

## **VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY POLICIES & PROCEDURES**

**Title:** Credentialing Committee,  
Confidentiality of Credentialing Records,  
& Network Provider Nondiscrimination

**Number:** I.08.04

**Approved By:** Executive Team

**Originated:** 1/30/24

**Revised:** 3/17/25

**PURPOSE:** VBCMh has established a Credentialing Committee to review and make panel inclusion decisions for network participation of network providers. The Credentialing Committee is responsible for the overall direction of the credentialing program and ensuring that network providers are meeting responsible standards of care and adequacy of network providers. The committee shall ensure the confidentiality of all aspects of the credentialing process. Credentialing records and Committee meeting minutes will be kept confidential. Each credentialed provider will have an individual record maintained that will be kept confidential. Each file will include at least the following:

- The initial credentialing application and supporting documentation
- All subsequent re-credentialing application(s)
- Information gained through primary source verification and other pertinent information utilized in the credentialing decisions

VBCMh will not discriminate against any network provider solely on the basis of race, ethnic/national identity, gender, age, sexual orientation, licensure, registration or certification. VBCMh 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.

**DIRECTIVE:** This procedure shall serve as a guideline for the Credentialing Committee responsibilities, ensuring that Credentialing records and Committee meeting minutes will be kept confidential. The Committee will be responsible to make panel inclusion decisions and ensure that network providers are practicing reasonable standards of care for the network. To ensure that VBCMh maintain confidentiality of all aspects of the credentialing process, and that network providers are not discriminated against during the credentialing process. VBCMh and all delegates making credentialing decisions shall maintain a Credentialing Committee in accordance with this policy.

### **DEFINITIONS:**

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

**Network Provider** - Both an Organizational Provider and solo Practitioner Independent Contractor.

**Organizational Provider** - Defined as a behavioral health facility 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:**

### **A. Composition of the Credentialing Committee**

- The Medical Director or other designated physician shall have direct responsibility for and participation in the credentialing program.
- The Credentialing Committee is comprised of professional peers as appointed by the VBCMh 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
  - Director, Provider Network Management
  - Case Manager
  - Registered Nurse
  - Clinical Services Coordinator
- 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 provider applications or provider issues that require review, the meeting may be cancelled. This meeting may be conducted in person, through a phone conference or through a coordinated file review via email.
- 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.

### **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 the 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.
4. The Committee will have access to appropriate clinical peer input when discussing standards of care for a particular type of provider.
5. 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.
6. Will maintain minutes of all Committee meetings and document all actions taken by the Committee.
7. Will submit a list of approved credentialed providers each time the Credentialing Committee meets to SWMBH.
8. Provides guidance and overall direction of the credentialing program.

**C. Credentialing Decisions**

1. The Credentialing Committee reviews the credentials of all network providers being credentialed/re-credentialed and makes the recommendation about (re) appointing a provider to VBCMh'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 VBCMh 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 Credentialing Committee's decision.
3. Completion of a (re) credentialing application does not constitute (re) acceptance as a VBCMh participating network provider until formal (re) approval is granted and the applicant is notified. The applicant will be notified in writing ten (10) days of 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 VBCMh customers.
5. Decisions of the Credentialing Committee may be:
  - a. **Approved**: The provider has been approved to render services to VBCMh customers for a 3-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 VBCMh customers and may not be reimbursed for services using VBCMh funds. The provider will be informed in writing of their ability to appeal the decision in accordance with the VBCMh Provider Grievance and Appeal policy.
  - 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. Credentialing files and information, including meeting minutes and records of the Credentialing Committee meetings, will be maintained in a secure environment with limited access.
2. VBCMh will maintain confidentiality of all aspects of its credentialing process. Each credentialed network provider will have an individual record maintained that will be kept confidential.
3. Credentialing records, including Credentialing Committee meeting minutes, will be kept for a minimum of seven (7) years after the termination of employment or contractual relationship. Records may be scanned into electronic documents for storage purposes on the S: Drive, Credentialing files shall only be accessible by privileged individuals at VBCMh. Hard copies of credentialing materials may be destroyed by shredding after being kept for the minimum of seven (7) years. Electronic files may be kept indefinitely.
4. Copies, hard and/or electronic, records will be stored in a secure format. Hard copy records will be kept in locked cabinets. Electronic records will be maintained in password protected environments. Only VBCMh designated staff who have responsibilities associated with credentialing shall have access to these records. At no time will other staff have access to these records. Use of temporary personnel will be allowed only after they have received proper training on confidentiality of records and have signed a confidentiality statement. Training will be documented.
5. Electronic records will be password protected with passwords to be updated according to organization protocols.

6. Any network provider with delegated credentialing functions will maintain their records with the same confidential aspects and will be monitored during on-site inspections to ensure the confidentiality of records being maintained.
7. Credentialing Committee Members with access to the credentialing information will be required to complete confidentiality training and sign a confidentiality statement to preserve confidentiality. This training will be documented.
8. Staff members with access to credentialing information will be required to undergo training regarding the confidentiality of information. The training will be documented.
9. During the course of completing the responsibilities of the credentialing process, VBCMh staff or Credentialing Committee Members may encounter individually identified health information. If this occurs, employees and Committee Members may only use the information for purposes necessary to conduct VBCMh business and are required to preserve the confidentiality. This will be included in the confidentiality statement that is signed regarding performing as a Committee Member.

**References:**

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

**Attachments:** Credentialing Committee Statement-Staff Member