

# SUMMIT POINTE POLICY AND PROCEDURE MANUAL

Section: Provider Network	Policy Name: Credentialing Committee	Policy Number: 1.2.2
<b>Owner:</b> Director of Provider Network	Applies To:	
	⊠Summit Pointe Staff	
	⊠Summit Pointe Contract Providers	
	Summit Pointe CCBHC Services	
	□Summit Pointe CCBHC DCO Providers	
Approved By: Janm. Souduch	~	
Version Number: 3	Revised Date: 02/01/2024	First Effective Date: 03/01/2024

## I. PURPOSE:

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

II. **DEFINITIONS:** Refer to the "Summit Pointe Policy and Procedures Definitions Glossary."

#### III. POLICY:

The Credentialing Committee serves as the body responsible for making panel inclusion decisions on organizational providers. In some cases, the Credentialing Committee may make decisions for individual practitioners. The group's focus is on ensuring providers are meeting reasonable standards of care and ensuring network adequacy for customers receiving services and support through Summit Pointe. Credentialing records and Committee meeting minutes will be kept confidential.

Summit Pointe will not discriminate in the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely based on that license or certification. Summit Pointe will not discriminate against providers or professionals who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

# IV. PROCEDURE:

#### Standards and Guidelines:

The Credentialing Committee is comprised of professional peers as appointed by Summit Pointe's 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 designated clinical staff).
- Provider Network Director.
- Compliance Director (or designated compliance staff).
- At least one (1) additional network provider representative who has no other role in organization management.



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

#### Credentialing Committee Roles and Responsibilities:

- The committee will review and recommend approval of credentialing policies and procedures annually.
- The committee will determine the status of any (re)credentialing application.
- The committee will review whether providers are meeting reasonable standards of care. This includes thoughtful discussion around quality data such as site corrective action plans, substantiated Recipient Rights violations, special investigation's, complaints, grievances, and audit/site review findings.
- The committee 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.
- A Provider Network Specialist will be designated to coordinate all Committee meetings. This individual will also ensure that the minutes of all Committee meetings will be maintained, and all actions taken by the Committee will be documented.
- A Provider Network Specialist will submit a list of approved credentialed individuals and organizations at timeframes designated by payor, Southwest Michigan Behavioral Health (SWMBH).

#### **Credentialing Committee Approval Process:**

- 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 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 the final decision identified by the Medical Director.
- Summit Pointe will not discriminate against any provider solely based on 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 numbers to protect provider identities.

#### Credentialing Decisions:

The credentialing committee will review all re(credentialing) applications within 60 days of submission of all required data. Recommendations will be passed on data verified no more than 180 days prior to the committee's decision.

Completion of an application does not constitute acceptance as a participating provider until formal notice has been provided. Provider or practitioner will be notified within ten (10) days of the Credentialing Committee's decision.



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## Decisions of the Credentialing Committee may include:

- Approved: The provider or practitioner has been approved to render services to Summit Pointe customers for a two-year credentialing period.
- Denied: The provider has not been approved to render services to Summit Pointe customers and may not be reimbursed for services using Summit Pointe funds. The provider will be informed in writing.
- Deferred: Additional information is needed. The committee will undertake further investigation to consider the applicant's file. This may include a request to come to the Credentialing Committee to discuss quality issues or concerns that were identified through the application process.
- Provisional: Provisional approval may be assigned to a provider who has substantiated quality issues. It is up to the Committee's discretion how long a provisional status may be issued as a provider works to correct issues and ensure quality of care. If the provider is unable to correct quality issues after the provisional status is complete, the provider may lose credentialing privileges with Summit Pointe.

### Credentialing Program Oversight:

The Credentialing Committee has been assigned specific authority and responsibility for the Credentialing Program at Summit Pointe. They have the authority to make recommendations for approval of credentialing and re-credentialing policies and procedures, 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 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.

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.

## V. **REFERENCES:**

42CFR 422.204 42 CFR 438.12

VI. **ATTACHMENTS:** 

None