




SUMMIT POINTE POLICY AND PROCEDURE MANUAL

Section: Provider Network	Policy Name: Credentialing and Recredentialing		Policy Number: 1.2.5
Owner: Director of Provider Network	Applies To: <input checked="" type="checkbox"/> Summit Pointe Staff <input checked="" type="checkbox"/> Summit Pointe Contract Providers <input checked="" type="checkbox"/> Summit Pointe CCBHC Services <input type="checkbox"/> Summit Pointe CCBHC DCO Providers		
Approved By: 			
Version Number: 5	Last Review Date: 07/18/2025	Revised Date: 07/18/2025	First Effective Date: 11/01/2018

I. **PURPOSE:**

To ensure that all customers served by Summit Pointe receive care from practitioners and organizational providers who are properly credentialed, licensed and/or qualified.

II. **DEFINITIONS:** Refer to the "Summit Pointe Policy and Procedures Definitions Glossary."

III. **POLICY:**

It shall be the policy of Summit Pointe to verify through a credentialing and re-credentialing process the educational requirements, certification, or licensure, if and to the extent required by position or scope of service, for all Summit Pointe staff, contracted providers, interns, and others who provide behavioral health services to Summit Pointe customers. The credentialing process will be completed in compliance with 42 CFR 422.204. Under this policy, employed and contracted practitioners and credentialed organizations are defined as providers.

Summit Pointe will not discriminate in the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely based on that license or certification. If Summit Pointe declines to include individuals or groups of providers in its provider network, it must give the affected providers written notice of the reason for its decision.

IV. **PROCEDURE:**

Summit Pointe participates in the Michigan Department of Health and Human Services (MDHHS), Community Mental Health Service Provider (CMHSP) Credentialing program, commonly called "Universal Credentialing."

Credentialing and re-credentialing will be completed for providers as required by the Credentialing Program policy and as applicable by Michigan and Federal Laws. Specifically, the following types of individual service providers will be credentialed:

- Physicians (MD/DO).
- Physician Assistants/Nurse Practitioners.
- Psychologists (Licensed, Limited License, Temporary License).
- Licensed Master's Social Workers.
- Licensed Bachelor's Social Workers.
- Limited Licensed Masters Social Worker.
- Registered Social Service Technicians.
- Professional Counselors.



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- Limited Licensed Professional Counselors.
- Licensed Behavior Analysts.
- Nurse Practitioners, Registered Nurses and Licensed Practical Nurses,
- Occupational Therapists and Occupational Therapist Assistants.
- Physical Therapists and Physical Therapist Assistants.
- Speech Pathologists.
- Licensed Marriage and Family Therapists.
- Other behavioral healthcare specialists licensed, certified or registered by the State (ex: Peer Supports, Recovery Coaches, Community Health Workers, etc.).

All organizations providing contracted behavioral health care services and billing Medicaid shall also be credentialed as organizations. Credentialing must be completed prior to contracting for service provision.

Timeframes for Credentialing and Re-Credentialing:

- Initial credentialing must be completed within 90 days of hiring for individual practitioners.
- Initial credentialing must be completed within 90 days of receiving an application for organizational providers.
- The 90-day timeframe starts when Summit Pointe receives a completed, signed and dated credentialing application and supporting documentation.
- The completion time is the date that written communication is sent to the individual or organization notifying them of the Credentialing Committee's decision.
- Primary source verification must be completed within 180 days preceding the credentialing decision date.
- Providers will be notified of the credentialing decision within 10 business days following a decision.
- Re-credentialing is required to be completed at least every three years for both individual practitioners and organizations.

The Credentialing Committee may recommend re-credentialing for a shorter period of time.

Process for Credentialing and Re-Credentialing:

Organizational Applicants:

For Provider Network organizational applicants, the complete application and documentation for inclusion in the Provider Network will be reviewed by the Summit Pointe Credentialing Committee. Approval and disapproval of inclusion in the Provider Network will be made by the Committee. The process from application to Committee shall take no more than 90 days. Documentation submitted with the application must be collected less than 6 months prior to review. If documentation is older, an attestation shall be obtained from the applicant that indicates the documentation remains valid.

