



HURON BEHAVIORAL HEALTH  
**PROCEDURE**

Procedure #: **HR.2.01**  
Issue Date: **09/23/04**  
Rev. Date: **02/02/17**  
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**Title: Privileging/Credentialing Procedure**

Prepared By: Executive Director

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**Purpose:**

To define the process of Privileging/Credentialing Staff and contracted providers for Huron Behavioral Health.

**Scope:**

This procedure applies to all staff/employees, including non-licensed and licensed providers as well as contracted individuals and organizational providers.

**Information:**

1. It is HBH's policy that all staff and all contracted providers must apply for privileges/credentials. See also "[Privileging/Credentialing Policy](#)" (HR.1.01).
2. HBH's privileging/credentialing process will not discriminate against a healthcare professional:
  - a. solely on the basis of license, registration, and/or certification, or
  - b. who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment
3. HBH complies with federal requirements that prohibit employing or contracting with any professionals who are excluded/debarred from participation under either Medicare or Medicaid and utilizes the CMS (Centers for Medicare & Medicaid) sanctioned providers list located on their website (<http://exclusions.oig.hhs.gov>).
4. HBH has designated the Human Resources (HR) Manager as the Chief Verification Officer (CVO) with the responsibility of conducting primary source verification checks for employees as required by this procedure.

**Procedure:**

**A. Privileging/Credentialing of Staff and Contracted Providers:**

1. All licensed providers and non-licensed providers shall apply for and qualify for privileges/credentials to practice their profession at HBH.
2. Licensed practitioners/providers include, as applicable:
  - Physicians and Physician's Assistants
  - Psychologists
  - Licensed Social Workers (Master's, Bachelor's, Limited Licensed)
  - Licensed Professional Counselors
  - Nurses (Registered, Licensed Practical, Practitioners)
  - Occupational Therapists
  - Physical Therapists
  - Speech Pathologists
3. Non-licensed practitioners/providers include community links staff and clerical/support staff.
4. Staff and contracted providers shall only provide those services that are consistent with the privileges/credentials granted by the Privileging/Credentialing Committee and the Executive Director (see also "Privileging/Credentialing Committee Procedure" PM.2.02).
5. Staff and contracted providers shall only provide those services to consumers that are consistent with their professional credentials and licensure, the code of ethics of their respective professional discipline, and the policies and procedures of HBH.

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6. Staff and contracted providers shall comply with the rules and guidelines of HBH as well as the Michigan Department of Health and Human Services (MDHHS) third party payers, licensing rules and regulations, and applicable accreditation standards.
7. Staff must submit a "[Privileging/Credentialing Clinical Application Form \(90-583\)](#) to the HR Manager/CVO prior to serving any consumers and every two (2) years thereafter. This includes verifying the specific services, professional disciplines, age-specific and disability-specific populations that the provider is noting competency to perform.
8. Contracted providers must submit a "[Privileging/Credentialing Clinical Application Form \(90-583\)](#) to the Contract Manager prior to serving any consumers and every two (2) years thereafter. This includes verifying the specific services, professional disciplines, age-specific and disability-specific populations that the provider is noting competency to perform.
9. Within the completed form, the provider is required to specify the following information, which includes but is not limited to:
  - Prior work history (minimum of five years; when applicable)
  - Licensures, certifications, and degree(s)
  - Target populations
  - Cultural/ethnic specialties
  - Language competencies
  - Credentials requested
  - Populations the person is qualified to treat (ie: age-specific and disability-specific)
  - Areas of specialized training
  - Trainings
  - Attestations (regarding lack of illegal drug use, lack of criminal history and felony convictions, lack of professional liability claims, loss or revocation of licensure, Medicare/Medicaid debarments/prohibitions, etc.)
  - Signature by the applicant as to the accuracy, correctness, and completeness of the information provided in the application for credentialing/privileging

Note: Non-clinical providers must complete a "[Non-clinical Provider Privileging Application](#)" (90-582).

