



**TITLE: Credentialing and Privileging of Licensed Independent Practitioners**

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

<b>Policy &amp; Procedure Number</b>	<b>ACN</b>
	<b>PO-03.001</b>
<b>Origination Date:</b>	9/25/2014
<b>Revision Date:</b>	2/13/2020
<b>Review Date:</b>	3/12/2020
<b>Approved By:</b>	ACN P&P

**1.0 PURPOSE:**

- 1.1. To ensure that all care provided to patients is provided by appropriately credentialed and privileged practitioners.
- 1.2. To enable the Ambulatory Care Network Credentialing & Privileging Committee (ACN 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.
- 1.3. To ensure that ongoing monitoring activities are performed in a collaborative, organized, standardized manner and to comply with applicable regulations including County, State, Federal, and National Committee for Quality Assurance.
- 1.4. To ensure that optimal care is provided to Ambulatory Care Network (ACN) patients at each of its clinic locations.

**2.0 POLICY:**

- 2.1 All licensed independent practitioners that provide care to patients to any ACN facility will be credentialed and privileged according to the procedures, delineated below.
- 2.2 Information to support credentialing and privileging is gathered by the ACN Credentialing Unit, but the recommendation to credential and privilege a practitioner is made by the facility Medical Director, who forwards it to the ACN C&PC, for final review and approval.
- 2.3 The ACN does not delegate credentialing activities to an outside organization; however, credentialing and clinical privileges, approved by the ACN C&PC or another Department of Health Services (DHS) entity will be considered valid, at any ACN facility as long as the privileges granted fall within the scope of the applicable ACN facility. Peer review, ongoing performance evaluation and quality monitoring performed at any ACN facilities endorsed by the ACN C&PC may be utilized to meet the requirement for maintenance and renewal of clinical privileges at all ACN sites. The Medical Director or designee of any ACN clinical site may at their discretion perform ongoing peer review, performance evaluation and quality monitoring on practitioners working at their site above the requirement for credentialing and privileging of the ACN C&PC.

- 2.4 DHS monitors practitioners who are excluded/sanctioned from participating in the Medicare Advantage Organization and ensures that it only employs physicians who have not opted out and that are not excluded/sanctioned from participation.

### 3.0 DEFINITIONS:

- 3.1 **Ambulatory Care Network (ACN)** of the Los Angeles County Department of Health Services (DHS) consisting of any and all facilities categorized under the ACN in the DHS Credentialing system.
- 3.2 **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.
- 3.3 **Clinical Privileges** are the authorizations granted to a licensed independent practitioner to render specific clinical services at a specific location.
- 3.4 **Governing Body** means the County of Los Angeles Board of Supervisors or its duly authorized delegate.
- 3.5 **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.
- 3.6 **Clean Files** are credentialing or recredentialing files that include a current valid and unencumbered license, a valid and unrestricted DEA, a verified work history free of gaps, verified education and training, verified specialty training (if applying as a specialist), acceptable malpractice claims history, absence of National Practitioner Data Bank (NPDB) reports or Medicare and Medical sanctions, appropriate affiliations history and absence of adverse professional reference information and criminal history.

### 4.0 PROCEDURE:

#### 4.1 GENERAL PRINCIPLES

No applicant applying to any ACN facility shall be granted or denied clinical privileges on the basis of gender, race, age, creed, color, religion, ethnic/national origin, sexual orientation, gender identity or expression) or any other criterion not based upon professional qualifications. The ACN C&PC members make decisions based on character, competency, training, experience and judgement, NOT on the basis of gender, race, age, creed, color, religion, ethnic/national origin, sexual orientation, gender identity or expression, or any other criterion not based upon professional qualifications.

The ACN C&PC monitors and evaluates competency of each applicant when applying for and/or renewing clinical privileges based on the approved criterion, which includes language to prevent any discriminatory practices during the credentialing and recredentialing process. The same routine credentialing process is followed for each applicant, utilizing the credentialing and recredentialing summary sheet. To ensure that credentialing decisions are made in a non-discriminatory manner the following process are implemented annually:

Semi Annual audits of credentialing files (in process, denied and approved) are conducted to ensure that practitioners are not discriminated against. Credentialing

files are reviewed and evaluated on a monthly basis; the credentialing and recredentialing tool (summary sheet) is used to determine the competency requirement for appointments and recredentialing.

