



Carolinus Medical Center
NorthEast

Credentials Policy Manual

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Credentialing Policy Manual

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Policies and Procedures not covered by this manual may be available by contacting the Medical Staff Office at 704-403-1412.

Credentialing Policy Manual
Carolinas Medical Center - NorthEast
Concord, North Carolina

I. Application for Appointment to Staff

CMC – NorthEast accepts applications to the medical staff from licensed allopathic physicians (MD), licensed osteopathic physicians (DO), and oral surgeons (DDS).

Licensed Independent Practitioners who are not medical staff members are defined as dentists who are not oral surgeons, podiatrists, doctorate level licensed clinical psychologists and optometrists. They may apply for clinical privileges as defined further in this manual.

Dependent practitioners such as Physician Assistants, Nurse Practitioners, Nurse Midwives, Post Graduate Trainees (Residents), Social Workers and Psychological Associates may not be medical staff members and are not granted privileges. Dependent Practitioners must comply with the NEMC Policy that applies to their specialty. Dependent Practitioners are not afforded the rights as outlined in the attached Medical Staff Fair Hearing Plan since they are not members of the medical staff.

It is the policy of CMC - NorthEast to process an application for appointment to the medical staff for an individual only if he or she is able to:

- Demonstrate that he/she has successfully graduated from an approved school of medicine, osteopathy, or dentistry.
- Demonstrate current licensure in this state to practice medicine, osteopathy, or dentistry.
- Demonstrate that he/she will be accepted for or currently has professional liability insurance.
- Demonstrate that he/she has successfully completed or will complete within the next six months, a residency program approved by the American College of Graduate Medical Education or the American Osteopathic Association.
- Demonstrate recent (within the past twelve months) active clinical practice.
- Explain in writing his/her plans for an office location and for using the hospital.
- Provide in writing a plan for continuous call coverage arrangements should he/she be unavailable or unreachable to provide care for his/her patients.
- Demonstrate that he/she will provide a specialty needed in the community and that can be supported by the hospital and the medical staff.

- Demonstrate that he/she abides by the ethics of his or her profession and avoids acts and omissions that constitute unprofessional conduct.
- Demonstrate his/her background, experience, training, current competence, knowledge, judgment, ability to perform and technique in his/her specialty for all requested privileges.

II. Burden of Providing Information

- a. Individuals seeking appointment and reappointment have the burden of producing information deemed adequate by the Board for a proper evaluation of current competence, character, ethics, and other qualifications, and for resolving any doubts.
- b. Individuals seeking appointment and reappointment have the burden of providing evidence that all the statements made and information given on the application are accurate.
- c. An application shall be complete when all questions on the application form have been answered, all supporting documentation has been supplied, and all information verified from primary sources. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time. Any application that continues to be incomplete 90 days after the individual has been notified of the additional information required shall be deemed to be withdrawn.
- d. It is the responsibility of the individual seeking appointment or reappointment to provide a complete application, including adequate responses from references. An incomplete application will not be processed.

III. Credentialing Procedures

Pre-application Stage

Individuals desiring an application for medical staff membership should contact the Department of Medical Staff Services and request an application package with appropriate clinical privilege forms. The application package will be forwarded in a timely manner. The package will include the application for membership to the medical staff, an appropriate clinical privilege form(s), a list of all required accompanying information, a copy of the Medical Staff Bylaws, Rules and Regulations, a copy of the Fair Hearing Plan and a copy of this Credentialing Manual. A checklist of documents to accompany the application is also provided.

When the Department of Medical Staff Services receives a full and complete application (a complete application is one that contains all requested information) it will be reviewed by the Director of Medical Staff Services or the Chairman of the Credentials Committee to determine whether it meets the criteria set forth in the application policy. Those applications that are not complete will be returned to the applicant within 15 days and the applicant will be notified in writing of all missing or incomplete information or supporting documents so that they may complete the application. Those complete applications that do not meet the minimum criteria will be offered an opportunity to meet with the Chairman of the Credentials Committee, or they may be withdrawn. Those applications that do meet the criteria will be accepted for processing.

Signing the Application – All applications must be signed and dated. In signing the application, the applicant attests to the accuracy and completeness of all information on the application and any accompanying information, and agrees that any inaccuracy, omission, or commission is grounds for permanent termination of the process.

