

n00259

Credentials Committee Membership & Responsibility

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) Credentials Committee includes external representation from a range of participating practitioners and consists of not less than six members. A Chairperson shall be appointed and shall serve a minimum two-year term. The Medical Director or an equally qualified designated practitioner and appropriate staff will serve as administrative members of the committee. Other participating practitioners, and staff or consultants may be asked to participate as needed in a non-voting capacity i.e., representation from various types of physician specialties, other health care professionals, legal counsel, etc.

Policy Detail:

The NHP/NHIC/NHAS Credentials Committee includes external representation from range of participating practitioners and consists of not less than six members. The Medical Director or an equally qualified designated practitioner and appropriate staff will serve as administrative members of the committee. Other participating practitioners, and staff or consultants may be asked to participate as needed in a nonvoting capacity i.e., physician specialists, other health care professionals, legal counsel, etc.

The Medical Director or an equally qualified designated practitioner is directly responsible for the Credentialing Program. The Medical Director's or Designated Physician responsibilities include:

- Oversight of the Credentialing Program
- The Medical Director or an equally qualified designated practitioner will review the file and determine whether it meets credentialing criteria and is considered a "Track 1 clean" file (no issues identified) and recommend the applicant's approval as a "Track 1 clean" file by supplying an approval submitted to credentialing with the credentialing decision date which contains the approval support to ensure appropriate controls that received from the Medical Director or to an equally qualified designated practitioner. "Track 1 clean" files are sent via a list electronically to the Medical Director or an equally qualified designated practitioner
- Monitoring implementation of the Credentialing program
- Evaluation of credentialing policies and procedures
- Involvement in recruitment of committee members

- Coordinating with contracted practitioners in Quality Improvement, Utilization Management, and Credentialing activities, as applicable
- Coordinating and communicating peer review information and decisions to network practitioners
- Monitoring the implementation of the QI process as it relates to quality of care
- Assists in the development of corrective action plans and assure that they are implemented when problems are identified
- Participating in the development of the Quality Improvement Program Description, Annual Evaluation and Work Plan, the Utilization Management Program and Credentialing Program
- Perform individual clinical case reviews (including grievances, complaints and appeals) and make corrective action recommendations on quality of care issues and medical necessity denials

Each member will serve a minimum two-year term. Each member is to sign a Confidentiality Agreement form, which will survive the termination of membership on the Credentials Committee.

A minimum of one-half (1/2) participating licensed health care practitioners and one (1) administrative staff constitutes a quorum. Only participating licensed health care practitioners can vote on credentialing/recredentialing decisions. All members can vote on administrative issues.

The Credentials Committee will hold meetings as needed to meet the Track one or Track two file review process. Each member is to attend all scheduled Credentials Committee meetings on an annual basis. Not maintaining this attendance requirement may result in termination of Committee membership. The Credentials Committee prefers that all routine business be conducted at regular scheduled meeting times, however ad hoc meetings may be called occasionally by the Medical Director or an equally qualified designated practitioner, Chair or Vice Chair. All Committee members are to be notified of an ad hoc meeting and, at a minimum, quorum requirements are to be met. An ad hoc teleconference meeting is acceptable so long as all information to be reviewed is presented and discussed during the teleconference.

Documented discussions about credentialing in the meeting minutes of each meeting shall be maintained and kept in a confidential manner in the Credentialing Department.

Functions of the Credentials Committee are to include, but are not limited to:

- Final decision on the credentialing of prospective practitioners, providers, and facilities
- Final decision on the recredentialing of current practitioners, providers, and facilities
- Reviews the credentials of practitioners who do not meet the organization's criteria for participation in the network.
- Review and approval of new and existing delegation agreements, semi annual reports, and any corrective action, if applicable
- Give thoughtful consideration to credentialing information.
- Development, implementation, and monitoring of action plans for improvement to address discrepancies in practitioner/provider/facility performance.
- The Medical Director or an equally qualified designated practitioner will notify practitioner and provider of credentialing and recredentialing decision within 60 calendar days of the committee's decision
- Initiation, review, and recommendation of credentialing/recredentialing policies and procedures

Definitions:

None

Regulatory Citations:

None

Related Policies:

None

Related Documents:

None

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