Subject: **Credentialing**	Procedure: **Formal Peer Review Process**	
Effective Date: **10/29/2026**	Owner: **Talent Engagement**	Pages: **5**
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I. PURPOSE:

To provide operational guidelines for credentialing adverse action appeal processes.

II. DEFINITIONS:

A. Credentialing, Recredentialing, and Privileging Committee
A peer-review body with members from the types of practitioners participating in the organization's network that reviews credentialing and privileging applications and makes determinations. MCCMH maintains a multidisciplinary committee, with representation from various specialties.

B. Peer Review Committee
Renders a final decision following a request for an appeal of an adverse action and may issue a report to the National Practitioner Data Bank (NPDB). The committee may include MCCMH's Chief Executive Officer, Chief Quality Officer, Chief Clinical Officer, Chief Compliance Officer, and Chief Medical Officer or their designees, and others as deemed applicable.

C. Peer Review Process
The conduct of professional review activities through formally adopted written procedures which provide for adequate notice and an opportunity for a formal hearing.

III. PROCEDURE:

A. MCCMH provides written notification to practitioners of initial credentialing decisions and re-credentialing decisions within thirty (30) calendar days from the Credentialing, Recredentialing, Privileging Committee's decision.

B. When credentialing or re-credentialing is denied, suspended, or terminated for any reason other than lack of need, the practitioner shall be informed in writing via certified mail within thirty (30) calendar days of the reason(s) for MCCMH's adverse decision; their right

to appeal the decision through the credentialing adverse action appeal process; and their right to review their file and present additional information for the Peer Review Committee's consideration.

C. The peer review process may be utilized when there is a decision made by MCCMH to sanction a practitioner for fraud, waste, abuse, neglect, or other adverse action (e.g., malpractice). This decision may affect the practitioner's ability to obtain or renew a professional license, obtain liability insurance, and/or bill Medicaid or Medicare in the State of Michigan.

1. The Credentialing Designee will refer findings of practitioner conduct or competence that might adversely affect the health or welfare of persons-served to the Credentialing, Recredentialing, and Privileging Committee for review and evaluation of recommendations for continued participation and privileges.

2. The Credentialing, Recredentialing, and Privileging Committee will consider the nature of the severity and reoccurrence of the concern, available evidence, prior actions and safety needs when identifying recommendations to the Peer Review Committee for consideration.

3. Recommendations made by the Credentialing, Recredentialing, and Privileging Committee to the Peer Review Committee may include but are not limited to the following:

    a. Education to improve job performance or workplace conduct
    b. Increased Supervision
    c. Performance Coaching
    d. Performance Improvement Plan

4. The Credentialing, Recredentialing, and Privileging Committee's discussion and recommended actions are documented in meeting minutes. The Credentialing Designee will share the recommendations with the assigned Peer Review Committee with three (3) business days of the meeting.

5. Upon receipt of the final decision, the Credentialing Designee will share the outcomes with the Credentialing, Recredentialing, and Privileging Committee and document the follow-up in meeting minutes.

6. The Credentialing, Recredentialing, and Privileging Committee will accept and recognize the disciplinary action and/or interventions determined by the Peer Review Committee responsible for issuing a final decision.

D. A practitioner's request to appeal the Credentialing, Recredentialing, and Privileging Committee's decision must be received by MCCMH within ten (10) business days from the date the notice was issued. The request to appeal must be submitted to the Credentialing Team at credentialingteam@mccmh.net.

E. When MCCMH's Credentialing Team, receives a request for an appeal, they will notify the MCCMH Chief Executive Officer to schedule a Formal Hearing with the Peer Review Committee.

F. A formal hearing will be scheduled with the Peer Review Committee within thirty (30) calendar days of the Credentialing Team receiving the appeal request, consistent with Policy 10-070 Credentialing and Recredentialing – Section Decision Making and Notices.

G. The Peer Review Committee may include but is not limited to:

1. Chief Executive Officer
2. Chief Quality Officer,
3. Chief Clinical Officer,
4. Chief Medical Officer or their designee
5. Other representatives, as deemed applicable, from the Compliance Office, Office of Recipient Rights, Medical Office, Human Relations, and Clinical Departments.