Application Stage

When the completed application is accepted for process, the Medical Staff Office will verify the application's contents and collect all information to provide primary source verification on this application. Information will be obtained from the National Practitioner Data Bank and a query will be done to verify that the applicant has not been excluded by the Federal or State government from participation in Medicare and/or Medicaid, State healthcare programs or other Federal-procurement programs based on the authority contained in sections 1128 and 1156 of the Social Security Act. References and verifications will be collected from all appropriate sources.

CMC - NorthEast will process in a timely manner those applications that meet the criteria and are validated by primary source. Once all validation is complete, an application can be processed within 120 days. Applicants will be notified of application actions and status upon request or within 120 days of final determination. Individuals who fail to meet criteria for consideration for granting of clinical privileges are not entitled to the procedural rights afforded under the Fair Hearing Plan. The Credentials Chairman and the Director of Medical Staff Services will review each completed application and will categorize the applications as clean or otherwise.

An application will be considered clean if the following requirements are satisfied:

1. There is primary source verification of:
 - a. Current licensure
 - b. Relevant training or experience
 - c. Current competence
 - d. Ability to perform the privileges requested
 - e. Other criteria as may be required by the Medical Staff bylaws
2. The results of the National Practitioner Data Bank query have been obtained and evaluated
3. The Applicant has:
 - a. A complete application
 - b. No current or previously successful challenge to licensure or registration

- c. Not been subject to involuntary termination of medical staff membership at another organization
- d. Not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges

Process

Applicants may be asked to appear for an interview with the appropriate Department Chair or the Chief Medical Officer at any time during the application process, regardless of whether the application is deemed clean or otherwise.

Applicants with Clean Applications – The Medical Staff Office will forward applications to the appropriate Department Chair and the Credentials Chair for review and recommendation. Applications will be made available to Credentials Committee members at this point in the process. The Department Chair and the Credentials Chair are authorized to recommend for their respective department and committee. The file will then be forwarded with recommendation to the Medical Executive Committee. If the application receives a positive recommendation by the Medical Executive Committee, the President of Carolinas Medical Center-Northeast (“President”, which includes the person designated by the President to exercise the authority of the President granted by this Credentialing Policy Manual if the President is not available) will grant temporary privileges not to exceed one hundred twenty (120) days. The positively-recommended applications will be forwarded to the Carolinas Medical Center-Northeast Advisory Board (“Advisory Board”). The Board of Commissioners of Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System (“Board of Commissioners”) receives the recommended applications through the Board of Commissioners’ Quality Care and Comfort Committee (“QCCC”) and is the only body with the authority to grant full privileges and appointment to the Medical Staff. Approved applicants will be informed by the Medical Staff Office of appointment and will be scheduled for orientation.

If an application is deferred due to a negative recommendation, supporting documentation and a detailed reason for this action should be included in the applicant’s file. Applicants will be immediately informed of any negative recommendations during this process.

Applicants without clean applications must be reviewed by the appropriate Department Chairman as well as presented to the department, Credentials Committee, Medical Executive Committee, the Advisory Board and the Board of Commissioners. Applicants without clean applications who are approved will be informed by the Medical Staff Office of appointment and will be scheduled for orientation. In the case of an adverse MEC recommendation, the applicant will be informed of his/her right to Fair Hearing.

An applicant may choose to withdraw his/her application at any time during this process; however, if the application is reviewed and denied by the Board of Commissioners, this decision will be an example of denial of privileges and is reportable to the National Practitioner Data Bank and the NC Medical Board.

IV. Licensed Independent Practitioners Who Are Not Members of the Medical Staff

A Licensed Independent Practitioner who is not a member of the medical staff (dentists who are not oral surgeons, podiatrists, doctorate level psychologists and optometrists) may be granted privileges through the Board of Commissioners' QCCC.

To qualify for clinical privileges, a LIP who is not a member of the medical staff must demonstrate the following:

- Demonstrate that he/she has successfully graduated from an approved professional school of appropriate education and demonstrate appropriate training experience.
- Demonstrate current licensure in this state to practice clinical skills as requested.
- Demonstrate that he/she will be accepted for or currently has professional liability insurance.
- Demonstrate that he/she has successfully completed or will complete within the next six months, an appropriate professional education and training experience.
- Demonstrate recent (within the past twelve months) active clinical practice.
- Explain in writing his/her plans for an office location and for using the hospital.
- Provide in writing a plan for continuous call coverage arrangements should he/she be unavailable or unreachable to provide care for his/her patients.
- Demonstrate that he/she will provide a specialty needed in the community and that can be supported by the hospital and the medical staff.
- Demonstrate that he/she abides by the ethics of his or her profession and avoids acts and omissions that constitute unprofessional conduct.
- Demonstrate his/her background, experience, training, current competence, knowledge, judgment, ability to perform and technique in his/her specialty for all requested privileges.

