

Good Samaritan Health & Wellness Center
Policies and Procedures

Subject: Credentialing and Privileging	Policy #: 5.6
Prepared by:	Revision #:
Approved by: Board of Directors	Effective Date: 7/24/2015

5.6 Credentialing and Privileging

POLICY:

Good Samaritan Health & Wellness Center is dedicated to assessing and verifying the credentials of all licensed or certified health care practitioners it employs and who volunteer their services. Credentialing is the process of assessing and confirming the qualifications of a licensed or certified health care practitioner, which includes collecting and verifying information about a practitioner, interpreting the information, and making decisions about the practitioner. Regular verification of the credentials of health care practitioners is required for increased patient safety, reduction of medical errors and the provision of high quality health care services.

Good Samaritan Health & Wellness Center requires that all physicians, nurse practitioners, dentists and other designated licensed or certified health care practitioners be credentialed. The Organization shall assess the credentials of each licensed or certified health care practitioner to determine if they meet the Organization's standards. This policy applies to all Organization practitioners, employed, contracted, volunteers and locum tenens. A licensed or certified health care practitioner is an individual required to be licensed, registered or certified by the state of Georgia. These individuals include, but are not limited to physicians, physician assistants, advanced practice nurse practitioners, dentists, dental hygienists, licensed clinical social workers, registered nurses, and licensed practical nurses.

PROCESS/PROCEDURE:

CREDENTIALING

The credentialing assessment will be done at the time of hire and every 2 years thereafter, in accordance with HRSA Policy Information Notice (PIN) 2001-16 and 2002-22. All renewals will be reviewed by the Chief Executive Officer and the Chief Medical Officer, and approved by the Board of Directors.

There are two categories of licensed practitioners that require different levels of credentialing verification:

1. **Licensed Independent Practitioner (LIP):** "individuals permitted by law and the Organization to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges." At Good Samaritan Health & Wellness Center, these include physicians, dentists, nurse practitioners, physician assistants, and licensed clinical social workers.

2. **Other Licensed or Certified Health Care Practitioner:** “An individual who is licensed, registered or certified but not permitted by law to provide patient care services without direction or supervision.” At Good Samaritan Health & Wellness Center these include registered nurses, licensed practical nurses, certified laboratory technicians and dental hygienists.

Credentialing of Licensed Independent Practitioner

Licensed Independent Practitioners (LIPs) require the following verification:

1. Primary Source Verification is used to determine the accuracy of a qualification reported by the health care practitioner by contacting the original source. This may be done by direct correspondence, telephone verification, internet verification, and reports from the credentials verification organization.

Primary Source Verification shall be obtained for the following:

- Georgia license
- Applicant’s education, training, experience, and training
- Applicant’s registration
- Applicant’s certifications
- Applicant’s current competence
- Applicant’s ability to perform services for which privileges are requested. The applicant’s health fitness or ability to perform can be determined by a statement from the individual that is confirmed either by the director of a training program, chief of staff at a hospital where privileges exist or by a licensed physician designated by Good Samaritan Health & Wellness Center.

2. At least secondary source verification may be obtained for the following:

- Government-issued photo ID
- DEA registration (if applicable)
- Hospital admitting privileges (if applicable)
- Immunization and PPD status
- Life support training (if applicable)

This form of verification includes the original credential, notarized copy of the credential, or a copy of the credential made by a staff member of Good Samaritan Health & Wellness Center.

A credentialing application must be completed, signed, and returned to the CEO by each provider. The application must be complete, legible and accompanied by all requested documents. If the provider is notified that the application is incomplete or illegible, the provider must provide the missing information for the credentialing process to continue. The provider is responsible for providing the information to satisfy the process. It is the responsibility of the provider to resolve any difficulties in verifying or obtaining any of the documentation.

Good Samaritan Health & Wellness Center shall query the National Practitioner Data Bank at least every two years for all Licensed Independent Practitioners.

Practitioners shall receive written notice of the determination of their application.

Credentialing of Other Licensed or Certified Practitioner

Other licensed or certified personnel require the following verification:

Primary source verification is required for the following:

- The applicant's current licensure, registration, or certification

At least secondary source verification is required for the following:

- Education and training
- Government issued picture identification
- Immunization and PPD status
- DEA registration (if applicable)
- Life support training (as appropriate)

Good Samaritan Health & Wellness Center shall query the National Practitioner Data Bank at least every two years for each licensed or certified practitioner.

