



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### CREDENTIALING AND PRIVILEGING

**Effective Date:** June 17, 2020

**Policy:** MS-01

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- I. PURPOSE:** To define hospital policy and procedures for credentialing and privileging of physicians, APRNs and/or CNSs, and dentists.
- II. POLICY:**
  - A. The policy of this hospital is to ensure all licensed independent practitioners are properly credentialed, and each medical staff member is authorized to perform only those diagnostic and/or therapeutic procedures which they are considered competent to perform. Provisions of this policy will apply to all licensed independent practitioners and dentists. Each practitioner will have a credentialing and privileging binder established and maintained in accordance with this policy.
  - B. Clinical privileges shall be granted to each licensed independent practitioner as permitted by law and the hospital to practice independently, to provide medical or other patient care services within the scope of the individual's training, experience, demonstrated current competence, judgment, character, and capability. The delineation of clinical privileges does not; however, relieve licensed independent practitioner or dentists of their responsibility to act in the case of an emergency to save lives and/or to relieve suffering.
- III. DEFINITIONS:**
  - A. **Licensed Independent Practitioner:** An active, provisional or part-time physician or APRN and/or CNS who attends to the care of the patients at MSH.
  - B. **Medical Staff:** Shall be divided and referred to as active, part time, provisional, consulting, allied, locum tenens, temporary physicians and dentists.
  - C. **Credentialing:** The systematic process of reviewing the qualifications and the health status of applicants for appointment to ensure they possess the education, training, experience and skill to fulfill the requirements of the position.
  - D. **Clinical Privileging:** Defined as the process by which a licensed independent practitioner is granted permission by the facility to provide the psychiatric, medical, or other patient care services, within well-defined limits, based on an individual's clinical competence as determined by peer review, training, licensure, and registration. The delineation of clinical privileges is specialty specific and is also

based on availability of this facility's resources by which to support delineated clinical privileges. Clinical privileges are granted for a period not to exceed 2 years.

- E. **Re-privileging:** The review and submission of clinical privileges after initial appointment at biannual intervals to assure practice limits have not changed and when conditions change, clinical privileges reflect those changes.
- F. **Reappointment:** The biannual process of re-evaluating the professional credentials, clinical competence and health status of providers who hold clinical privileges within the facility.

#### IV. RESPONSIBILITIES:

- A. **Hospital Administrator** is ultimately responsible for the Credentialing and Privileging program. Serves as the approving official in the employment of licensed independent practitioners and dentists within delegated authority prescribed by the Governing Body. Ensures the facility complies with all regulations, the American Medical Association (AMA) Physician Profile processes and ensures the Medical Director addresses appropriate credentialing and privileging responsibilities.
- B. **Medical Director** has the responsibility, in conjunction with the Medical Staff, for review of credentials, professional competence and health status of all applicants for appointment and reappointment and will assure all practitioners applying for clinical privileges are provided with a copy of and agree to abide by the Medical Staff Bylaws, Rules and Regulations and MSH Policy and Procedures.
- C. **Administrative Assistant for Clinical Services** provides oversight and direction to the operation and is responsible for monitoring the Credentialing and Privileging program for compliance with State Law and the State licensing standards.
  - 1. The Medical Director delegates to the Administrative Assistant for Clinical Services responsibility for maintaining credentialing and privileging binders. The Administrative Assistant for Clinical Services implements and maintains the clinic specific database for the Credentialing and Privileging program and the compiling of data necessary to meet the standards set forth of the credentialing and privileging process and is responsible for assuring completeness prior to appointment/reappointment.
- D. **Medical Director** will initiate appropriate requests for credentialing and for determining appropriate delineation of clinical privileges for the medical staff members. The Medical Director will review all credentialing information submitted by an applicant. The Medical Director is responsible to define the process by which levels or categories of *privileges* are determined for approval by the Credentialing and Privileging Committee of the Medical Staff. The exercise of clinical privileges

will be subject to the policies and procedures of MSH and the authority of the applicant's supervisor.

- E. **Applicants** must provide evidence of licensure, registration, certification, and/or other relevant credentials, for verification prior to appointment and throughout the employment process, as requested. Applicants must agree to accept the professional obligations delineated in the Medical Staff Bylaws, Rules and Regulations provided to them. They are responsible for keeping the hospital apprised of anything which would adversely affect or otherwise limit their clinical privileges. Failure to keep MSH fully informed on these matters may result in administrative or disciplinary action.

Applicants will complete and submit to the Administrative Assistant for Clinical Services, credentialing and privileging or *re-credentialing* packets in a timely manner, consistent with the needs of the hospital.

- F. **Credentialing and Privileging Committee of the Medical Staff** will review the credentials and privileges of each applicant and submit a recommendation to the Hospital Administrator to approve or disapprove the applicant's request.
- G. **Human Resource Manager** acts as technical advisor to the Executive Committee of the Medical Staff as needed and may review documents for adherence to recruitment regulations and forward to the Administrative Assistant to Clinical Services for the signature process.
- V. **PROCEDURE:** Credentialing and Privileging procedures are outlined in MSH Medical Staff Bylaws Rules and Regulations.
- VI. **REFERENCES:** CMS Tag A062, 482.22 (a) (2); MSH Medical Staff Bylaws Rules and Regulations.
- VII. **COLLABORATED WITH:** Hospital Administrator, Medical Staff, Medical Director and Director of Human Resources.
- VIII. **RESCISSIONS:** MS-01, *Credentialing and Privileging* dated August 25, 2016; MS-01, *Credentialing and Privileging* dated August 1, 2012; MS-01, *Credentialing and Privileging* dated July 1, 2009; MS-01, *Credentialing and Privileging* dated August 22, 2006; MS-01, *Credentialing and Privileging* dated September 1, 2003; HR-04-99-N, *Credentialing and Privileging* dated July 15, 1999.
- IX. **DISTRIBUTION:** All hospital policy manuals.
- X. **ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

**XI. FOLLOW-UP RESPONSIBILITY:** Administrative Assistant for Clinical Services.

**XII. ATTACHMENTS:** None.

Signatures:

Kyle Fouts  
Hospital Administrator

Thomas Gray, MD  
Medical Director