

## Human Resources Procedures GRACEPOINT CREDENTIALING AND PRIVILEGING

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This procedure is developed as a guideline to address general circumstances. There may be certain instances in which the exercise of professional judgment and/or discretion by Mental Health Care, Inc. DBA Gracepoint warrants taking other actions.

### **The procedures apply to the following Specialists:**

Family Practice Physicians

Nurse Practitioners

Nurses

Certified Medical Assistants

Medical Assistants

Licensed Independent Practitioner (LIP)

Other Licensed Clinical Practitioners (OLCP)

Other Clinical Staff (OCS)

### **A. PROCEDURE:**

#### **1. Initial Credentialing**

Gracepoint will assess the credentials of each licensed or certified health care practitioner to determine if they meet our Health Center standards. The initial credentialing process will meet the requirement of 42 U.S.C. §233(h)(2) that calls for review and verification of "the professional credentials, references, claims history, fitness, professional review organization findings, and license status of its physicians and other licensed or certified health care practitioners." The procedures used for credentialing and privileging these practitioners shall follow the requirements of the Joint Commission or other nationally recognized accrediting organizations, and must include the following:

- a. Required Documentation - To be gathered by the Human Resources Department and/or the credentialing specialist:
  - Complete medical staff application
  - Current CV/resume
  - 3 references
  - Written explanation for affirmative answers to malpractice and confidential questions - if applicable
  - Proof of work authorization - if applicable

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Effective: 03/01/2007; Revised: 12/27/2017, 5/22/2019, 8/20/2020

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- Criminal background check- if applicable
- b. A complete medical staff application is defined as:
  - Release & Authorization of the medical staff application must be signed and dated. If the provider has altered the language in the Release & Authorization, the medical director and/or executive officer should be consulted.
  - A complete privilege delineation form specific to the provider's specialty and scope of practice.
  - All pages of the application must be signed, initialed and/or dated where necessary.
  - Current CV, including work history in month/year format.
  - "See CV" on the application is only acceptable when the CV contains work history information in month/year format. If a CV is created contains handwritten updates, it must be signed and dated by the provider.
  - The Human Resources Department or the credentialing specialist will check the CV to verify that information on the CV matches information on the application. If there is a discrepancy, a reasonable explanation needs to be noted in the credentialing file.
  - Supporting malpractice or other disciplinary documentation must be reviewed within 2 business days by the medical director and ED.
  - Malpractice documentation MUST contain date of incident, date of claim, claim amount, allegation, the outcome (be it pending, dismissed or settled) and settlement amount.

**2. Criminal Background Checks**

- a. Gracepoint requires a level II criminal background check of every employee prior to beginning date of employment.
- b. Level II criminal background check results are valid for six months. If a Provider has been fully credentialed before the results expire, they will be good until the time of their credentialing expiration date.
- c. If the background check is received with criminal history information that was not disclosed on the provider's application, an explanation by the

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provider is required.

- d. If a decision is made not to work with a provider based on the criminal background check, the file must be reviewed by the medical director and/or executive director who will take appropriate action as regulated by the Fair Credit Reporting Act.

**3. Work Authorization (if applicable)**

- a. The HR Department or credentialing specialist will be sure the question regarding the provider's legal ability to work in the United States is answered. If the provider has a "Green Card" with an expiration date, the credentialing specialist will check that it is current.
- b. Acceptable Work Authorization Forms include:
  - US Passport (expired or unexpired)
  - Native American Tribal Document
  - US Birth Certificate
  - Unexpired employment authorization issued by the Department of Homeland Security
  - Alien Registration Receipt Card or Permanent Resident Card (USCIS Form I-551)
  - Certifications of Birth issued by the US Department of State
  - Social Security Card UNLESS it says, "Not Valid for Employment"
  - US Citizenship ID Card (USCIS Form I-197)
  - ID Card for Resident Citizen in the US (USCIS Form I-179)
  - Unexpired Foreign Passport with Temporary I-551 stamp
  - Unexpired Foreign Passport with Unexpired Arrival/Departure records, along with USCIS Form I-94 bearing the same name as the passport with an endorsement of nonimmigrant status and work authorization
  - Unexpired Employment Authorization Document with Photograph (USCIS Forms I-766, I-688, I-688A, or I-688B)

**4. Privilege Delineation**

- a. This Health Center will verify that its licensed or certified health care practitioners possess the requisite skills and expertise to manage and treat patients and to perform the medical procedures that are required to

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provide the authorized services.

