

EXAMPLE 1

## ANYTOWN COMMUNITY HEALTH CENTER

### Human Resources Policy and Procedure

Date Approved: \_\_\_\_\_  
Date Reviewed: - - - - -  
Date Revised: - - - - -

**TITLE:**           **Credentialing and Privileging Policy for Licensed Independent Practitioners**

**PURPOSE:**       **The purpose of this policy is to assure that the patients of the Anytown Community Health Center are receiving care from individuals who reflect the highest levels of qualifications and competencies in their respective professional disciplines.**

**PROCEDURE:**

**A. Definitions**

1. Credentials are documented evidence of licensure, education, training, experience, or other qualifications. Credentials review is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner to provide patient care services in or for a health care organization.
2. Privileging is the process whereby the specific scope and content of patient care services (that is, clinical privileges) are authorized for a health care provider by a health care organization based on evaluation of the individual's credentials and performance.

**B. Responsibility**

It is the ultimate responsibility of the ACHC Board of Directors to appoint and re-appoint appropriately licensed and qualified individuals to the medical and mental health staff, and to grant such individuals specific clinical privileges. Such appointments and re-appointments will be made upon the recommendation of the ACHC Patient Care Assessment Committee, which reports to the Board of Directors.

The Patient Care Assessment Committee members will be:

- Executive Director
- Medical Director
- Continuous Quality Improvement (CQI) representative - Nurse Manager
- Staff physician (from a different discipline than the Medical Director)
- Board Members

The Committee may seek the advice of other clinicians from the health center or the community as needed.

**C. Frequency and Duration**

The duration of any appointment to the medical and mental health staff and the specific clinical privileges granted will not exceed two calendar years. When temporary appointments and privileges are conferred while waiting for the receipt of verification of the appropriate documentation, the duration of such appointments shall not exceed three months.

## Part II. Credentialing

### A. Application

Applicants will complete the ACHC Medical Staff Application. In particular, the applicant will provide the following information:

- Whether the applicant's membership status and/or clinical privileges have ever been or are in the process of being denied, revoked, suspended, reduced or not renewed at any other health care facility\_
- Whether the applicant's membership in any local, state or national medical societies, or his/her license to practice any profession in any jurisdiction, has ever been or is in the process of being denied, revoked, suspended, terminated or not renewed.
- Whether the applicant's federal DEA registration or state controlled substances registration has ever been or is in the process of being denied, revoked, suspended, terminated or not renewed.
- The applicant's malpractice history.
- The names and addresses of all health care facilities with which the applicant has been employed, or associated with for the purposes of patient care, or privileged, or has practiced in and, if applicable, the reasons for discontinuance of association at such a facility.
- Whether the applicant has been convicted of actions of fraud, abuse, or violation of statutory, regulatory, or contractual requirements governing the provision of professional services or reimbursement of such services.

### B. Criteria:

The decision to appoint or re-appoint an individual to the medical and mental health staff **will be** governed by, but not limited to, the presence of verified documentation of the following core criteria:

#### 1. Current Licensure

Current licensure is verified at the time of employment and initial granting of clinical privileges at **Anytown** General Hospital (AGH). ACHC through AGH, uses the American Medical Association's Physician **Masterfile/Physician** Profile service to **verify** physician credentials. For other providers, or when AMA Masterfile data is unavailable, primary source verification will be accomplished by telephone or with a letter or computer printout from the appropriate state licensing board, including the name of agency, name of person contacted, date and name of caller. At the time of re-appointment and renewal or revision of clinical privileges, current licensure is confirmed with a primary source, or by viewing the applicant's original (not a copy) current license or registration.

#### 2. Relevant Training and Experience

Please refer to Credentialing Information Summary grids. When this policy is implemented, and at initial granting of clinical privileges, the organization verifies relevant training and experience **from** the **primary sources** whenever feasible. ACHC, through AGH, uses the American Medical Association's Physician Masterfile to verify physician training. Board certification in medical specialties is confirmed by the listing in the AMA **Masterfile**

In cases where an individual is not credentialed through AGH, ACHC will query as a **primary source verification**, the National Practitioner Data Bank at the time of initial appointment and recredentialing process.

### 3. **Current Competence/Reference Letters**

Competence means the knowledge, skills, ability, and behaviors that a person possesses in order to perform a task correctly and skillfully, as verified through performance appraisal activities. Board certification or admissibility alone cannot determine current competence at the time of appointment and initial granting of clinical privileges. Instead, it is verified in writing by individuals personally acquainted with the applicant's professional and clinical performance either in teaching facilities or in other organizations.

Reference letters (three required) **from** authoritative sources provide the organization with information directly **from** the primary source. Such letters contain informed opinions about the applicant's scope and level of performance.

At the time of re-appointment, current competence is determined by the results of performance improvement activities, peer recommendations and the individual's professional performance, clinical judgment and technical skills and at the judgement of the Medical Director. A copy of the applicant's most recent application to the Board of Registration in Medicine is required.

