

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy and Procedure</i> <i>Credentialing for Licensed Independent Providers</i>
Department: Network Management Committee	Local Policy Number (if used)
Implementation Date 09/08/2023	Regional Approval Date 08/25/2023

Reviewed by:	Recommendation Date:
ROC	06/14/2023
CMH Board:	Approval Date:
Lenawee	07/27/2023
Livingston	07/25/2023
Monroe	07/27/2023
Washtenaw	08/25/2023

I. PURPOSE

To outline the processes and guidelines for the Community Mental Health Partnership of Southeast Michigan (CMHPSM) partners' review of credentials, competence, assessment, and delineation of duties and responsibilities for independent providers who are licensed independent providers (LIP).

II. REVISION HISTORY

DATE	MODIFICATION
03/2007	
10/2009	
08/2013	Revisions to PIHP language and modification to persons affected by this policy. Standards revised to align with current requirements.
10/2014	Updated regional entity language and made some EQR-related corrections.
05/2016	Revision based on updated standards from The Joint Commission.
07/2019	Scheduled Review
02/01/2021	Policy updates to meet EQR requirements and HSAG EQR review
08/25/2023	Policy updates to meet EQR requirements and HSAG EQR review

III. APPLICATION

<input checked="" type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers
<input type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
<input checked="" type="checkbox"/> Mental Health / Intellectual or Developmental Disability Service Providers
<input checked="" type="checkbox"/> SUD Treatment Providers <input type="checkbox"/> SUD Prevention Providers
<input checked="" type="checkbox"/> Other as listed: Licensed Independent Practitioners (LIPs)

A. LIP Professionals Covered by This Policy, and Their Required Licensure/Certification.

This policy applies to the following licensed independent providers providing contracted professional services to the CMHPSM and CMHSPs who are not operating as part of a credentialed organizational provider:

Art Therapist: An individual board certified as an Art Therapist (ATR-BC) by the Art Therapy Credentials Board, Inc.

Audiologist: A licensed individual; has the equivalent educational requirements and work experience necessary for the license; or has completed the academic program and is acquiring supervised work experience to qualify for the license.

Behavior Analyst: An individual certified by the Behavior Analyst Certification Board. **After April 3, 2019, licensed by the State of Michigan as a Behavior Analyst under Act 368 of 1978, Part 182A.**

Clinical Nurse Specialist: An individual licensed as a registered professional nurse who has been granted a specialty certification as a clinical nurse specialist by the Michigan Board of Nursing under section 17210.

Dietitian: An individual who is a Registered Dietitian or an individual who meets the qualification of Registered Dietitian established by the Academy of Nutrition and Dietetics.

Licensed Practical Nurse (LPN): An individual who is licensed by the State of Michigan to practice as a licensed practical nurse under the supervision of a registered nurse, physician, or dentist. LPNs include licensed psychiatric attendant nurses per MCL§ 333.17209.

Massage Therapist: An individual licensed by the State of Michigan to practice as a Massage Therapist under Part 179A of Michigan Public Act 368 of 1978.

Music Therapist: An individual board certified as a Music Therapist (MT-BC) by the Certification Board for Music Therapists, or registered as ACMT, CMT or RMT by the National Music Therapy Registry. For Child Waiver services only MT-BC is accepted.

Nurse Practitioner (NP): An individual licensed to practice as a registered nurse and certified in a nursing specialty by the State of Michigan. under Part 172 of Michigan Public Act 368 of 1978, as amended.

Occupational Therapist (OT): An individual who is licensed by the State of Michigan to practice as an occupational therapist under Part 183 of Michigan Public Act 368 of 1978.

Occupational Therapy Assistant (OTA): An individual who is licensed by the State of Michigan to practice as an occupational therapy assistant and who is supervised by a qualified occupational therapist.

Physical Therapist (PT): An individual licensed by the State of Michigan as a physical therapist Michigan under Part 178 of Michigan Public Act 368 of 1978, as amended.

