (all)
4. Universal credentialing (standing item)
  - a. MDHHS PSV Guidance (page 9-10); Contacts in CRM (page 11-12)
5. FY2025 HSAG Compliance CAP Update
6. FMS Tool
7. Provider Directories (HSAG 2024)
  - a. Telehealth
  - b. Machine Readability (HSAG 2024 S1, E20)
  - c. Organized by county, Elements provided compliant with 42 CFR 438 (HSAG 2024, S1, E18)
  - d. Addresses Independent facilitation (via list, or link to webpage, etc)
8. Hospitals
  - a. Kalamazoo Behavioral health
9. HCBS update
10. MDHHS PIHP RFP update
11. Conferences, trainings, and events
  - a. Waiver Conference, Nov 17-18, Lansing
  - b. Improving Outcomes, December 4<sup>th</sup> and 5<sup>th</sup> at Ann Arbor Marriot, Ypsilante
  - c. June 9 reschedule PNM
  - d. Contract training
12. Practice Guidelines location
13. Ongoing Group TEAMS Posts
14. Open discussion
  - a. Credentialing report
  - b. Contracted Entities report

Next scheduled meeting December 9, 2025

**NORTHERN MICHIGAN REGIONAL ENTITY  
PROVIDER NETWORK MANAGERS MEETING  
10:00AM – OCTOBER 14, 2025  
VIA TEAMS**

<b>Centra Wellness:</b>	<input checked="" type="checkbox"/> Chip Johnston <input checked="" type="checkbox"/> Kacey Kidder-Snyder <input checked="" type="checkbox"/> Pat Kozlowski	Executive Director Provider Network Specialist Access and Emergency Service Director
<b>North Country:</b>	<input checked="" type="checkbox"/> Angie Balberde <input checked="" type="checkbox"/> Katie Lorence <input checked="" type="checkbox"/> Kim Rappleyea	Provider Network Manager Contract Manager Chief Operating Officer
<b>Northeast Michigan:</b>	<input checked="" type="checkbox"/> Connie Cadarette <input checked="" type="checkbox"/> Vicky DeRoven <input checked="" type="checkbox"/> Jen Walburn <input type="checkbox"/> Jennifer Wieczorkowski	Chief Financial Officer Quality Improvement Compliance Officer Contract Manager
<b>Northern Lakes:</b>	<input checked="" type="checkbox"/> Mark Crane <input checked="" type="checkbox"/> Trapper Merz <input checked="" type="checkbox"/> Hillary Rappuhn <input checked="" type="checkbox"/> Jessica Williams	Contract and Procurement Manager Business Intelligence Specialist Project Coordinator Performance Improvement Specialist
<b>Wellvance:</b>	<input checked="" type="checkbox"/> Teresa McGee <input checked="" type="checkbox"/> Julie Streeter	Chief Clinical Officer Contracts Specialist
<b>NMRE:</b>	<input checked="" type="checkbox"/> Carol Balousek <input type="checkbox"/> Eric Kurtz <input type="checkbox"/> Heidi McClenaghan <input type="checkbox"/> Brandon Rhue <input checked="" type="checkbox"/> Chris VanWagoner	Executive Administrator Chief Executive Officer Quality Manager Chief Information Officer/Operations Director Contract and Provider Network Manager

**INTRODUCTIONS**

Chris welcomed committee members to the meeting and attendance was taken.

**REVIEW AGENDA & ADDITIONS**

No additions to the meeting agenda were requested.

**APPROVAL OF PREVIOUS MEETING MINUTES**

The September 9<sup>th</sup> minutes were included in the meeting materials and approved by consensus.

**PRIOR ACTION ITEMS**

**Contact Hospitals for FY26, Ensure Contract Boilerplate and Rates are on Schedule**

This topic will be discussed under the Hospital Status Update.

**Update Directory**

- North Country has posted a .csv version of its Directory.
- Northern Lakes has added Independent Facilitators to its Directory.
- Centra Wellness has an Excel version of its Directory posted which can be sorted by county.

