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**Owner:** Lucas Wilson: Chief Financial Officer  
**Area:** Agency Wide  
**References:** AW-013, Board Policy B.4

## Credentialing Committee

### I. Purpose:

MHMR operating procedure 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 (HHS), Centers for Medicare and Medicaid, and the Commission on Accreditation of Rehabilitation Facilities (CARF).

### II. Scope:

All MHMR programs with licensed practitioners (credentialed employees/contractors).

### III. Responsibility:

All MHMR Credentialing Committee members, credentialing applicants, and licensed practitioners (credentialed employees/contractors).

### IV. Overview:

- A. Credentials Committee and Committee Member Responsibilities
- B. Chief Medical Officer Responsibilities
- C. Chairperson Responsibilities
- D. Due Process
- E. Delegation of Credentialing Activities to MHMR

### V. Procedure:

#### A. Credentials 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 all credentialing operating procedures meet or exceed standards set forth by the 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 of the following Voting Members:

- a. Physicians – A Physician member must be present for any action to be taken regarding a Physician (MD/DO) credentialing application or privileging status
  - b. Nurses – A Nurse member must be present for the any action to be taken regarding a Nurse credentialing application or privileging status
  - c. 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
  - d. 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
  - e. 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
  - f. Qualified Mental Health Professional – A credentialed, Active QMHP representative must be present for any action to be taken regarding a QMHP credentialing application or privileging status
  - g. Therapists - A licensed therapist representative must be present for any action to be taken regarding an SLP, PT or OT credentialing application or privileging status
3. Credentialing Committee members must read and acknowledge by signing the Confidentiality Guidelines for Participation in MHMR Credentialing Committee form prior to participation an annually.
  4. Members are required to maintain attendance and participation in Credentialing Committee meetings. Member must notify the Chairperson or his/her designee of anticipated absence prior to Credentialing Committee meetings. After two consecutive absences or three total absences per year, a member may be removed from the Credentialing Committee meetings at the discretion of the Chairperson.
  5. Members are required to participate in the Credentialing Committee by attending scheduled Ad-Hoc and Quarterly meetings, discussing the credentials files and applicable materials brought forth to the Credentialing Committee.

## **B. Chief Medical Officer Responsibilities**

1. The Chief Medical Officer (CMO) is responsible for the Credentialing Process, and in such, is required to attend Credentialing Committee meetings.
2. The CMO shall review the credential files prior to Committee review and may, as per the Clean File Credentialing Process, approve at his/her discretion clean files (absent of negative reports).
3. A physician designee, elected by the CMO, may act on behalf of the CMO in the case of the his/her absence.

## **C. Chairperson Responsibilities**

1. The Credentialing Manager or his/her designee serves as the Credentialing Committee Chairperson.
2. The Chairperson is responsible for ensuring that the CMO and Credentialing Committee approval for hire or promotion does not go forward until all issues have been resolved, and the CMO 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 people we serve, providers, Provider Relations, Network Management, Utilization Review, MHMR Billing Department, Department of State Health Services (DSHS), and/or other interested parties.
5. The Chairperson or his/her designee 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 MHMR 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. Meetings and Decisions may take place in real-time, virtual meetings, but may not be conducted only through email.
3. A quorum of five committee members must be in attendance in order to move for action on any issue
4. The Credentialing Committee meeting agenda will include, minimally:
  - a. Review of previous meeting minutes
  - b. Review of credential files 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 all credentialing operating procedures.
5. The Credentialing Committee establishes guidelines regarding the execution of credentialing requirements set forth by regulatory oversight, Committee processes and review of credentials files.
6. The CMO and/or as required, 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
  - 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 that an individual is a Vietnam veteran.

## E. Delegation of Credentialing Activities to MHMR

1. MHMR agrees and warrants that it will maintain its credentialing process as reviewed by any and /or all external credentialing delegation entities.
2. External credentialing entities agree to maintain the confidentiality of the credentialing process and results; and reserve the right to terminate, deny, or approve any provider.
3. External credentialing entities reserve the right to un-delegate the credentialing process if MHMR cannot meet the obligations of the contract.

## VI. Definitions:

- None at this time.

## VII. References:

- MHMR Operating Procedure, Credentialing of Professionals
- National Committee for Quality Assurance Standards
- Affordable Care Act Section 1557 Nondiscrimination in Health Programs and Activities
- Civil Rights Act of 1964 Title VI

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Catherine Carlton: Chief of Staff	04/2020
Stacey Durr: Managing Director of Serv	04/2020
Haley Hettinger: Service Excellence Projec [SD]	04/2020
Lucas Wilson: Chief Financial Officer	04/2020
Janet Davis: Director of Electronic He	04/2020

<b>Approver</b>	<b>Date</b>
Brandi Brooks: Provider Enrollment Manag	04/2020
Kristin Alonzo: Financial Compliance Mana	04/2020
Karri Collins: Director of PFS and Crede	04/2020

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