

POLICY AND PROCEDURE

POLICY NAME: Credentialing Committee	POLICY ID: LA.CRED.03
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Credentialing
EFFECTIVE DATE: 08/2020	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 10/20, 10/21, 9/22, 8/23, 6/24, 4/25, <u>02/26</u>	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

This policy provides an overview of the roles and responsibilities of the Credentialing Committee.

PURPOSE:

To outline the structure, protocols, and peer-review process the Credentialing Department and LHCC utilize to make recommendations regarding credentialing decisions.

SCOPE:

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company"). Louisiana Healthcare Connections Credentialing ("Credentialing") on behalf of Louisiana Healthcare Connections (LHCC). LHCC Quality Improvement Departments ("QI").

DEFINITIONS:

1. CC – Credentialing Committee
2. QIC – Quality Improvement Committee

POLICY:

LHCC designates a Credentialing Committee that uses a peer-review process to make recommendations regarding credentialing decisions. The Credentialing Committee uses participating practitioners to provide advice and expertise for credentialing decisions, reviews credentials for practitioners and providers who do not meet established thresholds and ensures files that meet established criteria are reviewed and approved by a medical director or designated physician.

LHCC has delegated certain credentialing and recredentialing activities to vendors.

Clean credentialing files, defined as those meeting all credentialing criteria without identified concerns, may be reviewed and approved through an expedited process. Such files may be approved by one of the following:

- A Medical Director;
- A Designated Clinician (physician, nurse practitioner, mental health professional [KT1][JD2], dental health professional, vision health professional)
- The Credentialing Committee

This process ensures timely approval while maintaining compliance with accreditation and regulatory standards. Any file with discrepancies, red flags [KT3][JD4], or requiring further discussion will be referred to the full Credentialing Committee for review and determination.

~~Delegation to vendors includes the following:~~

- ~~1. Credentialing of vision care providers is delegated to Envolve (formerly known as Opticare Vision Services).~~
- ~~2. Credentialing of pharmacy providers is delegated to Envolve (formerly known as USScript).~~
- ~~3. Credentialing of dental providers is delegated to LHCC's Dental Benefit Manager, as applicable.~~
4. LHCC may also delegate credentialing of some Durable Medical Equipment (DME) and Home Health Care providers to the applicable vendor.

PROCEDURE:

I. Oversight and Authority

- A. LHCC Board of Directors (BOD) has formally delegated the implementation, oversight, and final decision-making authority for credentialing functions for a full range of providers to the Quality Improvement Committee (QIC).
 - i. The BOD elects a participating practitioner to serve as Chairperson of the QIC and grants the Chairperson authority to manage the QIC.

- ii. The BOD has given the QIC the authority to delegate credentialing functions for medical practitioners and providers, inclusive of credentialing of atypical providers, such as Long-Term Services and Support, to the Credentialing Committee (CC).
- iii. The authority for oversight of delegated credentialing associated with medical practitioners/providers has also been granted by the QIC to the CC.
- iv. The QIC oversees CC. LHCC or Corporate Medical Director or designee directs and coordinates the credentialing functions for LHCC and facilitates and chairs the CC. The QIC is the vehicle through which credentialing, monitoring and reporting mechanisms is communicated to the BOD.
- v. The QIC retains oversight of delegated vendors.

II. Composition

- A. The CC is a national or statewide committee and may include regional representation from the following providers and LHCC staff:
 - i. Network physicians[KT5][JD6]:
 - 1. Pediatrician(s);
 - 2. Obstetrician(s);
 - 3. Family Practice/General Practice/Internal Medicine;
 - 4. Specialty Care Physician (representative of needs of population, such as cardiology); and
 - 5. Other clinicians (nurse practitioner, mental health professional, dental health professional).
 - ii. LHCC or Corporate Medical Director
 - iii. LHCC VP Medical Management, if applicable
 - iv. LHCC executive leadership and/or staff as appropriate
- B. The CC may be initially chaired by the Corporate or LHCC Medical Director, although as committee member leadership develops, the Committee may be chaired by a network physician at the discretion of the LHCC Medical Director.
- C. LHCC or Corporate Medical Director and network physician attendees are considered voting members.

III. Responsibilities

- A. CC responsibilities include, but are not limited to:
 - i. Annually review and evaluate the Credentialing Program;
 - ii. Annually review and recommend revisions to credentialing/ recredentialing policies and procedures;
 - iii. Establish and make recommendations on credentialing/ recredentialing criteria;
 - iv. Provide oversight and audit of delegated providers' Credentialing Program(s);
 - v. Make credentialing/ recredentialing decisions regarding approval (or denial) of providers;
 - vi. Oversee and monitor all practitioners' Corrective Action Plans (CAPs) related to credentialing;
 - vii. Provide peer review activities related to credentialing, recredentialing and office site evaluation findings;
 - viii. Ensure credentialing decisions are made in a nondiscriminatory manner without regard to of sex, race, religion, age, disability, sexual orientation, or ethnic origin; and
 - ix. Required to document its steps in the decision process and maintain individual provider files.
- B. External committee members sign a statement affirming that they do not discriminate upon joining the CC.

IV. Meeting Protocols and Documentation of Proceedings

- A. A minimum of three (3) voting members must be present for a quorum, unless LHCC requirements differ.
- B. The CC meets monthly, no less than ten (10) times/year, and reports to the QIC quarterly. The CC may meet more frequently as business needs require.
- C. CC Meetings may take place in person or in the form of real-time virtual meetings such as video conferencing and/or teleconferencing supported by documentation supplied to committee members prior to the meeting, or web-based conferencing. CC meetings may not take place solely through e-mail exchange.
- D. Minutes of all CC activities are recorded at each meeting and reflect key discussion points, decisions made, rationale, planned actions, responsible person, and follow-up.
- E. All minutes are reviewed and approved by CC vote and maintained in a confidential secure place.

REFERENCES:

Current NCQA Health Plan CR Standards and Guidelines

ATTACHMENTS: Credentialing Committee Charter Template



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ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

La R.S. 46:460.54 applies to material changes to this policy.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Ad Hoc Review	Converted corporate policy to local policy	10/2020
Annual Review	Reviewed for submission approval	10/2021
Annual Review	Formatting edits	09/2022
Annual Review	Merged policy into new template & added policy statement Updated Product from “All” to “Medicaid” Updated Regulatory Reporting Requirements	08/08/23
Annual Review	Added contract language to Section A, ix	06/11/24
Annual Review	No Edits	04/08/25
<u>Annual Review</u>	<u>Added language directly from CC.CRED.03 and updated delegated credentialing section</u>	<u>02/2026</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company’s P&P management software, is considered equivalent to a signature.

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