

HUMAN RESOURCES INSIGHTS: Tips for Health Center Credentialing and Privileging

Credentialing – *verifying the qualifications of a health care professional who provides hands-on care.*

Privileging – *authorizing a professional to perform each service they will provide at the health center and at a particular location(s).*

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This is a tool to promote effective credentialing and privileging by providing insights or “tips” from experienced human resources (HR) staff at Federally Qualified Health Centers (hereafter referred to as health centers) and State/ Regional Primary Care Associations (PCAs). You’ll find tips throughout the tool.

These recommendations will offer ideas to:

- *Streamline and increase efficiency of the credentialing and privileging process.*
- *Review and continuously improve the quality of credentialing and privileging providers.*
- *Assess compliance with the federal Health Center Program and accreditation requirements.*
- *Improve provider satisfaction.*

The tool provides an overview about the value and policies related to credentialing and privileging at health centers. Tips are organized around:

- ✓ *Collecting credentialing information.*
- ✓ *Verifying credentialing information.*
- ✓ *Reviewing verified information.*
- ✓ *Privileging and re-privileging.*
- ✓ *Governing board approval/denial of privileges.*

This tool will grow as health centers and PCAs add insights based on their own credentialing and privileging experiences. Please submit tips based on your own experiences, such as, steps to streamline and improve processes for gathering and verifying credentials, monitoring and assuring compliance with different organizations’ requirements, or maintaining complete and secure storage of credentialing files. We will update this document as we receive new tips. Send your tips to Betsy Vieth at NACHC, bvieth@nachc.com.

AN IMPORTANT RESOURCE

Grantees of the Health Resources Services Administration (HRSA) are encouraged to visit the website of the ECRI Institute (https://www.ecri.org/clinical_RM_program/) for free Clinical Risk Management Program resources and technical assistance. Resources include webinars, checklists, and templates on many topics including credentialing and privileging policies, the credentialing application packet, the peer review process, and guidance for completing deeming applications for the Federal Tort Claims Act (FTCA) medical malpractice coverage.

VALUE OF CREDENTIALING AND PRIVILEGING

- **Patient safety** – Protecting patients from incompetent providers is the priority reason for health centers to credential and privilege each provider.
- **Risk management** – Credentialing and privileging protects the health center organization from potential liability claims that could impact the financial viability of the organization.
- **Quality Improvement** – Re-privileging every two years assures that providers continue to have the necessary skills and expertise to perform specific medical procedures.
- **State laws** -- State governments require that individuals working in certain professions related to patient care services be licensed, registered, or certified. These professions include medicine, dentistry, nursing, social work, laboratory technology, dental hygiene, and nutrition.
- **Federal Health Center Program** – The federal Health Center Program law requires that staff providing services must be appropriately credentialed and licensed. This requirement is clarified in more detail in the credentialing and privileging policy of the Health Resources and Services Administration’s (HRSA) Bureau of Primary Health Care (BPHC), which is the federal agency that administers the Health Center Program.
- **Federal Tort Claims Act (FTCA)** – Health Center Program grantees may apply to HRSA to be deemed or considered as federal employees for the purpose of medical malpractice coverage. The application includes a review of the health center’s credentialing and privileging program.
- **Private insurance companies** – Private insurers have credentialing and privileging requirements for organizations seeking reimbursement for care provided to their enrollees.
- **Accreditation organizations** -- The Joint Commission and the Accreditation Association for Ambulatory Care require a credentialing and privileging program at health centers seeking accreditation.

NOTE THESE IMPORTANT SITES THAT ARE REFERENCED THROUGHOUT THIS TOOL.

- ★ Clarification of Bureau of Primary Health Care Credentialing and Privileging Policy outlined in Policy Information Notice 2001-16. See Policy Information Notice **(PIN) 2002-22** (<http://bphc.hrsa.gov/policiesregulations/policies/pin200222.html>).
 - ★ Federal Tort Claims Act (FTCA) Health Center Policy Manual **PIN 2011-01** (<http://bphc.hrsa.gov/policiesregulations/policies/pin201101.html>)
 - ★ Calendar Year 2014 Requirements for Federal Tort Claims Act (FTCA) Medical Malpractice Coverage for Health Centers -- Program Assistance Letter **(PAL) 2013-05** (<http://bphc.hrsa.gov/policiesregulations/policies/pal201305.pdf>)
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CREDENTIALING AND PRIVILEGING POLICIES

