

# **SAMPLE HEALTH CENTER**

## **CREDENTIALING AND PRIVILEGING POLICY**

HEALTH CENTER is dedicated to assessing and verifying the credentials of all licensed or certified health care practitioners it employs. This assessment will be done at the time of hire and every 2 years thereafter, in accordance with the attached Policy Information Notice (PIN) 2001-16 and 2002-22.

There are two categories of licensed practitioners that require different levels of credentialing verification: 1) Licensed Independent Practitioner (LIP) - "individuals 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." At HEALTH CENTER these include physicians, dentists, nurse practitioners, and physician assistants. 2) Other Licensed or certified Health Care Practitioner - "an individual who is licensed, registered or certified but not permitted by law to provide patient care services without direction or supervision." At HEALTH CENTER these include registered nurses, licensed practical nurses, certified laboratory technicians, and dental hygienists.

Verification is done in two ways: 1) Primary Source Verification - determine the accuracy of a qualification reported by the health care practitioner by contacting the original source. This may be done by direct correspondence, telephone verification, Internet verification, and reports from the credentials verification organization. 2) Secondary Source Verification - this form may only be used when primary source verification is not required. This form of verification includes the original credential, notarized copy of the credential, or a copy of the credential made by a staff member of HEALTH CENTER.

At time of hire all credentialing and verification must be completed before the individual is allowed to provide patient care.

### **LICENSED INDEPENDENT PRACTITIONER CREDENTIALING**

LIP credentialing requires the primary source verification of the following:

- 1) Current licensure
- 2) Relevant education, training and experience
- 3) Current competence
- 4) Health fitness or the ability to perform the requested privileges. This can be determined by a statement from the individual that is confirmed either by the director of a training program, chief of staff at a hospital where privileges exist, or by a licensed physician designated by HEALTH CENTER.

LIP credentialing also requires secondary source verification of the following:

- 1) Government issued picture identification
- 2) DEA registration (as applicable)
- 3) Immunization and PPD status
- 4) Life support training (as applicable)

When appropriate the National Practitioner Data Bank will be queried or the practitioner will be asked to provide the results of a self-query.

HEALTH CENTER Board of Directors are to determine whether the LIP meets credentialing requirements after review of recommendations from the Medical Director, a joint recommendation of the medical staff, and the Administrator.

### **OTHER LICENSED OR CERTIFIED PRACTITIONER CREDENTIALING**

The only primary source verification for other licensed or certified practitioners is of her/his state license or certification.

A secondary source verification will be done on the following:

- 1) Education and training
- 2) Government issued picture identification
- 3) Immunization and PPD status
- 4) Life support training (as applicable)

All other licensed and certified personnel will have verification of her/his license renewal done every two years with review of annual evaluations of performance that assures that the employee is competent to perform the duties in the job description.

### **PRIVILEGING**

All LIP's shall complete a "Request for Clinical Privileges" form during the job application process. The granting of privileges will be approved and signed off by the Medical Director, Administrator, and the president of the Board of Directors.

All LIP's will have renewal of her/his privileges every 2 years with verification of license renewal, a synopsis of peer review results for the previous two years and /or any relevant performance improvement information. As with the original granting of privileges the renewal will be approved and signed off by the Medical Director, Administrator, and the president of the Board of Directors.

An appeal of denied of privileges may be made in writing to the president of the Board of Directors.

\_\_\_\_\_ **FAMILY & HEALTH SERVICES, INC.**

**Procedures for Delineation of Privileges for the Credentialed Professional Provider**

1. The specific privileges of health care services for each Credentialed Provider will be listed and reviewed, with a recommendation from the HEALTH CENTER Medical Director and a joint recommendation of the Executive Director and medical staff.
2. It is the responsibility of the Executive Director to implement these policies as well as the Medical Director to monitor compliance.
3. A privileging form must be completed by credentialed staff, and includes: Medical, Dental and Counseling, on-site consulting and fill-in professionals.
4. A Privileging Form has been developed for each professional service area and lists procedures or functions each provider is authorized to perform. This form is included in the Credentialing Packet and must be turned in with application for appointment packet.
5. All permanent, fill-in, and consulting professional staff must have the privileging form completed before providing services at HEALTH CENTER. The Human Resource Administrator is responsible to ensure that health care providers have filled the appropriate privileging form to completion.