

Title:	Non-Discriminatory Credentialing and Re-credentialing					
Department/Line of Business:	Provider Network Operations / All Lines of Business					
Approver(s):	SWHP/ICSW Credentials Committee					
Location/Region/Division:	SWHP					
Document Number:	SWHP.PNO.010.P					
Effective Date:	11/13/2018	Last Review/ Revision Date:	11/13/2018	Origination Date:	06/14/2005	

## **LINE OF BUSINESS**

This document applies to the following line(s) of business: All Lines of Business

#### **DEFINITIONS**

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

None.

### POLICY

Scott & White Health Plan (SWHP)/Insurance Company of Scott & White (ICSW) does not make credentialing and re-credentialing decisions based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation, or the types of procedures (e.g., abortions) or patients in which the practitioner specializes. SWHP/ICSW will not discriminate, in terms of participation, reimbursement, or indemnification, against any healthcare professional who is acting within the scope of their license or certification under state law, solely on the basis of the license or certification. If SWHP/ICSW declines to add a provider or group of providers in its network, SWHP/ICSW will furnish written notification to the affected provider(s) with the reason for the decision.

#### **PROCEDURE**

# **Monitoring**

On an ongoing basis, the SWHP/ICSW Dispute Resolution Department monitors provider complaints and report them to the Chief Medical Officer who then determines if there are practitioner complaints alleging discrimination. Monthly, the complaint report is a SWHP/ICSW Credentials Committee agenda topic.

# **Credentialing Committee Statement**

Members of the SWHP/ICSW Credentials Committee are required to sign the attached Non-Discriminatory Statement (SWHP.PNO.010.A1) attesting that decisions will be made in a non-discriminatory manner.

## **ATTACHMENTS**

SWHP/ICSW Non-Discriminatory Statement (SWHP.PNO.010.A1)

## RELATED DOCUMENTS

Non-Discriminatory Credentialing and Re-credentialing (SWHP.PNO.010.P)

## **REFERENCES**

National Committee for Quality Assurance (NCQA): CR 1 Standard
Texas Administrative Code, Title 28 Insurance, Part 1, Chapter 11 Health Maintenance Organization Centers for
Medicare & Medicaid Services (CMS) – Medicare Managed Care Manual, Chapter 6, Section 50 42 CFR 422.205 –
Provider Antidiscrimination Rules

The information contained in this policy is confidential and proprietary and may not be shared without the express permission of the Scott & White Health Plan. Further, the information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.

Attachment Name:	SWHP/ICSW Non-Discriminatory Statement			
Attachment Number:	SWHP.PNO.010.A1	Last Review/Revision Date:	11/13/2018	

# SCOTT & WHITE HEALTH PLAN and INSURANCE COMPANY OF SCOTT & WHITE CREDENTIALS COMMITTEE NON-DISCRIMINATORY STATEMENT

As a member of the Scott & White Health Plan (SWHP)/Insurance Company of Scott & White Credentials Committee, I agree to make credentialing/re-credentialing decisions in a non-discriminatory manner. The decisions that I make will not be based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation, or the types of procedures (e.g., abortions) in which the practitioner specializes. I will not discriminate, in terms of participation, reimbursement, or indemnification, against any healthcare professional who is acting within the scope of their license or certification under state law, solely on the basis of the license or certification.

Date	

**Printed Name**