

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Behavioral & Physical Health and Aging Services Administration

CREDENTIALING AND RE-CREDENTIALING PROCESSES

A. Overview:

This policy covers initial credentialing, temporary/provisional credentialing, and re-credentialing processes for individual practitioners and organizational providers directly or contractually employed by Prepaid Inpatient Health Plans (PIHPs), as it pertains to the rendering of specialty behavioral healthcare services within Michigan's Medicaid program. The policy does not establish the acceptable scope of practice for any of the identified providers or practitioners, nor does it imply that any service delivered by the providers or practitioners identified in the body of the policy is Medicaid billable or reimbursable. PIHPs are responsible for ensuring that each organizational provider and/or individual practitioner, directly or contractually employed, meets all applicable licensing, scope of practice, contractual, and Medicaid Provider Manual requirements. Please reference the applicable licensing statutes and standards, as well as the Medicaid Provider Manual, should you have questions concerning scope of practice or whether Medicaid funds can be used to pay for a specific service.

Prepaid Inpatient Health Plans are required to use the uniform Community Mental Health Services (CMHSP) credentialing program established by the Michigan Department of Health and Human Services (MDHHS) in accordance with Public Act 282 of 2020.

NOTE: The individual practitioner and organizational provider credentialing process contains two primary components: initial credentialing and re-credentialing. The MDHHS recognizes that PIHPs may have a process that permits initial credentialing on a provisional or temporary basis while required documents are obtained or performance is assessed. The standards that govern these processes are in the sections that follow.

B. Credentialing Standards

1. The PIHP must have a written system in place for credentialing and re-credentialing organizational providers and individual practitioners included in the PIHPs provider network.
2. The PIHP must ensure:
 - a. The credentialing and re-credentialing processes do not discriminate against:
 - i. A health care professional, solely based on license, registration, or certification.
 - ii. A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
 - b. Monthly checks are completed for compliance with federal requirements that prohibit employment or contracts with organizational providers and/or individual practitioners excluded from participation under either Medicare or Medicaid.

- i. A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers and practitioners is available on their website at <http://exclusions.oig.hhs.gov>.
 - ii. A complete list of sanctioned providers and practitioners is available on the MDHHS website at www.michigan.gov/MDHHS. (Click on Providers, then click on Information for Medicaid Providers, then click on List of Sanctioned Providers).
 - iii. Evidence of monthly checks must be maintained in the organizational provider and/or individual practitioner credentialing file.
3. If the PIHP delegates to another entity, any of the responsibilities of credentialing/re-credentialing or selection of organizational providers and/or individual practitioners that are required by this policy, the PIHP must retain the right to approve, suspend, or terminate from participation in the provision of Medicaid funded services, an organizational provider or individual practitioner selected by that entity, and meet all requirements associated with the delegation of PIHP functions. The PIHP is responsible for oversight regarding delegated credentialing or re-credentialing decisions.
4. Compliance with the standards outlined in this policy must be demonstrated through the PIHPs policies and procedures. Compliance will be assessed based on the PIHPs policies and standards in effect at the time of the credentialing/re-credentialing decision.
5. The PIHPs written credentialing policy must reflect the scope, criteria, timeliness, and process for credentialing and re-credentialing organizational providers and individual practitioners. The policy must be approved by the PIHPs governing body, and:
 - a. Identify the PIHP administrative staff member and/or entity (e.g., credentialing committee) responsible for oversight and implementation of the process and delineate their role.
 - b. Describe any use of participating providers or practitioners in making credentialing decisions.
 - c. Describe the methodology to be used by PIHP staff members or designees to provide documentation that each credentialing or re-credentialing file was complete and reviewed prior to presentation to the credentialing committee for evaluation.
 - d. Describe how the findings of the PIHPs Quality Assessment Performance Improvement Program (QAPIP) are incorporated into the credentialing processes.
6. PIHPs must ensure that a complete and separate credentialing/re-credentialing file is maintained for each credentialed organizational provider and individual practitioner. Each file must include:
 - a. The initial credentialing and all subsequent re-credentialing applications and supporting documentation.

