

COMMITTEE CHARTER

NAME: Provider Credentialing Committee
LEADER: Contract Manager
ADOPTED: July 2015
LAST APPROVED: September 2021

This charter shall constitute the structure, operation, membership and responsibilities of the Mid-State Health Network (MSHN) Provider Credentialing Committee (PCC).

Purpose of the Provider Credentialing Committee: PCC is established to provide counsel and input to Mid-State Health Network (MSHN) staff with respect to the appointment of practitioners and organizations as members of the MSHN provider Network, policy and procedural development and strategic direction related to provider credentialing. As requested, PCC activities shall be reported to Provider Network Management Committee (PNMC). PCC action will typically include: 1) appointment to the MSHN provider network, 2) review credentials of practitioners who do not meet the agency's criteria; 3) give thoughtful consideration to credentialing information; 4) take action on credentialing recommendations of MSHN credentialed staff; 3) granting of privileges, as applicable, to MSHN credentialed staff; 4) regular assessment of provider performance, as it relates to credentialing; 5) oversight and monitoring of delegated credentialing responsibilities, and 6) credentialing policy/procedure development. In fulfilling its charge, the PCC understands that credentialing/re-credentialing is both a Prepaid Inpatient Health Plan function delegated to Community Mental Health Service Programs (CMHSP) Participants and a function directly performed by MSHN staff for Substance Use Disorder Programs. Provider credentialing/re-credentialing activities pertain to both the CMHSP and MSHN direct operated and contract functions.

Responsibilities and Duties: The responsibilities and duties of the PCC include the following:

- The development of regional policies for Provider Credentialing/Re-Credentialing in accordance with State, Federal, and other pertinent regulations;
- Monitor compliance with all MSHN credentialing policies and procedures;
- Evaluate recommendations for provider network membership, looking for completeness, thoroughness, and adherence to credentialing and privileging policies and standards, taking formal action;
- Address issues with problematic provider applications, that do not meet agency criteria, ensuring complete and thorough documentation for those recommended for appointment (note: Medical Director or Designee may approve clean files without committee consideration; however, committee will be notified of all clean files approved);
- Develop, authorize and monitor the privileging process and privileging criteria, as applicable;
- Support development of regional PCC monitoring tools to support compliance with rules, laws, and the PIHPs Medicaid contract with MDHHS;
- Establish and operate systems to monitor performance and include provider performance information in the credentialing/re-credentialing process.

Decision-Making Context and Scope

1. The PCC provides counsel and input to the MSHN OC and the Chief Executive Officer (CEO). Committee input is related to the defined purpose and may be strategic, operational or improvement focused in nature.
2. MSHN Board of Directors, CEO and Operations Council (OC) are the final authority for matters involving strategic plan (Mission, Vision, Values and Board Ends/Results), Board policy and budget.
3. The CEO reserves final decision-making authority for operational matters including provider network membership appointment and contract award.
4. Members of the PCC will strive for consensus. When consensus is not immediately reached, discussion will continue to reword, resolve, or propose a resolution. If consensus cannot be reached a vote will be taken. The vote will be accompanied by a majority and minority opinion, and a Contract Manager recommendation to the CEO and OC.

Defined Goals, Monitoring, Reporting and Accountability: The PCC shall establish metrics and monitoring criteria to evaluate progress on the following primary goals:

1. Develop a provider manual to include procedures related to credentialing and privileging activities.
2. Take formal action on provider credentialing and privileging requests within 30 business days of receipt of a properly completed application.
3. Develop a provider scorecard to monitor and address provider performance, as applicable.
4. Monitor processes for region-wide verification of Medicaid/Medicare provider eligibility, ensuring compliance.
5. Incorporate findings from MSHN's Quality Assessment Performance Improvement Program and MDHHS external quality reviews into the credentialing/re-credentialing process.

Membership

1. The PCC shall be comprised of the following MSHN staff and must include qualified and credentialed practitioner(s):
 - Deputy Director
 - Chief Clinical Officer (SUD) or Chief Behavioral Health Officer (MH), as applicable.
 - Chief Executive Officer,
 - Chief Financial Officer,
 - Contract Manager,
 - Chief Compliance & Quality Officer,
 - Medical Director
 - SUD Medical Director (as backup)
 - Other designated MSHN staff as required.
2. Others in attendance by invitation (not regularly attending), should have a clearly defined purpose for attendance, are not intended to offer commentary on other agenda topics, and shall be excused when they have completed their purpose for meeting attendance. Subject matter expert (SME) may be invited by the PCC for a specific agenda topic and shall only participate during the related topic.

Roles and Responsibilities

1. Chairperson – Runs the meeting and maintains order; serves as the point of contact for the committee; is accountable for representing the committee and making reports on behalf of the committee. The assignment of chairperson shall be on an annual term and established on a voluntary basis.
2. Facilitator - prepares the agenda and all related materials. Assists with chairperson duties detailed above. The Contract Manager shall serve as the PCC Facilitator as a job function.
3. Recorder – The recorder shall prepare the “Meeting Snapshot of Key Decisions and Actions” following each meeting.
4. Member – An appointed member is a voting member. All members shall participate in the PCC in accordance

with established ground rules.

Member Conduct/Ground Rules: Members of the MSHN PCC seek a meeting culture that is professional, productive, and comfortable. To that end, the following ground rules have been adopted:

1. Respect of others

- Only one person speaks at a time; no one will interrupt while someone is speaking.
- Each person expresses their own views, rather than speaking for others at the table or attributing motives to them.
- No sidebars or end-runs.
- Members will avoid grandstanding (i.e., extended comments/speaking), so that everyone has a fair chance to speak.
- No personal attacks. "Challenge ideas, not people."
- Everybody will seek to focus on the merits of what is being said, making a good faith effort to understand the concerns of others. Questions of clarification are encouraged. Disparaging comments are discouraged. Each person will seek to identify options or proposals that represent shared interests, without minimizing legitimate disagreements. Each person agrees to do their best to take account of the interests of the group as a whole.

2. Meeting Efficiency

- The agenda and related materials will be distributed in advance of the meeting.
- Members are prepared for the agenda content and have completed related assignments on time.
- Everybody agrees to make a strong effort to stay on track with the agenda and to move the deliberations forward.
- Members share equally in the work of the body.

3. Decision Making

- Members are respectful of the defined decision-making protocol and support decisions made of the body even when presenting a minority view.
- Each person reserves the right to disagree with any proposal and accepts responsibility for offering alternatives that accommodates their interests and the interests of others.
- Everybody will follow the "no surprises" rule. Concerns should be voiced when they arise, not later in the deliberations.

Meetings

1. Regular Meetings: Meetings will occur routinely, no less frequently than triannual (3 times per year, if needed)
2. Special Meetings: Special meetings of the PCC will occur as deemed necessary to conduct the work of the PCC. Special Meetings may be call by the Chairperson or the Contract Manager.
3. Attendance at Meetings: Regular attendance of all members is essential to the effective operations of the PCC. Attendance can be in-person, via conference call, or videoconference.
4. Location: Meetings of the PCC will typically be held at Mid-State Health Network, in Lansing, if in-person.

Provider Credentialing Committee Annual Evaluation Process

- a. Past Year's Accomplishments
- b. Upcoming Goals