



POLICY/PROCEDURE

Department: Medical Staff Office	
Subject: CREDENTIALING & PRIVILEGING POLICY	

PURPOSE

To provide a mechanism for credentialing and privileging professionally competent individuals who continuously meet the qualifications, standards, and requirements set forth in the Medical Staff Bylaws and such policies as are adopted from time to time by the Board.

POLICY

The credentialing and privileging of all Licensed Independent Practitioner's (LIP's) and Allied Health Professionals, shall be done in accordance with the HMH Medical Staff Bylaws and OMC Rules and Regulations, Federal and State regulations, Joint Commission, and this policy. All individuals practicing at Hackensack Meridian Health, unless accepted by specific provisions of the Bylaws, must first have been appointed to the Medical or Allied Health Professional Staff.

PROCEDURE

Applications for appointment to the Medical Staff shall be in writing and shall be submitted on forms approved by the MCC/Board. The Credentialing Associate shall review each request made using the CV provided and determine if the applicant meets the established minimum criteria to receive a full application for appointment and privileges within his/her department. Information will be provided to Manager for final review/approval. If an applicant does not meet the criteria to receive an application, the Credentialing Associate, indicating the specific reasons, shall notify him/her in writing.

If an application is approved to be sent, it shall contain a request for specific membership status and clinical privileges desired by the applicant and require detailed information concerning the applicant's professional qualifications. An application shall be considered complete when information is received from the primary source regarding the applicant's training, experience and current competence, and any other information deemed necessary. Per HMH Bylaws, the applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, and other qualifications, and of resolving any doubts about such qualifications. He/she shall have the burden of providing evidence that all statements made and information given on, or submitted with, the application are factual and true. Until the applicant has provided all requested information, including completion of personal interview(s) per HMH Medical Staff Bylaws, the application will be deemed incomplete and will not be processed. All applications shall be finalized within 90 days from receipt or it will be returned to the applicant. The completed application, including all required supporting documentation, shall be submitted to the Medical Staff Office (MSO).

The MSO shall complete the primary source verifications, collect peer references, and all other information deemed pertinent (Attachment B). When this process is completed, the MSO shall provide the applicant with information regarding the necessary interview(s) with the appropriate Section Chief and/or Department Chair prior to the meeting of the Credentials Committee. All information, interviews, and submission of required documents, to include results from Drug Testing, must be completed within one (1) week prior to the scheduled Credentials Committee

in which the application is to be presented. The applicant's file and Department Chair recommendation shall be forwarded to the Credentials Committee for a recommendation to then be made to the Medical Executive Committee.

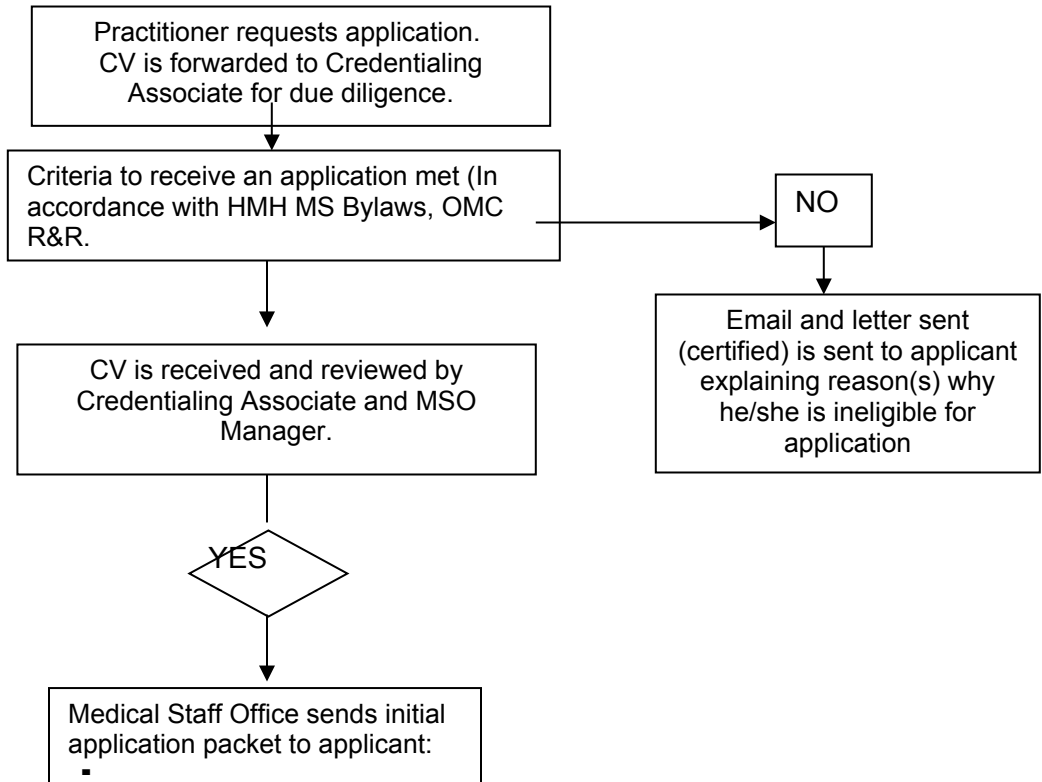
The Credentials Committee shall examine evidence of the character, professional competence, qualifications, prior behavior, and ethical standing of the applicant. The Committee shall determine, through information contained in references given by the applicant and other sources, whether the applicant has established and meets all of the necessary qualifications for the staff category and clinical privileges requested.

