I. APPLICATION

All GCCMH and PIHP Staff; Contractual Staff; Network Providers; SUD Providers

II. POLICY STATEMENT

It is the policy of GCCMH to have a written system in place for credentialing and re-credentialing individual and organizational providers. Credentialing/re-credentialing as described in this policy will occur at the time of hire (directly operated) or contracting (network), and every two (2) years thereafter.

III. CREDENTIALING INDIVIDUAL PROVIDERS (GCCMH Employees and GCCMH Individual Contractors)

A. Credentialing and re-credentialing shall be conducted and documented for at least the following health care professionals employed or individually contracted by GCCMH through its Human Resources Department:
   1. Physicians (M.D.s or D.O.s), including board certification or board eligibility, if applicable
   2. Physician's Assistants - Certified
   3. Psychologists (Licensed, Limited License, or Temporary License)
   4. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers (Bachelor's and Master's), and Registered Social Service Technicians
   5. Licensed or Limited License Professional Counselors
   6. Nurse Practitioners, Registered Nurses, or Licensed Practical Nurses
   7. Occupational Therapists and Occupational Therapist Assistants
   8. Physical Therapists and Physical Therapist Assistants
   9. Speech Pathologists
   10. Dietitians
   11. Substance Abuse Treatment Specialist, and Substance Abuse Treatment Practitioner and Clinical Supervisor as defined in the Medicaid Provider Manual and the Michigan Department of Community Health/Office of Drug Control Policy Credentialing and Staff Qualification Requirements for the CA Provider Network.
   12. Registered or Certified Prevention Specialist, and Registered or Certified Prevention Consultant as defined in the Michigan Department of Community Health/Office of Drug Control Policy Credentialing and Staff Qualification Requirements for the CA Provider Network.
   13. Case Managers/Supports Coordinators with a bachelor’s degree in a human service but without a license (must be supervised by a QMRP or QMHP).

1 Required HR procedures for GCCMH employees and independent contractors are found in the GCCMH Procedure Manual.

B. GCCMH shall ensure:

1. The credentialing and re-credentialing processes do not discriminate against:
   a. A health care professional solely on the basis of license, registration, or certification; or
   b. A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
2. Compliance with Federal requirements that prohibit employment, or contracts with providers excluded from participation under either Medicare or Medicaid.

C. GCCMH shall ensure that a credentialing/re-credentialing file is maintained for each credentialed individual. Each file must include:

1. The initial credentialing and all subsequent re-credentialing applications.
2. Information gained through primary source verification.
3. Any other pertinent information used in determining whether or not the provider met the PIHP's credentialing and re-credentialing standards.

D. Initial Credentialing

At a minimum, the following are required:

1. A written application that is completed, signed, and dated by the individual and attests to the following elements:
   a. Lack of present illegal drug use.
   b. Any history of loss of license and/or felony convictions.
   c. Any history of loss or limitation of privileges or disciplinary action.
   d. Attestation by the applicant to the correctness and completeness of the application.
2. Verification by HR of the individual's work history for the prior five years (from the application, resume, or curriculum vitae including contact information), by phone or fax, from previous employers. If the person has less than five years experience, all experience must be included.
3. Verification from primary sources of:
   a. Licensure or certification.
   b. Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training.
   c. Documentation of graduation from an accredited school.
   d. National Practitioner Databank (NPDB) query or, in lieu of the NPDB query, all of the following must be verified:
      • Minimum five-year history of professional liability claims resulting in a judgment or settlement;
      • Disciplinary status with regulatory board or agency; and
      • Complete history of Medicare/Medicaid sanctions.
   e. If the individual undergoing credentialing is a physician, then primary source verification activities completed with the American Medical Association or American osteopathic Association satisfy a., b., and c. above; or
f. If the individual undergoing credentialing is a physician, then primary source verification activities completed by an accredited hospital at which the physician holds membership in the Medical Staff (with admitting privileges) satisfy a., b., and c. above.

E. Temporary Provisional Credentialing of Individuals

Temporary provisional credentialing of individuals is intended to increase the available network of providers in underserved areas, whether rural or urban. GCCMH shall allow temporary provisional credentialing of individuals when it is in the best interests of persons served that providers be available prior to formal completion of the entire credentialing process.

Temporary provisional credentialing status shall not exceed 150 calendar days.

