

COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter Program Quality	Section Provider Network Management	Chapter 05	Section 05	Subject 02
Subject Privileging	Authorization		Approved: 12/27/16 Replaces: #03-01-04A Dated 07/29/14	

Updated: December 2020; Reviewed/No Updates March 2022

- I. **PURPOSE:** To ensure that individual providers are operating within their scope of practice and engaging in clinical activities that they are qualified to provide.

- II. **APPLICATION:** Qualified providers employed directly, contracted, or subcontracted by the Community Mental Health Authority (CMHA).

- III. **DEFINITIONS:**
 - A. **Credentialing – Individual Practitioners:** (As defined by the American Society of Addiction Medicine and the American Managed Behavioral Healthcare Association)
The process of reviewing, verifying, and evaluating a practitioner’s credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of specialized professional background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing is that a practitioner is granted membership in a medical staff or provider panel. Delegation of this function to an organizational provider must be monitored for the same standards required for CMHA’s Credentialing Committee.

 - B. **Credentialing – Organizational Providers:** (As defined by MDHHS Contract P.7.1.1)
The process of validating that the organizational provider is licensed or certified as necessary to operate in the State and has not been excluded from Medicaid or Medicare participation and that the organization properly credentials their directly employed and subcontracted direct service providers.

 - C. **Peer Clinical Review** (specific to this policy): Clinical review conducted by appropriate health professionals when a request for a service or support was not approved/certified during initial clinical review.

 - D. **Privileging:** The process of determining a health care professional’s current skill and competence to perform specific diagnostic or therapeutic procedures that the professional requests to perform as a participant in or an affiliate of a healthcare facility or system. The result of privileging is that a provider is permitted by a healthcare organization or network to conduct those specific procedures (as defined by the American Society of Addiction Medicine and the American Managed Behavioral Healthcare Association). NorthCare Network has expanded this definition to include individuals who must be privileged to perform behavioral health services that do not require specific degrees or state licensure but do require that staff obtain certifications

required by the Michigan Department of Health and Human Services.

E. Senior Clinical Staff Person: The appointed leadership role of the credentialing program of at least one senior clinical staff person who has: current, unrestricted clinical license(s); qualifications to perform clinical oversight for the services provided; five years' post-graduate experience in direct patient care; and Board certification (if the senior clinical staff person is an M.D. or D.O.).

IV. POLICY: CMH requires all professional healthcare staff to have a documented review and approval of clinical privileges as needed to assure that services are delivered by qualified and competent staff. Privileging is granted based on appropriate training, supervision and consultation to support the scope of work according to primary eligibility groups served by the provider.

V. PROCEDURE:

A. Gogebic CMHA's Credentialing Committee will privilege all credentialed healthcare professionals employed and under contract to ensure they meet the requisite qualifications, education, experience, training and supervision, applicable to their scope of work.

- 1) All privileging will be granted based on information provided on the NorthCare Privileging Form.
- 2) Initial privileging will be granted by CMHA's Credential Committee as part of the credentialing process. Ongoing privileging is reviewed/completed as part of the annual performance review and/or when duties/responsibilities change in terms of the primary eligibility group a person is working with and/or when their scope of clinical practice changes. National and State standards for specific clinical programs or treatments are followed by CMHA providers.
- 3) Temporary Privileges may be granted at time of hire or contract, at time of a change in clinical privileges, and/or when a need for temporary privileging is identified, i.e., staff shortage. Temporary privileges may be granted for up to one (1) year.

B. Ongoing privileging will be reviewed and approved by the Credentialing Committee based on:

- 1) The annual performance evaluation demonstrating the necessary licensing, certification, and training requirements to maintain privileges for the coming year. If required training has not been completed or certification not maintained, privileging cannot be granted and a goal needs to be added to the performance evaluation with a specified date for review. Upon meeting the goal, privileges can be reviewed and approved.
- 2) Clinical privileging changes when job duties/responsibilities are added that require specific training and certification.

C. CMHA will follow the NorthCare standard operating procedure to assure that the current privileging form is entered into the electronic Provider Management System.

- D. Upon request, contracted organizational providers are to provide policies, procedures, or guidelines that outline how scope of practice is determined for healthcare professionals within their organization.
- E. Notification of Adverse Privileging Decision: An individual or organizational provider that is denied privileging shall be informed of the reasons for the adverse privileging decision in writing.
- F. Appeal of Adverse Privileging Decision: When privileging of a provider is denied, suspended or terminated for any reason other than lack of need, the provider may appeal the decision according to agency grievance procedures per policy 01-04-47 (which is consistent with applicable Federal and State requirements).

VI. REFERENCES AND LEGAL AUTHORITY: CARF Behavioral Health Standards; 42 CFR (Balanced Budget Act of 1997(, 438.214; URAC, Health Plan Standards, as applicable; Medicaid Provider Manual; NorthCare Policies: Credentialing-Privileging, Background and Exclusion Check, Compliance Plan, Contractual Relationships & Delegation, Credentialing-Program Policy, Credentialing-Committee and Staff Responsibilities, Credentialing-Oversight & Monitoring, Credentialing-Standard Application, NorthCare Network Organizational Framework Document, NorthCare Provider Selection, Training, Sanctions; NorthCare Clinical Privileging Request and Protocol; NorthCare/CMHSP Delegation Agreement; NorthCare Standard Operating Procedure for Individual Provider Clinical Privileging & Certifications; MDHHS/PIHP Master Contract (Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Program), Section 7.1, Medicaid Sub-Contracting Agreement (PIHP/CMHSP Contract) Section XII; MDHHS Credentialing and Re-Credentialing Processes, Contract Attachment P.7.1.1

VII. EXHIBITS: NorthCare Clinical Privileging Form