



MSHN

Mid-State Health Network

# Credentialing and Re-Credentialing of Independent Practitioners

MSHN Substance Use Disorder Service Provider Network

# Credentialing and Re-credentialing Licensed Independent Practitioners

- ▶ **Provider must have a written system in place** for credentialing and re-credentialing individual practitioners included in their provider network who are not operating as part of an organizational provider.
- ▶ Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals:
  - ▶ Physicians (M.D.s and D.O.s)
  - ▶ Physician's Assistants
  - ▶ Psychologists (Licensed, Limited License, and Temporary License)
  - ▶ Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians
  - ▶ Licensed Professional Counselors
  - ▶ Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
  - ▶ Occupational Therapists and Occupational Therapist Assistants
  - ▶ Physical Therapists and Physical Therapist Assistants
  - ▶ Speech Pathologists
  - ▶ Registered Dietitians - *MSHN Regional Requirement*

# Credentialing System

- ▶ Written credentialing policy must reflect the scope, criteria, timeliness and process for credentialing and re-credentialing providers. The policy must be approved by the governing body, and:
  - ▶ Identify the administrative staff member and/or entity (e.g., credentialing committee) responsible for oversight and implementation of the process and delineate their role;
  - ▶ Describe any use of participating providers in making credentialing decisions;
  - ▶ Describe the methodology to be used by staff members or designees to provide documentation that each credentialing or re-credentialing file was complete and reviewed, as per (1) above, prior to presentation to the credentialing committee for evaluation;
  - ▶ Describe how quality issues are incorporated into the re-credentialing process (member concerns, grievance and appeals, recipient rights substantiations).

# 2019 Policy and/or Procedure Credentialing Audit Scores (2019)

#	Standard	Scored	Possible	% Compliant
8.1	All staff members have an individualized personnel file which includes, but is not limited to: complete job description which has been signed, documentation of orientation, annual evaluation, training, etc.	26	28	92.86%
8.2	There are written policies and procedures which specify what the staff development program is comprised of and how it operates.	24	28	85.71%
8.4	Provider agency that directly employs or contracts with an individual to provide prevention or treatment services conducts an ongoing verification of credential(s), monitoring development plans, and compliance with CE requirements	26	28	92.86%
8.6	Supervision activities are recorded outside of client records and are generally reflected in a log. Supervision activities that are recorded in client records involve the review and cosigning of progress notes, assessments, and treatment plans, only of those individuals who are providing clinical services as part of an internship placement through an institution of higher learning.	18	20	90.00%
8.7	To provide supervision in the SUD prevention and treatment fields, an individual must have one of the following MCBAP credentials or an established dev. plan leading to certification in one of the credentials: CPC-M, CPC-R, CPS-M, CPS, CHES, NCHEC, CCS-M, CCS, DP-S, ASAM, APA	26	26	100.00%
8.14	An individual practitioner or organizational provider that is denied credentialing or recredentialing by the Provider shall be informed of the reasons for the adverse credentialing decision in writing by the Provider.	22	28	78.57%
8.15	Provider shall not assign a consumer to any practitioner who has not fully complied with credentialing process.	24	28	85.71%
8.16	Provider must search at least on a monthly basis the OIG exclusion database to ensure individuals or entity has not been excluded from participating in federal health care programs. Documentation of monthly searches must be made available to MSHN. (LIP, director, manager, 5% or more ownership). Monthly review of GSA and MDHHS exclusion lists	25	28	89.29%
8.17	PROVIDER must require staff members, directors, managers, or owners or contractors, for the provision of items or services that are significant and material to PROVIDER obligations under its contract with MSHN, to disclose all felony convictions and any misdemeanors for violent crimes to PROVIDER. PROVIDER employment, consulting, or other agreements must contain language that requires disclosure of any such convictions to PROVIDER.	23	28	82.14%

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# Initial Credentialing Requirements

SUDSP Policy and Procedures

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# Initial Credentialing Procedures:

- ▶ A written application that is completed, signed and dated by the provider and attests to the following elements:
  - ▶ Lack of present illegal drug use.
  - ▶ Any history of loss of license and/or felony convictions.
  - ▶ Any history of loss or limitation of privileges or disciplinary action.
  - ▶ Attestation by the applicant of the correctness and completeness of the application
- ▶ An evaluation of the provider's work history for the prior five years.
  - ▶ Via application or resume/CV - (require mm/yy format)
  - ▶ Why? You are looking for red-flags based on a gap in work history
    - ▶ Gaps six months to one year require a verbal explanation
    - ▶ Gaps greater than 1 year require written explanation

# Initial Credentialing Procedures:

Verification from primary sources of:

- ▶ (a) Licensure or certification.
- ▶ (b) Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training.
- ▶ (c) Documentation of graduation from an accredited school.
- ▶ **National Practitioner Databank (NPDB)/ Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified:**
  - ▶ Minimum five-year history of professional liability claims resulting in a judgment or settlement;
  - ▶ Disciplinary status with regulatory board or agency;
  - ▶ Medicare/Medicaid sanctions.

