SUBJECT: CREDENTIALING COMMITTEE	EFFECTIVE DATE: 1/01
SECTION: CREDENTIALING POLICY NUMBER: CR-12	
Applies to all products administered by the plan except when changed by contract	

Policy Statement: The Credentialing Committee is responsible for reviewing and approving all Health Plan's recommendations concerning all providers to whom the Plan's credentialing policies apply, for example, applications for credentialing and recredentialing, revocation of credentials, and for the development, review and revision of all credentialing and recredentialing policies and protocols.

The Credentialing Committee shall ensure, by the administration of the credentialing and recredentialing processes defined in its policies, that providers are qualified for membership, show evidence of current competence to provide quality care that promotes health, and satisfies member and plan expectations, and demonstrate good moral character and professional conduct.

Structure:

The Committee shall be composed of no fewer than 16 nor more than 19 members (each a "Member"). There shall be at least four voting members from each of the regions. In addition, the Chief Medical Officer ("CMO") of the West region, the CMO of the East region and the CMO of the Corporation are voting members.

Members shall be nominated by the regional CMO and appointed by the governing authority. The members shall serve three year terms, and may be renewed indefinitely at the pleasure of the governing authority. Members are expected to attend at least half of all scheduled and special meetings. Members may be removed from the committee by the governing authority for non-participation or disruption of the committee in the conduct of its business.

Members shall, as a condition precedent to participation on the Committee, each individually execute the Committee Member Affirmation attesting to the Plan's Credentials Committee and Conflicts of Interest Policy, upon admission to the Committee and annually thereafter. A copy of the individual Member's affirmation is retained during the Member's participation on the Committee and for ten years thereafter. A Member's failure to execute the above affirmation annually, or to comply with the terms of the Credentials Committee and Conflicts of Interest Policy, shall result in a termination of his/her participation on the Committee.

The Credentialing staff and CMO's will be responsible for assuring appropriate geographic and institutional representation on the committee.

The committee may meet at least monthly to consider and /or act on the following:

The process:

The Credentialing Committee shall:

1. Collect and verify source verifications (done by the Plan's Credentialing Staff on behalf of, and with oversight from, the Credentials Committee.)

2. Review and evaluate the qualifications of each applicant for credentialing or recredentialing. Decisions are not based on race, ethnic/national identity, gender, age, sexual orientation or patient type (e.g.,Medicaid) in which the practitioner specializes.

3. Seek additional information and clarification necessary to make an informed recommendation regarding the issue presented.

4. Decide whether the applicant has the requisite credentials and character for appointment and reappointment, and the duration of the appointment.

5. Determine if conditions or restrictions are attached to the granting of credentials.

6. If the qualifications for appointment are met, determine the category listing for the applicant is qualified.

7. Review members out of cycle when triggered in accordance with credentialing policies, conditions of appointment, or referral to the credentials committee by the governing authority or CMO.

8. Develop, implement, review and revise the credentialing policies

9. Review, revise, and implement the list of specialties that are required to be credentialed by the Plan prior to participation in its network. For physicians, the list of specialties/sub-specialties shall be those solely as defined by ABMS, AOA, and/or RCPSC, and the qualifications for a physician to be listed and given specialty shall be consistent with the current qualifications for sitting the certifying examination. The specialty listing and qualifications for non- physician providers shall be determined by the Credentials Committee and consistent with each profession's national certifying body.

10. Initiate pertinent directives or assistance from Credentialing Committee to other committees.

Cross Reference: Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-12 Dated 1/99, HMO-CNY Corporate Policy, Standard and Procedure # Administrative Appointment/Reappointment Workgroup Dated 4/6/99, HMO-CNY Corporate Policy, Standard and Procedure # Medical Advisory Board Dated 1/99, HMO-CNY Corporate Policy, Standard and Procedure # HMO-CNY Board of Directors Credentialing Accountability Dated 1/16/98,BCBSUW HMOBlue Credentialing/Recredentialing Policy and Procedures # CR-X Dated 4/99

Committee Approvals: Corporate Credentialing Committee: 3/15/04, 8/3/05, 7/25/07, 7/15/09, 4/21/10, 4/18/12, renewal 4/2014, 5/21/2014 revision, 5/25/16 rev, 11/19/16 rev, 4/19/17 rev, 12/19/18 rev
Excellus Credentialing Committee 3/18/02 MCOCC
11/13/00

HCBMC 12/7/00
Revised: 12/01, 4/10 Reformatted: 11/02

Original Source: Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-12