



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT: MANAGED CARE CREDENTIALING & RECREDENTIALING –  
MEDICAL STAFF OFFICE**

**POLICY NO. 616D**

<b>CATEGORY:</b> Human Resources-Personnel	<b>EFFECTIVE DATE:</b> 9/15
<b>POLICY CONTACT:</b> Patricia Avila	<b>UPDATE/REVISION DATE:</b>
<b>REVIEWED BY COMMITTEE(S):</b> Credentialing Committee	

**PURPOSE:**

To ensure that the Los Angeles County Department of Health Services (Harbor-UCLA Medical Center) licensed healthcare providers meet the credentialing and recredentialing performance standards that support the provision of quality health care for its assigned members.

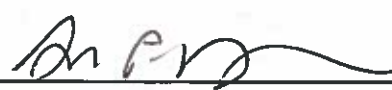
**POLICY:**

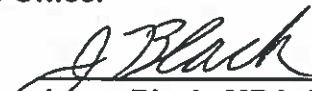
1. Harbor-UCLA Medical Center ensures that all licensed practitioners meet credentialing and recredentialing standards established by National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS), Department of Managed Health Care (DMHC), Department of Health Care Services (DHCS) and Joint Commission.
2. The types of practitioners credentialed and recredentialed include licensed medical doctors, osteopaths, podiatrist, dentist, clinical psychologists and allied health professionals (physician assistants, nurse practitioner, certified registered nurse anesthetists, nurse midwives, optometrists, clinical pharmacists, clinical nurse specialists, and psychiatric emergency intervention staff).
3. Harbor-UCLA Medical Center does not credential, recredential or contract with chiropractors.
4. Harbor-UCLA Medical Center does not delegate credentialing or recredentialing.
5. Verification sources must not be more than 180 calendar days prior to the Credentialing Committee decision.
6. Verifications are documented within the credential file.
7. The credential file must contain a Curriculum Vitae (CV) and a signed, dated and completed application along with an appropriately signed and dated attestation sheet.
8. The Credentialing Committee reviews and evaluates information submitted to support credentialing and recredentialing applications and information obtained from any outside source (e.g., malpractice insurance carriers, state licensing boards, etc.).
9. Harbor-UCLA Medical Center ensures that the practitioners are notified via letter of the credentialing and recredentialing decision within 60 calendar days of the committee's decision.
10. The Medical Staff Office (MSO) shall forward adverse information received from the Medical Board of California (MBC), Dental Board of California (DBC), National Practitioner Data Bank (NPDB), Drug

**REVISED: 9/15, 10/18**

**REVIEWED: 9/15, 10/18, 11/21**

**APPROVED BY:**   
**Anish Mahajan, MD**  
**Chief Executive Officer**

  
**Anish Mahajan, MD**  
**Chief Medical Officer**

  
**Jason Black, MBA, DNP, RN**  
**Chief Nursing Officer**



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Enforcement Administration (DEA), and any primary source verification immediately to the Medical Director and/or the President of the Medical Staff Associations, when applicable, for review and consideration.

11. Harbor-UCLA Medical Center ensures that all sites have a Facility Site Review. Managed Care Services maintains a current copy of all Facility Site Reviews.
12. Harbor-UCLA Medical Center monitors practitioners who are excluded/sanctioned from participating in the Medicare Advantage Organization and ensures that it only contracts or employs physicians who have not opted out and that are not excluded/sanctioned from participation.
13. Clean Files are credentialing or recredentialing files that include: a current valid and unencumbered license, a valid and unrestricted DEA certificate, a verified work history free of gaps, verified education and training, verified specialty training (if applying as a specialist), an acceptable malpractice claims history, absence of National Practitioner Data Bank (NPDB) reports or Medicare and Medical sanctions, appropriate affiliations history and absence of adverse professional reference information, and criminal history.
14. Credentialing policies will be reviewed and approved annually.

