

Policy and Procedure Provider Credentialing and Privileging for the Ventura County Health Care Agency (VCHCA) Community Health Center (CHC)

Section: Admin/HR/Safety

Board Revised:

Next Review:

Board Approval:

Credentialing and Privileging Policy

Purpose: To help ensure the safest care to the patients of the VCHCA and meet the standards set by the Bureau of Primary Health Care (BPHC) Policy Information Notice (PIN) #2002-22, Credentialing and Privileging of CHC Practitioners, requiring that "all Health Centers assess the credentials of each licensed or certified health care practitioner to determine if they meet Health Center standards." This policy applies to all VCHCA CHC licensed independent practitioners and other licensed staff employed or contracted, volunteers and locum tenens, at all VCHCA CHC sites. The information in this policy is based on the standards for credentialing established by the Health Resources and Services Administration (HRSA) PIN #2002-22 and follows the guidelines of the Joint Commission (TJC).

Policy: It is the policy of the VCHCA CHC that all Licensed Independent Practitioners (LIP) and other licensed staff who are hired or contracted directly by the County of Ventura or an affiliated clinic will be subject to a credentialing process. Individuals will be credentialed at time of initial employment and updated every two years thereafter for re-appointment.

Procedure: All licensed independent practitioners (LIPs) will have credentialing accepted and privileges delineated every two years by a vote of both the Ventura County Medical Center (VCMC) Governing Board (Oversight Committee) and the CHC Board of Directors. CHC Credentialing is a multi-step process. All qualified applicants will receive an application for medical staff membership and/or clinical privileges.

Credentialing LIPs and Allied Health Professionals (Practitioners)

Initial: All LIP's and Allied Health Professionals (e.g. physicians, dentists, nurse practitioners, physician assistants, psychologists, etc., who practice with or without supervision within the scope of their license and privileges) who are to be employed or contracted directly by the County of Ventura or an affiliated clinic will be primary source credentialed by the VCHCA credentialing staff prior to appointment or contract completion, and every two years thereafter. All Practitioners will utilize the Ventura County Medical Center Application and Privileging Forms as approved by the CHC Board.

The following documentation will be required as part of the application (as applicable):

- Professional License
- Medical Education and Professional Training
- Board certification
- Curriculum Vitae (CV)
- Drug Enforcement Administration Registration Number (DEA)
- National Provider Identifier (NPI) Number
- Government-issued picture identification (Driver's License or Passport)
- Social Security Number
- Hospital affiliation and professional work history
- Verification of Fitness
- Peer References

Credentialing staff will perform Primary Source Verification of current licensure, certifications, education, training, and current clinical competence through peer reference verifications and prior affiliations. Credentialing staff will also query the National Practitioner Data Bank, the Office of the Inspector General, and the EPLS/SAMS for exclusions on each Community Health Center practitioner. *See Exhibit A*

Verification of Fitness will be completed by self-attestation, peer references, or, if deemed necessary, by professional evaluation as determined by the Medical Director. Practitioners will also complete a request for delineation of privileges.

In addition, Practitioners will also provide a copy of, as applicable:

Handout #1

- Hepatitis B vaccination
- PPD test
- Life support training (CPR, ACLS, PALS according to the requested privileges)
- Proof of Malpractice Coverage for Practitioners employed by contractual organizations.

Completed credentialing reports will be reviewed by the Medical Director, whose recommendations will be submitted to the CHC Board for approval. All Practitioner credentialing files will be securely maintained in the Medical Staff Services Department at Ventura County Medical Center. The content of the credentialing file is protected information under California Evidence Code 1157.

Applicants are notified in writing of the VCMC Oversight Committee and the CHC Board of Directors' decision to approve privileges.

Renewal: After initial credentialing, re-appointment will occur every 2 years. LIPs, allied health professionals (practitioners) and other licensed staff will be primary source credentialed by the HR/credentialing designee with the most current copy of any credentials as they are renewed. A National Data Bank Query will also be performed. Each Practitioner will provide peer references of their two-year performance period, and/or any relevant performance information, and a delineation of privileges form to the Medical Director, HR/credentialing designee. The Medical Director will make recommendations to the CHC Board of Directors for re-appointment and privileging. Those not maintaining appropriate credentials will be released from employment.