- None of the five CMHSPs' Provider Directories list the availability of telehealth services.

#### CONTRACT MATERIALS REVIEW

Chris has been asked about the materials that should go out with contracts to providers each year. The only materials required to be sent are the contract itself and the Disclosure of Ownership (DOO) form per 42 CFR §455.104. Other items, such as W9 forms or credentialing applications, are optional and based on local processes. Chris read from 42 CFR §455.104(4)(c):

***When the disclosures must be provided—(1) Disclosures from providers or disclosing entities.*** Disclosure from any provider or disclosing entity [disclosing entity means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent] is due at any of the following times:

- (i) Upon the provider or disclosing entity submitting the provider application.
- (ii) Upon the provider or disclosing entity executing the provider agreement.
- (iii) Upon request of the Medicaid agency during the re-validation of enrollment process under 42 CFR §455.414.
- (iv) Within 35 days after any change in ownership of the disclosing entity.

Chris confirmed that DOOs are required annually for hospitals. Chris asked to be informed if hospitals resist this requirement. Katie asked whether the NMRE can collect DOOs from hospitals on behalf of the CMHSPs. Chris responded that it wouldn't be appropriate since the NMRE is not a party to the contract. Kacey requested the citations regarding not being allowed to share DOO's to the PNM guidelines which Chris agreed to provide.

W9 and ACH forms are not required annually but should be shared with finance teams if collected.

Credentialing applications are required every three years (Medicaid) or every two years (General Fund). Agencies should maintain current credentialing files and use the CRM for tracking expirations.

#### UNIVERSAL CREDENTIALING

Chris referenced an email he sent to the group on September 10<sup>th</sup> in which he shared information from a PHIP/MDHHS meeting on August 20<sup>th</sup>. The CRM was discussed. A draft document was shared that the PIHPs were instructed to not share. One of the items on the draft document stated that the MDHHS had received notification in writing from an ICHAT analyst with the Michigan State Police that The ICHAT is public information and can be uploaded to the CRM. The document should only be viewed by those who have access to the system for the purposes of credentialing and must not be shared with anyone else.

Chris reviewed CRM usage and provided status updates across organizations. Some agencies have implemented the system; others are pending full use. A regional check-in will occur, and Chris will assist HR teams in completing setup. Katie recommended that those CMHSPs who have not begun the enrollment process begin with only a couple of providers.

## FY25 Credentialing Report

Credentialing reports were sent October 7<sup>th</sup> and are due November 7<sup>th</sup> for submission to MDHHS on November 15<sup>th</sup>. These will be used for MDHHS and HSAG compliance sampling.

### HSAG COMPLIANCE CAP

#### **FY25 Compliance Review Report**

At the end of September, HSAG issued the final report and corrective action plan related to the FY25 Compliance Review. The NMRE's overall compliance score was 82%. The NMRE's response is due to HSAG on October 31<sup>st</sup>.

Standard	Total Elements	Total Applicable Elements	Number of Elements			Total Compliance Score
			Met	Not Met	NA	
Standard II – Emergency and Post Stabilization Services	13	13	12	1	0	92%
Standard VII – Provider Selection	25	25	21	4	0	84%
Standard VIII – Confidentiality	22	22	16	6	0	73%
Standard IX – Grievance and Appeal System	39	39	28	11	0	72%
Standard X – Subcontractual Relationships and Delegation	6	6	6	0	0	100%
Standard XI – Practice Guidelines	7	7	5	1	0	86%
Standard XII – Health Information Systems	9	9	7	2	0	78%
Standard XIII – Quality Assessment and Performance Improvement Program	24	24	23	1	0	96%
<b>TOTAL</b>	<b>145</b>	<b>145</b>	<b>119</b>	<b>26</b>	<b>0</b>	<b>82%</b>

#### **FY25 Compliance Review CAP**

Chris reviewed findings from the HSAG compliance audit, noting minor deficiencies in NPDB verification timing, sex offender registry checks, and credentialing timelines. Corrective actions will include targeted training and oversight. Confidentiality and Breach Notification policies will be revised as requested. The CAP is due to MDHHS at the end of October. Specific findings were reviewed.