Physical Therapy Assistant: An individual who is a graduate of a physical therapy assistant associate degree program accredited by an agency recognized by the Commission on the Accreditation in Physical Therapy Education (CAPTE), and who is supervised by the physical therapist licensed by the State of Michigan. The individual must be supervised by the physical therapist licensed by the State of Michigan.

Physician (MD or DO): An individual who possesses a permanent license to practice medicine in the State of Michigan, a Michigan Controlled Substances license, and a Drug Enforcement Administration (DEA) registration.

Physician Assistant: An individual licensed by the State of Michigan as a physician assistant. Practice as a physician assistant means the practice of medicine with a participating physician under a practice agreement Public Act 368 of 1978, as amended.

Professional Counselor: An individual licensed by the state of Michigan to practice as a professional counselor under Part 181, Public Act 368 of 1978, as amended. This includes Rehabilitation Counselors.

Psychiatrist: M.D. or D.O. possessing a permanent license to practice medicine in the State of Michigan, a Michigan Controlled Substances license and a Drug Enforcement Agency registration, who is Board eligible, or Board certified in psychiatry.

Psychologist: An individual who possesses a full license by the State of Michigan to independently practice psychology; or a master's degree in psychology (or a closely related field as defined by the state licensing agency) and licensed by the State of Michigan as a limited-licensed psychologist (LLP); or a master's degree in psychology (or a closely related field as defined by the state licensing agency) and licensed by the State of Michigan as a temporary-limited-licensed psychologist, per Part 182 of Michigan Public Act 368 of 1978, as amended.

Recreation Therapist: An individual certified as a Certified Therapeutic Recreation Specialist (CTRS) by the National Council for Therapeutic Recreation.

Registered Nurse: An individual licensed by the State of Michigan to practice nursing under Part 172 of Michigan Public Act 368 of 1978, as amended.

Social Worker: An individual who possesses Michigan licensure as a master's social worker, or Michigan licensure as a bachelor's social worker, or has a limited license as a bachelor's social worker or master's social worker. Limited licensed social workers must be supervised by a licensed MSW (MCL 333.18501 - 507).

Speech/Language Pathologist: An individual engaged in the practice of Speech-Language Pathology and is licensed by the State of Michigan to provide such services. under Part 176 of Michigan Public Act 368 of 1978, as amended.

In the event that regulations and/or accreditation standards allow for the inclusion of other professionals, these professionals would be credentialed in accordance with this policy.

IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Competence: The knowledge, skills, ability, and behaviors that a person possesses in order to perform tasks correctly and skillfully.

Credentialing (or credentials review): The process of obtaining, verifying, and assessing the qualifications of a practitioner to provide mental health or substance use disorder services based on established criteria.

Credentialing Committee: The members of the CMHPSM LIP Credentialing Committee will be appointed by the Regional Operations Committee. Members may include representatives from a variety of professional disciplines. Individuals from professional disciplines not represented on the Committee may be asked to participate on a temporary, as-needed basis. Meetings will occur monthly or as needed.

Credentialing Criteria: The minimum qualifications expected for network providers such as: licensure, education, experience, training, current competence, malpractice/liability insurance limitations and claims history, and ability to perform clinical responsibilities.

Cultural Competence: The ability to provide services tailored to the unique needs of a particular population. This can include language competence or knowledge of and sensitivity to specific issues related to cultural or group values and norms.

Licensed Independent Provider (LIP): Any individual permitted by law and the contracting organization to provide care and services without direction or supervision, within the scope of the individual's license.

LIP Credentialing Committee: A group of behavioral healthcare providers and other staff assigned specific responsibilities for the oversight and management of the credentialing and re-credentialing processes. These responsibilities include: the development and review of credentialing criteria; development and review of competency assessment mechanisms; review of Licensed Independent Provider(LIP) applications to verify accuracy; verification of LIP credentials; review and determination of the status of LIPs who have problematic consumer/individual served satisfaction, consumer/individual served complaints/grievances, and/or practice patterns; and development and implementation of an appeal process for adverse credentialing decisions.

