



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT PHYSICIAN EMPLOYEE CREDENTIALING REVIEW COMMITTEE	POLICY NO. 613.2	EFFECTIVE DATE 09/01/04	PAGE 1 of 7
APPROVED BY:  <div style="text-align: right;">Director</div>	SUPERSEDES	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To outline the structure, composition, and functions of the Credentialing Review Committee (CRC).
- 1.2 To establish the scope, process, responsibility, and authority of the CRC in performing internal Department of Mental Health (DMH) administrative review of prospective physician employees and current physician employees who might otherwise fail to meet DMH credentialing criteria.

DEFINITIONS

- 2.1 Credentialing: The formal process of collecting and verifying the professional credentials and qualifications of licensed physicians and evaluating them to determine whether the licensed physician meet and/or continue to meet the criteria addressed in DMH Policy 613.1, Sections 5.1 and 7.1.
- 2.2 Credentialing Review Committee: The body authorized by the Director of the Department of Mental Health to determine if current physician employees and prospective physician employees meet DMH credentialing criteria.
- 2.3 Credentialing Verification Organization (CVO): A private entity that conducts a primary source verification to validate the credentials of healthcare professionals.
- 2.4 Credentialing Applicant: Board eligible or Board certified physicians who are licensed by the State of California who are being recredentialled, who are currently non-credentialled DMH employees, or are prospective employees.
 - 2.4.1 Current non-credentialled physician employees: DMH physicians who have not been through the credentialled verification process. They are referred to as physician employees throughout this policy.
 - 2.4.2 Prospective physician employees: Candidates who have been selected from a certification list for possible DMH employment.



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- 2.4.3 Special Circumstances Employees: Physician employees who have been disciplined or received an adverse action since being credentialed by DMH.
- 2.5 Recredentialing: Reverification once every three (3) years that DMH physician employees continue to meet DMH credentialing criteria.
- 2.6 Credentialing Materials: All documents returned by the CVO after the primary source verification has been completed, including the original credentialing application with required documentation, all documents collected through the primary source verification process, and the CVO's summary report of their findings.

POLICY

- 3.1 The Credentialing Review Committee shall review and consider the credentialing applications of all physician employees and all prospective physician employees to determine if they meet DMH credentialing criteria.
- 3.2 The CRC shall consist of the DMH Medical Director who shall also serve as the chair, the four DMH Regional Medical Directors, the DMH Credentialing Coordinator, and a Human Resources Bureau (HRB) representative.
 - 3.2.1 Committee members shall recuse themselves in any matter where they have a potential financial interest, personal relationship, or any other reason that may preclude them from providing a fair and objective review of the credentialing applicant. Being an employee's supervisor does not, of itself, constitute a basis for recusal.
 - 3.2.2 Should a committee member be the subject of an administrative review, the Medical Director shall convene a special committee of qualified persons to serve as the CRC for that specific case.
- 3.3 Responsibilities and Functions of the Credentialing Review Committee
 - 3.3.1 To serve as an advisory panel in the development of standards for the credentialing of current physician employees and prospective physician employees.
 - 3.3.2 To serve as an advisory panel in the development of Credentialing Policies and Procedures.
 - 3.3.3 To advise the Medical Director of the committee's recommendations to deny employment of a prospective physician employee or to terminate employment of a physician employee.



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3.4 The purpose of the CRC, through an internal administrative review process, is to assist the Medical Director in reaching a final determination as to whether credentialing applicants meet DMH criteria. The CRC shall ensure that all available credentialing materials are included in the review. At the end of their review, the members of the CRC shall present their recommendations to the Medical Director. The CRC recommendation may include:

3.4.1 Approve employment;

3.4.2 Deny employment if specific standards are not met within a set time frame; or

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3.4.3 Deny employment.

3.5 Special Circumstances physician employees shall be referred to the CRC under the following circumstances:

3.5.1 A disciplinary action concerning a DMH physician is brought before the professional licensing board.

3.5.2 The professional licensing board enforces a disciplinary action against a DMH physician.

3.5.3 A malpractice claim is brought against a DMH physician that reflects on the quality of care or ability to perform his/her professional duties.

3.5.4 A DMH physician becomes the recipient of an adverse action by Medi-Cal, Medicare, or any other public agency.

3.5.5 A DMH physician becomes the recipient of an adverse action by a specialty board or professional organization.

3.5.6 Felony criminal charges are filed against a DMH physician that raise concern about the quality of care or ability to perform his/her professional duties.

3.5.7 A DMH physician has developed a physical or mental impairment that renders him/her unable, with reasonable accommodations, to provide professional services within his/her area of practice without posing a direct threat to the health and safety of others.

