

	<b>Medical Staff Services Policy &amp; Procedure</b>		Page 1 of 3
	Title: Approval of Membership & Clinical Privileges		
	Department: Medical Staff Services		
	Effective Date: April 1, 2007	Approval Date: August 22, 2023	Approved By: Director MSS

### Principle / Purpose

Medical Staff Services follows a standard process after verifying the content of a credentialing application.

### Scope

This policy applies to all staff members involved in the credentialing and privileging approval process.

### Procedure

- A. Once the verification process is complete, the Credentialing & Privileging Coordinator not responsible for processing the application reviews the file to ensure all required primary source verifications are complete, present, dated, and initialed appropriately. They also ensure the accuracy of the file summary, which details all verifications.

The Director of Medical Staff Services conducts a final audit of every file while preparing it for Department Chair review, validating the applicant meets the established criteria for privileges at NJH.

All files used for delegated managed care enrollment are subject to annual audit by multiple NCQA-accredited payors who oversee compliance of the NJH credentialing program with requirements in their respective delegation agreements. Payors perform a random file audit of at least ten initial application files, and ten recredentialing files completed within the previous twelve months.

- B. The Department Chair reviews applications for every member of their department and recommends approval of privileges by completing the Department Chair Review form. The Department Chair requests additional information if needed. In the Department of Medicine, the applicable Division Chief reviews, and approves the file before sending to the Department Chair for their review and cosignature.
- C. The Credentialing Committee receives a summary for each application, which contains detailed information about all verifications obtained through the credentialing process. The summary is an accurate and complete representation of the credentials file. The Credentialing Committee may request any additional information needed to fairly and thoroughly evaluate a provider's qualifications for privileges. In cases where questions arise, the application does not advance through the approval process until all necessary information is obtained, reviewed, and all issues are resolved.
- D. When necessary, the Credentialing Committee consults with providers within appropriate or applicable specialties when considering applications for providers whose specialty is not specifically represented on the Committee.

- E. The Credentialing Committee reviews in detail the following occurrences, which do not meet the definition of a clean application. These items do not necessarily disqualify an applicant. Each item is discussed on a case-by-case basis to ensure the applicant is qualified, and competent, to deliver patient care at National Jewish Health:
- The applicant submits information that does not coincide with documentation received through primary source verification, OR the applicant fails to disclose relevant, or necessary information in their application;
  - There is a current, or previously successful challenge to licensure, or DEA registration;
  - The applicant has been the subject of a disciplinary action, or has received an involuntary termination of medical staff membership at another organization;
  - The applicant has received an involuntary limitation, reduction, denial, or loss of clinical privileges at any institution;
  - There has been a pattern of malpractice claims, OR there has been a final judgment adverse to the applicant in a professional liability action;
  - There is a health-related issue that may affect the applicant's ability to safely, and competently provide patient care; or
  - There is any information in the application or discovered through the credentialing process that warrants review by the Credentials Committee, or Medical Executive Committee, as determined by the Director of Medical Staff Services.
- G. The Credentialing Committee reviews applications by comparing the provider's verified qualifications to established practice criteria at NJH. The criteria are objective, directly related to education, training, and professional experience, and are in no way connected to potentially discriminatory factors of any kind.
- H. The Chair of the Credentialing Committee presents a summary of the committee's recommendations at the next regularly scheduled Medical Executive Committee. The Medical Executive Committee may request additional information if needed. In such cases, the application does not advance through the approval process until we obtain and review all necessary additional information.
- I. The Director of Medical Staff Services incorporates the comments and recommendations of the Medical Executive Committee into the summary, which then goes to the Board of Directors for final approval. Only the Board of Directors can grant privileges. The Board of Directors may adopt or reject, in whole or in part, a favorable recommendation made by the Medical Executive Committee, or may refer questions, or issues back to the Medical Executive Committee for additional information.
- J. A favorable action by the Board of Directors is effective as its final decision. Medical Staff Services generates Board Approval letters, notifying applicants of the Board's decision within ten (10) days.
- K. If the Board of Directors takes an action that is averse to the applicant, the Director of Medical Staff Services notifies the applicant of the decision, including the reason for the action, and supplies information related to their procedural rights as specified in the Medical Staff Bylaws.

If the Board of Directors limits or denies membership or privileges, the Medical Executive Committee automatically conducts a review of the issue to ensure the decision was not discriminatory in any fashion. We document such reviews in the Medical Executive Committee meeting minutes. If we find discriminatory factors influenced a decision, the MEC re-evaluates the matter, and then makes a new recommendation to the Board of Directors for final approval.

- L. Reportable issues include but are not limited to:
- Adverse professional review actions that restrict privileges if the action is imposed for more than thirty days;
  - Professional incompetence or professional misconduct that does, or could, affect the health or welfare of patients.
- M. We complete the approval process no later than ninety (90) days after conclusion of the verification process.
- N. We update and verify approved privileges in the Medical Staff Services database and then post them on the internal privilege verification website.
- O. The Director of Medical Staff Services submits necessary demographic information to all delegated managed care plans on a monthly basis, clearly noting additions, and terminations, so the plans can update their directory information in a timely fashion.