Information discovered through the credentialing process that may have an impact on the quality of care or service provided to customers will prompt an additional review of the applicant. Such circumstances are likely to be, but not limited to, information about malpractice litigation, missing information, or inconsistent information. In such instances, the Committee or Medical Director will review the information and request the designee to further research the issue with the provider. The provider file will be pended until the investigation can be completed. The investigation will include review of the information submitted, interview with the provider and obtaining of any further information as requested by the Credentialing Committee or Medical Director. The investigation will be documented by the designated staff.

The designated staff will review the investigation findings and develop a summary of the issues for the presentation at the Credentialing Committee or to the Medical Director. Once the investigation and summarization are complete, the committee or Medical Director will make a credentialing determination at that time.



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Initial credentialing and re-credentialing Provider Network Organizational applicants are notified in writing of the credentialing decision within ten (10) working days following a decision.

In the event of an adverse determination, notification will be in writing and will specify the reasons for the adverse credentialing decision and the practitioners will be notified of their right to appeal and/or dispute the decision, and of the process for such appeal and/or dispute.

Individual Practitioners:

Prior to service delivery at Summit Pointe, and at least every three (3) years thereafter, individual practitioners providing services at Summit Pointe will complete all relevant credentialing paperwork including a signed application, all attestations and provide any supporting documentation necessary for credentialing to occur.

Summit Pointe staff will verify information obtained in the credentialing application and validate the standards in the attachment to this policy. Copies of the verification sources will be maintained in the practitioner credentialing file. When the Source documentation is not electronically dated, staff will initial and date with the current date.

Temporary Credentialing Process:

Temporary status can be granted once to practitioners until formal credentialing is completed. Temporary or provisional status 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.

Temporary Credentialing Timelines:

- A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of application.
- Temporary/Provisional credentialing status shall not exceed 150 days, after which time the credentialing process shall move forward according to this policy.
- Primary source verification must be completed within 180 days preceding the provisional credentialing decision date.

Temporary/Provisional Credentialing Requirements:

- Providers seeking temporary or provisional status must complete and sign the current approved application, including attestations regarding:
 - 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.
 - The accuracy and completeness of the application.
- Summit Pointe designated staff shall perform primary source verification of:
 - Current valid license or certification, in good standing.
 - Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - Official transcript of graduation from an accredited school and/or LARA license.
 - National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) or, in lieu of the NPDB/HIPDB query, all of the following must be verified:
 - A minimum of five-year history of professional liability claims resulting in a judgment of settlement; and
 - Disciplinary status with regulatory board or agency
 - Medicare/Medicaid sanctions and exclusions.
 - CHAMPS Enrollment.



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- 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 above.
- Summit Pointe designated staff shall evaluate the individual provider's work history for the prior (5) five years. Gaps in employment of six (6) months or more in the prior (5) five years must be addressed in writing during the application process.

Every practitioner will complete or update the current formal Credentialing Application and related materials required for the re-credentialing process. Additionally, the practitioner will provide the relative information supporting any changes in their credentials. The application will be processed by the designated staff.

Re-Credentialing Considerations:

Re-credentialing criteria and application processing includes review of the re-credentialing application for completeness and accuracy all with all supporting documentation.

Primary source verification and re-credentialing criteria for physicians and practitioners is as previously outlined in the initial credentialing process except for the following:

- Education, Training and Work History: These are considered 'static' and no re-verification is conducted during re-credentialing. However, work history may change and will be re-verified.
- Board Certification will be re-verified.
- The practitioner is required to sign and date the attestation statement stating the correctness and completeness of the application. The practitioner is required to sign any relevant addenda concerning the following: 1) The reasons for inability to perform essential functions. 2) Lack of present illegal drug use. 3) History of loss of license. 4) History of loss or limitation of privileges. 5) Current malpractice coverage that was not provided with the re-credentialing application and signed attestation.
- Quality information and member complaint data will be considered at the time of re-credentialing for individuals and organizations.

To ensure quality and safety of care between credentialing cycles Summit Pointe performs ongoing monitoring as outlined in Summit Pointe Policy 1.2.5: Ongoing Compliance Monitoring. The Credentialing Committee may use a provisional credentialing status if quality issues are monitored by Provider Network. Significant issues impacting the quality of customer care will be brought forth to the Credentialing Committee and documented in meeting minutes.

The following quality and compliance standards are taken into consideration:

- Member complaints, adverse events and information from quality improvement activities related to identified instances of poor quality.
- Recipient Rights Substantiations.
- Site Review outcomes.
- Compliance related findings including fraud, waste and/or abuse.
- Special Investigations.
- Any incidents of Medicaid and Medicare sanctions.
- Restrictions and/or sanctions on licensure and/or certification.

