BAY-ARENAC BEHAVIORAL HEALTH
POLICIES AND PROCEDURES MANUAL

Chapter: 7	**Human Resources**		
Section: 1	**Administration of Personnel Management**		
Topic: 13	**Credentialing and Privileging of Individual Practitioners**		
Page: 1 of 13	**Supersedes Date:** **Pol: 5-20-10, 8-18-05 (C11-S6-T1)** **Proc: 7-27-21, 7-17-20, 5-30-19, 1-17-19, 4-20-16, 1-06-1, 6-1-07, 8-18-05, 11-S6-T1, 6-1-07, 1-11-08, 5-19-08, (prev. C11-S12-T01)**	**Approval Date:** **Pol: 9-17-2020** **Proc: 1-13-2025**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to ensure the competency and qualifications of Individual Practitioners through primary source verification. The credentials will be verified and clinical privileges will be granted as appropriate to the clinician's practice level, in order to ensure that people receive the highest quality of care.

Purpose

The purpose of this policy and procedure is to (1) establish processes for the verification of credentials; and (2) establish the processes for the granting of clinical privileges, including temporary privileges.

Education Applies to:

☐ All BABHA Staff
☒ Selected BABHA Staff, as follows: Direct employed licensed Individual Practitioners
☐ All Contracted Providers: ☐ Policy Only ☐ Policy and Procedure
☒ Selected Contracted Providers, as follows: Clinical Support Providers and Individual Practitioners
☐ Policy Only ☒ Policy and Procedure
☐ Other:

Definitions

For the purposes of implementing the policy statement, the following definitions are to be used:

Chapter: 7	**Human Resources**		
Section: 1	**Administration of Personnel Management**		
Topic: 13	**Credentialing and Privileging of Individual Practitioners**		
Page: 2 of 13	**Supersedes Date:** **Pol: 5-20-10, 8-18-05 (C11-S6-T1)** **Proc: 7-27-21, 7-17-20, 5-30-19, 1-17-19, 4-20-16, 1-06-1, 6-1-07, 8-18-05, 11-S6-T1, 6-1-07, 1-11-08, 5-19-08, (prev. C11-S12-T01)**	**Approval Date:** **Pol: 9-17-2020** **Proc: 1-13-2025**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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1) Clinical Privileges (also "Clinical Responsibilities"): Authorization granted by the appropriate authority (for example, a governing body) to a practitioner to provide specific care services in an organization within well-defined limits, based on the following factors, as applicable: license, education, training, experience, competence, health status, and judgment.

2) Credentialing: The process of obtaining, verifying, and assessing the qualifications of a health care practitioner to provide client care services in or for a health care organization.

Procedure

Application for Network Participation and Temporary Clinical Privileges

1) Persons interested in providing clinical services as an Individual Practitioner or Healthcare Professional must complete the Credential Verification Organization's (CVO) provider application form and submit it to the Human Resources department. The provider must sign and date the application. The application will, at minimum, attest to the following:
   - Lack of present illegal drug use
   - Any history of loss of license, registration, certification and/or felony convictions
   - Any history of loss or limitation of privileges or disciplinary action
   - Summary of provider'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.
   - Attestation by the applicant of the correctness and completeness of the application.
   - The provider is able to perform the essential functions of the position with or without accommodation.

a. In the event that temporary clinical privileges are being requested, a letter of request from the Practitioner delineating the population(s) to be served and the services or procedure(s) to be performed is required prior to granting temporary privileges.

b. Temporary Privileges: Clinical privileges may be granted by the ~~Chief Executive Officer (CEO)~~Healthcare Practices Committee on a temporary basis, for up to 120 days, upon receipt of a completed application form, primary source verification of appropriate licensure and board certification or highest level of credential maintained; Medicaid/Medicare sanctions, National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank queries, and Prohibited Affiliations Attestation while verification of credentials and other processes are pending. Following determination of clinical privileges by the Healthcare Practices Committee, ~~T~~the CEO will respond to the request for temporary clinical privileges within 31 days of the receipt of the written request. Temporary privileges may be granted on a one time only basis at initial request.

2) Incomplete applications are not processed and are returned to the interested person with a list of missing/incomplete items. Copies of all communications are maintained in the file of the interested person by the Human Resources (HR) Director or designee.