The ACN C&PC follows 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.
- The ACN C&PC maintains a heterogeneous committee membership and assures that practitioners responsible for credentialing decisions sign a statement affirming that they do not discriminate when making decisions.

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

The ACN C&PC utilizes a peer-review process and makes recommendations regarding credentialing decisions. The ACN C&PC is composed of the ACN Director of Primary Care and facility Medical Directors. Each member will serve as the Chair of the Committee on a rotating basis for a one-year term. Each member will have voting rights. A minimum of four members will constitute a quorum. Each facility Medical Director will review all initial credential and recredentialed files from their facility, including those that do not meet the ACN's criteria, and will forward the recommendations to the ACN C&PC for action. Specialists will be consulted when necessary and appropriate. The ACN C&PC reviews the credentials of practitioners being credentialed or recredentialed including those who do not meet the organization's criteria.

The ACN C&PC minutes reflect the committee's decisions on practitioners who meet and those that do not meet the established criteria. All practitioners' (clean and not clean) files are submitted to the ACN C&PC Committee's Chair review and approval. The ACN C&PC may not make any decisions on a practitioner unless all necessary credentialing information has been gathered within the specified timeframe. The Chair shall act as the designated Medical Director as defined by NCQA standards.

All practitioners are credentialed and recredentialed in the same manner by adhering to the procedures set forth below. 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.

- 4.1.1 The ACN credentials physicians, dentists, oral surgeons, optometrists, podiatrists, clinical psychologists, physician assistants, nurse practitioners, nurse anesthetists, pharmacists, audiologists 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.
- 4.1.2 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 medicine in California
  - Current and valid DEA in California (for practitioners expected to prescribe restricted medications during performance of privileges requested)
  - Adequate experience, competence, education, and training to perform all requested clinical privileges
  - Absence of current opting-out of Medicare

All files are reviewed for the following, any of which may be grounds for denying credentials and privileges:

- Malpractice claims history
- Unprofessional conduct or unacceptable business practices
- Sanctions or restrictions on licensure
- Use of illegal drugs
- Criminal history

4.1.3 Each qualified practitioner is granted, by the Governing Body, specific privileges to care for patients which fall under the scope of their practice, specialty, or area of expertise.

4.1.4 Practitioners who have been granted privileges by the Governing Bodies may care for patients at any ACN facility at the discretion of the ACN facility's Medical Director, provided that the requested privileges fall within the facility's scope of clinical practice.

4.1.5 ACN facility Medical Directors may request credentialing and privileging documents (letter of good standing, current privilege form) from the ACN Credentialing Unit before accepting a practitioner.

4.1.6 Every application for privileges shall be signed by the applicant. Each practitioner shall acknowledge his/her obligation to abide by all ACN and local facility Policies and Procedures.

4.1.7 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 are questioned.

4.1.8 Credentialing and privileging will be performed in accordance with state, federal, and other regulatory agency policies and regulations.

## 4.2 CLASSIFICATIONS

4.2.1 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 twelve months, not to exceed eighteen months, by the ACN C&PC.

4.2.2 Active Full privileges are granted to all practitioners who satisfactorily complete the provisional period. These privileges must be renewed two (2) years from the latter date of the last full credentialing period or the date provisional privileges were granted.

4.2.3 If the ACN C&PC cannot meet and clinical services will be compromised, temporary privileges may be granted by the Governing Body or the Chair of the ACN C&PC under the following circumstances:

1. When a provider is needed to care for patients due to an unexpected absence of another practitioner.
2. When no other practitioner is able to provide a specific service.
3. 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 two instances, the practitioner must show evidence of current licensure and be recommended by a current practitioner at the ACN 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. A National Practitioner Database query must be completed and reviewed.

For new applicants awaiting governing body approval, temporary privileges may be granted after primary source verification of complete application, current licensure, relevant education, training or experience, and current competence. Competency may be evaluated via various means including verbal/written recommendations from peers, and/or board eligibility 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 but may be extended as needed not to exceed 120 days total. Special requirements of supervision may be imposed by the facility Medical Director/Governing Body on any practitioner granted temporary privileges. Temporary privileges may be withdrawn by the facility Medical Director/Governing Body at any time without cause.

- 4.2.4 Practitioners who need to be credentialed, but who will not provide direct patient care in an ACN facility, may defer the application for clinical privileges.