10. Upon submission of the employee's application, the HBH Chief Verification Officer will conduct primary source verification activities of the following:
  - a. An evaluation of the applicants work history for the past five (5) years (of if less than 5 five years, the maximum amount of professional experience).
  - b. Licensure or certification (MDHHS - Michigan Consumer Industry Services website)
  - c. Board certification (if applicable) or the highest credential attained (if applicable), or completion of required internships, residencies, or other post-graduate training (National Student Clearing House website)
  - d. Medicare/Medicaid sanctions (Michigan Department of Health & Human Services/MDHHS website)
  - d. Criminal History Check using ICHAT (Internet Criminal History Access Tool) (Michigan State Police website)
  - e. Verification of claims, judgments, disciplinary actions, etc (National Practitioner Data Bank /NPDB website) query
  - f. Three (3) Peer Professional References

Additionally, the Chief Verification Officer will gather additional information for the applicant as needed or requested, such as providing information from employment records or contract files regarding medical exams, TB tests, Bloodborne Pathogens training, and Recipient Rights training, and consumer complaints/grievances/appeals that may have been issued against the applicant, including QAPIP (Quality Assurance and Performance Improvement Program) issues (such as delinquent or deficient documentation). The information will be collected and reported on the application form which will then be given to the Privileging/Credentialing Committee to review and approve. Evidence of CVO activities are documented on the "[Privileging/Credentialing Checklist Form](#)" (90-390).

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Note: If additional information is needed before the application can be processed or if any issues arise as the result of the verification process regarding contract providers, the committee will notify the Contract Manager of the determination so that the provider can be notified. Upon decision by the Privileging Committee, the Contract Manager will notify the provider of the final determination.

**B. Temporary/Provisional Privileging/Credentialing:**

1. HBH may occasionally grant a temporary or provisional privileging/credentialing when it is in the best interest of the consumer's needs, or to meet the demands of needed services prior to the formal completion of the entire credentialing process. In this situation, temporary credentialing shall be limited to no more than 150 days.
2. When this occurs, the applicant must submit an "[Application for Clinical Privileging Form](#)" (90-583).
3. HBH has thirty (30) days after receipt of the application to render a decision regarding temporary or provisional privileging/credentialing.
4. The Chief Verification Officer will conduct the necessary source verifications for employees as follows:
  - Licensure or certification (MDHHS - Michigan Consumer Industry Services website)
  - Board certification (if applicable) or the highest credential attained (if applicable), or completion of required internships, residencies, or other post-graduate training (National Student Clearing House website)
  - Medicare/Medicaid sanctions (Department of Health & Human Services/HHS website)
  - Criminal History Check using ICHAT (Internet Criminal History Access Tool) (Michigan State Police website)
  - Verification of claims, judgments, disciplinary actions, etc (National Practitioner Data Bank /NPDB website) query
5. The Privileging/Credentialing Committee reviews and verifies the information and makes a recommendation to the Executive Director regarding a determination.

**F. Re-Credentialing/Re-Privileging Process:**

1. The HR Manager notifies the provider two (2) months prior to the expiration date of privileges of the need to complete a renewal application and send in updated information.
2. When the information is received, the Privileging Committee reviews and verifies the information as outlined in section A above (with the exception of the National Student Clearing House check unless additional degrees have been obtained since the last credentialing).

**G. Reporting Suspended, Revoked, Terminated Privileges/Credentials:**

1. In the event that HBH becomes aware of any improper activities which result in the suspension, revocation, or termination of the individuals privileges/credentials, the necessary reporting will be made to the appropriate state and federal authorities and MDHHS.

**Definitions/Acronyms:**

CMS – Centers for Medicaid and Medicare

CVO – Chief Verification Officer

HBH - Huron Behavioral Health

HHS – Health and Human Services

HR – Human Resources

ICHAT - (Internet Criminal History Access Tool)

MDHHS – Michigan Department of Health and Human Services

NPDB – National Practitioner Data Bank

QAPIP – Quality Assurance and Performance Improvement Program

**Forms:**

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[90-583 Privileging/Credentialing Clinical Application Form](#)  
[90-582 Privileging/Credentialing Non-Clinical Application Form](#)  
[90-390 Privileging/Credentialing Checklist Form](#)

**Records:**

Records of Clinical Privileging/Credentialing are maintained by the Human Resources Manager. Prior to March 1, 2007, HBH retained only the current privileging/credentialing documents. Effective March 1, 2007, HBH will retain the initial and all subsequent privileging/credentialing documents, including the information obtained through primary source verification, work history, disciplinary information, Medicare/Medicaid sanctions, 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. See also "[Personnel Record Retention Policy](#)" (HR.1.03).