3) BABHA may accept the credentialing decision of other entities within the Mid-State Health Network (MSHN) PIHP or other contracted service providers, pending review of all credentialing and privileging documentation.

Credentialing Procedures

1) Upon receipt of a properly completed Provider Network Application Form, a Credentialing Process is implemented through the HR Department, per the following general procedures:

Chapter: 7	**Human Resources**		
Section: 1	**Administration of Personnel Management**		
Topic: 13	**Credentialing and Privileging of Individual Practitioners**		
Page: 4 of 13	**Supersedes Date:** **Pol: 5-20-10, 8-18-05 (C11-S6-T1)** **Proc: 7-27-21, 7-17-20, 5-30-19, 1-17-19, 4-20-16, 1-06-1, 6-1-07, 8-18-05, 11-S6-T1, 6-1-07, 1-11-08, 5-19-08, (prev. C11-S12-T01)**	**Approval Date:** **Pol: 9-17-2020** **Proc: 1-13-2025**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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a. A credential file will be created and maintained by the HR Department or designee. The credential file will contain, at minimum, the following:
   - Complete provider network application and all subsequent re-credentialing applications
   - Request for clinical privileges
   - Credential Verification Organization (CVO) report (as applicable)
   - All primary source verification documentation
   - All correspondence between the provider and the CMHSP
   - The results of the credential review
   - Recommendation from the credentialing committee or Medical Director
   - Any other pertinent information used in determining whether or not the provider met the credentialing standards

b. Credentials Verification Organization Application: BABHA maintains a contract with a CVO. A Credentials Verification Request Form (or other similar form specified by the CVO) is completed by the HR Director or other designated person and submitted to the CVO pursuant to the published procedures of the CVO.

   Credentialing and re-credentialing will be conducted on the following professionals:
   - Physicians (MD and DO)
   - Physician Assistants
   - Psychologists (Licenses, Limited Licensed, Temporary Licensed)
   - Social Workers (Licensed Masters, Licensed Bachelors, Limited Licensed or Social Service Technicians)
   - Licensed Professional Counselors (Limited Licensed Professional Counselor, Licensed Professional Counselor)
   - Nurse Practitioners, Registered Nurses, Licensed Practical Nurses
   - Occupational Therapists or Occupational Therapist Assistant
   - Physical Therapists or Physical Therapist Assistant
   - Speech Pathologists

- ~~Registered Dieticians~~
- Board Certified Behavior Analyst
- Licensed Family and Marriage Therapists
- Other behavioral healthcare specialists licensed, certified, or registered by the State (e.g. Registered Dietitian, MCBAP, NCTRC, MT-BC, etc.)

c. Credentials Verification Options: The following credentials will be verified (as applicable) for all clinical professionals. Typically, static historical information is verified only at the time of initial credentialing.

i. Primary source verification of Professional or Medical Licenses to practice in the state of Michigan (if the clinical professional is licensed in another state, primary source verification will be completed in all states in which he/she licensed to practice)
ii. Primary source verification of Prescribing Licenses (including narcotics and other drug control licenses) as applicable
iii. Primary source verification of any sanctions against the license(s)
iv. Primary source verification of Current Board Certifications or highest level of credential attained
v. Current Malpractice Insurance Coverage (minimum levels of insurance are defined in the contract between BABHA and the Licensed Independent Practitioner)
vi. Malpractice History – minimum of five-year history (as applicable)
vii. Internships, Residencies, and Fellowships
~~viii. Peer References (three references are required and may not be individuals in the same practice setting as the applicant practitioner)~~
~~ix.~~viii. Work History and Affiliations for the past five 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.
~~x.~~ix. Hospital Privileges (as applicable)
~~xi.~~x. Continuing Medical Education (as required by State Licensing Board)

~~xii.~~xi. Primary source verification of Medicare Sanctions/Medicaid Sanctions as referenced in BABH policies and procedures on prohibited affiliations (C13-S02-T11)

~~xiii.~~xii. Primary source verification of any disciplinary status with a regulatory board or agency

~~xiv.~~xiii. National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank

~~xv.~~xiv. Criminal Background Checks

~~xvi.~~xv. Central Registry Clearance (if working with children)