Right to Request for Review:

Applicants have the right to review the information submitted in support of their credentialing applications upon request. The following information is excluded from a request to review information: Information reported to the National Practitioner Data Bank and criminal background data.



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Should the information provided by the applicant on their application vary substantially from the information obtained and/or provided to Summit Pointe 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.

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.

The provider must show evidence of his/her performance that meets community standards of acceptability. **Specific indicators of acceptable performance include:**

- Absence of excessive recipient rights claims.
- Absence of excessive sentinel or adverse events.
- Absence of excessive substantiated malpractice claims.
- History of acceptable performance reviews (site reviews) (as applicable).
- Absence of excessive substantiated incidents reportable and/or reported to the National Practitioner Data Bank.
- Continuing education.
- Professional Observation Results (as applicable).

The Summit Pointe Credentialing Committee retains the authority to make credentialing determination regarding any network provider. Southwest Michigan Behavioral Health's (SWMBH) Credentialing Committee retains the authority to make all final determinations regarding any provider credentialed by Summit Pointe's Credentialing Committee for participation in the SWMBH Provider Network.

Credentialing Decisions:

Credentialing decisions shall be made in accordance with SWMBH and Summit Pointe policies (Clean Credentialing and Re-Credentialing Files, Credentialing Committee, Confidentiality of Credentialing Records, and Provider Non-Discrimination). Providers not selected for inclusion in the Summit Pointe Provider Network will be given written notice of the reason for the decision.

Designated Summit Pointe staff shall notify any provider or individual practitioner that is denied credentialing or re-credentialing of the reason(s) for the adverse credentialing decision in writing within thirty (30) days of the decision. This written adverse credentialing decision notification shall include information on the appeal process.

Exclusionary Process:

Section 438.610 of the Code of Federal Regulations prohibits PIHPs from knowingly having a relationship with an individual who is debarred, suspended, or otherwise excluded from any federal health care program or with anyone who is an affiliate of such an individual. To facilitate the process of checking the Exclusion Lists for all provider entity "Screened Persons," all contracted provider entities submit to SWMBH names of individuals who have authority or responsibility relative to the conduct or behavior of staff within the business or agency, in addition to the name(s) of the provider organization. SWMBH will cause to have the names verified against the System for Award Management (SAM) and the Office of Inspector General (OIG) lists monthly.

Adverse Licensure/Certification/Liability Insurance:

Summit Pointe will ensure primary source verification of licensure and certification of practitioners whose job responsibilities require licensure or certification and shall ensure no lapse in liability insurance coverage



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Summit Pointe will implement corrective action in response to adverse changes in licensure or certification status and lapses in liability coverage. Practitioners are required to notify designated Summit Pointe staff in a timely manner in the event of an adverse change in license or certification or lapse of liability coverage.

These actions can be as follows:

- Decrease in responsibilities until the licensure or certification or liability insurance coverage can be reinstated.
- Determine that the practitioner should be terminated for cause.

Contracted Organizations Credentialing Requirements:

Organizational providers will be held responsible for credentialing and re-credentialing their directly employed and subcontracted professional service providers per Summit Pointe contractual requirements. Providers shall maintain written policies and procedures consistent with Michigan Department of Health and Human Services and Southwest Michigan Behavioral Health credentialing standards. Summit Pointe will verify these components during on-site reviews and via other means as necessary to ensure the provider's credentialing practices meet applicable requirements.

Reporting Requirements:

Summit Pointe will comply with all reporting obligations as outlined by Southwest Michigan Behavioral Health. Summit Pointe will utilize required reporting templates at timeframes specified by Southwest Michigan Behavioral Health.

Summit Pointe will ensure that the Southwest Michigan Behavioral Health Provider Directory is kept up to date. Summit Pointe will report any improper conduct of an organizational provider which could result in a termination from the network.

V. **REFERENCES:**

SWMBH Operating Policy 02.02
SWMBH Operating Policy 02.03
SWMBH Operating Policy 02.04
SWMBH Operating Policy 02.05
SWMBH Operating Policy 02.18
Summit Pointe Policy 1.2.5: Ongoing Compliance Monitoring

VI. **ATTACHMENTS:**

Credentialing Standards for Individual Practitioners
Credentialing Standards for Organizational Providers