

## *Credentialing Office Policy and Procedure*

<b>Title:</b> <b>CREDENTIALS COMMITTEE</b>	<b>Policy Number:</b> <b>CO 1.4</b>
Regulation Reference: NCQA CR1, CR 2.1, CR 2.2	<b>Effective Date:</b> <b>04-01-2012</b>
Reference: TTUHSCEP PLFSOM Professional Staff Bylaws, Article XI, Section C, F.	<b>Last Annual Review Date:</b> <b>11-04-2024</b>
	<b>Last Revision Date:</b> <b>03-28-2025</b> (Revision History on last page)

### **Policy Statement:**

It is the goal of the Credentials Committee to review applicants' credentials and make a recommendation to the Dean of Paul L. Foster School of Medicine (PLFSOM) whether to approve or deny requested appointment to the Professional Staff and Ambulatory Clinics clinical privileges.

The referenced document supersedes this policy in case of potential discrepancy.

### **Definition:**

The term credentialing refers to the systematic process of screening and evaluating qualification and other credentials, including licensure, registration, certification, required education, relevant training and experience and current competence.

### **Procedure:**

Reference: TTUHSCEP PLFSOM Professional Staff Bylaws, Article XI, Section C, F.

1. Appointment of members: the members of the credentials committee shall be appointed by the Dean upon recommendation of the Chairperson, the Associate Dean for Clinical Affairs or designee;
2. Reporting: The credentials committee shall report to the Dean of Paul L. Foster School of Medicine (PLFSOM)
3. Chairperson: The credentials committee shall be chaired by the Associate Dean for Clinical Affairs or designee.
4. Composition: The Credentials Committee shall be a standing committee and shall consist of at least six (6) members of the Professional Staff appointed to provide for broad representation of the clinical specialties of the Professional Staff.
5. Duties: The duties of the Credentials Committee shall be to:
  - a. Review and evaluate each Practitioner's qualifications who meet or do not meet the organization's criteria for Professional Staff appointment, reappointment, and/or clinical privilege

- b. Make recommendations to the Dean of Paul L. Foster School of Medicine (PLFSOM) regarding acceptance, rejection, modification or other action
- c. Review forms and policies and procedures for the credentialing process to ensure that the mechanism for credentialing Practitioners is nondiscriminatory, applied consistently, and in compliance with these Bylaws
- d. Interview applicants, conduct further investigation, and/or request additional information from applicants as determined by the Committee
- e. Review proposed criteria for clinical privileges to ensure one level of care in the Ambulatory Clinics and serve as an impartial body to resolve interdisciplinary credentialing issues
- f. Maintain a permanent record of its proceedings and actions through documented minutes. Minutes shall include the meeting date and attendance, discussion of individual practitioners who did/did not meet criteria for appointment or reappointment, documentation of decisions regarding practitioners, as well as other business discussed. In order to protect the integrity of information used in the credentialing process, and prevent inappropriate documentation or updates, minutes will be hand-signed and dated by the Credentials Committee Chair. Minutes will then be saved electronically in a PDF format and original minutes will be filed and kept in a locked cabinet.

The Credentials Committee shall meet monthly or as deemed necessary by the Chair of the Committee and shall report committee activities, generate and submit minutes reflecting discussion of applicants on whether they meet qualifications for appointment and re-appointment, to the Dean, for review and ratification. The minutes shall be signed and dated by the Credentials Committee Chair.

The Chairperson of the Credentials Committee receives credentialing recommendations from each Department Chair. Note: Fulfill the duties as defined in NCQA Standard CR2: Medical Director Responsibilities: The Organization allows Medical Director or the Chairperson of the Credentials Committee who has overall responsibility for the credentialing process to review clean files (complete with no adverse items).

Policy Number:	<b>CO 1.4</b>	Version Number: <b>1.0</b>
Signatory approval on file by:	<b>Approved:</b>	Adam H. Adler, M.D., Chair, TTUHSCEP PLFSOM Credentials Committee

Revision History		
	Credentials Committee	Dean Approval
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