The MEC shall send a recommendation regarding the applicant to the Board, through the Medical Council Committee (MCC). The clinical privileges recommended to the Board, shall be based upon the applicant's education, training, experience, demonstrated competence and judgment, references, and other relevant information. The applicant has the burden of establishing his/her qualifications for, and competence to, exercise the clinical privileges he/she requests.

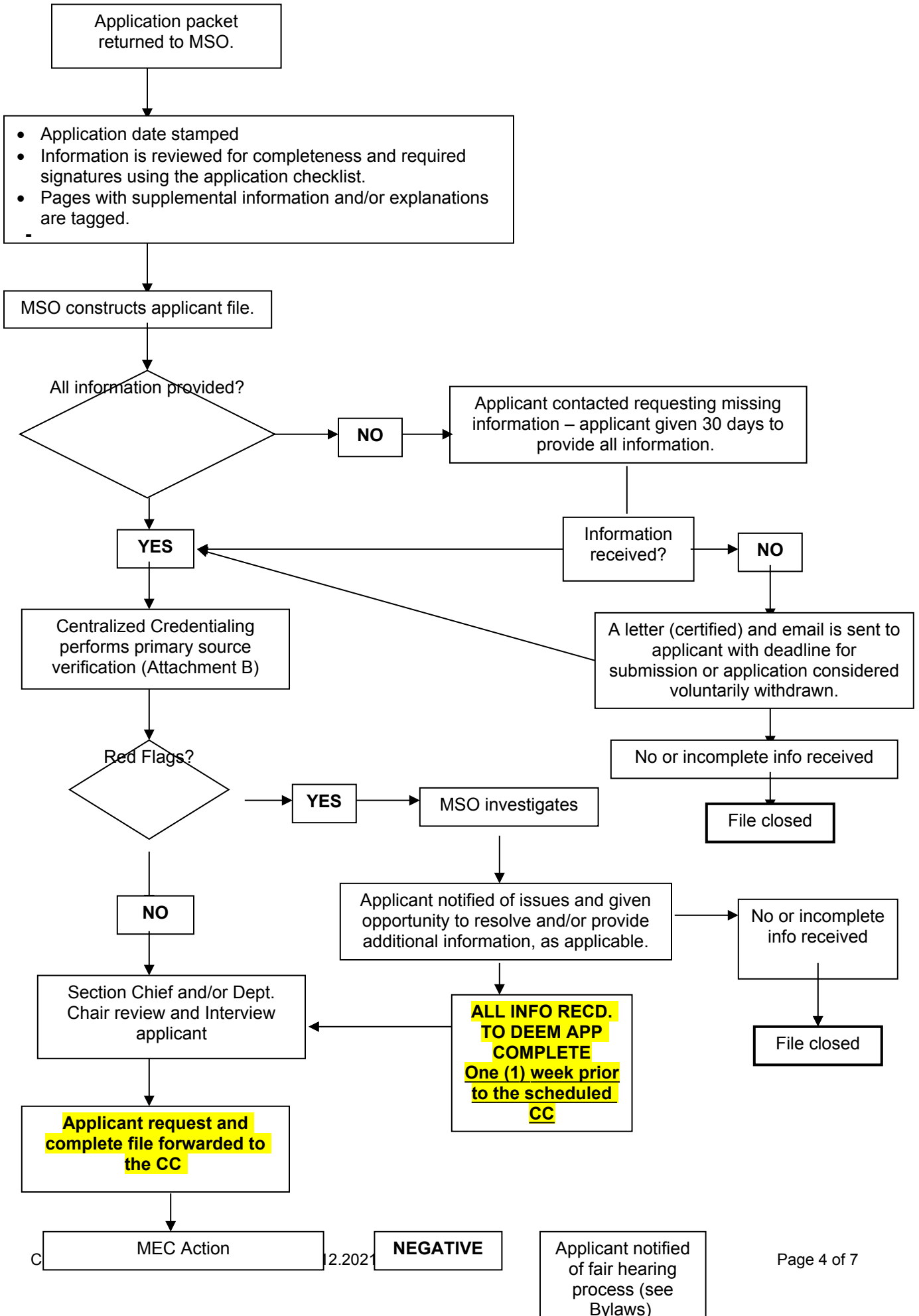
The MEC shall transmit a written report to the MCC, including a copy of the applicant's profile.

