



## POLICY

### CREDENTIALING AND PRIVILEGING POLICY

3004

#### PURPOSE:

BULLHOOK COMMUNITY 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 Policy Information Notice (PIN) 2011-02

#### Definitions

1. Credentialing is the process of assessing and confirming the qualifications (e.g., licensure, certification, and/or registration) of a licensed or certified health care practitioner; and
2. Privileging is the process of authorizing the specific scope and content of patient care services of a licensed or certified health care practitioner. This is performed in conjunction with an evaluation of the health care practitioner's clinical qualifications and/or performance.

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 BULLHOOK COMMUNITY HEALTH CENTER these include, but are not limited to, physicians, dentists, nurse practitioners, pharmacists 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 BULLHOOK COMMUNITY HEALTH CENTER these include registered nurses, licensed practical nurses, dental assistants, medical assistants, certified laboratory technicians, and dental hygienists.

Bullhook Community Health Centers' (BCHC) credentialing and privileging requirements utilize primary and secondary source verification. For the purposes of the Program:

1. Primary source verification is verification of an individual health care practitioner's reported qualification by the original source or an approved agent. Examples of primary source verification of credentials include direct correspondence, telephone verification, or internet verification from the original qualification source or reports from credentials verification organizations (CVOs). For example, the Education Commission for Foreign Medical Graduates (ECFMG), the American Board of Medical Specialties (ABMS), the American Osteopathic

Association (AOA) Physician Database, or the American Medical Association (AMA) Masterfile can be used for primary source verification of health care practitioners' education and training.

2. Secondary source verification is verification by methods not considered acceptable for primary source verification. Examples of secondary source verification of credentials include viewing the original credential, a notarized copy of the credential, or a copy of the credential (when the copy was made from an original by an authorized participant of the organization's credentialing process).

BCHC must determine whether each individual for whom deemed status is desired meets the definition of a LIP or other licensed or certified health care practitioner based on State law and BCHC's policies. Further, BCHC must provide acceptable assurances that these licensed or certified health care practitioners are properly credentialed and privileged. Credentialing and privileging requirements differ depending on whether the covered individual is a LIP or other licensed or certified health care practitioner.

### **LICENSED INDEPENDENT PRACTITIONER CREDENTIALING**

The initial credentialing of LIPs include:

1. Primary source verification of:
  - a. Current licensure; and
  - b. Relevant education, training, or experience.
2. Secondary source verification of:
  - a. Identification (via government issued picture ID);
  - b. Drug Enforcement Administration registration, as applicable;
  - c. Hospital admitting privileges, as applicable;
  - d. Immunization and TB skin test results status; and
  - e. Life support training, as applicable.
3. Additional verification by:
  - a. Querying the National Practitioner Data Bank (NPDB), as applicable or the LIP will be asked to provide the results of a self-query; and
  - b. Determining practitioner's 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/service of a hospital where the individual has privileges, or a licensed physician designated by the organization);

#### **Initial Privileging of LIPs**

The initial privileging of an LIP involves the assessment of his/her current competence in the specific scope or content of patient care services he/she is to provide at BCHC. BCHC will assure that the specific assessment procedures utilized are appropriate for the LIP's specialty, breadth of clinical services to be provided to patients, and accessibility to ancillary and tertiary medical practitioners. BCHC will assess an LIP's competence by any combination of:

1. Primary source verification of a course of study from a recognized and certifying educational institution showing that the LIP met or passed a level of training required to perform a defined procedure or management protocol;
2. Documentation of first hand, one-on-one review of the LIP's competence in particular procedures or management protocols by a supervising clinician who possesses privileges in the particular procedures or management protocols; and/or
3. Direct proctoring of the LIP in particular procedures or management protocols by a qualified clinician possessing a degree of expertise in the particular procedures or protocols beyond the level of expertise of most newly practicing primary care providers.

#### Approval Authority for Initial LIP Credentialing and Privileging

BULLHOOK COMMUNITY HEALTH CENTER's Board of Directors is to determine whether the LIP meets credentialing requirements after review of recommendations from the CMO, CDO, or CBHO respectively, or a joint recommendation of the medical staff, and the Chief Executive Officer. The determination should be stated in writing by Bullhook Community Health Center's governing board (or alternative mechanism as described in a governing board approved waiver). Alternatively, the governing board may delegate this responsibility (via resolution or bylaws) to an appropriate individual to be implemented based on approved policies including methods to assess compliance with these policies.

#### OTHER LICENSED OR CERTIFIED PRACTITIONER CREDENTIALING

The initial credentialing of other licensed or certified practitioners include:

1. Primary source verification of current licensure, registration, or certification;
2. Secondary source verification of:
  - a. Identification (via government issued picture ID);
  - b. Drug Enforcement Administration registration, as applicable;
  - c. Hospital admitting privileges, as applicable;
  - d. Immunization and TB skin test results status; and
  - e. Life support training, as applicable.
3. Querying the National Practitioner Data Bank (NPDB), as applicable or the licensed or certified practitioner will be asked to provide the results of a self-query.

BCHC also may choose to credential other licensed or certified health care practitioners via similar requirements utilized for LIPs. In either case, the chosen credentialing process must be completed prior to the practitioners providing patient care services at the health center.

#### Initial Privileging of Other Licensed or Certified Practitioners

The initial privileging of another licensed or certified practitioner involves the assessment of his/her current competence in the specific scope or content of patient care services he/she is to provide at BCHC. BCHC can assess current competency through an orientation process during which a supervisor evaluates the practitioner's clinical qualifications and performance based on his/her job description.

