



Ambulatory Care Network

HEALTH SERVICES • LOS ANGELES COUNTY

TITLE: Credentialing and Privileging of Licensed Independent Practitioners

DIVISION: Ambulatory Care Network
SERVICE AREA/ UNIT: Medical Administration

Policy & Procedure Number	ACN
	PO-03-001
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Approved By:	ACN P&P

1.0 PURPOSE:

- A. To ensure that all care provided to patients is provided by appropriately credentialed and privileged practitioners.
- B. To enable the Credentialing & Privileging Committee (C&PC) to identify, and when appropriate, act on important quality and safety issues in a timely manner during the interval between formal credentialing periods.
- C. To ensure that ongoing monitoring activities are performed in a collaborative, organized, standardized manner and to comply with applicable regulations including County, State, Federal, NCQA, etc.
- D. To ensure that optimal care is provided to Ambulatory Care Network (ACN) patients at each of its clinic locations.

2.0 POLICY:

Credentialing and privileging of licensed independent practitioners shall follow specific procedures. Appropriate information will be used to make decisions on granting, re-granting and/or restricting privileges. Credentialing is performed at individual clinic/cluster of clinics, but shared across the network. Privileging and peer review/ongoing performance evaluation is performed at individual clinic/cluster of clinics, and is endorsed as an essential component of medical care by the C&PC. The facility medical director has the overall responsibility for the credentialing and privileging process performed at the respective clinic sites. The ACN and the facility medical director do not delegate credentialing activities to an outside organization; however, credentialing by another Department of Health Services entity (i.e., hospital, outpatient facility) will be considered valid for ACN for providers practicing in more than one entity. ACN does not contract with practitioners that have opted out of Medicare.

3.0 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 clinical services at a specific location.

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 credentialing staff

Clean Files are a clean credentialing or re-credentialing file as possessing a current valid and unencumbered license, valid and unrestricted DEA, a verified work history free of gaps, verified education and training, verified board certification if applying as a specialist, acceptable malpractice claims history, absence of Medicare and Medical sanctions, appropriate affiliations history and absence of criminal history.

4.0 PROCEDURE:

A. GENERAL PRINCIPLES:

The ACN facilities do not discriminate on the basis of an applicant's race, ethnic/national identity, gender, age, sexual orientation or the type of procedure or patient (e.g., Medi-Cal) in which the practitioner specializes, when making credentialing, re-credentialing, and privileging decisions.

The ACN facilities follow procedures for monitoring compliance with equal opportunity in credentialing which may include, but are not limited to the following:

- Review of files in response to practitioner complaints
- Maintaining a diverse credentialing committee membership and the requirement for those responsible for credentialing decisions to sign a statement affirming that they do not discriminate when they make decisions.

The ACN has an established peer-review process of designating Credentialing and Privileging throughout the ACN Network. The Credentialing and Privileging Committee(s) (C&PC) includes representation from a diverse range of participating practitioners and representation from all medical specialties of practitioners it reviews. The C&PC reviews all initial credential and re-credential files including those that do not meet the ACN's criteria. The C&PC minutes reflect the committee's decision on practitioners who meet and those that do not meet the established criteria. All practitioner (clean and not clean) files are submitted to the C&PC committee for the committee's chair review and approval. The C&PC committee may not make any decision on a practitioner unless all required credentialing information is gathered within the specified timeframe. The chair shall act as the designated Medical Director as defined by National Committee for Quality Assurance (NCQA) standards.

All practitioners are credentialed and re-credentialed in the same manner by adhering to the procedures set forth below. As such, the facility credentialing staff monitors all facility credentialing files at least annually.

Credentialing files and credentialing material shall be maintained in a secure and locked location. The credentialing staff is bound by the Department of Health Services confidentiality policies.