#### 4.3 **APPLICATION AND INITIAL CREDENTIALING**

- 4.3.1 Application – All completed, signed and dated applications for privileges must be submitted to the ACN Credentialing Unit. Each applicant must include a valid government issued photo ID (*i.e.*, driver's license or passport) and attest to the accuracy of the information provided on the application (Attachment A).

- 4.3.2 Initial Credentialing – The information contained in the application pertains to four core criteria:

- Current licensure and certificates;
- Relevant education, training, and experience;
- Current competence; and
- Ability to perform requested privileges.

Specific documentation for each of these criteria is required.

1. Current Licensure

- A. 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
- Podiatrists - California Board of Podiatry
- Clinical Psychologists – California Board of Psychology
- Doctors of Osteopathy – Osteopathic Medical Board of California

- Nurse Practitioners – California Board of Registered Nursing
  - Certified Registered Nurse Anesthetists – California Board of Registered Nursing
  - Pharmacists – California Board of Pharmacy
  - Physician Assistants – Physician Assistant Board
  - Audiologists – Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
- B. DEA certificates must be verified by primary source verification from the American Medical Association (AMA) or the Drug Enforcement Administration. If a provider does not have a valid DEA certificate at the time of credentialing, a note will be placed in the credential file identifying the name and DEA number of the physician providing prescription coverage.
- C. Radiography & Fluoroscopy X-ray and Supervisor Operator Certificates are verified with the California Radiologic Health Branch.
2. Relevant Education, Training and Experience
- A. Information concerning an applicant's professional education may be obtained from approved Credentials Verifying Organizations, such as the AMA or directly from the appropriate professional school.
- B. Residency or other professional training program verification may be obtained from, the AMA or directly from the training program (from the Program Director if possible) where applicable.
- C. Current and previous affiliations and work history are verified by reviewing the following documents and obtaining primary source verification:
- Listing of previous (the last five years of) institutional affiliations.
  - 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.

3. Current Competence

- A. Peer References. Names and contact information of three (3) Peer References are required on the Credentialing application. The Credentialing Staff will request letter responses from the references. In the event that only two (2) letter responses are received, the Credentialing Staff will notify the facility Medical Director. The facility Medical Director has the discretion to accept an application with two (2) references or require that the third letter be received.
- 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 reference for mid-level providers (e.g., NP, PA, etc.) should be from a physician.

- c. For 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 which includes questions regarding the applicant's skill, experience, and ability to perform these requested privileges (Attachment B1).
- B. Board Certification. Primary source verification is obtained from the individual granting board, such as American Board of Medical Specialties (ABMS) American Board of General Dentistry, American Board of Optometry, Board of Pharmacy Specialties, American Board of Professional Psychology, American Association of Nurse Practitioners, American Nurses Credentialing Center, National Certification Corp, National Commission on Certification of Physician Assistants, National Board of Certification & Recertification for Nurse Anesthetists, and American Board of Podiatric Medicine.
- C. In the absence of Board Certification, Board Eligibility or qualifying work experience in a specific field are required.
- D. Special permits or certificates of training required to support the privileges requested, if applicable.
- E. Current Hospital or other Institutional Affiliations. Delineation of the applicant's current privileges and any history of limited and or loss of privileges or other disciplinary action, admitting privilege status, and the applicants are requested for the organization (Attachment B2).
4. Abilities to Perform Procedures Requested
- A. All applicants are required to complete a series of "Attestation Questions," which include questions about the applicant's health status, professional disciplinary actions, any impairment due to the present use of illegal drugs or chemical dependency, and history of professional liability cases (See Attachment A).
  - B. 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.
  - C. References are to include a statement about the applicant's ability to perform the requested privileges.
5. Other Information Required for Application
- A. Professional liability insurance information and coverage, if applicable.
  - B. Explanation of previous professional liability actions and malpractice claims history (Attachment C).
  - C. Information obtained through a National Practitioner Data Bank query.