A Licensed Independent Practitioner who is not a medical staff member may NOT admit patients to the hospital independently, but may provide patient care only within the scope of their delineated clinical privileges. They may exercise those clinical privileges that have granted to them by the Board of Commissioners. They will be assigned by the Credentials Committee to the department most relevant to their practices. They may attend general and specific meetings of the medical staff and meetings of all departments and committees to which they are assigned. They shall not, however, be entitled to vote. They are eligible to serve on committees, but are not eligible to hold office. They shall pay all dues and assessments requested. They should arrange for continuous coverage by an individual equivalently credentialed at the hospital in a

relevant skill when not available to provide care for hospitalized patients. They should maintain continuous BLS, ACLS, ATLS, NPR or PALS certification as required.

Privileges for a LIP who are not medical staff members are granted for a period of two years. Reappointment is necessary and is required as defined elsewhere in this manual. The LIP who is not a medical staff member practices at the discretion of the Board of Commissioners, and privileges may be terminated for cause by the Board of Commissioners or suspended at any time by the Board of Commissioners upon recommendation by the MEC. In the event of such action, the affected LIP will be entitled to the procedural rights set forth in the Fair Hearing Plan.

Privileges for these practitioners are Provisional as defined previously in this manual.

V. Delineation of Clinical Privileges

A practitioner may only exercise those clinical privileges as granted to him by the Board. A specific request for clinical privileges must accompany each medical staff application. This is true for temporary privileges or for modification of clinical privileges.

VI. Exercise of Clinical Privileges

Except as may be provided otherwise in these documents, a Practitioner shall exercise only those Clinical privileges granted to him by the Board. The specific procedures by which requests for Clinical Privileges shall be processed and the specific qualifications and conditions affecting the exercise of Clinical Privileges are set forth in the Credentialing Procedures Manual.

VII. Delineation of Privileges to Medical Staff Applications

A. REQUESTS

Each application for appointment or reappointment for Medical Staff membership and for appointment or reappointment for Clinical Privileges must contain a request for the specific Clinical Privileges desired by the applicant. Such a request must also be submitted for temporary Clinical Privileges or for modification of Clinical Privileges.

B. BASES FOR PRIVILEGE DELINEATION

Requests for Clinical Privileges shall be evaluated based upon the Medical Staff applicant's education, training, experience, competence, ability, and judgment as evidenced by all pertinent information, including relevant documentation from other health care facilities in which the applicant has performed or currently performs clinical services. Privilege delineations made in response to requests for Staff reappointment or Privilege modification must include an assessment of the applicant's clinical performance at the Hospital. Any documentation related to the Privilege delineation shall be maintained in a file established by the Medical Staff for each applicant. The applicant must establish his qualifications and competency for the clinical privileges he requests.

VIII. Special Conditions Affecting Delineation of Privileges to Dentists, Oral Surgeons and Podiatrists

- A. Recognizing the special training of the oral surgeons, they may be permitted to admit patients to the Hospital and to perform histories and physical examinations if granted privileges to do so through the Board of Commissioners' QCCC.
- B. Applications for Clinical Privileges from dentists and podiatrists shall be processed in the manner specified in this document for Medical Staff applicants, and the specific surgical procedures that each dentist and podiatrist may perform shall be delineated in the same manner as are specific surgical procedures to Medical Staff applicants.
- C. Dentists and podiatrists who perform surgical procedures shall be monitored by the Chief of Surgery. In addition, all dental and podiatric patients must receive a basic medical appraisal prior to surgery by an Active member of the Medical Staff with Active admitting privileges. A basic medical appraisal includes medical history pertinent to the patient's general health, a physical examination to determine the patient's condition prior to anesthesia and surgery and supervision of the patient's general health status while hospitalized.

IX. Proctoring and Conditional Privileges

Unless otherwise specifically stated in these Bylaws, the MEC or a department chairman may require that a Practitioner who has been granted Clinical Privileges be proctored at any time. The purpose of such proctoring shall be to verify the clinical competence of the Practitioner and otherwise assess his qualifications for Clinical Privileges. The individual appointed as proctor by the MEC shall provide the MEC with appropriate reports following the proctoring.