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.

# NPDB Query

- ▶ A query is a search for information in the NPDB regarding a health care practitioner or organization.
- ▶ The NPDB collects information on medical malpractice payments and certain adverse actions through reports submitted by entities eligible to report.
- ▶ This information is disclosed to entities eligible to query.
- ▶ Organizations must be registered with the NPDB and authorized to query for NPDB information.
- ▶ The ability of an organization to query, and the types of NPDB information they may receive through querying, is determined by law.
- ▶ When an entity submits a query, the NPDB only releases the information they are lawfully allowed to access, based on their NPDB registration.



# How to conduct NPDB Query

- ▶ Organizations can request a query online through the [NPDB website](#), or through external systems using the NPDB's [Querying and Reporting XML Service \(QRXS\)](#).
- ▶ There are two types of query services available through the NPDB website:
  - ▶ [Continuous Query](#) allows you to receive a query response and all new or updated report notifications during the year-long enrollment for each practitioner.
  - ▶ [One-Time Query](#) allows you to receive a query response for a practitioner or organization. You will not be notified of any new reports submitted to the NPDB after the initial query date.
- ▶ The cost for a single One-Time Query response or one-year enrollment in Continuous Query is \$2.00.



# Initial Credentialing Audit Scores (2019)

#	Standard	Scored	Possible	% Compliant
8.3	Criminal Background Checks are conducted as a condition of employment. At a minimum, checks should take place every other year from when the initial check was made. Criminal record should not necessarily bar employment - justification for decisions should be documented in the personnel file and consistent with state and federal rules and regulations. Use of OTIS is not an appropriate resource.	24	28	85.71%
8.5	All individuals performing staff functions must: 1) Be certified appropriate to their job responsibilities under one of the credentialing categories or an approved alternate credential; or 2) Have a registered development plan and be timely in its implementation; or 3) Be functioning under a time-limited plan	27	28	96.43%
8.8	Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals: a. Physicians (M.D.s and D.O.s), b. Physician's Assistants c. Psychologists (Licensed, Limited License, and Temporary License), d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians, e. Licensed Professional Counselors f. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses, g. Occupational Therapists and Occupational Therapist Assistants, h. Physical Therapists and Physical Therapist Assistants, i. Speech Pathologists	26	28	92.86%
8.9	Initial Credentialing at a minimum, policies, and procedures for the initial credentialing of the individual practitioners must require: A written application that is completed, signed, and dated by the provider and attests to the following elements: a. Lack of present illegal drug use; b. Any history of loss of license 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.	21	28	75.00%
8.1	Initial Credentialing at a minimum, policies, and procedures for the initial credentialing of the individual practitioners must require an evaluation of the provider's work history for the prior five years.	24	28	85.71%
8.11	Initial Credentialing at a minimum, policies, and procedures for the initial credentialing of the individual practitioners must require verification from primary sources of: a. Licensure or certification; b. Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training; c. Documentation of graduation from an accredited school; d. NPDB/HIPDB, in lieu of the NPDB/HIPDB, all of the following: i. Minimum 5-year history of professional liability claims resulting in a judgment or settlement; ii. Disciplinary status with regulatory board or agency; iii. Medicare/Medicaid sanctions. e. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the AMA or AOA may be used to satisfy the PSV of (a), (b), and (c).	22	28	78.57%

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# Temporary/Provisional Credentialing Requirements

SUDSP Policies and Procedures

# Temporary Credentialing Procedures:

Purpose: Temporary or provisional credentialing of individual practitioners is intended to increase the available network of providers in underserved areas, whether rural or urban.