National Practitioner Data Bank (NPDB): a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers.

Peer Review: For the purposes of this policy, an assessment of the competence of an individual, performed by another individual of the same professional discipline, typically

completed through reviewing clinical documentation and examples of the individual's work, against existing professional standards.

Primary Source Verification (PSV): The confirmation of specific credentials of a network provider applicant such as licensure, education, experience, training, etc., obtained directly from the original source from or by which the applicant received the credential.

Professional Reference: Professional references are people who can vouch for an LIP applicant's qualifications based on their insight into the practitioner's professional qualities, skills, capabilities, work ethic, skills, strengths, and achievements. References may provide information and correspondence that serves as proof of service of a participant's length of employment, achievements, and qualifications. Typically, a professional reference is a former employer, client, colleague, teacher, supervisor, etc.

Provider Network: The comprehensive list of LIPs who are credentialed as outlined in this policy.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

V. POLICY

The CMHPSM ensures the following:

- The provision of high-quality, cost-effective mental health and substance use disorder services to CMHPSM consumers/individuals served.
- Consumer/individual served access to a timely, geographically convenient, and specialized array of mental health and substance use disorder treatment and support services.
- LIPs meet and/or exceed the accreditation and regulatory standards for practicing and delivering services independently.
- The decision to enter into a contractual relationship with any LIP credentialed by the CMHPSM under this policy is left to each CMHSP based on the needs of their board and community.

VI. STANDARDS

A. Delineation of CMHPSM and CMHSP Responsibilities

1. For all payer-provider relationships, the PIHP retains the right to approve, suspend, or terminate providers from participation in Medicaid funded services including when a provider is selected/contracts/subcontracts with a delegated entity.
2. The CMHPSM will conduct the credentialing process for Licensed Independent Providers. This policy applies to professionals meeting the definitions under section III.A who enter into a contract as an individual, not as an employee of an accredited provider organization.
3. CMHSPs who wish to contract with a LIP will refer those providers to the CMHPSM Network/Operations Manager for credentialing, along with a verified picture identification issued by a state or federal agency (e.g., driver's license or passport).

4. The CMHPSM will collect, verify and evaluate the provider's credentials and communicate its decision as to whether the provider is approved and for which populations to the CMHSP. The CMHSP may then choose to enter into a contractual relationship with the provider if it is the CMHSP's desire to do so. The execution of a service contract is the responsibility of CMHSP. It is at the discretion of each CMHSP whether or not to contract with a LIP recommended by the CMHPSM LIP Credentialing Committee. Each CMHSP will follow its own board approved procedures for offering a contract to a LIP credentialed under this policy. The duties and responsibilities of the LIP provider including the services to be provided must be identified in the contract and must conform to those services allowed under their Michigan licensure and the Medicaid Manual and Medicaid Provider Qualifications published by the State of Michigan. LIP's will be oriented to the organization, relevant policies and procedures, and to their duties and responsibilities regarding consumers/individuals served, prior to delivering services.
5. The LIP credentialing process is implemented by the PIHP as follows:
 - a. CMHPSM Chief Executive Officer: Responsible for overall oversight and implementation of credentialing process;
 - b. CMHPSM Network Management Committee: Appoint CMHPSM LIP Credentialing Committee chair, provide oversight to CMHPSM LIP Credentialing Committee;
 - c. CMHPSM assigned staff: receive and process credentialing requests, conduct and compile credentials verification, present completed credentialing packets to CMHPSM LIP Credentialing Committee for review, communicate results of credentialing review and recommendations to CMHSPs and providers.

