



Credentialing and Privileging Policy

Original Effective Date:

August 5, 2016

Review / Revision Date:

July 27, 2017

Board of Health Resolution:

2017.07.097

Maintenance Steward: Director of Human Resources

History: ☐ New ☒ Revised ☐ Archived

Organizational Scope:

☒ Full Agency ☐ Administration ☐ Community Services ☐ Environmental Health ☐ Health Services

Frequency of Review:

☐ Annually ☒ Biennially ☐ 5 Years ☐ As Needed ☐ Other:

Location:

G-Drive: G: → Users → Common → Policies & Procedures → Archived

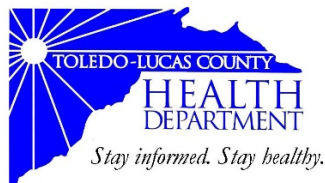
Website: www.lucascountyhealth.com/employee-login/

Hardcopy: Policy & Procedure Manual, HR Office; FQHC CEO Office

Archived Version(s): G-Drive: G: → Users → Common → Policies & Procedures → Archived

Requisite Signatures

<input checked="" type="checkbox"/> <u><i>Kenneth W. Anderson MD</i></u> Board of Health President	Date <u>7/27/2017</u>
<input checked="" type="checkbox"/> <u><i>Debra M. Anderson</i></u> FQHC CEO	Date <u>8/7/17</u>
<input checked="" type="checkbox"/> <u><i>[Signature]</i></u> Health Commissioner	Date <u>07-28-12</u>
<input checked="" type="checkbox"/> <u><i>[Signature]</i></u> FQHC Board President	Date _____
<input checked="" type="checkbox"/> <u><i>[Signature] MD</i></u> Medical Director	Date <u>7-31-17</u>
<input checked="" type="checkbox"/> <u><i>[Signature] DDS</i></u> Dental Director	Date <u>7-31-17</u>
<input checked="" type="checkbox"/> _____ Vacant	Date _____
<input checked="" type="checkbox"/> <u><i>[Signature]</i></u> Director of Administrative Services	Date <u>7-28-2017</u>
<input checked="" type="checkbox"/> <u><i>[Signature]</i></u> Director of Environmental Health & Community Services	Date <u>7/27/2017</u>
<input checked="" type="checkbox"/> <u><i>[Signature]</i></u> Director of Health Promotion & Policy Integration	Date <u>7-31-17</u>
<input checked="" type="checkbox"/> <u><i>[Signature]</i></u> Director of Health Services	Date <u>7-31-17</u>
<input checked="" type="checkbox"/> <u><i>[Signature]</i></u> Director of Human Resources	Date _____



Credentialing and Privileging Policy

I. Policy

It is the policy of Toledo-Lucas County Health Center (TLCHC) and Toledo-Lucas County Health Department (TLCHD) to ensure that licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs) and all other licensed staff meet the minimum credentials, privileging and performance standards to maintain licensure. Each LIP and OLCP must undergo credentialing and privileging.

II. Scope

This policy applies to all licensed staff who are permitted by law and provide direct patient care and other licensed services at TLCHC and TLCHD whether utilized on a full-time, part-time, intermittent, consultant, locum tenens or volunteer basis.

III. Purpose

The purpose of this policy is to provide a systematic process for credentialing, re-credentialing, privileging, and verification of LIPs, OLCPs and all other licensed staff, including Sanitarians, who provide patient/client care and other services at TLCHC and TLCHD.

IV. Background

This policy must be followed by TLCHC and TLCHD to ensure uniformity and completeness in credentialing.

Assess the credentials of each licensed or certified health care practitioner to determine if they meet Health Center standards. This assessment must meet the requirement of 42 U.S.C. §233(h)(2) that calls for review and verification of "the professional credentials, references, claims history, fitness, professional review organization findings, and license status of its physicians and other licensed or certified health care practitioners." The procedures used for credentialing these practitioners shall follow the requirements of the Joint Commission or other nationally recognized accrediting organizations, and must include a query of the National Practitioner Data Bank (NPDB).

TLCHC and TLCHD require that providers cooperate in the credentialing and privileging process. Practitioner's failure to comply with credentialing and privileging or to submit the necessary documentation may result in disciplinary action, up to and including termination.

The fundamental criteria for clinical privileges will be directly related to the delivery of quality medical care, professional ability and judgement, 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.

V. Credentialing

- A.** Credentialing is performed to assess and confirm the qualifications of all licensed, registered or certified positions. Credentialing is performed for all LIPs, OLCPs, Registered Nurses, Sanitarians, and all other licensed staff under the health department prior to appointment to the TLCHC or TLCHD.
 - 1. The credentialing procedures used shall be appropriate to the specialty of each practitioner and the breadth of clinical or other public health services offered by that practitioner. Refer to procedures for individual LIPs, OLCPs, Registered Nurses, and Sanitarians.
 - 2. The attached chart (see Appendix A) details the credentialing and privileging guideline by practitioner type.

VI. Privileging

- A.** 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 qualification and/or performance.
- B.** Privileging is the process that health care organizations employ to authorize practitioners to provide specific services to their patients. TLCHC and TLCHD will adhere to the following provisions on privileging and must:
 - 1. Verify that its licensed or certified health care practitioners 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.
 - 2. Assure their clientele that Health Center and Health Department practitioners 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.
- C.** The specific privileging requirements will occur upon hire. Licenses and certifications will be reviewed annually, biennially or on a cycle that corresponds to license and certification renewal by the appropriate licensing and certifying board.

