

Step	Action	Result
1	From the 'Home' page, select "Credentialing Profile" from the top of the screen.	User is directed to the 'Credentialing Profile' page. Default list view displayed is 'Recently Viewed'.  *See Job Aid titled "Navigating to and Viewing a Credentialing Profile" for instructions on how to change the default view.
2	Select the desired "Credentialing Profile Name".	User is directed to the selected Credentialing Profile.
3	Select "Actions" in the top right corner of the profile.	The "Actions" pop-up box will display.
4	Select "Edit Application" and click "Next".  * <b>Please note:</b> Provider can edit all sections of Credentialing Profile as many times as needed while the profile is in "Draft" status. Once submitted, Provider must contact the Responsible Credentialing Coordinator (recommended to mention directly via Chatter on right side of application) to request any revisions. Responsible Credentialing Coordinator will follow steps to request revisions and re-open the profile to the Provider.  <div style="text-align: center;">Actions</div> <hr/> <div> <p>*Choose a Action listed below</p> <p><input checked="" type="radio"/> Edit Application</p> <p><input type="radio"/> Submit</p> </div> <hr/> <div style="text-align: right;"> <div>Next</div> </div>	Actions box will display a selection of sections to edit.
5	Choose a section to edit, starting with "Credentialing Contact(s)", by selecting the circle to the left of the section's name and clicking "Next". Credentialing Contacts are any individual from the Organizational Provider who will be working on completing the Credentialing Profile.  If all Credentialing Contacts were added by the PIHP/CMHSP, please proceed to the next section – "Office Address, Organizational Details, Accreditation Information" and Step 7.	User is directed to the "Credentialing Contact(s)" section, or the "Office Address, Organizational Details, Accreditation Information" section if all Credentialing Contacts have been entered.

	<p><b>*Please note: Only one section can be completed at a time. Sections can be completed in any desired order. <b>All sections must be completed prior to submission.</b></b></p> <div> <div>Actions</div> <div> <p><b>* Choose Section Below to Edit:</b></p> <p><input checked="" type="radio"/> Credentialing Contact(s)</p> <p><input type="radio"/> Office Address, Organizational Details, Accreditation Information</p> <p><input type="radio"/> Service Locations</p> <p><input type="radio"/> Documentation</p> <p><input type="radio"/> Acknowledgements &amp; Attestations</p> <p><input type="radio"/> Miscellaneous Files (e.g ASAM Level of Care Designations)</p> <p><input type="radio"/> Complete Edits</p> </div> <div> <div>Previous</div> <div>Next</div> </div> </div>	
6	<p><b>To continue with the “Credentialing Contacts” section, please see the next Job Aid titled “Editing a Credentialing Profile – Credentialing Contacts”.</b></p>	<p>User completes all steps in Job Aid to add all necessary Credentialing Contacts to the Credentialing Profile. After step is completed, user is direct back to the “Actions” menu.</p>
7	<p>Select “Office Address, Organizational Details, Accreditation Information” section, then click “Next”.</p>	<p>User is directed to the “Office Address, Organizational Details, Accreditation Information” section.</p>
8	<p>Complete all required fields of the “Office Address, Organizational Details, Accreditation Information” section, then select “Next”.</p> <p><b>*Please note: If “Is the organization accredited?” is checked, an additional section will appear requiring Accreditation Information.</b></p>	<p>Message will display – “Successfully updated Office Address, Organizational Details, Accreditation Information”. User is directed back to the “Actions” menu.</p>

Actions

**Office Address**

\* Office Address - Street 1

Complete this field.

Office Address - Street 2

\* Office Address - City

\* Office Address - State

\* Office Address - Zipcode

\* Office Address - County

\* Office Phone Number

Office Secondary Phone Number

Office Fax Number

**Organization Details**

\* Tax ID #

NPI #

Group Affiliation ⓘ

Website

\* Email

you@example.com

☐ Is the organization accredited?

☐ Enrollment in Medicaid?

☐ Enrollment in Medicare?

☐ Please indicate if you have a specialty known for

Specialty ⓘ

Adult Psych

Child Psych

Co-occurring (MH & SUD)

Eating Disorders

Eye Movement Desensitization and Rej

Specialty (Other)

\* Languages Spoken ⓘ

Czech

Danish

Dawro

Dutch

English

\* Have you been trained in cultural competency?