- ▶ Must have policies and procedures to address granting of temporary or provisional credentials when it is in the best interest of Medicaid Beneficiaries that providers be available to provide care prior to formal completion of the entire credentialing process.
- ▶ Temporary or provisional credentialing shall not exceed 150 days.
- ▶ The provider shall have up to 31 days from receipt of a complete application, accompanied by the minimum documents, within which to render a decision regarding temporary or provisional credentialing.
- ▶ *MSHN temporary credentialing form does not meet this requirement. This authorizes the billing of services temporarily while MCBAP development plan is authorized.*

# Temporary Credentialing Procedures:

- ▶ For consideration of temporary or provisional credentialing, at a minimum a provider must complete a signed application that must include the following items:
  - ▶ Lack of present illegal drug use.
  - ▶ History of loss of license, registration, or certification and/or felony convictions.
  - ▶ History of loss or limitation of privileges or disciplinary action.
  - ▶ Attestation by the applicant of the correctness and completeness of the application.
  - ▶ A summary of the provider's work history for the prior five years.
- ▶ Must conduct primary source verification of the following:
  - ▶ Licensure or certification;
  - ▶ Board certification, if applicable, or the highest level of credential attained; and
  - ▶ Medicare/Medicaid sanctions.

# Temporary/Provisional Credentialing Audit Scores (2019)

#	Standard	Scored	Possible	% Compliant
8.12	For consideration of temporary or provisional credentialing, at a minimum a provider must complete a signed application that must include the following items: 1. Lack of present illegal drug use; 2. History of loss of license, registration, or certification and/or felony convictions; 3. History of loss or limitation of privileges or disciplinary action; 4. A summary of the provider's work history for the prior five years; 5. Attestation by the applicant of the correctness and completeness of the application. The Provider must conduct primary source verification of the following: 1. Licensure or certification; 2. Board certification, if applicable, or the highest level of credential attained; and 3. Medicare/Medicaid sanctions.	20	24	83.33%

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# Re-Credentialing Requirements

SUDSP Policies and Procedures



# Recredentialing Procedures:

- ▶ At a minimum, the re-credentialing policies for physicians and other licensed, registered, or certified health care providers must identify procedures that address the re-credentialing process and include requirements for each of the following:
  - ▶ Re-credentialing at least every two years. **IMPORTANT** to document initial credentialing decision date and subsequent re-credentialing decision dates.
  - ▶ An update of information obtained during the initial credentialing.
  - ▶ A process for ongoing monitoring, and intervention if appropriate, of provider sanctions, complaints and quality issues pertaining to the provider, which must include, at a minimum, review of:
    - ▶ a. Medicare/Medicaid sanctions.
    - ▶ b. State sanctions or limitations on licensure, registration or certification.
    - ▶ c. Member (client) concerns which include grievances (complaints) and appeals information.
    - ▶ d. Provider Quality issues.

## Best Practices in Primary Source Verification

Information to Verify	Verification Source	When	Clean File Criteria
Application	Agency Application	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	Completed, signed, and dated application with no positively answered attestation questions; authorization to conduct CBC
Professional State Licensure	Any of the following: <ul style="list-style-type: none"> <li>• LARA – Department of Licensing and Regulatory Affairs to verify a valid, current license</li> <li>• NPDB can be used to verify licensing sanctions</li> </ul>	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> E	Current, valid, unrestricted license in the state where the practitioner practices is in effect at the time of credentialing committees decision
Board Certification appropriate to the license and area of practice, or highest level of credentials attained if applicable, or completion of any required internships/ residency programs, or other postgraduate training. (MD/DO)	Any of the following: <ul style="list-style-type: none"> <li>• AMBS, its member boards and its approved Display Agents</li> <li>• AMA/AOA Physician Masterfile</li> <li>• AOA Physician Profile Report</li> <li>• Confirmation from Specialty Board</li> <li>• State licensing agency if there is confirmation that this agency conducts PSV of board status.</li> </ul> <p>If practitioner claims to be board certified, it must be verified. Verification of Board Certification meets the requirement for verification of education and residency training. Must document the expiration date of board certification in the credentialing file. If it is a lifetime certification status with no expiration date, verify that the certification is current and document date of verification. Must verify at recertification. If the board does not provide an expiration date, must verify that it is current.</p>	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> E	

