

COMMUNITY HEALTH CENTER

POLICY

ON

CREDENTIALING/PRIVILEGING OF LICENSED INDEPENDENT PRACTITIONERS AND OTHER LICENSED OR CERTIFIED HEALTH CARE PRACTITIONERS

Submitted by:

Policy:

Approved By:

Policy Supersedes:

Date:

Revised/Reviewed:

References: Bureau of Primary Health Care Policy Information Notice (PIN) 2002-22 & 2001-16 Credentialing and Privileging Policy.

POLICY: It is the policy of _____ to assure that its Licensed or Certified Health Care Practitioners, Licensed Independent Practitioners and other Licensed or Certified Health Care Practitioners are professional, qualified individuals providing quality care to its patients/families.

The fundamental criteria for clinical privileges will be directly related to the delivery of quality medical care, professional ability and judgment, and the center's needs. Clinical privileges will not be denied on the basis of race, creed, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, marital status, or status as a covered veteran.

PURPOSE: Credentialing is performed to assess and confirm the qualifications of a licensed or certified health care practitioner. Verification is performed to determine the accuracy of a qualification reported by a licensed or certified individual health care practitioner. Privileging is performed to authorize a licensed or certified health care practitioner's specific scope and content of patient care services in conjunction with an evaluation of an individual's clinical qualifications and/or performance.

DEFINITIONS:

Licensed Independent Practitioner (LIP) = Physician, dentist, nurse practitioner, and nurse midwife or any other "individual permitted by law and the organization to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges" (from Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) 2002-2003 Comprehensive Accreditation Manual for Ambulatory Care).

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. Examples include, but are not limited to, laboratory technicians, social workers, medical assistants, registered nurses, licensed practical nurses, dental hygienists, dental assistants and pharmacy technicians.

Primary Source Verification = Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. Examples of primary source verification include, but are not limited to, direct correspondence, telephone verification, internet verification, and reports from credentials verification organizations.

Secondary Source Verification = Methods of verifying a credential that are not considered an acceptable form of primary source verification. These methods may be used when primary source verification is not required. Examples of secondary source verification methods include, but are not limited to, the original credential, notarized copy of the credential, a copy of the credential (when the copy is made from an original by approved staff).

TEMPORARY PRIVILEGES:

Temporary privileges may be granted to a new LIP when the new applicant for medical staff membership or privileges is waiting for review and approval by the Board of Directors. Temporary privileges may only be granted after completion of the complete credentialing, verification and privileging process and has been approved by the Medical/Dental/Department director and the Chief Executive Officer (CEO). Temporary privileges, unless otherwise limited, shall permit the LIP to perform any procedures otherwise permitted pursuant to the privileging process.

Temporary privileges may be granted for up to 60 days with approval of both the Medical Director and the CEO. Temporary privileges shall cease when the Medical/Dental/Department Director and the CEO ends the temporary privileges.

Prior to the granting of any temporary privileges, the individual must agree in writing to be bound by the organizational bylaws, rules and regulations as well as the Compliance Program and other policies, procedures or protocols. Temporary privileges shall be immediately terminated by the CEO upon notice of any failure by the individual to comply with any such special conditions.

Temporary privileges are not to be routinely used for other administrative purposes such as the LIP failure to provide all information necessary to the processing of his/her reappointment in a timely manner or failure of the staff to verify performance data and information in a timely manner. In these situations, the LIP will be required to cease providing care in the facility until the reappointment process is completed.

DISASTER PRIVILEGES:

When the organizational disaster plan has been implemented and the immediate needs of patients can not be met with current staffing levels, the Medical Director and CEO may use a modified credentialing process to grant temporary privileges to eligible LIP “volunteers”. Disaster privileges are granted on a case-by-case basis after verification of identity and licensure. A volunteer’s identity may be verified with a valid government-issued photo identification (i.e., driver’s license or passport). A volunteer’s license may be verified in any of the following ways: (i) current Hospital picture ID card that identifies the individual’s professional designation; (ii) current license to practice; (iii) primary source verification of the license; (iv) identification indicating the individual has been granted authority to render patient care in disaster circumstances or is a member of a Disaster Medical Assistance Team, the Medical Resource Corps, the Emergency System for Advance Registration of Volunteer Health Professionals, or other recognized state or federal organizations or groups; or (v) identification by a current River Hills employee who possesses personal knowledge regarding the individual’s ability to act as a volunteer during a disaster.

Temporary privileges granted pursuant to this section, unless otherwise limited, shall permit the LIP to perform any procedures otherwise permitted pursuant to the privileging process. The temporary privileges shall automatically terminate when the emergency situation has subsided and the Medical Director, CEO or designee has announced “all clear”.

CREDENTIALING AND VERIFICATION:

1. Credentialing of LIP's requires **primary source verification** of the following:

- Current Iowa licensure
- Relevant education, training or experience
- Current competence (accomplished through a review of clinical qualifications and performance)
- Physical and Mental Health fitness, or the ability to perform the requested privileges, can be determined by a report from an agency that performs occupational testing or a report that is confirmed by the medical director.

2. Credentialing of LIP’s also requires **secondary source verification** of the following:

- Government issued picture identification
- Drug Enforcement Administration registration (as applicable)
- Hospital admitting privileges (as applicable)
- Immunization and PPD status
- Life support training (as applicable)

In addition to the above:

- All licensed staff will be checked for any actions pending against the license.
- All LIP' s (as applicable) will be checked against the National Practitioner Data Bank and enrolled in continuous query.