- b. Information gained through primary source verification.
 - c. All written communications from the PIHP to the organizational provider and/or individual practitioner related to the credentialing process.
 - d. Any other pertinent information used in determining whether the organizational provider and/or individual practitioner met or did not meet the PIHPs credentialing and re-credentialing standards.
7. The PIHPs must maintain a written process for ongoing monitoring and intervention, if appropriate, of organizational providers and/or individual practitioners as it relates to sanctions, complaints, and quality issues. This process must include, at a minimum, review of:
- a. Monthly Medicare/Medicaid sanction checks.
 - b. Monthly State sanction checks.
 - c. Any limitations on licensure, registration, or certification.
 - d. Beneficiary concerns which include appeals and grievances (complaints) information.
 - e. Noted quality issues at the PIHP level.
8. Each PIHP must have a written process to inform individual practitioners and organizational providers of credentialing decisions (approval or adverse/denial) in writing within **30 days** of the PIHP's determination.
9. An individual practitioner or organizational provider that is denied credentialing or re-credentialing by the PIHP must be informed of the reasons for the adverse credentialing decision in writing by the PIHP within **30 days** of the decision.
10. Each PIHP must have a written appeal process that is available to an individual practitioner or organizational provider when credentialing or re-credentialing is denied, suspended, or terminated for any reason other than lack of need. The written appeal process must be consistent with applicable federal and state requirements. The appeal process must be included as part of an adverse credentialing decision notification letter.
11. The PIHP must have written procedures for reporting improper known organizational provider or individual practitioner conduct which could result in suspension or termination from the PIHPs provider network to appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, NPDB/HIPDB, etc.). Such written procedures must be consistent with current federal and state requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract.

C. Credentialing Individual Practitioners:

The PIHP must have a written system in place for credentialing and re-credentialing individual practitioners included in their provider network who are not operating as part of an organizational provider. The PIHP must ensure that each direct-hire or contractually employed individual practitioner meets all background checks, applicable licensing, scope of practice, contractual, and Medicaid Provider Manual requirements.

1. When completing any type of credentialing process (initial credentialing, re-credentialing, and/or provisional credentialing), the PIHP must conduct a search that reveals information substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check, as well as a National and State sex offender registry check for each direct-hire or contractually employed practitioner.
 - a. ICHAT: <https://apps.michigan.gov>
 - b. Michigan Public Sex Offender Registry: <https://mspsor.com>
 - c. National Sex Offender Registry: <http://www.nsopw.gov>
2. Credentialing and re-credentialing processes must be conducted and documented for at least the following health care professionals:
 - a. Physicians (MDs and DOs)
 - b. Physician's Assistants
 - c. Psychologists (Licensed, Limited License, and Temporary License)
 - d. Licensed Master's Social Workers
 - e. Licensed Bachelor's Social Workers
 - f. Limited License Social Workers
 - g. Registered Social Service Technicians
 - h. Licensed Professional Counselors
 - i. Nurse Practitioners
 - j. Registered Nurses
 - k. Licensed Practical Nurses
 - l. Occupational Therapists
 - m. Occupational Therapist Assistants
 - n. Physical Therapists
 - o. Physical Therapist Assistants
 - p. Speech Pathologists
 - q. Board Certified Behavior Analysts
 - r. Licensed Family and Marriage Therapists
 - s. Other behavioral healthcare specialists licensed, certified, or registered by the State.

Initial Credentialing and Re-Credentialing of Individual Practitioners

The initial credentialing and re-credentialing policies for individual practitioners must include written procedures that address the initial and re-credentialing processes and include requirements for each of the following:

1. Re-credentialing every three (3) years.
2. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements:
 - 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. Attestation by the applicant of the correctness and completeness of the application.
 - e. Attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.

3. An evaluation of 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. Criminal history and National and State sex offender checks as described in (C) Credentialing Individual Practitioners (1) above.
5. Verification from primary sources of:
 - a. Licensure or certification, and in good standing.
 - b. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - c. Official transcript of graduation from an accredited school and/or LARA license, and/or verification via the National Student Clearinghouse: <https://www.studentclearinghouse.org/>.
 - d. 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:
 - i. Historical checks of criminal convictions related to the delivery of a health care item or service.
 - ii. Historical checks of civil judgments related to the delivery of a health care item or service.
 - iii. Disciplinary status with regulatory board or agency.
 - iv. Medicare/Medicaid sanctions and/or exclusions as described in (B) Credentialing Standards (2)(b) above.
 - e. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (a), (b), and (c) above.
6. The PIHP may present practitioner files to the Credentialing Committee or may designate approval authority of clean files to the Medical Director or an equally qualified practitioner. The PIHP must ensure that the initial credentialing and re-credentialing of all individual practitioners applying for inclusion in the PIHP network be completed within **90 calendar days** of application submission. The start time begins when the PIHP has received a completed signed and dated credentialing application from the individual practitioner. Completion time is indicated when written communication is sent to the individual practitioner notifying them of the PIHPs decision.

Temporary/Provisional Credentialing of Individual Practitioners

Temporary or provisional credentialing of individual practitioners is intended to increase the available network of practitioners in underserved areas, whether rural or urban. PIHPs must have written policies and procedures to address granting of temporary or provisional credentials when it is in the best interest of Medicaid Beneficiaries that practitioners be available to provide care prior to formal completion of the entire credentialing process. Temporary or provisional credentialing must not exceed **150 days**.

