MCCMH MCO Policy 3-007

Chapter: Provider Network Management
Title: Organizational Credentialing and Re-Credentialing

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Proposed by: Traci Smith — 10/29/2026
Chief Executive Officer — Date

Approved by: Al Lorenzo — 10/29/2026
County Executive Office — Date

I. ABSTRACT

This policy establishes the standards of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, regarding its credentialing of organizational providers and its expectation of contracted organizational providers to credential their own practitioners.

II. APPLICATION

This policy shall apply to contract network providers of MCCMH.

III. POLICY

It is the policy of MCCMH that all organizational providers and their practitioners be both qualified and competent. Credentialing and recredentialing are the processes by which qualifications and competency are formally recognized by MCCMH.

IV. DEFINITIONS

A. Delegation
A formal process by which MCCMH gives another entity the authority to carry out a function that it would otherwise perform. Although MCCMH may delegate the authority to perform a function, it retains the responsibility for ensuring that the function is performed appropriately.

B. Delegated Function
Any function or responsibility that MCCMH, under any license or certification, is required

to provide under contract with the Michigan Department of Health and Human Services (MDHHS), which MCCMH subsequently assigns to a third party via contract or a mutual written agreement. The contractor is given the responsibility to carry out the delegated function, and MCCMH remains accountable to MDHHS for the proper performance of the delegated function.

C. Organizational Providers

Organizational Providers are Agencies that provide healthcare services directly to persons served, where persons served are directed to the Agency rather than to a specific practitioner. Behavioral healthcare Agencies include those providing mental health or substance use disorder services in inpatient, residential and ambulatory settings. Ambulatory settings include outpatient behavioral health clinics, outpatient substance use treatment programs, partial hospitalization programs and other clinical and ancillary services in a community-based setting. Assessment applies to each applicable contracted Agency type regardless of the number of persons served. The Credentialing Designees maintain all documentation related to the Agencies Organizational Credentialing including application date, service setting, licensure or regulatory status, accreditation status, credentialing date, approval decision and next credentialing due date. The Chief Network Officer/Director of Substance Use (SUD) services or designee reviews the records for completeness and overdue documentation. Any setting-specific no applicability is documented with the contractual scope and the applicable standard exception.

V. STANDARDS

A. MCCMH shall use the uniform Community Mental Health Services (CMHSP) credentialing program established by the Michigan Department of Health and Human Services (MDHHS) in accordance with Public Act 282 of 2020.

B. All behavioral health and substance use disorder organizations seeking to contract with MCCMH shall be credentialed prior to providing services to individuals.

C. MCCMH may deny a credentialing application or request an updated credentialing process at any time. An approved credentialing application does not guarantee a contract with MCCMH.

D. MCCMH shall validate and revalidate at least every 36 months that each organizational provider.

1. Completes a current credentialing application;

2. Is licensed or certified and in good standing as necessary to operate in the State of Michigan;

3. MCCMH confirms that the organizational provider is reviewed and approved by an applicable accrediting body. If the provider is unaccredited, MCCMH conducts an onsite quality assessment using criteria appropriate to the provider type, including a process to confirm that the facility credentials its practitioners. A community-based setting alone does not create an exemption. MCCMH may substitute a CMS or state

quality review no more than three (3) years old when a survey report or letter confirms the facility passed inspection and the review meets MCCMH's quality assessment criteria. If the review is older than three (3) years, MCCMH conducts its own onsite assessment.

4. There is a history check of civil judgements related to the delivery of a health care item or service.

5. The organizational provider is not excluded from participation in Medicare, Medicaid, or other federal contracts.

6. Current insurance coverage meeting contractual expectations is on file with MCCMH.

E. A complete and separate credentialing/re-credentialing file shall be maintained for each credentialed organizational provider. Each file shall include:

1. The initial credentialing and all subsequent re-credentialing applications and supporting documentation;

2. Information gained through primary source verification;

3. All written communications from MCCMH to the organizational provider related to the credentialing process; and

4. Any other pertinent information used in determining whether the organizational provider met or did not meet MCCMH's credentialing and re-credentialing requirements.