GCCMH shall have up to thirty-one (31) calendar days from receipt of a completed application, accompanied by the minimum documents identified below, within which to render a decision regarding temporary provisional credentialing.

1. For consideration of temporary provisional credentialing, at minimum an applicant shall complete a signed application that attests to the following items:
   a. Lack of present illegal drug use.
   b. History of loss of license, registration, or certification, and/or felony convictions.
   c. History of loss or limitation of privileges or disciplinary action.
   d. A summary of the individual's work history for the prior five years (i.e., a resume or curriculum vitae including contact information). If the person has less than five years experience, all experience must be included.
   e. Attestation by the applicant to the correctness and completeness of the application.

2. GCCMH shall conduct primary source verification of the following:
   a. Licensure or certification.
   b. Board certification if applicable or the highest level of credential attained.
   c. History of Medicare/Medicaid sanctions.
   d. Criminal background check.

The Human Resources Department shall review the information obtained and determine whether to grant temporary provisional privileges. Following approval of provisional privileges, the process of verification as outlined in this Section shall be completed.

F. Re-credentialing & Re-privileging Individuals

Re-credentialing of licensed, registered, or certified individuals includes the following:
1. Re-credentialing at least every two years.
2. An update of information obtained during initial credentialing via re-attestation.
3. A process for ongoing monitoring (and intervention if appropriate) of sanctions, complaints, and quality issues pertaining to the provider which must include, at minimum, review of:
### SUBJECT:
Credentialing and Privileging

### POLICY #:
02-000-99

### SECTION:
Human Resources

### CHAPTER:
Human Resources

| a. Medicare/Medicaid sanctions. |
| b. State sanctions or limitations on licensure, registration, or certification. |
| c. Grievances (complaints) and appeals information. |
| d. PIHP quality issues. |
| e. Training requirements in excess of licensure/registration/certification. |
| f. Allegations of wrongdoing. |
| g. Criminal background check |

### IV. CREDENTIALING ORGANIZATIONAL PROVIDERS IN THE NETWORK

A. The PIHP shall validate and re-validate at least every two (2) years that the organizational provider is licensed as necessary to operate in the state, and has not been excluded from Medicaid or Medicare participation.

B. The PIHP shall validate and re-validate at least every two (2) years that the organizational provider is nationally accredited by CARF, JCAHO, COA, NCQA, or AOA, in the areas under contract with GCCMH as required in the specific provider contract.

C. The PIHP shall reserve the right to validate, through redundant primary source verification, the licensure, registration, or certification, of each individual credentialed by an organizational provider and confirm that the individual has not been excluded from Medicaid or Medicare participation.

D. Provider Relations or its designee shall annually perform the above organization-level verification activities and document the results in its credentialing files. Adverse results may result in repayment of reimbursement for services provided by noncompliant staff, or in termination of the provider contract.

E. The PIHP is responsible for oversight of the credentialing and re-credentialing decisions made by organizational providers. **Each organizational provider shall submit to the Provider Relations Department a copy of its credentialing and privileging policy no later than December 31st of each year.** New providers shall submit same and receive approval prior to submitting claims for payment. Each organization’s credentialing and re-credentialing policy shall be in full compliance with this PIHP policy. The absence of a compliant C&P policy could adversely affect contracting with GCCMH.

F. The PIHP shall perform audits of organizational providers’ credentialing files, medical records, and billing claims to ensure compliance with this policy. Adverse audit results may result in repayment of reimbursement for services provided by noncompliant staff, or in termination of the provider contract.

### V. DEEMED STATUS

Some individual or organizational providers deliver healthcare services to more than one PIHP or Substance Abuse Coordinating Agency (CA). GCCMH may recognize and accept credentialing activities conducted by any other PIHP or CA in lieu of completing this process. This option is considered on a case-by-case basis.
In those instances where the PIHP chooses to accept the credentialing decision of another PIHP or CA, it shall maintain copies of the credentialing PIHP’s or CA’s decisions in its credentialing records.

VI. REPORTING, NOTIFICATION, AND APPEAL MECHANISM  (These procedures apply to initial and re-credentialing/re-privileging)

A. The PIHP, consistent with state and federal reporting requirements and in accordance with its corporate compliance program, shall report to appropriate authorities (e.g., MDCH, the provider’s regulatory or licensure board or agency, the Office of the Inspector General, the Attorney General, the accrediting body, etc.) any known problems that result in an individual’s or organizational provider’s suspension or termination from the PIHP’s employment or network.

