

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: III-100 CREDENTIALING AND PRIVILEGING OF LICENSED INDEPENDENT PRACTITIONERS	POLICY #: 1216
	VERSION: 1
APPROVED BY: ASC Approvers	
DATE APPROVED: 07/31/2015	

PURPOSE:

To outline the process established for assessing and validating the qualifications of physicians, doctors of osteopathy, dentists and podiatrists, who apply for initial or renewed clinical privileges to provide patient care and treatment services at the High Desert Health System (HDHS) Ambulatory Surgical Center (“ASC”) and who are not subject to the Policy titled “Abbreviated Credentialing and Privileging for Qualified Physician Members of Los Angeles County Hospital Medical Staff”, and to ensure that only qualified staff are granted privileges.

To ensure that optimal care is provided to ASC patients by appropriately credentialed and privileged practitioners.

To outline the responsibilities of the Medical Administration Office in the credentialing and privileging process.

POLICY:

Credentialing and privileging of licensed independent practitioners shall follow the specific procedures set forth below. Appropriate information will be used to make decisions on granting, renewing, restricting, and/or denying clinical privileges. The Medical Director has the overall responsibility for the credentialing and privileging process performed at the HDHS ASC. HDHS does not delegate credentialing activities to an outside organization.

DEFINITIONS:

Credentialing is the process of assessing and validating the qualifications of a licensed independent practitioner to provide services at a health care facility. The credentialing determination is based on an evaluation of the individual’s current license, education, training, experience, competence, and professional judgment. The process is the basis for making recommendations to grant and renew clinical privileges to licensed independent practitioners, as appropriate.

Clinical privileges are the authorization granted to a licensed independent practitioner to render specific diagnostic, therapeutic, medical, or surgical services at the ASC.

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Governing Body means the County of Los Angeles Board of Supervisors or its duly authorized delegate.

Primary source verification is direct confirmation from the issuing source or designated monitoring entity/source of the required credentialing information and documentation of such by the Medical Administration Office.

“ASC Credentials Committee” means the ASC Credentials Subcommittee of the ASC Medical Advisory Committee.

PROCEDURE:

I. GENERAL PRINCIPLES:

- A. Eligibility – Only physicians and podiatrists licensed to practice in the State of California, who are employees or are under contract with the Los Angeles County Department of Health Services (“DHS”) may apply for clinical privileges at the ASC.
- B. Written credentialing criteria are applied uniformly to all licensed independent practitioners requesting clinical privileges.
- C. The process used to credential and recredential licensed independent practitioners is conducted in a non-discriminatory manner. The ASC will not discriminate against healthcare professionals who service high-risk populations or who specialize in the treatment of costly conditions.
- D. The ASC Credentials Committee does not make credentialing and re-credentialing decisions based on race, ethnic/national identity, gender, age, sexual orientation or the type of procedure or patient in which the practitioner specializes. All practitioners are credentialed and re-credentialed in the same manner by using a credentialing or re-credentialing worksheet tool as a way to track the process and to prevent discriminatory practices during the credentialing and re-credentialing process. The Medical Administration staff monitors credentialing files, at least annually, to ensure that the practitioners are not discriminated against and practitioner complaints are reviewed to determine if there are complaints alleging discrimination.
- E. Each qualified practitioner is granted specific privileges to care for patients independently at the ASC.
- F. Only those practitioners who have been granted privileges by the Governing Body to care for patients at the ASC may do so.

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- G. Every application for clinical privileges shall be completed in its entirety and signed by the applicant. Eligibility for clinical privileges shall be limited to physicians who:
 - 1. Hold a current and valid California license to practice;
 - 2. Agree to abide by all ASC and Los Angeles County DHS policies and procedures;
 - 3. Certify that they have no physical or mental health conditions that would interfere with the performance of their duties;
 - 4. Maintain professional liability insurance when required;
 - 5. Are registered with the Drug Enforcement Administration as evidenced by a DEA certificate (if applicable);
 - 6. Are competent in their respective fields of practice; and
 - 7. Are worthy in character and matters of professional ethics.
- H. Clinical privileges may be restricted or suspended as a result of unprofessional practitioner conduct, or when a practitioner’s skill and ability to properly provide patient care is questioned.
- I. Credentialing and privileging will be in accordance with all applicable California and federal laws and regulations and applicable accreditation agency standards and will be performed uniformly for all licensed independent practitioners.
- J. Credentialing of ASC providers will take place at HDHS Medical Administration Office.
- K. Recommendations for granting initial and renewal of clinical privileges require the approval of the appropriate Service Director, when applicable, the ASC Credentials Committee and the Medical Director, prior to submission to the Governing Body for approval.
- L. Initial privileges shall be provisional for a period of six (6) months, during which time proctoring and evaluation of the licensed independent practitioner’s proficiency in the exercise of clinical privileges granted are performed.