Every health center must have in place documented credentialing and privileging policies that describe a formal program that ensures verification of the qualifications and competency of every job applicant who is a licensed or certified health care practitioner. Policies should include clarification of the following:

Credentialing and Privileging Requirements – Policies are largely determined by requirements of:

- The Bureau of Primary Health Care (BPHC) -- the federal agency that provides grants under the Health Center Program – as defined in the policy notice **PIN 2002-22**.
- The Federal Tort Claims Act (FTCA) Medical Malpractice Program -- which reduces or eliminates Health Centers' malpractice insurance premiums – as defined in the program assistance letter **PAL 2013-5**.
- Accreditation organizations' requirements of the **Joint Commission** and the **Accreditation Association of Ambulatory Care**.
- Private insurance company's credentialing requirements. Many private insurers use the **Council for Affordable Quality Healthcare's** (CAQH) Universal Credentialing Data Source for their credentialing needs.

Staff to be Credentialed – Policies should define staff required to be credentialed.

- ***Licensed Independent Practitioners (LIPs)*** – staff who are licensed, registered, or certified by the state, commonwealth, or territory in which the health center is located to provide care and services without direction or supervision. These include, but are not limited to physicians, dentists, physician assistants, nurse practitioners, nurse midwives
- ***Other Licensed or Certified Practitioners (OLCP)*** – staff who are licensed or certified to provide care and services, but must have direction or supervision are called. These include, but are not limited to registered nurses, laboratory technicians, social workers, medical assistants, licensed practical nurses, dental hygienists.

Credentials to Verify – Policies should clarify required credentials for each position, which may include:

- Current state license, certification, or registration
- Relevant education, training, or experience
- Current competence
- Health fitness, including immunization and PPD status
- Government-issued picture identification
- Drug Enforcement Administration (DEA) registration (as applicable)
- Hospital admitting privileges (as applicable)
- Life support training (as applicable)
- Query of the National Practitioner Data Bank

Verification and Documentation Requirements – Policies should define whether a credential must be verified using primary source evidence or if secondary source evidence is acceptable. See **PIN 2002-22 Table: Comparative Summary of Requirements for Credentialing and Privileging “Licensed or Certified Health Care Practitioners.”**

- **Primary Source Verification** – Staff obtain evidence about a specific credential directly from the source that provided the credential, such as a state licensing board to verify current licensure or a medical school for education credentials.
- **Secondary Source Verification** – Staff verify a credential by using sources other than the original source, such as a copy of a training certificate or an individual’s immunization status.

Storage of Credentialing Information – Policies should describe a standard format for organizing credentialing information and assuring appropriate security.

Governing Board Requirements – Policies should define responsibilities and expectations of the governing board, including that the board has the ultimate authority to approve the credentials of all licensed independent providers. Credentialing and privileging policies must be approved, signed, and dated by the governing board and the FTCA deeming application must include the approved, signed, and dated credentialing and privileging policies.

Privileging and Re-privileging Requirements – Policies should document:

- Services for which privileges are granted,
- Skills and expertise measures that must be achieved in order to demonstrate competency for each service to be granted privilege,
- Standardized procedures to monitor proficiency of practice,
- Periodicity of the review of privileges,
- Methods for disciplining a practitioner to assure compliance with credentialing and privileging policies.
- Describe a practitioner’s rights to appeal if a decision is made to discontinue or deny privileges and define the health center’s approved appeal process, including information needed, format, and time limits for requesting the appeal.

★ Find HR-Related Resources !!

NACHC’s Human Resources Clearinghouse

Go to www.nachc.com , click “Health Center Information” ⇒ Click “HR Clearinghouse” ⇒ Click “Search for Resources” ⇒ Click “Hiring/Credentialing” and scroll down to review resources submitted by colleagues.

“TIPS” – COLLECTING CREDENTIALING INFORMATION

Organizing Staff Roles and Responsibilities for Credentialing

Credentialing is often the responsibility of a health center’s HR staff. However, in some health centers, HR staff collect and verify credentials for FTCA and accreditation purposes, while credentialing related to contracts with insurance companies is done by the health center's financial staff.

