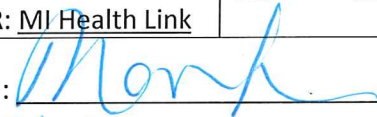


**SWMBH MI Health Link Operating Policy 2.4**

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|--|--|---|--|--|--------------------------------|
| <b>Subject:</b> Credentialing Committee, Confidentiality of Credentialing Records, and Provider Nondiscrimination  |  | <b>Accountability:</b><br>Provider Network  | <b>Effective Date:</b><br>01/01/2014   | Pages: 3                                   |                                |
| <b>REQUIRED BY:</b><br>BBA Section <u>42 CFR 422.204</u><br>PIHP Contract Section _____<br>NCQA/URAC Standard <u>CR 1, CR 2</u><br>Other _____   |  |   | Last Reviewed Date:<br>5/8/17  | Past Reviewed Dates:<br>1/28/15<br>5/12/16 |                                |
| <b>LINE OF BUSINESS:</b><br><input checked="" type="checkbox"/> Specialty Waiver (B/C)<br><input checked="" type="checkbox"/> 1115 Waiver<br><input checked="" type="checkbox"/> Healthy Michigan<br><input checked="" type="checkbox"/> SUD Medicaid<br><input checked="" type="checkbox"/> SUD Block Grant<br><input checked="" type="checkbox"/> OTHER: <u>MI Health Link</u> |  | <b>APPLICATION:</b><br><input checked="" type="checkbox"/> SWMBH Staff and Ops<br><input checked="" type="checkbox"/> Participant CMHSPs<br><input checked="" type="checkbox"/> SUD Providers<br><input checked="" type="checkbox"/> MH / DD providers<br><input type="checkbox"/> Other: _____ |  | Last Revised Date:<br>5/8/17               | Past Revised Dates:<br>1/28/15 |
| Approved: <u></u><br>Date: <u>5/8/17</u>  |  |   | Required Reviewer:<br>Director of Provider Network<br>Management and Clinical<br>Improvement |  |                                |

**I. Purpose**

To make panel inclusion decisions and ensure Southwest Michigan Behavioral Health (SWMBH) Providers are practicing reasonable standards of care for the network. To ensure SWMBH and participant Community Mental Health Service Providers (CMHSP) maintain the confidentiality of all aspects of the credentialing process, and that Providers are not discriminated against during the credentialing process. SWMBH and all delegates making credentialing decisions shall maintain a Credentialing Committee in accordance with this policy.

**II. Policy**

The Credentialing Committee serves as the body responsible to make panel inclusion decisions on individual and organizational Providers. The group’s focus is on ensuring providers are meeting reasonable standards of care and adequacy of providers. Staff involved in credentialing of Providers will maintain the confidentiality of the credentialing process. Credentialing records and Committee meeting minutes will be kept confidential.

SWMBH and its participating Community Mental Health (CMH) will not discriminate against any Provider solely on the basis of race, ethnic/national identity, gender, age, sexual orientation, licensure, registration or certification. SWMBH and its participant CMHs will not discriminate against health care professionals or organizations who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

**III. Standards and Guidelines**

**A. Composition of the Credentialing Committee**

1. The Medical Director or other designated physician shall have direct responsibility for and participation in the credentialing program.
2. The Credentialing Committee shall include representation from participating practitioners in SWMBH’s network representative of the types of practitioners it reviews.

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3. The Credentialing Committee will be scheduled on a regular basis (for example, monthly or quarterly), in a sufficient frequency to review files before credentialing expiration; however, if there are no practitioner applications or practitioner issues that require review, the meeting may be cancelled.
4. All recommendations will pass by simple majority.
5. At least one half of the representatives plus one must be present at a committee meeting in order to pass.

### B. Committee Roles and Responsibilities

1. The Credentialing Committee will make all credentialing status determinations with the exception of those clean files which have been approved by the Medical Director prior to Credentialing Committee meeting.
2. The Credentialing Committee shall give thoughtful consideration of the credentialing information. The committee's discussion will be documented within its meeting minutes.
3. The committee will review complaints and grievances related to quality of care issues, site reviews or other finding.

### C. Credentialing Decisions

1. The Credentialing Committee reviews the credentials of all Practitioners and Providers being credentialed/re-credentialed and makes the recommendation about (re)appointing a Practitioner or Provider to SWMBH's panel; however, clean files may be approved by the Medical Director prior to Credentialing Committee meeting.
2. The Credentialing Committee will review all (re)credentialing applications that do not meet SWMBH clean file criteria within sixty (60) days of submission of all required credentialing data. Recommendations will be based on data verified no more than 180 days prior to the time of the Credentials Committee's decision.
3. Completion of a (re)credentialing application does not constitute (re)acceptance as a SWMBH participating Provider until formal (re)approval is granted and the applicant is notified. The applicant will be notified in writing within ten (10) days of the Credentialing Committee's decision.
4. The Credentialing Committee has the right to waive one (1) or more of the established criteria if it is in the best interest of the Southwest Michigan Behavioral Health and its customers.
5. Decisions of the Credentialing Committee may be:
  - a. Approved: The provider has been approved to render services to SWMBH customers for a 2-year credentialing term (Medicaid) or 3-year credentialing term (Medicare), beginning from the date of the Credentialing Committee's decision.
  - b. Denied: The provider has not been approved to render services to SWMBH customers, and may not be reimbursed for services using SWMBH funds. The provider will be informed in writing of their ability to appeal the decision, in accordance with SWMBH Operating Policy 2.14 Provider Grievance and Appeal.
  - c. Deferred: Additional information is needed. The Committee will undertake further investigation, reconsider the applicant's file, and make a final decision within 120 days.

### D. Confidentiality and Retention

1. All records and proceedings of the Credentialing Committee are confidential and protected from discovery according to state and federal legal regulations and SWMBH confidentiality policy.
2. In the performance of all credentialing activities the confidentiality of practitioners and member identified information is ensured at all times through the following methods:

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- a. Staff members whose job it is to work with credentialing records or credentialing information, and Credentialing Committee members, will be trained in confidentiality and be required to sign a confidentiality statement.
- b. All confidential documents are restricted, solely to the Credentialing staff or members of the Credentialing Committee and regulatory agencies as required by contract or law.
- c. Each Credentialed Provider will have an individual record maintained and kept confidential. Paper credentialing records will be stored in locked cabinets with access restricted to authorized personnel.
- d. Credentialing Committee meeting minutes will be kept confidential.
- e. Credentialing records will be stored for a minimum of 7 years. Records may be scanned into electronic documents for storage purposes. File access will be limited by password protection.
- f. Paper credentialing records may be destroyed by shredding after they have been kept for a minimum of seven years.

### E. Non-Discrimination

1. All practitioner credentialing exception files are presented to the Credentialing Committee as “blind files” removing the practitioner’s name. SWMBH uses identification numbers to protect practitioners’ identities.
2. All terminated Providers are presented to the Quality Improvement Committee to track any discrimination in the credentialing and re-credentialing process quarterly.

## IV. Definitions

None

## V. References

- A. 42 CFR 422.204
- B. NQCA CR1, CR2

## VI. Attachments

None

