

SILETZ COMMUNITY HEALTH CLINIC POLICY



CREDENTIALING

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PART 19

Appointment and Privilege

I. PURPOSE

To establish the elements of credentials review for appointment and privileging of current and prospective members of the Active, Temporary, and Visiting staff.

II. POSITIONS REQUIRING APPOINTMENT AND PRIVILEGING

The positions that require appointment and privileging are:

- A. Dental Hygienist
- B. Dentist
- C. Massage Therapist
- D. Medical Social Worker
- E. Mental Health Specialist
- F. Mental Health Therapist
- G. Nurse Practitioner
- H. Optometrist
- I. Pharmacist
- J. Physician
- K. Physician Assistant
- L. Psychiatrist
- M. Psychologist
- N. Other Psychiatric Staff

III. INITIAL APPOINTMENT AND PRIVILEGES

- A. The Executive Committee reviews applications and requests for privileges to assure that practitioners are qualified and competent, and can deliver quality health services consistent with those of the medical, dental, optometry, and behavioral health community at large. This responsibility includes the initial review and verification of an

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applicant's credentials to determine eligibility for appointment and privileging. The applicant's training, prior experience, and current competence are considered.

- B. The Executive Committee grants the temporary appointment and privileges up to 90 days. The applicant is prohibited from providing health care services to a patient until the appointment.
- C. The Executive Committee recommends to the Siletz Tribal Council a one-year appointment and privileges if an evaluation is satisfactory.

IV. REQUIRED ELEMENTS FOR REVIEW OF THE INTIAL APPLICATION

- A. The credentials review must, at a minimum, address the following areas noting the special considerations in each.
 - 1. Board Certification

Certification of training in a program accredited by a nationally recognized accrediting body if required by the professional discipline.
 - 2. Other Certifications (Required by Job Description or AAAHC)

ACLS, BLS, CPR, or PALS must be submitted at time of appointment if required by the job description or AAAHC.
 - 3. Undergraduate Education, Graduate Education, and Medical/Professional Education

Diploma from a professional school accredited by a nationally recognized accrediting body, appropriate for the professional discipline. An exception is the foreign graduate who must possess a diploma as a graduate of a professional school and documentation of having successfully completed appropriate certifying requirements applicable to the profession.
 - 4. Post-Graduate Training

Internships, residencies, fellowships, preceptorships, or other clinical training programs.
 - 5. License or Certificate

Active and unrestricted license or certificate to practice independently in a professional field.

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6. Drug Enforcement Administration Registration (DEA)

Active and unrestricted DEA registration if required by the professional discipline.

7. Hospital and Other Health Care Facility Affiliations

8. Professional Practice / Work History

Work history from date of entry into a medical or professional school to the present, to include an explanation of gaps greater than two months.

9. Peer References

Three references from peers who through recent observations are directly familiar with the provider's clinical skills and current competence. Excludes relatives. If possible, must include at least one member from the Medical Staff of each facility at which provider had privileges.

10. Continuing Medical Education

11. Professional Liability Insurance

12. Health Status

a. Physical, Mental Health, and Chemical Dependency

Applicants must not have a physical condition, mental health condition, or chemical dependency condition (alcohol or other substance) that currently affects their ability to practice, with or without reasonable accommodation, the privileges requested.

b. Tuberculosis Screening

Applicants are required to submit documents showing that tuberculosis screening was conducted or to request testing by the clinic after employment commences.

c. Hepatitis B Vaccination

Hepatitis B vaccination is not required; however, it is offered free of charge by the clinic.

13. Attestation Questions

14. National Practitioner Data Bank Review

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15. Fraud, Waste, and Abuse Report

Applications must be eligible to participate in federal programs such as Medicare and Medicaid.

V. REAPPOINTMENT AND PRIVILEGES

The credentialed staff shall apply for reappointment and privileges every three years, at which time the Executive Committee will review the application and privileges and make a recommendation for reappointment to the Siletz Tribal Council. Approval is made by resolution of the Tribal Council.

VI. REQUIRED ELEMENTS FOR REVIEW OF THE REAPPOINTMENT APPLICATION

A. The credentials review must, at a minimum, address the following areas noting the special considerations in each.

1. Board Certification

2. Other Certification (Required by Job Description or AAAHC)

ACLS, BLS, CPR, or PALS must be submitted at time of reappointment if required by the job description or AAAHC.

3. Additional Education (Residencies, Internships, or Advanced Specialized Education)

4. Continuing Medical Education

5. License or Certificate

Active and unrestricted license or certificate to practice independently in a professional field.

6. Drug Enforcement Administration Registration (DEA)

Active and unrestricted DEA registration if required by the professional discipline.