**PROCEDURE:**

**1. Credentialing criteria**

Applied uniformly to all practitioners requesting privileges, regardless of specialty. At a minimum, all practitioners must have:

- Current and valid license to practice in California
- Current and valid DEA certificate to practice in California (if applicable)
- Board certification if applicable
- Appropriate malpractice claims history - All malpractice claims are reviewed by the Credentialing Committee. The committee determines appropriate claims history, based upon the provider's specialty, type of claim and circumstances of the claim.
- Absence of unprofessional conduct or unacceptable business practices
- Absence of sanctions or restrictions on licensure
- Absence of use of illegal drugs
- Absence of criminal history
- Clinical privileges in good standing

**2. Credentialing Verifications**

Primary source verifications are obtained from state licensing agencies as follows:

- Current Licensure: Medical Board of California
- Physicians – Medical Board of California
- Dentists – Dental Board of California
- Optometrists – California Board of Optometry
- Podiatrists - California Board of Podiatry
- Clinical Pharmacists – California Board of Pharmacy
- Clinical Psychologists – California Board of Psychology
- Doctors of Osteopathy – Osteopathic Medical Board of California
- Nurse Practitioners – California Board of Registered Nursing
- Certified Registered Nurse Anesthetists – California Board of Registered Nursing



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- Clinical Nurse Specialists – California Board of Registered Nursing
- Audiologists – Speech-Language Pathology and Audiology Board
- Psychiatric Emergency Intervention Staff – Board of Behavioral Science/California Board of Registered Nursing
- Physician Assistants – Physician Assistant Board

**3. DEA Certificates**

DEA certificates are verified through primary sources. If a provider does have a valid DEA certificate at the time of credentialing, a note will be placed in the credential file identifying the name and DEA number of the physician providing prescription coverage. The following primary sources are utilized:

- DEA or Controlled Dangerous Substance (CDS) agency
- DEA or CDS certificate
- Confirmation from the National Technical Information Service (NTIS) database
- Confirmation from the American Medical Association (AMA) Physician Masterfile (DEA only).
- American Osteopathic Association Official Osteopathic Physician Profile Report or Physician Master File (DEA only)

**4. Radiography & Fluoroscopy X-Ray and Supervisor Operators Certificates**

Verified with the California Radiologic Health Branch

**5. Education, Training and Experience**

Harbor-UCLA Medical Center verifies the highest of the following three levels of education and training obtained by the practitioner as appropriate:

- a. Board certification
- b. Residency
- c. Graduation from medical or professional school

Harbor-UCLA Medical Center uses any of the following to verify education and training:

- Primary Sources
  - The state licensing agency or specialty board or registry if the state agency and specialty board and registry, respectively, perform primary source verification. Harbor-UCLA Medical Center obtains at least annually, written confirmation of this fact, through a printed and dated screenshot of the state licensing agency's or specialty board's or registry's Website, displaying the statement that it performs primary source verification of practitioner education and training information or provides evidence of a state statute requiring licensing agency, specialty board or registry to obtain verification of education and training directly from the institution.
  - Sealed transcripts received from the institution that the practitioner graduated from along with the envelope dated and initialed by the credentialing staff.
  - AMA Physician Masterfile
  - American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or AOA Physician Master File
- Education Commission for Foreign Medical Graduates (ECFMG) for international graduates licensed after 1986 Completion of Residency training verifications are obtained from the following sources:
- AOA Official Osteopathic Physician Profile Report or AOA Physician Master File



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- FCVS for closed residency programs

**6. Board Certification**

Harbor-UCLA Medical Center verifies current certification status of practitioners who state that they are board certified. The expiration date of the certification is documented in the credentialing file. The following primary sources are used to verify board certification:

- Primary source appropriate board
- State licensing agency if it is a primary source that verifies board certification
- American Board of Medical Specialties (ABMS)
- AMA Physician Masterfile
- AOA Official Osteopathic Physician Profile Report or AOA Physician Master File
- Registry that performs primary source verification of board status

**7. Work History**

Harbor-UCLA Medical Center verifies the most recent five years of work history as a health professional through the practitioner's application or curriculum vitae (CV).

- The work history review is documented in the file with the date and the initials of the staff that conducted the review.
- The practitioner clarifies work history gaps of six months verbally or in writing. The verbal clarification is documented in the credentialing file.
- The practitioner clarifies gaps of one year in writing.

**8. Malpractice History**

Harbor-UCLA Medical Center obtains confirmation of the past five years of malpractice settlements from the National Provider Databank (NPDB).