The privileges and activities of any member of the Medical Staff may be limited or restricted as a condition of the exercise of such privileges or as a result of disciplinary action by the MEC or the governing body.

X. Locum Tenens

A practitioner applying for privileges as a Locum Tenens physician must meet the requirements for Temporary Privileges to Meet Patient Care Needs in Section X.A.1 below. The President shall obtain the individual's signed acknowledgement that the individual has had an opportunity to read copies of the Medical Staff Bylaws then in force and agrees to be bound by their terms in all matters relating the temporary clinical privileges. The individual serving as a locum tenens must have in force and effect a current North Carolina license, a DEA license, and professional liability insurance in an amount and terms acceptable to CMC - NorthEast. The granting of Locum Tenens privileges in such a case will be for a period of no more than one hundred twenty (120) days. The granting and exercise of such privileges is limited to treatment of patients of a Medical Staff member, and will not entitle the Locum Tenens physician to admit his/her own patients to the hospital. A Locum Tenens practitioner may not exceed the clinical privileges of the Medical Staff member employing the practitioner. A Locum Tenens who works

more than one hundred twenty (120) days in any given Medical Staff year will be required to apply for membership.

XI. Temporary Clinical Privileges

A. GENERAL

Temporary Clinical Privileges shall be granted by the President upon recommendation of the Chief of the Medical Staff or authorized designee only under the conditions set forth below for a period of time not to exceed one hundred twenty (120) days. There are two circumstances for which the granting of temporary privileges would be acceptable.

(1) Temporary Clinical Privileges for Applicants with Clean Application:

- (a) The President, following a favorable recommendation of the Medical Executive Committee, may grant temporary clinical privileges in accordance with this Section for a period of time not to exceed one hundred twenty (120) days if such applicant has a clean application and is awaiting review by the Advisory Board and the Board of Commissioners' QCCC.

(2) Temporary Clinical Privileges for Applicants to Meet Patient Care, Treatment, and Service Needs:

- (a) The President, upon recommendation of the Chief of the Medical Staff or applicable Department Chair, may grant temporary clinical privileges to an applicant on a case-by-case basis when an important patient care, treatment, and service need mandates an immediate authorization to practice, for a period not to exceed sixty (60) days, while the full credentials information is verified and approved; provided, that the applicant's current licensure and competence have been verified. Examples include a situation when a current Medical Staff member becomes ill or takes a leave of absence and an applicant would need to cover such member's practice until such member returns, or when the care of a patient requires skills not currently available within the medical staff.

B. REQUIRED CONDITIONS

Provided the general conditions set forth in subsection A are met, and upon the written concurrence of the President or the Chief of Staff and the chairman of the

department in which the temporary Clinical Privileges will be exercised, they shall grant temporary Clinical Privileges.

C. TERMINATION OF TEMPORARY CLINICAL PRIVILEGES

Temporary privileges shall expire at the end of the time period for which they are granted, including when the applicant is granted full membership Privileges, or at any earlier time in accordance with one of the events listed below. The Chief of Staff or the President, upon the discovery of any information or the occurrence of any event that raises questions about a Practitioner's professional qualifications or ability to exercise any or all of the temporary Privileges granted, shall terminate all of such Practitioner's Temporary Privileges. In the event the life or well-being of a patient is endangered, such termination may be effected by any person entitled to impose summary suspension pursuant to the Medical Staff Bylaws. In addition, the Chief of Staff or the President at any other time after consultation with the appropriate department chairman may terminate any or all of the Practitioner's Temporary Privileges. In the event of any such termination under this section, responsibility for the care of such Practitioner's patients shall be assigned to an appropriate member of the Medical Staff, such assignment to take into consideration the desires of the patient when practicable.

D. NO RIGHTS UPON DENIAL OR TERMINATION

In the event a Practitioner's request for Temporary Privileges is denied or in the event such temporary Privileges are terminated or suspended, the affected Practitioner shall not be entitled to any of the procedural rights provided under the Fair Hearing Plan.