The ACN Credentialing Unit shall assure that all information, which requires primary source verification, is not 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 reports

#### 4.4 **ONGOING MONITORING OF PRACTITIONER SANCTIONS, COMPLAINTS, AND QUALITY ISSUES BETWEEN CREDENTIALING CYCLES**

- 4.4.1 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.
- 4.4.2 Ongoing monitoring of grievances/complaints and quality issues is performed between recredentialing cycles, every six (6) months at a minimum. Practitioners are monitored for sanctions, on a monthly basis by the credentialing staff and findings are forwarded to the ACN C&PC for review, documentation, and appropriate action (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 reviewed 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, Board of Optometry Citations and Disciplinary Action, Board of Pharmacy, Physician Assistant Board and Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
  - 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 Report (Northern & Southern California)
- 4.4.3 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 each practitioner within 12-18 months of the last credentialing date.
- 4.4.4 Grievances/complaints against practitioners are evaluated upon receipt and monitored and tracked by the facility Medical Director and forwarded to the ACN C&PC at least every six (6) months for review and documentation in minutes. If there are 5 or more grievances/complaints within a calendar year, they all must be reviewed by the facility Medical Director to determine the nature of the grievance/complaint and any issues identified.
- 4.4.5 Quality issues that are identified by quality/risk staff, focused peer review and/or during the peer review process are reviewed by the facility Medical Director and forwarded, as appropriate, to the ACN C&PC for review, final recommendation, and implementation of appropriate intervention, as deemed necessary.
- 4.4.6 A tracking log is maintained by the facility Provider Coordinator for grievances/complaints, disciplinary actions, identified adverse events, and quality issues. If a trend related to a practitioner is observed, the information



is reviewed by the facility Medical Director and, as appropriate, forwarded to the ACN C&CP for consideration in the practitioner's credentialing review/decision.

4.4.7 The ACN complies with requests for follow-up to the appropriated regulatory agency, accredited body or Managed Care with a written response. Reports are requested on a case-by-case basis as physicians and non-physician practitioners are identified with sanctions, complaints and adverse events.

1. Sources of Medicare/Medicaid Sanctions

- AMA Physician Master File entry
- 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

2. 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
- NPDB

Non-physicians

- Appropriate state agency
- California State licensure and certification board

3. Time frame for Reviewing Sanction information

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

The ACN Credentialing Unit is responsible for reviewing the information within 30 calendar days of its release.

The ACN monitors the following reports:

Ongoing

- Medical Board of California
- Board of Registered Nursing – Nursys E-notify
- California Board of Psychology
- Osteopathic Medical Board of California

Monthly

- Board of Pharmacy
- Dental Board of California
- Board of Optometry
- California Board of Podiatry
- Physician Assistant Board
- Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

- Medi-Cal Suspended and Ineligible Provider List
- Exclusion Extract Data Package (EEDP) – System of Award Management (SAM)
- Office of Inspector General (OIG) Program Exclusions

#### Quarterly

- Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
- Medicare Opt-Out (Southern & Northern) California

#### 4. Reporting of Adverse Actions

The ACN credentialing staff will query the reports mentioned above at the frequency outlined to identify findings related to practitioners in the network.

5. Loss or limitation of license will result in termination of practitioner's ability to provide care in the Medicare Advantage Organization, in addition to suspension or limitation of practitioner's clinical privileges.

### 4.5 INITIAL APPLICATION REVIEW AND GRANTING OF PRIVILEGES

- 4.5.1 The completed application is reviewed by the ACN Credentialing Unit, facility Medical Director or designee and by members of the ACN C&PC.
- 4.5.2 Any of these parties (ACN Credentialing Unit, facility Medical Director and/or ACN C&PC) may request additional information from the applicant, if necessary.
- 4.5.3 The ACN C&PC makes recommendations to the Governing Body concerning the granting of privileges (See Attachment D).
- 4.5.4 All applicants are informed, in writing, of the decision to grant, restrict, modify or not grant privileges within 60 days of the ACN C&PC's decision.
- 4.5.5 Privileging decisions are uniform and applicable across all ACN facilities.
- 4.5.6 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 facility Medical Director, by to the ACN C&PC.
- 4.5.7 The practitioner's performance is evaluated by the facility Medical Director or designee within six (6) months of the practitioner's start date.
- 4.5.8 Recommendations to grant full privileges are forwarded to the facility Medical Director/s or designee for review with input from the ACN facilities at which the practitioner works. The practitioner is informed in writing of the granting of full privileges. If the ACN C&PC members do not feel the practitioner should be granted full privileges, they may recommend that the provisional period be extended by up to an additional six (6) months.
- 4.5.9 If the facility Medical Director/s and the ACN C& PC find that the practitioner is not meeting expectations during the provisional period, counseling/disciplinary actions are undertaken, following the standard, policies and procedure of the Los Angeles County Department of Health Services. The Hearing and Appellate Review policy will be followed if a denial, reduction, or limitation of

privileges is imposed. Employment by Los Angeles County does not guarantee the granting of privileges.

