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| Clinton Regional Hospital | Policy and Procedures | NUMBER |
| | MANUAL: Credentialing | EFFECTIVE DATE: 01/29/24 |
| | SUBJECT: Credentialing Committee | REVISED REVIEWED |

Credentialing Committee

Clinton Regional Hospital Committee is a forum of employed staff that provide comments and recommendations on standards of care for the credentialing/recredentialing of providers. The leadership of the Credentialing Committee will consist of designated representatives of related provider disciplines employed with Clinton Regional Hospital as needed. The Chief Medical Officer shall serve as the Chairperson and actively participate in the Credentialing Committee activities.

General membership is comprised of 2 permanent members/1 alternate participating provider representatives from clinical disciplines including psychiatry, nursing, behavioral health, and substance use counseling.

The Credentialing Committee meets monthly to review staffing and clean files approved by Chief Medical Staff or as needed to review provider files that require committee review and approval. Meetings are conducted with a pre-determined agenda, with the minutes of each meeting maintained on file for review and are signed by the Chief Medical Staff. The Credentialing Committee must report its recommendations and findings through the minutes as applicable. Members of committee or their designated alternate have 1 vote. A simple majority is required for approval by the committee.

The Credentialing Committee serves a two-fold goal.

To serve as a Peer Review Committee to address concerns or identified problems relating to quality-of-care issues. To review credentials and approve/deny providers for participation in Clinton Regional Hospital and review the credentialing/re-credentialing policies and procedures.

Roles and Responsibilities of the Credentialing Committee Include

- o Provide oversight of the credentialing/recredentialing process. To ensure all criteria is met defined in the bylaws before being presented to the committee.
- o Implement the development, maintenance and/or revision of policies and procedures, protocols and workflows related to the credentialing/recredentialing process as set forth by the Credentialing Committee.
- o Ensures established credentialing/re-credentialing criteria comply with requirements of accreditation organizations; federal, state, and local guidelines, payor specific requirements; and Clinton Regional Hospital standards.

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o Review all provider credentials that are subject to Credentialing Committee oversights and make recommendations as to acceptance/denial of an application for inclusion in the network. This includes a thorough review of any application based on failure to meet established credentialing criteria.

O Enforce decisions made by the Credentialing Committee for provider appeal of sanctions regarding quality-of-care, issues and non-compliance issues when not reported by an external source.

o Ensure implementation of established policies and procedures for review of quality information in the recredentialing process.

o Ensure providers continue to meet credentialing/recredentialing criteria and remain in good standing with the appropriate state agency, state licensing agency or certification board and the National Practitioner Data Bank (NPDB)

o Ensure all providers practice within the scope of their defined job duties