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- M. The duration of initial full clinical privileges is two (2) years, to include periods of provisional privileges. Renewal of full clinical privileges occurs every two (2) years thereafter.
- N. ASC practitioners shall notify, in writing, the Medical Director immediately after, but no later than ten (10) days after, the occurrence of any of the following: (1) the practitioner is notified in writing by the Medical Board of California or other appropriate State licensing agency that an investigation regarding the practitioner is being conducted, (2) the practitioner is served with an accusation by the Medical Board of California or other appropriate State licensing agency, (3) the practitioner is served with a statement of issues by the Medical Board of California or other appropriate State licensing agency, (4) the practitioner's membership and/or clinical privileges are voluntarily or involuntarily revoked, suspended, reduced, restricted, not renewed, or relinquished at any hospital, health care facility, or healthcare organization, (5) the practitioner's membership in any local, state, or national medical societies, his/her Drug Enforcement Administration certificate, or his/her license to practice any profession in any jurisdiction, are voluntarily or involuntarily revoked, suspended, reduced, restricted, not renewed, or relinquished, and/or (6) any professional liability litigation involving the practitioner proceeds to final judgment, is settled, or is in progress.

II. CATEGORIES OF PRIVILEGES

- A. **Provisional privileges** are granted for a period of six (6) months to practitioners who meet the applicable qualifications and are new to the ASC. In some circumstances, the provisional privileges can be extended for an additional period of up to one (1) year.
- B. **Full privileges** are granted to practitioners who successfully complete the provisional period. Full privileges must be renewed every two (2) years, which time period includes periods of provisional privileges.
- C. **Temporary privileges** may be granted by the Medical Director or the Chief Executive Officer only:
1. During an emergency/disaster (i.e., when the emergency management/disaster plan has been activated and immediate patient needs cannot be handled by existing staff);
 2. When a practitioner is needed to care for patients due to an unexpected absence of another practitioner;

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3. When no other practitioner is able to provide a specific service; or
4. When the ASC Credentials Committee has not met and/or when the Governing Body has not yet acted upon the recommendation of the Medical Director, who has ensured that the practitioner's application is complete and all required verification was performed.

Under the first three circumstances above, in order to be granted temporary privileges, the practitioner must:

- show evidence of a current California license to practice, and either
 - show a valid picture I.D., issued by a hospital, state, federal or regulatory agency, or
 - be recommended by a current practitioner with full privileges at the ASC (with personal knowledge regarding the practitioner's ability) or by a clinical leader of another health care facility where the individual practices
5. Temporary privileges may be granted for sixty (60) days and extended as needed, not to exceed one hundred and twenty (120) days.
 6. Special requirements of supervision may be imposed by the Medical Director on any practitioner granted temporary privileges.
 7. Temporary privileges may be withdrawn by the Medical Director at any time.

III. PROCEDURE – PRE-APPLICATION

A Pre-Application form must be completed by the applicant and processed by the Medical Administration Office prior to an Initial Application being given to an applicant.

A complete Pre-Application packet shall include the following:

- Completed Pre-Application form
- Completed "Attestation Questions"
- A copy of the front and back of the practitioner's current California state license
- A copy of the practitioner's current DEA certificate, if applicable
- A copy of the practitioner's Driver License

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- Signed/dated current Curriculum Vitae

The Pre-Application process consists of:

- Reviewing the CV to ensure it is current and all gaps in education (since date of completion of medical school), post-graduate training and work history are accounted for.
- Verifying current licensure with the appropriate board (Medical Board of California (MBC), Osteopathic Medical Board of California (OMBC), California Board of Podiatric Medicine (BPM).
- Querying the National Practitioner Data Bank (NPDB).
- Querying the American Medical Association (AMA). (Note: Not applicable for podiatrists for whom information is not provided by the AMA.)
- Querying the Office of Inspector General (OIG).
- Verifying current hospital affiliation status.

