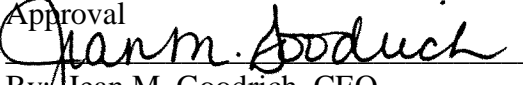


Chapter 1: General Policies & Procedures	Effective Date: 11/1/18
Section 1.2: Provider Network	Replaces Policies Dated: 3/28/2016
Policy 1.2.2: Credentialing Committee	Board Policy Reference: 02-001
Approval  By: Jean M. Goodrich, CEO Date: 11/1/18	Responsibility: Strategic Alliance Director

**PURPOSE:**

Summit Pointe has established a Credentialing Committee to review and make panel inclusion decisions for network participation of practitioners and organizational providers. The Credentialing Committee is responsible for the overall direction of the credentialing program and ensuring that providers are meeting responsible standards of care. The committee shall ensure the confidentiality of all aspects of the credentialing process.

**POLICY:**

Credentialing Program, Provider Network Management, Policy No. PNM-6.1 – It shall be the policy of Summit Pointe to ensure the credentialing and re-credentialing of behavioral health practitioners whom they employ, contract with, and organizational providers, who fall within their scope of authority. The credentialing process will be completed in compliance with 42 CFR 422.204 and NCQA credentialing standards. Under this policy, employed and contracted practitioners and credentialed organizations are defined as providers within the Summit Pointe Provider Network.

Summit Pointe will not discriminate against any provider solely on the basis of race, ethnic/national identity, gender, age, sexual orientation, licensure, registration or certification. Summit Pointe will not discriminate against health care professionals who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

**DEFINITIONS:**

Credentialing Committee - A committee of professional peers as appointed by the Summit Pointe Chief Executive Officer whose role is to make recommendations and final approval regarding credentialing and re-credentialing decisions for inclusion in the Summit Pointe Provider Network for designated disciplines and service provisions. Summit Pointe may conduct credentialing verification activities for individuals/organizations that do not have to be approved by the Credentialing Committee.

Organizational Provider – Defined as behavioral health facilities providing mental health or substance abuse services in an inpatient, residential, or ambulatory setting. These may include acute care psychiatric facilities, adult foster care homes with specialized certification, crisis

residential providers, home health agencies, substance abuse residential and detoxification facilities and substance abuse outpatient facilities.

**PROCEDURES / REQUIREMENTS:**

**I. Standards and Guidelines:**

The Credentialing Committee is comprised of professional peers as appointed by the Summit Pointe Chief Executive Officer. The committee's role is to make recommendations and communicate final approval regarding credentialing and re-credentialing decisions to SWMBH for inclusion in the Provider Network.

**Committee Composition and Authority** – The Credentialing Committee will be composed of at least four (4) voting members:

- Medical Director
- Clinical Director or Clinical Lead Designee
- Director, Provider Network Management
- Performance Improvement Clinician
- At least one (1) additional network provider representative who has no other role in organization management.

Members of the Credentialing Committee are appointed by the Chief Executive Officer each fiscal year upon review of recommendations of the Medical Director and Clinical Director.

The Medical Director, or his/her designee, will serve as Chairperson responsible for conducting meetings of the Committee, as well as its other activities. The Medical Director is responsible for oversight of the clinical aspects of the credentialing program.

The Credentialing Committee has final authority to:

- Approve or disapprove credentialing and re-credentialing applications by providers for organization/network participation status, or
- Delegate such authority to the Medical Director for approving clean applications provided that such designation is documented.

**Credentialing Committee Roles and Responsibilities –**

- Responsible for reviewing and recommending approval to Senior Leadership for credentialing policies and procedures annually.
- Will discuss whether providers are meeting reasonable standards of care.
- Will have access to appropriate clinical peer input when discussing standards of care for a particular type of provider.
- Will meet no less than quarterly to fulfill its responsibilities and more often when necessary. The dates and locations are to be determined by the Committee.

- Will maintain minutes of all Committee meetings and document all actions taken by the Committee.
- Will submit a list of approved credentialed providers each time the Credentialing Committee meets to SWMBH.
- Provides guidance and overall direction of the credentialing program.
- Evaluates and reports to the Summit Pointe Senior Leadership and SWMBH on the effectiveness of the credentialing program at least annually.
- Staff will be designated to coordinate the Committee meetings. This individual will also assure that minutes of all Committee meetings will be maintained and all actions taken by the Committee will be documented.
- Each Credentialing Committee Member will have one (1) equal vote.
- All recommendations will pass by simple majority.
- At least one half of the representatives plus one must be present at a Committee Meeting in order to pass. In situations where a quorum of at least three (3) voting members is not possible, the absent members may review all materials outside of the designated meeting time and provide their vote. These situations will be documented and final decision identified by the Medical Director.
- Summit Pointe will not discriminate against any provider solely on the basis of race, ethnic/national identity, gender, age, sexual orientation, licensure, registration or certification. Summit Pointe will not discriminate against health care professionals who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.
- To ensure non-discrimination, all provider credentialing exception files will be presented to the Credentialing Committee as “blind files” having removed the provider’s name. Summit Pointe will utilize identification number to protect provider identities.
- Any terminated providers will be presented to the Performance Improvement Team to track any discrimination in the credentialing and re-credentialing process.

**Credentialing Program Oversight** – The Credentialing Committee has been assigned specific authority and responsibility for the Credentialing Program at Summit Pointe.

The authority to make recommendations for approval of credentialing and re-credentialing policies and procedures to the Ethics Committee, to act as a peer review committee for the reviewing of providers credentials for initial and reappointment, and to make recommendations for final approval of credentialing and re-credentialing decisions falls to the Credentialing Committee in accordance with delegation standards outlined by SWMBH.

The Medical Director is responsible for oversight of the clinical aspects of the credentialing program and shall act as the chairperson for the Committee unless the Medical Director appoints a designee.

The Credentialing Committee may delegate authority to the Medical Director as the person for approval/disapproval of clean applications without the need for Committee process.

The Credentialing Committee retains the authority to make credentialing determination regarding any provider. SWMBH retains the authority to make final determinations regarding participation of providers within the regional provider network.

**The Compliance Committee shall review all recommendations for credentialing or re-credentialing by the Credentialing Committee for approval.**

Summit Pointe retains the final authority to approve or disapprove employment or contractual relationships within the credentialing and re-credentialing standards set forth by the Michigan Department of Health and Human Services.

**REFERENCES:**

- 42 CFR 422.204
- NCQA CR 1, CR 2

**ATTACHMENTS:**

None