### 4. **Time Periods for Processing**

All individuals and groups required to act on an application for Staff appointment must do so in a timely and good faith manner (60-90 days).

The time periods are to be deemed guidelines and not directives, such as to create any rights for a practitioner to have an application processed within these time **frames**.

## Credentialing Information Summary

### 1. Physician, Consultant Physician

	Initial Appointment	Recredentialing
Current License	<b>PSV</b>	<b>PSV</b>
Medical School	<b>PSV</b>	
Residency	<b>PSV</b>	
Specialty Training (if any)	<b>PSV</b>	
Board Certification	<b>PSV</b>	
Current Competence	<b>PSV</b>	Y
National Practitioner Data Bank	<b>PSV</b>	<b>PSV</b>
AMA Physician profile	<b>PSV</b>	Y
ACHC Application for Privileges	Y	Y
Statement & Verification of Fitness	Y	Y
Mass. Controlled Substances Registration	Y	Y
DEA Controlled Substance Registration	Y	Y
Current Mass. Physician Registration Application	Y	Y

PSV: Primary **Source** Verification      Y: Yes

2. Nurse Practitioner, Physician Assistant,  
Psychiatric Nurse Clinical Specialist (RNCS)

	<b>Initial Appointment</b>	<b>Recredentialing</b>
Current License	<b>PSV</b>	<b>PSV</b>
Professional School	<b>PSV</b>	
Specialty Training (if any)	<b>PSV</b>	
Current Competence	<b>PSV</b>	<b>Y</b>
National <b>Practitioner</b> Data Bank	<b>PSV</b>	<b>PSV</b>
ACHC Application fix Privileges	Y	Y
Statement & Verification of <b>Fitness</b>	Y	Y
Mass. Controlled Substances Registration	Y	Y
DEA Controlled Substance Registration	Y	Y
Current Mass. License/Registration Application	Y	Y
PA: NCCPA Certification	Y	Y
NP, RNCS: ANCC, NCC, or <b>NAPNAP</b> Certification	Y	Y
CNM: <b>ACNM/ACC</b> Certification	Y	Y

**PSV: Primary Source Verification      Y: Yes**

3. LICSW, Licensed Mental Health Counselor

	<b>Initial Appointment</b>	<b>Recredentialing</b>
Current License	<b>PSV</b>	<b>PSV</b>
Graduate Degree in Counseling, <b>e.g. MSW, M.Ed.</b>	<b>PSV</b>	
Specialty Training (if any)	<b>PSV</b>	
Current Competence	<b>PSV</b>	<b>Y</b>
National Practitioner Data Bank	<b>PSV</b>	<b>PSV</b>
ACHC Application for Privileges	Y	Y
Statement & Verification of Fitness	Y	Y

**PSV: Primary Source Verification      Y: Yes**

## **Part III. Privileging**

### **A. Principles**

All Licensed Independent Clinical Social Workers (LICSW), Licensed Mental Health Counselors (LMHC), Nurse Practitioners, Physician Assistants, Physicians, and Psychiatric Nurse Clinical Specialists who participate in patient care must have delineated clinical privileges and may only exercise those privileges granted to the member by the Board of Directors.

The clinical privileges granted to members of the ACHC staff will be specific to the individual and to the site or sites within the organization where patient care is rendered. Privileges will be based not only on the applicant's qualifications but also on a consideration of the procedures ~~and~~ **and type** of care that can be performed within a specific clinical setting. If an applicant's training and experience is in a specific area, corresponding privileges can be granted only if the clinical site has adequate facilities equipment, number and types of qualified support services. Clinical privileges include only those activities, which are relevant to the mission of the health center. In addition, the health center complies with Massachusetts's law and regulation when granting clinical privileges to all providers.

### **B. Process**

Providers will submit Applications for Clinical Privileges at the time of employment and shall reapply at least every 2 years. The ACHC Patient Care Assessment Committee will review the application. The Committee shall forward its findings and recommendations to the Board of Directors for final approval.

A Medical or Mental Health Staff Member may request revision to his/her clinical privileges, including increases and voluntary reductions, at the time of reappointment and at any other time.

Requests for increases to clinical privileges shall be made on a prescribed form, submitted to the Medical Director or Director of Social Work Services. Such requests shall be subject to the same level of review as outlined for initial delineation of clinical privileges. Requests for decrease in clinical privileges shall be accompanied by the practitioner's statement regarding the reason for requesting decrease.