**Reference(s) and/or Legal Authority**

MDHHS (2002) Proposed PHP Contract for 2002, Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Health Plans, pages 166-167.

MDHHS General Schedule #20 – Community Mental Health Services Program” approved 03/21/07

CMS and HHS (2001) Proposed Rules regarding Medicaid Managed Care; 42 CFR 400, 430, 431, 434, 435, 438, 440, and 447; FR 32776; Sections 438.206, 438.214, and 438.230.

Department of Community Health Mental Health and Substance Abuse Administration “Credentialing and Re-Credentialing Process” Guidelines (Final version September 2006)

COA standards

[HR.1.01 Privileging/Credentialing Policy](#)

[HR.1.03 Personnel Record Retention Policy](#)

PM.2.02 Privileging Committee Procedure

**Change History:**

Change Letter	Date of Change(s)	Changes
A	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.
B	07/05/07	Revised to comply with AAM Delegated Managed Care Audit (15.1 thru 15.11); Added #5 in “Procedure” section, added website clarification (4 places) added “e” in #A.7 and also last bullet under B.4, removed “90-391 Temporary /Provisional Application Form”, added acronyms HHS, NPDB, & QAPIP), added references (HR.1.01 & HR.2.02) (2places), In C.1. changed “Privileging Committee” to “HR Manager”, in C.2. added parenthetical statement at end of sentence, in A.5 changed “Privileging Committee to CVO, in section “A” switched numbers 6 & 7 around, .
C	10/27/08	Reviewed and revised to comply with COA 8 <sup>th</sup> Edition Standards and present practices – removed COA chapter-specific reference (G4.6), replaced “CEO” with “Executive Director” throughout procedure, added the last sentence in “Records” section. Added “MDCH Schedule #20” to “Reference” section.
D	12/01/09	Removed “CEO” and “Chief Executive Office” and replaced with “Executive Director” throughout document.
E	12/22/10	As the result of the October 5, 2010 AAM Delegated Managed care Audit, item “D” was split into two section. In #1 added “For Medicaid Consumers”, added D.2.
F	08/02/12	Minor grammatical changes without content changes throughout document, in B.2 changes “31 days” to “30 days” to agree with HR.2.02, added A.6.a.
G	08/20/14	A.5 added “age and disability specific”, under 4 <sup>th</sup> bullet in A.5 also added “age and disability specific parenthetical statement, D.1 removed AAM reporting, removed “AAM” from “Acronym” section.
H	03/17/15	Merged contents from HR.2.02 (“Composition and Function of Privileging Committee Procedure”) into this procedure by adding B, C, & D, corrected hyperlinks, in B.3 added “Psychologist”, in C.1 combined 4 <sup>th</sup> and 6 <sup>th</sup> bullets, In “Acronym” section removed “PIHP”, in “Forms” section removed “90-184” and added “90-583” and “90-582”, combined G.1 & G.2, removed reference to HR.2.02, made numerous small grammatical changes without changing sentence content.
I	02/02/17	In A.3 removed “residential homes staff”, in A.4 added reference to PM.2.02, changed “Michigan Department of Community Health/MDCH” to “Michigan Department of Health and Human Services/MDHHS” throughout document (8 places), removed section “B. Composition/Responsibilities of Privileging Committee”, removed section “C. Ethical Requirements of Privileging Committee”, removed section “D. Functions and Responsibilities of Privileging Committee” and moved to stand-alone procedure (PM.2.02 “Privileging/Credentialing Committee Procedure”), made several additional minor grammatical/wording corrections/changes throughout document without changing sentence content.