~~xvii.~~xvi. Recipient Rights Checks

~~xviii.~~xvii. Primary source verification of documentation of graduation from an accredited school

Credentials Confirmation: The CVO conducts the requested credentials verification and/or other integrity checks and provides a written summary of its findings to the HR Director or designee within National Committee Quality Assurance (NCQA) timeframes (not to exceed ~~120~~ 90 days).

d. The HR Director or designated representative reviews the credential file including the report of the CVO, credential verification performed by another entity within MSHN, or other contracted service provider for completeness, noting any areas where credentials are in question.

i. For Temporary Privileges, ~~T~~the HR Director or designee will forward the CVO packet to the Healthcare Practices Committee to review credentials. If BABHA is considering the credentialing results of other entities within the MSHN region or the results of another contracted service provider, the packet will be sent to the Healthcare Practices Committee for review prior to recommendation to the CEO ~~and Board~~. This committee will include representation from various disciplines credentialed through the Board, including, but not necessarily limited to: psychiatrist, psychologist, social worker, and nurse. Participants may be direct employed providers or

members of the provider network, as deemed appropriate by the CEO.

ii. For Initial and Re-Credentialing, the HR Director or designee will forward a clean CVO packet to the Health Care Practices Committee for review of credentials. The committee will consider quality and performance improvement data, such as sentinel events, grievances, appeal activity, site reviews, case reviews and other available documentation in their review of clinical credentials and subsequent recommendation to the CEO and Board. If BABHA is considering the credentialing results of other entities within the MSHN region or the results of another contracted service provider, the packet will be sent to the Health Care Practices Committee for review prior to recommendation to the CEO and Board.

~~ii.~~

~~e.~~

~~i.~~e. Questionable Credentials or Credentials not Verified: Where credentials are questionable or not confirmed, the Board will not credential the Practitioner. The non-credentialing decision, and reasons for denial, is communicated in writing to the Practitioner by the CEO within 31 days of the date of application.

Where credentials obtained from another entity within MSHN or from another service provider are questionable or deemed inadequate, the Board will not credential the Practitioner. In this case, BABHA may elect to conduct credentialing of the Practitioner through the CVO and follow the process set forth above.

Credentials Verified: Where credentials are in order, the Medical Director signs the review document, recommending approval of clinical privileges.

f. The credentialing/re-credentialing process will not discriminate against:

Chapter: 7	**Human Resources**		
Section: 1	**Administration of Personnel Management**		
Topic: 13	**Credentialing and Privileging of Individual Practitioners**		
Page: 8 of 13	**Supersedes Date:** **Pol: 5-20-10, 8-18-05 (C11-S6-T1)** **Proc: 7-27-21, 7-17-20, 5-30-19, 1-17-19, 4-20-16, 1-06-1, 6-1-07, 8-18-05, 11-S6-T1, 6-1-07, 1-11-08, 5-19-08, (prev. C11-S12-T01)**	**Approval Date:** **Pol: 9-17-2020** **Proc: 1-13-2025**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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i. A healthcare professional solely on the basis of license, registration, or certification.
ii. A healthcare professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

Compliance with Federal regulations prohibit employment or contracts with providers excluded from participation under either Medicaid or Medicare.

As referenced in BABHA policies and procedures on prohibited affiliations, each Practitioner will attest to any sanctions, judgments or settlements pending and/or any other litigation related to prior or current experiences with the delivery of Medicaid, Medicare, or other state/federal health care services. By signing the attestation form, the Practitioner agrees to disclose within 20 working days after becoming aware:

- Any proposed or actual suspension, exclusion, or sanction from any health care program funded in whole or in part the Federal or State government (including Medicare and Medicaid).
- Debarment from procurement activities under applicable Federal Acquisition Regulations, or non-procurement activities under the regulations issued pursuant to Executive Order No. 12549.
- A health care related or criminal conviction that may lead to such suspension, exclusion, sanction, or debarment.