The Medical Administration Office will notify the Service Director and Medical Director of the outcome of the review of the CV and results of the queries. If there is no adverse information from the queries, the Pre-Application will be deemed approved by the Medical Director and an Initial Application packet will be sent to the applicant. If adverse information is identified on the CV or received from the queries/verifications, the Medical Administration Office will obtain further information/explanation from the applicant, as necessary. Adverse information, with additional information provided by the applicant, will be forwarded to the Service Chief and Medical Director for final approval to proceed with the Initial Application process. If the Pre-Application form is deemed administratively unfavorable by the Medical Director, an Initial Application will not be sent to the applicant. The applicant will be notified via letter of the decision to not move forward with the Initial Application process, including the reason for the decision. This action does not give rise to any hearing and appeal rights.

IV. PROCEDURE – INITIAL APPLICATION, CREDENTIALING AND GRANTING OF PRIVILEGES

- A. All applications for clinical privileges at the ASC shall be in writing, shall be signed by the applicant, and shall be submitted to the ASC Medical

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Administration Office. Each applicant must attest to the accuracy of all information contained in his/her application.

A complete application package includes the following:

1. Completed California Participating Physician Application (Application_for Initial Privileges)

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2. Completed "Attestation Questions"
 3. A copy of the front and back of the practitioner's current California state license
 4. A copy of the practitioner's current DEA Certificate, if applicable
 5. A copy of the practitioner's current Radiography & Fluoroscopy X-ray and Supervisor Operators Certificate, if applicable
 6. Board certification certificate, if applicable
 7. Medical School Diploma
 8. Proof of Professional Liability Coverage (\$1M/3M), if applicable.
 9. Curriculum vitae
 10. Completed Delineation of Privileges form(s), specific to area of practice.
 11. New Applicant Packet (NPI Permission Form, pharmacy cards, etc.)
- B. The Medical Administration Office will:
1. Initiate a separate credentials file for each applicant to maintain all required documentation.
 2. Perform the following functions:
 - Review each application to ensure that it is completed in its entirety prior to submission to the Medical Director, Service Director, when applicable, and the ASC Credentials Committee.
 - Initial and date all credentialing documents upon receipt of such documents.
 - Verify current licensure with the appropriate board (Medical Board of California, California Board of Podiatric Medicine).
 - Verify current DEA certificate with the Drug Enforcement Administration, if applicable (National Technical Information Service).
 - Verify current Radiography & Fluoroscopy X-ray and Supervisor Operators certificate with the California Radiologic Health Branch, if applicable.

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- Verify current specialty board status through the appropriate agency:
 - American Board of Medical Specialties (via CertiFacts Online)
 - American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM)
- Query the National Practitioner Data Bank (NPDB).
- Request AMA Physician Profile, which includes the following primary source verification: (Initial and date documents when placed in the practitioner's file.)
 - Request
 - Medical School
 - Internship(s)
 - Residency
 - Fellowship(s)
 - Board Certification(s)
 - State Licenses(s)
 - DEA
 - ECFMG Certification
 - Medicare/Medicaid Sanction(s)
 - Other Federal Sanction(s)

NOTE: Primary source verification for podiatrists, for which the information is not provided by the AMA, shall be done on an individual basis directly with the primary source institution (California Board of Podiatric Medicine) or letters from medical school and training program
- Obtain information regarding professional liability claims history (via NPDB)
- Query hospital/healthcare affiliations to verify that hospital/healthcare privileges are in good standing.
- Query professional references.
- Review application or CV for gaps in education, post-graduate education, and work history. Any work history gaps that exceed six (6) months should be clarified verbally or in writing. Gaps that exceed one (1) year must be clarified in writing.

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180-Day Rule: The Medical Administration Office shall assure that all information, which requires primary source verification, must not be older than 180 days. Information of this category includes verification of:

- License: Must be verified from a primary source prior to the practitioner being credentialed
 - Malpractice claims history
 - National Practitioner Data Bank report
 - Sanctions history
 - Attestation Questions
3. The Medical Administration Office shall forward adverse information received from the MBC, NPDB, DEA, and any primary source verification immediately to the Medical Director and the Service Director, when applicable, for review and consideration.
 4. The Medical Director shall promptly notify the applicant in writing of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant.
 5. The Medical Administration Office shall notify the applicant in writing of the status of their application upon request within 30 days of receipt of request.
 6. The Medical Administration Office shall review each application to ensure that it is completed in its entirety prior to submission to the Medical Director, Service Director, when applicable, and the ASC Credentials Committee.

