Insert Organizational Name or Logo Here

DEPT/OPS AREA: QUALITY / RISK MANAGEMENT	**POLICY NAME:** CREDENTIALING AND PRIVILEGING	**POLICY NUMBER:** QRM0000
EFFECTIVE (ORIGINAL) DATE:		**REVISED DATE:**
APPROVAL DATE:	**DATE REVIEWED:**	**APPROVED BY:** BOARD OF DIRECTORS

POLICY STATEMENT:

This policy applies to all clinical staff, employed, or contracted, volunteers and provider organizations such as locum tenens, group practices, and/or training program. The purpose of credentialing and privileging is to ensure verification of the credentials of health center clinical staff and to define their privileges to increase the safety of patients and provide the highest quality health care to our patients.

Credentialing and privileging will be performed on all licensed, certified, or other clinical staff, if applicable, before assuming patient care activities.

Completed and verified credentialing and privileging packets will be reviewed by parties listed in the accountability and responsibility sections below and make recommendations and/or decisions to approve, modify, deny, or remove privileges the applicant (at hire) or staff member (renewal) for credentialing and privileging. The health center determines whether to use an appeals process in conjunction with such determinations; and whether to implement corrective action plans in conjunction with the denial, modification, or removal of privileges.

The health center maintains files or records for all credentialed and privileged clinical staff (employees, individual contractors, volunteers) in a secure locked environment. The files contain at a minimum documentation of licensure, credentialing verification, and applicable privileges, consistent with all operating procedures.

If the health center contracts or formal written referral agreements with provider organizations (locum tenens, group practices, training programs, etc) that provide services within its scope of project the health center must ensure that such providers are licensed, certified, or registered as verified through a credentialing process, in accordance with application Federal, state, and local laws; and competent and fit to perform the contracted or referred services, as assessed through a privileging process. The health center makes determinations whether to disallow individual providers or organizations from providing health services on the health center's behalf. These determinations must be consistent with health center contracts/cooperative agreement language with individual providers or organizations clearly addressing health center role and responsibilities in credentialing and privileging.

Renewal of all previously credentialed and privileged staff will be performed at least every _____ years.

ACCOUNTABILITY/RESPONSIBILITY:

The _____has ultimate accountability for the Credentialing and Privileging of all Licensed Independent Practitioners (LIP). The _____ has ultimate accountability for Credentialing and Privileging of other Licensed or Certified Health Care Practitioners. _____ has ultimate accountability for Credentialing and Privileging of other Clinical Staff, as applicable. The BOD delegates oversight of this Policy to _____.

The _____delegates responsibility for creating and maintaining current and active credentialing and privileging files to Insert Staff Title Here. The _____ may delegate responsibility for the credentialing/privileging of other licensed or certified health care practitioners to appropriate supervisors. The _____ may delegate responsibility for the credentialing and privileging of other clinical staff to _____ The _____delegates the responsibility of policy review for revisions and for distribution to all appropriate Health Center staff to the Insert Staff Title Here.

DEFINITIONS:

Licensed Independent Practitioner (LIP): An individual permitted by law to provide care and services without the direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges. Insert Organization Name defines LIPS as: (Customize the list to your organization)

- Physicians
- Dentists
- Nurse Practitioners
- Physician Assistants
- Licensed Clinical Social Workers

Other Licensed or Certified Health Care Practitioner: An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision. The center (Customize the list to your organization) credentials and privileges the following other practitioners:

- Nurses
- Social Workers
- Certified Medical Assistants

Other Clinical Staff: Staff that are not required by the state to be certified or licensed that provide clinical care. The health center credentials and privileges the following other clinical staff (Customize the list to fit your organization):

- Medical Assistants
- Community Health Workers

Primary Source Verification (PSV) is verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner.

Secondary Source Verification (SSV) uses methods to verify credentials when PSV is not required.

Privileging is required of each practitioner specific to the services being provided. The health center verifies its clinical staff possess the requisite skills and expertise to manage and treat patients and to perform the medical procedures that are required to provide the authorized services. It is the responsibility of the health center to assure clinical staff have met standards of practice and training that enable them to manage and treat patients and/or perform procedures and practices with a level of proficiency which minimizes the risk of causing harm. Verification procedures are appropriate to the specialty of each practitioner, the breadth of clinical services offered by the health center and the circumstances of the center's accessibility to ancillary and tertiary medical practitioners.

For other licensed or certified health care practitioners and other clinical staff privileging is completed during the orientation process via a supervisory evaluation based on the practitioner's job description and supervisory performance evaluations for privileging renewal.

