

Greater Oregon Behavioral Health, Inc.
Policies and Procedures



200.31.01 - Credentialing Program Structure and Overview

Version: 2

Status: Approved

1.0 Definitions

N/A.

2.0 Policy

GOBHI will maintain a credentialing process that includes a thorough review of a practitioner's qualifications by a multidisciplinary Credentialing Committee. The credentialing program is committed to the following:

- 2.1 Careful selection, credentialing and recredentialing of practitioners to ensure that members receive quality care and services from qualified professionals.
- 2.2 Maintaining the confidentiality of practitioner information throughout the credentialing and recredentialing processes.
- 2.3 Ensuring the processes of credentialing and recredentialing are conducted in a nondiscriminatory manner.

3.0 Procedures

- 3.1 All practitioners are credentialed and recredentialed according to the same standards. The credentialing and recredentialing processes are conducted in a collegial manner.
- 3.2 The purpose of the credentialing program is to:
 - 3.2.1 Establish practitioner eligibility criteria for network participation.
 - 3.2.2 Define policies and procedures for consistent credentialing and recredentialing of practitioners.
 - 3.2.3 Identify acceptable sources for primary source verification of credentials and establish the processes for credentials verification.
- 3.3 A physician is actively involved in the credentialing and recredentialing processes. The physician responsible for credentialing:
 - 3.3.1 Oversees, and serves as a resource to, the credentialing team.
 - 3.3.2 Chairs the Credentialing Committee.

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- 3.3.3 For new applications, considers the practitioner's specialty, qualifications and geographical location in conjunction with network access needs.
 - 3.3.3.1 The practitioner's application is processed if there is a network need for the practitioner's specialty, qualifications, or geographical location.
 - 3.3.3.2 The practitioner's application is maintained on file if there is not a current network need for the practitioner's specialty, qualifications, or geographical location. The practitioner is notified by letter including a statement that his or her request for participation on GOBHI's practitioner panel will be maintained in the practitioner database for consideration when network development is needed.
 - 3.3.4 Reviews practitioner files that do not meet criteria prior to the Credentialing Committee meeting.
 - 3.3.5 Takes action as appropriate when instances of poor quality are identified.
 - 3.3.6 Reviews the documentation for each practitioner who meets the established clean file criteria.
 - 3.3.6.1 Enters his or her hand-written signature and the date of the clean file review on the practitioner's credentialing checklist meeting the clean file criteria. This is the credentialing decision date.
 - 3.3.7 Presents the list of practitioners whose files have been approved by this method to the Credentialing Committee, upon request.
- 3.4 The Credentialing Committee is a multidisciplinary committee that includes participation by a range of network practitioners of different specialties. Membership includes:
- 3.4.1 The physician responsible for of credentialing, who serves as chair.
 - 3.4.2 A least three network practitioners of different specialties.
- 3.5 The Credentialing Committee is responsible for:
- 3.5.1.1 Making credentialing and recredentialing decisions for practitioners whose files do not meet clean file criteria.
 - 3.5.1.2 Requesting additional information when deliberations indicate a need for more detail about information provided by the practitioner or other sources.
 - 3.5.1.3 Making credentialing and recredentialing recommendations that allow for shortened or conditional credentialing cycles for practitioners whose circumstances require additional monitoring.

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- 3.5.1.4 Reviewing the list of practitioners who fully meet GOBHI's clean file criteria and have been approved by the physician responsible for credentialing and recredentialing.
 - 3.5.1.5 Reviewing and taking action on issues identified through ongoing monitoring such as:
 - 3.5.1.5.1 Medicare and Medicaid sanctions.
 - 3.5.1.5.2 Sanctions or limitations on licensure.
 - 3.5.1.5.3 A history of Practitioner-specific member complaints.
 - 3.5.1.5.4 Information from identified adverse events.
 - 3.5.1.6 Reviewing credentialing and recredentialing policies and procedures at least annually and overseeing their implementation.
 - 3.5.1.7 Maintaining written minutes of meetings that document deliberations, actions, decisions and follow-up plans, if any.
- 3.6 GOBHI ensures that credentialing decisions are not based on an applicants' race, ethnic or national identity, gender, age, sexual orientation, or on the type of procedure or patient in which the practitioner specializes by several methods:
- 3.6.1 The membership of Credentialing Committee is heterogeneous and multidisciplinary.
 - 3.6.2 The physician responsible for credentialing and each Credentialing Committee member signs a statement annually affirming that his or her credentialing or recredentialing decision is not based on an applicants' race, ethnic or national identity, gender, age, sexual orientation, or on the type of procedure or patient in which the practitioner specializes.
 - 3.6.3 Credentialing staff review practitioner complaints quarterly to identify allegations of discrimination and report results to the Credentialing Committee. The Credentialing Committee takes actions as appropriate to the practitioner complaint.
- 3.7 The Credentialing Committee meets at least quarterly and as needed to accomplish its tasks.
- 3.8 GOBHI does not delegate any credentialing activities.

4.0 Compliance Criteria

N/A.

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