V. INITIAL APPLICATION REVIEW AND GRANTING OF PRIVILEGES

- A. The Medical Administration Office shall forward the complete/incomplete applications to the ASC Credentials Committee.
- B. The Service Director, when applicable, and the ASC Credentials Committee shall examine the evidence of the character, professional competence, qualifications and ethical standing of the applicant and shall determine through information contained in references given by the applicant and from other available sources, whether the applicant has established that he or she meets all of the necessary qualifications for the clinical privileges requested. The Service Director, when applicable and the ASC Credentials Committee

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shall transmit the completed application and a recommendation concerning the granting of privileges to the Medical Director.

- C. Any of these parties may request additional information from the applicant, if necessary.
- D. The Medical Director shall act on the recommendation of the ASC Credentials Committee within thirty (30) days of its receipt by making a recommendation to the Governing Body.
- E. All granted privileges must be approved by the Governing Body. The Governing Body assumes ultimate responsibility for the granting of privileges.
- A list of all approved applicants for initial (provisional), full and renewal of clinical privileges is signed by the Medical Director and the Facility Administrator and is submitted to the Governing Body for approval.
 - The Governing Body approves or disapproves of the Medical Director's recommendations and returns the original signed form with any changes to the Medical Administration Office for filing. The Governing Body may take any appropriate action and is not bound by the Medical Director's recommendations.
- F. A letter of approval granting the appropriate category of clinical privileges is sent to each applicant to whom the Governing Body approves the granting of clinical privileges within sixty (60) days of the ASC Credentials Committee's decision.
- G. Applicants are informed, in writing, of the decision not to grant privileges, if such a decision is made. The letter shall state the reason for the denial and shall provide notice of hearing and appeal rights, if any, in accordance with the Hearing and Appellate Review Policy.
- H. Provisional privileges shall be granted to new applicants who are granted clinical privileges for at least six (6) months. During that time, the provisional practitioner shall be evaluated via the quality improvement and peer review processes, including proctoring (described in other policies).
- I. Each provisional practitioner's performance is evaluated by the ASC Credentials Committee within thirty (30) days of the conclusion of the six-month provisional period.

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- J. If the ASC Credentials Committee does not feel that a provisional practitioner should not be granted full privileges, it may recommend that the provisional period be extended for up to an additional twelve (12) months.
- K. If the ASC Credentials Committee, Service Director, when applicable, and the Medical Director find that a provisional practitioner does not meet expectations during the provisional period, a recommendation not to grant full privileges will be made to the Governing Body. If the provisional practitioner is an employee of Los Angeles County, then counseling/disciplinary actions of the Los Angeles County Department of Health Services will be followed. The Hearing and Appellate Review Policy will be followed, as applicable.
- L. If the Governing Body's decision is adverse to the applicant with respect to clinical privileges, the Governing Body shall promptly notify the Medical Director of such adverse decision. The Medical Director shall inform the applicant in writing. The Hearing and Appellate Review Policy shall be followed, as applicable.
- M. Failure of an applicant to submit a fully documented and complete application within six (6) months of the initial application date will, for new applicants, result in the application being filed as administratively incomplete and the ASC will take no further action on the application. The filing of an application as administratively incomplete does not give rise to any hearing and appeal rights.

VI. RENEWAL OF PRIVILEGES

- A. Full clinical privileges are granted for a period of two (2) years, at which time the practitioner may apply for renewal of privileges.
- B. At least sixty (60) days prior to expiration of clinical privileges, the Medical Administration Office will issue an application for renewal of privileges to the practitioners who are due for renewal.
- C. At least forty-five (45) days prior to the expiration of clinical privileges, the practitioner shall be requested to complete and return the application for the renewal of privileges.
- D. A complete reapplication package shall include the following information concerning the applicant's qualifications:
 - 1. Completed and signed California Participating Physician Reapplication (Application for Renewal of Privileges)

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2. Completion of "Attestation Questions" (changes in physical and/or mental status)
 3. Continuing Medical Education Credits (since the last recredentialing period)
 4. Additional practice information during the last two years, if applicable
 5. Additional training during the last two years, if applicable
 6. Board Certifications within the last two years, if applicable
 7. Delineation of Privilege form(s) specific to area of practice
 8. Current hospital/healthcare facilities affiliations
 9. A copy of the practitioner's current California state license
 10. A copy of the practitioner's current DEA Certification, if applicable
 11. A copy of the practitioner's current Radiography & Fluoroscopy X-ray and Supervisor Operators Certificate, of applicable
 12. Proof of Professional Liability Coverage (\$1M/\$3M), if applicable. Document (Certificate of Insurance) must be date-stamped.
- E. Upon receipt of the completed application for renewal of privileges, the Medical Administration Office will perform the following functions:
1. Review the application and forms for completion prior to submission to the Service Director, when applicable, and the ASC Credentials Committee and do the following:
 - Initial and date all credentialing documents upon receipt of such documents.
 - Verify current licensure, with the appropriate board.
 - Verify current DEA certificate with the Drug Enforcement Administration (National Technical Information Service), if applicable.
 - Verify current Radiography & Fluoroscopy X-ray and Supervisor Operators certificate with the California Radiologic Health Branch, if applicable.