<b>Standard VII – Provider Selection</b>	
10.	For credentialing and recredentialing, the PIHP primary source verifies:
	a. Official National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:

	<ul style="list-style-type: none"> <li>i. Minimum five-year history of professional liability claims resulting in a judgment or settlement.</li> <li>ii. Disciplinary status with regulatory board or agency.</li> <li>iii. Medicare/Medicaid sanctions.</li> </ul>
	<p><b>Findings:</b> For one practitioner record, the PIHP's delegate did not check the NPDB prior to the practitioner's credentialing date. While the missing NPDB query was identified during an internal audit, and the NPDB was checked after the credentialing approval date, the PIHP's delegate did not perform PSV within the required time frame.</p>
	<p><b>Required Actions:</b> The PIHP must ensure that it, or its delegates on the PIHP's behalf, primary-source verifies for all practitioners, an NPDB/HIPDB query, or in lieu of a NPDB/HIPDB query, a minimum five-year history of professional liability claims resulting in a judgment or settlement, disciplinary status with a regulatory board or agency, and/or Medicare/Medicaid sanctions to ensure this requirement is met.</p>
12.	<p>For credentialing and recredentialing, the PIHP conducts a search that reveals information substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and State sex offender registry check for each new direct-hire or contractually employed practitioner.</p> <ul style="list-style-type: none"> <li>a. ICHAT: <a href="https://apps.michigan.gov">https://apps.michigan.gov</a>.</li> <li>b. Michigan Public Sex Offender Registry: <a href="https://microsoft.com">https://microsoft.com</a>.</li> <li>c. National Sex Offender Registry: <a href="http://www.nsopw.gov">http://www.nsopw.gov</a>.</li> </ul>
	<p><b>Findings:</b> One case file was missing the National Sex Offender Registry search results, and a second case file was missing the Michigan Public Sex Offender Registry (MPSOR) search results.</p>
	<p><b>Required Actions:</b> For credentialing and recredentialing, the PIHP must ensure it conducts a search on the national and State sex offender registries for each new directly hired or contractually employed practitioner.</p>
18.	<p>For credentialing and recredentialing, the PIHP confirms that the provider is not excluded from participation:</p> <ul style="list-style-type: none"> <li>a. In Medicare, Medicaid, or federal contracts.</li> <li>b. Through the MDHHS Sanctioned Provider List.</li> </ul>
	<p><b>Findings:</b> For two organizational credentialing case files, Medicare and Medicaid sanction/exclusion checks were completed after the credentialing approval date. While these deficiencies were identified during internal reviews, these case files did not meet the requirements of this element.</p>
	<p><b>Required Actions:</b> The PIHP must ensure that all providers are not excluded from participation in Medicare, Medicaid, or federal contracts or included on the MDHHS Sanctioned Provider List prior to the credentialing decision.</p>
22.	<p>The PIHP ensures that the credentialing process provides for mandatory recredentialing at least every two years.</p> <p><i>Note: While recredentialing is required every three years with implementation of universal credentialing, during the look-back period for the file review, PIHPs were required to recredential providers every two years.</i></p>