**9. Peer References**

Names and contact information of three (3) Peer References are required.

- These references should not be relatives in practice, and should include at least one member from the professional staffs of other institutions with which the applicant is (or has been) affiliated, if applicable.
- At least one reference should be the applicant's current or most recent clinical supervisor. At least one, but ideally two or more, references for mid-level providers (e.g., NP, PA, etc.) should be physicians.
- For recent graduates in the past three years, one reference must be from the applicant's program director.
- Each peer reference is sent a "Recommendation for Initial Privileges" form to complete.

**10. Current Hospital or other Institutional Affiliations**

Delineation of the applicant's current privileges and any history of loss of privileges or other disciplinary action are requested from the organization as well as admitting privilege status, and if the applicant is in good standing.

**11. Abilities to Perform Procedures Requested**



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All applicants are required to complete a series of "Attestation Questions" which include questions about the applicant's health status, professional disciplinary actions, drug or alcohol use and malpractice history.

**12. Other Information Required for Application**

- Professional liability insurance information and coverage, if applicable.
- Explanation of previous professional liability actions and malpractice claims history.
- Information obtained through a National Practitioner Data Bank query.

**13. Credentialing Committee**

The Credentialing Committee (CC) utilizes a peer-review process and makes recommendations regarding credentialing decisions. The CC includes representation from a diverse range of participating practitioners and representation from all medical specialties of the practitioners it reviews. The CC meeting will maintain a membership of at least three practitioners to establish a quorum. Specialists will be consulted when necessary and appropriate. The CC reviews the credentials of practitioners being credentialed or recredentialed including those who do not meet the organization's criteria. The CC meeting minutes reflect the actions of practitioners who meet and who do not meet the criteria. All practitioners' files (clean and not clean) are submitted to the CC for the Committee Chair's review and approval. The CC may not make any decisions on a practitioner unless all necessary credentialing information has been gathered within the specified timeframe. The Chair shall act as the designated Medical Director as defined by NCQA standards.

**14. Nondiscrimination**

No applicant shall be granted or denied Association membership or clinical privileges on the basis of gender, race, age, creed, color, religion, ethnic/national origin, sexual orientation, gender identity or expression or any other criterion not based upon professional qualifications. The CC members make decisions based on character, competency, training, experience and judgment. The CC monitors and evaluates competency of each applicant when applying for and/or renewing membership and clinical privileges based on the approved criterion, which includes language to prevent any discriminatory practices during the credentialing and recredentialing process. The same routine credentialing process is followed for each applicant, utilizing the credentialing and recredentialing summary sheet. To ensure that credentialing decisions are made in a non-discriminatory manner the following processes are implemented annually:

Semi-annual audits of credentialing files (in process, denied and approved) are conducted to ensure that practitioners are not discriminated against. Credentialing files are reviewed and evaluated on a monthly basis; the credentialing and recredentialing tool (summary sheet) is used to determine the competency requirements for appointments and reappointments.

Annual audit of practitioner complaints is conducted to ensure that there are no complaints alleging discrimination.

The CC maintains a heterogeneous committee membership and assures that practitioners responsible for credentialing decisions sign a statement affirming that they do not discriminate when making decisions.





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**15. Practitioner Directory**

Harbor-UCLA Medical Center reviews listings in practitioner databases and materials for members to ensure that data listed is consistent with information obtained during the credentialing process. The practitioner directories are reviewed monthly for accuracy. Discrepancies are reported to the Network Administration Unit.

**16. Practitioner Rights**

Harbor-UCLA Medical Center recognizes the practitioner's rights in the credentialing and recredentialing processes and provides the practitioner with notification of these rights in the credentialing application which are:

- Right to review information submitted by the practitioner to support their credentialing application, attestation or CV - Harbor-UCLA Medical Center notifies practitioner of the right to review information obtained to evaluate their credentialing application.
- Right to correct erroneous information — Harbor-UCLA Medical Center promptly notifies the practitioner in writing of any problems in obtaining any information required or if any of the information obtained from primary sources varies substantially from that provided by the practitioner. Within two weeks (14 days) of identifying erroneous information, the practitioner must notify the Medical Staff Office Coordinator of the error and provide the correct information via certified mail. Receipt of information is documented by providing the practitioner with certified mail acknowledging receipt of the corrected information.
- Right to be informed of the status of their credentialing and recredentialing application – Harbor-UCLA Medical Center shall notify the applicant in writing of the status of their application upon request, within 30 days of receipt of request.