7. Hospital and Other Health Care Facility Affiliations

8. Professional Practice/Work History

9. Peer References

10. Professional Liability Insurance

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11. Health Status

a. Physical, Mental Health, and Chemical Dependency

Applicants must not have a physical condition, mental health condition, or chemical dependency condition (alcohol or other substance) that currently affects their ability to practice, with or without reasonable accommodation, the privileges requested.

12. Supervisor or Peer Evaluation

13. Attestation Questions

14. National Practitioner Data Bank Review

15. Fraud, Waste, and Abuse Report

Applications must be eligible to participate in federal programs such as Medicare and Medicaid.

16. Quality Improvement Report

17. Peer Review Charts and Evaluations

18. All Staff Training Compliance

VII. VERIFICATION

A. Information obtained from an applicant is verified so there is a reasonable level of assurance that the information contained in the application is accurate and complete.

B. For all applicants, primary verification of the following is required:

1. License or certificate
2. Drug Enforcement Administration Registration (DEA)
3. Professional education
4. Board certification

C. For physicians and physician assistants, additional items are subject to primary verification:

1. Current and historic NPI information

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2. Current and historical post-graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)
 3. ECFMG Certification
- D. All applicants are checked through the National Practitioner Data Bank. This entity collects information and maintains reports on the following:
1. Medical malpractice payments
 2. Federal and state licensure and certification actions
 3. Adverse clinical privileges actions
 4. Adverse professional society membership actions
 5. Negative actions of findings by private accreditation organizations and peer review organizations
 6. Health care-related criminal convictions and civil judgments
 7. Exclusions from participation in a federal or state health care program (including Medicare and Medicaid exclusions)
 8. Other adjudicated actions of decisions

VIII. SUITABILITY FOR APPOINTMENT AND PRIVILEGE

- A. Suitability for appointment and privileging is based upon, but is not limited to, the provider's response to the following questions:
1. Has your license, certification, or registration to practice your profession, Drug Enforcement Administration (DEA) registration, or narcotic registration/certificate in any jurisdiction ever been denied, limited, suspended, revoked, not renewed, voluntarily or involuntarily relinquished, or subject to stipulated or probationary conditions, had a corrective action, or have you ever been fined or received a letter of reprimand or is any such action pending or under review?
 2. Have you ever been suspended, fined, disciplined, or otherwise sanctioned, restricted or excluded for any reasons, by Medicare, Medicaid, or any public program or is any such action pending or under review?
 3. Have you ever been denied clinical privileges, membership, or contractual participation by any health care related organization, or have clinical privileges, membership, participation or employment at any such organization ever been placed on probation, suspended, restricted, revoked, voluntarily relinquished

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while under investigation, not renewed while under investigation, involuntarily relinquished, or is any such action pending or under review?

4. Have you ever surrendered clinical privileges, accepted restrictions on privileges, terminated contractual participation or employment, taken a leave of absence, committed to retraining, or resigned from any health care related organization while under investigation or potential review?
5. Has an application for clinical privileges, appointment, membership, employment or participation in any health care related organization ever been withdrawn on your request prior to the organization's final action?
6. Has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked, denied, limited, voluntarily relinquished while under investigation, not renewed while under investigation, involuntarily relinquished, or is any such action pending or under review?
7. Have you ever voluntarily or involuntarily left or been discharged from the education program leading to your current licensure or any subsequent training programs?
8. Have you ever had board certification revoked?
9. Have you ever been the subject of any reports to a state or federal data bank or state licensing or disciplinary entity?
10. Have you ever been charged with a criminal violation (*felony or misdemeanor*)?
11. Do you presently use any illegal drugs?
12. Do you currently have any physical condition, mental health condition, or chemical dependency condition (alcohol or other substance) that currently affects your ability to practice, with or without reasonable accommodation, the privileges requested?
13. Are you unable to perform any of the services/clinical privileges required by the applicable participating practitioner agreement/hospital appointment, with or without reasonable accommodation, according to accepted standards of professional performance?
14. Have any professional liability claims or lawsuits ever been closed and/or filed against you?

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15. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance?

IX. MONITORING

- A. The currency of date-sensitive credentialing and privileging information is monitored and documented on an ongoing basis.
- B. The information that is monitored includes:
 1. License and certificates
 2. Drug Enforcement Administration Registration (DEA)
 3. Board certificates
 4. Professional liability information if applicable
- C. The monitoring occurs monthly and at time of expiration, initial appointment, and reappointment.

X. CREDENTIALS FILES

- A. Storage and Maintenance

The credentials files are separate from employment or contract files. Information may be procured from employment or contractual files during application processing and review.

- B. Access, Safeguard, and Retention
 1. Access to the credentials files is limited to authorized personnel for use in the performance of official duties. The records are confidential and secured at all times. The Administrative/QI Coordinator oversees the maintenance of and access to the files.
 2. The credentials files are retained for at least five years from the last day of employment.
 3. Records of unsuccessful applicants for appointment and privileging are retained for three years.