2017
CREDENTIALING COMMITTEE PROGRAM DESCRIPTION

Purpose
The purpose of the Credentialing Committee is to develop, monitor, and maintain standards of education, training, licensure, and experience of the Medical Associates Health Plans (MAHP) network of participating Practitioners and Health Delivery Organizations. The Credentialing Committee is also responsible for ensuring conformance with MAHP standards relative to medical record keeping practices, as well as the facility site structures, of its Practitioners and Health Delivery Organizations.

Governing Body
The governing body of Medical Associates Clinic, P.C. is the Board of Directors. This Board assumes ultimate responsibility for establishing, maintaining, and supporting the Quality Improvement Program and its subcommittees, which includes the Credentialing Committee. Information, recommendations, and decisions from the Credentialing Committee flow to the Medical Associates Clinic, P.C. Board of Directors.

Scope
The Credentialing Committee meets at least every other month on the second Monday of that month. Committee members conduct the credentialing and recredentialing activities on the MAHP network of Practitioners and Health Delivery Organizations, according to established internal policies and are responsible for making recommendations for approval/denial and/or corrective action plans.

Initial requests to become a potential MAHP provider are reviewed by MAHP Management Committee. The Management Committee makes a decision whether or not to extend an application to the requesting provider, thus beginning the credentialing procedure. The decision is made based upon the needs of the MAHP member population in a given geographic area. At times, MAHP may need to consult with the Medical Associates Clinic, P.C. Board of Directors for input and guidance relative to network development. The size and extent of the network remains the responsibility of the Medical Associates Clinic, P.C. Board of Directors.

Membership
Active membership consists of the Chief Medical Officer of Medical Associates Clinic, P.C. and Medical Associates Health Plans, four other participating physicians of different specialties, a participating mid-level practitioner, and representatives from MAHP that include: the Chief Medical Officer, the Director of Operations, the Provider Relations Coordinator, Credentialing Coordinator, Risk Manager, and the Director of Health Care Services.

The Chief Medical Officer serves as the Chairperson and is directly responsible for the credentialing program. As specified in established credentialing policies and procedures, he/she is assisted by members of the committee in carrying out the program’s agenda and in decision-making. The Medical Associates Clinic, P.C. shareholders appoints the four physicians of different specialties to serve three year terms. The Chief Medical Officer will appoint a mid-level practitioner to serve a three year term. The Committee members terms will be staggered. The Medical Associates Clinic, P.C. Board of Directors will approve the appointment of the mid-level practitioner. Members may be reappointed for consecutive terms.
Goals and Objectives
The goals and objectives of the Credentialing Committee are to:

- Assure and maintain a MAHP network of appropriately credentialed/recredentialed participating Practitioners and Health Delivery Organizations through a peer review process according to standards established by the MAHP.

- Establish and maintain credentialing/recredentialing policies consistent with National Committee for Quality Assurance (NCQA) standards, as well as applicable State and Federal rules and regulations.

- Establish and maintain credentialing/recredentialing policies consistent with URAC standards for delegated credentialing entities.

Duties

- Review and critically analyze the credentials of all MAHP network participating Practitioners. This review consists of validation of current state licensure, hospital privileges (if applicable), DEA or CSA certification (if applicable), appropriate level of education including postgraduate programs (if applicable), board certification (if applicable), work history, current malpractice insurance, National Practitioner Data Bank Continuous query responses, professional liability claims history, Medicare/Medicaid sanctions, physical and mental health status including alcohol and drug dependence, history of loss of license and/or felony conviction, and loss or limitation of privileges or disciplinary activity.

- Evaluate the credentials of all MAHP network participating Health Delivery Organizations. This evaluation consists of confirmation of any recognized accreditation status such as Joint Commission on Accreditation of Healthcare Organizations (JCAHO) (if applicable), state licensure (if applicable), medical laboratory, CLIA certification (if applicable), state and federal radiology license, permit, or certification (if applicable), CMS site survey, and certificate of insurance.

- Review compliance to medical record keeping standards (if applicable) as outlined in established internal policies.

- Monitor conformance to established standards for facility site structure according to established internal policies.

- Determine level of cooperation with MAHP’s Quality Improvement Program, including but not limited to: patient complaints, adverse events, quality of care concerns, and malpractice issues, when considering reappointment of participating practitioners.

- Provide recommendations for approval/denial of initial appointment and reappointment of practitioners and health delivery organizations, as well as recommendations regarding reduction, suspension, or termination of provider status.

- Conduct professional reference checks of all potential MAHP practitioners (if it meets policy requirements).

- Provide information to the Medical Associates Clinic, P.C. Board of Directors regarding action plans of how practitioners and health delivery organizations can meet MAHP’s established standards should substandard credentials, behavior, and/or performance be identified.

- Verify adherence and compliance to remedial action plans communicated to practitioners and health delivery organizations during the credentialing/recredentialing process and monitor these actions to assure the success of the Continuous Quality Improvement process.
Maintain a credentialing schedule so that at least every three years all MAHP participating practitioners are recredentialed and health delivery organizations are reassessed.

Monitor practitioner sanctions, member complaints, and adverse events between recredentialing cycles and recommend to the Medical Associates Clinic, P.C. Board of Directors appropriate interventions when poor quality issues occur.

Develop credentialing/recredentialing policies and procedures, which remain current and meet MAHP, NCQA, URAC, State and Federal standards.

Evaluate on an annual basis the need to add practitioners to the network based upon requirements by CMS.

The Committee Chairman or designated person will be responsible for reporting disciplinary practitioner actions to appropriate State Licensing Agencies and the National Practitioner Data Bank, when such issues arise.

Review at least annually the Credentialing Committee Program Description. The review, conducted in conjunction with the Quality Improvement Committee, should identify components of the Program Description that need to be instituted for the upcoming year, altered or deleted. Resultant changes, when instituted, should assure that the program is comprehensive, effective in meeting the goals and standards of MAHP’s credentialing/recredentialing procedures, and supports the Continuous Quality Improvement process.

**Recordkeeping**

The confidential nature of Credentialing Committee materials will be respected. Minutes, reports, and communications of the Credentialing Committee will be recorded, labeled “Confidential” and filed; such files will be available to the Credentialing Committee, Quality Improvement Committee, Medical Associates Clinic, P.C. Board of Directors, and other external review/accrediting organizations. All practitioner and health delivery organization credentialing/recredentialing files will be scanned into Application Xtender. These electronic files are secured by login and password. Printed credentialing/recredentialing files are labeled “Peer Review - Confidential,” kept confidential and maintained in locked files. Activities, recommendations and decisions of the Credentialing Committee are forwarded to the Board of Directors in the form of a summary.

**Evaluation of the Credentialing Committee Program Description**

- The Credentialing Committee, in conjunction with the Quality Improvement Committee, will annually reassess, amend, and approve the Credentialing Committee Program Description.

- The Quality Improvement Committee will review a summary of the Committee’s credentialing/recredentialing activities for the year. The summary will list any problem areas identified and the credentialing/recredentialing results.

- Results of this evaluation, as well as a plan of action for the upcoming year, will be summarized and reported to the Quality Improvement Committee, with final approval provided by the Medical Associates Clinic, P.C. Board of Directors.
### John Tallent  
Chief Executive Officer  
Medical Associates Clinic and Health Plans  

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### Dale Dreiling, MD MMM  
Chairperson, Credentialing Committee  
Medical Associates Clinic and Health Plans, PC  

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### Mark Runde, MD  
President, Board of Directors  
Medical Associates Clinic, PC  

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