

Credentialing & Privileging

Following HRSA Guidance





Definitions

Credentialing: the process of assessing and confirming the qualifications of a licensed or certified health care practitioner.

Privileging/Competency: The process of authorizing a licensed or certified health care practitioner's specific scope and content of patient care services. This is performed in conjunction with an evaluation of an individual's clinical qualifications and/or performance.



Licensed or Certified Health Care Practitioner (LIP)


An individual required to be licensed, registered, or certified by the State, ... in which a Health Center is located. These individuals include, but are not limited to, physicians, dentists, registered nurses, and others required to be licensed, registered, or certified (e.g., laboratory technicians, social workers, medical assistants, licensed practical nurses, dental hygienists, nutritionists).

The definition will vary dependent upon legal jurisdiction.



LIP's and Other

“Licensed or certified health care practitioners” can be divided into two categories: a) licensed independent practitioners (LIPs) and b) other licensed or certified practitioners.



Other 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, licensed practical nurses, dental hygienists.



CREDENTIALING



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: direct correspondence, telephone verification, internet verification, and reports from credentials verification organizations).

The Education Commission for Foreign Medical Graduates (ECFMG[®]), the American Board of Medical Specialties, the American Osteopathic Association Physician Database, or the American Medical Association (AMA) Master file can be used to verify education and training.

The use of credentials verification organizations (CVOs) or hospitals that meet JCAHO's "Principles for CVOs" is also an acceptable method of primary source verification.



Secondary Source Verification


The process of authorizing a licensed or certified health care practitioner's specific scope and content of patient care services.

This is performed in conjunction with an evaluation of an individual's clinical qualifications and/or performance.



Credentialing of LIPs requires primary source verification of the following

- Current licensure;
- Relevant education, training, or experience;
- Current competence; and
- Health fitness, or the ability to perform the requested privileges, can be determined by a statement from the individual that is confirmed either by the director of a training program, chief of staff/services at a hospital where privileges exist, or a licensed physician designated by the organization.



Credentialing of LIPs 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; and
- Life support training (as applicable).

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 Health Center staff).



NPDB


- The Health Center should also query the National Practitioner Data Bank (NPDB) (as applicable) for these LIPs. If the health center is ineligible to query, they should have the LIP provide the results of a self-query of the NPDB.



Credentialed Provider


The determination that a LIP meets the credentialing requirements should be stated in writing by the Health Center's governing board. Ultimate approval authority is vested in the governing board which may review recommendations from either the Clinical Director or a joint recommendation of the medical staff (including the clinical director) and the Chief Executive Officer.

Alternatively, the governing board may delegate this responsibility (via resolution or bylaws) to an appropriate individual to be implemented based on approved policies and procedures (including methods to assess compliance with these policies and procedures).



Credentialing of other licensed or certified health care practitioners requires


- ...primary source verification of the individual's license, registration, or certification only.
- Education and training may be verified by secondary source verification methods.
- Verification of current competence is accomplished through a thorough review of clinical qualifications and performance.



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

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


Please Note: These requirements are a minimum and do not prevent the Health Center from credentialing these individuals similarly to LIPs.



Credentialing of other licensed or certified health care practitioners should be completed prior to the individual being allowed to provide patient care services.



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 Health
Center's care delivery settings.



BOARD OF DIRECTORS

1. The initial granting of privileges to LIPs is performed by the health center (see PIN 2001-16) with ultimate approval authority vested in the governing board which may review recommendations from either the clinical director or a joint recommendation of the medical staff (including the Clinical Director) and the Chief Executive Officer. Alternatively, the governing board may delegate this responsibility (via resolution or bylaws) to an appropriate individual to be implemented based on approved policies and procedures (including methods to assess compliance with these policies and procedures).
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. Temporary privileges may be granted if the Health Center follows guidelines specified by JCAHO



PRIVILEGING REVISION OR RENEWAL REQUIREMENTS

The revision or renewal of a LIP's privileges should occur at least every 2 years and should include primary source verification of expiring or expired credentials, a synopsis of peer review results for the 2 year period and/or any relevant performance improvement information.



SUBSEQUENT PRIVILEGES

Similar to the initial granting of privileges, approval of subsequent privileges is vested in the governing board which may review recommendations from either the clinical director, or a joint recommendation of the Clinical Director and the Chief Executive Officer, or delegate this responsibility...




EVERY 2 YEARS

- 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.



APPEAL PROCESS

- The health center should have an appeal process for LIP's if a decision is made to discontinue or deny clinical privileges. An appeal process is optional for other licensed or certified health care practitioners.



The following tables summarize the credentialing and privileging requirements of both categories of “licensed or certified health care practitioners,” Licensed Independent Practitioners, and other licensed or certified health care practitioners.

“NOTE: The requirements specified in this PIN are not identical to accreditation-related standards pertaining to credentialing and privileging. Therefore, Health Centers that are accredited or seeking accreditation should also review the applicable credentialing and privileging standards to insure appropriate compliance.”




CREDENTIALING	Licensed Independent Practitioner (LIP)	Other licensed or certified practitioner
	METHOD	
Verification of licensure, registration, or certification	Primary source	Primary source
Verification of education	Primary source	Secondary source
Verification of training	Primary source	Secondary source
Verification of current competence	Primary source, written	Supervisory eval. per Job Description
Health fitness (Ability to perform the requested privileges)	Confirmed statement	Supervisory eval. per Job Description
Approval authority	Governing Body	Supervisory eval. per Job Description
National Practitioner Data Bank Query	Required, if reportable	Required, if reportable
Government issued picture identification, immunization and PPD status, and life support training (if applicable)	Secondary source	Secondary source
Drug Enforcement Administration (DEA) registration, hospital admitting privileges	Secondary source, if applicable	Secondary source, if applicable



INITIAL GRANTING OF PRIVILEGES	Licensed Independent Practitioner (LIP)	Other licensed or certified practitioner
	METHOD	
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
Approval authority	Governing Body (usually concurrent with credentialing)	Supervisory evaluation per job description



RENEWAL OR REVISION OF PRIVILEGES	Licensed Independent Practitioner (LIP)	Other licensed or certified practitioner
	METHOD	
Frequency	At least every 2 years.	At least every 2 years.
Verification of current licensure, registration, or certification	Governing Body (usually concurrent with credentialing)	Supervisory evaluation per job description
Verification of current competence	Primary source	Primary source
Verification of current competence	Primary source based on peer review and/or performance improvement data.	Supervisory evaluation per job description
Approval authority	Governing Body	Supervisory evaluation per job description
Appeal to discontinue appointment or deny clinical privileges	Process required	Organization option



<http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pin200222.pdf>



Who is responsible at your organization?

- Biller
- Human Resources
- Compliance