Title: Privileging/Credentialing Procedure

Prepared By: Executive Director

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Purpose:

To define the process of privileging/credentialing employees and contract providers for Huron Behavioral Health (HBH).

Scope:

This procedure applies to all employees (including full-time and part-time employees both licensed and non-licensed) as well as contract providers (individuals and organizational providers).

Information:

1. It is HBH's policy that all employees and contract 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. HBH staff will utilize 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.
5. 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 and "Privileging/Credentialing Policy" HR.1.01.

Procedure:

A. Privileging/Credentialing of Employees and Contract Providers:

1. All licensed providers and non-licensed providers shall apply for and qualify for privileges/credentials in order to practice their profession at HBH.
2. All degreed employees and contract providers must have on file official transcripts from the university/college from which they graduated. These transcripts must come directly from the university/college to the HBH HR Manager.
3. Licensed practitioners/providers include, as applicable:
   - Physicians and Physician's Assistants
   - Psychologists
   - Licensed Social Workers (Master's, Bachelor's, Limited Licensed, and social services technicians)
   - Licensed Professional Counselors
   - Nurses (Registered, Licensed Practical, Practitioners)
   - Occupational Therapists (OT) and OT Assistants
   - Physical Therapists (PT) and PT Assistants
   - Speech Pathologists

4. Non-licensed practitioners/providers include, but may not be limited to community living supports (CLS) staff, community links staff, and clerical/support staff.

5. Employees and contract 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).

6. Employees and contract 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 HBH policies and procedures.

7. Employees and contract providers shall comply with the rules and guidelines of HBH as well as the Michigan Department of Health and Human Services (MDHHS), third party payors, licensing rules and regulations, and applicable accreditation standards.

8. Employees must submit a current resume and a "Privileging/Credentialing Clinical Application Form (90-583) to the HR Manager/CVO prior to providing services to 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. Employees and contract providers must submit an updated license to the HR Manager when they have renewed their license to practice.

10. Contract 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.

11. 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 (e.g., age-specific and disability-specific)
    - Trainings, and any additional areas of specialized training
    - Providers must also attest to the:
      - lack of illegal drug use
      - lack of criminal history and felony convictions
      - lack of professional liability claims
      - lack of loss or revocation of licensure
      - lack of any limitations of privileges or disciplinary actions
      - lack of Medicare/Medicaid debarments/prohibitions/sanctions, 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).

12. For employees and contract providers who will be providing specific services to individuals enrolled in waiver programs (e.g., Habilitation Supports Waiver (HSW), Serious Emotional Disturbance Waiver (SEDW), etc.), enhanced credentialing may be required (e.g., Qualified Intellectual Disability Professional (QIDP), Qualified Mental Health Professional (QMHP), Children's Mental Health Professional (CMHP). Any clinician eligible for the QMHP, QIDP, and CHMP credentials must complete a "Designation of Qualification" form as follows:
    - QIDP Designation Qualification Review Form" (90-728)
    - CMHP Designation Qualification Review Form (90-747)
    - QMHP Designation Qualification Review Form (90-745)

13. These forms should be completed upon hire for individuals who meet the criteria for QIDP, QMHP, and/or CMHP credentialing, or at any point in time at which the QIDP, CMHP, and/or QMHP requirements for credentialing are met (e.g., after one year of QIDP-supervised experience, etc.). The HR Manager is responsible for monitoring QIDP, CMHP, and QMHP credentialing completion.

14. 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 (or 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), recipient rights issues/complaints/ grievances/appeals, documentation issues (such as delinquent or deficient documentation). The information will be collected and reported on the application form for review by the Privileging/Credentialing Committee. Evidence of CVO activities are documented on the "Privileging/Credentialing Checklist Form" (90-390).

    Note: For contract providers, 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 CMS 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 will notify the provider two (2) months prior to the expiration date of privileges regarding the need to complete a renewal application and provide 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).
3. Additionally, any clinical staff member who receives a new license or renews his/her existing license must complete an updated renewal application documenting the change in licensure status.

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 individual's privileges/credentials, the necessary reporting will be made to the appropriate state and federal authorities and MDHHS.