1. The ACN credentials physicians, dentists, oral surgeons, optometrists, podiatrists, clinical psychologists, physician assistants and nurse practitioners, and other licensed practitioners, licensed to practice in the state of California, who are county workforce members (employed or contracted), or volunteers of Los Angeles County, Department of Health Services and its affiliated institutions, only these practitioners may apply for privileges at an ACN facility.
2. Credentialing criteria are 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
 - board certification if applicable]
 - appropriate malpractice claims history
 - must not have engaged in any unprofessional conduct or unacceptable business practices
 - absence of sanctions or restrictions on licensure
 - absence of use of illegal drugs
 - absence of criminal history
3. Each practitioner is granted specific privileges to care for patients at a specific clinic facility which fall under the scope of their practice, specialty, or area of expertise.
4. Only those practitioners who have been granted privileges by The Governing Body to care for patients at a specific ACN facility may do so.
5. Every application for privileges shall be signed by the applicant, and after granting of privileges, each practitioner shall acknowledge his/her obligation to abide by all ACN and local facility Policies and Procedures.
6. 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.
7. Credentialing and privileging will be performed in accordance with state, federal, and other regulatory agencies.

B. CLASSIFICATIONS

1. **Provisional privileges** are granted to practitioners new to an ACN facility for a period of six months. In some circumstances, this classification can be extended up to another six months, not to exceed one year, by the facility C&PC or the Medical Director.
2. **Active Full privileges** are granted to all practitioners who satisfactorily complete the provisional period. These privileges must be renewed 2 years

from the latter date of the last full credentialing period or the date provisional privileges were granted.

3. **Temporary privileges** may be granted by the Medical Director or Administrator/Director:
 - a. When a provider is needed to care for patients due to an unexpected absence of another practitioner,
 - b. When no other practitioner is able to provide a specific service,
 - c. When the C&PC has not met, or
 - d. When the Governing Body has not yet acted upon the recommendation of the Medical Director within 30 days of the approval of the facility C&PC.
 - e. During an emergency/disaster (Disaster Privileges) – i.e. when the emergency management plan has been activated, and existing staff cannot handle immediate patient needs.

In the first four instances the practitioner must show evidence of a current license and be recommended by a current practitioner at the clinic facility or by a clinical leader of another health care facility where the individual practices. This verification of license and competency can be performed via the telephone.

For new applicants awaiting governing body approval, temporary privileges may be granted after verification of complete application, current licensure, relevant education, training or experience, and current competence with primary source verification obtained. Competency may be evaluated via various means including verbal / written recommendations from peers, and/or board certification. The applicant must attest to his/her ability to perform the privileges requested and have a complete application on file with attestation of health and ability to perform job duties. A National Practitioner Database query must be completed and reviewed and the applicant must have no current or previous successful challenges to licensure or registration. The applicant should not have been subject to involuntary termination, limitation, reduction, denial, or loss of professional or medical staff membership or privileges at another organization in order to qualify for temporary privileges.

Temporary privileges shall be granted for no more than 60 days and extended as needed not to exceed 120 days. Special requirements of supervision may be imposed by the Medical Director on any practitioner granted temporary privileges. Temporary privileges may be withdrawn by the Medical Director at any time without cause.

C. PRE-APPLICATION

1. A pre-application form may be completed by an applicant and processed by the facility credentialing office prior to an initial application being given to an applicant.
 - a. A complete pre-application packet shall include the following:
 1. completed, signed and dated pre-application form
 2. completed, signed and dated 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 Driver's License

6. current Curriculum Vitae

- b. The pre-application process consists of
1. Reviewing the Curriculum Vitae and Work History Tracking form to ensure it is current and free of gaps in work history (since date of completion of medical/dental/professional school), post-graduate training and work history are accounted for

Note: Gaps 6 months and greater with a comment

Gaps greater than 1 year require written explanation from the provider.

