

Green Mountain Surgery Center

Chapter Name: 2 - Governance	Policy #: 2.40	Date Implemented: 3/2019
Title: Credentialing & Privileging of Providers		Reviewed/Revised: 6/2019

Policy Statement

It is the policy of this surgery center that all healthcare practitioners be credentialed prior to performing their first procedure. All practitioners will be credentialed in accordance with the bylaws of the Medical Staff and applicable licensure and accreditation standards.

The Medical Staff will be accountable to the Governing Board. Membership on the Medical Staff is limited to physicians who meet the qualification of the Medical Staff Bylaws "Practitioners".

Credentialing files will be maintained by center management and be organized per the Facility's credentialing sheet.

Procedures

- I. Any provider wishing to perform procedures in this facility must fill out an application and provide all appropriate documentation.
- II. The facility may use a Credentialing Verification Organization to do all or part of the credentialing process.
- III. Upon submission of the completed application packet, including signed copies of the facility's Shared-Decision Making, Payment Status Non-Discrimination, Form of Certification, and Collaborative Care policies, and any other pertinent supporting materials, the Administrator will forward the completed application packet to the Medical Director for review.
- IV. Upon receiving the application, the Medical Director or his/her designee shall make all necessary checks on primary source verification from medical schools, internship, residency and fellowship programs, references, State licensure verification, malpractice information and other information that would indicate the applicant's qualifications for staff privileges sought.
- V. Where in the course of credentialing the Medical Staff, the applicant also functions as the Administrator and/or Medical Director, a second physician shall review the application and supporting documentation. This second physician shall make the appropriate recommendation(s) for granting privileges and shall sign the application in the place of the Administrator and/or Medical Director. The Medical Director or designees shall then transmit the application to the Medical Advisory Committee for evaluation.
- VI. The Medical Advisory Committee shall review within forty-five (45) days the character, qualifications, professional standing, suitability and the completed application and supportive documentation of the applicant and shall submit a written recommendation to the Governing Board, along with any special conditions to be attached to the

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appointment. When determining qualifications, the Medical Advisory Committee shall recommend privileges for specific procedures to be granted, commensurate with the physician's education, training and experience as provided in the Medical Staff Bylaws. Failure to complete the review process within forty-five (45) days, unless extended by mutual agreement of applicant and the Administrator, shall be considered to be a denial of the application.

- VII. The recommendations of the Medical Advisory Committee (MAC) shall be forwarded through the Administrator to the Governing Board, which shall, upon receipt of the reports, review the Medical Advisory Committee's recommendations. The Governing Board shall either accept or reject the recommendations of the Medical Advisory Committee, or refer the application back for further consideration, stating the reasons for such action. This shall be done by the next regularly scheduled meeting of the Governing Board but not longer than forty-five (45) days after the Governing Board's receipt of the report of the Medical Advisory Committee.

Temporary privileges may be granted in special circumstances when advantageous for optimal patient care. Temporary privileges may be approved for a period not to exceed one hundred twenty (120) days by recommendation of the Medical Director and Administrator to the Governing Board.

- VIII. The applicant shall receive timely written notification from the Governing Board of the final approval for clinical privileges.
- IX. All updates to status will follow the procedures outlined in the Medical Staff Bylaws.
- X. Medical staff members will be re-appointed every 2 years per the organization's Medical Staff Bylaws. The re-appointment process will include MAC and Governing Board review of the applicant's adherence to the Medical Staff Bylaws, Medical Staff Rules and Regulations, and other facility policies, including, but not limited to the Shared-Decision Making, Payment Status Non-Discrimination, Collaborative Care, and Code of Compliance policies, and any Peer Review worksheets or incident reports that have been completed.
- XI. A National Practitioner Data Bank (NPDB) query is collected and reviewed at the time of appointment and reappointment.