

LAC+USC MEDICAL CENTER POLICY

Subject: CREDENTIALING PROCESS	Original Issue Date: 3/01/98	Policy # 541
	Supersedes: 5/13/14	Effective Date: 4/11/17
Departments Consulted: Credentials Committee Attending Staff Association	Reviewed & Approved by: Attending Staff Association Credentials Committee Executive Committee Senior Executive Council	Approved by: Chief Medical Officer Chief Executive Officer

PURPOSE

To delineate the process established for assessing and validating the qualifications of all physicians, dentists, clinical psychologists and podiatrists (licensed independent practitioners) and Allied Health Professionals who provide patient care and treatment services within the LAC+USC Medical Center to ensure that only qualified staff are appointed and granted privileges.

To delineate the responsibilities of the LAC+USC Medical Center Attending Staff Office in the credentialing process.

POLICY

Credentialing will take place through the Attending Staff Office located at LAC+USC Medical Center. The Attending Staff Office will maintain credential files in a locked area. LAC+USC Medical Center/Attending Staff Association does not delegate any credentialing activities. The decision to accept, suspend or terminate is retained by our organization.

Appointments and reappointments require the approval of the Department Chairs and are submitted for revision to the Credentials and Privileges Advisory Committee and Interdisciplinary Practice Committee and to the monthly Attending Staff Association Executive Committee for approval and submission to the Governing Body/Delegate for final approval.

The duration of appointment is not more than two years. Reappointment occurs not more than every two years thereafter.

Written criteria are uniformly applied to licensed independent practitioners requesting membership on the Network Attending Staff.

Initial appointments to the LAC+USC Attending Staff shall be provisional for a period of not more than 24 months.

The provisional attending staff member or Allied Health Professionals will undergo a period of observation (proctoring) by a designated department member as delineated by the department's rules and regulations. Following successful completion of the provisional category, the attending staff member may be appointed to the active staff. The provisional member must comply with the LAC+USC Attending Staff Bylaws and Rules and Regulations of the LAC+USC Medical Center Attending Staff Association for privileged staff.

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The Bylaws and the Rules and Regulations of the Attending Staff Association describe the process of reviewing attending staff member's confidential files. Practitioners have the right to review only information submitted by them or addressed to them in support of their application. An attending staff practitioner may only review his or her credentialing materials, as described above, under the oversight of the Medical staff coordinator at the LAC+USC Attending Staff Office, with approval of the President of the Attending Staff Association or his or her designee. Attending staff practitioners will be notified of information that varies substantially from information provided in their respective credentialing application and be given the opportunity to correct erroneous information.

DEFINITIONS

Credentialing is the process of obtaining, assessing and verifying the qualifications and identity of a licensed independent practitioner or allied health professionals to provide member services in a health care network and its components. The 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 appointments and reappointments to the health care network panel of staff. Credentialing can also provide information to the process used to grant clinical privileges to licensed independent practitioners or mid-level providers by the Network, as appropriate.

Clinical Privileges are the authorization granted by the appropriate authority (for example, governing body) in the Network or a component of a health care network to a practitioner to provide specific scope and content of patient care services in the component, within defined limits, based on an individual practitioner's license, education, training, experience, competence, ability, and judgment.

Primary Source Verification is direct confirmation of the information provided by the applicant with the institutions identified on the application and includes current licensure, DEA licensure, query of the National Practitioner Data Bank, AMA physician profile, hospital affiliations and additional sources as needed.

Categories of Attending Staff Membership are described in the LAC+USC Medical Center Attending Staff Association Bylaws.