## Best Practices in Primary Source Verification

Information to Verify	Verification Source	When	Clean File Criteria
Graduation from an accredited school; other training	<p>Verification can include:</p> <ul style="list-style-type: none"> <li>• sealed official transcript sent directly from the institution to verifying agency or verification through the National Student Clearinghouse.</li> <li>• State licensing agency or specialty board or registry</li> </ul> <p>Other sources for MDs</p> <ul style="list-style-type: none"> <li>• <a href="#">AMA</a> Physician Masterfile</li> <li>• AOA Physician Profile or AOA Physician Master File</li> <li>• <a href="#">ECFMG</a> for international medical grads after 1986</li> <li>• <a href="#">FCVS</a> for closed residency programs</li> </ul>	<input checked="" type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> E	Verification of highest level of credentials attained. For physicians Residency is the highest level of training, not fellowship.
Work History	<p>PSV not required. A minimum of 5 years of relevant work history must be obtained through the application, resume, or CV. Dates must be in month/year format for beginning and end of employment.</p> <p>Documentation of review can include the signature/initials of staff who reviewed the work history and date of review.</p>	<input checked="" type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> E	Gaps exceeding 6 months must be reviewed and clarified either verbally/ gap greater than 1 year in writing.
<p>National Provider Data Bank</p> <p><i>(acceptable source for sanctions or limitations on licensure, Medicaid/Medicare sanctions, and malpractice history)</i></p>	<p><a href="#">NPDB</a> – National Provider Databank OR:</p> <ul style="list-style-type: none"> <li>• Minimum 5 yr history of professional liability claims resulting in a judgment or settlement; and</li> <li>• Disciplinary status with regulatory board or agency; and</li> <li>• Medicare/Medicaid sanctions (<a href="#">OIG/SAM</a>)</li> </ul>	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	No adverse findings

## Best Practices in Primary Source Verification

Information to Verify	Verification Source	When	Clean File Criteria
Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) for those prescribing controlled substances (MD, DO, <a href="#">mid-levels</a> )	Any of the following: <ul style="list-style-type: none"> <li>• Copy of the DEA or CDS Certificate</li> <li>• Confirmation on National Technical Information Service (<a href="#">NTIS Database</a>)</li> <li>• Documented visual inspection and copy of the original certificate</li> <li>• Confirmation with <a href="#">DEA</a> or CDS agency</li> <li>• AMA Masterfile (DEA only)</li> <li>• AOA physician profile report or AOA Physician Masterfile.</li> </ul>	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> E	Current, valid, unrestricted license
Professional liability insurance/Malpractice Coverage, if applicable	Copy of Policy Certificate face sheet from carrier  <i>Not required for practitioners covered under the agency policy</i>	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> E	Coverage meets agency requirements
Malpractice Claims/Professional Liability History	Any of the following: <ul style="list-style-type: none"> <li>• NPDB Query</li> <li>• Written confirmation of past five years history of malpractice history and verify with carrier</li> </ul>	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	
Medicaid/Medicare Exclusions	Any of the following: <ul style="list-style-type: none"> <li>• NPDB Query</li> <li>• List of Excluded Independents and Entities maintained by the OIG; SAM, and MDCH List of Sanctioned Providers</li> <li>• AMA Physician Master File</li> <li>• FSMB</li> </ul>	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	Not excluded from participating in Medicaid/Medicare programs
Criminal History	<a href="#">iChat</a> for Michigan  <i>Refer to MSHN CBC Procedure &amp; Disqualified Individuals Policy</i>	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	No criminal history as outlined in the MSHN Disqualified Individuals Policy
Peer References		<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	No specific requirement for peer recommendations. The agency must designate a credentialing committee that uses a peer review process to make recommendations regarding credentialing decisions.

## Best Practices in Primary Source Verification

			The intent of this standard is that the agency obtains meaningful advice and expertise from practitioners in making credentialing decisions
Quality Issues/Current Competency	Assess the practitioner's ability to deliver care based on the credentialing information collected and verified prior to making a credentialing decision.	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> R <input type="checkbox"/> E	Agency develops and implements policies and procedures for ongoing monitoring of sanctions, complaints, and quality issues between recredentialing cycles and takes appropriate action against practitioners when it identifies occurrences of poor quality

Draft

# Verification Methods

- ▶ **Verbal verification** is documentation on a contact form and includes the information obtained, the name and title of the person supplying the information, the date of the conversation, and the initials of the staff member who obtained the information.
- ▶ **Written verification** includes the date the information was queried by the source, the name, signature, and title of the person at the primary source and/or letterhead from the primary source supplying the information.
- ▶ **Electronic verification** includes a screen print that shows the source of the documentation, the date the information was generated and the date the information was verified.

