



<b>Title:</b>	Confidentiality of Credentialing Files				
<b>Department/Line of Business:</b>	Provider Network Operations / All Lines of Business				
<b>Approver(s):</b>	SWHP/ICSW Credentials Committee				
<b>Location/Region/Division:</b>	SWHP				
<b>Document Number:</b>	SWHP.PNO.009.P				
<b>Effective Date:</b>	04/14/2021	<b>Last Review/ Revision Date:</b>	04/14/2021	<b>Origination Date:</b>	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

Confidentiality of credentialing/re-credentialing data/information gathered and/or documented by Scott & White Health Plan (SWHP)/Insurance Company of Scott & White (ICSW) or a credentialing delegate is maintained in accordance with federal and state regulations. SWHP/ICSW practitioner credentialing files is maintained by the credentialing delegate and/or SWHP/ICSW in a secure environment with strict controlled access.

## PROCEDURE

### Access to Credentialing Files

#### **SWHP/ICSW or Delegate Access**

SWHP/ICSW Credentials Committee members have access to credentialing files for official Credentials Committee business. Each member commits to maintaining confidentiality as described in the attached SWHP/ICSW Credentials Committee Confidentiality Statement (SWHP.PNO.009.A1).

Credentialing delegates have access to the credentialing information/files of the SWHP/ICSW practitioners as stated in each respective delegation agreement.

#### **Practitioner Access**

The individual practitioner has the right to review or copy any documents they submitted (e.g., initial application, application for credentialing/re-credentialing, delineation of privileges, or correspondence written by practitioner or which was addressed to or copied to practitioner).

#### **Security**

The SWHP/ICSW credentialing files are in locked cabinets except during such times as credentialing personnel are physically present and able to monitor access.

The SWHP/ICSW providers' credentialing files and documents contained within are the property of SWHP/ICSW and may not be removed from the credentialing delegate or SWHP/ICSW office other than for peer review and regulatory/accrediting surveys. Any request received for information from outside agencies, by subpoena or by any person other than those noted above, is referred to a Medical Director or Executive Director of SWHP/ICSW.

Any electronic transmitted information is password protected.

Electronic credentialing files are on a secure SWHP/ICSW network drive that is only accessible to SWHP/ICSW credentialing staff.

## ATTACHMENTS

SWHP/ICSW Credentials Committee Confidentiality Statement (SWHP.PNO.009.A1)

## RELATED DOCUMENTS

None.

## REFERENCES

National Committee for Quality Assurance (NCQA): CR 1 Standard  
Texas Administrative Code, Title 28 Insurance, Part 1, Chapter 11 Health Maintenance Organization

The information contained in this policy is confidential and proprietary and may not be shared without the express permission of the Scott and 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.

<b>Attachment Name:</b>	SWHP/ICSW Credentials Committee Confidentiality Statement		
<b>Attachment Number:</b>	SWHP.PNO.009.A1	<b>Last Review/Revision Date:</b>	02/24/2021

**Scott & White Health Plan and Insurance Company of Scott & White**

**CREDENTIALS COMMITTEE**

**Confidentiality Statement**

As a member of the Scott & White Health Plan (SWHP)/Insurance Company of Scott & White (ICSW) Credentials Committee, I agree to hold confidential information: (1) that could be used to specifically identify any patient; (2) that could be used to identify any healthcare provider with regard to any information pertaining to the qualifications of or fitness of that provider to practice his or her profession; (3) that contains any sensitive information about the business operations of the SWHP/ICSW. I will use such information only for the official business of the Credentials Committee, and I will not reveal any such information except as required by applicable law. To maintain this confidentiality, when I have possession of such documentation, I will keep the documentation in a secure and locked place.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name