In addition, **individually enrolled providers** will be deemed ineligible for participation in the BABHA provider network if the result of criminal background check includes:

- Conviction of a relevant crime as described in 42 USC 1320a – 7(a),
- The provider has a federal or state felony conviction within the preceding 10 years of their provider enrollment application, including but not limited to, any criminal offense related to:
  - Murder, rape abuse or neglect, assault, or other similar crimes against persons.
  - Extortion, embezzlement, income tax evasion, insurance fraud, and other similar financial crimes.

- The use of firearms or dangerous weapons; or
- Any felony that placed the Medicaid program or its beneficiaries at risk, such as a suit that results in a conviction of criminal neglect or misconduct

- The provider has a federal or state misdemeanor conviction within the preceding 5 years of their provider enrollment application, including but not limited to any criminal offense related to:
  - Any misdemeanor crime listed as a permissive exclusion in 42 USC 1320a -7(b);
  - Rape, abuse or neglect, assault, or other similar crimes against persons.
  - Extortion, embezzlement, income tax evasion, insurance fraud, or other similar financial crimes; or
  - Any misdemeanor that placed the Medicaid program or its beneficiaries at immediate risk, such as a conviction of criminal neglect or misconduct.

Privileging Procedures

1) Application: The Provider Network Application Form and a written request for clinical privileges must be provided and signed by the Practitioner delineating privileges requested, populations to be served and procedures to be performed. Privilege categories are gender, age, and disorder-population specific as well as procedure specific.

2) After credentials are verified pursuant to the procedures above, the Credentialing and Privileging Tracking Form (Attachment 2) is completed by the HR Director or other designated person and provided to the Medical Director~~.~~, For granting Temporary Privileges, the Medical Director will ~~who~~ review~~s~~ the information with the Healthcare Practices Committee.

3) Credentialing Committee: The Healthcare Practices Committee serves as the privileging panel, with direct oversight from the Medical Director. The committee shall review the recommendations and information submitted by the Practitioner, CVO, MSHN affiliate and other contracted service providers as reviewed by HR.

Chapter: 7	**Human Resources**		
Section: 1	**Administration of Personnel Management**		
Topic: 13	**Credentialing and Privileging of Individual Practitioners**		
Page: 10 of 13	**Supersedes Date:** **Pol: 5-20-10, 8-18-05 (C11-S6-T1)** **Proc: 7-27-21, 7-17-20, 5-30-19, 1-17-19, 4-20-16, 1-06-1, 6-1-07, 8-18-05, 11-S6-T1, 6-1-07, 1-11-08, 5-19-08, (prev. C11-S12-T01)**	**Approval Date:** **Pol: 9-17-2020** **Proc: 1-13-2025**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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3)~~4)~~ Medical Director: Provides oversight to the Healthcare Practices Committee~~.~~. The Medical Director shall review the recommendations and information submitted by the Practitioner, CVO, MSHN affiliate and other contracted service providers as reviewed by HR and also considers any issues identified through the quality assessment/performance improvement program, site reviews, case reviews and other available documentation about the performance and practices of the Practitioner. Privileging determinations will be forwarded to the Board.

The Board will not discriminate against a healthcare professional solely on the basis of:

- License, registration, or certification.
- The healthcare professional who serves high-risk populations or specializes in the treatment of conditions that require costly treatment.

~~a.~~ The Credentialing Committee will judge the merits of the application for provider network membership and competency to perform the services for which privileges are requested to the population(s) identified on the application. The Medical Director, through the Credentialing Committee, shall make a written affirmative or negative recommendation regarding the delineation and granting of clinical privileges.

~~b. The Medical Director, through the Credentialing Committee, shall make a written affirmative or negative recommendation regarding the delineation and granting of clinical privileges.~~ This recommendation will be presented to the Program Committee of the Board.

~~4)~~5) Board of Directors Action: The Program Committee will review the privileging packet as presented by the Credentialing Committee and will forward their recommendation to the full Board of Directors for final action. Only the Board of Directors may grant full clinical privileges.