2. Verifying current licensure with the appropriate board (e.g., Medical Board of California)
 3. Verify DEA certificate
 4. Querying the National Practitioner Data Bank (NPDB)
 5. Querying the American Medical Association Physician Masterfile (AKA Physician Profile) Database as applicable
 6. Querying the Office of Inspector General (OIG) Exclusions Database
 7. Verifying current hospital affiliation status
 8. Verifying Medi-Cal Opt out (Southern and Northern California) and MediCare sanctions
2. The facility credentialing office will notify the medical director of the outcome of the review of the pre-application packet and results of the queries. If approved by the medical director, an initial application packet will be sent to the applicant.
3. If adverse information is identified on the CV or received from the queries/verifications, the facility credentialing 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 medical director for final approval to proceed with the initial application process. If the pre-application review 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.

D. APPLICATION AND INITIAL CREDENTIALING

1. **Application** – All completed, signed and dated applications for privileges must be submitted to the ACN facility Medical Director or his/her designee. Each applicant must complete and submit, in writing or electronically where applicable, an application for privileges, and include a valid government issued photo ID; i.e., driver's license or passport (and attest to its accuracy) (Attachment A). Information obtained in the pre-application is used for the initial credentialing process.
2. **Initial Credentialing** - The information contained in the application pertains to four core criteria:
 - Current licensure and certificates
 - Relevant education, training, and experience
 - Current competence
 - Ability to perform requested privileges

Specific documentation for each of these criteria is required.

a. Current Licensure:

1. Primary source verification of licenses is required. Primary source verification is obtained from the appropriate State licensing agencies:

Physicians – Medical Board of California
Dentists – Dental Board of California
Optometrists – California Board of Optometry
Podiatrist - California Board of Podiatry
Clinical Psychologist – California Board of Psychology
Doctor of Osteopathy – Osteopathic Medical Board of California
Nurse Practitioners – California Board of Registered Nursing
Certified Registered Nurse Anesthetist – California Board of Registered Nursing

2. DEA certificates must be verified by primary source verifications from the Drug Enforcement Administration.
3. Radiography & Fluoroscopy X-ray and Supervisor Operators Certificates are verified with the California Radiologic Health Branch.

b. Relevant Education, Training and Experience:

1. Information concerning applicants' credentials may be obtained from approved Credentials Verifying Organizations (CVOs); e.g., the AMA, or primary source verification of professional education is obtained from the appropriate professional school.
2. Residency or other professional training program verification may be obtained from ., the AMA, or primary source verification is obtained directly from the training program (from the Program Director if possible) where applicable.
3. Current and previous affiliations and work history is verified by reviewing the following documents and obtaining primary source verification:
 - a. Listing of previous (the last five years) institutional affiliations
 - b. Work History Tracking Form – Chronological list of all work history since completion of professional training with required written explanation for time gaps of more than six months.

c. Current Competence:

1. **Peer References.** Names and contact information of three (3) Peer References are required.
 - a. 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.
 - b. 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.

- c. For recent graduates in the past three years, one reference must be from the applicant's program director.
 - d. Each peer reference is sent a "Recommendation for Initial Privileges" form to complete (Attachment B1).
 - e. Questions related to the applicant's skill, experience, and ability to perform these requested privileges are asked.
2. **Board Certification**, eligibility, or work experience in a specific field. Primary source verification is obtained from the individual granting board, such as American Board of Medical Specialties (via CertiFacts Online), American Osteopathic Association, American Board of Podiatric Orthopedics and Primary Podiatric Medicine, American Board of Physician Specialties, etc., or work experience is verified with evidence of competency by at least two peers in the chosen field with firsthand knowledge of the applicant's practice.
 3. **Special permits or certificates of training** required to support the privileges requested.
 4. **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. (Attachment B2)
- d. **Abilities to Perform Procedures Requested**
1. All applicants are required to complete a series of "Attestation Questions" which include questions about the applicant's health status, professional disciplinary actions, and drug or alcohol use and malpractice history. (See Attachment A).
 2. When obtaining references from peers, other institutions, and/or program directors, listings of the privileges being requested are sent along with the requests for evaluation.
 3. As noted, peer references are to include a statement about the applicant's ability to perform the requested privileges (i.e., health status).
- e. **Other Information Required for Application**
1. Professional liability insurance information and coverage, if applicable.
 2. Explanation of previous professional liability actions and malpractice claims history (Attachment C).
 3. Information obtained through a National Practitioner Data Bank query.

