BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL

Policy: 12-C Behavioral Health Practitioners Credentialing	Application: BCCMHA Staff, Providers, All, Clients
Approved: Rich Thiemkey Richard Thiemkey, MA Executive Director	

Reviewed	Revised	First Effective
5/6/2026	3/6/2025	12/23/2019

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 agency providers and independent contractors.

POLICY

BCCMHA may credential and re-credential behavioral health staff and independent behavioral health contractual providers 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 based on 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. Providers may not provide care to members until they have been credentialed in accordance with this policy.

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

STANDARDS

CREDENTIALING

Credentialing will be completed for all practitioners as required by this policy and all applicable Michigan and Federal laws. Specifically, the following types of practitioners will be credentialed:

1. Physicians (M.D.s or D.O.s)
2. Physician Assistants
3. Psychologists (Licensed, Limited License, and Temporary License),

4. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians
5. Licensed Professional Counselors
6. Board Certified Behavior Analysts
7. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
8. Occupational Therapists and Occupational Therapist Assistants
9. Physical Therapists and Physical Therapist Assistants
10. Speech Pathologists
11. Licensed Marriage and Family Therapists
12. Other behavioral healthcare specialists licensed, certified, or registered by the State

For internal BCCMHA staff, credentialing will be completed for staff that have an NPI number, or are eligible for one, and will be providing direct client care resulting in billing to Medicaid for services.

TIME FRAMES FOR CREDENTIALING AND RE-CREDENTIALING

Initial credentialing of individual practitioners applying for inclusion in the BCCMHA network must be completed within 90 calendar days.

1. The 90-day timeframe starts when BCCMHA or another CMH within the SWMBH region has received a completed, signed and dated credentialing application from the individual practitioner.
2. The completion time is the date written communication is sent to the individual practitioner notifying them of the credentialing decision.
3. Primary source verification must be completed within the 180 days preceding the credentialing decision date. Re-credentialing shall occur at least every three (3) years.

CREDENTIALING CRITERIA AND APPLICATION PROCESS

Prior to inclusion in the BCCMHA provider network and at least every three (3) years thereafter, individual practitioners requesting inclusion or participating in the BCCMHA provider network will complete, sign and date the universal credentialing application in the MDHHS CRM or the current SWMBH Individual Practitioner Credentialing Application (as applicable), including all attestations, and provide any supporting documentation necessary for credentialing to occur.

BCCMHA credentialing staff will verify information obtained in the credentialing application and validate the standards contained in the table below. Copies of verification sources will be maintained in the practitioner credentialing file. When source documentation is not electronically dated, staff will initial and date with the current date.

Credentialing Standard	Verification Method	Clean File Criteria	Required for Initial	Required for Re-
			Credentialing	credentialing
Completed universal credentialing application within the Customer Relationship System or current SWMBH Individual Practitioner Credentialing Application as applicable, signed and dated by the individual practitioner that attests to the following: • Lack of present illegal drug use; • History of loss of license, registration, certification, and/or felony convictions; Any history of loss or limitation of privileges or disciplinary action; Accuracy and completeness of information in the applications; and Ability to perform the essential functions of the position with or without accommodation.	Review of completed Individual Practitioner Credentialing Application and any relevant addenda concerning: • The reasons for inability to perform essential functions; • Lack of present illegal drug use; • History of loss of license; • History of loss or limitation of privileges; • Current malpractice coverage that was not provided with the application and signed attestation.	Complete, signed and dated application with no positively answered attestation questions.	Yes	Yes
Criminal history and National and State sex offender registry checks.	ICHAT: https://apps.michigan.gov Michigan Public Sex Offender Registry: https://mspsor.com National Sex Offender Registry: http://www.nsopw.gov	No results.	Yes	Yes

Evaluation of the individual practitioner's work history for the prior five (5) years, with each gap in work history of six (6) month or more clarified in writing by the practitioner.	Review of credentialing application, with any gaps of six (6) months or more explained in writing.		Yes	Yes
Licensure or certification, and in good standing.	Primary source verification made directly with the state licensing agency website (LARA for Michigan – http://w3.lara.stat.mi.us/free/) SPECIAL NOTE FOR PHYSICIANS: • The American Medical Association (AMA) or American Osteopathic Association (AOA) physician profile information may be used as the primary source for licensure, board certification, and education verification for physicians.	Current valid and unrestricted license to practice in the state of Michigan; and No state sanctions or restrictions on licensure in the past ten (10) years.	Yes	Yes
Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs or other postgraduate training.	Primary source verification directly with the applicable certification board. Because medical specialty boards verify education and training, verification of board certification fully meets the requirement for verification of education.		Yes	Yes
If a practitioner is NOT Board Certified -Verification of education	• Official transcript of graduation from an accredited school; and/or • LARA license; and/or • Verification via the National Student Clearinghouse: https://www.studentclearinghouse.org SPECIAL NOTE: • The Educational Commission for Foreign Medical Graduates (ECFMG) may be used to verify education of foreign physicians educated after 1986 (for practitioners who are not board		Yes	No

	certified and verification of completion of a residency program or graduation			

	from a foreign medical school are not verifiable with the primary source).			
Primary source verification of the past five (5) years of malpractice lawsuits, judgments, or settlements.	National practitioner Databank (NPDB)/HIPDB query and a written description of any malpractice lawsuits and/or judgments or settlements within the last five (5) years provided by either the practitioner or their malpractice carrier; OR In lieu of an NPDB/HIPDB query, verification of ALL of the following: • Historical checks of criminal convictions related to the delivery of a health care item or service. • Historical checks of civil judgments related to the delivery of a health care item or service. • Disciplinary status with regulatory board or agency. • Medicare/Medicaid sanctions and exclusions (see below)	No malpractice lawsuits or judgments or settlements within the last five (5) years; OR No positive findings on any of the verifications.	Yes	Yes