- 4.5.10 If the Governing Body's decision is adverse to the applicant with respect to clinical privileges, the Governing Body shall promptly notify the ACN C&PC Chair and facility Medical Director of such adverse decision. The ACN C&PC shall inform the applicant in writing of the action. The Hearing and Appellate Review Policy shall be followed, as applicable.
- 4.5.11 For a new applicant, failure to submit a fully documented and complete application within 90 calendar days of the initial application date will result in the application being filed as administratively incomplete, and the ACN 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.
- 4.5.12 Full active privileges are granted by the ACN C&PC, for a period of two (2) years from the date of the last approval of the Governing Body. The Governing Body approval date will be used as the start date for the two-year period.
- 4.5.13 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 full active privileges. After proctoring is complete nurse practitioners, and other allied health professionals, must practice under an accessible physician.
- 4.5.14 Privileges will be granted to only those that meet the following:
  1. A current and valid, unencumbered license to practice medicine in his/her state of practice
  2. Appropriate malpractice claims history
  3. No engagement in any unprofessional conduct or unacceptable business practices
  4. Absence of sanctions or restrictions on licensure
  5. Current and valid DEA practice in California (for practitioners expected to prescribe restricted medications during performance of privileges requested)
  6. Absence of opting out of Medicare
- 4.5.15 Practitioners who require credentialing with ACN, but who will not provide direct patient care in an ACN facility, may defer the request for privileges and will not need a provisional review period before being granted credentials by ACN C&PC.

#### 4.6 **RENEWAL, REGRANTING or RESTRICTION OF PRIVILEGES**

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

- 4.6.1 Renewal/ Regranting of Privileges
  1. At least 45 days prior to the expiration of privileges, the practitioner shall be requested to complete an application for the renewal/regranting of privileges.
    - A. A reapplication form shall be completed and signed by the practitioner.
    - B. The reapplication packet should include the following information:

#### Submitted by the applicant

- A completed and signed application;
- A completed and signed privilege form with desired privileges specifically requested;
- A copy of current California license and DEA certificate;
- Board certification updates, if applicable;
- Additional certifications as necessary for requested privileges.
- A completed "Attestation Questions" form; and
- Proof of professional liability insurance, if applicable.

#### Provided by the ACN Credentialing Unit

- Verification of Licensure & DEA
- Results of hospital affiliations verifications
- Results of current sanctions
- Results of NPDB
- Results of AMA
- Results of Facility Site Reviews (FSR)
- Results of queries for sanctions for the last two years
- Supervisors' and facility Medical Director's recommendations (Attachment F)
- Governing Body recommendations (Attachment G)

#### Provided by Facility Coordinator

- Results of Adverse Events, complaints, grievances, quality of care issues, and peer review

2. The completed packet is submitted for review to the Facility Department Chair and/or facility Medical Director and voted on at the ACN C&PC next regularly scheduled meeting, or sooner, should the practitioner's current privileges expire prior to that time.
  - A. 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 an ACN facility require evidence of competence – e.g. specific certification, verification of the successful performance of the procedure at another institution or simulation training. Privileges are not to be automatically renewed.
  - B. The ACN C&PC is charged with making recommendations to the Governing Body concerning the renewal, addition, modification or deletion of specific privileges (Attachment F).
  - C. Renewal and regranting of privileges is the ultimate responsibility of the Governing Body (Attachment G).
  - D. The practitioner will be notified in writing by the Chair of the ACN C&PC of the Governing Body's decision within 60 days of the Governing Body decision.
  - E. If a practitioner fails to submit a fully documented and complete application for renewal of privileges at least 30 days prior to the expiration of his/her current privileges, then the practitioner shall be deemed to have voluntarily resigned from the ACN facility and clinical privileges will expire upon such expiration.

