

IDENT:	C&E 3
Type of Document:	Policy
Type of Policy:	Department
Applicability:	All
Owner's Dept:	Credentialing & Enrollment
Title of Owner:	Director
Title of Approving Official:	UVMHN C&E Medical Director
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SUBJECT: Nondiscrimination

PURPOSE: Credentialing and recredentialing decisions based on clinical criteria (as opposed to ones based on business needs) involve the assessment of a practitioner’s qualifications. In all such instances, a practitioner should be afforded a review by peers to ensure that these decisions are made according to appropriate professional standards. The Credentials Committee ensures that practitioners initially meet and continue to meet the University of Vermont Health Network Credentialing & Enrollment (“UVMHN C&E”) Department’s criteria and standards and makes its decisions in a fair and judicious manner.

POLICY STATEMENT: The UVMHN C&E Department shall maintain credentialing and recredentialing processes that include participation by a range of practitioners of different specialties. Decisions based on clinical criteria at initial credentialing and recredentialing shall be made by this multidisciplinary heterogeneous committee. Credentials Committee decisions are not based on an applicants’ race, ethnic or national identity, gender, age, sexual orientation, or on the type of procedure or patient in which the practitioner specializes. The UVMHN C&E Department shall maintain processes to monitor for discrimination.

PROCEDURE:

1. The UVMHN C&E Department ensures that Credentials Committee decisions are confidential and are not based on an applicants’ race, ethnic or national identity, gender, age, sexual orientation, or on the type of procedure or patient in which the practitioner specializes by several methods.
 - 1.1. The Credentials Committee is heterogeneous and multidisciplinary with a range of participating practitioners as members.
 - 1.2. Each Credentials Committee member signs a statement annually affirming that his or her credentialing or recredentialing decisions are confidential and are not based on an applicants’ race, ethnic or national identity, gender, age, sexual orientation, or on the type of procedure or patient in which the practitioner specializes.
 - 1.2.1. A statement is included at the bottom of the Credentials Committee meeting agenda and in the footer of the Credentials Committee meeting minutes to remind each Credentials Committee member of their responsibilities.
 - 1.2.2. A copy of the Credentials Committee Confidentiality, Conflict of Interest and Nondiscrimination Agreement is attached.
2. On a monthly basis the Supervisor of Payor Services or Enrollment Specialist calculates or generates a report including, but not limited to:
 - 2.1. The total number of practitioners who have been initially approved for credentialing or recredentialled.
 - 2.2. The total number of practitioners who have been denied initial credentialing or recredentialing.

- 2.3. The percentage of male and female practitioners.
 - 2.4. The percentage of male and female Medical Doctors.
 - 2.5. The percentage of practitioners born in and born outside of the USA.
 - 2.6. The average age of all practitioners.
 - 2.7. The total number of complaints received from practitioners alleging discrimination.
 - 2.8. The total number of appeals received from practitioners alleging discrimination.
 - 2.9. A separate list of practitioners who have voluntarily or involuntarily been removed from participation including name, degree, specialty, termination date, termination reason, and name of the group to which the practitioner belonged.
3. A template copy of the report is attached.
 4. The Credentials Committee:
 - 4.1. Reviews the monthly reports for instances of discrimination and to ensure nondiscriminatory decision-making.
 - 4.2. Takes actions as appropriate on the report findings and analysis and to a practitioner complaint or appeal alleging discrimination.

MONITORING PLAN: Policy will be monitored in accordance with Policy C&E 6 Ongoing Monitoring.

DEFINITIONS:

“Credentials Committee” means a committee appointed by the UVMHN C&E Board of Directors and chaired by the UVMHN C&E Medical Director to credential and recredential practitioners.

“Medical Director” means the UVMHN C&E Medical Director appointed by the UVMHN C&E Board of Directors to be the chairperson to the UVMHN C&E Credentials Committee and to be responsible for the decisions of the Credentials Committee.

“Member” means a patient that has health care insurance with a Payor.

“Payor” means an insurance company that has entered into an agreement with a UVMHN Health Care Partner to provide health care services to Members.

“Practitioner” means the UVMHN Health Care Partners employed practitioners, including but not limited to, physicians, oral surgeons, podiatrists, nurse practitioners, physician assistants, psychologists, social workers, other masters’ level clinicians, and all other health care practitioners.

“The University of Vermont Health Network’s Health Care Partners” (“UVMHN Health Care Partners”) means The University of Vermont Medical Center, Central Vermont Medical Center, Porter Medical Center, Champlain Valley Physicians Hospital, Elizabethtown Community Hospital, Alice Hyde Medical Center and any other entity to join UVMHN as a Health Care Partner.

