2021
CREDENTIALING COMMITTEE
PROGRAM DESCRIPTION

Purpose
The purpose of the Credentialing Committee is to develop, monitor, and maintain standards for the education, training, and licensure of the Medical Associates Health Plans (MAHP) network of Participating Practitioners and Health Delivery Organizations. The Credentialing Committee is a peer review committee, as defined by applicable law and Medical Associates Clinic and Health Plans policies and procedures.

Governing Body
The governing body of Medical Associates Clinic, P.C., is the Board of Directors. The 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 are reported to the Board of Directors.

Scope
The Credentialing Committee meets on a monthly basis, generally on the third Tuesday of the month. Committee members conduct the credentialing and re-credentialing activities necessary for 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 participating provider are reviewed by the MAHP Management Committee, which assesses the needs of the MAHP member population in a given geographic area. MAHP Management may consult with the Medical Associates Clinic Board of Directors for input and guidance relative to network development. The size and extent of the network remain the responsibility of the Medical Associates Clinic Board of Directors.

Membership
Voting membership on the Credentialing Committee is comprised of the Chief Medical Officer, four other participating physicians of different specialties, and two participating advanced practice practitioners. Non-voting representatives from MAHP include the Director of Operations, the Counsel and Compliance Manager, and the Credentialing Coordinator, as well as additional credentialing staff and managers as necessary.

The Chief Medical Officer serves as the Chairperson of the Credentialing Committee and is directly responsible for the credentialing program. Medical Associates Clinic shareholders appoint the four
physicians of different specialties to serve three-year terms each. The Chief Medical Officer appoints the two advanced practice practitioners to serve a three-year term. The advance practice practitioners appointed by the CMO must be approved by the Medical Associates Clinic Board of Directors. The terms of the Committee members are staggered. Members may be reappointed for consecutive terms.

**Goals and Objectives**

The goals and objectives of the Credentialing Committee are to:

- Assure and maintain a network of appropriately-credentialed/re-credentialed participating Practitioners and Health Delivery Organizations, through a peer review process according to established MAHP standards, policies and procedures.
- Establish and maintain credentialing/re-credentialing policies and procedures that are consistent with National Committee for Quality Assurance (NCQA) standards, as well as applicable State and Federal laws and regulations.

**Delegated Credentialing**

In accordance with NCQA delegated credentialing standards, MAHP has delegated credentialing responsibilities to a variety of entities pursuant to a contract with each entity. MAHP at all times retains final authority to approve or disapprove any participating provider, or to terminate, limit or suspend the participating status of any provider for failure to abide by the requirements and standards of NCQA, the delegated entity, or MAHP.

The credentialing activities by these organizations include the following: 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 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.

Each entity is required to conduct its delegated credentialing activities under the guidance of a credentialing committee that is structured and operates as a peer review organization in accordance with NCQA standards. At a minimum, the committee must review the credentials of practitioners who do not meet established criteria, as well review a list of names of all practitioners who do meet the established criteria.

MAHP maintains oversight of each entity that conducts delegated credentialing, pursuant to the terms of the delegated credentialing contract. Each delegated entity, on a bi-annual basis, must report to MAHP on its credentialing activities. Any additions, terminations or practitioner changes are communicated to MAHP on at least a monthly basis.

**Duties of Credentialing Staff**

- Review and critically analyze the credentials of all MAHP network participating Practitioners. This
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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 with medical record keeping standards (if applicable), as outlined in established internal policies and as may be required for accreditation.

➢ Monitor conformance with established standards for facility site structure (if applicable), according to established internal policies and as may be required for accreditation.

➢ Coordinate 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 information relevant to the Committee in order to make 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 if Credentialing Committee deems necessary.

➢ Verify compliance with 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 report to the Credentialing Committee, CMO, and/or the Board of Directors.

➢ Annually complete the audit of delegated credentialing entities by reviewing their policies and procedures along with a review of their initial credentialing and recredentialing files.

Responsibilities of the Credentialing Committee

➢ Provide guidance to Credentialing Staff on the overall direction of the credentialing program.

➢ Review at least annually the Credentialing Committee Program Description. The review, conducted in conjunction with the Quality Improvement Committee, 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.
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➢ Evaluate as necessary the need to add practitioners to the MAHP networks, based upon requirements by CMS or applicable law.

➢ Develop and follow credentialing/re-credentialing policies and procedures that remain current and meet MAHP, NCQA, State and Federal standards and requirements.

➢ The Credentialing Committee may not base credentialing decisions on an applicant’s race, ethnic/national identity, gender, age, sexual orientation or patient type (e.g., Medicaid) in which the practitioner specializes.

**Credentialing Committee Chairperson**

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

➢ The Committee Chairperson will report to the Medical Associates Clinic Board of Directors regarding corrective action plans necessary to address substandard credentials, behavior, and/or performance identified regarding practitioners and health delivery organizations.

**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. All such files will be available to the Credentialing Committee, Quality Improvement Committee, Medical Associates Clinic Board of Directors, and other Peer Review Committees of the organization, including the Risk Management Department, as necessary. These files will also be available to external review/accrediting organizations. All practitioner and health delivery organization credentialing/re-credentialing files will be scanned into Docuware software. 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.

**Credentialing Committee Program Evaluation**

➢ 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 conduct an annual review of a summary of the Credentialing Committee’s credentialing/re-credentialing activities for the year. The summary will include any problem areas identified and any resulting corrective action plan.

➢ The annual review/evaluation of the Credentialing Committee/Program Description will be presented to the Medical Associates Clinic Board of Directors for final approval.
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