VII. Verification

- A.** Verification is performed to determine the accuracy of a qualification reported by a licensed or certified individual health care practitioner. The verification procedures used shall be

appropriate to the specialty of each practitioner and the breadth of clinical services offered by that practitioner.

- B. This credentialing and privileging process is intended to protect TLCHC and TLCHD patients and clients by ensuring that licensed staff possess requisite training, experience, and competence.
- C. TLCHC and TLCHD require primary source documentation of a provider's license to practice, graduation from the appropriate school/program, and Drug Enforcement Administration (DEA) certification.
 - 1. In addition, TLCHC and TLCHD verifies all providers' employment history, references, malpractice history, and compliance with Federal and State fraud and abuse laws.

VIII. Maintenance

A. Review

- 1. The Credentialing and Privileging Verification policy is to be reviewed biennially to ensure compliance with both agency and accreditation standards.

B. Revision

- 1. All changes made to this policy are to be noted on the **Record of Change**. Substantial changes will require renewed signatures from all applicable parties. This includes changes to the intent, scope, procedures, or policy statement.
- 2. Changes in style, format, grammar or minor error correction will not require renewed signatures but must be indicated on the Record of Change.

IX. Glossary

- A. **Credentialing:** Credentialing refers to the systematic process of screening and evaluating qualifications and other credentials, including licensure, required education, relevant training and experience, current competence and health status(as it relates to the practitioner's ability to perform job responsibilities). Credentialing (and corresponding clinical privileging) must be jurisdictional and facility specific.
- B. **Licensure:** Licensure refers to the official or legal permission to practice in an occupation, as evidenced by documentation issued by a State in the form of a license or registration.
- C. **Clinical Privileging:** Clinical Privileging is defined as the process by which a licensed for independent practice (i.e. without supervision, direction, required sponsor, preceptor, mandatory collaboration, etc.) is permitted by law and TLCHC to practice independently, to provide medical or other patient care services within the scope of the individual's license, based

on the individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. Clinical privileging must be provider specific.

- D. **Licensed Independent Practitioner (LIP):** LIP includes any individual by law (the statute which defines the terms and conditions of the practitioner's license) and the facility to provide patient care services independently (i.e. without supervision or direction) within the scope of the individual's license and in accordance with individually granted clinical privileges. Only LIPs may be granted clinical privileges. LIPs include, but are not limited to physicians, physician assistants, dentists, nurse practitioners, certified nurse midwives, pharmacists, and opticians.
- E. **Locum Tenens:** Locum tenens is defined as a person who substitutes temporarily for another member of the same profession for a range of a few days to up to six months or more. This process is implemented when a healthcare employer faces temporary staffing shortages due to vacancies, illnesses, or other causes to maintain patient quality care.
- F. **Other Licensed or Certified Health Care Practitioner (OLCP):** OLCP include individuals who are licensed, registered or certified but are not permitted by law to provide patient care services without direction and supervision. They include but are not limited to laboratory and medical technicians, social workers, medical assistants, registered and licensed practical nurses, and dental hygienists, and registered dietitians.
- G. **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.

Record of Change

(Required for all policies)

Date of Change	Changes Made By	Changes Made/Notes	Approved By

Appendix A. Credentialing & Privileging Guideline by Practitioner Type

CREDENTIALING OR PRIVILEGING ACTIVITY	“LICENSED OR CERTIFIED HEALTH CARE PRACTITIONER AND LICENSED STAFF”		
	Licensed Independent Practitioner (LIP)	Other licensed or certified practitioner (OLCP)	Other licensed staff
Examples of Staff	Physician, Dentist	RN, LPN, CMA, Registered Dietician	RS, SIT
A. CREDENTIALING	METHOD		
1. Verification of licensure, registration, or certification	Primary source	Primary source	Primary source
2. Verification of education	Primary source	Secondary source	Primary source
3. Verification of training	Primary source	Secondary source	Primary source
4. Verification of current competence	Primary source, written	Supervisory evaluation per job description	Supervisory evaluation per job description
5. Health fitness (Ability to perform the requested privileges)	Confirmed statement	Supervisory evaluation per job description	Supervisory evaluation per job description
6. Approval authority	Governing Body (usually concurrent with privileging)	Supervisory evaluation per job description	Supervisory evaluation per job description
7. National Practitioner Data Bank Query	Required, if reportable	Required, if reportable	N/A
8. Government issued picture identification, immunization and PPD status, and life support training (if applicable)	Secondary source	Secondary source	Secondary source
9. Drug Enforcement Administration (DEA) registration, hospital admitting privileges	Secondary source, if applicable	Secondary source, if applicable	N/A
B. INITIAL GRANTING OF PRIVILEGES	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	N/A
2. Approval authority	Governing Body (usually concurrent with credentialing)	Supervisory evaluation per job description	N/A

C.RENEWAL OR REVISION OF PRIVILEGES	Method		
1. Frequency	According to accrediting body's requirements, at least every 2 years	According to accrediting body's requirements, at least every 2 years	N/A
2. Verification of current licensure, registration, or certification	Primary source	Primary source	N/A
3. Verification of current competence	Primary sources based on peer review and/or performance improvement data	Supervisory evaluation per job description	N/A
4. Approval authority	Governing Body	Supervisory function per job description	N/A
5. Appeal to discontinue appointment or deny clinical privileges	Process required	Organization option	N/A