



HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

Policy #: **PM.1.03**
Issue Date: 12/21/17
Rev. Date: 06/28/23
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Title: Provider Privileging/Credentialing Policy

Prepared By: Chief Finance Officer

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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 contractual providers.

Scope:

This policy applies to all contracted licensed and non-licensed practitioners/providers as well as organizational providers 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
 - i. Behavior Analysts/Behavior Technician
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. 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.
6. Providers shall provide only those services which have been approved and authorized by the Privileging/Credentialing Committee and the Executive Director.
7. 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.
8. HBH complies with federal requirements which prohibit employing or contracting with any providers who have been excluded, debarred, suspended, or been convicted relative to healthcare fraud 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.
9. 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 obtained and retained.

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Policy:

1. Contractual Clinical Providers (individuals or organizations) 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 contractual clinical providers, licensed practitioners, and any individuals providing direct care to consumers must apply for privileges.
3. Contractual Clinical 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. (Contracted Provider Organizations use [90-584](#), Contracted Individual Providers use [90-583](#), and contracted non-clinical staff use [90-582](#)) or "[Autism Spectrum Disorder \(ASD\) Provider Privileging/Credentialing Application](#)" ([90-742](#)). These forms will be reviewed by the Privileging/Credentialing Committee for privileging/credentialing determination.
4. Contractual providers shall only provide to consumers those services which are consistent with their professional credentials and licensure, registration, and/or certification, and the code of ethics of their professional discipline, and HBH policies.
5. Contractual 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 contractual provider's capacity to render services.
7. For all contractual 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. For **contractual organizational providers**, in accordance with MDHHS Credentialing & Privileging Technical Requirements, the Contract Manager will maintain:
 - a. Credentialing files which 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

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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
 - Beneficiary concerns which include grievances (complaints) and appeals
 - Quality and Performance 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
 - e. Contractual Organizational Providers will be expected to establish a Credentialing & Privileging process for its employees that complies with the MDHHS Credentialing & Privileging Technical Requirements including Criminal Background Checks via the State of Michigan's Internet Criminal History Access Tool (ICHAT).
 - f. Contractual Organizational Providers will be expected to establish a process for Pre-Employment and Monthly Debarment Checks for its employees.
9. For **contractual individual providers**, in accordance with MDHHS Credentialing & Privileging Technical Requirements, the Contract Manager will maintain:
- a. Credentialing files which contain:
 - 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

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
 - Beneficiary concerns which include grievances (complaints) and appeals

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- 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
- 10. The Contract Manager will be responsible for conducting Criminal Background checks via ICHAT for contractual individual providers prior to initial service delivery by the provider.
- 11. The Contract Manager will perform an initial VerifyComply check for individual contract providers and include them in the monthly VerifyComply system to ensure they are not debarred.

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

ICHAT - Internet Criminal History Access Tool

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](#)

[90-742 Autism Spectrum Disorder \(ASD\) Provider Privileging/Credentialing Application](#)

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 Providers privileging/credentialing are retained by the HBH Contract Manager for a minimum of seven (7) years (see also "[Financial Records Retention Policy](#)" FM.1.03).

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

[FM.1.03 Financial Records Retention Policy](#)

[HR.2.01 Clinical Staff Privileging/Credentialing Procedure](#)

[ORI.1.18 Employee Code of Conduct Policy](#)

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Change History:

Change Letter	Date of Change(s)	Changes
None		New policy to comply with MSHN Audit POC.
A	09/24/19	In "Information" section reworded #9 slightly and added #10.
B	08/12/21	In "Information" section added 1.i., in #9 added "suspended, excluded, or who have been convicted relative to healthcare fraud", in "Policy" section 8.c 4 th bullet added "Performance", added or "Autism Spectrum Disorder (ASD) Provider Privileging/Credentialing Application" (90-742)" (2 places), made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
C	06/28/23	Reviewed by Contract Manager – no content changes made.