- b. We will ensure that our Health Center practitioners have met standards of practice and training that enable them to manage and treat patients and/or perform procedures and practices with a level of proficiency which minimizes the risk of causing harm.
- c. In addition to obtaining a complete medical staff application and the primary source verifications to prove a provider's education, training, work history and competency, the health center will ask its providers to identify which privileges they would like to perform with regard to their scope of practice by completing a privilege delineation form that is provider and specialty specific. We will then use our reference forms to capture direct, firsthand one-on-one documentation by a supervising or colleague clinician who possesses the privilege of the particular procedure or management protocol.

## 5. References

- a. References collected by the HR Department or credentialing specialist must fit the following criteria:
  - The person giving the reference has had clinical experience with the recruit within the past 18- 24 months
  - The person can rate provider's clinical, ethical, and interpersonal skills
  - The reference must be on a health center specialty-specific verbal reference form
  - Two of the three references will be in the provider's same specialty
  - Providers completing residency/fellowship programs within the past nine months will have a verbal reference from the director of the training program.
  - The preference is to have at least one verbal reference from the provider's most recent place of employment.
- b. If references cannot judge a specific clinical capability or patient setting (i.e. pediatric inpatient or central line placement) the Credentials Committee will not have a complete assessment, and therefore, may not approve the area, privilege or procedure.
- c. All efforts should be made to obtain two written references according to this

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policy. However, at times it may be impossible to find two references that have had direct clinical and/or supervisory contact with the provider within the past 18-24 months. In this case, the reason for the deviation from this policy must be documented in the credentials file.

**6. Primary Source Verification**

- d. The HR Department or credentialing specialist will be responsible for verifying the following:
  - All current licenses at time of application
  - DEA registration
  - Board certification, if applicable and electronically available
  - Education and training, from medical school through residency and/or fellowship, with the applicable institution or equivalent primary source such as AMA/AOA, ECFMG, degreecheck.com or National Student Clearing House
  - Federation of State Medical Boards query for physicians and physician assistants
  - National Practitioner Data Bank in lieu of a claims history directly from the carrier
  - OIG Medicaid/Medicare sanctions query
  - Any hospital where the provider has indicated a termination or any other disciplinary action involving his/her professional practice in the last five years must be verified with the primary source, unless it appears on the NPDB query. At the discretion of the Credentials Committee, primary source verification of actions occurring over five years prior may be requested if the nature of the termination or disciplinary actions/sanctions is deemed to raise patient safety concerns
  - NPI registration query
- e. The following additional documentation may also be requested and present in the credentials file:
  - Education certificates (medical school, internship, residency, fellowship)
  - Specialty board certificates
  - License copies
  - DEA registration copies
  - State Controlled Substance permit copies
  - Life support cards
  - ECFMG (if applicable)
  - Military discharge papers (DD 214) (if applicable)

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- Immunizations
  - Signed provider contract
- f. All files will be reviewed and evaluated and the credentialing specialist who may request additional information. Upon completion of the review, the file is reviewed by the medical director and/or the executive director and then presented to the health center's board for approval.

#### 7. Credentials Committee Files

- This health center has established a credentials committee that consists of a currently practicing physician who serves as a medical advisor, the ED and the credentialing specialist or corporate compliance manager. The credentials committee meetings will be documented with minutes and these minutes will be shared with the health center's governing board.
- The following issues related to a Credentials Committee review and approval of the provider file will also require governing board approval for the provider to continue working with our health center:
  - Change in training program due to performance or capability issues
  - Any medical malpractice claim, settlement or judgment regardless of amount or outcome of the patient
  - Any claim/suit that is currently pending
  - Documentation of gross negligence
  - Denial, suspension, or termination of privileges (other than for economic reasons)
  - Disciplinary action or investigation by a state licensing board
  - Disciplinary actions taken by a state or federal regulatory agency
  - Suspended or revoked medical license
  - History of substance abuse
  - Documentation of allegation regarding health-related condition(s) that may impact the provider's ability to provide medical care
  - Criminal history
  - Documentation of allegations of poor interpersonal skills
  - Gaps in practice history greater than 6 months with explanation pertaining to performance or capability

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- FSMB query with negative information or disciplinary action(s)
- NPDB query with negative information, not previously reviewed by the credentials committee
- Discrepancy between credentialing verification information (third party sources) received and Medical Staff Application
- Recent disciplinary action by training program
- Investigation, disciplinary action, and/or termination by a healthcare entity

Note: Any item above that has been previously reviewed and approved by Credentials Committee does not require additional review.