H. MSHN Best Practice Guidelines for Primary Source Verification (PSV):

1. MSHN has provided guidelines PSV:

Information to Verify	Verification Source	When to Verify	"Clean" File Criteria	Verification Time Limit
Application	Agency Application	☒ C ☐ R ☐ E	Completed, signed, dated application with no positively answered attestation questions	365 days
State Licensure (if applicable)	Department of Licensing and Regulatory Affairs (LARA)	☒ C ☒ R ☒ E	Free from Licensing violations and free from state investigations in the pst five (5) years for initial credentialing and two (2) years for re-credentialing	180 days
Medicaid/Medicare Exclusions	List of Excluded Individuals and Entities maintained by the OIG; SAM, and MDHHS List of Sanctioned Providers or NPDB	☒ C ☒ R ☐ E	Provider is not on the Medicaid/Medicare sanctioned provider listing	180 days
Accreditation (if applicable)	Copy of latest survey report	☒ C ☒ R ☒ E	Full accreditation at last review	180 days
Quality Information	Agency data	☒ C ☒ R ☐ E	No grievance, appeals, recipient rights complaints, MMPBIS and/or other performance measures, as applicable	365 days

C = Credentialing R= Re-Credentialing E = Upon Expiration

Definitions/Acronyms:

Acronyms:

CLS – Community Living Supports
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
MSHN – Mid State Health Network
NPDB – National Practitioner Data Bank
OT – Occupational Therapist
PSV – Primary Source Verification

PT – Physical Therapist
QAPIP – Quality Assurance and Performance Improvement Program
QIDP – Qualified Intellectual Disability Professional

Definitions:

Primary Source – this refers to the original source of a specific credential that can verify the accuracy of a credential reported by an organizational provider. Primary Source Verification (PSV) must be received directly from the issuing source. (For example, information on the state licensure status is verified directly with the licensing body. A copy of the license is NOT considered PSV. PSV may be performed in several ways:

- electronically through agency website (i.e., state licensure, NPDB, etc.) If verified electronically, a screenshot or pdf version of the screen must include the date the information was verified
- letters requesting the appropriate information are written to the primary source and responses are received directly from the primary source
- documentation of verification via telephone including the name of the agency called, the date, the person contacted, the questions asked and the responses, the name, date, and signature of the person receiving the response.

Designated Equivalent Sources – verification of credentials through an agent that contracts with an approved source to provide credentialing information is allowed. Prior to using this method, documentation must be obtained from the agent indicating that there is a contractual relationship between them and the approved source.

Forms:

90-583 Privileging/Credentialing Clinical Application Form
90-582 Privileging/Credentialing Non-Clinical Application Form
90-390 Privileging/Credentialing Checklist Form
90-728 QIDP Designation Qualification Review Form
90-745 QMHP Designation Qualification Review Form
90-746 MHP Designation Qualification Review Form
90-747 CMHP Designation Qualification Review 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 for seven (7) additional 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
MHSN Policy – "Provider Network Management – Provider Network Credentialing/Re-Credentialing"
HR.1.01 Privileging/Credentialing Policy
HR.1.03 Personnel Record Retention Policy
PM.2.02 Privileging Committee Procedure

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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.7and 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 8th 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 sections. 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 4th 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 4th and 6th 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.
J	10/03/18	In "Information" section added #5, in "Acronym" section added "MSHN", in "References" section added MSHN Policy, made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
K	08/26/20	Changed "staff" to "employees" and "contracted providers" to "contract providers" throughout procedure (7 places), made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
L	10/06/20	In "Procedure" section added A.2, A.9 & A.12, in "Acronyms" section added "QIDP", in "Forms" section added 90-728,
M	09/17/22	In "Procedure" section A.12 added references to QMHP, CMHP and added 90-745 and 90-747, in A.13 added references to QMHP & CMHP (2 places), in A.14.f added "recipient rights issues/complaints/grievances/appeals", in B.4 3rd bullet changed "Department of Health & Human Services website" to "CMS website", added F.3, added item H, in "Acronyms" section added "OT", "PSV", "PT", added "Definitions" section, in "Forms" section added 90-745, 90-746, & 90-747, made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.