

NORTHCARE NETWORK

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| POLICY TITLE: Credentialing Committee & Staff Responsibilities | CATEGORY: Network Management | |
| EFFECTIVE DATE: 7/13/16 | BOARD APPROVAL DATE: 7/13/16 | |
| REVIEW DATE: 2/2/25 | REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | OTHER REVISION(S): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| RESPONSIBLE PARTY: Provider Network Specialist | CEO APPROVAL DATE: 2/4/25 Megan Rooney, CEO | |

APPLIES TO

NorthCare Network Personnel
Network Providers

POLICY

The Credentialing Committee retains final authority for the credentialing of individual practitioners/providers, employed or under contract, and organizational providers under contract. All committee members and staff involved in credentialing activities shall preserve the confidentiality of credentialing information. Appropriate steps to ensure confidentiality of both paper and electronic files is required and access to credentialing files is limited to authorized personnel only.

PURPOSE

To establish expectations and guidelines for the Credentialing Committee and staff involved in the credentialing process and to ensure confidentiality of credentialing records.

DEFINITIONS

1. **Clinical Staff:** Employees or contracted consultants of the health care organization who are clinically qualified to perform clinical tasks within their scope of practice.
2. **Credentialing Committee:** The committee membership should reflect required members and ad hoc members to assure appropriate peer review for each provider and has at least one participating provider who has no other role in the organization's management. This committee has the final authority to approve or disapprove applications by providers for participation on the organization's provider panel and delegates authority for approval of clean credentialing applications to the identified staff member.
3. **Credentialing Staff:** Organizational staff members who participate on the credentialing committee and/or who are responsible for any aspect(s) of the credentialing process.
4. **Individual Practitioner/Provider:** is any individual that is engaged in the delivery of healthcare services and is legally authorized to do so by the State in which he or she delivers the services.

5. **Organizational Providers (Facilities)** – are providers with whom NorthCare Network contracts and that directly employ and/or contract with individual practitioners or organizations to provide behavioral health care services. Examples of organizational providers include but are not limited to: Member Community Mental Health Services Programs, psychiatric hospitals, substance use treatment programs and residential providers.
6. **Senior Clinical Staff:** Must have current, unrestricted clinical license(s), qualifications to perform clinical oversight for services provided, five years' post-graduate experience in direct care, and board certification if senior clinical leader is an M.D. or D.O. Senior Clinical Staff is responsible for oversight of the clinical aspects of the credentialing program.

REFERENCES

- 42 CFR, (Balanced Budget Act of 1997), 438.214
- Medicaid Provider Manual
- MDHHS/PIHP Master Contract
- PIHP/CMHSP Network Provider Agreement
- NorthCare Network Policies & Plans as applicable

HISTORY

NEW POLICY 5/17/16

REVISION DATE: 12/13/16, 2/27/17, 12/13/17, 8/24/20, 8/4/21, 9/11/23, 2/2/25

REVIEW DATE: 12/13/16, 2/27/17, 12/13/17, 9/26/18, 12/2/19, 8/24/20, 8/4/21, 6/24/22, 9/11/23, 2/2/25

CEO APPROVAL DATE: 5/31/16, 12/13/16, 3/8/17, 1/8/18, 10/2/18, 1/7/20, 9/1/20, 9/7/21, 7/12/22, 10/12/23, 2/4/25

BOARD APPROVAL DATE: 7/13/16

PROCEDURES

- I. Confidentiality and Training
All Credentialing Committee members and staff with credentialing responsibilities sign a confidentiality agreement and receive training regarding the confidentiality of credentialing work prior to assignment. Training is documented in training and/or credentialing records.
- II. Confidentiality of Credentialing Files
Electronic file permissions are appropriate to those who have a need to access and are accessed only in the performance of credentialing and auditing duties. Each file includes:
 - the initial credentialing and all subsequent recredentialing applications
 - supporting documentation including applicable privileging information
 - information gained through primary source verification
 - documentation that each file was complete and reviewed prior to evaluation by the credentialing committee; and,
 - any other pertinent information used in credentialing decisions.
 - All written communications to the organization providers or individual practitioners related to the credentialing process

- Document destruction guidelines are followed for files over 7 years of creation date. (Note: applies to paper ones that are in the cabinets. All in electronic will stay in files.)

III. Credentialing Committee Membership

1. Multidisciplinary Participants

- a) NorthCare Network Standing Members: Peer Reviewers; Provider Network Specialist, and at least one participating provider who has no role in management.

2. Ad hoc participants:

- a) The NorthCare Network Medical Director as needed; and other representatives of specialty services who can provide peer review for specialty disciplines. The names and specialty of Ad hoc participants will be recorded in the minutes.
- b) New Ad Hoc Participants must sign a confidentiality agreement and receive training regarding the confidentiality responsibilities of the Committee's work before participating in a meeting of the Committee. The need to adhere to confidentiality should be reviewed at each meeting.

IV. Responsibilities for Credentialing

1. Appointed staff is responsible for oversight of all clinical aspects of the credentialing program including: acting as the chairperson of the NorthCare Network Credentialing Committee; approving clean credentialing applications; referring requests to appeal adverse credentialing determinations to NorthCare's CEO; the development and annual review of credentialing plan policies and procedure; and implement the credentialing plan.

2. The Credentialing Committee is responsible:

- a) to formally approve or deny recommendations to credential or re-credential individual practitioners and organizational providers based on their meeting reasonable standards of care.
- b) to implement a mechanism to immediately suspend, pending investigation, a participating provider who is engaged in behavior or who is practicing in a manner that appears to pose a significant risk to the health, welfare, or safety of consumers.
- c) to review and approve the Credentialing Program Policies at least annually.
- d) to report to the Quality Oversight Committee and Board of Directors on the effectiveness of the program at least annually.

3. Credentialing Staff are responsible to:

- a) review credentialing applications and supporting documentation for completeness, accuracy, and conflicting information prior to review by the Credentialing Committee or appointed staff. If information is missing, incorrect, or inconsistent, staff should conduct additional review and attempt to obtain correct or complete information.
- b) assure the confidentiality of all information transmitted between the Credentialing Committee and Network Providers.

- c) maintain minutes of all committee meetings that provide sufficient detail to demonstrate a discussion was held for each applicant with issues regarding their application, while maintaining applicant confidentiality.
- d) ensure timely correspondence with all providers regarding the status of their application and letters of determination of the outcome of the Credentialing Committee Review. Providers will be considered as re-credentialed unless otherwise notified in writing.
- e) maintain a current Provider Directory.
- f) ensure necessary excluded party checks have been completed on organizations and individuals.
- g) Receive and present to the committee any feedback regarding the Credentialing Program received from network providers.
- h) Update in ELMER the organizational provider and/or staff record change form.