



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
<b>Policy Title</b>	Physician Advisory Committee (Credentialing)	<b>Policy #</b>	23.17-P
<b>Policy Owner</b>	Contracting/Quality Performance	<b>Original Effective Date</b>	10/03/2024
<b>Revision Effective Date</b>		<b>Approval Date</b>	10/03/2024
<b>Line of Business</b>	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare		

## I. PURPOSE

The PAC uses a peer-review process for making credentialing decisions for its contracted practitioners and providers for initial credentialing and recredentialing against the credentialing standards identified in the Credentialing Program Policy and Procedure 23.05-P. The PAC is chaired by the Chief Medical Officer or designated Medical Director, who provides oversight for the credentialing program. The PAC includes a range of participating practitioners and additional members of the KHS administrative team. Specialists are consulted or invited on an ad hoc basis when necessary and appropriate. The Board of Directors is notified of all determinations. Committee members are free from personal credentialing conflicts. If such conflicts arise throughout the course of credentialing or recredentialing, such member will be excused from the committee.

The Quality Performance Committee (QPC) will collaborate with the PAC committee to provide input and overall direction for the continuous improvement process and monitors activities in adherence with state regulations, which are consistent with KHS strategic goals and priorities. The QPC is responsible for oversight of performance with MCAS, Site Review related activities, and overall, KHS quality performance.

## II. POLICY

Kern Health Systems (KHS) designates the Physician Advisory Committee (PAC) as the Credentialing Committee which is responsible for the following but not limited to: evaluating the credentials of all current and prospective practitioners and providers in a non-discriminatory manner; responsible for the oversight of the credentialing program; delegated credentialing oversight; conducting performance monitoring from quality improvement activities and member complaints in the recredentialing decision making process; having the final authority to approve or disapprove applicants for initial and recredentialing; and recommending corrective or disciplinary action concerning network participation in the KHS Provider Network.

## III. DEFINITIONS

TERMS	DEFINITIONS
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N/A	
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#### **IV. PROCEDURES**

##### **A. DESCRIPTION AND COMPOSITION:**

1. The KHS PAC is comprised of the following voting membership:
  - a. KHS Chief Medical Office (Chairperson) or designee KHS Medical Director to chair meetings in his/her absence.
  - b. Two (2) General/Family Medicine Practitioners
  - c. One (1) Internal Medicine Practitioner
  - d. One (1) Pediatric Practitioner
  - e. One (1) OB/GYN Specialist
  - f. One (1) Non-Invasive Specialist
  - g. One (1) Invasive Specialist
  - h. One (1) Practitioner at Large
  - i. Ex-Officio Non-Voting Members: KHS Medical Director(s) and KHS Administrative Staff

##### **B. AUTHORITY**

1. The PAC is responsible for coordinating the credentialing process for the KHS Provider Network to assure support of the organization's mutual goals to improve the quality of care rendered by the contracted and credentialed practitioners ensuring all appointees meet the educational, training, and appropriate licensure defined by the KHS Policy and Procedures:
  - a. Developing and maintaining the Credentialing Program and Credentialing Policy and procedures.
  - b. Reviewing the credentials for practitioner and providers who do not meet established thresholds.
  - c. Gives thoughtful consideration of the credentialing information in a non-discriminatory manner.
  - d. Provides oversight of the Delegated Credentialing Entities to ensure compliance with their credentialing program, reporting and delegated responsibilities.
  - e. Obtains meaningful advice and expertise from participating practitioners when it makes credentialing decisions in accordance with National Committee for Quality Assurance (NCQA) Guidelines.
  - f. Ensures files that meet established criteria are reviewed and approved by the KHS Chief Medical Officer, or Medical Director designee in his/her absence.
  - g. Ensures that all practitioners who may be limited in their participation of denied full participation are afforded their appeal rights as applicable.
  - h. Conducts ongoing monitoring of those practitioners with adverse event or disciplinary actions where PAC has imposed monthly monitoring status to ensure compliance with any corrective actions, including but not limited to actions imposed by a state licensing agency.
  - i. Uses the PAC decision date, or Chief Medical Officer signature date for clean files, to assess timeliness in the file review elements.