TIPS

- Identify a staff person or committee as the focal point for all credentialing activities.
- The credentialing committee should meet regularly – every two to three months – and have an agenda and keep minutes of each meeting.
- Depending on the size of the health center, the credentialing committee should plan to audit all credentialing files annually. If there are too many files to do that, the committee should audit a random sample of the files.
- The credentialing committee may propose updates in policies and procedures as needed. REMEMBER, THE BOARD MUST APPROVE, SIGN, AND DATE ALL CREDENTIALING AND PRIVILEGING POLICIES. .
- Depending on the size, location, and affiliations of the health center, the credentialing process is often assigned to human resources staff, or staff associated with the Clinical Director, the CEO, or CFO.
- Try to keep credentialing in one department if possible.

Requesting Information about Credentials from Applicants

Applicants for *Licensed Independent Practitioners (LIPs)* receive a credentialing application form that identifies required documents and information to provide the health center, as well as due dates. Applicants may also receive an “Application Release of Information Form” to be sign. Staff may also submit queries to individuals or external organizations for particular documents or information about the applicant.

TIPS:

- Staff should review the application form with the applicant to address any questions.
- As much as possible, use a standard set of forms, checklists, and templates when requesting information about applicants.
- Get applicant’s email in case staff need to follow-up with applicant.
- Develop a tracking system to confirm receipt of documents and information. For example, each applicant has a numbered check list of required documents and information and the dates due at the

health center. When the health receives the document or information, credentialing staff should stamp the date and number the document or information according to the number on the check list.

Organizing Credentialing Information

Each health care practitioner has a separate, formal credentialing file where credentialing documents and information are stored.

TIPS:

- Maintain an HR Management Checklist to manage queries and receipt of documents for each provider. (See an example on NACHC's HR Clearinghouse. A link to the Clearinghouse is on page five of this document.)
- Credentialing files should be in a secure location in the HR department or the medical director's or CEO's office, depending on who is responsible for the work.
- Many health centers maintain paper credentialing files that include all documents, verifications, checklists of queries completed, continuing medical education (CME) records, and re-credentialing information.
- Remember to use an Excel spreadsheet to organize a list all licensed and certified staff members at all health center sites, including employed or contracted practitioners, volunteers, and locum tenems, with evidence of credentialing and privileging within the last two years. An Excel spreadsheet must be included in the FTCA initial or renewal deeming application. See [PAL 2013-05 "Attachment 1"](#) for an example. If an organization has credentialing software, all of the checklists can be completed and exported to EXCEL software for submitting for FTCA purposes.
- If an organization has a comprehensive human resource information system (HRIS), checklists can be developed to run monthly reports, such as reminders for providers that need to renew their license or update their DEA file.
- Another benefit of an HRIS is the ability to scan documents into each provider's unique file. Auditors, such as those from The Joint Commission, find electronic files much easier to review than paper files.

“TIPS” – VERIFYING CREDENTIALING INFORMATION -- QUERIES

Credentialing documents and information received by the health center must be verified to assure the accuracy of a qualification reported by the health care practitioner. Health center staff may do the verification work or the center may contract with a credentialing verification organization (CVO) to gather credentialing information. CVOs are acceptable to The Joint Commission as well as for FTCA deeming, but the health center should have a level of confidence in the information provided by the CVO.

TIP:

- For guidance on evaluating a CVO, review [PIN 2002-02](#) “Appendix A” *Joint Commission on Accreditation of Healthcare Organizations Principles for CVOs*.
- Before signing a contract with a CVO, note that turnaround time is generally 30-45 days. Trained health center staff can usually verify credentials in a week if all documents have been received.

Verifying Current Licensure, Registration, or Certification

The health care practitioner provides a copy of their medical/professional license, registration, or certification. Verification of the document is obtained from the state licensing or registration board.

TIPS:

- Include a request for a copy of the practitioner’s license, registration, or certification in the request for information given to the practitioner when they apply to work at the health center. To streamline the process, include this on a checklist of information that an applicant practitioner must provide to the health center.
- Maintain a copy of the original license in the practitioner’s file but verify all licenses online with the appropriate board.
- Verification of licenses for Family Nurse Practitioners (FNP) varies by state, but most often it is tracked by the State Board of Nursing rather than the State Medical Board.
- In some states, a new FNP moving to the state must first be licensed as a registered nurse (RN) before applying as an FNP. This can delay getting all necessary credentialing documents. In this situation, health center staff should make sure an applicant is aware of the delay.