RELATED POLICIES:

C&E 1 Credentials Plan
C&E 10 Credentialing & Recredentialing Processes

REFERENCES: National Committee on Quality Assurance
Vermont Rule H-2009-03

Nondiscrimination Report
Credentials Committee Confidentiality, Conflict of Interest and Nondiscrimination
Agreement

Date Reviewed/ Revised/Approved:	Restated/Reformatted from Credentials Plan approved: 2/13/2012, 11/26/2012, 4/19/2013, 10/3/2013, 8/1/2014, 2/20/2015, 7/19/2015, 6/20/2016, 01/20/2017, 03/16/2018, 01/18/2019, 02/21/2020, 02/19/2021, 01/21/2022, 02/17/2023
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REVIEWERS: Michael D’Amico., Medical Director
Holly Turner, Director Credentialing and Enrollment

OWNER'S NAME: Holly Turner, CPCS, CPMSM, Director Credentialing and Enrollment

APPROVING OFFICIAL'S NAME: Michael D’Amico, M.D., Medical Director

Nondiscrimination report for the period _____ through _____

Total number of credentialed providers	
Average age of total credentialed providers	
% of Male providers of total credentialed providers	%
% of Female providers of total credentialed providers	%
Total # of new providers credentialed in (Year)	
# of new providers credentialed and approved in (Year)	
# of new providers credentialed and denied in (Year)	%
New providers credentialed in (Year) = what % of total credentialed providers	%
Total # of providers re-credentialed in (Year)	
# of re-credentialed providers approved in (Year)	
# of re-credentialed providers denied in (Year)	
Re-credentialed providers in (Year) = what % of total credentialed providers	%
# of discrimination complaints received in (Year) for all credentialed providers	
% of discrimination complaints received in (Year) is what % of total credentialed providers	%
% of providers where place of birth is in the USA	%
% of providers where place of birth is outside the USA	%
Male Network (Credentialed)	
Average Age	
% 56 and over	%
% 55 and under	%
Female Network (Credentialed)	
Average Age	

Credentialing and Enrollment Department
Policy C&E 3: Nondiscrimination

% 56 and over

%

% 55 and under

%

MD Breakdown

% of MD's of total credentialed providers

%

% Female MD credentialed providers

%

% Male MD credentialed providers

%

**The University of Vermont Health Network Credentialing & Enrollment, Inc.
Credentials Committee Confidentiality and Conflict of Interest Agreement**

The undersigned member of the University of Vermont Health Network Credentialing & Enrollment, Inc. (UVMHN C&E) Credentials Committee understands that he/she will be exposed to confidential information while a member of UVMHN C&E Credentials Committee. Such information may include, but is not limited to, practitioner credentialing and recredentialing information, financial data, enrollment and claims information, member medical records, data processing techniques and procedures (including techniques and passwords to access computer databases).

The undersigned agrees never to reveal, disclose or divulge, directly or indirectly, for any purpose, to any unauthorized person any confidential information acquired through the activities of the Credentials Committee during and after the term of his/her membership on the Credentials Committee without the prior authorization of UVMHN C&E. The undersigned also agrees to fully disclose any conflict of interest or potential conflicts of interest that may arise during Credentials Committee membership. The undersigned further agrees to recuse themselves from all voting and participation in any Credentials Committee discussions surrounding an issue in which they have a conflict of interest or potential conflicts of interest.

The undersigned agrees to maintain all UVMHN C&E documents and Credentials Committee information in a safe and secure place to prevent unauthorized access. Following the Credentials Committee meetings, the undersigned agrees to shred and/or otherwise destroy all confidential documents which are not required by the Credentials Committee or otherwise by UVMHN C&E to be maintained. Furthermore, at the end of his/her Credentials Committee appointment, the undersigned agrees to return to UVMHN C&E all papers, notes, memoranda, and other materials containing or disclosing any confidential or proprietary credentialing, technical or business information of UVMHN C&E or any third party.

The undersigned understands and agrees that revealing confidential information to a unauthorized person is cause to seek injunctive relief and such other legal and/or equitable remedies as may be available during or subsequent to the undersigned's relationship with UVMHN C&E.

The undersigned will not discriminate against any provider or facility in its decision making process to appoint, reappoint, or deny participation in the UVMHN Provider Network on the basis of any of the following: race, age, sex, religion, marital status, sexual orientation, color, national origin, or economic impact of associated health care services.

The undersigned hereby acknowledges that he/she has thoroughly read, understands, agrees, and has received a copy of this agreement.

Signature

Witness Signature

Print Name

Print Name

Date

Date