- j. KHS does not permit practitioners or providers to render care to its members before they are credentialed, unless otherwise approved through provisional credentialing or Locum Tenens approval.
- k. The QPC assures QP activities are compliant with state and federal requirements, identifies actions and opportunities to address gaps in care, and site review related updates, trends, and barriers.

### **C. MEETING FREQUENCY & MINUTES:**

- 1. The PAC and QPC shall meet at least ten (10) times per year.
- 2. The committee's meetings and decisions may take place in form of real-time, virtual meetings (e.g., through video conferencing or web conferencing with audio). Meetings may not be conducted through only email.
- 3. Voting cannot occur unless there is a quorum of voting members present.
- 4. Minutes are recorded at each meeting by the KHS Executive Health Service Coordinator, with review by the Credentialing Manager and PAC Chairperson.
  - a. The committee's discussion must be documented within the meeting minutes. The credentialing decision date is used to determine the timeliness requirements for credentialing.
  - b. Minutes include all activities addressed on the PAC Agenda including but not limited to credentialing and recredentialing decisions, delegated credentialing monitoring and oversight, review of performance monitoring from quality improvement activities and member complaints in the recredentialing process, peer-review related activities to address quality of care issues, providing recommendations for provider disciplinary or corrective actions, developing clinical practice guidelines for acute, chronic, behavioral health or preventative clinical activities, and review of new or existing technologies for consideration as KHS benefits.
  - c. Minutes are dated and signed by the PAC Chairperson. Minutes shall reflect the responsible person assigned for follow-up actions and closure of unfinished business.
  - d. Minutes are stored in a confidential and secure location with access only to authorized staff.
  - e. Minutes summaries, credentialing and recredentialing reports with sensitive or confidential peer review related information are redacted, to ensure protection and maintaining confidentiality, when submitting to KHS Quality Improvement Committee and/or to the Board of Directors.

### **D. MEDICAL DIRECTOR RESPONSIBILITIES:**

- 1. The Chief Medical Officer (or Medical Director Designee) has overall responsibility and participation in the credentialing program, credentialing process, credentialing policy and procedures, and is designated to review and approve practitioner and provider initial and recredentialing clean files.
  - a. Evidence of the Chief Medical Officer's, or Medical Director designee's, review will be present on a list or file of the practitioner and providers approved for network participation.

- b. The Chief Medical Officer, or Medical Director designee, reviews, analyzes and recommends changes to the KHS Credentialing Program policies and procedures on an annual basis or as deemed necessary.

## V. ATTACHMENTS

N/A

## VI. REFERENCES

Reference Type	Specific Reference
Regulatory	NCQA Credentialing Standards 2023 – CR.2 Credentialing Committee
Regulatory	CR2.A-2 & 3
Choose an item.	

## VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	8/2024	Effective 8/2024, the policy was transferred to the QP Department. A new policy number was assigned.	A.H Compliance
Effective		New P&P designating Physician Advisory Committee (PAC) as the Credentialing Committee outlining the committee responsibilities; evaluate the credentials of all practitioners in a non-discriminatory manner; responsible for the oversight of the credentialing program.	PNM
Revised			

## VIII. APPROVALS

Committees   Board (if applicable)	Date Reviewed	Date Approved
Physician Advisory Committee (PAC)	02/07/2024	02/07/2024
Board of Directors (BOD)	4/18/2024	4/18/2024
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
*Signatures are kept on file for reference but will not be on the published copy		



## Policy and Procedure Review

**KHS Policy & Procedure:** 23.17-P Physician Advisory Committee (Credentialing)

**Previous implemented version:** N/A

**Reason for creation:** New P&P - Designating Physician Advisory Committee (PAC) as the Credentialing Committee outlining the committee responsibilities; evaluate the credentials of all practitioners in a non-discriminatory manner; responsible for the oversight of the credentialing program.

Director Approval		
Title	Signature	Date Approved
Jacob Hall		
Senior Director of Quality Performance		

Date posted to public drive: \_\_\_\_\_

Date posted to website ("P" policies only): \_\_\_\_\_