# BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
# POLICY AND PROCEDURE MANUAL

| Policy: 12-B Organizational Credentialing | Application: BCCMHA Staff and Providers |
|---|---|
| Approved: Rich Thiemkey<br>Richard Thiemkey, MA Executive Director | |

| Reviewed | Revised | First Effective |
|---|---|---|
| 5/6/2026 | 3/6/2025 | 6/9/2010 |

**PURPOSE**

The purpose of the provider network is to enroll and credential competent and qualified providers to meet the needs of the population served by Barry County Community Mental Health Authority (BCCMHA). The policy establishes guidelines for credentialing and re-credentialing behavioral health organizational providers and facility providers.

**POLICY**

BCCMHA may credential and re-credential behavioral health organizations and facilities with whom it contracts and fall within its scope of authority and action. BCCMHA, as part of its provider network practices, will not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. BCCMHA will not discriminate against a provider solely on the basis of license or certification. This does not preclude BCCMHA from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to clients and the community served.

It is the responsibility of the BCCMHA Credentialing Committee to review and recommend approval of the credentialing application of applicants prior to them being designated as a participating provider on the BCCMHA provider network.

BCCMHA will communicate with providers about their credentialing status upon request throughout the credentialing process.

**STANDARDS**

<u>TIMEFRAMES FOR CREDENTIALING AND RE-CREDENTIALING</u>

1. Initial credentialing of all organizational providers applying for inclusion in the BCCMHA network must be completed within 90 calendar days.
    a. The 90-day time frame starts when BCCMHA or another CMH within the SWMBH region has received a completed, signed and dated credentialing application from the organizational provider.
    b. The completion time is the date when written communication is sent to the organizational provider notifying them of the decision.

c. Primary source verification must be completed within the 180 days preceding the credentialing decision date.

2. Re-credentialing shall occur at least every three (3) years.

During initial credentialing and at re-credentialing, BCCMHA will ensure that organizational providers are notified of the credentialing decision in writing within 10 business days following a decision. In the event of an adverse credentialing decision, the organizational provider will be notified of the reason(s) in writing and of their right to and process for appealing/disputing the decision.

CREDENTIALING PROCESS

Before executing an initial contract and at least every three (3) years thereafter, BCCMHA will validate the standards contained in the table below, for organizational providers wishing to provide contracted services in the BCCMHA network.

During initial credentialing and at re-credentialing, BCCMHA will submit credentialing packets along with primary source verifications and other supporting documentation to its Credentialing Committee for a decision regarding inclusion in the BCCMHA network. Packets will be reviewed for completeness prior to any Committee meeting. If files meet clean file criteria in every category listed, the Medical Director (or designee) of BCCMHA - sign off to approve the provider, in lieu of review and decision by the Credentialing Committee.

| **Credentialing Standard** | **Verification Method** | **Clean File Criteria** | **Required for Initial Credentialing?** | **Required for Re-credentialing?** |
|---|---|---|---|---|
| Completed Universal Credentialing application within the Customer Relationship system (CRM) or SWMBH Organizational Credentialing Application (as applicable) signed and dated by an authorized representative of the organizational provider. | Review of completed Organizational Credentialing Application. | Complete, signed application with no positively answered attestation questions. | Yes | Yes |

| | | | | |
|---|---|---|---|---|
| The organizational provider is licensed or certified and in good standing as necessary to operate in the state. | State License verification (LARA)<br>Certification verification (certifying entity)<br>Record of any violations or special investigations | Current valid license/certification; No license/certification violations and no special state investigations within the most recent five (5) years for initial or three (3) years for re-credentialing. | Yes | Yes |
| Accreditation by a national accrediting body, if obtained.<br><br>Accreditation is **required** for substance use disorder (SUD) treatment providers and inpatient providers. | Proof of accreditation by any of the following:<br>CARF<br>Joint Commission DNV<br>Healthcare NCQA<br>CHAPS COA AOA | Full accreditation status during the last accreditation review. | Yes | Yes |

| | | | | |
|---|---|---|---|---|
| If the organizational provider is not accredited (and is not required to be), an on-site or alternative quality assessment is conducted by SWMBH or CMHSP prior to contracting.<br>An on-site quality assessment is **required** for Specialized Residential sites (homes). The parent organization's accreditation does not eliminate this requirement. | On-site quality assessment (can be from another Region as part of Credentialing Reciprocity) OR Alternative quality assessment for solely community-based providers (i.e. no "site" to perform an on-site review) | No plan of correction resulting from the on-site/alternative quality assessment. | Yes | No |
| Primary source verification of the past | National Practitioner Data Bank (NPDB) Query | No malpractice lawsuits and/or civil | Yes | Yes |