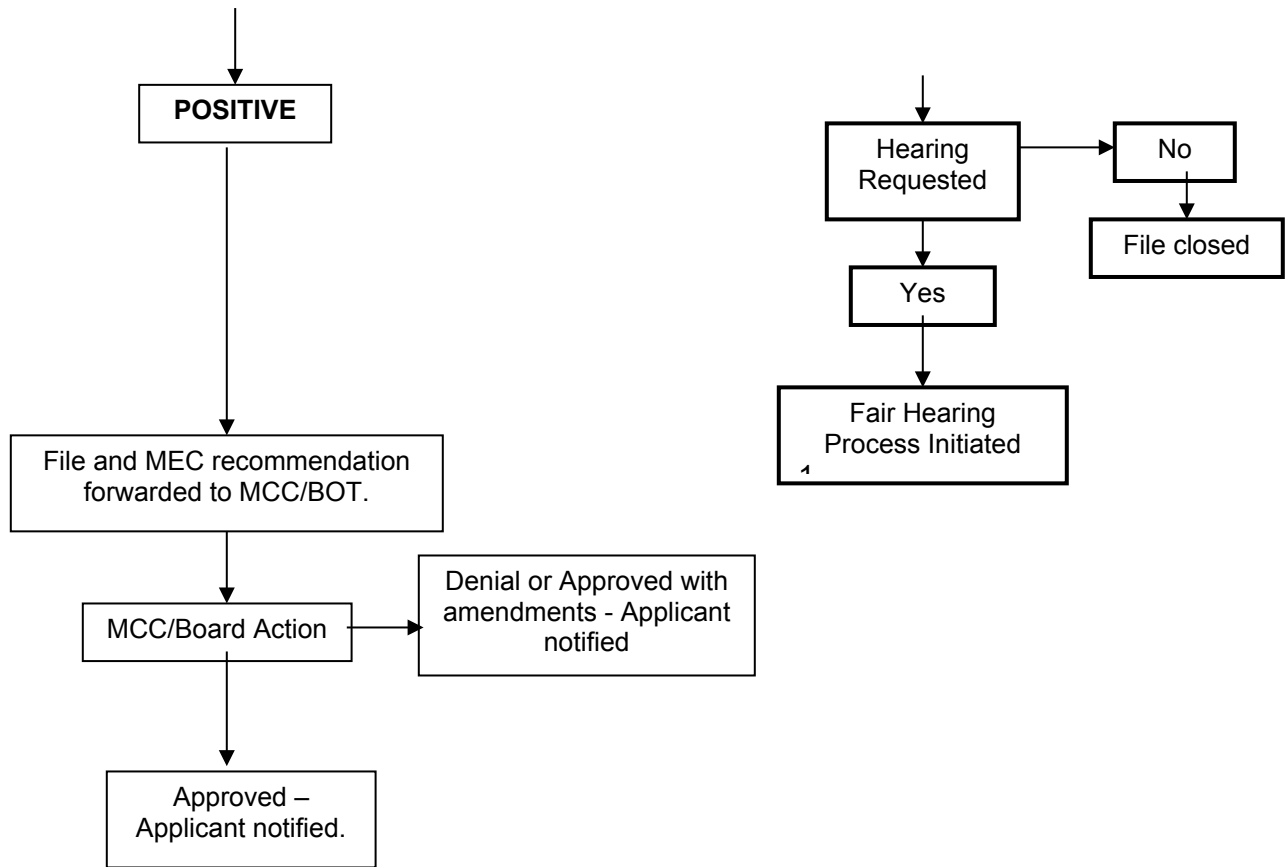
Reviewed: 12/06, 11/07, 9/10, 9/14, 10/15, 7/19, 12/21

