

n00259

Credentials Committee Membership & Responsibility

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS) Credentials Committee includes external representation from a range of participating practitioners in the organization as well as honorary practitioners that are formerly participating practitioners (within the last 10 years) 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 Designated Physician 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.

Policy Detail:

Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS) Credentials Committee includes external representation from a range of participating practitioners in the organization as well as honorary practitioners that are formerly participating practitioners (within the last 10 years) 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 Designated Physician 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 Designated Physician 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 Designated Physician 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 email submitted to credentialing with the credentialing decision date. which contains the approval support to ensure appropriate controls that received from the Medical Director or Designated Physician.
- Physician. "Track 1 clean" files are sent via a list electronically to the Medical Director or Designated Physician.
- 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.

The Medical Director or Designated Physician has delegated the leadership of the Credentials Committee to the chairperson or vice chair. The Medical Director or Designated Physician has further delegated the pre-committee review of credentialing and recredentialing applications to a participating practitioner.

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 Designated Physician, 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:

- Uses participating practitioners to provide advice and expertise for credentialing decisions.
- Reviews credentials for practitioners who do not meet established criteria.
- Credentialing criteria are reviewed and approved by the Credentialing Committee, medical director or other designated peer review body.
- Makes final determination regarding which practitioners may participate in its network, based on its credentialing decision-making criteria.
- Gives thoughtful consideration to credentialing information.
- Development, implementation, and monitoring of action plans for improvement to address discrepancies in practitioner/provider performance.
- The Medical Director or Designated Physician will notify practitioner and provider of credentialing and recredentialing decision within 30 calendar days of the committee's decision initiation, review, and recommendation of credentialing/recredentialing policies and procedures.
- Initiation, review, and recommendation of credentialing/recredentialing policies and procedures

- Review practitioner sanctions, complaints and other adverse events found during ongoing monitoring.

Definitions:

None

Regulatory Citations:

None

Related Policies:

None

Related Documents:

None

Origination Date: 08/01/1996	Approval Date: 10/2/2025	Next Review Date: 10/2/2026
Regulatory Body: NCQA, CMS	Approving Committee: Credentialing Committee	
Policy Owner: Jennifer Delebreaux	Department of Ownership: Credentialing	Revision Number: 6
<p>Revision Reason: 08/18/16 – Transferred to new policy template 10/17/17 – Annual review 05/24/18 – Updated Medical Director’s role 04/18/19 – Annual update 01/20/2021-Updated for 2022 standards. Annual review. 2.10.2021. 2.7.2022-Updated to reflect NCQA verbiage. 2.3.2022-Approved at Credentials Committee Approved by Credentialing Committee on 02/03/2022 08/18/16 – Transferred to new policy template 10/17/17 – Annual review 05/24/18 – Updated Medical Director’s role 04/18/19 – Annual update 01/20/2021-Updated for 2022 standards 1/19/2022 – Annual Review 2/2/2023 – Annual Review. Approved at credential committee 2/2/2023. 1/8/2024 – Annual Review – Approved at Credentialing Committee 2/1/2024. 11/07/2024 - Updated with new NCQA requirements. Approved at Credentialing Committee on 11/07/2024. 10/2/2025 – Annual Review</p>		