### **C. Criteria for Privileging**

During the initial credentials review and privileging process, basic information about an applicant's qualifications is reviewed. During the process of reappraisal and renewal of clinical privileges, basic information is updated, but the emphasis is on reviewing information about the provider's performance. The four key criteria are:

1. Current Massachusetts Licensure
2. Relevant Training or Experience
3. Current Competence:

The initial granting, renewal or revision of clinical privileges will be based on the individual's demonstrated current competence. Current competence is determined by the Medical Director and, in part, by review of relevant results of performance improvement activities. Specific instances of treatment outcomes and the results of other improvement activities such as peer review monitoring may also be included. An evaluation of the applicant's clinical judgment, technical skill in performing procedures and in patient treatment and management are included in evaluations of

current competence. At the time of renewal of privileges, current competence is determined by the results of performance improvement activities, and the individual's professional performance, clinical judgment and technical skills.

4. **Ability to Perform the Privileges Requested:**

The health center will evaluate the provider's health status in terms of the ability to practice in the area in which he or she is seeking privileges. The applicant will provide a statement that no health problems exist which could affect his or her practice.

**D. Temporary Privileges:**

**Temporary privileges:** Under certain special circumstances, ACHC will grant temporary privileges for a limited period, not to exceed 90 calendar days. The usual reason for the granting of temporary privileges is emergent patient care or medical need. The Patient Care Assessment Committee has the authority to grant temporary privileges pending approval by the Board of Directors.

**Criteria:** When considering granting **temporary privileges**, the health center will attempt to obtain the same information required for **full** credentialing. At a minimum, the following information is required:

ACHC Medical and Mental Health Staff Application

Current Massachusetts license (**Primary Source Verification**)

Current Competence (**Primary Source Verification**)

**F. Types of Privileges**

<p><u>Full Privileges</u> implies that the provider has sufficient training and experience to undertake the specified clinical privilege without supervision or consultation.</p>
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<p><u>Limited Privileges</u> implies that the provider has some experience or training in a requested privilege but some consultation or supervision is still required.</p>
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<p>*Limited privileges may also be granted for the purpose of observing a provider's performance before granting full privileges. In this case, proctoring would occur and the provisional limited privileges would be re-evaluated in not more than 3 months.</p>
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<p><u>No Privilege</u> implies that the provider does not have sufficient experience or training to undertake the requested privilege, unless faced with a life-threatening emergency, or that the provider has not requested the privileges.</p>
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**G. Areas of Privileges:**

Privileges are granted in the following disciplines, and for specific sites of practice (e.g., each clinic site, school-based health practice, other):

Medical:

Newborn (0-3 months)

Pediatrics (3 months – 18 years)

Adolescent Medicine ( 12- 19 years)  
Internal Medicine ( 16+ years)  
Gynecology (12+ years)  
Family Practice (all ages, excluding routine prenatal care)  
Obstetrics (prenatal care for women of childbearing age)

Behavioral Health:

Child  
Adolescent  
Adult

#### **H. Emergency Care:**

In cases of emergency, any member of the medical staff shall be permitted and **assisted** to do everything possible to save the patient's life or to save the patient **from** serious harm, to the degree permitted by his/her license and regardless of staff status or clinical privileges. The Medical Staff member is obligated to summon all available consultative aid deemed necessary. For these purposes an emergency shall be defined as any condition in which serious, permanent harm or aggravation of injury or disease could result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment could add to that danger. All providers are expected to maintain current CPR certification.

#### **Part III. Reappointment/Reprivileging Process**

All providers requesting **reappointment/reprivileging** shall have met all of the credentialing and privileging requirements listed in this policy for their category and shall have met all of the requirements for Board Certification/Certification stipulated in their employment contract. Assignment of such reappointment/clinical privileges shall also be based on documented results of patient care and other quality review and monitoring deemed appropriate as documented by the Medical Director's recommendation of their application.

#### **Discontinuing Appointments and Curtailing Clinical Privileges**

ACHC has a defined process for discontinuing or curtailing clinical privileges. When a report from the PCAC indicates an adverse decision on a provider's reprivileging or an action to discontinue clinical privileges, provider's are afforded an opportunity for a fair hearing and appellate review in accordance with the provisions outlined in the Grievance Policy of the Personnel Policies.

#### **Part IV. Appeals Process**

A. Providers may appeal decisions to discontinue or curtail privileges within 30 days of notification of the decision. Initial appeals must be made in writing to the Patient Care Assessment Committee (PCAC). Providers may request a hearing before the committee. The Committee will schedule a hearing within 21 days of receipt of the appeal, and issue a decision within 7 days of the hearing.

B. If the issue is not resolved at the level of the Patient Care Assessment Committee, the decision may be appealed (within 30 days of notification of the decision) in writing to a special committee comprising the Medical Director, Executive Director, and the Board of Directors. That committee will schedule a hearing within 21 days of receipt of the appeal, and issue a decision within 7 days of the hearing.

C. These timelines may be extended by mutual agreement.

**AUTHOR:** A. Hall, Director of Human Resources

**REVIEW/REVISION DATE:** 8/9/00 \_\_\_\_\_

**RESPONSIBLE PERSON:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_