PROCEDURE

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Appointments

1. Applicants apply through the LAC+USC Attending Staff Office (ASO) via Cactus/AppCentral, DHS electronic credentialing system. The ASO is notified by the Department of Human Resources of new hires and transfers to a new assignment or area. Applications are to be completed and signed by the applicant, and forwarded to the ASO for processing at the directive of the Department Chair or designee. A complete application includes those elements listed in Attachment 541-A, "Credentialing Verification Methods and Requirements Licensed Independent Practitioners" and Attachment 541-B, "Credentialing Verification Methods and Requirements Allied Health Professionals:"
 - An application form completed and signed by the applicant that includes information regarding professional sanctions, judgments and settlements made or pending, health status, professional liability information, and actions concerning Staff privileges, licensure, and memberships
 - Delineation of Privilege Form
 - Appointment dues \$200 for paid attending staff members and \$50 for voluntary attending staff members. Dues not applicable for Allied Health Professionals
 - Current California State License
 - A valid picture ID issued by a State or Federal Agency (e.g., a driver's license or passport)
 - Current DEA Certificate, as required by each department
 - CPR, ACLS, BCLS Certificates, as required by each department
 - A copy of any special permits or certificates of training required to support your application/privilege request, i.e., (Fluoroscopy License Radiology, Radiography, General Anesthesia permits, etc.)
 - Three peer recommendations (Refer to Attachment C for references requirements)
 - Board Certification Certificate, if required
 - A copy of Curriculum Vitae
 - Medicare Acknowledgment Statement (hospital privileged staff)
 - Professional Liability Information
 - EMTALA Letter
 - Regulatory requirements, i.e., HIPAA
 - Tuberculosis screening Attestation
 - NPI (National Provider Identifier) Number
 - Patient Safety Education training
 - Affirmative Statement
 - Request for declaration of brain death (if applicable)
 - Request for moderate/deep sedation (if applicable)
 - Request for patient controlled analgesia (if applicable)
 - Faculty appointment letter or Insurance Coverage (for voluntary staff)
2. The LAC+USC Attending Staff Office will conform to the Credentials Verifications Methods and Requirements providers as delineated in Attachments A and B, which includes:
 - Initiate a confidential credentials file to maintain all required documentation.

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- Review application for completion prior to submission for approval.
- Perform primary source verification within 180 days of appointment.
- Verify current licensure with the Medical Board of California (MBC) or equivalent.
- Verify current DEA licensure with the Drug Enforcement Administration, if applicable.
- Query the National Practitioner Data Bank (NPDB).
- Request verification to monitor information on sanctions, restrictions on licensure, and limitations on scope of practice.
- Request verification of exclusions from Federal Health Care Programs. Query the list of excluded individual and entities (LEIE) maintained by the Office of Inspector General (OIG) to monitor Medicare/Medicaid and other sanctions. Documentation is regularly obtained and reviewed on a monthly basis.
- ASO conducts ongoing monitoring of Medicare and Medicaid sanctions and sanctions or limitation on licensure. Documentation is regularly obtained and reviewed on a monthly basis.
- ASO conducts ongoing monitoring of Medi-Cal sanctions of suspended and ineligible providers, and Medicare opt-out for Northern and southern California. Documentation is regularly obtained and reviewed on a monthly basis.
- ASO monitors adverse events identify by quality/risk management staff and/or during the peer review process, and are reported to the Credentials Committee on a monthly basis.
- ASO monitors Felony Convictions. The application requires a statement from the applicant regarding his or her history of felony convictions. In addition, Human Resources verifies through appropriate state, federal, or private agencies that collect and report criminal activity information.
- Request AMA Physician Profile which includes the following primary source verification:
 - ◆ Medical School
 - ◆ Internship
 - ◆ Residency
 - ◆ Fellowship
 - ◆ Board Certification
- Primary source verification for dentists, podiatrists, physicians, clinical psychologists and allied health professionals for whom the information is not provided by the AMA shall be done on an individual basis directly with the institutions referenced on the application.
- Query Hospital Affiliations
- Immediately forward any adverse information received from MBC, NPDB, DEA, or primary source verification to the respective Department Chair for review and consideration by the Department.
- ASO recognizes practitioner rights in the credentialing and recredentialing processes.
- The Credentials and Privileges Advisory Committee reviews all practitioners including those who do not meet the criteria for credentialing and recredentialing.
- No applicant shall be granted or denied Association membership or clinical privileges on the basis of gender, race, age, creed, color, religion, national origin, or any other criterion not based upon professional qualifications.
- ASO conducts ongoing monitoring of patient complaints and conducts audits to determine if there are complaints alleging discrimination.

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- LAC+USC prohibits financial incentives for Utilization Management Decision-Makers.
3. The Department Chair reviews the qualifications of all applicants and makes recommendations for approval of attending staff applications to the Credentials and Privileges Advisory Committee. Approval recommendation for Allied Health Professionals are submitted to the Interdisciplinary Practice Committee (IDPC) Credentials Sub-Committee.
 4. The Credentials and Privileges Advisory Committee or IDPC Credentials Sub-Committee reviews the qualifications of all applicants and makes recommendations for approval to the Attending Staff Association Executive Committee.
 5. The Attending Staff Association Executive Committee acts on the recommendation for approval.
 6. An Appointment/Reappointment (A/R) form is completed with the names of all approved applicants for provisional and permanent status by the Director of the Attending Staff Office and signed by the Chief Medical Officer and Chief Executive Officer or their respective designees, and submitted to the governing body for approval.
 7. The Office of the Governing Body Affairs returns the original signed A/R form to the Medical Center ASO for filing.
 8. A letter of appointment is sent by the ASO to each attending staff applicant stating that he or she is officially appointed to the attending staff and the effective dates. The Attending Staff Office will promote records linked to the LAC+USC Intranet privileges Website for access. An acknowledgment letter is sent to each attending or allied health professional requesting privileges, indicating the effective dates that privileges have been granted. ASO provides the member or provider with proctoring forms to be completed within the first six months of appointment. Failure to comply with proctoring requirements, practitioners will not be able to advance from provisional to active category. The details of the proctoring process are part of each department's rules and regulations. The type of cases, length of time, and other types of information to be considered are decided by the department.