# Re-Credentialing Audit Scores (2019)

#	Standard	Scored	Possible	% Compliant
8.3	Criminal Background Checks are conducted as a condition of employment. At a minimum, checks should take place every other year from when the initial check was made. Criminal record should not necessarily bar employment - justification for decisions should be documented in the personnel file and consistent with state and federal rules and regulations. Use of OTIS is not an appropriate resource.	24	28	85.71%
8.13	At a minimum, the re-credentialing policies for physicians and other licensed, registered, or certified health care providers must identify procedures that address the re-credentialing process and include requirements for each of the following: 1. Re-credentialing at least every two years. 2. An update of information obtained during the initial credentialing. 3. A process for ongoing monitoring, and intervention if appropriate, of provider sanctions, complaints and quality issues pertaining to the provider, which must include, at a minimum, review of: a. Medicare/Medicaid sanctions. b. State sanctions or limitations on licensure, registration, or certification. c. Member concerns which include grievances (complaints) and appeals information. d. Quality issues.	16	26	61.54%
8.15	Provider shall not assign a consumer to any practitioner who has not fully complied with credentialing process.	24	28	85.71%

# Adverse Decisions, Notices, Appeals, and Reporting



# Policies and Procedures must include:

- ▶ Notification of Adverse Credentialing Decisions
  - ▶ A licensed independent practitioner that is denied credentialing or re-credentialing by the shall be informed of the reasons for the adverse credentialing decision in writing by the provider.
- ▶ Appeal of Adverse Credentialing Decision
  - ▶ A licensed independent practitioner shall have an appeal process that is available when credentialing or re-credentialing is denied, suspended or terminated for any reason other than lack of need. The appeal process must be consistent with applicable federal and state requirements. *Recommendation: add ability to appeal process in adverse decision letter.*
- ▶ Reporting Requirements
  - ▶ Must have procedures for reporting improper known individual practitioner conduct that results in suspension or termination from the provider to appropriate authorities (i.e., MSHN, MDHHS, the provider's regulatory board or agency, the Attorney General, etc.). Such procedures shall be consistent with current federal and state requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract.

# Preparing for Audits

# Quick tips for preparing for an audit

- ▶ Conduct a pre-audit using the [MSHN review tools](#) available on the MSHN website
- ▶ All personnel files are organized to ensure that all initial credentialing and re-credentialing documents are dated and have the correct signatures
- ▶ All primary source documentation is in file including dates of verification.
- ▶ All documentation required for credentialing and re-credentialing is verified and documented as one process.
- ▶ Annually review policies and procedures to ensure that all requirements outlined and implemented into practice

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# Provider Qualifications and Certification

SUDSP Staff Positions and Requirements

# Substance Abuse Treatment Practitioner (SAPT)

- ▶ An individual who has a registered MCBAP certification development plan (Development Plan - Counselor [DP-C] - approved development plan in place);
- ▶ is timely in its implementation; and
- ▶ is supervised by a Certified Clinical Supervisor - Michigan (CCS-M) or Certified Clinical Supervisor - IC & RC (CCS).

OR

- ▶ has a registered development plan to obtain the supervisory credential (Development Plan - Supervisor [DP-S] - approved development plan in place) while completing the requirements of the plan.

# Substance Abuse Treatment Specialist (SATS)

An individual who has licensure in one of the following areas AND is working within their licensure-specified scope of practice:

- ▶ MD/DO; PA, NP, RN, LPN; LP, LLP, TLLP, LPC, LLPC, LMFT, LLMFT, LMSW, LLMSW, LBSW, LLBSW

AND

- ▶ have a registered development plan leading to certification and are timely in its implementation OR are functioning under a time-limited exception plan approved by the regional PIHP.

-OR-

An individual who has one of the following Michigan Certification Board of Addiction Professionals (MCBAP) or International Certification & Reciprocity Consortium (IC & RC) credentials:

- ▶ CADC-M, CADC, CAADC, CCJP-R, CCDP, CCDP-D

-OR-

An individual who has one of the following approved alternative certifications:

- ▶ For medical doctors: ASAM
- ▶ For psychologists: APA
- ▶ For counselors/therapists: Certification through the Upper Midwest Indian Council on Addiction Disorders (UMICAD)
- ▶ For Licensed Professional Counselors: National Certified Counselor (NCC) with concurrent Master Addictions Counselor (MAC) certification

# Additional Qualifications

- ▶ A physician (MD/DO), PA, NP, RN or LPN who provides substance use disorder treatment services **within their scope of practice** is considered to be specifically-focused treatment staff and is not required to obtain MCBAP credentials. *If one of these professionals provides substance use disorder treatment services outside their scope of practice, the appropriate MCBAP/IC & RC credential applies.*
- ▶ A SATS must be supervised by an individual who is a certified clinical supervisor (a CCS-M or CCS-R) or who has a registered development plan (Development Plan - Supervisor [DP-S]) to obtain the supervisory credential when providing substance abuse treatment services.

