CREDENTIALING COMMITTEE

I. PURPOSE:
To establish and implement guidelines regarding the role and responsibilities of the Credentialing Committee in accordance with the requirements set forth by all bodies of regulatory oversight, including but not limited to the National Committee for Quality Assurance Standards (NCQA), Health and Human Services, Centers for Medicare and Medicaid, and the Commission on Accreditation of Rehabilitation Facilities (CARF)

II. SCOPE:
All MHMR programs and employees

III. OVERVIEW:
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VI. PROCEDURE:

A. Committee and Member Responsibilities

1. The MHMR Board of Trustees delegates the Credentialing Committee as the agent for credentialing functions for the organization, in such, it is the responsibility of the Credentialing Committee to ensure that all credentialing operating procedures meet or exceed standards set forth by the National Committee for Quality Assurance (NCQA.)

2. The Credentialing Committee must be representative of the credentialed staff and disciplines in practice at this agency, and thus, should include at minimum:

Voting Members

- Physicians – A Physician member must be present for any action to be taken regarding a Physician (MD/DO) credentialing application or privileging status
- Nurses – A Nurse member must be present for the any action to be taken regarding a Nurse credentialing application or privileging status
- Psychologists – A Psychologist member must be present for any action to be taken regarding a licensee of the Texas State Board of Examiners of Psychologists credentialing application or privileging status
Counselors - A licensed master level representative must be present for any action to be taken regarding a LPC or LMFT credentialing application or privileging status

Social Workers - A licensed master level representative must be present for any action to be taken regarding a LCSW, LMSW or LBSW credentialing application or privileging status

Qualified Mental Health Professional - Community Services (QMHP-CS)

Non-Voting Members

- One or more MHMR Client Accounting staff member(s) to serve as non-voting professional support.

3. Credentialing Committee Members must read and acknowledge the Confidentiality Guidelines for Participation in MHMR Credentialing Committee Form prior to participation in the Credentialing Committee

4. Members are required to participate in the Credentialing Committee by attending scheduled meetings and discussing the credentials and applicable materials brought forth to the Credentialing Committee.

5. Members are required to maintain attendance and participation in Credentialing Committee meetings. Member must notify the Chairperson of anticipated absence prior to Credentialing Committee meetings. After two consecutive absences or three total absences per year, a member may be resigned from the Credentialing Committee at the discretion of the Chairperson.

B. Medical Director Responsibilities

1. The Medical Director is responsible for the Credentialing Process, and in such, is required to attend Credentialing Committee meetings

2. The Medical Director shall review and approve the credentials files prior to Committee review

3. A physician designee, elected by the Medical Director, may act on behalf of the Medical Director in the case of the Medical Directors absence.

C. Chairperson Responsibilities

1. The Credentialing Manager or his/her Designee serves as the Credentialing Committee Chairperson. The Chairperson will serve as a voting member ONLY in the case of a tie vote.

2. The Chairperson is responsible for ensuring that the Medical Director and Credentials Committee approval for hire or promotion does not go forward until all issues have been resolved, and the Medical Director and Committee have reviewed and approved the providers credentialing.
3. The Chairperson is responsible for the preparation and distribution of the agenda and the required supporting documentation prior to the meeting date.

4. The Chairperson ensures that credentialing issues which may be to the contrary of the standards, rules and laws set forth by regulatory oversight are brought forth to the committee. These credentialing issues include those identified through, but not limited to:
   a. Review and verification of application materials
   b. Utilization management processes
   c. Feedback from clients, providers, Provider Relations, Network Management, Utilization Review, Client Accounting, Department of State Health Services (DSHS), and/or other interested parties

5. The Chairperson is responsible for the recording of the minutes.

6. The Chairperson acts as liaison between the Credentialing Committee and Utilization Management/Quality Management Committees.

7. The Chairperson is responsible for reporting to the appropriate authorities/licensing boards serious quality deficiencies resulting in suspension or termination of any practitioner credentialed by MHMRTC as reflected in the credentialing committee meeting minutes and quality management committee meeting minutes within 30 days after the final determination.

8. The Chairperson is responsible for implementing the established guidelines and standards set forth by regulatory oversight and for notifying the applicable MHMR departments and personnel of those guidelines and requirements.

D. Due Process

1. The Credentialing Committee is required to meet quarterly, and on an as-needed basis (as determined by the Chairperson.)

2. A quorum of 6 committee members must be in attendance in order to move for action on any issue

3. The Credentialing Committee Meeting Agenda will include, minimally:
   a. Review of previous meeting minutes
   b. Review of complete application packets and discussion of any issues identified which may be contrary to the standards, rules and laws set forth by regulatory oversight
   c. Discussion of administrative reports and other communications to the committee
   d. Annual review of the Credentialing Operating procedures

4. The Credentialing Committee establishes guidelines regarding:
   a. The execution of credentialing requirements set forth by regulatory oversight
b. Committee processes and review of application packets

5. The Credentialing Manager/Chairperson may, at his/her discretion, may present application packets (already approved by the Medical Director) to the committee for an approval vote via the intranet, so long as:
   a. The Chairperson makes the physical Credentialing file available for review by the members of the Credentialing Committee in the Credentialing Manager office.
   b. If one or more members deny approval, the applicant’s packet is withheld for review at the next Credentialing Committee meeting.

6. The Credentialing Committee reviews and discusses each credentialing file according to established guidelines and votes to take one of the following actions:
   a. Approve the request for credentialing
   b. Provisionally Approve the request for credentialing and outline provisions to be met by the applicant to achieve full active privileging status
   c. Deny the request for credentialing, citing in writing reasons for the denial
      Applicants who are denied credentialing may appear before the Credentialing Committee to appeal the denial. After review of the appeal the Credentialing Committee will exercise a majority-rules vote to uphold the denial or override it and approve the applicant’s request for privileges.
   d. Tables the Request for privileges in lieu of clarification or additional information and/or supporting documentation

7. The Credentialing Committee will analyze rejected credentialing applications annually to identify trends in total rejected applicants, patterns and opportunities for improvements.

8. All credentialing decisions are made in compliance with Title VI of the Civil Rights Act of 1964 as amended and the Affordable Care Act Section 1557, and there is no discrimination on the basis of religion, race, sex, sexual orientation, age, disability, color, creed, language, national origin or with respect to whether or not an individual is a Vietnam veteran.

VI. REFERENCES:

A. MHMR Operating Procedure, AW-033, Credentialing of Professionals
B. HB 2377 Authority/Provider Pilot Requirements for Credentialing
C. National Committee for Quality Assurance Standards
D. Department of State Health Services Mental Health Community Standards
E. Affordable Care Act Section 1557 Nondiscrimination in Health Programs and Activities
F. Civil Rights Act of 1964 Title VI
G. Nursing Practice Act
H. Texas State Board of Examiners of Licensed Professional Counselors Board Rules
I. Texas State Board of Examiners of Marriage and Family Therapists Board Rules
J. Texas State Board of Medical Examiners Rules
K. Texas State Board of Social Worker Examiners Rules
L. Texas State Board of Examiners of Psychologists