Verifying Board Certification

Board certification indicates that a health care practitioner has met nationally recognized standards for education, knowledge, experience and skills to provide high quality care in a specific medical specialty. A practitioner applicant is asked to submit a copy of their medical board certification.

TIPS:

- Staff verifies board certification online with different specialty boards, such as the American Board of Internal Medicine or the American Board of Family Medicine.
- For questions regarding board certification, check with the state or local licensing authority about medical specialty board requirements.
- Include a statement in credentialing policies that states, “New physicians will have one year to become board certified.” Document this policy in the physician’s credentialing folder.

Verifying Relevant Education, Training, or Experience

This includes verification of graduation from school, completion of post-graduate training, and relevant professional history. Applicant submits copies of certificates or diplomas from undergraduate, graduate/professional school, internship, residency, fellowship, etc. Applicant may also submit documentation of continuing medical education.

TIPS:

- A quick way to verify education is to check the website of the education institution. Most have directions for sending an email to request for this information.
- To verify education and experience of any medical provider, such as doctor of medicine, doctor of osteopathic medicine, or physician assistant, contact the American Medical Association master file. (<http://www.ama-assn.org/ama/pub/about-ama/physician-data-resources/physician-masterfile.page>) This is considered a primary source verification for Joint Commission and FTCA purposes. It is quicker and more comprehensive than directly contacting the medical school, residency program, and former employers.
- For dentists, licensed social workers and dietitians, and other licensed staff, written verification of the degree is necessary from their professional school, either on the school’s letterhead stationery or an email from the registrar’s office.

Verifying Current Competence

Professionals who have witnessed the practitioner work submit written feedback about their observations related to the practitioner's actual experience as well as ethical performance.

TIPS:

- Develop a *Professional/Peer Evaluation Form* relative to the professional field that asks direct questions regarding specific competencies of the practitioner.
- Do not allow an open letter of recommendation.
- Attach a copy of the government-issued photo ID to each *Professional/Peer Evaluation Form* to remind the professional completing the form about whom she/he is providing feedback.

Verifying Health Fitness to Perform Requested Privileges

TIPS:

- Usually employee health status is reviewed by the employee health professional in the organization and for confidentiality reasons should not be seen by other staff.
- Most health centers include in the application packet for new practitioners a *Health Status and Fitness for Duty Form* that an applicant for privileges completes and signs.
- The *Professional/Peer Evaluation Form* generally includes several questions about the mental and physical status of the candidate. The health center should consult legal counsel for advice on how information related to mental health and physical conditions can be used. Some mental health and physical conditions may be protected under the Americans with Disabilities Act (ADA).

Verifying Government-Issued Photo Identification

The applicant provides a copy of a government-issued picture identification such as a driver's license or passport.

Verifying Current Drug Enforcement Administration (DEA) Registration

Applicable practitioners must have a separate DEA registration for each state in which they practice.

TIPS:

- The practitioner can present the DEA certificate received in the mail.
- For DEA contact information, go to: <https://www.deadiversion.usdoj.gov/webforms/validateLogin.jsp>

Verifying Hospital Admitting Privileges

TIP:

- Health centers must do their own credentialing and privileging even if it was done by a hospital or another organization where a provider has privileges.

Verifying Current Immunization and Tuberculin Skin Test (PPD) Status

Applicant submits a copy of his/her immunization record, which should indicate immunizations and PPD results within the time frame required by the state.

TIP:

- Immunization and PPD status is considered part of the employee's health information and should be kept in a separate file, as are health information files for all of the organization's employees.

Verifying Life Support Training (As Applicable)

Applicant submits copy of document indicating completion of training and date.

Query of the National Practitioner Data Bank

This query lists any malpractice history of the practitioner, limits on licensure, and sanctions related to Medicare and Medicaid. A query is obtained and evaluated every two years for each licensed practitioner.

TIPS:

- A health center must assign a staff person to register and obtain rights to query the National Practitioner Data Bank (NPDB). This individual may then assign others the right to query. However, because passwords must be changed regularly and NPDB site security is high, it is recommended that the health center limit the number of employees querying the NPDB.

- When conducting a query of the National Practitioner Data Bank (NPDB), check the box that enrolls the provider in the Proactive Discloser System (PDS), which will notify the organization's credentialing specialist regarding any claims or licensure issues that arise and negates the need of the organization to query every two years when the provider comes up for re-credentialing.