B. In the event that the PIHP detects issues related to corporate compliance, the PIHP will refer these issues to the PIHP Corporate Compliance Officer.

C. The PIHP shall maintain documentation of implementation of actions taken under (A) or (B), as appropriate, through its corporate compliance program.

D. Individual and organizational providers shall be notified in writing regarding all determinations, including adverse privileging and credentialing decisions. Written notification shall include the reason for the adverse determination.

E. Providers may appeal any adverse determination, in writing, within 30 calendar days, directly to the PIHP Chief Operating Officer, 420 W. 5th Avenue, Flint, MI 48503. The PIHP Chief Operating Officer shall provide a written response to the appeal, with a determination of the outcome of the appeal, within 30 calendar days.

VII. STAFF QUALIFICATIONS

The Michigan Department of Community Health (MDCH) publishes qualifications and definitions for staff performing specialty services and supports in the Community Mental Health system. Additionally, the MDCH Bureau of Substance Abuse and Addiction Services (BSAAS) (formerly the Office of Drug Control Policy) publishes staff qualifications and definitions for staff performing services in SUD programs.

These qualifications are modified from time to time. Therefore, **all individuals seeking privileges anywhere in the GCCMH Network shall be responsible to review and comply with the credentialing requirements in the latest version of the Medicaid Provider Manual (Mental Health and Substance Abuse section) and any supplemental Medicaid Bulletins (available at [Medicaid Provider Manual & Supplemental Bulletins](http://www.michigan.gov/mdch/0,1607,7-132-27417_27529---,00.html)); and with the MDCH BSAAS credentialing and staff qualification requirements for the CA Provider Network (available at [Substance Abuse Licensing, Certification, and Training Information](http://www.michigan.gov/mdch/0,1607,7-132-27417_27529---,00.html)).**

All licensed or certified staff shall comply with the appropriate requirements regarding scope of service as promulgated in their respective licensure law. This information is currently available at [http://www.michigan.gov/mdch/0,1607,7-132-27417_27529---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-27417_27529---,00.html).
It is each provider’s responsibility to remain current with the above staff qualification requirements as defined in state regulation and by professional association(s). Organizational providers shall document the application of the state’s current administrative rules and regulations defining staff qualifications and scope of practice to their internal credentialing, re-credentialing, privileging, and re-privileging processes.

VIII. DEFINITIONS

**Individual Credentialing** is the process of reviewing, evaluating, and verifying a professional’s qualifications and background (e.g., education, training, clinical experience, licensure, board and/or other certification, other relevant credentials, malpractice history and/or disciplinary actions, Medicaid/Medicare status) to establish the presence of the specialized professional background required for employment or contracting in the GCCMH network, including the directly-operated provider. The result of *individual credentialing* is that the individual is determined to have met stated criteria.

**Organizational Credentialing** is the process of reviewing, evaluating, and verifying a provider’s legal status, accreditation status, Medicaid/Medicare compliance status, and qualifications of staff for membership in the GCCMH Provider Network. The result of *organizational credentialing* is that a provider is determined to have met GCCMH’s stated criteria for membership in its network.

**Privileging** is the process of determining whether or not an individual (employee or contractor) has sufficient competencies to perform the specific services or procedures which they have requested as an employee or contractor within the GCCMH Provider Network, including the directly-operated provider. The result of *privileging* is that an individual is granted clinical privileges to deliver specific services within a defined scope of practice.

**Organizational providers** are entities under contract with GCCMH PIHP that directly employ and/or contract with individuals to provide specialty services and supports. Examples of GCCMH organizational providers include, but are not limited to, hospitals, psychiatric hospitals, partial hospitalization programs, substance use disorder programs, case management programs, assertive community treatment programs, and skill building programs.

IX. DEVELOPMENT AND EVALUATION
The Chief Operating Officer is responsible for annual review and evaluation of this policy.

X. IMPLEMENTATION AND REVISIONS

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10-01-07 – Revised
03-01-08 – Revised
02-02-09 – Revised
10-01-09 – Revised
05-2010 – Revised
03-2011 – Revised
08-2011 – Revised