All other licensed and certified personnel will have verification of her/his license renewal done every two years with review of annual evaluations of performance that assures that the employee is competent to perform the duties in the job description. Personnel shall notify their supervisor or the CEO when any changes are made in credentialing between re-credentialing periods. Any information found to be inconsistent with the applicant's interview, application or resume will be grounds for immediate termination.

PRIVILEGING

Privileging is the process of authorizing the specific scope and content of Licensed Independent Practitioner's care services.

The following process will be followed to ensure timeliness and completeness:

1. The Licensed Independent Practitioner will complete an Application for Clinical Privileges. A privileging form has been developed for each professional service area and lists procedures or functions each provider is authorized to perform. This form is included in the Credentialing Packet and must be turned in with the application for appointment packet.
2. The application will be reviewed by, and require recommendation from both the Chief Medical Officer and the Chief Executive Officer.
3. The application will be presented to the Board of Directors for final credentialing and privileging determination.
4. The practitioner shall receive written notice of the determination of their application.

5. It is the responsibility of the Chief Executive Officer to implement these policies as well as the Medical Director to monitor compliance.
6. A privileging form must be completed by credentialed staff which includes, all medical, dental, behavioral health practitioners and all on-site temporary professionals.
7. All permanent, temporary, and consulting professional staff must have the privileging form completed before providing services at Good Samaritan Health & Wellness Center.
8. The Chief Medical Officer is responsible to ensure that health care providers have filled the appropriate privileging form to completion.

Good Samaritan Health & Wellness Center will re-privilege all Licensed Independent Practitioners at least every two years. This process necessarily entails rechecking of credentials, including primary source verification of licensure, registration, or certification to confirm expiration dates. Additionally primary source verification is required to validate current competence for each service for which the provider is privileged. This will be determined in part by primary source verification of peer-review results for the previous two-year period and relevant performance improvement information.

At any time a practitioner applies for privileges, any malpractice claims against the practitioner will be reviewed by the Chief Executive Officer and the Chief Medical Officer and presented to the Board of Directors in Executive Session to be considered while making a privileging determination. This process shall be followed in both the initial privileging and re-privileging process.

Temporary Privileges

Upon completion of verification of current licensure and competence, temporary privileges may be granted to Licensed Independent Practitioners by the Chief Executive Officer and the Chief Medical Officer. Temporary privileges will be valid for no more than 120 days.

Appeal Rights

Practitioners have the right to appeal the credentialing decision made by the organization. All appeals must be made in writing within 60 days of receipt of the notice of an adverse determination. Incomplete applications, or applications of providers who no longer meet credentialing criteria due to loss of license, loss of board certification, or loss of DEA license, are not subject to appeal.

Indications and Process for Automatic Relinquishment of Appointment and/or Privileges

1. Appointment and clinical privileges may be automatically relinquished if an individual:
 - a. Fails to do any of the following:
 - i. Satisfy threshold eligibility criteria;
 - ii. Provide requested information; or

- iii. Attend a special conference to discuss issues or concerns;
 - b. Is indicted for criminal activity;
 - c. Makes a misstatement or omission on an application form.
2. Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable.

Indications and Process for Precautionary Suspension

1. Whenever failure to take action may result in imminent danger to the health and or safety of any individual or may interfere in the orderly operation of the Center, the CMO or the CEO is authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation.
2. A precautionary suspension is effective immediately and will remain in effect unless modified by the CEO.
3. The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.
4. The Board of Directors will review the reasons for suspension within a reasonable time under the circumstances, not to exceed 29 days.
5. Prior to, or as part of, this review, the individual may be given an opportunity to meet with the CEO and CMO.

Indications and Process For Recommending Termination or Suspension of Appointment and Privileges or Reduction of Privileges

Following an investigation or a determination that there is sufficient information upon which to base a recommendation, the CEO may recommend suspension or revocation of appointment or clinical privileges based on concerns about a) clinical competence or practice; b) safety or proper care being provided to patients; c) violation of ethical standards of the Bylaws, policies, or Rules and Regulations of Good Samaritan Health & Wellness Center; d) conduct that is inconsistent with the standards of Good Samaritan Health & Wellness Center; or e) death of a provider.

Appeal Process

The practitioner may request reconsideration of the initial recommendation by submitting a signed letter to the Chief Executive Officer explaining why he or she believes the decision was incorrect and may include any new or additional information which might be relevant to reconsideration.

The CEO and Medical Director will review the request and the appeal will be presented to the Board of Directors at the next regularly scheduled meeting for reconsideration and review of the information. The Board may vote to sustain, modify, or overturn its original decision. The practitioner shall receive written notice of the determination of their appeal.