



HURON BEHAVIORAL HEALTH
PROCEDURE

Procedure #: **PM.2.04**
Issue Date: 03/14/26
Rev. Date: 03/23/26
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Title: Provider Network – Contract Provider Privileging/Credentialing Procedure

Prepared By: Contract Manager

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Purpose:

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

Scope:

This procedure applies to all individual and organizational contract providers.

Information:

1. It is HBH's policy that all contract providers must apply for privileges/credentials. See also " [Provider Network – Provider Privileging/Credentialing Policy](#)" PM.1.03.
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 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 Contract Manager with the responsibility of conducting primary source verification checks for contract providers as required by this procedure.
5. HBH may 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 "[Provider Network – Provider Privileging/Credentialing Policy](#)" PM.1.03.
6. In the event that HBH utilizes a provider who resides in a bordering state, that provider must meet applicable licensing/certification requirements for both states.

Procedure:

A. Privileging/Credentialing of 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. Licensed providers include, as applicable:
 - Physicians and Physicians Assistants
 - Psychologists (Licensed, Limited License, and Temporary License)
 - Licensed Social Workers (Master's, Bachelor's, Limited Licensed)
 - Registered Social Service Technicians
 - Licensed Professional Counselors
 - Nurses (Registered, Licensed Practical, Practitioners)
 - Occupational Therapists (OT) and Occupational Therapist Assistants
 - Physical Therapists (PT) and Physical Therapist Assistants
 - Speech Pathologists
 - Board Certified Behavior Analysts

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- Licensed Family and Marriage Therapists
 - Other behavioral healthcare specialists, licensed, certified, or registered by the state
3. Organizations include, as applicable:
 - Case Management/Community Living Supports Services
 - Specialized Residential Homes
 - Inpatient Psychiatric Hospitals
 - Crisis Residential Homes
 - Fiscal Management Services
 - Autism Service Providers
 - Vocational Service Providers
 4. 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](#)).
 5. Contract Providers shall provide the following documentation to the Contract Manager for the processing of the Privileging/Credentialing application:
 - Copy of Licensure
 - Liability Insurance Certificate
 - Completed “Contract Provider - Michigan Workers’ Compensation Independent Contractor Worksheet” (90-789) *(for Individual contract providers only)*
 - Completed W-9 (Request for Taxpayer Identification Number/TIN and Certification)
 - Personnel - Criminal History Check Consent Form (90-236) *(for Individual contract providers only)*
 - Third-Party/External Provider Computer Acceptable Use Agreement Form (90-606)
 - Provider Network Application Form (90-561)
 6. Contract providers shall only provide those services to HBH 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. 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. 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.
 9. 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 and Lakeview Consultants)
 - 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
 10. Contract providers must submit a privileging application form to the Contract Manager prior to serving any consumers and every three (3) years thereafter. This includes verifying the specific services, professional disciplines, age-specific and disability-specific populations that the provider is noting competency to perform.

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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
12. For 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 clinical contract provider eligible for the QMHP, QIDP, and CHMP credentials must also 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 completion of the contractual agreement 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 Contract Manager is responsible for monitoring QIDP, CMHP, and QMHP credentialing completion.
14. Upon submission of the individual contract provider’s application, the HBH Contract Manager 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 sanction check
 - d. Criminal Background Check using ICHAT (Internet Criminal History Access Tool) (Michigan State Police website)
 - e. National Public Sex Offender Website (NPSOW) registry check
 - f. State Sex Offender Registry check

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- g. Central Registry check (if working with children)
- h. Office of the Inspector General (OIG) sanction/debarment check
- i. Verification of claims, judgments, disciplinary actions, etc., (National Practitioner Data Bank /NPDB website) query if applicable

B. Re-Credentialing/Re-Privileging Process:

1. The Contract Manager will notify the contract provider two (2) months prior to the expiration date of privileges regarding the need to complete a renewal application and provide HBH with 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 contract provider who receives a new license or renews his/her existing license must update their application documenting the change in licensure status.
4. Annually, the Contract Manager will complete a primary source verification on all clinical contract providers. This annual verification will include primary source verification of the following:
 - Licensure or Certification check
 - Criminal Background check
 - National Public Sex Offender Website (NPSOW) Registry check
 - Michigan Public Sex Offender Registry (MIPSOR) check
 - Central Registry Database check (if working with children)
 - OIG Sanctions/Debarment check

C. 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.

D. 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	<input checked="" type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> E	Completed, signed, dated application with no positively answered attestation questions	365 days
State Licensure (if applicable)	Department of Licensing and Regulatory Affairs (LARA)	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> E	Free from Licensing violations and free from state investigations in the past 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	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	Provider is not on the Medicaid/Medicare sanctioned provider listing	180 days
Accreditation (if applicable)	Copy of latest survey report	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> E	Full accreditation at last review	180 days
Quality Information	Agency data	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> 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

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Definitions/Acronyms:

Acronyms:

CLS – Community Living Supports
CMS – Centers for Medicaid and Medicare
HBH - Huron Behavioral Health
HHS – Health and Human Services
ICHAT - (Internet Criminal History Access Tool)
MDHHS – Michigan Department of Health and Human Services
MIPSOR – Michigan Public Sex Offender Registry
MSHN – Mid State Health Network
NPDB – National Practitioner Data Bank
NPSOW – National Public Sex Offender Website
OIG – Office of the Inspector General
OT – Occupational Therapist
PSV – Primary Source Verification
PT – Physical Therapist
QIDP – Qualified Intellectual Disability Professional
TIN – Taxpayer Identification Number

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](#)
[90-728 QIDP Designation Qualification Review Form](#)
[90-745 QMHP Designation Qualification Review Form](#)
[90-747 CMHP Designation Qualification Review Form](#)

Records:

Records of Privileging/Credentialing for contract providers are maintained by the HBH Contract Manager. HBH will retain the initial and all subsequent privileging/credentialing documents for contract providers, 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 for a minimum of seven (7) years in accordance with MDHHS General Schedule #20 for Retention and Disposal Schedule.

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Reference(s) and/or Legal Authority

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](#)

[PM.2.02 Privileging Committee Procedure](#)

Change History:

Change Letter	Date of Change(s)	Changes
None	03/14/26	New procedure to define privileging/credentialing requirements for contract providers. (Note – previously this procedure was included as part of HR.2.01 (“Privileging/Credentialing Procedure”). See Controlled Documentation Manager for previous versions of HR.2.01.
A	03/23/26	In “Procedure” section added first bullet in A.3.