



HURON BEHAVIORAL HEALTH
OPERATIONAL POLICY

Policy #: **HR.1.01**
Issue Date: **06/26/03**

Rev. Date: **01/31/17**
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Title: Privileging/Credentialing Policy

Prepared By: Executive Director

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Purpose:

To define the policy of Huron Behavioral Health's Privileging/Credentialing to ensure that consumers receive the highest quality of care from all providers.

Scope:

This policy applies to all licensed and non-licensed practitioners/providers as well as organizational providers Huron Behavioral Health (HBH).

Information:

1. For the purpose of this procedure, licensed practitioners include:
 - a. Physicians and Physicians Assistants
 - b. Psychologists
 - c. Licensed Social Workers (Master's, Bachelor's, Limited Licensed)
 - d. Licensed Professional Counselors
 - e. Nurses (Registered, Licensed Practical, Practitioners)
 - f. Occupational Therapists
 - g. Physical Therapists
 - h. Speech Pathologists
2. Non-licensed practitioners will also be required to be privileged/credentialed staff (for example peer supports, support staff, etc.). Organizational providers and individual contracted providers must also be privileged/credentialed.
3. For the purposes of this policy, the term "licensed" is generic and includes licensure, registration, and certification.
4. Providers making independent clinical decisions through HBH must be privileged/credentialed.
5. HBH retains all aspects of the privileging/credentialing and re-privileging/re-credentialing process and does not delegate this role to other entities.
6. HBH does not typically utilize external sources in the privileging/credentialing process. However, if the need arises to use an external source for privileging/credentialing, HBH may seek assistance in this capacity.
7. Providers shall provide only those services which have been approved and authorized by the Privileging/Credentialing Committee and the Executive Director.
8. HBH does not discriminate against privileging/credentialing a healthcare professional solely on the basis of license/ registration/certification who serves high risk populations or who specializes in treating conditions that require costly treatment.
9. HBH complies with federal requirements that prohibit employing or contracting with any providers who have been excluded from participation under either Medicaid or Medicare (438.12 and 438.14c) and the Michigan Department of Health and Human Service (MDHHS) Credentialing Policy (contract attachment 6.4.1).

Policy:

1. Clinical employees shall provide to consumers, only those services which have been approved and authorized by the Privileging/Credentialing Committee and the Executive Director. Clinical privileges must be renewed at least every two (2) years.

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2. It is HBH's policy that clinical staff, licensed practitioners, and any individuals providing direct care to consumers must apply for privileges.
3. Providers shall apply and qualify for privileging/credentialing utilizing the appropriate form depending upon what type of credentials/privileges are applied for in order to provide those services for HBH. (Clinical staff use [90-583](#) and non-clinical staff use [90-582](#), contracted provider organizations use [90-584](#)). This form will be reviewed by the Privileging/Credentialing Committee for privileging/credentialing determination.
4. Providers shall only provide to consumers those services which are consistent with their professional credentials and licensure, registration, and/or certification the code of ethics of their professional discipline, and HBH policies.
5. Providers shall comply with the rules and guidelines of HBH and the MDHHS, third party payors, licensing and accrediting bodies, Personnel Policies, Medicaid Provider Manual, and the "[HBH Employee Code of Conduct Policy](#)" ([ORI.1.18](#)) in reviewing the services to be provided.
6. Privileges to practice may be suspended at any time at the discretion of the Executive Director pending the investigation of allegations of consumer abuse or neglect, negligence, malpractice, incompetence, violations of professional conduct, loss of license, certification, or registration or any other circumstances which may interfere with the provider's capacity to render services.
7. For all providers (licensed, non-licensed, and organizational providers) all privileges/credentials are granted not to exceed a period of two (2) years. Temporary/Provisional privileges shall not be granted for more than one-hundred and fifty (150) days.
8. In accordance with MDHHS Credentialing & Privileging Technical Requirements:
 - a. Credentialing files shall contain:
 - The initial and all subsequent credentialing applications
 - Information gained through primary source validation
 - Any other pertinent information used in determining whether or not the provider meets HBH's credentialing requirements
 - b. Initial credentialing requirements includes:
 - An evaluation of the applicant's work history for the past five (5) years or, if less than five years, the maximum amount of professional/work experience
 - Primary source verification of licensure or certification
 - Primary source verification of board certification or highest level of credentials attained, if applicable, or completion of any required internships/residency programs or other postgraduate school
 - Documentation of graduation from an accredited school
 - A National Practitioner Data Bank (NPDB)/Healthcare Integrity and verification of all of the following:
 - A minimum of five (5) years history of professional liability claims resulting in a judgment or settlement
 - Disciplinary status with regulatory boards or agencies
 - A Medicare/Medicaid sanctions query

