



HURON BEHAVIORAL HEALTH
OPERATIONAL POLICY

Policy #: **PM.1.03**
Issue Date: 12/21/17
Rev. Date: 08/07/25
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Title: Contract Provider Privileging/Credentialing Policy

Prepared By: Contract Manager

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Purpose:

To define the policy of Huron Behavioral Health's Privileging and Credentialing to ensure compliance with Public Act 282 of 2020 and the Universal Credentialing requirements so that consumers receive the highest quality of care from contract organizational providers and individual practitioners.

Scope:

This policy applies to all contract licensed (professional/clinical) individual practitioners 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 (Licensed, Limited License, and Temporary License)
 - c. Licensed Social Workers (Master's, Bachelor's, Limited Licensed)
 - d. Registered Social Service Technicians
 - e. Licensed Professional Counselors
 - f. Nurses (Registered, Licensed Practical, Practitioners)
 - g. Occupational Therapists and Occupational Therapist Assistants
 - h. Physical Therapists and Physical Therapist Assistants
 - i. Speech Pathologists
 - j. Board Certified Behavior Analysts
 - k. Licensed Family and Marriage Therapists
 - l. Other behavioral healthcare specialists, licensed, certified, or registered by the state
2. When completing any type of credentialing process (initial credentialing, re-credentialing, and/or provisional credentialing) for contract organizational providers and individual practitioners, the Contract Manager will conduct a search in the following websites:
 - Internet Criminal History Access Tool (ICHAT)
 - Michigan Public Sex Offender Registry
 - National Sex Offender Registry
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 credentialing and re-credentialing process and does not currently delegate this role to other entities.
6. Organizational providers and individual practitioners shall provide only those services which have been approved and authorized by the HBH Privileging/Credentialing Committee and the HBH 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 (see also "[Disqualified Providers Policy](#)" ORI.1.36 and "[List of Excluded Individuals and Entities/LEIE Procedure](#)" ORI.2.07).

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9. Effective 10/01/2024, HBH will utilize the Michigan Department of Health and Human Services Universal Credentialing process and database in the Customer Relationship Management (CRM) system for all credentialing and re-credentialing of individual practitioners and/or organizational providers.
10. Additionally, the Universal Credentialing process allows for sharing of organizational provider and individual practitioner credentialing and re-credentialing information. To that end, and in compliance with the "Reciprocity Policy" ORI.1.33, HBH also recognizes and exchanges credentialing information with other Community Mental Health Services Programs (CMHSPs) in the Mid-State Health Network (MSHN) network. When this occurs, all information obtained from another CMHSPs in the credentialing/re-credentialing process must be retained in the provider's credentialing files at HBH per the requirements defined in the "Records" section below.

Policy:

1. Contract 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 three (3) years.
2. It is the policy of HBH that contract clinical providers, licensed practitioners, and any individuals providing direct care to consumers must apply for privileging and credentialing.
3. Contract Clinical Providers and Organizations shall apply and qualify for privileging/credentialing electronically via the Universal Credentialing option in the "BH CRM/Michigan Crisis and Access Line" located at the website portal "milogintp.michigan.gov" prior to providing services for HBH.
4. There are several exceptions to the CRM on-line/website Universal Credentialing submissions whereby electronic credentialing/re-credentialing applications are not required. The following providers may still utilize HBH paper credentialing forms:
 - small Adult Foster Care (AFC) homes
 - temporary professional placement agencies (such as Locum Tenens)
 - providers who provide autism-related servicesThese entities will complete and submit to the Contract Manager, the applicable HBH paper 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 Application Form
5. Contract 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.
6. Contract providers shall comply with the rules and guidelines of HBH and the MDHHS, third party payors, licensing and accrediting bodies, personnel policies, the Michigan Medicaid Provider Manual, and the "[HBH Employee Code of Conduct Policy](#)" (ORI.1.18) in reviewing the services to be provided.
7. 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 licensure, certification, or registration, or any other circumstance which may interfere with the contract provider's capacity to render services.
8. For contract individual practitioners and organizational providers all privileges/credentials must be granted initially and then every three (3) years thereafter. Temporary/Provisional privileges shall not be granted for more than one-hundred and fifty (150) days.