--None--

☐ Please indicate whether interpretation services are offered

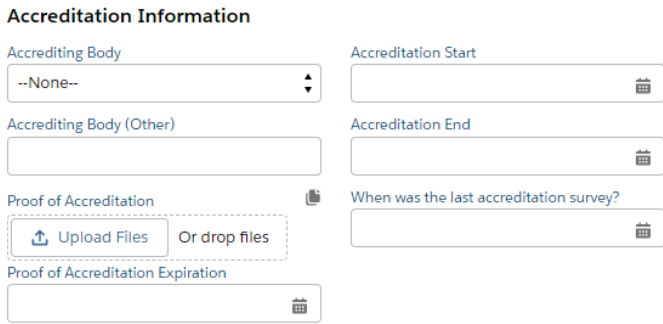
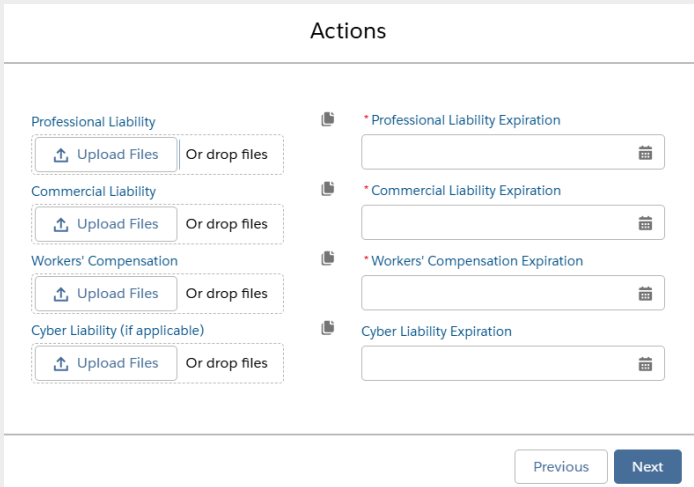
Previous

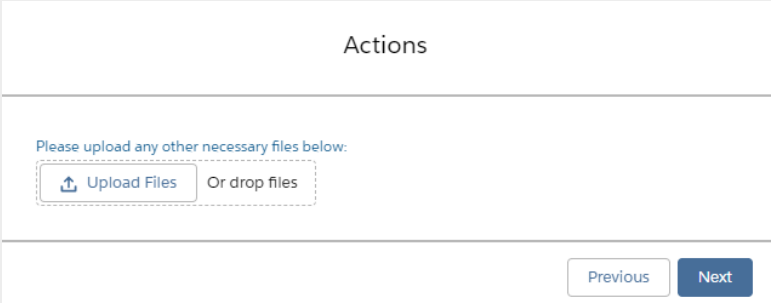
Next

\*Will appear only if "Is the organization accredited?" is checked

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For questions or feedback regarding this Job Aid, please send an email to [MDHHS-BH-CRM@michigan.gov](mailto:MDHHS-BH-CRM@michigan.gov).

		
9	<p><b>To continue with the “Service Locations” section, please see the Job Aid titled “Service Locations (Organizational Providers)”.</b></p> <p>Complete all required fields of the “Service Locations” section, then select “Next”.</p>	User completes all steps in Job Aid to add all necessary Service Locations to the Credentialing Profile. After step is completed, user is direct back to the “Actions” menu.
10	Select “Documentation”, then click “Next”.	User is directed to the “Documentation” section.
11	Complete all required fields of the “Documentation” section, then select “Next”.	Message “Successfully updated documentation” will display. User is directed back to the “Actions” menu.
		
12	Select “Acknowledgements & Attestations”, then click “Next”.	User is directed to the “Acknowledgements & Attestations” section.
13	<p>Complete all required fields of the “Acknowledgements &amp; Attestations” section, then select “Next”.</p> <p><b>*Please note:</b> If “Yes” is selected for any of the questions, an “Explanation” is required.</p>	Message “Successfully updated acknowledgements and attestations” will display. User is directed back to the “Actions” menu.
14	If there are additional files to upload, select “Miscellaneous Files (e.g., ASAM Level of Care Designations)”, then click “Next”.	User is directed to the “Miscellaneous Files” section.

15	<p>User may upload as many files as necessary via the file upload box, then click “Next”.</p> 	<p>Message “File(s) uploaded successfully” will display. User is directed back to the “Actions” menu.</p>
16	<p>Once all sections are completed, select “Complete Edits” and click “Next”.</p>	<p>Message “Successfully Edited the Credentialing Application of: [Organizational Provider] – Credentialing – [Date] Click Finish to view Edits” will display.</p>
17	<p>Click “Next”.</p>	<p>User is directed to the main Credentialing Profile screen where all completed information will display in its respective section.</p>
18	<p>Review all information for accuracy. After information is reviewed as complete and accurate, selection “Actions” from the top right corner of the profile.</p>	<p>“Actions” pop-up box will display.</p>
19	<p>Select “Submit” and click “Next”.</p>	<p>Consent box will display.</p>
20	<p>Select “Yes” to consent to the provided statement, then click “Next”.</p> <p>*If “No” is selected, user will be directed back to the Credentialing Profile.</p>	<p>Message “Your Universal Credentialing application has been submitted successfully” will display. User is directed back to Credentialing Profile.</p> <p>Credentialing Profile “Application Status” will now display as “Submitted”.</p>
21	<p>The PIHP/CMHSP will now complete the Primary Source Verification for the Credentialing Profile.</p>	<p>N/A</p>