B. Initial Credentialing Process

1. Credentialing of all licensed independent providers (LIPs) will require primary source verification to confirm degree awarded, state licensure/ certification/registration, psychiatric residency, board certification, and insurance coverage. Credentialing of all LIPs will also include a criminal background check, and a Child Abuse/Neglect Central Registry Check.
2. Credentialing of all licensed independent providers will include verification that the provider is not excluded from participation in federal health care programs through the Office of Inspector General's exclusions database, per MDHHS contract specifications. It will include queries from the American Medical Association and the National Practitioners Database and other resources for applicable disciplines. Any identified restrictions or sanctions of clinical responsibilities enacted by these, or other behavioral health care organizations will be investigated through the primary source.
3. The CMHPSM shall ensure that the credentialing and re-credentialing processes do not discriminate against any healthcare professional solely on the basis of licensure, registration, or certification; or due to the fact that the individual serves high-risk populations or specializes in the treatment of conditions that require costly treatment.
4. Credentialing of all LIPs will include verification of current competence by obtaining a written attestation by the applicant of their ability to perform the applicable duties and

responsibilities and verified by at least two written peer recommendations from professionals of the same or equivalent discipline.

5. Collection, verification of credentialing information, and the retention of the completed file will be conducted by staff of the CMHPSM. A completed file for each applicant will contain:
 - a. The start date (receipt of application) and the end date (when the credentialing/re-credentialing decision is sent to the applicant) is clearly documented.
 - b. A standard timeframe of 90 days for which verification or credentialing/re-credentialing requirements is acceptable. If the timeframe is not met, the credentialing/re-credentialing application will need to be declined with clear reasons as to what was not complete in the response to the provider.
 - c. The individual or committee reviewing the provider includes reviewers with the same/similar credentials of that provider, especially for files considered adverse, including the names and credentials of the committee members/individuals who completed the review with either manual signatures on the review for or copies of email confirmation with the members credentials saved in the file.
 - d. A completed, signed, and dated credentialing application which includes attestation of:
 - i. lack of current illegal drug use;
 - ii. any history of loss of license and/or felony convictions;
 - iii. any history of loss or limitations of privileges or disciplinary action;
 - iv. correctness and completeness of the application;
 - v. ability to perform duties and responsibilities.
 - e. Verification of identity conducted by viewing a valid picture identification issued by a state or federal agency (e.g., driver's license or passport).
 - f. Resume/curriculum vitae covering at least the last five years.
 - g. Education - verification of highest degree awarded from an accredited school.
 - h. Training – verification of residency completion and board certification (physician only).
 - i. Licensure – verification of license/certification/registration including any actions against license/certification/registration.
 - j. Sanctions/exclusions/restrictions – results of queries of Medicaid/Medicare sanctioned providers list; results of follow up on identified restrictions to clinical responsibilities/privileges; results of follow up on any disciplinary status with a regulatory board or agency; results of NPDB query for applicable disciplines.
 - k. Results of criminal background check.
 - l. Results of Child Abuse/Neglect Central Registry Check.
 - m. Minimum of two written peer recommendations of the same discipline or equivalent.
 - n. Professional liability insurance – verification of current & adequate coverage and history of professional liability claims resulting in a judgment or settlement.
 - o. Verification of Drug Enforcement Agency registration, and if applicable, controlled substance certificate. (Physicians, Physician Assistants, and Nurse Practitioners only)
 - p. Attestation and disclosure questions.
 - q. National Practitioner Data Bank (NPDB) or Healthcare Integrity and Protection Data Bank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following:

- i. A minimum five-year history of professional liability claims resulting in a judgment or settlement.
 - ii. Disciplinary status with regulatory board or agency.
 - iii. Medicare/Medicaid sanctions.
 - iv. Approval (or denial) of credentials by the credentialing committee or designee.
 - v. The initial credentialing and all subsequent recredentialing applications,
 - vi. Information gained through PSV.
 - vii. Any other pertinent information used in determining whether or not the provider met the PIHP's credentialing and recredentialing standards.
 - viii. Screen shots of verification sources in each credentialing file
- r. The Background Check Resource Guide required verification of a Drug Enforcement Administration (DEA) registration for physicians be updated to ensure a DEA registration is verified for all prescribers including nurse practitioners (NPs) and physician assistances (PAs).
6. The CMHPSM will conduct the credentialing process in a timely manner. Applicants will be notified as soon as possible of missing information that prevents the process from proceeding. Applicant files which remain incomplete after 90 days will be closed with notice sent to the applicant.
 7. Completed application files will be presented to the CMHPSM LIP Credentialing Committee for review. The CMHPSM LIP Credentialing Committee will ensure a credentialing decision is made and a decision sent within 90 days from receipt of a completed application.

