

HEALTHWEST

Policy and Procedure

No. 02-017

Prepared by:

Effective Date: January 22, 1997

Revised Date: June 28, 2017

Judith E. Cohen
Network Manager

Subject: Privileging of Licensed
Independent Practitioners

Approved by:

Julia Rupp, Executive Director

I. POLICY

HealthWest will grant privileges to Licensed Independent Practitioners to provide services for which they are professionally competent and licensed.

II. PURPOSE

To establish procedures that include the privileging application, renewal, and an appeal process for Licensed Independent Practitioners.

III. APPLICATION

All HealthWest employees and contracted providers who are licensed to practice independent of clinical supervision.

IV. DEFINITIONS

Licensed Independent Practitioner (LIP) - Any individual permitted by law and the organization to provide care without direct supervision, within the scope of the individual's licensure and/or certification and in accordance with individually granted clinical privileges.

Full Privileges - A provider may independently deliver assigned specified clinical services to specific populations for which the provider has necessary credentials and agency support staff available under general administrative direction. This is granted for a period of two (2) years.

Provisional/Temporary Privileges - Granted to the LIP actively engaged in the privileging process to allow the delivery of specific services during the initial period of their contract or employment. This is granted for a period of ninety (90) days with a thirty (30)-day extension if approved by the Executive Director.

Special Populations - The LIP may request privileging in one or more of the following populations: Adults with Mental Illness, Children and Adolescents with Mental Illness, Geriatrics, or those with

Developmental Disabilities or Chemical Dependency, providing they meet the criteria for competence for that population.

Services –The LIP may apply for privileging to provide any of the following:

- Psychiatric Evaluations
- Psychopharmacology
- Medical Evaluation
- Certification of Consumer
- Authorize/Approve Clinical Treatment
- Clinical Internship Supervision for Licensure

V. PROCEDURE

- A. Upon hire or completion of a contract contingent on full privileging, the LIP will complete and sign the Application for Privileging form # A059 or # A060 (**Attachment A or B**), and the AMA Profile Information Sheet (#A109) (**Attachment C**), the Criminal Background Information Sheet, (form # A158) and the Recipient Rights Background Check Sheet (form #A131, and present these forms to their Supervisor or Network Manager. The LIP will distribute the three (3) Peer/Co-Worker Reference Questionnaires (# A092) (**Attachment D**). Completed questionnaires will be forwarded by the peer to the LIP's Supervisor or Network Manager.
- B. After obtaining a signed Privileging Application Consent Form (# A095) (**Attachment E**) from the LIP to examine any documents pertaining to their application, the Supervisor or Network Manager will verify that the following is on file:
1. Completed Statement of Truth Form (# A143) (**Attachment F**);
 2. Current Vitae/Resumé with their chronological work history for the past five (5) years;
 3. Verification of current license(s), registrations, certifications and/or Board Certifications (and any possible sanctions);
 4. Copy of degree(s) (including original academic transcripts, if applicable)*;
 5. Three completed peer/co-worker references; and
 6. Proof of Professional Liability insurance for a minimum of \$1 million per occurrence/\$3 million aggregate (if treating consumers in their own office, proof of General Liability insurance, minimally \$1 million per occurrence, and Worker's Compensation).

*For physicians, the Network Manager will request the LIP's AMA Physician Profile Information Report from the American Medical Association, which will be substituted for the LIP's original academic transcript and copy of his/her degree.

- C. The Supervisor will submit all privileging paperwork to the Network Manager who will review/approve the application and accompanying documentation upon receipt. Network Manager will then forward the Privileging packet to the Medical Director and Executive Director for their review/approval.
- D. The Executive Director and Medical Director will review the Privileging application and act on the application in one of the following ways within thirty (30) days:
 - 1. Approve the privileging application.
 - 2. Return the application to the Network Manager with questions or concerns needing clarification.
 - 3. Deny privileges and return the application to the LIP via the Supervisor or Network Manager with explanation of reasons for non-approval.
- E. Network Manager will forward the privileging packet for approval to the HealthWest Board designated reviewer and request that it be returned to the Network Manager after review and approval or denial. Approved applications for privileging/re-privileging will be forwarded by the Network Manager to the HealthWest Board (Personnel Committee and Full Board) for final approval.
- F. Ninety (90) days prior to the expiration of a privilege, the HealthWest Employee Resources Coordinator will advise the Network Manager of the LIP's need to renew. The LIP must reapply for these privileges within forty-five (45) days prior to expiration. A Performance Evaluation, completed by the Supervisor, must accompany this reapplication (**Attachment G**).
- G. At any time during employment, or term of contract, should the Licensed Independent Practitioner wish to apply for additional privileges or serve additional populations, he/she will repeat the same procedures as outlined in Section V, A and B.
- H. At any time during employment, or term of the contract, should the LIP's competence/licensure be questioned by his/her team, peers, Supervisor, or Network Manager, the competence issues will be reviewed and investigated by the Supervisor/Network Manager and corrected, if appropriate.
 - 1. If correction cannot occur at this level, the Supervisor and Network Manager, after investigation and discussion with the Licensed Independent Practitioner, will make written recommendations for retention or removal of a privilege to the Executive Director of the Agency.
 - 2. The final decision for retention or removal of a privilege will be made by the Executive Director in consultation with the Medical Director and documented in writing in the LIP's Administrative contract file.

3. If a privilege is denied, revoked, limited, or not renewed, the LIP will be notified in writing by the Executive Director within three (3) working days of that decision and be given an opportunity to request an appeal of that decision. The request for an appeal must be submitted in writing, within five (5) working days of notification, to the Executive Director for review.
4. The Executive Director/Medical Director will review the appeal with the LIP and respond to the LIP in person and in writing within thirty (30) working days of the appeal request. The LIP will retain his/her privileges until the appeal process is finished.
5. At hire, or completion of a contract contingent on full privileging, or in unusual situations, when it is in the best interest of clients and the agency, the Executive Director/Medical Director may grant provisional limited privileges, or restrict or suspend privileges for a period of ninety (90) days with a thirty (30)-day extension. The LIP may appeal this through the process described above.
6. The original signed Privileging Packet is filed in the LIP's Administrative Contract file.

VI. ATTACHMENTS

Attachment A: Physician Privileging Application (# A059)

Attachment B: Independently Licensed Professional Staff Privileging Application/Approval (# A060)

Attachment C: AMA Profile Information Sheet (# A109)

Attachment D: Peer/Co-Worker Reference Questionnaire (# A092)

Attachment E: Privileging Application Consent Form (# A095)

Attachment F: Statement of Truth Form (# A143)

Attachment G: PA/Physician Performance Evaluation Form (# A093)

/jec