	<p><b>Findings:</b> For one organizational case file, recredentialing did not occur within the required two-year time frame that was in effect during the time period under review.</p>
	<p><b>Required Actions:</b> The PIHP must ensure that the credentialing process is completed within the required time frame for all providers.</p>
<b>Standard VIII – Confidentiality</b>	
21.	<p>The PIHP must require its business associates (i.e., subcontractors) to, following the discovery of a breach of unsecured PHI, notify the PIHP of such breach.</p> <ul style="list-style-type: none"> <li>a. A breach shall be treated as discovered by a business associate as of the first day on which such breach is known to the business associate or, by exercising reasonable diligence, would have been known to the business associate. A business associate shall be deemed to have knowledge of a breach if the breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee, officer, or other agent of the business associate.</li> <li>b. Except as provided in 45 CFR §164.412, the PIHP must require a business associate to provide the notification without unreasonable delay and in no case later than 60 calendar days after discovery of a breach.</li> <li>c. The notification must include, to the extent possible, the identification of each individual whose unsecured protected health information has been or is reasonably believed by the business associate to have been, accessed, acquired, used, or disclosed during the breach.</li> <li>d. The PIHP must require a business associate to provide the PIHP with any other available information that the PIHP is required to include in notification to the individual under 45 CFR §164.404(c) at the time of the notification or promptly thereafter as information becomes available.</li> </ul>
	<p><b>Findings:</b> Although the PIHP's <i>Breach Notification</i> policy included many of the requirements under federal rule and PIHP staff members indicated that the delegated entities were responsible for providing notification to the PIHP of breaches of unsecured PHI, the PIHP did not initially provide evidence supporting the requirements under this element. The PIHP initially submitted <i>BAA Boilerplate</i> and <i>Gogolin_NMRE_BAA_DRAFT</i>, which outlined its expectations to receive notice of unauthorized disclosures and breaches from its subcontractors; however, no evidence was provided demonstrating the PIHP received notification of the unauthorized disclosures provided as evidence from the CMHSPs. HSAG requested that the PIHP provide evidence of any documentation received from its CMHSPs (e.g., email notification) for the unauthorized disclosures that occurred during the review period in follow-up. Following the site review, the PIHP responded that there is "no evidence for this element" and that "NMRE will work with CMHSPs for training and technical assistance to meet requirements."</p>
	<p><b>Required Actions:</b> The PIHP must require its business associates (i.e., subcontractors), following the discovery of a breach of unsecured PHI, to notify the PIHP of such a breach. A breach shall be treated as discovered by a business associate as of the first day on which such a breach is known to the business associate, or by exercising reasonable diligence would have been known to the business associate. A business associate shall be deemed to have knowledge of a breach if the breach is known, or by exercising reasonable diligence would have been known, to any person other than the person committing the breach who is an employee, officer, or other agent of the</p>

business associate. Except as provided in 45 CFR §164.412, the PIHP must require a business associate to provide the notification without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. The notification must include, to the extent possible, the identification of each individual whose unsecured PHI has been, or is reasonably believed by the business associate to have been, accessed, acquired, used, or disclosed during the breach. The PIHP must require a business associate to provide the PIHP with any other available information that the PIHP is required to include in notification to the individual under 45 CFR §164.404(c) at the time of the notification or promptly thereafter as information becomes available.

#### PROVIDER DIRECTORIES (HSAG 2024)

Chris reminded the CMHSPs that Directories should be machine-readable and sortable by county. Telehealth must be added as a service category. Northern Lakes and Central Wellness were reminded to sort by county. Directories should include language taglines per 42 CFR §438.10(d)(3).

Kacey asked for the name of the vendor that the NMRE used to create its online Provider Directory. Chris provided the name as AE Design/Addis Enterprises. Chris agreed to share the contact information with the group.

Katie asked whether the CMHSPs list individual Respite Providers in their Directory (with their home address). Kacey responded that Centra Wellness does list the individuals. Chris referenced a "Provider Type" list that was shared with the committee for the May 13<sup>th</sup> meeting which lists "Respite Care/Camps." If Respite services are provided for a family member only, they do not need to be listed.

#### HOSPITALS

##### **MyMichigan**

Updates were discussed regarding rates and inclusion of intensive outpatient services to the Midland location. Chris and Chip recommended excluding IOP from current agreements and handling as single-case agreements if needed.

##### **Trinity St. Mary's and Muskegon**

A 3% increase was approved by the regional Operations Committee in September.

Contract name discrepancies were corrected to align with W9 information.