At the request of the Executive Director of a CMHSP, and due to immediate consumer/individual served need, the above credentialing process described above may be expedited. Under the expedited process, credentialing may be temporarily approved without the Child Abuse/Neglect Central Registry Check, as long as the criminal background check is conducted; and the professional references may be taken verbally instead of in writing. These items shall be obtained and included for a full review by the CMHPSM LIP Credentialing Committee during the month following the expedited process. See the Temporary/Provisional Credentialing of Individual Practitioners section of this policy for additional requirements.

8. In some instances, the CMHPSM may decide to use and not duplicate the credentialing process of an LIP credentialed by a hospital accredited by The Joint Commission. The CMHPSM will notify the hospital of its intention to use the hospital's credentialing decision as a basis for contracting with a LIP credentialed by that hospital.
9. Upon receipt of a completed application file from the CMHPSM, the CMHPSM LIP Credentialing Committee will review the application materials to establish that the applicant's education and training, experience, licensure, competency, and ability to perform duties and responsibilities are appropriate for their professional discipline and for the populations requested. Based on this review, the CMHPSM will communicate the decision that the provider is approved or denied, and for which populations, to the CMHSP Network Managers.

C. Re-Credentialing

1. The credentialing of licensed independent providers in accordance with this policy must be renewed at least every two years. The CMHPSM LIP Credentialing Committee will re-credential providers at the request of the CMHSPs. CMHPSM will not re-credential providers with whom CMHSP intends to contract. At the end of the two-year credentialing period, a LIP who no longer wishes to provide services for the CMHPSM or CMHSPs will not be re-credentialed. The CMHPSM will initiate the re-credentialing process at least 60 days before the expiration of the current credentialing term.
2. During the re-credentialing process, if a LIP is determined by the CMHPSM LIP Credentialing Committee to not meet the necessary standards, a recommendation will be presented by the CMHPSM to the CMHSP to terminate its contract with the LIP. The CMHPSM will provide notification to the LIP in writing of the recommendation and reason for the recommendation along with written notification of the appeal process. The LIP file will contain the appropriate documentation supporting the decision for not re-credentialing the LIP.
3. For a LIP to be re-credentialed, a completed re-credentialing file for each applicant will contain updated information on all of the following:
 - a. An update of information obtained during the initial credentialing (see Section B of this policy).
 - b. Ongoing monitoring and intervention, if appropriate, of provider sanctions, complaints, and quality issues pertaining to the provider, which includes:
 - c. Sanctions/exclusions/restrictions – results of queries of Medicaid/ Medicare sanctioned providers list, results of follow up on identified restrictions to clinical responsibilities, results of NPDB query for applicable disciplines.
 - d. Licensure – verification of license/certification/registration including any actions against license/certification/registration.
 - e. A review of member grievances and appeal for that provider during 2-year recredentialing cycle, including if there was no activity to review
 - f. A review of any Recipient Rights violations for that provider during 2-year recredentialing cycle, including if there was no activity to review
4. Verification of current competence by Peer Review, as defined in section VI above. The LIP and/or contracting CMHSP will identify cases to be reviewed. For a LIP that has not contracted with a CMHSP or in a case where consumer/individual served files are not available to be peer reviewed, two professional references will be obtained from the same or equivalent discipline.
5. Verification of current competence by CMHSP Review, to include confirmation of adherence to organization policies and procedures or contract requirements, verification of meeting training requirements, consumer/individual served feedback or concerns, including any grievances or appeals against the LIP, any relevant performance improvement issues/feedback, and clinical performance that either exceeds or fails to meet acceptable standards, if applicable.
6. Professional liability insurance – verification of current & adequate coverage provided by the insurance carrier.