The facility credentialing 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
- AMA & ABMS

E. ONGOING MONITORING OF PRACTITIONER SANCTIONS, COMPLAINTS, AND QUALITY ISSUES BETWEEN CREDENTIALING CYCLES

1. The ACN monitors all practitioners in its network who fall within the scope of credentialing, by conducting monitoring activities including queries of various recognized sources.
2. Ongoing monitoring of practitioner sanctions, grievances/complaints and quality issues is performed between re-credentialing cycles minimum every 6 months. Practitioner sanctions are monitored, on a monthly basis, by the credentialing staff and forwarded to the C&PC for review, documentation, and appropriate action taken (including completing an 805 and 805.1 reporting to the Medical Board. See Peer Review and Ongoing Monitoring Activities Policy for more details). Reports are received monthly from the following as appropriate:
 - Medical Board of California (MBC) Administration Actions notices, Osteopathic Medical Board Enforcement Actions, California Board of Podiatric Medicine Disciplinary Actions, Board of Registered Nursing, Dental Board of California Hot Sheet, California Board of Psychology Disciplinary Actions notices
 - Office of Inspector General (OIG) Programs Exclusions
 - Medi-Cal Suspended and Ineligible Provider List
 - Exclusion Extract Data Package (EEDP) – System of Award Management (SAM)
 - Medicare Opt-Out Providers List (Northern & Southern California)
3. For entities that do not publish on a set schedule, sanctions will be reviewed at least every six months. For entities that do not publish sanction reports, sanctions are queried individually for any practitioner within 12-18 months after the last credentialing cycle.
4. Grievances/complaints against practitioners are monitored and tracked by facility administration and forwarded to the C&PC at least every six months for review and documentation in minutes. Threshold levels are based on the nature of the complaints and issues identified.
5. Quality issues are identified by quality/risk staff and or during the peer review process, and are forwarded to the C&PC, at least every six months, for review, final recommendation, and implementation of appropriate intervention, as deemed necessary.
6. A tracking log is maintained by the credentialing staff for state sanctions, grievances/complaints, disciplinary actions, identified adverse events, complaints and quality issues. If a trend is observed toward a practitioner, the information is forwarded to the C&PC for consideration in the practitioner's credentialing review/decision.

7. The ACN complies with requests for follow-up and a written response. Reports are requested on a case-by-case basis as practitioners and non-physician practitioners are identified with sanctions, complaints and adverse events, etc.

A. Sources of Medicare/Medicaid Sanctions

- AMA Physician Master File entry
- Federal Employees Health Benefits (FEHB) Program Department Record, published by the Office of Personnel Management, OIG
- Federation of State Medical Boards (FSMB)
- HIPDB
- List of Excluded Individuals and Entities maintained by OIG, available over the internet
- Medicare and Medicaid Sanctions and Reinstatement Report distributed to federally contracting organizations
- NPDB
- State Medicaid agency or intermediary and the Medicare Intermediary

B. Sources of Sanctions or Limitations on Licensure

The ACN verifies sanctions and or limitations on licensure from the following sources:

Physicians

- MBC Subscriber Notification
- FSMB
- HIPDB
- NPDB

Non-physicians

- Appropriate state agency
- HIPDB
- California State licensure and certification board

C. Time frame for Reviewing Sanction information

Entities reporting sanction information may have different schedules and methods for documenting information. Therefore:

The ACN determines the publication schedule and release date and are responsible for reviewing the information within 30 calendar days of its release.