- **Saint Mary's Health Services – SMHC on behalf of Trinity Health-Michigan dba Saint Mary's Health Care**, whose principle administrative offices are located at 200 Jefferson Ave SE, Grand Rapids, MI, 49503.
- **Mercy Health Partners on behalf of Mercy Health Muskegon**, whose principle administrative offices are located at 1500 East Sherman Blvd, Muskegon, MI 49444

#### HCBS UPDATE

No update was provided on this topic.

#### MDHHS RFP UPDATE

On October 9, 2025, an evidentiary hearing was held in the Michigan Court of Claims in the case involving Region 10 PIHP v. State of Michigan (COC Case No. 25-000143) challenging MDHHS' open procurement/RFP process to bid the state's PIHPs. On October 14, 2025, Judge Christopher Yates issued both a Summary Disposition and an Opinion and Order denying the Motion for Preliminary Injunction. Judge Yates has not ruled on whether the way MDHHS structured the RFP is in violation of the Mental Health Code.

On October 9, 2025, Christopher Cook (Screst Wardle) filed a complaint and request for preliminary injunction against the State of Michigan, MDHHS, and the Department of Technology and Budget on behalf of Centra Wellness Network, Northeast Michigan CMHA, Wellvance, Gogebic CMHA, North Country CMHA, and Manistee County asserting that the current RFP ignores the statutory requirements of local CMHSP control of the contracting for and provision of necessary services and the loss of local control and oversight of community-based systems (among other issues). Although the complaint was originally filed October 9<sup>th</sup>, a signed amended complaint was refiled on October 21, 2025. It is unknown whether Judge Yates will factor this complaint in his declaratory judgment in the Region 10 matter.

The NMRE and NorthCare Network submitted their joint RFP under 'Bridge Health.' Interlocal agreement finalized and awaiting filing.

#### REGIONAL/STATEWIDE EVENTS, CONFERENCES, TRAININGS, NEWS

- **CMHAM Fall Conference** – October 27<sup>th</sup> – 28<sup>th</sup> in Traverse City.
- **CMHAM Waiver Conference** – November 17<sup>th</sup> – 18<sup>th</sup> in Lansing.
- **Improving Outcomes** – December 4<sup>th</sup> – 5<sup>th</sup> in Ann Arbor
- **A Regional Training on Contracts will be scheduled in December via Teams.**

#### NMRE PRACTICE GUIDELINES

Regional Practice Guidelines may be found on the NMRE website at: [Practice Guidelines | NMRE](#)

#### NEXT MEETING

The next meeting was scheduled for November 13<sup>th</sup> at 10:00AM.

**From:** [MDHHS-UNIVERSALCREDENTIALING](#)  
**To:** [Chris VanWagoner \(NMRE\)](#)  
**Cc:** [MDHHS-BH-CRM](#)  
**Subject:** RE: Updating a PSV/Subscription  
**Date:** Friday, October 31, 2025 9:14:35 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)

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Hi Chris

You will need to create a new PSV and subscribe to that PSV.

The decision dates/dates of approval will not change.

I have included the CRM team for technical assistance.

Thank you,

***Sandra Gettel, MSA, CPHQ***

Quality and Compliance Specialist  
Contract Management Section  
Division of Contracts and Quality Management  
Bureau of Specialty Behavioral Health Services  
MDHHS Health Services  
Phone: (517) 241-2220  
Email: [gettels@michigan.gov](mailto:gettels@michigan.gov)

Schedule 7:30 a.m. to 4:00 p.m.

Chat with me on Teams

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**From:** Chris VanWagoner (NMRE) <[cvanwagoner@nmre.org](mailto:cvanwagoner@nmre.org)>  
**Sent:** Thursday, October 30, 2025 10:47 AM  
**To:** MDHHS-UNIVERSALCREDENTIALING <[MDHHS-UNIVERSALCREDENTIALING@michigan.gov](mailto:MDHHS-UNIVERSALCREDENTIALING@michigan.gov)>  
**Subject:** Updating a PSV/Subscription

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I have a provider in the CRM called Bay Area Substance Use Services. Their accreditation expired and they have uploaded a hard copy and re-attested, and I have approved the application. However, I am trying to upload a new primary source for the accreditation (basically update the PSV), but it is saying to do that all Subscriptions need to be in “in progress” status. So I have – issues:

1. Somehow I have 2 subscriptions; I believe S-00186 can be deleted as I must have accidentally started it. Can you delete that?
2. That would leave S-00187, which is currently in “Approved” status. How do I get it into “in-progress?”