H. The Formal Hearing may be conducted in person or via confidential tele-communications (Ex: Teams, Zoom, Skype, etc.).

I. A Notice of Formal Hearing will be sent out to the practitioner and Peer Review Committee. Included on the Notice are the date, time, and place of the meeting, the reasons for the adverse action including acts or omissions of the practitioner, relevant documents including records of patient care, and a list of persons expected to speak at the Formal Hearing.

J. If the practitioner prefers, they may request that the Peer Review Committee conduct the hearing without their presence. The practitioner may provide additional information to the Committee, if warranted.

K. At the formal hearing, both the practitioner and MCCMH may be represented by counsel, provide any relevant evidence, and/or submit a memorandum of law or medical points.

L. The Peer Review Committee uses a simple majority standard for voting and must ensure a quorum of at least three committee members are present at all official meetings.

M. Within fifteen (15) business days of the formal hearing, MCCMH shall issue an official decision letter regarding the adverse decision to the practitioner. A copy of the letter will be submitted to the practitioner's applicable Human Resources and Labor Relations, Talent Engagement, and Credentialing Team.

N. If the Credentialing, Recredentialing, and Privileging Committee's adverse decision is upheld by the Peer Review Committee, the practitioner's employer of record will be notified to follow their policies and procedures for next steps and/or disciplinary action, if applicable.

1. The following range of actions as outlined in the policies below may be considered prior to termination, when applicable:

    a. Macomb County Disciplinary Action Policy

    b. Macomb County Disciplinary Action Appeal Process

    c. Union Contract (page 7)

O. The Chief Compliance Officer or designee evaluates the action for required reporting to the appropriate licensing or certification authority and other applicable authorities. Compliance will document the reportability decision, responsible submitter and applicable deadline and verifies submission and retention of confirmation.

P. For actions relating to practitioner's professional competence or conduct that meet NPDB reporting requirements, Credentialing designee or designated authorized reporting team member prepares and submits the report in collaboration with Chief Executive Officer and Compliance Department,

    1. The Compliance Officer or their designee verifies timely reporting, submission confirmation, and documentation.

    2. MCCMH retains its existing seven (7) day internal reporting commitment for applicable actions.

Q. The same appeal process is afforded to a practitioner if they believe that adverse actions were submitted in error by MCCMH to the National Practitioner Data Bank (NPDB).

R. MCCMH reports any revisions to previously reported negative actions or findings to the NPDB.

S. A copy of the report that MCCMH receives after a report is successfully processed by the NPDB will be provided to the appropriate licensing or certification authority.

IV. REFERENCES:

A. MCCMH MCO Policy 10-070, "Credentialing and Re-Credentialing Services"

B. 45 CFR - Public Welfare. Subtitle A - Department of Health and Human Services. Subchapter A - General Administration. Part 60 - National Practitioner Data Bank. Subpart A - General Provisions.

C. Agreement between County of Macomb and American Federation of State, County, and Municipal Employees Local #411

D. National Committee for Quality Assurance (NCQA), Behavioral Health Accreditation, Credentialing and Recredentialing, CR 6: Notification to Authorities and Practitioner Appeal Rights

E. Macomb County Disciplinary Action Policy

F. Macomb County Disciplinary Action Appeal Process

V. EXHIBITS:

A. MCCMH Credentialing Adverse Action Notice Template

B. MCCMH Credentialing Peer Review Formal Hearing Notice

C. MCCMH Credentialing Peer Review Decision Letter(s)

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	01/03/2023	Creation of Procedure.	Policy Administrator
2	10/29/2026	• Update Definition for Credentialing, Recredentialing, and Privileging Committee • Change Chief of Staff to Chief Executive Officer • Update days to match policy • List Credentialing, Recredentialing, and Privileging Committee's available recommendations • Update disciplinary actions available before termination • Update the Compliance department's role in reporting	Credentialing Designee