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Title of Approving Official:	UVMHN C&E Medical Director
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**SUBJECT:** Credentials Committee

**PURPOSE:** 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 the University of Vermont Health Network Credentialing & Enrollment ("UVMHN C&E") criteria and standards for participation in the applicable UVMHN Health Care Partners' contracted Payor networks.

**POLICY STATEMENT:** The UVMHN C&E Department shall maintain a credentialing process that includes a thorough review of a practitioner's qualifications by a multidisciplinary heterogeneous Credentials Committee that includes participation by a range of Physicians and Advanced Practice Professionals of different specialties. Decisions based on clinical criteria at initial credentialing and recredentialing shall be made by this multidisciplinary committee. The Credentials Committee, at its sole discretion, may elect to make exceptions to the Credentials Plan on a case-by-case basis.

**PROCEDURE:**

**Credentials Committee Responsibilities**

1. The Credentials Committee is responsible for:
  - 1.1. Making credentialing and recredentialing decisions for contracted Payors with whom the UVMHN C&E Department has entered into delegated credentialing agreements and sharing delegated credentialing and recredentialing information with Payors.
  - 1.2. Developing, modifying, and approving credentialing and recredentialing policies (including but not limited to credentialing criteria) and procedures and overseeing their implementation.
  - 1.3. Reviewing the credentialing and recredentialing policies and procedures at least annually and making revisions as needed and sharing credentialing and recredentialing policy updates with Payors.
  - 1.4. Maintaining minutes of meetings that document deliberations, actions, decisions and follow-up plans, if any.
2. Nondiscrimination: The UVMHN C&E Department ensures that the Credentials Committee's decisions are not based on an applicants' race, ethnic or national identity, gender, age, sexual orientation, language spoken or on the type of procedure or patient (including but not limited to a patient's insurance coverage) in which the practitioner specializes as described in the Nondiscrimination policy and procedure. (See Policy C&E3)
3. The Medical Director actively participates in credentialing and recredentialing activities. The Medical Director:
  - 3.1. Oversees the UVMHN C&E Department and serves as a resource to the UVMHN C&E staff.

- 3.2. Chairs the Credentials Committee.
- 3.3. Reviews practitioner files that do not meet criteria prior to the Credentials Committee meeting.
- 3.4. Takes action as appropriate when instances of poor quality are identified (see Policy C&E4).
- 3.5. Reviews and approves the list of all practitioners who meet the established clean file criteria as needed. (See Policy C&E5)

4. The Credentials Committee:
  - 4.1. Reviews practitioner credentials and information for initial credentialing and thereafter at least every three (3) years for recredentialing.
  - 4.2. Reviews the list of practitioners for initial credentialing and for recredentialing who fully meet the UVMHN C&E Department's criteria, and which have been approved by the Medical Director.
  - 4.3. Individually reviews the initial credentialing file of each practitioner who does not meet the UVMHN C&E Department criteria and renders a decision. (See Policy C&E5)
  - 4.4. Individually reviews the recredentialing file of each practitioner who does not meet the UVMHN C&E Department criteria and renders a decision. (See Policy C&E5)
  - 4.5. Requests additional information when deliberations indicate a need for more detail about information provided by the practitioner or other sources.
    - 4.5.1. If, upon receipt of the requested additional information, the UVMHN C&E Department establishes a Clean File status, then the Medical Director may approve the file in accordance with Policy C&E 5.
    - 4.5.2. If, upon receipt of the requested additional information, the practitioner's file does not meet the Clean File definition in accordance with Policy C&E 5, or if the Credentials Committee requested the file be returned for deliberation at the next Committee meeting, the UVMHN C&E Department will present.
      - 4.5.2.1. The file and any additional information at the next regularly scheduled meeting, as necessary for the Credentials Committee to render a decision about practitioner status.
  - 4.6. Timely reviews the file of any practitioner who is identified as having poor quality or issues identified through ongoing monitoring (See Policy C&E6) such as:
    - 4.6.1. Medicare and Medicaid sanctions.
    - 4.6.2. Medicare and Medicaid Exclusions
    - 4.6.3. Sanctions or limitations on licensure.
    - 4.6.4. A history of practitioner-specific patient complaints.
    - 4.6.5. Payor Complaints
    - 4.6.6. Practitioner Complaints
    - 4.6.7. Site Visit Complaints
    - 4.6.8. Medical Record Complaints
    - 4.6.9. Adverse Events
    - 4.6.10. Preclusion List

