



# SUMMIT POINTE POLICY AND PROCEDURE MANUAL

<b>Section:</b> Provider Network	<b>Policy Name:</b> Clean Credentialing and Re-Credentialing Files	<b>Policy Number:</b> 1.2.1	
<b>Owner:</b> Director of Provider Network	<b>Applies To:</b> <input checked="" type="checkbox"/> Summit Pointe Staff <input checked="" type="checkbox"/> Summit Pointe Contract Providers <input checked="" type="checkbox"/> Summit Pointe CCBHC Services <input checked="" type="checkbox"/> Summit Pointe CCBHC DCO Providers		
<b>Approved By:</b> <i>Jann Woodcock</i>			
<b>Version Number:</b> 4	<b>Last Review Date:</b> 01/20/2026	<b>Revised Date:</b> 01/20/2026	<b>First Effective Date:</b> 11/01/2018

I. **PURPOSE:**

To define credentialing and re-credentialing files that are deemed clean for Credentialing Committee review and determination, and to identify which required further review by the Credentialing Committee.

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, staff of Designated Collaborating Organizations, third party 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 within the Summit Pointe Provider Network.

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. 42 CFR 438.12.

IV. **PROCEDURE:**

**Standards and Guidelines:**

Credentialing staff will verify that the credentialing application is completed accurately and fully. Credentialing staff will complete primary source verification as set forth in the Credentialing and Re-Credentialing procedures.

Files which meet all the Summit Pointe established credentialing and re-credentialing criteria are noted as such and will be reviewed by the Medical Director. The Medical Director has the authority to determine that the file is “clean” and to sign off on it as complete, clean, and approved. This will be signified by the Medical Director’s signature and date. The date of the signature will be the credentialing decision date. Clean files may also go through the Credentialing Committee for formal approval in lieu of the clean files approval process.



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Files not meeting Summit Pointe's established clean file criteria will have deficiencies/issues documented and will be reviewed by the Credentialing Committee for further discussion. **To qualify as a "clean" file, the provider must meet all the following criteria:**

- Current active license with no restrictions or limitations.
- No sanctions (license, Medicaid, or Medicare).
- Provider has not opted out of Medicare, if applicable.
- Current active DEA with no restrictions or limitations, if applicable.
- Current malpractice coverage at the level required by contract.
- No gaps in work history greater than 12 months over the past 5-year period.
- Lack of present illegal drug use.
- Ability to perform the essential functions of the position with or without accommodation.
- No professional liability settlements equal to or greater than \$200,000 or more than two (2) cases settled with or without payment (past 10 years for initial credentialing, 2 years for re-credentialing).
- No adverse findings on the National Provider Data Bank (NPDB) or Healthcare Integrity and Protection Data Bank (HIPDB).
- No adverse findings on the Michigan Sanctioned Provider List.
- No adverse findings on the System for Award Management data bank.
- No restricted hospital privileges or other disciplinary activity. \*
- Minimum credentialing guidelines met for education, training, and board certification.
- No miscellaneous credentialing 'red' flags.
- No reported complaints or potential quality concerns since the previous re-credentialing cycle, within established thresholds.
- No "Yes" response on any of the applicant's attestation, disclosure, criminal history.

\*Historical for initial credentialing, or since previous re-credentialing cycle.

The Medical Director has the authority to forward a credentialing file to the Credentialing Committee at his/her discretion.

The Medical Director will never unilaterally deny a credentialing or re-credentialing request.

V. **REFERENCES:**

42CFR 422.204

42 CFR 438.12

SWMBH Operating Policy 02.2, 02.3

VI. **ATTACHMENTS:**

None