

1.2.4 (b): Credentialing Standards for Organizational Providers

Credentialing Standard	Verification Method	Clean File Criteria	Required for Initial Credentialing	Required for Re-Credentialing
Completed Universal Credentialing application within the Customer Relationship system (CRM) or SWMBH Organizational Credentialing Application (as applicable) signed and dated by an authorized representative of the organizational provider.	Review of completed Organizational Credentialing Application.	Complete, signed and dated application with no positively answered attestation questions.	Yes	Yes
The organizational provider is licensed or certified and in good standing as necessary to operate in the state.	State License verification (LARA) Certification verification (certifying entity). Record of any violations or special investigations	Current valid license/certification; No license/certification violations and no special state investigations within the most recent five (5) years for initial or three (3) years for re-credentialing.	Yes	Yes
Accreditation by a national accrediting body, if obtained. Accreditation is required for Substance Use Disorder (SUD) treatment providers and Inpatient providers.	Proof of accreditation by any of the following: <ul style="list-style-type: none"> CARF Joint Commission DNV Healthcare NCQA CHAPS COA AOA 	Full accreditation status during the last accreditation review.	Yes	Yes
If the organizational provider is not accredited (and is not required to be), an on-site or alternative quality assessment is conducted by SWMBH or CMHSP prior to contracting. An on-site quality assessment is required for Specialized Residential sites (homes). The parent organization's accreditation does not eliminate this requirement.	On-site quality assessment (can be from another Region as part of Credentialing Reciprocity) OR Alternative quality assessment for solely community-based providers (i.e. no "site" to perform an on-site review)	No plan of correction resulting from the on-site/alternative quality assessment.	Yes	No
Primary source verification of the past five (5) years of civil	National Practitioner Data Bank (NPDB) Query Verification from provider's malpractice	No malpractice lawsuits and/or civil	Yes	Yes

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judgments or malpractice claims.	insurance carrier	judgments related to the delivery of a health care item or service within the last five (5) years.		
The organizational provider, and any individuals listed as a "Screened Person" under SWMBH Policy 10.13, are not excluded from participation in Medicare, Medicaid, other federal contracts, and are not excluded from participation through the MDHHS Sanctioned Provider list.	<p>CMS Sanctioned Provider List: https://exclusions.oig.hhs.gov</p> <p>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</p> <p>**Checked during initial credentialing and monthly thereafter via monthly sanctioned provider screenings**</p>	<p>Initial Credentialing: Organizational provider and any "Screened Persons" are not listed as excluded or sanctioned.</p> <p>Recredentialing: Monthly sanctioned provider monitoring results from initial credentialing through recredentialing show the organizational provider and any "Screened Persons" are not listed as excluded or sanctioned.</p>	Yes	Yes – monthly sanctioned provider screening results.
Organizational provider's current insurance coverage meets contractual expectations.	Copy of the organizational provider's liability insurance policy declaration sheet.	Current insurance coverage meets contractual requirements.	Yes	Yes
A quality review is completed at recredentialing.	<p>Documented review of the following:</p> <ul style="list-style-type: none"> • Grievances & appeals • Recipient Rights complaints/investigations • Customer services complaints • Program Integrity & Compliance Investigations • MMBPIS or other applicable performance indicators • The most recent annual site review/monitoring report. 	Grievances & appeals, recipient rights, and customer services complaints are within the expected threshold given the provider's size; there has been no substantiations of credible allegations of fraud; MMBPIS and other performance indicators substantially meet set standards (if applicable).	No	Yes
If the organizational provider seeks to contract to provide services/programs that require MDHHS certification, the organizational provider has already obtained MDHHS certification. (Crisis Residential, Clubhouse, SUD ASAM Level of Care,	Verification of program/service certification by MDHHS.	Applicable programs/services have MDHHS Certification.	Yes	Yes

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etc.).				
The organizational provider is enrolled in the MDHHS CHAMPS System.	Verification of CHAMPS enrollment.	Organization is enrolled in CHAMPS	Yes	Yes
Any other standards applicable to the organizational provider's type of services.	As needed depending on the applicable standard(s).	As needed depending on the applicable standard(s).	Yes	As needed depending on the applicable standard(s).