

COPPER COUNTRY MENTAL HEALTH SERVICES BOARD

POLICY AND PROCEDURE

DATE: June 28, 2017 Clinical Priv-Individual Practit.P6

RESCINDS: June 29, 2016

CATEGORY: Personnel

SUBJECT: Clinical Privileging of Individual Practitioners

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) that clinical treatment and support services are provided only by qualified and competent practitioners within the scope of their licenses and clinical privileges. CCMHS requires all professional practitioners who are employed by or provide services through an independent contract with CCMHS to have a documented review and approval of their clinical privileges. Independent contractors in bordering states are held to the same standards and procedures for clinical privileging and meet all applicable licensing and certification requirements of their state.

PURPOSE: The purpose of this policy is to assure that providers of clinical services are properly privileged to perform the assignments detailed in their job descriptions. The privileging process authorizes the specific scope and content of clinical services that each individual practitioner may perform; and ensures that the practitioner is operating within their scope of practice and engaging in clinical activities that they are qualified to perform. Privileging must be granted according to the primary eligibility groups being served.

DEFINITIONS:

INDEPENDENT CONTRACTORS: Practitioners who are not operating as part of another organizational provider and comply with all federal, state and local laws regarding business permits and licenses of any kind that may be required to carry out the said business and tasks to be performed under said contract.

PRIVILEGING: The process of determining a health care professional's current skill and competence to perform specific diagnostic or therapeutic procedures that the professional requests to perform as a participant in or an affiliate of a healthcare facility or system. The result of privileging is that a practitioner is permitted by a healthcare organization or network to conduct those specific procedures. (American Managed Behavioral Healthcare Association)

SENIOR CLINICAL STAFF PERSON: A senior clinical staff person who has: current, unrestricted clinical licenses(s); qualifications to perform clinical oversight for the services provided; post-graduate experience in direct patient care; and Board certification (if the senior clinical staff person is an M.D. or D.O.).

PROCEDURE:

- I. Initial Privileges - Initial privileging must be done at the time of hire or initiation of the contract for services.
 - A. The supervisor completes the NorthCare Clinical Privileging Form and submits it to the Human Resources Department.
 - B. The supervisor is responsible for ensuring that each practitioner, directly or contractually employed, meets all applicable licensing, scope of practice, contractual and Medicaid Provider Manual requirements to provide the service.
 - C. The Human Resources Department reviews the application for completeness and submits it to the Credentialing Committee.

II. Temporary Privileges

- A. Temporary privileges may be granted at time of hire or contract initiation, at a time of change in clinical privileges, and/or when a need for temporary privileging is identified.
- B. A decision regarding temporary privileges will be made within thirty-one (31) calendar days of receipt of the completed form.
- C. Temporary privileges may be granted for a term of up to one (1) year.

III. Re-Privileging

- A. In order to renew privileges for the coming year, the supervisor will review the practitioner's licensing, certification and training requirements at the time of the annual performance review. A new NorthCare Clinical Privileging Form will be completed to renew existing privileges and/or make appropriate changes. Privileging status (whether changes have been made to privileging or not) will also be noted on the Performance Review form.
- B. Re-privileging must also be done any time a practitioner's duties/responsibilities change in terms of the primary

eligibility group with whom the practitioner works, and/or the scope of practice.

- C. The process for re-privileging is the same as for initial privileging.

IV. The Credentialing Committee:

- A. Delegates the authority to approve or disapprove temporary, initial or on-going privileges to the Senior Clinical Staff Person if the NorthCare Clinical Privileging Form is complete and all support documentation is provided.
- B. Reviews the applications presented by the Senior Clinical Staff Person at the next scheduled meeting or at a specially scheduled meeting if necessary. The Committee may conduct a personal interview with the applicant, if desired.
- C. The Credentialing Committee gives final approval for temporary, initial or on-going privileges, disapproves all or some privileges, or returns the application to the applicant for further information.
- D. If the decision is adverse, the applicant will be provided with the reasons for the decision in writing. The applicant then has access to the Appeals Process.

V. Appeals Process

If an organizational provider or individually licensed practitioner disagrees with a determination by CCMHS in the application process or during review of a practitioner's status, and wishes to have the matter reviewed at a higher level:

- A. The practitioner may submit a written request and supporting documentation to CCMHS's CEO or designee within thirty (30) calendar days of disposition. The request must include the reason for the appeal and the documentation to support the appeal.
- B. An appeal review will be conducted within twenty (20) calendar days of receipt of the practitioner's request by a panel of at least three qualified individuals not involved in previous decisions relating to this appeal. At least one member will be a participating provider who is not involved in the day-to-day operations of network management and who is a clinical peer of the participating provider that filed the dispute.
- C. After formal review of the dispute, a written summary of the outcome will be given to the practitioner, within fourteen (14) calendar days of completion.

- D. The decision of the appeal review panel will be the final decision regarding the dispute.
- E. In the event of an emergent non-compliance dispute, the appeal process will be initiated and completed within five (5) working days.

VI. Final Approval

NorthCare Network holds final approval authority for the clinical privileging granted by CCMHS.

CROSS REFERENCE:

CCMHS Policy - Credentialing Program

CCMHS Policy - Contracting for Clinical Services

MDCH/PIHP Master contract (Medicaid Managed Specialty Supports and Services Concurrent 1915(B)(c) Waiver Program), Attachment P6.4.3.1

NorthCare Network - Credentialing-Privileging Policy