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- Review the Continuous Query results from the National Practitioner Data Bank (NPDB).
 - Verify current specialty board status through the appropriate agency
 - American Board of Medical Specialties (via CertiFacts Online)
 - American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM)
 - American Board of Physician Specialties (ABPS) – Board certification from the ABPS will be accepted if also certified by an ABMS board.
 - Obtain AMA primary source verification for additional training and/or board certification, Medicare/Medicaid sanction(s) or other federal sanction(s) occurring during the last two years. Note: Not applicable for podiatrists for whom information is not provided by the AMA.
 - Obtain information regarding professional liability claims history (via NPDB Continuous Query results).
 - Query hospital/healthcare facilities affiliations to verify that hospital/healthcare privileges are in good standing.
 - Query professional references.
 - Obtain Physician Performance Profiles (including results of QI monitoring and peer review) in a timely manner to permit adequate review and evaluation.
2. Forward any adverse information received from the licensing board, NPDB, DEA, and primary source verification immediately to the Service Director, when applicable and Medical Director for review and consideration.
 3. The Medical Director shall promptly notify the practitioner in writing of any problems in obtaining any information or if any of the information obtained from primary sources varies from that provided by the practitioner.

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4. The Medical Administration Office shall notify the applicant in writing of the status of their application upon request within 30 days of receipt of request.
- F. The Service Director, when applicable, reviews the qualifications of all applicants and makes recommendations for renewal of privileges to the ASC Credentials Committee.
- G. The complete/incomplete application is reviewed by the ASC Credentials Committee at its next regularly scheduled meeting, or sooner if the practitioner's current privileges expire prior to that time.
- H. The ASC Credentials Committee is charged with making a recommendation to the Medical Director concerning the renewal, addition, modification or deletion of specific privileges. The Medical Director may modify the ASC Credentials Committee's recommendations prior to making his/her recommendation to the Governing Body.
- I. Renewal and granting of privileges is the ultimate responsibility of the Governing Body. All recommendations regarding privileges are sent to the Governing Body for its approval.
 - A list of all approved applicants for renewal of clinical privileges is signed by the Medical Director and the Facility Administrator and is submitted to the Governing Body for approval.
 - The Governing Body approves or disapproves of the Medical Director's recommendations and returns the original signed form with any changes to the Medical Administration Office for filing. The Governing body may take any appropriate action and is not bound by the Medical Director's recommendations.
- J. A letter renewing the practitioner's clinical privileges is sent to each practitioner whose clinical privileges the Governing Body renews within 60 days of the Governing Body decision. The Medical Director notifies practitioners in writing of adverse decisions.
- K. In the event of a delay (thirty (30) days or more beyond the date of privilege expiration) on the part of the ASC Credentials Committee or the Governing Body, the Medical Director may act without such recommendation on the basis of documented evidence of the applicant's professional and ethical qualifications and extend current privileges an additional sixty (60) days.

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- L. If a practitioner fails to submit a fully documented and complete application for renewal of privileges at least thirty (30) days prior to the expiration of his/her period of appointment, then the practitioner shall be deemed to have voluntarily resigned from the High Desert Health System ASC and clinical privileges will expire upon such expiration.

VII. RESTRICTION OF PRIVILEGES

- A. The ASC Hearing and Appellate Review Policy applies in the event that an applicant or practitioner is denied initial or renewal clinical privileges for a medical disciplinary cause or reason or if his/her privileges are restricted for a medical disciplinary cause or reason.
- B. Whenever the activities or professional conduct of a practitioner are deemed to place patients at risk of harm, or are deleterious or disruptive to clinical operations, the Medical Director shall request the ASC Credentials Committee to perform an urgent investigation into the matter and report its findings and recommendations.
- C. When patient care may be compromised, the Medical Director may restrict or suspend a practitioner's privileges without a recommendation from the ASC Credentials Committee.
- D. In either case, LA County DHS Human Resources policies and procedures will be followed, as applicable.
- E. The Medical Director has the responsibility to impose any and all personnel actions as needed to protect patients.
- F. ASC practitioners are expected to report any involuntary restriction of privileges at other organizations, restriction of state medical license, or medical malpractice settlements or unfavorable malpractice rulings to the Medical Director as soon as possible. The Medical Director may request the ASC Credentials Committee to review the practitioner's privileges at the ASC in light of any such actions taken against the practitioner, as described under Procedure I. General Principles, M.

