

POLICY AND PROCEDURE

DEPARTMENT: Credentialing and Provider Data Management	DOCUMENT NAME: Maintaining Confidentiality of Credentialing Information
PAGE: 1 of 4	REPLACES DOCUMENT:
EFFECTIVE DATE: 08/2020	REVIEWED/ REVISED: 10/20, 10/21; 09/2022
PRODUCT TYPE: ALL	REFERENCE NUMBER: LA.CRED.02

SCOPE:

Louisiana Healthcare Connections Credentialing (“Credentialing”) and the Provider Data Management Department (“PDM”) on behalf of Louisiana Healthcare Connections (LHCC). LHCC Provider Relations, Medical Management, and Quality Improvement Departments.

PURPOSE:

To ensure maintenance of confidentiality of protected information related to the credentialing process.

POLICY:

Credentialing staff makes every effort to protect the confidentiality of credentialing information. Access to protected information related to the credentialing process is restricted to authorized credentialing staff.

PROCEDURE:

Information related to the credentialing process may be received via hard copy through the mail, fax, electronically, and/or telephonically. Credentialing staff are trained in proper manner of handling such information so as to protect the privacy and confidentiality of providers involved in the credentialing process. Employees are required to sign a confidentiality statement at the time of employment and all employees are required to participate in the Ethics and Compliance Program – Code of Conduct and Business Ethics, which incorporates HIPAA, PHI and general confidentiality and security awareness training at least annually. Records are maintained according to LHCC Records Management policies and retention schedule.

A. Hard Copy or Electronic Records

1. Electronic records are maintained on a secure, access-controlled network location. All actions taken within the system are monitored via a field history record with date stamp and staff member identity. No actions within the system occur without an electronic record of the action, which includes detail on the modification made, the date it occurred, and the user identity. Delete is not allowed by any staff member.
2. In the event hard copy files are maintained, they are stored in a secure, access-controlled manner:

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- i. in locked file cabinets located in a credentialing office,
 - ii. within an access-controlled storage room, and/or
 - iii. at secured, off-site document storage facility.
3. Access to credentialing files is limited to authorized personnel only.
4. Correspondence received via mail and addressed to the Credentialing Department is opened only by authorized credentialing staff.
5. Outgoing correspondence to practitioners/providers containing sensitive information is sent via Restricted, Certified mail.
6. Unnecessary hard copies of protected information are disposed of in a locked shredding bin located in the Credentialing office.
7. Outgoing faxed requests for additional information are sent via a dedicated fax machine located in the Credentialing office. Incoming faxed credentialing information is received via RightFax, a service which delivers faxed documents via email for retrieval by authorized staff members only.
8. Staff place all papers containing protected information in locked desk drawers or file cabinets at the end of each day or when leaving the Credentialing office unattended.

B. Password Protection

1. LHCC password protection processes are in accordance with LHCC Security policies. All staff members are issued an appropriate log in and established password which documents all actions taken within all systems. Staff members are granted access based upon their role.

C. Telephonic Information

1. Telephonic receipt of protected information is restricted to authorized staff.
2. Staff makes every effort to avoid conversations about protected information from being overheard by passers-by in the office.

D. Credentialing Committee

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1. Credentialing Committee meetings where confidential information is discussed are held in a location where confidentiality may be maintained, such as a closed meeting room or via password-secure teleconference.
2. In the event hard copies of Credentialing Committee materials created, they are securely disposed of in locked shredding bins immediately at the conclusion of the meeting.
3. All Credentialing Committee meeting minutes and documents are stored on an access-controlled network drive.

E. Release of Confidential Information

1. Staff will disclose Practitioner credentialing information not in the public domain upon written request of the Practitioner.

All changes to this Policy & Procedure shall be submitted to LDH when a change is made and annually thereafter.

REFERENCES:
NCQA Health Plan Standards and Guidelines

DEFINITIONS:

REVISION LOG:	DATE
• Converted corporate to local policy.	10/2020
• <u>Added language to comply with NCQA requirements</u>	<u>09/2022</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer is considered equivalent to a signature.

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