#### 4.6.2 Restriction of Privileges (also, see policy on Hearing and Appellate Review)

1. When a recommendation regarding renewal/regranting of privileges is adverse to the applicant, the Chair of the ACN C&PC via the facility Medical Director or designee shall promptly notify the applicant.
  - A. The applicant may submit a written request, within thirty (30) days of such notification, for an appeal of this decision to the Chair of the ACN C&PC.
  - B. In such a case, the decision shall be presented to a hearing (peer review) committee for its recommendations. These recommendations may or may not be accepted by the ACN C&PC and/or the Governing Body.
  - C. The recommendation of the ACN C&PC will stand throughout the appeal process.
  - D. Los Angeles County DHS Human Resources policies will be followed if privileges are restricted because of the practitioner's performance.
2. Whenever the activities or professional conduct of a practitioner are deemed to place patients at risk of harm the facility Medical Director shall perform an urgent investigation into the matter and take the appropriate action. When patient care may be compromised, the facility Medical Director in consultation with the Governing Body may restrict or suspend a practitioner's privileges and report such suspension to the ACN C&PC, who will review it at its next scheduled meeting. Los Angeles County personnel policy on disciplinary action (DHS Policy No. 747) will be followed.
  - A. The facility Medical Director has the responsibility to impose any and all actions as needed to protect patients. Possible actions to be taken can range from, but are not limited to:
    - No action necessary
    - Practitioner counseling
    - Proctoring
    - Restriction or suspension of privileges
3. Practitioner Rights
  - A. Applicants have the right to review information submitted in support of their credentialing application, excluding protected information; such as peer review and recommendations.
  - B. Practitioners are provided written notification of the right to appeal any decision regarding credentialing, recredentialing, or their privileges at the time of their initial application as well as at the time of any adverse decision regarding credentialing.
  - C. Applicants may notify the ACN Credentialing Unit within 10 days of any material changes to the information that was provided in their application(s).
  - D. Applicants will be notified in writing within 15 days of the discovery of information that varies from information supplied by the applicant.
  - E. 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.
  - F. Corrections or amendments to the credential file should be submitted to the ACN Credentialing Unit which will date and initial to verify receipt.

- G. Applicants may request the status of their credentialing or recredentialing application from the ACN Credentialing Unit.

4. Confidentiality

- A. Credentialing files and credentialing material shall be kept confidential and maintained in a secure location.
- B. Members of the ACN C&PC are bound by the confidentiality policies of ACN.
- C. Access to online credentialing information will be limited to members of the ACN C&PC, the facility Medical Director, and the Governing Body.

5. Reporting Adverse Events

ACN practitioners shall notify, in writing, the facility Medical Director immediately after, but no later than 10 days after, the occurrence of any of the following:

- A. 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;
- B. The practitioner is served with an accusation by the Medical Board of California or other appropriate State licensing agency;
- C. The practitioner is served with a statement of issues by the Medical Board of California or other appropriate State licensing agency;
- D. 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;
- E. The practitioner's Drug Enforcement Administration certificate or license to practice any profession in any jurisdiction, are voluntarily or involuntarily revoked, suspended, reduced, restricted, not renewed, or relinquished; and/or
- F. When any professional liability litigation involving the practitioner proceeds to final judgment, is settled, or is in progress.

- 4.7 The facility Medical Director may request the ACN C&PC to review the practitioner's privileges in light of any of these actions. The ACN C&PC will review adverse events and document in minutes.

4.8 **UTILIZATION MANAGEMENT (UM) PRACTITONERS AND PHYSICIAN REVIEWER MAKING MEDICAL DECISIONS**

- 4.8.1 Ambulatory Care Network includes Utilization Management practitioners and physicians reviewers making medical decisions in their scope of practitioners to credential and recredentialed. Ambulatory Care Network prohibits financial incentives for Utilization Management Decision-makers.
- 4.8.2 Ambulatory Care Network is committed to ensure that our members receive the best and most appropriate care possible.
- 4.8.3 Utilization management decisions are based only on appropriateness of care and existence of coverage.

- 4.8.4 Ambulatory Care Network does not directly or indirectly reward practitioners or other individuals for issuing denial of coverage, service or care.
- 4.8.5 Ambulatory Care Network does not offer financial incentive or compensation to encourage underutilization of services.
- 4.8.6 Medical staff members will provide annually a personal statement attesting to recognition of and compliance with this standard. Affirmative statements will be collected annually and will be considered integral to a complete credentials file.