Chapter: 7	**Human Resources**		
Section: 1	**Administration of Personnel Management**		
Topic: 13	**Credentialing and Privileging of Individual Practitioners**		
Page: 11 of 13	**Supersedes Date:** **Pol: 5-20-10, 8-18-05 (C11-S6-T1)** **Proc: 7-27-21, 7-17-20, 5-30-19, 1-17-19, 4-20-16, 1-06-1, 6-1-07, 8-18-05, 11-S6-T1, 6-1-07, 1-11-08, 5-19-08, (prev. C11-S12-T01)**	**Approval Date:** **Pol: 9-17-2020** **Proc: 1-13-2025**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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~~5)~~6) Privileges Granted: ~~If granted, initial or provisional clinical privileges will be in effect for a period of one year.~~ If granted, a renewal of clinical privileges previously granted are effective for two (2) years. Effective October 1, 2024, a renewal of clinical privileges previously granted are effective for three (3) years. Communication regarding the privileging decision will be sent to the provider within five days of the Board action.

~~6)~~7) Re-Credentialing/Reapplication: Occurs at least every two years from the date ~~of~~ the last credentialing decision letter is sent to the provider informing them of the recredentialing decision. For individuals re-credentialed on or after October 1, 2024, re-credentialing will occur at least every three (3) years from the date ~~of~~ the last credentialing decision letter is sent to the provider informing them of the re-credentialing decision. Prior to the expiration, the clinician must reapply for privileges. At the time of re-application:

1. An update of information will be obtained during the credentialing, including criminal background check, Recipient Rights Check and Central Registry clearance (as applicable).

2. A review of the following will be completed:

    a. Primary source verification of Medicare / Medicaid sanctions

    b. Primary source verification of all licenses to practice in Michigan

    c. Primary source verification of State sanctions or limitations on license/registration/certification

    d. Beneficiary concerns (including grievances & complaints) and appeals information

e. Review of any issues identified through the quality assessment/performance improvement program

3. Submission of current credentialing application including attestations:
   a. Lack of present illegal drug use
   b. Loss of license, registration, or certification since last credentialing cycle
      Any felony convictions since last credentialing cycle
   c. Any loss or limitation of privileges or disciplinary status since last credentialing cycle
   d. Correctness and completeness of the application;
   e. The applicant is able to perform the essential functions of the position with or without accommodation.
4. A process for ensuring that ongoing monitoring and interventions , are reviewed and considered within the decision making process.

Ongoing Credentialing Monitoring

Ongoing monitoring and verification of individual practitioners, and intervention, if appropriate, as it relates to sanctions, complaints, and quality issues. The process must include, at a minimum, review of:

- Monthly Medicare/Medicaid sanction checks;
- Monthly state sanction checks;
- Any limitations on licensure, registration, or certification;
- Subsequent verification(s), as applicable, must be conducted, documented, dated, and verified by the credentialing designee upon expiration/renewal of credential;
- Beneficiary concerns which include appeals and grievances (complaints) information;
- Noted quality issues.

Commented [AD1]: This is new language to the procedure but not a new requirement.

Chapter: 7	**Human Resources**		
Section: 1	**Administration of Personnel Management**		
Topic: 13	**Credentialing and Privileging of Individual Practitioners**		
Page: 13 of 13	**Supersedes Date:** **Pol: 5-20-10, 8-18-05 (C11-S6-T1)** **Proc: 7-27-21, 7-17-20, 5-30-19, 1-17-19, 4-20-16, 1-06-1, 6-1-07, 8-18-05, 11-S6-T1, 6-1-07, 1-11-08, 5-19-08, (prev. C11-S12-T01)**	**Approval Date:** **Pol: 9-17-2020** **Proc: 1-13-2025**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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If clinical privileges are denied or revoked, the clinician may follow the appeal process as outlined below. The Board retains the right to approve, suspend or terminate providers.

~~7)~~8) Privilege Revocation or Suspension: Privileges to practice may be suspended at any time and at the discretion of the CEO pending the investigation of allegations of consumer abuse or neglect, negligence, malpractice, incompetence, violations of professional or Board ethics, loss of license, certification or registration, exclusion from Medicare or Medicaid, or any other circumstances which interfere with the practitioner's capacity to render professional services. In the event that such adverse action occurs, the revocation or suspension decision, including the reasons for the action, will be communicated in writing to the provider within five days of the decision. This action will be reported to the appropriate regulatory body, state, and/or federal authorities, etc. in accordance with current law.