# Provider Qualifications in REMI

- ▶ Claims adjudication process includes validation of rendering provider qualifications
- ▶ Why?
  - ▶ Increase in recoupments as a result of Medication Event Verification Audits
  - ▶ Increased oversight by OIG
- ▶ Only applies to encounter based or time based service codes, not per-diem codes - Refer to 'Help' documents in REMI
- ▶ REMI system will check for NPI, license, and MCBAP certifications, as required
- ▶ If rendering provider does not meet qualifications, the claim will not be adjudicated or reimbursed.
- ▶ This is not a credentialing process. Provider agency is responsible for credentialing rendering providers and providing MSHN with details of a rendering providers credentials for REMI staff file setup.



Provider Qualification per CPT/  
HCPCS code:

REMI → Help → CPT Codes - NPI,  
Times, Credentials and Modifier

REMI User Access form

**NOTE:** *Providing MSHN information for REMI user account setup does not qualify as a credentialing/ recredentialing process. This only demonstrates initial verification of qualifications.*

Mid-State Health Network  
CPT Codes - NPI, Time, Credentials and Modifier Information

Code	NPI Required	Start and Stop Times Required	Credentials Required
90791	Yes	Yes	Psychiatrist or Psychiatric Mental Health NP
90832	Yes	Yes	SATS*
90834	Yes	Yes	SATS*
90837	Yes	Yes	SATS*
90846	Yes	Yes	SATS*
90847	Yes	Yes	SATS*
90849	Yes	Yes	SATS*
90853	Yes	Yes	SATS*
97810	No	Yes	ADS/NADA
97811	No	Yes	ADS/NADA
99202	Yes	Yes	MD, DO, PA, NP
99213	Yes	Yes	MD, DO, PA, NP
A0110	No	No	
H0001	Yes	Yes	SATS or SATP
H0002	Yes	No	SATS or SATP
H0003	No	No	
H0004	Yes	Yes	SATS or SATP
H0005	Yes	Yes	SATS or SATP
H0006	Yes	Yes	
H0010	No	No	
H0012	No	No	
H0018	No	No	
H0019	No	No	
H0020	No	No	
H0022	Yes	Yes	SATS or SATP
H0038	No	Yes	
H0048	No	No	
H0050	Yes	Yes	SATS or SATP
H2011	Yes	Yes	SATS or SATP
H2027	Yes	Yes	SATS or SATP
H2034	No	No	
H2035	No	No	
H2036	No	No	
S0215	No	No	
S9976	No	No	
T1009	No	Yes	
T1012	No	Yes	
T2003	No	No	

\*For psychotherapy (908xx series codes): SATS – Only Master’s prepared with appropriate Licensure  
For a definition of SATS or SATP, refer to the MDHHS SUD Policy Manual – Credentialing and Staff Qualification Requirements

# Resources

- ▶ [MDHHS Provider Qualifications](#)
- ▶ [MSHN Credentialing Resources](#)
- ▶ [MSHN SUD Resources](#)
- ▶ [Michigan Certification Board for Addiction Professionals \(MCBAP\)](#)
- ▶ [State of Michigan Department Licensing and Regulatory Affairs](#)
- ▶ MSHN Policy/Procedures

### Credentialing Policy and Procedure Revision Crosswalk

	Current	Proposed	Rationale
Policy	Credentialing & Recredentialing	Credentialing & Recredentialing - revised	addresses what is required for credentialing/recred: scope (LIPs and Orgs), oversight, deemed status, notification requirements, record retention, reporting requirements
Procedure	Background Checks and Primary Source Verification	Background Checks	Background checks are required for non-licensed/non-credentialed staff; PSV addressed in new procedures
Procedure	Credentialing: Suspension and Revocation	Discontinue	include in new Procedure for LIPs and Orgs
Procedure	Credentialing: Temporary and Provisional	Discontinue	include in New Procedure for LIPs
Procedure	Credentialing: Monitoring	Discontinue	include in Credentialing Policy
NEW Procedure		Credentialing - Licensed Independent Practitioners	Addresses process and requirements for LIPs
NEW Procedure		Credentialing - Organizational Providers	Addresses process and requirements for Orgs
NEW Procedure		Non-Licensed Provider Qualifications	Addresses necessary requirements for verifying provider qualifications outside of the scope of credentialing