The credentialing specialist will keep track of the date of approval as well as monitor the expiration dates of the primary source verifications, including the renewal dates of licensure, board certifications and professional medical malpractice policy coverage dates add OIG.

#### 8. Re-credentialing

- a. Providers who continue to work through the health center are re-credentialed every two years. A re-credentialing application and CV including work history are reviewed and updated to reflect the previous two-year period.
- b. The "Reappointment Application to Medical Staff" can be used under the following circumstances:
  - The Credentialing Expiration Date is not expired at the time the credentialing decision is made.
  - The provider has worked or will work for the health center during the 24-month credentialing cycle and will have future availability to work for the health center during the next 24 months.
- c. The ED will review the initial malpractice documentation (if applicable) and request updates for any previous pending claims/lawsuits or additional medical malpractice claims that have occurred within the last 2 years.
- d. The reappointment application must contain self-reported information from the reappraisal application including:

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- Explanation of any "yes" answers on the re-credentialing application
  - Information regarding the status of clinical privileges (including limitation, reduction or loss (voluntary or involuntary) of privileges) held at other institutions (as applicable;
  - Loss or medical staff membership;
  - Revision or loss of privileges;
  - Pending malpractice claims or malpractice claims closed since last reappraisal or initial credentialing;
  - Mental and physical status (as it relates to the ability to perform the requested clinical privileges);
  - Continuing medical education and continuing education unit accomplishments; and
  - Any other reasonable indicators of continuing qualifications.
  - Two performance references) from a provider who have had clinical contact in the past 2 years and can rate the provider in clinical competence, ethics and interpersonal skills
  - All efforts should be made to obtain two references according to this policy. However, at times it may be impossible to find two references that have had direct clinical and/or supervisory contact with the provider within the past 18-24 months. In this case, the reason for the deviation from this policy must be documented in the credentials file.
- e. For re-credentialing, primary source verifications must be obtained for all credentialing elements as listed under the initial credentialing process. However, primary source verification of education/training is not required for re-credentialing unless the provider's primary specialty has changed, or the provider has completed additional education/training within the last two years.

#### 9. National Practitioner Data Bank (NPDB) Fair Hearing Process

- a. If there is ever a time where our health center decides to no longer work with a provider due to quality of care or patient safety concerns that occur while under our employment, this health center will act accordingly and follow these steps:
- Send a certified letter to the practitioner informing him/her of the decision to no longer work with the provider, and if required, indicate a report to NPDB is being initiated citing specific quality of care concerns

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and informing the provider of his/her right to appeal.

- The health center's governing board will host an appeal otherwise known as a fair hearing, in person or via teleconference, for the practitioner to present his/her appeal to the credentials committee whose made the decision to report.
- The health center will mediate as necessary, considering any/all further evidence that the practitioner provides during the appeal.
- The health center will report the provider if the governing board doesn't receive any reversible evidence from the fair hearing; if the decision has been reversed then the health center will send a certified letter to the provider informing him/her that we will not be reporting his removal from the medical staff to the NPDB.

Note: A decision to not report a provider to the NPDB after the fair hearing process may not reverse the decision to discontinue working with the provider, and not all decisions to discontinue working with providers will warrant a fair hearing process.

#### 10. Emergency Temporary Appointments

- a. Emergency temporary appointments to the medical staff, made when necessitated to maintain coverage upon the sudden or unexpected departure of regular clinical staff or to fill important needs of patients, may be made by the Chief Executive Officer upon recommendation by the Medical Director. The term of such Emergency Temporary Appointments shall not exceed the agreed-upon term of the emergency coverage, and in no instance exceed three months.
- b. Such Emergency Temporary Appointments shall only be made upon the verification (which can be done by telephone), at an original source, of the following:
  - Current medical license
  - Relevant education, training, or experience
  - Current competence
  - Ability to perform the privileges requested
  - NPDB query
  - A completed application for privileges with no current or previous successful challenge to licensure, involuntary termination, limitation, reduction, denial or loss of medical staff membership or privileges

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due to disciplinary measures.

- c. Clinical privileges shall be limited to those granted to graduates of a medical school and completion of a one-year rotating internship. The granting of Emergency Temporary Appointments shall be reported to the next regular meeting of the Board of Directors for their concurrence.