#### 4.9 **FACILITY SITE REVIEW**

Ambulatory Care Network identifies new practitioners.

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

information relevant to the credentialing process is forwarded to the ACN C&PC.

- 4.9.9 Site visits will be conducted within 60 days of determining that the threshold has been met.
- 4.9.10 Ambulatory Care Network will take the appropriate actions/Corrective Action Plan (CAP), to correct any scores which do not meet defined threshold levels, as identified through initial or repeat FSRs. The effectiveness of the corrective actions of the identified areas will require approval by the reviewing agency and will be monitored by the ACN C&PC and reviewed at least every six months until the threshold is met.
- 4.9.11 Documentation of all initial and subsequent follow up site visits will be reviewed by the ACN C&PC.
- 4.9.12 Ambulatory Care Network will forward all complaints to the respective Health Plan.

#### **4.10 PRACTITIONER DIRECTORY**

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

#### **4.11 TERMINATION OF PRIVILEGES**

- 4.11.1 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, unless they will continue to provide services within the ACN, on the date of termination of County employment or on the date that the practitioner transfers or is assigned to another County facility outside of the ACN, and the practitioner shall not be entitled to a hearing and appellate review.
- 4.11.2 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.
- 4.11.3 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 ACN C&PC, shall be immediately and automatically terminated on the date that the ACN C&PC, in its sole discretion, approves in writing such termination, and the practitioner shall not be entitled to a hearing and appellate review.

#### **4.12 TELEMEDICINE**



- 4.12.1 Telemedicine involves the electronic transmission from one location to another for the purposes of interpretation and/or consultation. Such processes involve the sharing of patient-identifiable information, within and among organizations located at a distance site. Telemedicine providers that are not credentialed by the Ambulatory Care Network must be credentialed by a site that is Joint Commission accredited and that abides by the Ambulatory Care Network Credentialing and Privileging policies and procedures.

## 5.0 MAINTENANCE OF CREDENTIALS

- 5.1 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.
  - 5.1.1 The ACN Credentialing Unit 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 provide the ACN Credentialing Unit with the updated license or certification.
  - 5.1.2 The ACN Credentialing Unit will also notify the facility Medical Director of the upcoming expiration of a provider's license within 30 days of expiration.
  - 5.1.3 The ACN Credentialing Unit will notify the facility Medical Director in the event a provider does not provide evidence for renewed license within 10 days prior to expiration.
- 5.2 Upon renewal of practitioner license or certification, applicable primary source verification will be obtained within five (5) days of receipt.
- 5.3 Practitioners without primary source verification of 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.
- 5.4 Annual Policy Review. All credentialing policies shall be reviewed by the ACN C&PC annually and modified as needed.

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**Prepared by:** ACN Credentialing & Privileging Committee

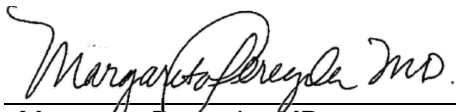
**Approvals:**



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Quentin O'Brien  
Chief Executive Officer

10/22/2020

\_\_\_\_\_  
Date



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Margarita Pereyda, MD  
Interim Chief Medical Officer

10/22/2020

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Date



Debra Duran, RN  
Chief Nursing Officer

10/22/2020

Date

### 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
01/30/2015	ACN	PO-03-001	Revised & Approved	01/30/2016
11/13/2015	ACN	PO-03-001	Revised & Approved	11/13/2016
8/8/2016	ACN	PO-03.001	Revised & Approved	8/8/2017
1/30/2017	ACN C&PC	PO-03.001	Revised & Approved	1/30/2018
5/2/2017	ACN C&PC	PO-03.001	Revised & Approved	5/2/2018
6/14/2017	ACN C&PC	PO-03.001	Revised & Approved	6/14/2018
08/24/2017	ACN C&PC	PO-03.001	Revised & Approved	08/24/2018
02/22/2018	ACN C&PC	PO-03.001	Revised & Approved	02/22/2019
10/25/2018	ACN C&PC	PO-03.001	Revised & Approved	10/25/2019
2/14/2019	ACN	PO-03.001	Approved	2/14/2020
9/12/2019	ACN	PO-03.001	Revised & Approved	9/12/2022
2/13/2020	ACN C&PC	PO-03.001	Revised & Approved	2/13/2023