The individual practitioner is not excluded from participation in Medicare, Medicaid, or other federal contracts, and is not excluded from participation through the MDHHS Sanctioned Provider List.	CMS Sanctioned Provider List: ~~https://exclusions.oig.hhs.gov~~ MI Sanctioned Provider List: www.michigan.gov/MDHHS (Providers>Information for Medicaid Providers>List of Sanctioned Providers) System for Award Management (SAM): ~~https://sam.gov~~ ****Checked during initial credentialing and monthly thereafter via monthly sanctioned provider screenings.****	Initial Credentialing: Practitioner is not listed as excluded or sanctioned. Recredentialing: Monthly Sanctioned provider monitoring results from Initial credentialing through recredentialing show the practitioner is not listed as excluded or sanctioned.	Yes	Yes
Current professional liability insurance meets the standards defined in the contract.	Copy of current certificate of insurance.	Meets contractual requirements.	Yes	Yes
A quality review is completed at recredentialing.	Documented review of the following: • Grievances & appeals • Recipient Rights	Grievances & appeals,	No	Yes
	complaints/investigations • Customer services complaints • Program Integrity & Compliance Investigations • MMBPIS or other applicable performance indicators • The most recent annual site review/monitoring report, if applicable.	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 access measures, if applicable.		
The practitioner is enrolled in the MDHHS CHAMPS System, if applicable.	Verification of CHAMPS enrollment.	Practitioner is enrolled in CHAMPS	Yes	Yes

TEMPORARY PROVISIONAL CREDENTIALING

1. Temporary or provisional status can be granted one time to practitioners 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. Providers seeking temporary or provisional status must complete and sign the current approved SWMBH Practitioner Credentialing Application, including attestations regarding: i. Lack of present illegal drug use;
   ii. History of loss of license, registration, certification, and/or felony convictions;
   iii. Any history of loss or limitation of privileges or disciplinary action; iv. The accuracy and completeness of the application.
b. SWMBH and/or participant CMHSPs shall perform verification from primary sources of:
   i. Current valid license or certification, in good standing.
   ii. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
   iii. Official transcript of graduation from an accredited school and/or LARA license.
   iv. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
      a. Minimum five (5) year history of professional liability claims resulting in a judgment of settlement; and
      b. Disciplinary status with regulatory board or agency.
      c. Medicare/Medicaid sanctions and exclusions.
      d. CHAMPS Enrollment.
      e. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (i), (ii), and (iii) above.
   v. BCCMHA shall evaluate the individual practitioner's work history for the prior five (5) years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.

BCCMHA shall follow the same process for presenting provisional credentialing files to the Credentialing Committee as it does for its regular credentialing process.

Temporary/Provisional credentialing decisions shall be made by the Credentialing Committee and not through the clean file process.

PRACTIONER RIGHT FOR REQUEST FOR REVIEW

The Applicants Rights for Credentialing and Re-credentialing will be included in the initial credentialing packet sent to Applicants applying to be providers in the BCCMHA provider network.

1. Applicants have the right, upon request, to be informed of the status of their application. Applicants may contact the credentialing staff via telephone, in writing or email as to the status of their application.
2. Applicants have the right to review the information submitted in support of their credentialing application. This review is at the applicant's request. The following information is excluded from a request to review information:
    a. BCCMHA is not required to provide the applicant with information that is peer-review protected.
    b. Information reported to the National Practitioner Data Bank (NPDB).
    c. Criminal background checks data.
3. Should the information provided by the applicant on their application vary substantially from the information obtained and/or provided to BCCMHA by other individuals or organizations contact as part of the credentialing and/or re-credentialing process, credentialing staff will contact the applicant within 180 days from the date of the signed attestation and authorization statement to advise the applicant of the variance and provide the applicant with the opportunity to correct the information if it is erroneous.
4. The applicant will submit any corrections in writing within fourteen (14) calendar days to the credentialing staff. Any additional documentation will be date stamped and kept as part of the applicant's credentialing file.

CREDENTIALING DECISIONS

Credentialing decisions will be made by the Credentialing Committee or if it is a Clean File, will be reviewed by the Medical Director.

Practitioners not selected for inclusion in the network will be given written notice of the reason for the decision.

REPORTING REQUIREMENTS

BCCMHA shall promptly report to SWMBH's Director of Provider Network information about a behavioral health practitioner which could result in suspension or termination from the SWMBH network, including but not limited to: 1. Known improper conduct (e.g. fraud, threats to member health and safety, etc.);

2. Positive sanctions/exclusions screening results, in accordance with SWMBH Procedure 10.13;
3. Any other information that may affect the practitioner's status as a SWMBH network provider.
    a. BCCMHA shall report any known improper conduct of a practitioner which could result in suspension or termination from the SWMBH network in accordance with applicable SWMBH policies and to the applicable regulatory authority (MDHHS, MI OIG, MI AG, provider's governing board, etc.).

REFERENCES

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

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