The ACN monitors the following reports:

- Medicare/Medi-cal Sanctions
- Medi-Cal Suspended and Ineligible Provider List
- Board of Optometry
- Exclusion Extract Data Package (EEDP) – System of Award Management (SAM)

Ongoing

- Medical Board of California

Quarterly

- Osteopathic Medical Board of California

- Medicare Opt-Out Southern California
- Board of Behavioral Science

D. Reporting of Adverse Actions

The facility credentialing staff will query the reports outlined in time frame of reviewing sanction information above to identify findings related to practitioners in the network.

F. INITIAL APPLICATION REVIEW AND GRANTING OF PRIVILEGES

1. The completed application is reviewed by the Medical Director or designee and by members of the C&PC. The range of participation for the C&PC will be noted on the minutes by representations "specialty". A minimum of three reviewing privileged practitioners, will constitute a quorum. Only currently privileged practitioners may vote on granting/ restricting or modifying privileges.
2. Any of these parties may request additional information from the applicant if necessary.
3. The C&PC makes recommendations to the Medical Director or designee concerning the granting of privileges. (See Attachment D).
4. The Medical Director or designee, who has the authority to deem the applicant's file as complete/clean (see criteria in Section 3.0 Definitions), shall act upon the recommendation of the C&PC within thirty (30) days of its receipt by making a recommendation to the Governing Body.
5. All applicants are informed, in writing, of the decision to grant or not to grant privileges within 60 days of the C&PC's decision.
6. All granted privileges must be approved by the Governing Body. The Governing Body assumes ultimate responsibility for the granting of all 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/Director and submitted to the Governing Body for approval (Attachment H). The Governing Body approves or disapproves the Medical Director's recommendations and returns the original signed form with any changes to the facility credentialing office for filing. The Governing Body may take any appropriate action and is not bound by the Medical Director's recommendations.
7. Provisional privileges shall be granted for at least six (6) months not to exceed 12 months. During this time the practitioner shall be evaluated via Quality Improvement data, Peer Review information and patient complaints/grievances (described elsewhere). Provisional privileges may be extended at the recommendation of the C&PC or Medical Director, not to exceed 12 months.
8. The practitioner's performance is evaluated by the C&PC within 6 months of the practitioner's start date.
9. Recommendations to grant full privileges are forwarded to the Medical Director or designee for review (Attachment I). The practitioner is informed in writing of the granting of full privileges. If the C&PC members do not feel the practitioner

should be granted full privileges, they may recommend that the provisional period be extended up to an additional six (6) months.

10. If the C&PC and the Medical Director find that the practitioner did not meet expectations during the provisional period, counseling/disciplinary actions of the Los Angeles County Department of Health Services are followed. The Hearing and Appellate Review policy will be followed, as applicable. Employment by Los Angeles County does not guarantee the granting of privileges.
11. 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.
12. 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 C&PC 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.
13. Full active privileges are granted for a period of two years from the date of the last full review by the C&PC. The Governing Body approval date will be used as the start date for the two-year period.
14. All nurse practitioners and other allied health professionals shall undergo a proctoring period in which they are assigned to work under the supervision of licensed clinical practitioners with privileges, preferably physicians. (Note that nurse practitioners and physician assistants, even after proctoring period, must practice under an accessible physician).
 - a. During the proctoring period all aspects of patient care will be the responsibility of the proctoring provider(s).
 - b. The proctoring period may vary in length as needed to assure the nurse practitioner can safely and competently practice within the scope of his/her clinical training and guidelines.
 - c. When the clinical competency of the nurse practitioner is felt to be satisfactory by one or more proctors, peer review(s) will be performed and the proctor(s) will recommend the nurse practitioner to the C&PC for credentialing. Recommendations for clinical privileges will be sought by more than one proctor when available, with peer reviews performed.
 - d. Only after the satisfactory completion of a proctoring period and satisfactory completion of onsite peer reviews from at least one licensed independent practitioner with privileges will the application for privileges be submitted and acted upon by the C&PC.
15. Upon granting of privileges by the governing body, the C&PC will notify the Medical Director's office for notification of ancillary service departments and applicable managed care directories as needed in order to compare

credentialing information with existing practitioner directories to assure consistent data including, education, training, certification and specialty.