| | | | | |
|---|---|---|---|---|
| five (5) years of civil judgments or malpractice claims. | Verification from provider's malpractice insurance carrier | judgments related to the delivery of a health care item or service within the last five (5) years. | | |
| The organizational provider, and any<br><br>individuals listed as a "Screened Person" under SWMBH Policy 10.13, are not excluded from participation in Medicare, Medicaid, other federal contracts, and are not excluded from participation through the MDHHS Sanctioned Provider list. | CMS Sanctioned Provider List: ~~https://exclusions.oig.hhs.gov~~<br><br>MI Sanctioned Provider List: ~~www.michigan.gov/MDHHS~~ (Providers > Information for Medicaid Providers > List of Sanctioned Providers)<br>System for Award Management (SAM): ~~https://sam.gov~~<br><br>****Checked during initial credentialing and monthly thereafter via monthly sanctioned provider screenings**** | Initial Credentialing: Organizational<br><br>provider and any "Screened Persons" are not listed as excluded or sanctioned.<br><br>Recredentialing: Monthly sanctioned provider monitoring results from initial credentialing through recredentialing show the organizational provider and any "Screened Persons" excluded or sanctioned. | Yes | Yes – monthly sanctioned provider screening results |
| Organizational provider's current insurance coverage meets contractual expectations. | Copy of the organizational provider's liability insurance policy declaration sheet. | Current insurance coverage meets contractual requirements. | Yes | Yes |

| | | | | |
|---|---|---|---|---|
| A quality review is completed at recredentialing. | Documented review of the following:<br>• Grievances & appeals<br>• Recipient Rights complaints/investigations<br>• Customer services complaints<br>• Program Integrity & Compliance Investigations<br>• MMBPIS or other applicable performance indicators<br>• The most recent annual site review/monitoring report. | Grievances & appeals, recipient rights, and Customer Services complaints are within the expected threshold given the provider's size; there has been no substantiations of credible allegations of fraud; MMBPIS and other performance indicators substantially meet set standards (if applicable). | No | Yes |
| The organizational provider is enrolled in the MDHHS CHAMPS System, if applicable. | Verification of CHAMPS enrollment. | Organization is enrolled in CHAMPS. | Yes | Yes |
| If the organizational provider seeks to contract to provide services/programs that require MDHHS certification, the organizational provider has already obtained MDHHS certification. (Crisis Residential, Clubhouse, SUD ASAM Level of Care, etc.) | Verification of program/service certification by MDHHS. | Applicable programs/services have MDHHS certification | Yes | Yes |
| Any other standards applicable to the organizational provider type of services. | As needed depending on the applicable standard(s). | As needed depending on the applicable standard(s). | Yes | As needed depending on the applicable standard(s). |

TEMPORARY/PROVISIONAL CREDENTIALING PROCESS

1. Temporary or provisional status can be granted one time to organizations until formal credentialing is completed. Temporary or provisional credentialing should be used when it is in the best interest of Medicaid members to have providers available to provide care prior to formal completion of the entire credentialing process.
2. Timeframes.
    a. A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of a complete application and the minimum documents listed below.
    b. Temporary/provisional credentialing status shall not exceed 150 days, after which time the credentialing process shall move forward according to this credentialing policy.
    c. Primary source verification must be completed within the 180 days preceding the provisional credentialing decision date.
3. Requirements.
    a. Standard Requirements.
        1. Providers seeking temporary or provisional status must complete the current approved SWMBH Organizational Credentialing Application, signed and dated by an authorized representative.
        2. BCCMHA shall perform verification from primary sources of:
            a. Current valid license or certification and in good standing as necessary to operate in the State of Michigan.
            b. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following:
                i. Minimum five (5) year history of professional liability claims resulting in a judgment or settlement; and
                ii. Disciplinary status with regulatory board or agency.
            c. Medicare/Medicaid sanctions (OIG, SAM, and Michigan Sanctioned Provider lists)
            d. CHAMPS Enrollment.
        3. BCCMHA shall evaluate the organizational provider's continuing operation as a provider for the prior five (5) years. Gaps in operation of six (6) months or more in the prior five
        (5) years must be addressed in writing during the application process.
    b. Requirements Specific to Accreditation and CHAMPS enrollment.
        1. Temporary or provisional status may be considered for organizational providers that are required to be accredited while their accreditation is pending, only with written permission from MDHHS and SWMBH.
            a. Accreditation is a precursor requirement for some provider types to securing a Medicare Number, which is a precursor requirement to

CHAMPS enrollment. This means that some providers who are awaiting accreditation will not yet be enrolled in CHAMPS.

2. Temporary or provisional status may be considered for organizational providers that are not yet enrolled in CHAMPS, only with written permission from MDHHS and SWMBH.
    a. If temporary or provisional credentialing status is approved for an organization provider who is not yet enrolled in CHAMPS, contracts with that organizational provider may not exceed 120 days, and must terminate immediately after the 120-day time period, unless either of the following occurs:
        i. Written permission by MDHHS to extend the contract beyond the 120-day limit; or
        ii. Verification of the organizational provider's enrollment in CHAMPS.

**REFERENCES**

MDHHS Credentialing & Re-Credentialing Technical Requirements
SWMBH Credentialing & Re-Credentialing Policies & Procedures