

POLICIES AND PROCEDURE MANUAL

Chapter:	Provider Network Management		
Title:	Credentialing and Recredentialing – Reporting and Monitoring		
Policy: <input type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 09.13.2022	Related Policies: Provider Network Credentialing/Re-credentialing
Procedure: <input checked="" type="checkbox"/>	Author: Deputy Director	Review Date: 03.05.2024	
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Purpose

The purpose of this procedure is to outline the reporting and monitoring expectations for credentialing and recredentialing activities, to ensure compliance with the Michigan Department of Health & Human Services (MDHHS) Credentialing and Recredentialing reporting requirements, and to document the requirements for corrective action plan of non-compliant credentialing timeframes.

Procedure

Per MDHHS requirements, the Prepaid Inpatient Health Plan (PIHP) shall report all credentialing and recredentialing activities, during the reporting period, for both licensed independent practitioners and organizations, semi-annually each year, due May 15 [Quarter 1 and Quarter 2 (Q1-Q2)] and November 15 [Quarter 3 and Quarter 4 (Q3-Q4)].

Community Mental Health Services Participant (CMHSP)

CMHSPs shall submit via the template provided by the PIHP in accordance with the schedule identified below.

At a minimum the following data elements must be tracked and included.

- Provider Type (CMHSP only)
- Provider Specialty (CMHSP only)
- Credentialing Type
- Provider National Provider Identifier (NPI)
- Provider First Name
- Provider Last Name
- Provider Organizational Name
- Application Received Date
- Decision Date
- Decision Timeframe
- Credentialing Decision
- Notice of Adverse Decision Date
- Prior Credentialing Decision Date
- Recredentialing Completion Time
- Recredentialing Completed Within 2 Years
- Reference for Out of Compliance

MSHN shall review the reports submitted and complete data validation activities to ensure completeness and accuracy of reporting.

A corrective action plan will be required for any reports that show less than 90% compliance for the following:

- Initial Credentialing of Individual Practitioner within 90-day decision timeframe; and
- Recredentialing of Individual Practitioner and Organizations within 2-year timeframe

CMHSPs shall report at a minimum, semi-annually as follows.

Q1-Q2 report due May 1

Q3-Q4 report due November 1

CMHSPs subject to increased reporting and monitoring shall submit quarterly reports as follows.

Q1 report due January 15

Q2 report due April 15

Q3 report due July 15

Q4 report due October 15

If a CMHSP falls below the 90% threshold based on the semiannual report, quarterly reporting will be required (as opposed to semiannual), until such time over 90% compliance is achieved.

Applies to:

All MSHN Staff

Selected MSHN Staff, as follows:

MSHN CMHSP Participants: Policy Only Policy and Procedure

Other: subcontracted providers

Definitions:

Credentialing: The act of verifying a health care practitioner's "credentials" such as licensure, education, and training.

CMHSP: Community Mental Health Services Participant in the MSHN Region with delegated authority to manage a network of behavioral health providers; responsible for conducting credentialing and recredentialing activities.

Individual Practitioner: includes Licensed Independent Practitioners who are permitted by law and the organization to provide care and services without direction or supervision, within the scope of the individual's license OR other Licensed or Certified Health Care Practitioners who are licensed, certified, or registered but who are not permitted by law to provide care and services without direction or supervision.

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network, the Pre-Paid Inpatient Health Plan responsible for oversight of delegated functions, including credentialing activities.

NPI: National Provider Identifier

Organizational Provider: includes an agency or facility which has a contract with a CMHSP or MSHN to provide some portion of specialty support services which MSHN has agreed to perform within its contract with MDHHS. Organizational providers are required to credential and recredential their directly employed and subcontract direct service providers in accordance with the MSHN's credentialing/re-credentialing policies and procedures (which must conform to MDHHS's credentialing process).

PIHP: Prepaid Inpatient Health Plan

Q1: Quarter 1

Q2: Quarter 2

Q3: Quarter 3

Q4: Quarter 4

Re-credentialing: Process of updating and re-verifying credential information

References/Legal Authority:

- MSHN Personnel Manual: Credentialing and Recredentialing
- MDHHS Contract: Credentialing & Re-credentialing Processes; Provider Credentialing
- MSHN Medicaid Subcontract
- MDHHS Medicaid Provider Manual
- 42 CFR 438.214
- 42 CFR 438.12
- MI Mental Health Code
- MSHN Monitoring and Oversight Policy and Procedures
- MSHN Credentialing and Recredentialing Policy and Procedures

Change Log:

Date of Change	Description of Change	Responsible Party
6.2022	New Procedure	Deputy Director
5/2023	Revised to remove SUDSP – moved to new procedure	Compliance Administrator/Deputy Director
12/2023	Procedure Update	PNMC