~~8)~~9) Requests For Reconsideration or Appeal: Practitioners may ask for a reconsideration of decisions to deny, suspend, or terminate privileges.

a. The request for reconsideration must be in writing and must be filed with the CEO within ten (10) calendar days of receipt of the notice of action provided by the Board.
b. The CEO may consult with the medical director and/or any other person who may have information bearing on the request for reconsideration.
c. The request for reconsideration shall be reviewed by the Program Committee at their next scheduled meeting and a recommendation made to the entire Board for review and action.
    iii. Both the practitioner and the Board can be represented by advocates at this meeting.
    iv. Both the practitioner and the Board may present a reasonable number of witnesses at this meeting.
    v. Both the practitioner and the Board may file written documents at this meeting.

Chapter: 7	**Human Resources**		
Section: 1	**Administration of Personnel Management**		
Topic: 13	**Credentialing and Privileging of Individual Practitioners**		
Page: 14 of 13	**Supersedes Date:** **Pol: 5-20-10, 8-18-05 (C11-S6-T1)** **Proc: 7-27-21, 7-17-20, 5-30-19, 1-17-19, 4-20-16, 1-06-1, 6-1-07, 8-18-05, 11-S6-T1, 6-1-07, 1-11-08, 5-19-08, (prev. C11-S12-T01)**	**Approval Date:** **Pol: 9-17-2020** **Proc: 1-13-2025**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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vi. The Board of Directors shall review the evidence presented and the recommendations of the Program Committee and shall be solely responsible for determining the outcome of the appeal. Notice of the Board's determination shall be provided to the practitioner within ten (10) days of the review meeting.

Attachments

~~N/A~~Attachment A: Primary Source Verification (PSV) Guidelines

Related Forms

Credentialing and Privileging Tracking (HR)
Provider Network Application (Provider Website)

Related Materials:

N/A

References/Legal Authority:

A. BBA 97 Regulation 438.12(a)(1) and 438.214(c).
B. Michigan Medicaid Provider Manual
C. MDHHS/PIHP Contract, Quality Assessment and Performance Improvement programs for Specialty Pre-Paid Health Plans, Pages 166-167
D. 42 USC 1320a-7(a)
E. Social Welfare Act, Public Act 280 of 1939 (MCL 400.111b.-111e), 42 CFR 445.416

BAY-ARENAC BEHAVIORAL HEALTH
POLICIES AND PROCEDURES MANUAL

Chapter: 7	**Human Resources**		
Section: 1	**Administration of Personnel Management**		
Topic: 13	**Credentialing and Privileging of Individual Practitioners**		
Page: 15 of 13	**Supersedes Date:** **Pol: 5-20-10, 8-18-05 (C11-S6-T1)** **Proc: 7-27-21, 7-17-20, 5-30-19, 1-17-19, 4-20-16, 1-06-1, 6-1-07, 8-18-05, 11-S6-T1, 6-1-07, 1-11-08, 5-19-08, (prev. C11-S12-T01)**	**Approval Date:** **Pol: 9-17-2020** **Proc: 1-13-2025**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***

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SUBMISSION FORM

AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
Rebecca Smith	Robert Blackford	03/08/10	Revision	Revision to comply with Dept. of CMH & Sub Abuse Administration process. Updated to include Nurse Practitioner and Physician Assistant as licensed independent practitioners for purpose of Credentialing/privileging.
Rebecca Smith	Robert Blackford	01/06/11	Revision	Updated to include credentialing decisions of other entities with AAM affiliation/PIHP
Rebecca Smith	Rebecca Smith	04/20/16	Revision	Triennial review – updated to remove reference to former PIHP (AAM)
Rebecca Smith	Rebecca Smith	1/17/19	Revision	Revised to include Central Registry checks
Rebecca Smith	Chris Pinter	5/30/19	Revision	Triennial Review – updated to include consideration of credentialing performed by other contracted service providers.
Rebecca Smith		7/17/20	Revision	Revised based on updates to the Medicaid Provider Manual
Jennifer Lasceski		7/27/2021	Revision	Revised to add primary source verification of licenses from other states.
Jennifer Lasceski		07/21/2022	No Change	Triennial Review
Jennifer Lasceski	C. Pinter/SLT	01/13/2025	Revision	Revised to comply with changes to the MDHHS Credentialing and Re-Credentialing processes