The PIHP must have up to **31 days** from receipt of a complete application, accompanied by the minimum documents identified below, to render a decision regarding temporary or provisional credentialing by reviewing the following:

1. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements:
 - 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. Attestation by the applicant of the correctness and completeness of the application.
2. An evaluation of the individual practitioner's work history for the prior five 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.
3. Criminal history and national and state sex offender checks as described in (C) Credentialing Individual Practitioners (1) above.
4. Verification from primary sources:
 - a. Licensure or certification and in good standing.
 - b. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - c. Official transcript of graduation from an accredited school and/or LARA license.
 - d. 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:
 - i. Historical checks of criminal convictions related to the delivery of a health care item or service.
 - ii. Historical checks of civil judgments related to the delivery of a health care item or service.
 - iii. Disciplinary status with regulatory board or agency.
 - iv. Medicare/Medicaid sanctions and/or exclusions as described in (B) Credentialing Standards (2)(b) above.
 - e. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (a), (b), and (c) above.

The PIHPs must ensure review of the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification for full credentialing must be completed within the timeframe indicated.

D. Initial Credentialing and Re-Credentialing of Organizational Providers:

For organizational providers included in the PIHP network:

1. The PIHP must require and subsequently validate at least every three (3) years that:

- a. The organizational provider completes the current credentialing application.
 - b. The organizational provider is licensed or certified and in good standing as necessary to operate in the State.
 - c. The organizational provider is approved by an accredited body (if a provider is not accredited, the PIHP must perform an on-site quality assessment).
 - d. There is a history check of civil judgments related to the delivery of a health care item or service.
 - e. The organizational provider is not excluded from participation in Medicare, Medicaid, or other federal contracts. See (B) Credentialing Standards (2)(b) above.
 - f. The organizational provider is not excluded from participation through the MDHHS Sanctioned Provider list. See (B) Credentialing Standards (2)(b) above.
 - g. Current insurance coverage meeting contractual expectations is on file with the PIHP.
 - h. For solely community-based providers (e.g., Applied Behavior Analysis (ABA) or Community Living Services (CLS) in private residences), an on-site review is not required. An alternative quality assessment is acceptable.
 - i. The contract between the PIHP and any organizational provider specifies the requirement that the organizational provider must credential and re-credential their direct employees, as well as subcontracted service providers and individual practitioners in accordance with the PIHPs credentialing/re-credentialing policies and procedures (which must conform to the MDHHS credentialing process).
2. The PIHPs credentialing committee must review the information obtained and determine whether to grant credentials. The PIHP must ensure that the credentialing of all organizational providers applying for inclusion in the PIHP network be completed within **90 calendar days** of application submission. The start time begins when the PIHP has received a completed signed and dated credentialing application from the organizational provider. Completion time is indicated when written communication is sent to the organizational provider notifying them of the PIHP's decision.

E. Deemed Status/Reciprocity:

Individual practitioners or organizational providers may deliver healthcare services to more than one (1) PIHP. A PIHP may recognize and accept credentialing activities conducted by any other PIHP in lieu of completing their own credentialing activities. In those instances where a PIHP chooses to accept the credentialing decision of another PIHP, they must maintain copies of the credentialing PIHPs decisions in the organizational provider and/or the individual practitioner's credentialing file.

The MDHHS recognizes that organizations may have credentialing reciprocity limitations due to direct primary source verification necessity and/or requirements.

F. Definitions

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 settlements in which there was no finding or admission of liability.

- *When considering credentialing and re-credentialing applications for organizational providers or individual practitioners with a civil judgment related to the delivery of a health care item or service, the PIHP can choose to exclude or suspend the provider or practitioner if it is determined that the credentialing poses an unreasonable potential for fraud, waste, abuse, or professional misconduct.*
- *Any documented misconduct by a provider or practitioner reflecting on the business or professional competence and/or integrity of the provider or practitioner may be considered when considering credentialing and re-credentialing applications for organizational providers or individual practitioners.*

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 guilty 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.

Individual Practitioner: An individual who is engaged in the delivery of healthcare services and is legally authorized to do so by the State in which he/she delivers the services.

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 [The NPDB - Home Page \(hrsa.gov\).](http://The%20NPDB%20-%20Home%20Page%20(hrsa.gov).)

Organizational Provider: An entity that directly employs and/or contracts with individuals to provide health care services. Examples of organizational providers include but are not limited to community mental health services programs (CMHSPs); hospitals; nursing homes; homes for the aged; psychiatric hospitals, psychiatric units, and partial hospitalization programs; substance use disorder programs; and home health agencies.

PIHP: A PIHP is a Prepaid Inpatient Health Plan under contract with the MDHHS to provide managed behavioral health services to eligible individuals.