7. Verification of Drug Enforcement Agency registration and, if applicable, controlled substance certificate.
8. The CMHPSM will conduct the re-credentialing process in a timely manner. Applicants will be notified as soon as possible of missing information which prevents the process from proceeding. Completed application files will be presented to the CMHPSM Credentialing Committee for review.
9. The CMHPSM LIP Credentialing Committee review will occur, and a decision sent to the practitioner within 90 days from the date the applicant's completed recredentialing application, information is verified, and prior to the LIPs credentialing expiration date. Based on this review, the CMHPSM will communicate the decision that the provider is approved or denied, and for which populations, to the CMHSP Network Managers.
10. An applicant brought forward for re-credentialing who does not have all necessary information submitted for the credentialing committee review prior to the credentialing expiration date, shall not deliver services past the expiration date. Upon completion of the application and a favorable credentialing committee recommendation, the applicant shall be allowed to deliver services.

D. Deemed Status

The CMHPSM LIP Credentialing Committee may recognize and accept credentialing activities conducted by any other PIHP in lieu of completing their own credentialing activities. In those instances where the CMHPSM LIP Committee chooses to accept the credentialing decision of another PIHP, the CMHPSM must maintain copies of the credentialing PIHPs decisions in the individual practitioner's credentialing file.

E. Temporary/Provisional Credentialing of Individual Practitioners

In cases where there is a need to increase the available network of practitioners in underserved areas, the CMHPSM LIP Committee may grant an LIP temporary or provisional credentials when it is in the best interest of consumers/individuals served practitioners be available to provide care prior to formal completion of the entire credentialing process.

Temporary or provisional credentialing must not exceed 150 days.

The CMHPSM has up to 31 days from receipt of a completed application, accompanied by the minimum documents identified below, to render a decision regarding temporary or provisional credentialing:

1. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements:
 - a. Lack of present illegal drug use.
 - b. History of loss of license, registration, certification, and/or felony convictions.
 - c. Any history of loss or limitation of privileges or disciplinary action.
 - d. Attestation by the applicant of the correctness and completeness of the application.

2. An evaluation of the individual practitioner's work history for the prior 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.
3. Verification from primary sources of:
 - a. Licensure or certification and in good standing.
 - b. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - c. Official transcript of graduation from an accredited school and/or LARA license.
 - d. 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:
 - i. Minimum five (5) year history of professional liability claims resulting in a judgment or settlement;
 - ii. Disciplinary status with regulatory board or agency; and
 - iii. Medicare/Medicaid sanctions.
 - 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 (a.), (b.), and (c.) above.
4. The CMHPSM LIP Committee must review the information obtained, determine whether to grant provisional credentials, and ensure the decision is sent to the practitioner by the 31st day from the receipt of a completed application.
5. Following approval of provisional credentials, the process of verification, as outlined in the Initial Credentialing section of this policy, shall be completed.

F. Additional Responsibilities of the CMHPSM LIP Credentialing Committee

In addition to the responsibilities identified in previous sections of this policy, the CMHPSM LIP Credentialing Committee is charged with the following responsibilities:

1. Make recommendations to the CMHPSM Network Management Committee regarding additions, deletions, or changes to the list of professions covered by this policy.
2. Review a LIP's documented performance between credentialing and re-credentialing time periods per the request of the CMHPSM and/or CMHSP. Make recommendations to the CMHSP whether to maintain credentialing status, withdraw, or deny credentialing status. If credentialing status is withdrawn, the CMHSP shall proceed with termination of the contract. The CMHPSM will provide notification to the LIP in writing of the recommendation and reason for the recommendation along with written notification of the appeal process.
3. Ensure members of the CMHPSM LIP Credentialing Committee have representation sufficient to review and make decisions regarding LIP credentialing and re-credentialing applications based on the professional discipline being reviewed.
4. Develop credentialing criteria and update these criteria, as needed. Criteria will be based on The Joint Commission standards, MDHHS, federal or other state

- requirements, and other relevant professional standards. CMHPSM & CMHSP approval for these criteria will be obtained as necessary.
5. Assist CMHPSM staff in creating provider applications and other forms or processes to assist in the implementation of this policy.