3.5.8 Physician employees who present special issues or are responsible for adverse events that require further consideration.

3.6 Physician employees for whom the Medical Director has found an adverse preliminary determination have the right to request a reconsideration of the decision before it becomes final.



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- 3.6.1 The reconsideration shall include the opportunity for the physician employee to make a personal appearance before the CRC and the right to bring a representative. The request must be in writing and submitted to the Medical Director within fifteen (15) days of the preliminary determination.
- 3.6.2 The CRC shall review any additional information provided by the physician employee and will either sustain their original recommendation or submit a revised recommendation to the Medical Director.
- 3.6.3 The Medical Director shall review the CRC's findings and make the final determination as to whether the employee's application material meets DMH credentialing criteria. The decision of the Medical Director shall be final.

PROCEDURE

4.1 Credentialing Review Committee Meetings

- 4.1.1 The credentialing Review Committee shall meet as needed, but not less than four times in every calendar year.
- 4.1.2 Except under conditions described in 3.6.1, all CRC meetings shall be attended only by committee members and are not open to the public or to current or prospective employees.
- 4.1.3 Two weeks prior to each meeting, the Credentialing Coordinator shall notify committee members of the scheduled meeting.
- 4.1.4 Prior to each meeting, the Credentialing Coordinator shall prepare a meeting agenda. The agenda shall include:
 - 4.1.4.1 Receipt and review of CVO reports.
 - 4.1.4.2 Approved credentialing applications.
 - 4.1.4.3 Review and discussion of credentialing applications with adverse CVO determination.
 - 4.1.4.4 Develop recommendations addressing credentialing applications with adverse determinations.



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4.1.5 The Credentialing Coordinator shall prepare and present all credentialing materials, including the credentialing applicant's written response, for consideration by committee members. Prior to each meeting, the credentialing documents scheduled for review shall be distributed to the committee members. The credentialing documents shall be marked **CONFIDENTIAL** and all receiving personnel shall maintain confidentiality.

4.2 Credentialing Review Committee Evaluation of Applications and Credentials

4.2.1 The Credentialing Review Committee shall review all credentialing materials and any written response by the credentialing applicant.

4.2.2 The Credentialing Review Committee may request additional information from the credentialing applicant and pertinent individuals or organizations that may assist the Committee in the evaluation process.

4.2.3 Upon completion of the review, the committee shall make a recommendation to the Medical Director.

4.2.4 At the end of the credentialing process, all credentialing materials shall be stored with the HRB Custodian of Records.

4.3 The Credentialing Coordinator shall prepare committee minutes.

4.3.1 The minutes shall reflect the discussion of all relevant issues presented and the consideration of all credentialing materials, including the credentialing applicant's written response. The minutes shall also include the committee's recommendation to the Medical Director for each credentialing applicant.

4.3.2 The committee minutes shall be marked **CONFIDENTIAL**.

4.3.3 The Credentialing Coordinator shall distribute the proposed minutes of the committee meeting to the committee members for review within five (5) days following the meeting.

4.3.4 Each committee member shall approve or offer corrections on the minutes and return them to the Credentialing Coordinator within two (2) days of receipt. Proposed changes shall be circulated for approval.

4.3.5 Approved committee minutes shall be submitted to the Office of the Medical Director.



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5.1 Notification of Credentialing Applications

5.1.1 The Medical Director shall notify the physician employees or prospective employees and the HRB of the determination.

5.1.1.1 Successful candidates will be notified in writing that they meet DMH credentialing criteria. HRB will be notified, by copy of the written notice, of the date of credentialing, thereby establishing a recredential date (three (3) years after credentialing/recredentialing).

5.1.1.2 Should there be an adverse preliminary determination against a current physician employee, the Medical Director will notify him/her of the criteria that were not met and of his/her right to request a reconsideration.

5.1.1.2.1 If a reconsideration is not requested within fifteen (15) days, the determination becomes final, and HRB shall perform an employment review in accordance with DMH Policy 605.1, as well as other personnel policies and procedures that may apply.

5.1.1.2.2 If a reconsideration is requested, the Medical Director shall notify the physician employee of the final determination. Should there be an adverse final determination, HRB shall perform an employment review in accordance with DMH Policy 605.1 as well as other personnel policies and procedures that may apply.

5.1.2 Should there be an adverse determination against a prospective physician employee, HRB shall not proceed with the hiring process.

6.1 Confidentiality

6.1.1 The Credentialing Review Committee shall maintain the confidentiality of all physician credentialing and recredentialing information during and after the process.

AUTHORITY

DMH Policy 613.1 – Credentialing/Recredentialing of DMH Physician Employees
DMH Policy 605.1 – Discipline



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REVIEW DATE

This policy shall be reviewed on or before September 2009.