16. Privileges will be granted to only those that meet the following:
 - a. A current and valid, unencumbered license to practice medicine in his/her state of practice
 - b. Appropriate malpractice claims history
 - c. No engagement in any unprofessional conduct or unacceptable business practices
 - d. Absence of sanctions or restrictions on licensure
 - e. Current and valid DEA practice in California
 - f. Absence of use of illegal drugs
 - g. Absence of criminal history
17. ACN facilities contracts with physicians who have not opted out and includes the verification source for Medicare Opt-Out.

G. RENEWAL, REGRANTING or RESTRICTION OF PRIVILEGES

(See Attachment E, Application for Renewal of Privileges for Licensed Independent Practitioners)

1. Renewal and Re-granting of Privileges

- a. At least forty-five (45) days prior to the expiration of privileges, practitioner shall be requested to complete an application for the renewal and/or re-granting of privileges.
 1. A reapplication form shall be completed and signed by the practitioner. The reapplication packet should include the following information:
 - a. Current license and DEA (primary source verification performed by ACN facility)
 - b. Board certification verification
 - c. Additional certifications as necessary for privileging
 - d. Completion of "Attestation Questions" (changes in physical and/or mental status),
 - e. Results of queries for sanctions.
 - f. Results of Quality Improvement monitoring activities and peer review
 - g. Supervisor's (or other peer) recommendations (Attachment F)
 - h. Professional liability insurance, if applicable
 - i. Desired privileges specifically requested
 - j. Patient complaints and compliments

2. The completed packet, for review by the C&PC at its next regularly scheduled meeting, or sooner, should the practitioner's current privileges expire prior to that time.
- b. Existing privileges shall be renewed upon the basis of practitioner competence. Privileges requested for procedures not performed within the most recent two (2) year period at the ACN facility require evidence of competence – e.g. specific certification, verification of the successful performance of the procedure at another institution. Privileges are not to be automatically renewed.
 - c. The C&PC is charged with making recommendations to the Medical Director or designee concerning the renewal, addition, modification or deletion of specific privileges. The Medical Director or designee may modify the Credentials and Privileging Committee's recommendations. (Attachment G)
 - d. In the event of a delay (thirty (30) days or more beyond the date of privilege expiration) on the part of C&PC or the Governing Body, the Medical Director or designee may act without such recommendation on the basis of documented evidence of the applicant's professional and ethical qualifications, to extend current privileges an additional sixty (60) days.
 - e. Renewal and re-granting of privileges is the ultimate responsibility of the Governing Body. All recommendations regarding privileges are sent to the Governing Body for approval. (Attachment H)
 - f. The practitioner will be notified in writing by the Medical Director of the Governing Body's decision within 60 days of the Governing Body decision.
 - g. 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 approval of privileges, then the practitioner shall be deemed to have voluntarily resigned from the ACN facility and clinical privileges will expire upon such expiration.

2. **Restriction of Privileges (also, see policy on Hearing and Appellate Review)**

- a. When a recommendation regarding renewal or re-granting of privileges is adverse to the applicant, the Medical Director or designee shall promptly notify the applicant.
 1. The applicant may request, in writing, within thirty (30) days of such notification, an appeal of this decision.
 2. In such a case, 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.
 3. LA County DHS Human Resources policies will be followed if privileges are restricted because of the practitioner's performance.