XII. Temporary Clinical Privileges for Non-Applicants

- a. Temporary clinical privileges for care of a specific patient or patients may be granted by the Facility Administrator at CMC-NorthEast, with the concurrence of the President of the Medical Staff, the Chair of the Credentials Committee or the applicable Department Chair, to a Physician or Dentist who is not an applicant for appointment, provided that the Facility Administrator first verifies the individual's current NC licensure, current clinical competence, malpractice coverage, queries the National Practitioner Data Bank and obtains such individual's signed acknowledgement to be bound by the CMC-NorthEast Medical Staff Bylaws then in force in all matters relating to temporary clinical privileges. Such privileges shall be restricted to the specific patients for which they are granted.
- b. Non-applicants granted temporary clinical privileges in accordance with this section may only assist the primary sponsoring Medical Staff member and may not assume responsibility for admission or treatment of any patient. A sponsoring Medical Staff member must be physically present in the room at all times.

XIII. Emergency Situation

In the event of an emergency that would result in serious harm to the patient or in which the life of the patient is in immediate danger, all Medical Staff members shall be authorized to do everything possible, within the scope of their licenses, and regardless of department affiliation, Staff category, or scope of Privileges, to save the patient from such harm or to save the patient's life. All persons who exercise such emergency privileges shall be obligated to summon all consultative assistance necessary and shall provide or arrange appropriate follow-up care. This does not refer to a disaster. The policy for disaster credentialing is attached to this document.

XIV. Reappointment

Reappointment is processed at least every two (2) years. Three months prior to the date of expiration of an individual's current period of appointment, the individual, upon notification from the Credentials Committee and provided that he/she seeks reappointment, shall furnish a complete and accurate reappointment application to the Medical Staff Office for process. Should the complete and accurate reappointment application not be received before the required timeframe, the individual's reappointment will not be processed. This individual will have the option of applying for membership and privileges as defined for a new applicant.

The Medical Staff Office will process the reappointment application providing pertinent data to the Department Chairman for review and recommendation. Data collected will include but not be limited to data related to professional performance, judgment and clinical and technical skills such as CME activities, completion of medical records, compliance with Bylaws, Rules and Regulations and policies, current licensure and registrations, sanctions, and patterns of care. Should the Chairman find that the data is less than desirable for reappointment, he/she will recommend a plan of action. The Chairman will forward recommendation to the Credentials Committee. The Credentials Committee will forward its recommendation to the MEC, which will forward its recommendation to the Advisory Board for consideration; then, the Advisory Board will forward its recommendation to the Board of Commissioners for action.

XV. Relinquishment and Reapplication for Privileges

A physician on the medical staff who wishes to reapply at reappointment for a "special request" privilege will be expected to prove competency by past experience or by meeting approved criteria.

If a physician relinquishes a privilege, including "special requests" and admitting privileges, and they choose to reapply for it, they must provide proof of competency by approved criteria.

Proof of competency will be as recommended by the department chairman, the Credentials Committee, and the Medical Executive Committee with final approval by the Board of Commissioners.

Examples of ways to prove competency include competent performance of the privilege during the reappointment cycle, mini-residency training, additional CME course work, proctorship, and comparable work at another institution.

XVI. Conflict of Interest

CMC-NE ensures that fair and unbiased decisions are made during the credentialing, re-credentialing and quality review processes by requiring all Credentialing Committee members who have direct or indirect financial interest in any provider or the group practice of any provider reviewed to remove himself or herself from the review of that provider.

XVII. Record Retention and Examination

All credentialing records of all applicants, regardless of outcome of application, will be retained in the Medical Staff Office for a period of at least five years. Incomplete applications will be retained for one year.

XVIII. Examination of Credentials Files

Credentialing information will be contained in the Medical Staff Office and will be held strictly confidential (Confidentiality of Files Policy 3/00). Those duly authorized agents of managed care companies, regulatory agencies and accreditation bodies may examine documents and files for purposes of compliance; however, peer review materials will not be included and will be kept in a separate file.

XIX. Dependent Practitioners (PA and NP)

Physician Assistants and Nurse Practitioners will be credentialed through the Medical Staff Office in the same way that LIPs are credentialed. Peer review information will be assessed for both initial appointment and at reappointment. The dependent practitioner will be re-credentialed/reappointed at the same time as the supervising physician, and will be bound by the same timeframes and regulations.

XX. Annual Review of Policy

The Credentials Committee, the MEC, the Advisory Board and the Board of Commissioners will review, revise and approve this policy at least annually.

XXI. Orientation

Orientation is available to all new members, and is mandatory for all new Active staff members.