VIII. TERMINATION OF PRIVILEGES

- A. Notwithstanding any other provision of this policy, the clinical privileges of any practitioner who is a County Civil Service employee, whether classified or unclassified, shall automatically terminate on the date of termination of County employment or on the date that the practitioner transfers or is assigned to another County facility, and the practitioner shall not be entitled

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to a hearing and appellate review under ASC Hearing and Appellate Review Policy.

- B. Notwithstanding any other provision of this policy, the clinical privileges of any practitioner, who has any contract with the County to provide health services at the ASC, or who provides health services at the facility under the contract of a non-County entity, shall automatically terminate on the date of expiration or termination of such contract, and the practitioner shall not be entitled to a hearing and appellate review under the Hearing and Appellate Review Policy.
- C. Notwithstanding any other provision of this policy, if a practitioner, who provides health services at ASC under the contract of a non-County entity, has his/her authority to provide such health services limited or restricted by such non-County entity, then those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the ASC Credentials Committee, shall be immediately and automatically terminated on the date that the ASC Credentials Committee, in its sole discretion, approves in writing such termination, and the practitioner shall not be entitled to a hearing and appellate review under the ASC Hearing and Appellate Review Policy.

IX. MAINTAINING CURRENT CALIFORNIA LICENSURE AND DEA CERTIFICATION

It is the physician’s responsibility to maintain a current California license to practice and DEA certificate. Medical Administration staff will query the practitioner database at the beginning of each month to ensure that licenses/certificates are kept current at all times. Current licenses/certificates are retrieved by the end of each month and retained in the credential file. The ASC Credentials Committee will be notified of all licenses/certificates that have expired and action taken. Failure to maintain current licensure/certifications will result in:

For County Physicians: appropriate disciplinary action (LA County DHS Human Resources policies and procedures will be followed, as applicable). The appropriate disciplinary action will be lifted and the County physician will be able to return to work once the current licensure/ certifications have been received.

For Contract Physicians: The physician being removed from the schedule until current licensure/certifications are received.

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X. ONGOING MONITORING OF PRACTITIONER SANCTIONS, COMPLAINTS AND QUALITY ISSUES BETWEEN RECREDENTIALING CYCLES

Ongoing monitoring of practitioner sanctions, grievances/complaints and quality issues is performed between re-credentialing cycles. Practitioner sanctions are monitored by the Medical Staff Coordinator (MSC) on a monthly basis, by performing a review of the following entities:

- Medical Board of California (MBC) Administrative Actions notices
- Osteopathic Medical Board (OMBC) Enforcement Actions
- California Board of Podiatric Medicine Disciplinary Actions
- Office of Inspector General (OIG) Programs Exclusions
- Medi-Cal Suspended and Ineligible Provider List
- Exclusion Extract Data Package (EEDP)

Provider sanctions identified are forwarded to the ASC Credentials Committee on a monthly basis. Appropriate actions are taken as outlined in Policy III-103, Peer Review.

Grievances/complaints against practitioners are monitored and tracked by Risk Management and forwarded to the ASC Credentials Committee at least every six (6) months, and threshold levels are based on the nature of the complaints and issues identified. Quality issues are monitored and tracked by Quality/Risk Management and forwarded to the ASC Credentials Committee at least every six (6) months, for review, final recommendations, and implementation of appropriate interventions, as deemed necessary.

XI. PHYSICIAN RESIGNATIONS/TERMINATION OF CONTRACT OR EMPLOYMENT – NOTIFICATION TO DEPARTMENTS

When a physician retires or resigns from the ASC or his/her contract is terminated, the following Executive Staff and departments shall be notified: Chief Nursing Officer, Health Information Management, Information Systems, Pharmacy, Office of Human Resources, Expenditure Management, Facilities, Safety Office, and Contract Monitor for Medical Administration.

Original Date: 07/01/2003
Reviewed: 08/10/2018
Next Review Date: 08/10/2021
Previous Review Dates: 05/03/13; 08/20/13; 02/06/14
Previous Revise Dates: 01/28/09; 12/03/10, 08/28/13, 04/17/14