- 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 clinic operations, the Medical Director shall request the C&PC to perform an urgent investigation into the matter and report their findings and recommendations.
 1. When patient care may be compromised, the Medical Director may restrict or suspend a practitioner's privileges without a recommendation from the C&PC.
 2. LA County personnel policy on disciplinary action (DHS Policy # 747) will be followed.
 3. The Medical Director has the responsibility to impose any and all personnel actions as needed to protect patients. Subsequent possible actions to be taken can range from, but are not limited to:
 - No action necessary
 - Practitioner counseling
 - Proctoring
 - Written reprimand
 - Restriction of privileges
 - Suspension
 - Discharge from service
- c. Appeals on Decisions to Restrict or Suspend Privileges
 1. Practitioners are given the opportunity for a fair hearing and appellate review when adverse decisions are made regarding specific clinical privileges.
 2. Practitioners are provided written notification of the right to appeal any decision regarding credentialing, re-credentialing, or their privileges at the time of their initial application as well as at the time of any adverse decision regarding credentialing.
 3. Policies and procedures describing the appeal process are found in the ACN Hearing and Appellate Review Procedure policy.
- d. Practitioner Rights
 1. Applicants have the right to review information submitted in support of their credentialing application, excluding protected information; i.e., peer review, peer recommendations, etc.
 2. Applicants will be notified in writing within 15 days of the discovery of information that varies from information supplied by the applicant.
 3. Applicants will be given the opportunity to correct erroneous information on their application within 15 days of their notification of a discrepancy. Corrections must be submitted in writing with corrections noted.

4. Corrections or amendments to the credential file should be submitted to the Medical Director or his/her designee who will date and initial to verify receipt.
 5. Applicants may request the status of their credentialing or re-credentialing application.
- e. Confidentiality
1. Credentialing files and credentialing material shall be kept confidential and maintained in a secure location.
 2. Members of the C&PC are bound by the confidentiality policies of ACN.
 3. Access to online credentialing information will be limited to members of the C&PC, the facility Medical Director, and the Governing Body.
- f. Reporting Adverse Events

ACN practitioners shall notify, in writing, the facility Medical Director immediately after, but no later than ten 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:

Medical Director may request the Credentials and Privileging Committee to review the practitioner's privileges at the respective ACN facility in light of any of these actions. The C&PC will review adverse events and document in minutes minimally every 6 months

7. Annual Policy Review

The Credentialing and Privileging of Licensed Practitioners policy shall be reviewed by the C&PC annually and modified as needed.

H. TERMINATION OF PRIVILEGES

1. 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 to a hearing and appellate review.
2. 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 an ACN facility, 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.
3. Notwithstanding any other provision of this policy, if a practitioner, who provides health services at an ACN facility 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 C&PC, shall be immediately and automatically terminated on the date that the C&PC, in its sole discretion, approves in writing such termination, and the practitioner shall not be entitled to a hearing and appellate review.

I. MAINTENANCE OF CREDENTIALS

1. 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.
 - a. At the time of renewal all practitioner licenses and certification should be presented to the Credentials and Privileging Committee.
 - b. The Credentials and Privileging Committee coordinator 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 Credentials and Privileging Committee with the updated license or certification.
 - c. Upon renewal of practitioner license or certification, applicable primary source verification will be obtained within 5 days of receipt.
2. In the event the provider does not provide an updated practitioner license or certification prior to expiration, the matter will be referred to the Medical Director or designee for further action as deemed necessary.
3. 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.


Prepared by: Nina J. Park, Chief Medical Officer

Approvals:

 N. PARK

Nina J. Park, MD
Chief Medical Officer

Date: 2-2-15


Alexander Li, MD
Chief Executive Officer

Date: 2/2/15

P&P History

Date	Department	Policy & Procedure #	Comments	Next Annual Review Due
9/25/2014	ACN	PO-03-001	P&P Committee Approved	9/25/2015
1/30/2015	ACN	PO-03-001	Revised and approved	1/30/2016