Note if the individual practitioner undergoing credentialing is a physician, then the physician profile information obtained from the American Medical Association may be used to satisfy the primary source verification of the first three (3) bullets above.
 - c. Re-credentialing Requirements for providers include at a minimum:
 - Medicare/Medicaid sanctions
 - State sanctions or limitations on licensure, registration, or certification

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- Beneficiary concerns which include grievances (complaints) and appeals
 - HBH quality issues
- d. Temporary/Provisional Credentialing of providers includes at a minimum:
- Licensure or certification
 - Board certification, if applicable, or the highest level of credential attained
 - Medicare/Medicaid sanctions
 - Mandated training requirements met such as Recipient Rights

Definitions/Acronyms:

CFR – Code of Federal Regulations

CMS – Centers for Medicare and Medicaid

COA – Council On Accreditation

HBH – Huron Behavioral Health

HHS – Health and Human Services

HR – Human Resources

MDHHS - Michigan Department of Health and Human Services

NPDB – National Practitioner Data Bank

Forms:

[90-582 Non-Clinical Privileging/Credentialing Application Form](#)

[90-583 Clinical Privileging/Credentialing Application Form](#)

[90-584 Organization Application – Network Provider Enrollment & Credentialing Application Form](#)

Records:

Effective March 1, 2007, HBH will retain the initial and all subsequent privileging/credentialing documents, including the information obtained through primary source verification, and any additional information used in the privileging/credentialing determination. In accordance with MDHHS General Schedule #20 for Retention and Disposal Schedule, when an employee leaves the employment of HBH, their credentialing records will be retained from the date of creation plus seven (7) years.

Records of Contracted Organizational Providers privileging/credentialing are retained by the HBH Contract Manager for a minimum of seven (7) years.

Reference(s) and/or Legal Authority

- MDHHS General Fund Contract
- MDHHS – General Schedule #20 @ http://michigan.gov/documents/hal/mhc_rm_gs20_195724_7.pdf
- COA standards
- CMS and HHS (2001) proposed Rules regarding Medicaid Managed Care; 42 CFR 400,430,431,434,435,438,440 and 447; 66 FR 32776; Sections 438.206, 438.214 and 438.230. @ www.cms.hhs.gov
- 438.214(b)(2) http://a257.g.akamaitech.net/7/257/2422/12feb20041500/edocket.access.gpo.gov/cfr_2004/octqtr/pdf/42cfr438.230.pdf
- [HR.2.01 Clinical Staff Privileging/credentialing Procedure](#)
- [ORI.1.18 Employee Code of Conduct Policy](#)

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Change Letter	Date of Change(s)	Changes
A	12/06/05	Added # 2 in "Information" section, changed "DCH" references to "MDCH", added acronyms, changed #7 in "Policy" section from "a period of two years" to "not to exceed two years", added "registration and/or certification" to #4 in "Policy" section
B	01/11/07	Revised to comply with EQR/LSSA and new MDCH credentialing requirements. Revisions were numerous, for details of the specific changes, contact the HBH QI Coordinator.
C	07/25/07	Added #4 in "Information" section to comply with the MCO Delegated Managed Care Review requirements (15.7)
D	11/30/09	Reviewed and revised to comply with COA 8 th Edition Standards and present practices –removed COA chapter-specific reference (G4.6), added last sentence in "Records" section, changed "Chief Executive Office/CEO" to "Executive Director" throughout policy, changed "Personnel Manager" to "Human Resources/HR Manager" throughout policy,
E	08/02/12	Changed "Privileging" to "Privileging/Credentialing" throughout document to align with MCO terminology, added #3 in "Information" section, in "Policy" section added last sentence in #1 added #8 in "Information" section, added #8 in "Policy" section to comply with AAM's Technical Requirement, added reference to AAM's Technical Requirement,
F	08/20/14	Removed "AAM" from "Acronym" section, removed "and AAM" from #8 "Policy" section
G	03/18/15	Added #2 in "Information" section and removed #7 which referred to the Executive Director seeking privileges and getting approval from the Medical Director, in "Acronym" section removed "EQR" & "LSSA" and added "NPDB", in "Forms" section removed "90-184" and added "90-584", "90-582" & "90-583", changed "All staff" to "Providers" throughout document (5 places), made numerous grammatical changes/corrections without changing sentence content.
H	01/31/17	Changed "Michigan Department of Community Health/MDCH" to "Michigan Department of Health and Human Services/MDHHS" throughout document (7 places), no other content changes made.