COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter **Program Quality**	**Section** **Provider Network Management**	**Chapter** **05**	**Section** **05**	**Subject** **01A**
Subject **Credentialing Committee and Staff Responsibilities**	**Authorization**		**Approved: 12/26/17** **Replaces: None**	

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

II. APPLICATION: All professional providers of clinical services employed directly, contracted, or subcontracted by Gogebic Community Mental Health Authority (GCMHA).

III. DEFINITIONS:

A. Clinical Staff: Employees or contracted providers/consultants of the health care organization who are clinically qualified to perform clinical tasks within their scope of practice.

B. Credentialing Committee: A committee of professional peers led by a senior Clinical Staff member. The committee membership should reflect required members and ad hoc members to assure appropriate peer review for each provider. This committee has the final authority to approve or disapprove applications by providers for participation on the agency's provider panel and delegates authority for approval of clean credentialing applications to the identified Senior Clinical Staff.

C. Credentialing Staff: GCMHA staff members who participate on the credentialing committee and/or who are responsible for any aspect(s) of the credentialing process.

D. Individual Practitioner/Provider: 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.

E. Organizational Providers (Facilities): Providers with whom GCMHA contracts 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 psychiatric hospitals, substance use treatment programs, and residential providers.

F. Senior Clinical Staff: Must have current, unrestricted clinical license(s); qualifications to perform clinical oversight for the services provided; post-graduate experience in direct patient care; and Board certification (if the Senior Clinical Staff person is an MD or DO). Senior Clinical Staff is responsible for oversight of the clinical aspects of the credentialing program.

IV. 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.

V. PROCEDURE:

A. 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. This training is documented in training and/or credentialing records.

B. Confidentiality of Credentialing Files: Credentialing files and information, along with the minutes and records of the Credentialing Committee proceedings, will be maintained in a secure environment with access limited to GCMHA credentialing staff and site reviewers as necessary. To maintain the confidentiality and security of credentialing files, GCMHA's credentialing files for providers are stored electronically. Access to credentialing files is limited to authorized credentialing personnel. GCMHA's Credentialing Committee will have a list of all staff with access to credentialing files. All electronic information related to credentialing is individually password protected and computers are locked when an employee leaves their workstation. GCMHA maintains a credentialing file for each credentialed provider. Each file shall contain:

- The initial credentialing and all subsequent re-credentialing 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.
- Any other pertinent information used in credentialing decisions.

C. Credentialing Committee Membership

1. Multidisciplinary Participants

a) Standing Members: Standing committee members include a GCMHA Senior Clinical staff, GCMHA Program Director or Supervisor, GCMHA Human Resources Coordinator, GCMHA Reimbursement Officer, and at least one participating provider that has no other role in GCMHA management.

b) Appointments of participating providers are for a two-year term beginning with the fiscal year.

2. Ad-hoc Participants

a) GCMHA 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 and their input will be recorded in the committee meeting minutes.

b) New Ad hoc participants must sign a confidentiality agreement and receive training regarding the confidentiality 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.

D. Responsibilities for Credentialing

1. Senior Clinical Staff: The Senior Clinical Staff Person is responsible for oversight of all clinical aspects of the credentialing program including acting as the chairperson of the CMH Credentialing Committee; approving clean credentialing applications; responding to requests to appeal adverse credentialing

determinations; the development and annual review of credentialing plan policies and procedure; and implementation of 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 monitor clinical staff and reports from organizational providers for sanctions and exclusion from federal and state programs of any network providers. Participation of any provider will be immediately suspended, pending investigation, to ensure the health, welfare, and safety of the individuals served.
- **c)** To ensure discrimination will not be made based on an individual's gender, sexual orientation, gender identity, age, race, spiritual beliefs, disability, ethnic origin, national origin, and any other such prejudicial policies.
- **d)** To review and approve the Credentialing Program policies at least annually.
- **e)** To report to the Quality Improvement/Utilization Management Committee and Board of Directors on the effectiveness of the program at least annually.
- **f)** To meet as necessary to meet its responsibilities, but no less than quarterly.

3. Credentialing Staff are responsible to:
- **a)** Review credentialing applications and supporting documentation for completeness, accuracy, and conflicting information prior to review by the Senior Clinical Staff or Credentialing Committee. 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, including paper and electronic transmittal of documents.
- **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.

VI. REFERENCES AND LEGAL AUTHORITY: 42 CFR, (Balanced Budget Act of 1997), 438.214, Medicaid Provider Manual, MDHHS/PIHP Master Contract (Medicaid Sub-Contracting Agreement (PIHP/CMHSP Contract) Section XII, NorthCare Network/Member CMHSP Delegation Agreement, CARF Behavioral Health Standards; NorthCare Provider Network Management Policies

VII. EXHIBITS: Credentialing & Privileging Committee Confidentiality and Privacy Training Attestation