**17. Ongoing Monitoring**

Harbor-UCLA Medical Center monitors practitioners on an ongoing basis to assess occurrences of sanctions, complaints and adverse actions between recredentialing cycles and takes appropriate actions against practitioners when it identifies occurrence of poor quality. Performance information is evaluated during the recredentialing process.

Verifications of Medicare and Medicaid sanctions are obtained from the following sources:

- Office of the Inspector General (OIG) Reports—run monthly
- Harbor-UCLA Medical Center collects, monitors, and reviews Medi-Cal sanction information using the Medi-Cal suspended and Ineligible Provider Reports within 30 days of release.
- Harbor-UCLA Medical Center collects and reviews sanctions or limitations of licensure within 30 days of its release using one of the following appropriate licensing agencies:
  - MBC — Subscriber Notification — Disciplinary Summary (As a subscriber — reports are sent daily).
  - Board of Behavioral Science - subscribed
  - Board of Pharmacy – run monthly
  - Board of Podiatric Medicine — run monthly
  - Board of Psychology — subscribed
  - Board of Registered Nursing — subscribed
  - California Medical Board of Optometry — run monthly
  - Dental Board of California — run monthly



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- Osteopathic Medical Board of California — run quarterly, and email alerts
- Speech-Language Pathology & Audiology Board – run quarterly
- Physician Assistant Committee — run monthly
- Harbor-UCLA Medical Center will query sanction information at least every six months, if applicable, if reporting entities do not publish sanction information on a set schedule.
- Loss or limitation of license will result in termination of practitioner's ability to provide care in the Medicare Advantage Organization, in addition to suspension or limitation of practitioner's clinical privileges.
- This information is presented to the Credentialing Committee in a cumulative matrix format and a record is maintained in the committee's minutes.

**18. Reporting Actions**

Harbor-UCLA Medical Center reviews participation of practitioners whose conduct could adversely affect members' health or welfare. The Medical Director has the responsibility to impose all actions as needed to protect members. The following range of actions may be taken to improve practitioner performance:

- No action
- Practitioner counseling
- Proctoring
- Restriction or suspension of privileges

Harbor-UCLA Medical Center complies with the reporting requirements of the California Business and Professions Code; Section 800-09.9, 805, 805.1 and National Practitioner Data Bank (NPDB) for reportable incidences (i.e., denials, suspensions, terminations, or recommendations) for medical disciplinary cause of reason. A Health Facility/Peer Review Report form (805 and/or 805.01) report of disciplinary actions will be filed by the Medical Director or designee within 15 days from the final decision date regarding a disciplinary/ adverse action or recommendation regarding disciplinary action was taken. Reports will also be filed when privileges are voluntarily surrendered after receiving notice that an investigation has been initiated related to a medical disciplinary issue. The NPDB for reportable incidences adverse action (i.e., suspensions, terminations), will be filed within 30 days of the final determination.

Harbor-UCLA Medical Center is responsible for reporting to the appropriate authorities within the appropriate time frame and for the accuracy of the information reported.

- All adverse credentialing and peer review actions will be reported to health plans according to health plan contractual agreements.
- An 805 report will be filed after any of the following events occurs for a medical disciplinary cause or reason:
- A practitioner's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason;
- Summary suspension of a practitioner's membership or staff privileges, that remains in effect for more than 14 days;
- A practitioner's membership or staff privileges is terminated or revoked for a medical disciplinary cause or reason;



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- Restrictions are imposed, or voluntarily accepted, on staff privileges or membership for a cumulative total of 30 days or more for any 12-month period, for a medical disciplinary cause or reason.

**Notification to the practitioner:**

The practitioner will receive a copy of the 805 report and notice advising the practitioner of his or her right to submit statements or other information, electronically or otherwise to the board and that information submitted electronically will be publicly disclosed to those who request it, pursuant to Section 800 (c) of the Business Professions Code.