Reappointments

1. Every two years, the LAC+USC Attending Staff Office (ASO) issues an electronic reappointment application to attending staff members(via Cactus/AppCentral) due for reappointment and to allied health professionals due for renewal of clinical privileges. The ASO sends applications to practitioners within five months prior to the privilege expiration. Practitioners have a deadline to complete and return application within ninety days (3 months) prior to expiration for processing. Failure to submit reappointment, the practitioner will need to reinstate credentialing process, including proctoring.
2. A complete application contains the following detailed information, as delineated in attachments A and B, concerning the applicant's qualifications:

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- An application form signed by the applicant and Department Chair that includes information regarding professional sanctions, judgment and settlements made or pending, health status, professional liability information, and actions concerning Staff privileges, licensure, and memberships
 - Delineation of privilege form
 - Appointment Dues \$200 for paid attending staff members and \$50 for voluntary attending staff members. Not applicable for Allied Health Professionals.
 - Meeting Attendance, as required per department
 - Three peer recommendations (Refer to Annex A for references requirements)
 - A current picture hospital ID Card
 - Additional practice information during the last two years
 - Additional training during the last two years
 - Board Certification within the last two years
 - Current California State License
 - EMTALA Letter
 - Current DEA Certification
 - CPR Certificate, as required per department
 - Updated Curriculum Vitae
 - Professional Liability Information
 - tuberculosis screening attestation
 - Regulatory requirements, i.e., HIPAA
 - Request for declaration of brain death (if applicable)
 - Request for moderate/deep sedation (if applicable)
 - Request for patient controlled analgesia (if applicable)
3. Upon receipt of the application, the LAC+USC ASO will conform to the Credentials Verifications Methods and Requirements as delineated in Attachments A and B, which includes:
- Review application form completion prior to submission to Attending Staff Association Executive Committee for approval.
 - Perform primary source verification within 180days of appointment.
 - Verify current licensure with the Medical Board of California**, or equivalent.
 - Verify the DEA licensure with the Drug Enforcement Administration**, if applicable.
 - Query the National Practitioner Data Bank
 - Request verification to monitor information on sanctions, restrictions on licensure, and limitations on scope of practice. Policy 541-B.
 - Request verification of exclusions from Federal Health Care Programs. Query the list of excluded individual and entities (LEIE) maintained by the Office of Inspector General (OIG) to monitor Medicare/Medicaid and other sanctions. Policy 541-B.
 - ASO conducts ongoing monitoring of Medicare and Medicaid sanctions and sanctions or limitation on licensure. Documentation is regularly obtained and reviewed on a monthly basis. Policy 541-B.

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- ASO conducts ongoing monitoring of Medi-Cal sanctions of suspended and ineligible providers, and Medicare opt-out for Northern and southern California. Documentation is regularly obtained and reviewed on a monthly basis.
- ASO monitors Felony Convictions. The application requires a statement from the applicant regarding his or her history of felony convictions. In addition, Human Resources verifies through appropriate state, federal, or private agencies that collect and report criminal activity information.
- Obtain primary source verification for additional training and/or board certification occurring during the last two years.
- Query Hospital Affiliations
- Obtain OPPE data every 6-9 months for the department chair to permit adequate review and evaluation.
- Immediately forward any adverse information received from MBC, NPDB, DEA, or primary source verification to the respective Department Chair for review and consideration by the Department.
- ASO recognizes practitioner rights in the credentialing and recredentialing processes.
- The Credentials and Privileges Advisory Committee reviews all practitioners including those who do not meet the criteria for credentialing and recredentialing.
- No applicant shall be granted or denied Association membership or clinical privileges on the basis of gender, race, age, creed, color, religion, national origin, or any other criterion not based upon professional qualifications.
- ASO conducts audits of practitioner complaints to determine if there are complaints alleging discrimination.
- LAC+USC prohibits financial incentives for Utilization Management Decision-Makers.
- ASO verifies board certification at recredentialing (including lifetime). If the board does not provide the expiration date, the ASO verifies that the board certification is current.
- ASO makes timely recredentialing decisions and includes information from quality improvement activities and member complaints in the recredentialing decision-making process.