F. MCCMH's Organizational Credentialing Team shall review the information obtained and determine whether to grant credentials. MCCMH shall ensure initial credentialing of all organizational providers applying for inclusion in MCCMH's network is completed within ninety (90) calendar days of application submission.

1. The start time begins when MCCMH has received a completed, signed, and dated credentialing application from the organizational provider.

2. Completion time is indicated when written communication is sent to the organizational provider notifying them of the MCCMH's decision.

G. Organizational providers shall be notified, in writing, of all credentialing decisions, including credentialing status, effective date, and re-credentialing due date.

1. An organizational provider denied credentialing or re-credentialing shall be informed of the reasons for the adverse credentialing decision in writing within thirty (30) days of the decision and shall have a dispute resolution process available when credentialing or re-credentialing is denied, suspended, or terminated for any reason other than lack of need.

2. The dispute resolution process shall be consistent with applicable federal and state requirements and included as part of an adverse credentialing decision notification letter.

3. If the reason for denial, suspension, or termination is egregious (serious threat to health safety of enrolled members or staff, represents a substantiated criminal activity, etc.) action shall be taken immediately. In the event of immediate suspension or termination, MCCMH shall address coordination of care to prevent disruption of services.

4. MCCMH shall report improper known organizational provider conduct which could result in suspension or termination from MCCMH's provider network to appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, NPDB/HIDB, etc.).

H. MCCMH completes ongoing tracking as it relates to sanctions, complaints, and quality issues to evidence its ongoing assessment of organizational providers. This includes:

1. Medicare/Medicaid sanction checks every 30 days (OIG, SAM, Sanction Provider)

2. Any limitations on licensure, registration, or certification

3. Person served concerns which include appeals and grievances

4. Noted quality issues at the PIHP level

I. MCCMH may recognize and accept credentialing activities conducted by another PIHP or CMHSP in lieu of completing its own credentialing activities. In such cases, MCCMH maintains copies of the credentialing PIHP or CMHSP's decisions in its administrative records.

J. MCCMH completes State and Federal Office of the Inspector General (OIG) checks for sanctions of credentialed organizational providers every 30 days. If sanctions are found, the provider is notified and MCCMH takes appropriate action.

K. Organizational providers are monitored by MCCMH in accordance with its scope of work in its contract.

L. MCCMH shall delegate to organizational providers the responsibility to credential and re-credential their practitioners, however, MCCMH remains responsible for the credentialing and recredentialing of practitioners.

M. MCCMH shall ensure that the contract between MCCMH and an organizational provider specifies that the organizational provider is expected to credential and re- credential their directly employed and subcontract direct service practitioners and individual practitioners in accordance with MCCMH Policy 10-070 "Credentialing and Re-Credentialing."

N. MCCMH does not refer persons served to individual practitioners at contract agencies, but

rather refers persons served to organizational providers.

VI. PROCEDURES

A. Delegation of Credentialing and Re-Credentialing

1. MCCMH maintains written delegation agreements with organizational providers regarding the credentialing of individual practitioners. The written delegation agreement shall:

    a. Be mutually agreed upon;

    b. Describe the delegated activities and responsibilities of MCCMH and the organizational provider;

    c. Require at least semiannual reporting by the delegated entity to MCCMH;

    d. Describe the process by which MCCMH evaluates the delegated entity's performance;

    e. Specify that MCCMH retains the right to approve, suspend, and terminate individual practitioners, providers, and sites, even if MCCMH delegates decision making; and

    f. Describe the remedies available to MCCMH if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.

VII. REFERENCES / LEGAL AUTHORITY

A. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (PIHP/CMHSP contracts in effect, and as amended)

B. Michigan Department of Health and Human Services Credentialing and Re- Credentialing Technical Requirement

C. C. MCCMH MCO Policy 10-070 Credentialing and Re-Credentialing

D. D. NCQA MBHO Standards and Guidelines, in effect and as amended

VIII. EXHIBITS

Annual Revision Attestation/Revision History

Revision #	Review Date	Revision Summary/Policy Update Notice Date	Reviewer/Department

	9/21/2016		**Net Ops and SUD**