CV/Full Application Release Process



APPLICATION PROCESS





**Hackensack Meridian Health
VERIFICATION SOURCES (ATTACHMENT B)**

TJC	Meridian Health	Verification Source	*Comments
All LIP's must be credentialed and privileged through the organized medical staff.	All LIP's and Allied Health Staff are credentialed and privileged through the Medical Staff Office.	Primary/equivalent sources as stated in this policy Attachment B. Oral and internet verifications documented.	
Medical Education	Successful graduation from an accredited medical school.	AMA/AOA Physician Profile or ECFMG	
Postgraduate Training	Successful completion of Internship and Residency Programs	AMA/AOA Physician Profile Primary source for foreign institutions (if possible)	Questionnaire with clinical evaluation and requested privileges sent to all Program Directors.
ECFMG	Valid ECFMG certificate	https://cvsonline2.ecfm.org/contactLogin.asp	
Board Certification	Specialty certified or eligible at the time of appointment	AMA/AOA Physician Profile or www.boardcertifieddocs.com or NPBAS	
Professional Licensure	Licensure verified and disciplinary action checked at appointment, reappointment, expiration, and change in privileges etc.	www.state.nj.us/cgi-bin/consumeraffairs/search/searchentry.pl	
Controlled Substance Licensure		www.fsmb.org http://www.njconsumeraffairs.gov/bme/disnotice/bmepdn.ht reviewed monthly NJ Division of Consumer Affairs Disciplinary reports for recent disciplinary action	
DEA License	Current DEA	Copy from applicant. AMA/ AOA Physician Profile, and NPDB review	Not required for pathology or Telemedicine
Malpractice Coverage	Current coverage as required by the Board	Current face sheet; list of carriers for past 5 yrs; application statement	
Malpractice History	Application requires listing of carriers for past 5 years; application statement	Questionnaire to all insurance carriers for the past 5 years	Initial Appt., MSC reviews for activity, disposition, settlements through NPDB
Work History	All related work history since Medical School (excluding medical staff memberships)	Verification request sent directly to employers*	Evaluation if no staff membership since Residency
Military history	Service history	Branch of service or NPRC	Appointment; reappointment if active or in reserves

ATTACHMENT B (continued)

Current Competence	Recent medical staff affiliations and/or Residency/Fellowship program director if no medical staff affiliation	Questionnaire with clinical evaluation and requested privileges sent to all recent Department Chairs and/or Program Directors*	Written preferred, oral accepted if all questions on form are addressed & documented
Medicare/Medicaid Sanctions and NJ Debarment	Office of the Inspector General exclusions (OIG)	http://exclusions.oig.hhs.gov/search.html http://www.state.nj.us/treasur y/debarred/debarsearch.htm	Appointment, reappointment, and temporary privileges;
Federal Contract Exclusions	No individual may be a member of the Medical or Allied Health Staff if he/she is excluded involuntarily, or is otherwise ineligible for participation in federal health care programs, funded in whole or in part, by the federal government, including Medicare and Medicaid.	http://epls.arnet.gov	Appointment, reappointment, and temporary privileges
NPDB	NPDB*	https://www.npdb-hipdb.com/	At least every 2 years but always at Appointment, Reappointment, and change in privileges
Identity Verification	Copy of current government issued photo ID* validated by MSO or notarized	Verification of photo and applicant on driver's license or passport	Appointment
Medical Staff Membership	End of Residency and/or Fellowship program to date	Requests sent to each facility for affiliation dates, status, department/specialty	Appointment and reappointment
Clinical Privileges	Reference questionnaire with clinical evaluation and recommendation	Questionnaire and copy of requested privileges are sent to recent Department Chairs and/or Program Directors	Program Chair if recent graduate or limited clinical experience
Peer Recommendations	At least 3 physicians, dentists, podiatrists, or other appropriate practitioners who have had recent extensive experience in observing or working w/applicant, at least 1 with the same credentials	Peer Reference Questionnaire/Assessment of Current Competence form sent directly to peers listed on application	Application statement with requirement to provide names and addresses.
Health Status	Information on the applicant's current physical and mental ability to safely render care to patients. Applicant required to submit PPD and Drug screen- results of the Drug Testing Due prior to CC	Application statement; question on reference questionnaires	