- 4.7. Takes actions as appropriate when instances of poor quality are identified. (See Policy C&E4)
- 4.8. Oversees site visits conducted as a result of triggering the patient quality of practitioner office site complaint threshold and subsequent corrective actions, if any. (See Policy C&E 4)
5. The Credentials Committee makes a determination regarding each practitioner's credentialing status.
  - 5.1. Practitioners are approved when they substantially meet all of the UVMHN C&E Department's criteria and have no adverse findings or professional performance issues deemed unacceptable to the Credentials Committee.
  - 5.2. Practitioners are denied approval when they do not substantially meet all of the UVMHN C&E Department's criteria, or they have adverse findings or professional performance issues deemed unacceptable to the Credentials Committee.
  - 5.3. Decisions are pended when additional information or clarification is needed from the practitioner or other sources. The practitioner or other sources are contacted by telephone, mail, email or fax to request the additional information or clarification.
6. The UVMHN C&E Department is informed of the decisions of the Credentials Committee after the meeting.
7. The Credentials Committee membership includes:
  - 7.1. The Medical Director, who serves as chair.
  - 7.2. At least three practitioners of different specialties appointed by the UVMHN C&E Board of Directors.
  - 7.3. The UVMHN C&E Department representatives (non-voting):
    - 7.3.1. The Director of the UVMHN C&E Department.
    - 7.3.2. The Supervisor of Payor Services or designee.
  - 7.4. The Credentials Committee may enlist the support of ad hoc specialty providers.
8. The Credentials Committee meets at least quarterly, and more often as needed, and maintains minutes that are timely, dated and signed and which provide evidence of the rationale for Credentials Committee conclusions and decisions.
  - 8.1. Meetings and decisions take place in real-time, virtual meeting (i.e., through video conference or web conference with audio). Meetings will not be conducted solely via email.
  - 8.2. A quorum of greater than 50% of voting members is required to hold a meeting and make credentialing decisions.

### **Department Information Preparation for the Credentials Committee**

1. The Supervisor of Payor Services or designee:
  - 1.1. Reviews practitioner files to determine whether or not the practitioner's file meets or does not meet criteria.
  - 1.2. Informs the Medical Director of any practitioners who will be presented at the Credentials Committee meeting who do not meet criteria so that they may review the files in advance.
  - 1.3. Prepares a list of the names of practitioners for:

- 1.3.1. Initial credentialing who meets all criteria and therefore do not require discussion by the Credentials Committee. These files are available for review by the Credentials Committee upon request.
- 1.3.2. Recredentialing who meets all criteria and therefore do not require discussion by the Credentials Committee. These files are available for review by the Credentials Committee upon request.
- 1.4. Prepares a list of the names of practitioners for:
  - 1.4.1. Initial credentialing who does not meet all criteria and therefore require discussion by the Credentials Committee.
  - 1.4.2. Recredentialing who does not meet all criteria and therefore require discussion by the Credentials Committee.
2. The files of practitioners requiring discussion are automatically sent to the Credentials Committee meeting. All files are available for review at the meeting.
3. The Supervisor of Payor Services or designee provides the Credentials Committee with the following documents:
  - 3.1. A summary of the credentials, demographic information and clinical specialty of each practitioner being considered at the meeting, including:
    - 3.1.1. The list of all practitioners for initial credentialing and recredentialing who meet all criteria.
    - 3.1.2. The list of all practitioners for initial credentialing and recredentialing who do not meet all criteria.
    - 3.1.3. A copy of the previous meeting's minutes.
    - 3.1.4. Additional issues including: (See Policy C&E6)
      - 3.1.4.1. New policies or changes to policies.
      - 3.1.4.2. Ongoing Monitoring Report. (See Policy C&E6)
      - 3.1.4.3. Site Visit concerns.
      - 3.1.4.4. Nondiscrimination report. (See Policy C&E3)
      - 3.1.4.5. List of practitioner terminations.
      - 3.1.4.6. Department Quality Improvement Program Report. (See Policy C&E11)
4. Credentials Documentation Retention- All documents collected or verified during the credentialing process and thereafter shall be maintained for a minimum of 10 years and shall be kept confidential in accordance with applicable law and the Credentials Plan. (See Policy C&E1)

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

**DEFINITIONS:**

“Adverse Event” means patient harm as a result of medical care or in a hospital. (HHS OIG OEI-01-08-00590)

“Clean File” means a practitioner file that meets the established criteria and does not contain any adverse findings.

**“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 UVMHN C&E Medical Director 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 Health Care Partner to provide health care services to Members.

**“Practitioner”** means the UVMHN Health Care Partners billing practitioners, including but not limited to, physicians, oral surgeons, podiatrists, ambulatory pharmacist clinicians, nurse practitioners, physician assistants, psychologists, social workers, other masters’ level clinicians, and all other health care practitioners.

**“Advanced Practice Professionals”** means UVMHN Health Care Partners employed but not limited to Advanced Practice Registered Nurses, Physician Assistants, Anesthesia Assistants and Radiology Assistants.

**“The University of Vermont Health Network’s Health Care Partners”** (“UVMHN Health Care Partners”) means The University of Vermont Medical Center, Central Vermont Medical Center, Porter Medical Center, Champlain Valley Physicians Hospital, Elizabethtown Community Hospital, Alice Hyde Medical Center and any other entity to join UVMHN as a Health Care Partner.

**RELATED POLICIES:**

C&E 1 Credentials Plan  
C&E 3 Nondiscrimination  
C&E 4 Corrective Action and Appeal  
C&E 5 Clean Files and Expedited Credentialing  
C&E 6 Ongoing Monitoring

**REFERENCES:** National Committee for Quality Assurance  
Vermont Rule H-2009-03

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