The information to be reported in an 805 report will include the name and license number of the licensee (practitioner) involved; a description of the facts and circumstances of the medical disciplinary cause or reason and any other relevant information deemed appropriate by the reporter (the peer review body).

A supplemental report shall be made within 30 days following the date the practitioner is deemed to have satisfied any terms, conditions, or sanctions imposed as disciplinary action by the reporting peer review body; in performing its dissemination functions required by Section 805.5. The agency shall include a copy of a supplemental report, if any, whenever it furnishes a copy of the original 805 report; in the instances where another peer review body is required to file an 805 report.

**805.01**

An 805.01 report is filed (distinct from an 805 report) with the appropriate agency as required by law within 15 days after the effective date the peer review group has made a final decision on a practitioner's behavior with regard to the following actions:

- Incompetence or gross deviation from the standard of care;
- The use of drugs or excessive alcohol abuse;
- Repeated acts of excessive prescribing controlled substances;
- Sexual misconduct with one of more patients during treatment

**Notification to the practitioner:**

The practitioner will receive a copy of the 805.01 report and notice advising the practitioner of his or her right to submit statements or other information, electronically or otherwise to the board and that information submitted electronically will be publicly disclosed to those who request it, pursuant to Section 800 (c) of the Business Professions Code.

**19. Hearing and Appellate Review**

- In all cases in which action has been taken or a recommendation has been made constituting grounds for a hearing, promptly gives written notice of its recommendation or action to the practitioner, his/her rights to request a hearing and hearing process.
- The notice shall state: (1) What corrective action has been proposed against the practitioner (2) That the action, if adopted, must be reported under California Business and Professions Code Section 805 by following the instructions outlined in the Medical Board of California Health Facility Reporting Form (ENF-805) and must be reported to the National Practitioner Data Bank (NPDB) in accordance with the law by following the instructions outlined in the NPDB Reporting





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Requirements; (3) Brief indication of the reasons for the action proposed or taken; (4) Summary of the practitioner's appeal rights; summary of the practitioner's appeal process; that the practitioner may request a hearing within thirty (30) days following the date of receipt of notice; and that the practitioner may be represented by an attorney or a designee.

- In the event of an appeal, the decision shall be presented to a hearing (peer review) committee for its recommendations. As with other recommendations, these may or may not be accepted by the Medical Director and/or the Governing Body.
- Harbor-UCLA Medical Center cannot have attorney representation if the practitioner does not have attorney representation.
- Harbor-UCLA Medical Center provides a written Notice of Hearing to practitioner and/or his representative. The Notice of Hearing specifies the place, time and date of the hearing and the reasons for the recommended action, including the acts or omissions with which the practitioner is charged, a list of the charts in question (where applicable), and a list of the witnesses (if any) expected to testify at the hearing on the practitioner's behalf.

**20. Facility Site Review**

Harbor-UCLA Medical Center identifies new practitioners.

- For the purpose of adding new practitioners to the Facility Site Review (FSR) and arranging for a Medical Record Review, Harbor-UCLA Medical Center will notify the Health Plan of all new practitioners and all practitioners who need to be added to the FSR process.
- A full scope site review will consist of the site review survey and medical records review survey.
- The Department of Health Services (Harbor-UCLA Medical Center) monitors the practitioner minimum hours requirement through FSRs on initial credentialing and every three years thereafter and through any member complaints or any other source received regarding their facility at any time.
- The Health Plan will conduct office site reviews on behalf of Harbor-UCLA Medical Center in response to member grievances related to practitioner site quality. The FSR will include, at a minimum, a review of the following: Physical accessibility, physical appearance, and adequacy of waiting/examining room space.
- Managed Care Services (MCS) will arrange for a focused site visit by the health plan if there are at least three member grievances filed regarding a practitioner and/or at least five member grievances filed regarding any practice site within a six-month period of time.
- FSR tools will be used to audit compliance with both Site and Medical Records requirements, with observed performance yielding a score for both elements that combined equal a total facility final score. At a minimum, each component must score 80%. Locally, a corrective action plan (CAP) for each individual element scoring less than 100% will be generated. Follow-up audits will be repeated at no less than six month intervals until 100% compliance is achieved.
- Surveying agency (i.e. Health Plan, MCS) will provide a report of a site visit, identifying areas that do not meet threshold scores (percentages). Specific areas to be scored pertaining to the Site survey may include, but are not limited to: Access/Safety, Personnel, Office Management, Clinical Services, Preventive Services and Infection Control. Medical Record elements may include but are not limited to: Format, Documentation, Continuity/Coordination, Pediatric Preventive, Adult Preventive, and OB/CPSP Preventive.
- There is ongoing monitoring of all sites to detect any deficiencies that may occur after the initial site visit. Monitoring methods may include (but are not limited to) reviews of member complaints



