



HURON BEHAVIORAL HEALTH  
**OPERATIONAL POLICY**

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

Rev. Date: **09/25/18**  
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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 of Huron Behavioral Health (HBH).

**Information:**

1. For the purpose of this policy, 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 (for example peer supports, support staff, etc.). Organizational providers and individual contract 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 on behalf of 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 the privileging/credentialing a healthcare professional solely on the basis of license/registration/certification who serve high risk populations or who specialize in treating conditions that require costly treatment.
9. HBH complies with federal requirements which prohibit employing or contracting with any providers who have been excluded/debarred from participation under either Medicaid or Medicare (438.12 and 438.14c) and/or the Michigan Department of Health and Human Service (MDHHS) Credentialing Policy (contract attachment C6.8.1.1).
10. HBH may on occasion recognize or exchange credentialing/re-credentialing information with Mid-State Health Network (MSHN) or other providers within the MSHN network, in compliance with the "[Reciprocity Policy](#)" [ORI.1.33](#). If this occurs, all record-keeping requirements defined in the "Records" section below must be maintained.

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## 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.
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 being applied for in order to provide those services for HBH. Clinical staff use [90-583](#), non-clinical staff use [90-582](#), and contracted provider organizations use [90-584](#). These submitted forms 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, fraud, 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 must be granted initially and then every two (2) years thereafter. 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 include:
    - 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

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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
  - Use of Quality Assessment and Performance Improvement information and findings
  - 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

*MSHN* – Mid-State Health Network

*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 the current year plus 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](http://michigan.gov/documents/hal/mhc_rm_gs20_195724_7.pdf)
- COA standards
- MHSN Policy – “Provider Network Management – Provider Network Credentialing/Re-Credentialing”
- 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](http://www.cms.hhs.gov)

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- 438.214(b)(2) [http://a257.g.akamaitech.net/7/257/2422/12feb20041500/edocket.access.gpo.gov/cfr\\_2004/octqtr/pdf/42cfr438.230.pdf](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](#)
- [ORI.1.33 Reciprocity Policy](#)

**Change History:**

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 <sup>th</sup> 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.
I	09/25/18	In "Information" section added #10, in "Policy" section added 3 <sup>rd</sup> bullet in 8.c., in "Acronym" section added "MSHN", in "References" section added MSHN Policy, made several minor wording/grammatical changes/corrections throughout document without changing sentence content.