My question is should I be creating an updated PSV, which does not make sense, or updating the current one, which would mean I'd need to be able to put S—00187 in in-progress status.

In summary, a primary source should be updated when the current one expires, but I don't see that the CRM really accommodates that at this time?

Thanks for any review of guidance,  
Chris



**Chris VanWagoner, MBA, PMP**  
**Contract and Provider Network Manager**  
**Northern Michigan Regional Entity**  
**1999 Walden Dr, Gaylord, MI 49735**  
**P: 231.303.3429**  
**Cell: 231.330.0877**  
**F: 989.448.7078**  
[www.nmre.org](http://www.nmre.org)



**Be The Solution**  
**Drug Free Northern Michigan**  
[www.DrugFreeNorthernMichigan.net](http://www.DrugFreeNorthernMichigan.net)

## **Chris VanWagoner (NMRE)**

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**From:** DeJongh, Elizabeth (DHHS) <DeJonghE@michigan.gov>  
**Sent:** Tuesday, November 4, 2025 3:06 PM  
**To:** MDHHS-UNIVERSALCREDENTIALLING; Chris VanWagoner (NMRE)  
**Subject:** RE: Contacts in credentialing crm  
**Attachments:** IT System Admins\_Archive Contacts.pdf

Hi Chris,

For staff credentialing profiles/staff contacts, your IT system administrator can archive a contact and that will remove the user's access and the permissions that the UC notifications stem from.

For organizational/practitioner profile contacts, going in to edit contacts via actions and choosing to "remove access for selected user(s)" will remove UC access/permissions for those contacts which will stop notifications from being sent to them.

Let me know if you have any questions. Thank you.

*Liz DeJongh*

Behavioral Health CRM Analyst



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**From:** MDHHS-UNIVERSALCREDENTIALLING <MDHHS-UNIVERSALCREDENTIALLING@michigan.gov>  
**Sent:** Tuesday, November 4, 2025 2:51 PM  
**To:** Chris VanWagoner (NMRE) <cvanwagoner@nmre.org>; DeJongh, Elizabeth (DHHS) <DeJonghE@michigan.gov>  
**Subject:** RE: Contacts in credentialing crm

Hi Chris,

Yes, I believe it does. I am going to include [@DeJongh, Elizabeth \(DHHS\)](#). She would know if there is a preferred way to do so.

Thank you

**Sandra Gettel, MSA, CPHQ**

Quality and Compliance Specialist  
Contract Management Section  
Division of Contracts and Quality Management  
Bureau of Specialty Behavioral Health Services  
MDHHS Health Services  
Phone: (517) 241-2220

Email: [gettels@michigan.gov](mailto:gettels@michigan.gov)

Schedule 7:30 a.m. to 4:00 p.m.

Chat with me on Teams

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**From:** Chris VanWagoner (NMRE) <[cvanwagoner@nmre.org](mailto:cvanwagoner@nmre.org)>

**Sent:** Tuesday, November 4, 2025 11:33 AM

**To:** MDHHS-UNIVERSALCREDENTIALING <[MDHHS-UNIVERSALCREDENTIALING@michigan.gov](mailto:MDHHS-UNIVERSALCREDENTIALING@michigan.gov)>

**Subject:** Contacts in credentialing crm

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Does removing access to a user in the Credentialing CRM mean they do not get expiration notifications as well? Is there a preferred way to remove contacts from a provider record?



**Chris VanWagoner, MBA, PMP**  
Contract and Provider Network Manager  
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