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and grievances related to the quality of sites. Data from these activities is reviewed by the Quality Improvement and Patient Safety Program Committees at least every six months and any information relevant to the credentialing process is forwarded to the Credentialing Committee.

- Site visits will be conducted within 60 days of determining that the threshold has been met.
- Harbor-UCLA Medical Center will take the appropriate actions and initiate a Corrective Action Plan (CAP), to correct any scores which do not meet defined threshold levels, as identified through initial or repeat FSRs. The effectiveness of the corrective actions of the identified areas will require approval by the reviewing agency and will be monitored by the Credentials Committee and reviewed at least every six months until the threshold is met.
- Documentation of all initial and subsequent follow-up site visits will be reviewed by the Credentialing Committee
- Harbor-UCLA Medical Center will forward all complaints to the respective Health Plan.

**21. Identification of HIV/AIDS Specialists**

On an annual basis, Harbor-UCLA Medical Center will identify and/or reconfirm the qualified physicians who meet the definition of HIV/AIDS Specialist according to the California Standing Referral law, Division of HIV and STD Programs (Harbor-UCLA Medical Center). All HIV/AIDS Specialist are to complete and meet the requirements outlined in the HIV/AIDS Physician Specialist Form – Verification of Qualifications.

**22. Confidentiality**

- Credentialing files and credentialing material shall be kept confidential and maintained in a secure location.
- Members of the Medical Staff Office and CC are bound by the confidentiality policies of Harbor-UCLA Medical Center.
- Access to online credentialing information will be limited to members of the Medical Staff Office and CC.

**23. Maintenance of Credentials**

It is the responsibility of all licensed independent practitioners to maintain current and valid practitioner licenses and certifications required in order to perform their job duties.

- At the time of renewal, all practitioner licenses and certification should be presented to the CC.
- The Medical Staff Office (MSO) or designee will maintain a database of all licensed independent practitioners with expiration dates for applicable licenses or certifications. Providers will be notified within 30 days of expiration of their practitioner license or certification with a request made to supply the MSO with the updated license or certification.
- Upon renewal of practitioner license or certification, applicable primary source verification will be obtained within five days of receipt.
- In the event the provider does not provide an updated practitioner license or certification prior to expiration, the matter will be referred to Medical Administration or designee for further action as deemed necessary.
- Practitioners without a current and valid practitioner license will not be allowed to provide direct patient care. Failure to maintain a current and valid practitioner license is grounds for disciplinary action, up to and including termination.



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**24. Utilization Management (UM) Practitioners and Physician Reviewer Making Medical Decisions**

- Harbor-UCLA Medical Center includes Utilization Management practitioner and physician reviewers making medical decisions in their scope of practitioners to credential and recredential. Harbor-UCLA Medical Center prohibits financial incentives for Utilization Management Decision-makers.
- Harbor-UCLA Medical Center is committed to ensure that our members receive the best and most appropriate care possible.
- Utilization Management decisions are based only on appropriateness of care and existence of coverage.
- Harbor-UCLA Medical Center does not directly or indirectly reward practitioners or other individuals for issuing denial of coverage, service or care.
- Harbor-UCLA Medical Center does not offer financial incentive or compensation to encourage underutilization of services.
- Medical staff members will provide annually a personal statement attesting to recognition of and compliance with this standard. Affirmative statements will be collected annually and will be considered integral to a complete credentials file.

Revised and Approved by:  
Medical Executive Committee - 11/2021

A handwritten signature in cursive script that reads "Beverley A. Petrie".

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Beverley A. Petrie, M.D.  
President, Professional Staff Association