3. Credentialing of LIPs during “Full-Scale Disaster”:

The credentials of LIPs appointed when the organization’s disaster plan has been activated shall be verified in the same manner as the credentials of any other LIP, except that the process may occur retrospectively. The process for verifying credentials shall begin as soon as reasonably practicable after the immediate situation that resulted in the declaration of a full-scale disaster is under control. Absent extenuating circumstances, primary source verification shall be completed within 72-hours from the time the volunteer begins to provide services.

4. Credentialing of other licensed or certified health care practitioners requires **primary source verification** of the following:

- The individual's license, registration, or certification

5. Credentialing of other licensed or certified health care practitioners requires **secondary source verification** of the following:

- Education and Licensure and for any actions pending against the license.
- Current competence (accomplished through a review of clinical qualifications and performance)
- Government issued picture identification
- Immunization and PPD status
- Drug Enforcement Administration registration (as applicable)
- Hospital admitting privileges (as applicable)
- Life support training (as applicable)

6. All staff hired as employees or contract will have the following process completed.

- Application submitted prior to interview (contract no application just curriculum vitae)
- Interview conducted for all contract and employees
- Copy of all professional licenses made and placed in file
- A criminal check completed by contacting Iowa DCI and submitting to them a copy of the signed Criminal History Record Check Request Form
- References checked as listed on application
- Physical assessment completed for contract personnel clinical staff

PRIVILEGING:

Policy Information Notice 2001-16 requires privileging of each licensed or certified health care practitioner specific to the services being provided at each of the care delivery settings.

1. The initial granting of privileges to LIP's is performed by the CEO and Medical/Dental/Department Director, with ultimate approval authority vested in the governing board for River Hills Community Health Center.
2. For other licensed or certified health care practitioners, privileging is completed during the orientation process via a supervisory evaluation based on the job description.
3. The revision or renewal of a LIP' s privileges will occur at least every 2 years and includes primary source verification of expiring or expired credentials, a synopsis peer review results for the 2 year period and/or any relevant performance improvement information. Similar to the original granting of privileges, approval of subsequent privileges is vested in the governing board based on recommendations from the Medical/Dental/Department Director and the CEO.
4. The revision or renewal of privileges of other licensed or certified health care practitioners should occur at a minimum of 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.

COMPARATIVE SUMMARY OF REQUIREMENTS FOR CREDENTIALING AND PRIVILEGING “LICENSED OR CERTIFIED HEALTH CARE PRACTITIONERS”

CREDENTIALING OR PRIVILEGING ACTIVITY	“LICENSED OR CERTIFIED HEALTH CARE PRACTITIONER”	
	Licensed Independent Practitioner (LIP)	Other licensed or certified practitioner
Examples of Staff	Physician, Dentist, ARNP, LISW, LMHC, etc.	RN, LPN, CMA, Dental Assistant, Hygienist, etc.
A. CREDENTIALING	METHOD	METHOD
1. Verification of licensure, registration, or certification	Primary source	Primary Source
2. Verification of education	Primary source	Secondary source
3. Verification of training	Primary source	Secondary source
4. Verification of current competence	Primary source, written	Supervisory evaluation per job description
5. Health fitness (Ability to perform the requested privileges)	Confirmed statement	Supervisory evaluation per job description
6. Approval authority	Board of Directors (usually concurrent with privileging)	Supervisory function per job description
7. National Practitioner Data Bank Query	Required, if reportable	Required, if reportable
8. Government issued picture identification, immunization and	Secondary source	Secondary source

PPD status, and life support training (if applicable)		
9. Drug Enforcement Administration (DEA) registration, hospital admitting privileges	Secondary source, if applicable	Secondary source if applicable
B. INITIAL GRANTING OF PRIVILEGES	METHOD	METHOD
1. Verification of current competence to provide services specific to each of the organization's care delivery settings	Primary source; based on peer review and/or performance improvement data.	Supervisory evaluation per job description
2. Approval authority	Board of Directors (usually concurrent with credentialing)	Supervisory evaluation per job description
C. RENEWAL OR REVISION OF PRIVILEGES	METHOD	METHOD
1. Frequency	At least every 2 yrs	At least every 2 yrs
2. Verification of current licensure, registration, or certification	Primary source	Primary source
3. Verification of current competence	Primary source based on peer review and/or performance improvement data.	Supervisory evaluation per job description
4. Approval authority	Governing Body	Supervisory function per job description
5. Appeal to discontinue appointment or deny clinical privileges	Process required	Organization option

APPEAL PROCESS:

When reports indicate an adverse decision on an application for reappointment or an action to discontinue clinical privileges, practitioners will be afforded an opportunity for a fair hearing and appellate review of decisions regarding reappointment, denial, reduction, suspension, or revocation of privileges that involve quality of care, treatment, and services.. The LIP needs to make an appointment with the CEO and request in writing a review of the decision. The CEO will coordinate a meeting with the Medical/Dental/Department Director, and the Executive Committee of the Board of Directors to discuss the decision, present additional information, etc. [Name of the Health Center] may seek the advice of legal counsel.

STATEMENT OF CONFIDENTIALITY:

Information obtained regarding any LIP, from any source, during the credentialing or re-credentialing process is considered confidential and is used only for the purpose of determining the LIP's eligibility to carry out the duties and obligations of a patient care provider

at River Hills CHC. Credentialing information is shared only with those persons or organizations that have the authority to receive such information, or have a need to know such information, in order to perform credentialing related functions. All credentialing records shall be stored in secured and locked cabinets. Access to credentialing records is limited to authorized personnel only.