**Current Licensure: as indicated in Attachments A and B, is verified at time of license renewal.

4. The Department Chair reviews the qualifications of all applicants and makes recommendation for approval of attending staff members to the Credentials and Privileges Advisory Committee. Approval recommendations for allied health professionals are submitted to the Interdisciplinary Practice Committee (IDPC) Credentials Sub-Committee.
5. The Credentials and Privileges Advisory Committee or IDPC Credentials Sub-Committee reviews the qualifications of all applicants and makes recommendations for approval to the Attending Staff Association Executive Committee.
6. The Attending Staff Executive Committee acts on the recommendation for approval.

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7. An A/R form is completed with the names of all approved applicants for reappointment, signed by the Medical Director, Chief Executive Officer or their respective designees, and submitted to the governing body for approval.
8. The Office of the Governing Body Affairs returns the original signed A/R form to the Network ASO for filing.
9. A letter of reappointment is sent to each attending staff applicant stating he or she is officially reappointed to the attending staff and the effective dates. A letter is sent to each allied health professional stating that his or her application of clinical privileges has been approved and the effective dates.

Temporary Privileges

There are two circumstances for which the granting of temporary clinical privileges to an LIP would be acceptable:

- To fulfill an important patient-care need, and
- When a new applicant with a complete, "clean" application that raises no concerns is awaiting review and approval of the medical staff executive committee and board.

In order to be granted temporary clinical privileges, there must be no current or previously successful challenges to licensure or registration, involuntary termination of medical staff membership at another organization, or involuntary limitation, reduction, denial, or loss of clinical privileges.

1. **Application Process:** Applicants must complete a credentialing packet. Upon receipt of a completed application for Association membership, including, without limitation, desired membership category and a specific list of desired clinical privileges, and verification (as delineated in Attachments A and B) of his or her identity, references, education, training, current California licensure, current Drug Enforcement Administration certificate (for physicians, dentists and podiatrists, in order to qualify for certain privileges to prescribe restricted medications), National Practitioner Data Bank report, experience, and other qualifying information submitted by primary sources, whenever possible,

The Director of DHS exercised its delegated authority, approved by LAC+USC Medical Center Governing Body, in granting all temporary clinical privileges by the Chief Executive Officer (CEO) of the LAC+USC Medical Center. This delegation of authority is in pursuant to Section 2 – Temporary Clinical Privileges of the Bylaws of the Attending Staff Association of the Los Angeles County + University of Southern California Medical Center; by which the Director may, with the written concurrence of the chair of the concerned department and the President or the Medical Director, grant temporary clinical privileges to the applicant. The authority delegated to the CEO is also in accordance with the Joint Commission standards MS.06.01.03 EP-4 that stipulates, "All temporary privileges are granted by the Chief Executive Officer or authorized designee". The application must raise no concerns and must be awaiting review and approval of the Credentials and Privileges Committee and the Executive Committee of the Attending Staff Association and the Director of DHS.

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2. **Supervision of Department Chair:** In exercising such temporary clinical privileges, the applicant shall act under the supervision of the chair of the department to which he or she is assigned.
3. **Duration:** Such temporary clinical privileges should not exceed one hundred and twenty (120) days in duration.

The Bylaws of the Attending Staff Association delineate the requirements for attending staff members or applicants to obtain privileges for locum tenens, visiting professors and persons not requesting application for membership. The procedure for granting disaster privileges may be found in Network Policy 541.1 "Disaster Privileges".

RESPONSIBILITY

Attending Staff
Department/Division Heads
Administrators

REFERENCES

California Business & Professions Code § 2282.5
California Code of Regulations (CCR), Title 22, § 70723
LAC+USC Medical Center Attending Staff Association Bylaws
LAC+USC Medical Center Attending Staff Manual, Rules and Regulations
LAC+USC Healthcare Network Principles of Practice/Attending Staff Manual
DHS Policy 918.5, Health Screening and Clearance Policy
LAC+USC Medical Center Policy 541.1, "Disaster Privileges"
National Committee for Quality Assurance Standards
Joint Commission Standards (Medical Staff; Management of Human Resources; Surveillance, Prevention, and Control of Infection)

ATTACHMENTS

Attachment A, "Credentialing Verification Methods and Requirements Licensed Independent Practitioners"
Attachment B, "Credentialing Verification Methods and Requirements Mid-Level Providers"

REVISIONS DATES

October 20, 1998; April 3, 2002; May 13, 2003; May 5, 2005; October 9, 2008; April 4, 2011; September 4, 2013, December 4, 2014, April 11, 2017