

Great Rivers Behavioral Health Organization

Policy Title:	Credentialing Committee and Representative	Policy No. 6015
Category:	Credentialing	Date Adopted: 03/08/2019
Reference:	HCA Contract with Great Rivers Behavioral Health WAC 246-341-0515 NCQA - Managed Behavioral Health Care Organization Standards & Elements	

Policy:

- 1.1. Great Rivers Behavioral Health Organization ("Great Rivers") Credentialing Committee retains the right to approve new providers and provider sites and terminate practitioners, providers and sites of care based on requirements in Great Rivers Credentialing Policy.
- 1.2. Great Rivers is not delegating credentialing and recredentialing activities. In the event that this should change, the entity delegated will be required to meet all standards under this policy and any additional delegation policy requirements. At that time, Great Rivers' Delegation Oversight Committee (DOC) must approve all delegation and sub-delegation arrangements, and retains the right to limit or revoke any and all delegated credentialing activities when a delegate fails to meet Great Rivers' requirements.
 - 1.2.1. To be delegated for credentialing, IPAs and Provider Groups must:
 - 1.2.1.1. Be National Committee for Quality Assurance (NCQA) accredited or certified for credentialing or pass Great Rivers' credentialing delegation pre-assessment, which is based on NCQA credentialing standards and requirements for the Medicaid and Medicare programs, with a score of at least 90%.
 - 1.2.1.2. Correct deficiencies within mutually agreed upon time frames when issues of non-compliance are identified by Great Rivers at pre-assessment.
 - 1.2.1.3. Agree to Great Rivers' contract terms and conditions for credentialing delegates.
 - 1.2.1.4. Submit timely and complete reports to Great Rivers as described in policy and procedure.
 - 1.2.1.5. Comply with all applicable federal and state laws.
 - 1.2.1.6. If the IPA or Provider Group sub delegates primary source verification to a Credentialing Verification Organization (CVO), the CVO must be NCQA certified in all ten areas of accreditation.
- 1.3. Compliance Committee does not make credentialing and recredentialing decisions based on an applicant's race, ethnic/national identity, gender, gender identify, age, sexual orientation or patient types (e.g., Medicaid or Medicare) in which the practitioner specializes.
- 1.4. Immunity from Liability for Action Taken. No representative shall be liable to a practitioner or provider or any third party for damages or other relief for any decision, opinion, action, statement, or recommendations made within the scope of their duties as representative, if such representative acts in good faith and without malice.

- 1.5. Immunity from Liability for Providing Information. No representative or third parties shall be liable to a practitioner or provider for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative or to any third party pursuant to authorization by the practitioner or provider, or if permitted or required by law, or these Policies and Procedures, provided that such representative or third parties acts in good faith and without malice.
- 1.6. The provisions in this Policy and Procedure and any forms relating to authorizations, confidentiality of information, and immunities from liability are in addition to other protections provided by relevant state and federal law, and are not a limitation thereof.
- 1.7. All members (voting and non-voting) and guests of the Credentialing Committee, or any other committee performing any peer review functions or other individuals who participate in peer review functions will sign a Statement of Confidentiality annually. Members and guests of the Credentialing Committee will not discuss, share or use any information for any purpose other than peer review at Great Rivers.

Definition

- 2.1. Representative" shall mean any individual authorized to perform specific information gathering or disseminating functions for the purpose of evaluating, improving, achieving or maintaining quality and cost effective patient care.

Procedure:

3.1. Credentialing Committee

- 3.1.1. Great Rivers designates a Credentialing Committee to make recommendations regarding credentialing decisions using a peer review process.
 - 3.1.1.1. Great Rivers works with the Credentialing Committee to strive to assure that network practitioners are competent and qualified to provide continuous quality care to Great Rivers Members.
 - 3.1.1.2. A practitioner may not provide care to Great Rivers members until the final approval from the Credentialing Committee or in situations of "clean files" the final decision from the Great Rivers Medical Director.
- 3.1.2. The Credentialing Committee is responsible for reviewing and evaluating the qualifications of applicant practitioners and for approving or denying applicants for participation.
- 3.1.3. The Credentialing Committee reviews Credentialing Policies and Procedures annually and recommends revisions, additions and/or deletions to the policies and procedures.
- 3.1.4. Composed of network practitioners, the committee is responsible for performing peer review of medical information when requested by the Medical Director, and recommending actions based on peer review findings, if needed. The committee reports to the Quality Improvement Committee (QIC).
- 3.1.5. Each Credentialing Committee member shall be immune, to the fullest extent provided by law, from liability to an applicant or practitioner for damages or other relief for any action taken or statements or recommendations made within the scope of the committee duties exercised.

3.2. Committee Composition

- 3.2.1. The Medical Director chairs the Credentialing Committee and appoints all DOC members. Each member is required to meet all of Great Rivers' credentialing criteria. Credentialing Committee members must be current representatives of Great Rivers' practitioner network. The Credentialing Committee representation includes at least three practitioners that include representation from a range of

participating practitioners in the Great Rivers network. These may include representation from the following specialties:

- 3.2.1.1. Family Practice or Internal Medicine
- 3.2.1.2. Psychiatry
- 3.2.1.3. ARNP
- 3.2.1.4. RN
- 3.2.1.5. Licensed Social Worker

3.2.2. Additionally, other ad hoc practitioners may be invited to participate when representation of their discipline is needed. Ad hoc committees representing a specific profession (e.g., Behavioral Health Practitioner, Nurse Practitioners, Licensed Social Workers) may be appointed by the chairs to screen applicants from their respective profession and make credentialing recommendations to the Credentialing Committee.

3.3. Committee Members Roles and Responsibilities

- 3.3.1. Committee members participate in and support the functions of the Credentialing Committee by attending meetings, providing input and feedback and overall guidance of the Credentialing Program.
- 3.3.2. Review/approve credentialing program policy and related policies established by Great Rivers on an annual basis, or more often as deemed necessary.
- 3.3.3. Review and consider each applicant's information based on criteria and compliance requirements.
- 3.3.4. The Credentialing Committee votes to make final decisions regarding category 2 credentialing determinations and disciplinary actions.
- 3.3.5. Conduct ongoing monitoring of those practitioners approved to be monitored on a "watch status"
- 3.3.6. Access clinical peer input when discussing standards of care for a particular type of practitioner when there is no committee member of that specialty.
- 3.3.7. Ensure credentialing activities are conducted in accordance with Great Rivers' Credentialing Program.
- 3.3.8. Review quality improvement findings as part of the recredentialing and the ongoing monitoring process.

POLICY SIGNATURE

Edna J. Fund, Chair
Great Rivers Governing Board

3/3/2019
Date