IMPLEMENTATION:

Credentialing

Initial and recurring review of credentials for all clinical staff (LIPs, OLPs, other clinical staff, if applicable) ensure the verification of at minimum the following, as applicable:

- Primary source verification of current licensure, registration, or certification. Primary verification of state licensure will be performed via the Internet through the appropriate board (i.e. Board of Nursing or Board of Medicine).
- Education and training for **initial credentialing only** using:
  - ✓ Primary verification for LIPs of the highest degree attained. This may be performed via the Internet through the National Student Clearinghouse or the registrar's office of the appropriate university. Residency and Board Certification will be verified through the American Medical Association and through the American Nurses Credentialing Center for ARNP's.
  - ✓ Primary or other sources (i.e. copy of diploma) for OLPs and any other clinical staff, as applicable.
- If the applicant is not Board or Nationally Certified, competency to practice may be evaluated by a review of the past 2 years CME's or CEU's.
- The National Practitioner Data Bank (NPDB) will be queried the health center for all LIPs, RNs, and MA's (customize which staff other than LIPs are reportable to the NPDB of which the health center queries). The health center may require staff to perform his/her NPDB query and submit a copy of the report to _____ for review.
- Clinical staff member's identity for initial credentialing only using a government-issued picture identification.
- Drug Enforcement Administration (DEA) registration
- Current documentation of basic life support training.

The credentialing date is the approval decision date made by_____ and is documented in writing.

Privileging
Initial and recurring review of privileging for all clinical staff (LIPs, OLPs, other clinical staff, if applicable) ensure the verification of at minimum the following, as applicable

- Fitness for Duty: An appropriate response in the CAQH Medical Condition attestation question or similar attestation documents.
- For **initial privileging only** verification of current clinical competence via training, education, and, as available, reference reviews. References will be verified by phone contact with the author of the reference letter.
- For renewal of privileges, verification of current clinical competence via peer review or other comparable methods such as supervisory performance reviews.
- Verification of immunizations and communicable disease status per health center protocol.

Staff privileges may be modified, denied, or removed based on assessments of clinical competence and/or fitness for duty. In instances in which current competence is not established at hire or maintained and identified though the reappointment process, adverse incidents, and/or other clinical or patient safety/risk occurrences the Board of Directors may modify, deny, or remove a provider's privileges.

The privileging date is the approval decision date made by_____ and is documented in writing.

Privileging Revision or Renewal Requirements
At least every two years all LIPs will be reviewed for renewal of credentialing and privileging. This process includes primary source verification of expiring or expired credentials, a synopsis of at least peer review or performance results for the 2-year period. All renewals are reviewed by the Medical Director or Dental Director as applicable and presented to the BOD for determination.

The renewal of privileges of other licensed or certified health care practitioners and other clinical staff occurs at least every 2 years. Verification is by supervisory evaluation of performance that assures that the individual is competent to perform the duties described in the job description. The process is consistent with those performed during the initial privileging process.

Any LIP that is denied a renewal of privileges may appeal a renewal determination. Any LIP whose privileges are reduced may appeal a renewal determination. To initiate the appeal process the LIP must submit a written appeal request to the Board. The written request must be made within 10 days of the Board's decision to deny or reduce a LIP's privileges. The Board reviews the appeal request and makes a decision to uphold or reverse its previous decision. The appeal decision made by the Board is final.

Temporary Privileging (delete this section if temporary privileging is not utilized)
The health center may temporary privilege a LIP under the following circumstances:

- To fulfill an important patient care need or
- When an applicant with a complete, clean application is awaiting review and approval by the governing board.

When the center must fulfill an important patient, care need temporary privileges can be granted on a case by case basis when there is an important need that mandates an immediate authorization to practice, for a limited

time, while the full credentials information is verified and approved. Privileging may be granted by the CEO upon recommendation of an appropriate clinical staff person provided there is verification of:

- current licensure and
- current competence.

When an applicant with a complete, clean application is awaiting review and approval by the governing board temporary privileges may be granted by the CEO upon recommendation of appropriate clinical staff person provided;

- There is verification of
  - ✓ Current licensure
  - ✓ Relevant training and experience
  - ✓ Current competence
  - ✓ Ability to perform the privileges requested
- The results of the National Practitioner Data Bank (NPDB) query has been obtained and evaluated; and
- The applicant has
  - ✓ A complete application
  - ✓ No current or previously successful challenge to licensure or registration
  - ✓ Not been subject to involuntary termination of medical staff membership at another organization
  - ✓ Not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges

Temporary privileges must not exceed 120 days.

Appeal Process: Any LIP that is denied or discontinued clinical privileges may appeal this determination. To initiate the appeal process the LIP must submit a written appeal request to _____. The written appeal must be submitted within 30 calendar days. The _____ reviews the appeal request and makes a decision to uphold or reverse its previous decision. The appeal decision made is final.

DOCUMENTATION/MONITORING:

Credentialing and privileging decisions are documented in _____

Ongoing Monitoring: Each health care practitioner eligible for credentialing and privileging are responsible for maintaining current and active status for licensing, DEA, immunizations, hospital privileges and life support training, as appropriate. Monitoring of current status of expiring credentials is the responsibility of _____ and carried out by (enter how this process is completed, tracking worksheets, reports, etc) at least (enter frequency).

REFERENCES:

Sections 330(a)(1) and (b)(1), (2) of the PHS Act
42 CFR 51c.303(p), 42 CFR 56.303(a), and 42 CFR 56.303(p)
Joint Commission Comprehensive Accreditation Manual for Ambulatory Care: HR

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KEYWORDS
Credentialing, Privileging, LIP, OLCP, PSV, SSV, Joint commission, HRSA, FTCA