## Approval Authority for Initial Credentialing and Privileging of Other Licensed or Certified Health Care Practitioners

BULLHOOK COMMUNITY HEALTH CENTER's Board of Directors is to determine whether the LIP meets credentialing requirements after review of recommendations from the CMO, CDO, or CBHO respectively, or a joint recommendation of the medical staff, and the Chief Executive Officer. The determination should be stated in writing by Bullhook Community Health Center's governing board (or alternative mechanism as described in a governing board approved waiver). Alternatively, the governing board may delegate this responsibility (via resolution or bylaws) to an appropriate individual to be implemented based on approved policies including methods to assess compliance with these policies.

### PRIVILEGING

All LIP's shall complete a "Request for Clinical Privileges" form during the job hiring process. The granting of privileges will be approved by the Bullhook Board of Directors with the written recommendations signed off by the CMO, CDO, or CBHO respectively, or a joint recommendation of the medical staff (including the Clinical Coordinator) and the Chief Executive Officer, and the Chair of the Board of Directors.

All LIP's will have renewal of her/his privileges every 2 years

#### Reassessment of the Credentials and Privileges of LIPs

BCHC will reassess the credentials and privileges of LIPs at least every two (2) years. Renewed credentialing and privileging processes should include:

1. Primary source verification of current licensure, registration or certification;
2. Secondary source verification of:
  - a. Adherence to the clinic's policies, procedures and rules;
  - b. Relevant education, training and experience (if changed since initial appointment);
  - c. The practitioner's ability to perform the care, treatment and services he/she has been providing and will be providing in the future at the clinic; and
  - d. Lack of any restrictions on privileges at any other health care organization.
3. An assessment of current competency to include:
  - a. A synopsis of peer review results from the prior 2 year period and/or any relevant performance improvement information (for LIPs); or
  - b. The supervisor's evaluation of performance (for other licensed or certified health care practitioners).
4. Query the NPDB, as applicable.

As with the original granting of privileges the renewal will be approved and signed off by the CMO, CDO, or CBHO respectively, or a joint recommendation of the medical staff and the Chief Executive Officer, and the Chair of the Board of Directors.

## Reassessment of the Credentials and Privileges of Other Licensed or Certified Health Care Practitioners (Re-credentialing)

Bullhook Community Health Center will reassess the credentials and privileges of other licensed or certified health care practitioners at least every two (2) years. Renewed credentialing and privileging processes should include:

1. Primary source verification of current licensure, registration or certification;
2. Secondary source verification of:
  - a. Adherence to the clinic's policies, procedures and rules;
  - b. Relevant education, training and experience (if changed since initial appointment);
  - c. The practitioner's ability to perform the care, treatment and services he/she has been providing and will be providing in the future at the clinic; and
  - d. Lack of any restrictions on privileges at any other health care organization.
3. An assessment of current competency to include:
  - a. A synopsis of peer review results from the prior 2 year period and/or any relevant performance improvement information (for LIPs); or
  - b. The supervisor's evaluation of performance (for other licensed or certified health care practitioners).
4. Query the NPDB, as applicable.

As with the original granting of privileges the renewal will be approved and signed off by the CMO, CDO, or CBHO respectively, or a joint recommendation of the medical staff and the Chief Executive Officer, and the Chair of the Board of Directors.

An appeal of denial of privileges may be made in writing to the Chair of the Board of Directors. For other licensed or certified health care practitioners, privileging is completed during the orientation process via a supervisory evaluation based on the job description. Temporary privileges may be granted if the Health Center follows guidelines specified by Appendix B of PIN 2002-22.

Privileges for locum tenens providers will be supplied by contracted third party staffing companies and reviewed according to above policies.

**APPENDIX B of pin 2002-22**  
**Joint Commission on Accreditation of Healthcare Organizations**  
**GUIDELINES FOR ISSUING TEMPORARY PRIVILEGES**

(Based 3/15/02 Standards Clarification: Use of Temporary Privileges – CAMAC Standard HR.7.2)

The Joint Commission has reviewed its position on the use of temporary privileges and has determined that there are two circumstances for which the granting of temporary privileges would be acceptable:

- to fulfill an important patient care need
- when an applicant with a complete, clean application is awaiting review and approval of the medical staff executive committee and the governing body

In the first circumstance temporary privileges can be granted on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time, while the full credentials information is verified and approved. Examples would include, but are not limited to:

- a situation where a physician becomes ill or takes a leave of absence and an LIP would need to cover his/her practice until he/she returns (locum tenens)
- a specific LIP has the necessary skills to provide care to a patient that an LIP currently privileged does not possess

In these circumstances, temporary privileges may be granted by the CEO upon recommendation of either the applicable clinical department chairperson or the president of the medical staff provided there is verification of:

- current licensure
- current competence

In the second circumstance temporary privileges may be granted when the new applicant for medical staff membership or privileges is waiting for a review and recommendation by the medical staff executive committee and approval by the governing body. Temporary privileges may be granted for a limited period of time, not to exceed 120 days, by the CEO upon recommendation of either the applicable clinical department chairperson or the president of the medical staff provided:

- there is verification of
  - current licensure
  - relevant training or experience
  - current competence
  - ability to perform the privileges requested
  - other criteria required by medical staff bylaws
- the results of the National Practitioner Data Bank query have been obtained and evaluated
- 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 are not to be routinely used for other administrative purpose such as the following situations:

- the LIP fails to provide all information necessary to the processing of his/her reappointment in a timely manner
- failure of the staff to verify performance data and information in a timely manner

In the above situations, the LIP would be required to cease providing care in the facility until the reappointment process is completed.

Cindy Smith  
 CHIEF EXECUTIVE OFFICER

Date: 5-8-17

Carol A. Reifneid  
 CHAIR, BOARD OF DIRECTORS

Date: 5-8-17

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