Credentialing Staff Who are Not LIPs or Allied Health Professionals

Initial: Other licensed and/or certified clinical staff will be credentialed upon employment and at a minimum every two years (unless license or certification is for a shorter period of time).

Documents required, as applicable:

- Copy of License or Certification (Primary source credentialing)
- Education/Training
- Supervisory evaluation per job description
- Competency tests (MAs)
- Resume
- Government-issued picture identification (Driver's License or Passport)
- Social Security number

Handout #1

- Hepatitis B vaccination
- PPD test
- Life support training (CPR)
- National Practitioner Data Bank Query

Renewal: Other licensed or certified staff will be reviewed every 2 years or sooner as appropriate by Human Resources staff. Supervisory evaluation will assess verification of competence. A National Data Bank Query will be performed on all LIPs and other licensed and certified non-LIPs, including Partner or Sub-recipient positions that are paid for by HRSA grant funding.

Privileging

The Medical Director will submit to the CHC Board of Directors a credentialing report of all practitioner initial and two-year reappointments for review. The CHC Board will decide to approve and grant privileges for practitioners to provide health care services within the CHC.

Appeals Process

In the event of an adverse privileging decision (denied, revoked, or limited), LIPs are entitled to the hearing and appellate review process outlined in the Medical Staff Bylaws Article 14. Allied Health Professionals will be afforded procedural rights under Article 6 of the Medical Staff Bylaws. Other licensed or certified staff may appeal an adverse decision in writing to the Medical Director, who will review the relevant documents and make a recommendation to the CHC Board of Directors. The CHC Board of Directors will review the documents and recommendation and make a determination on the appeal.

Issuance of Temporary Privileges

Temporary privileges may be granted in accordance to TJC standards for up to 120 days to fulfill an urgent patient care need. Temporary privileges may be granted by the CEO and the Executive Committee of the CHC Board of Directors upon recommendation of the Medical Director as specified in the CHC Board By-Laws. The credentialing process must be completed and the available information must support, with reasonable certainty, a favorable determination regarding

the applicant’s qualifications, ability, and judgment to exercise the privileges requested. VCHCA does not grant temporary privileges for administrative purposes only.

The procedure to issue temporary privileges for other circumstances is stated in PIN 2002-22 and is based on the Joint Commission on Accreditation of Healthcare Organizations, Guidelines for Issuing Temporary Privileges.

In the event that the CHC Board is unable to approve privileges due to lack of a quorum at a monthly meeting or other unforeseen circumstance, the CHC Board will delegate the authority in its by-laws to the CHC Medical Director.

Exhibit A

Credentiaing or Privileging Activity	Licensed or Certified Health care Practitioner	Licensed or Certified Health Care Practitioner
	Licensed <u>Independent Practitioner (LIP)</u> and Allied Health Professionals	Other Licensed or Certified Practitioner <i>Examples: Registered Nurse, Licensed Vocational Nurse, Certified Medical Assistant, Registered Dietitian, Licensed Clinical Social Worker</i>
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, peer reference and prior affiliation verifications	Supervisory evaluation per job description
6. Approval authority	Governing body or other appropriate individual (usually concurrent with privileging)	Supervisory function per job description

Handout #1

7. Government issued picture identification	Secondary source	Secondary source
8. Immunization and PPD status	Secondary source	Secondary source
9. Life support training (if applicable)	Secondary source	Secondary source
11. Drug Enforcement Administration (DEA) registration	Secondary source, if applicable	Secondary source, if applicable
12. Hospital admitting privileges	Primary source	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	Governing body or other appropriate individual (usually concurrent with credentialing)	Supervisory evaluation per job description
C. RENEWAL OR REVISION OF PRIVILEGES	METHOD	METHOD
1. Frequency	At least every 2 years	At least every 2 years
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 or other appropriate individual	Supervisory function per job description
5. Appeal to discontinue appointment or deny clinical privileges	Process required	Organization option

Source: Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC). Clarification of Bureau of Primary Health Care credentialing and privileging policy outlined in Policy Information Notice 2001-16 and Policy Information Notice 2002-22.