G. Reporting

The CMHPSM and CMHSPs shall ensure that practitioner misconduct is reported to the appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, and/or the Office of the Inspector General, etc.), if such conduct results in the termination or denial of credentialing status. Reporting procedures will be consistent with current federal and state requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract.

The CMHPSM and CMHSPs will ensure MDHHS data reporting requirements for credentialing and recredentialing of LIPs by CMHPSM is completed in compliance with MDHHS-PIHP contractual requirements.

H. Appeal Process for Licensed Independent Providers

1. An individual practitioner that is denied credentialing or recredentialing by the PIHP must be informed of the reasons for the adverse credentialing decision in writing by the PIHP within 30 days of the decision.
2. Licensed independent providers may appeal adverse CMHPSM credentialing decisions. LIPs will be notified in the written decision of their right to appeal adverse decisions, during initial credentialing and re-credentialing processes.
3. Information relevant to a LIP's ability, suitability or appropriateness to fulfill CMHPSM's credentialing requirements will be considered by the CMHPSM Credentialing Committee during the initial credentialing and subsequent re-credentialing processes, and at any other time that such information comes to the attention of CMHPSM. Additional information from the LIP or from other sources, when available, will be included for consideration. Criteria to terminate or deny credentialing may include:
 - a. Failure to maintain appropriate insurance as required by contract;
 - b. Failure to maintain an active license and failure to inform the CMHPSM of any changes in licensure status, pending investigations relating to licensure or malpractice suits being filed;
 - c. Falsifying information on initial or renewal application;
 - d. Falsifying any documents submitted with the initial or renewal application;
 - e. Failure to abide by the terms of the contract;
 - f. Illegal or fraudulent billing practices;
 - g. Exclusion from participation in Federal health care programs;
 - h. Clinical performance outside acceptable standards.
4. The LIP may request to appeal an adverse decision regarding credentialing by contacting the CMHPSM Chief Executive Officer/designee directly within 10 business days of the date of the written notification. The appeal must be in writing and must specify the nature of the disagreement or the facts in dispute.

5. The CMHPSM Chief Executive Officer/designee will schedule a hearing within 10 business days of the LIP's request for appeal. The CMHPSM Chief Executive Officer/designee will convene an appeal committee which may include: members of the CMHPSM LIP Credentialing Committee; another licensed independent practitioner who has clinical responsibilities in the same discipline as the LIP requesting the hearing, clinical staff, board members, consumers/individuals served, and/or others based on their relevance to the nature of the appeal.
6. The CMHPSM Chief Executive Officer/designee will preside over the hearing. The agenda will include: a restatement of the CMHPSM LIP Credentialing Committee's adverse recommendation; an opportunity for the LIP requesting the appeal to present reasons why the adverse recommendation should be changed and to present any supporting information in oral and/or written form; and an opportunity for the appeal committee members to ask questions.
7. Following the hearing the CMHPSM Chief Executive Officer/designee will consult with the appeal committee members. The CMHPSM Chief Executive Officer/designee will make a final decision about the appeal and notify the LIP in writing. A copy of all appeal documentation will be retained in the licensed independent practitioner's CMHPSM credentialing file.

VI. EXHIBITS

None

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
The Joint Commission: Comprehensive Accreditation Manual for Behavioral Health Care	X	Human Resources Management Chapter Leadership Chapter
CMHPSM Financial Fraud and Abuse Reporting Policy	X	
MDHHS Michigan Medicaid Provider Manual, Provider Staff Qualifications	X	
MDHHS Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes	X	
Medicaid and CHIP Managed Care Final Rule, 42 CFR Parts 431, 433, 438, et al.	X	
Michigan Department of Health and Human Services – PIHP Contract, Attachment P 7.1.1, Credentialing Policy	X	