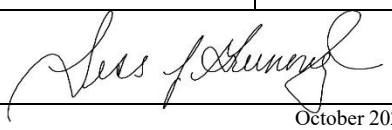
COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter **Program Quality**	**Section** **Provider Network Management**	**Chapter** **05**	**Section** **05**	**Subject** **01B**
Subject **Credentialing - Standard Application**	**Authorization** 		**Approved: 01/30/18** **Replaces: None**	

October 2024; Updated: October 2025

I. PURPOSE: To conduct due diligence in the credentialing and recredentialing process utilizing a standard credentialing application that allows equal review and treatment for consideration of participation in the provider network.

II. APPLICATION: All professional providers of clinical services employed directly, contracted, or subcontracted by Gogebic Community Mental Health Authority (GCMHA).

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.

B. Credentialing-Facilities and Other Organizational Providers: The process of reviewing, verifying, and evaluating the applicant for information including but not limited to: state licensure information; a copy of the facility's liability insurance declaration; additional requirements per Michigan Medicaid Provider rules; a signed and dated attestation of authorized representative for the facility attesting the information is accurate and complete; a signed and dated statement by an authorized representative of GCMHA that information in the application will be verified and a current copy of accreditation status.

C. Organizational Providers (Facilities): Providers with whom GCMHA contracts and that directly employ and/or contract with individual providers to provide healthcare services. Examples of organizational providers include, but are not limited to hospitals, nursing homes, substance abuse agencies, residential providers and vocational providers.

IV. POLICY: GCMHA requires a credentialing application from every provider that applies for participation in the provider network and that falls within the scope of the credentialing program. GCMHA utilizes standard applications for credentialing and recredentialing of individual practitioners and organizational providers.

V. PROCEDURE:

A. Individual Practitioner Credentialing Application: At the time of initial and recredentialing, individual providers complete the standard NorthCare Network Credentialing Application that contains the following items:

1. History of education and professional training, including board certification status.
2. State licensure information, including current license(s) and history of licensure in all jurisdictions.
3. Evidence of current Drug Enforcement Agency (DEA) certificate or state controlled dangerous substance certificate, if applicable.
4. Proof of liability insurance (e.g., declaration page).
5. Professional liability claims history.
6. History of sanctions.
7. History of loss or limitation of privileges or disciplinary activity.
8. Hospital affiliations or privileges, if applicable.
9. Disclosure of any physical, mental, or substance abuse problems that could, without reasonable accommodation, impede the provider's ability to provide care according to accepted standards of professional performance or pose a threat to the health or safety of service recipients.
10. Lack of present illegal drug use.
11. An acknowledgement of the ongoing responsibility to notify the employer in a timely manner of any adverse change in licensure or certification status. As soon as the employee is aware or should be aware of the change, the employer must be notified.
12. An evaluation of the provider's work history for the prior five years.
13. A signed and dated statement attesting that the information submitted with the application is complete and accurate to the practitioner's knowledge.
14. A signed and dated statement authorizing the organization to collect any information necessary to verify the information in the credentialing application.
15. A list of all current clinical privileges held by the applicant will be included with the application.

B. Organizational Providers Credentialing Applications

1. At the time of initial credentialing and recredentialing, organizational providers complete the standard NorthCare Network Credentialing Application for Organizational Providers that contains at a minimum:
   - **a)** State licensure information.
   - **b)** A copy of the facility's liability insurance declaration.
   - **c)** Additional requirements per Michigan Medicaid Provider rules.
   - **d)** A signed and dated attestation of authorized representative for the facility

attesting the information is accurate and complete.

e) A signed and dated statement by an authorized representative of NorthCare Network that information in the application will be verified and a current copy of accreditation status will be obtained.

2. Recredentialing: GCMHA personnel verify updated applications, review the annual performance report and submit their recommendation to the GCMHA Credentialing Committee for final approval to maintain participation in the network.

C. Subcontractor Credentialing: GCMHA may delegate the oversight and monitoring of the credentialing and recredentialing program of subcontractors to the GCMHA direct contractor as specified in applicable agreement(s). GCMHA remains the accountable party for delegated functions, regardless of the functions it has delegated to its provider network.

D. Policy: Delegation requires adoption of common policies and procedures that comply with GCMHA Credentialing Program Policies/Procedures and MDHHS Credentialing Process to ensure proper credentialing of all organizational and individual providers.

VI. REFERENCES AND LEGAL AUTHORITY: CARF Behavioral Health Standards; GCMHA Provider Network Management Policies; NorthCare PIHP/CMHSP Delegation Agreement; DHHS/CMHSP Managed Specialty Supports and Services Contract; NorthCare Provider Network Management Policies.

VII. EXHIBITS: NorthCare Network Individual Practitioner/Individual Contract Provider Credentialing & Recredentialing Application; Northcare Network Provider Panel Application; GCMHA Organization Recredentialing Attestation Form