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SUBJECT: Credentials Plan

PURPOSE: The purposes of the University of Vermont Health Network Credentialing & Enrollment (“UVMHN C&E”) Credentials Plan are to:

- Establish practitioner eligibility criteria for contracted Payor network participation.
- Define policies and procedures for consistent credentialing and recredentialing of practitioners.
- Identify acceptable sources for primary source verification of credentials and establish the process of credentials verification.
- Describe the process for delegation of credentialing and recredentialing activities.

The Credentials Plan is intended to ensure a high quality, responsive network of practitioners who deliver care and meet the special needs and cultural preferences of the population they serve.

The UVMHN C&E Department’s Credentials Plan is committed to:

- Careful, credentialing and recredentialing of The University of Vermont Health Network Affiliate practitioners to ensure that patients receive quality care and services from qualified professionals.
- Maintaining the confidentiality of practitioner information throughout the credentialing and recredentialing processes.
- Ensuring the process of credentialing and recredentialing is conducted in a nondiscriminatory manner.
- Ensuring compliance with applicable law.

POLICY STATEMENT: UVMHN C&E shall maintain a credentialing process (the “Credentials Plan”) that includes a thorough review of a practitioner’s qualifications by a multidisciplinary heterogeneous Credentials Committee (see Policy C&E2, Credentials Committee) that includes participation by a range of practitioners of different specialties. Decisions based on clinical criteria at initial credentialing and recredentialing shall be made by this multidisciplinary Credentials Committee. Credentials Committee 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 (see Policy C&E3).

PROCEDURE: Credentialing and recredentialing decisions based on clinical criteria (as opposed to ones based on business needs) involve the assessment of a practitioner’s qualifications. In all such instances, a practitioner should be afforded a review by peers to ensure that these decisions are made according to appropriate professional

standards. The Credentials Committee ensures that practitioners initially meet and continue to meet UVMHN C&E's criteria and standards for participation in the applicable UVMHN Affiliates' contracted Payor networks.

Credentials Plan Overview

UVMHN C&E accepts delegation of credentialing processes from Payors contracted with the UVMHN Affiliates. Such delegated credentialing is conducted in compliance with this Credentials Plan, NCQA Standards and Guidelines, VT Rule H 09-03, as applicable, state and federal law, and the applicable Payor's credentialing requirements. The Credentials Plan is the core of UVMHN C&E's business services. It is crucial to UVMHN C&E's mission to successfully credential and enroll UVMHN Affiliate practitioners with the contracted Payors as required by the contracted Payors' delegated credentialing agreements. The Credentials Plan focuses on the development and implementation of processes for evaluating the practitioners who provide care and treatment. Practitioners are credentialed and recertified according to consistent requirements and standards.

The scope of the Credentials Plan includes physicians, oral surgeons, podiatrists, nurse practitioners, physician assistants, psychologists, social workers, other masters' level clinicians and all other practitioners who are licensed, registered or certified by the state in which they provide health care services to patients. The credentialing and recertification process is comprehensive and conducted in a collegial manner. Practitioners do not provide health care services to patients until fully credentialed or recertified in accordance with this Credentials Plan, the associated policies and procedures, and are enrolled with the applicable contracted Payor as a network provider.

The Credentials Committee is responsible for decisions about credentialing and recertification of practitioners. The Credentials Committee is a heterogeneous committee that includes representation from a range of participating UVMHN Affiliate practitioners. The UVMHN C&E Medical Director is actively involved in the credentialing and recertification process.

The Credentials Committee is a committee of the UVMHN C&E Board of Directors. The UVMHN C&E Board of Directors has assigned the Credentials Committee all responsibility for credentialing and recertification of practitioners. The UVMHN C&E Board of Directors oversees all credentialing and recertification activities and acts, as requested, on recommendations from the Credentials Committee.

Payor Delegation to UVMHN C&E

Payors delegating credentialing processes to UVMHN C&E reserve the right to accept or decline a participant into the Payor's participant network, in accordance with the Payor's delegated credentialing agreement with UVMHN C&E.

Delegation by UVMHN C&E

The UVMHN C&E Department does not delegate any credentialing or recertification activities.

If the UVMHN C&E Department were to decide to delegate any credentialing or recertification activities, prior to delegation, the UVMHN C&E Department would assess the capacity of the potential delegate to perform the proposed delegated activities. This evaluation would include a site visit to assess staff and system capability including compatibility with the UVMHN C&E Department's systems; review of credentialing and recertification files; and staff interviews. Policies and procedures and other applicable written documents would also be reviewed. The level of potential delegate compliance with the UVMHN C&E Department's standards, systems, requirements, regulatory requirements and accreditation standards is determined before a decision to delegate is reached and impacts what activities may be delegated.

Member Materials

The UVMHN C&E Department does not produce any materials for Payor Members or patients.

Directory Reviews

The UVMHN C&E Department submits weekly adds, changes and terms and full provider quarterly reports to all contracted payors for review and update of demographic information within their provider directories in accordance with Section 110.2 of the Medicare Managed Care Manual and other state requirements.

MONITORING PLAN: Policy will be monitored in accordance with Policy C&E 6 Ongoing Monitoring.

Annual Review

The Credentials Committee reviews credentialing policies and procedures annually and makes revisions as needed. Revisions affecting practitioners are communicated through various methods including individual mailings and the UVMHN C&E Department's distribution of information on the UVMHN web site.

DEFINITIONS:

“Credentials Committee” means a committee appointed by the UVMHN C&E Board of Directors and chaired by the UVMHN C&E Medical Director to credential and recredential practitioners.

“Medical Director” means the practitioner appointed by the UVMHN C&E Board of Directors to be the chairperson to the UVMHN C&E Credentials Committee and to be responsible for the decisions of the Credentials Committee.

“Member” means a patient that has health care insurance with a Payor.

“Payor” means an insurance company that has entered into an agreement with a UVMHN Affiliate to provide health care services to Members.

“Practitioner” means the UVMHN Affiliate employed practitioners, including but not limited to, physicians, oral surgeons, podiatrists, nurse practitioners, physician assistants, psychologists, social workers, other masters' level clinicians, and all other health care practitioners.

“The University of Vermont Health Network's Affiliates” (“UVMHN Affiliates”) means The University of Vermont Medical Center, The University of Vermont Medical Group – NY, Central Vermont Medical Center, Champlain Valley Physicians Hospital, Elizabethtown Community Hospital, and any other entity to join UVMHN as an Affiliate.

RELATED POLICIES:

- C&E 2 Credentials Committee
- C&E 3 Nondiscrimination
- C&E 4 Corrective Action & Appeals
- C&E 5 Clean Files & Provisional Credentialing
- C&E 6 Ongoing Monitoring
- C&E 7 Informing Practitioners
- C&E 8 Practitioner Confidentiality
- C&E 9 Application & Eligibility
- C&E 10 Credentialing & Recredentialing Processes
- C&E 11 Quality Improvement Program
- C&E 12 Practitioner Office Site Quality
- C&E 13 Medical Records Practices

REFERENCES: National Committee for Quality Assurance

Vermont Rule H-2009-03

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