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9. Requirements for *Contract Organizational Providers*:

- a. In accordance with MDHHS Credentialing and Re-Credentialing Technical Requirements, the Contract Manager will maintain credentialing files which contain:
 - Initial credentialing and all subsequent credentialing applications
 - Information gained through primary source validation
 - Written communications between the organization and/or individual practitioner related to the credentialing process
 - Any other pertinent information used in determining whether the organizational provider or individual practitioner met or did not meet HBH's credentialing or re-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
 - Criminal history and national and state sex offender checks as defined in "Information" section above (#2)
 - 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 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 have been met (e.g., Recipient Rights)
- e. Contract Organizational Providers will be expected to establish a Credentialing & Privileging process for its employees that complies with the MDHHS Credentialing and Re-Credentialing Technical Requirements including criminal background checks via the State of Michigan's Internet Criminal History Access Tool (ICHAT). Additionally, organizational providers must establish a process for pre-employment and monthly debarment checks for its employees.

10. Requirements for *Contract Individual Practitioners*:

- a. in accordance with MDHHS Credentialing and Re-credentialing Technical Requirements, the Contract Manager will maintain credentialing files which contain:

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- 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
- An application that is completed, signed, and dated by the individual practitioner
- 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
- Official transcript of graduation from an accredited school and/or Michigan Licensing and Regulatory Affairs (LARA) license
- A National Practitioner Data Bank (NPDB)/Healthcare Integrity and verification of all of the following:
 - Historical checks of criminal convictions and/or civil judgements related to the delivery of a healthcare item or service
 - 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
- 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 perform an initial VerifyComply check for contract providers and include them in the monthly VerifyComply system to ensure they are not debarred. On-going monitoring and intervention, if appropriate, of organizational providers and/or individual practitioners, as it relates to sanctions, complaints, and quality issues, will include at a minimum:

- Medicare/Medicaid sanctions
- State sanctions
- Limitations on licensure, registration, or certification
- Beneficiary concerns which include grievances (complaints) and appeals
- Quality and performance issues

11. The Contract Manager will notify providers within thirty (30) days of the credentialing/re-credentialing decision. In the event that a credentialing application is denied, or a provider is suspended or terminated for any reason other than lack of need, the provider will be notified of the appeal process.

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12. If any organizational provider or individual practitioner has been determined to have improper conduct which results in suspension or termination, the Contract Manager will notify the Executive Director and Chief Finance Office for reporting to the proper authorities (i.e., MSHN, MDHHS, COA, Board of Directors, etc.).

Definitions/Acronyms:

Acronyms:

AFC – Adult Foster Care
ASD – Autism Spectrum Disorder
CFR – Code of Federal Regulations
CMHSP – Community Mental Health Services Program
CMS – Centers for Medicare and Medicaid
COA – Council on Accreditation
CRM - Customer Relationship Management
HBH – Huron Behavioral Health
HHS – Health and Human Services
HR – Human Resources
ICHAT - Internet Criminal History Access Tool
LARA – Licensing and Regulatory Affairs
LEIE – List of Excluded Individuals and Entities
MDHHS - Michigan Department of Health and Human Services
MSHN – Mid-State Health Network
NPDB – National Practitioner Data Bank

Definitions:

Individual Practitioner – this refers to an individual who is engaged in the delivery of healthcare services and is legally authorized to do so by the state in which he/she delivers the services.

Organizational Provider – this refers to an entity that directly employs and/or contracts with individuals to provide healthcare services. Examples of organizational providers include but are not limited to community mental health services programs (CMHSPs), hospitals, nursing homes, homes for the aged, psychiatric units, partial hospitalization programs, substance use disorder programs, home health agencies, etc.

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

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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

Public Act 282 of 2020 @ <https://www.legislature.mi.gov/documents/2019-2020/publicact/pdf/2020-PA-0282.pdf>

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](#)

[ORI.1.33 Reciprocity Policy](#)

[ORI1.36 Disqualified Providers Policy](#)

[ORI.2.07 List of Excluded Individuals and Entities \(LEIE\) Procedure](#)

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.
D	05/20/25	No content changes made.
E	08/07/25	Updated in "Information" section #1 to align with MDHHS licensed practitioners, in #9 added references to ORI.1.36 & ORI.2.07, added #2, #10, and #11, in "Policy" section #1 and #7, changed "two (2) years to three (3) years", reworded #3 to eliminate paper forms and added #4, in 9.b, in 9.c added 2 nd bullet, in 10.b added 2 nd sub-bullet, added 3 rd & 5 th bullets, added 11, 12, & 13 in "Acronyms" section added "AFC", "ASD", "CMHSP", "CRM", "LARA", "LEIE", & "MSHN", added "Definitions" section, in "References" section added "Public Act 282 of 2020", ORI.1.33, ORI.1.36 & ORI.2.07, made numerous minor wording changes without affecting content. (See Controlled Documentation Manager for complete list of changes and/or previous revisions of this policy.