"TIPS" – REVIEWING VERIFIED CREDENTIALS

The Health Center's *Credentialing Specialist* or *Credentialing Committee* reviews documents and information received from the applicant, verifies each with primary or secondary sources as required, recommends approval or denial of the credentials, and forwards the documents and information to the *Medical Director* or a *Committee of Medical Director/CEO/other clinical staff* for review.

This completes the credentialing process.

TIP:

- Regarding credentialing committees, keep it simple. Members usually include the staff person verifying the credentials, the HR Director, and the Medical Director. The Director of Nursing may also be on the Credentialing Committee. Another option is to have the Quality/Risk Management Committee, which includes health center board members, serve as the Credentialing Committee.

“TIPS” – PRIVILEGING AND RE-PRIVILEGING

Privileging is the authorization for a practitioner to perform specific services at the health center, which is usually the scope of services described in their job description for employment contract. Privileging is done after the center has verified all necessary credentials for a practitioner. The health center’s board of director’s has the ultimate authority to approve privilege appointments for each individual credentialed and privileged with the health center. As with credentialing, health center practitioners are re-privileged at least every two years.

Delineation of Clinical Privileges

This form lists the services for which the practitioner is given privileges.

TIPS:

- This form should include the services listed in the BPHC-approved health center’s “scope of services.” The center’s scope of services defines services covered under FTCA malpractice insurance.
- A suggested format for a *Delineation of Clinical Services Form* is to have 4 columns – Requested services, Not-requested services, Approved services, Not-approved services. Such a format provides a clinic director an easy way to assess if a provider is privileged to do a particular procedure.
- Because each specific procedure must be delineated in the privileging form, there should be a Delineation of Clinical Services form for each specialty in the organization, such as dental, family practice, pediatrics.
- Have a policy that details required training and competence in a new procedure or service so that a practitioner can gain privileges, assuming the new procedure or service is within the health center’s scope of service of the organization.

Staff Roles and Responsibilities

Identify a staff person as the focal point for privileging activities.

TIPS:

- Privileging is about the practice of care, so the CMO or other staff with the specific clinical skills may be most qualified to serve as the focal point for privileging activities.

Peer Review of Competency

A practitioner's peers working in the health center periodically review, observe, and verify current competencies for services for which the practitioner is privileged to provide.

TIP:

- Observation of a skill or competency is going to be extremely time consuming. It should be limited to specific procedures/services or if there are any concerns. Procedure logs are helpful.

Temporary Privileges Policy

A health center confers temporary privileges -- not to exceed three months -- to a practitioner while waiting for the receipt of verification of the appropriate documentation.

TIPS:

- For guidance on temporary privileges, see [PIN 2002-22](#), "Appendix B" *Joint Commission on Accreditation of Healthcare Organizations Guidelines for Issuing Temporary Privileges*.
- Temporary Privileges should only be granted when all verifications, queries and documents have been collected and only the approval of the board of directors is missing.
- The health center's bylaws should state that in cases when privileging approval for a provider would be delayed because the board doesn't meet for another month, an alternative is to hold an Executive Committee meeting or a conference phone call of the board to review the candidate's file and either approve or deny privileges to practice in the health center.

“TIPS” – GOVERNING BOARD’S APPROVAL/DENIAL

The governing board has the authority to approve or deny initial privileges as well as re-privileging the health center’s practitioners. The entire board reviews information and recommendations submitted by staff and decides whether to approve or deny privileges to a practitioner. Health centers should have an appeal process for licensed independent practitioners (LIPs), but it is optional for other licensed or certified practitioners.

TIPS:

- Attach a form listing the names of all who must sign and date a document(s) in a practitioner’s credentialing folder, including the letter to the provider informing them of their approval or denial of privileges.
- The board’s decision should be in writing and kept in the practitioner’s credentialing file. In addition, the decision must be documented in the minutes of the board meeting.
- Also keep in the practitioner’s credentialing file a copy of the board meeting agenda and minutes referencing the board’s approval or denial of the practitioner’s privileges.
- Board members must understand the purposes of credentialing and how to review a credentialing file when presented with it. This is a good responsibility for the organization’s credentialing committee.

WEBSITE LINKS

PIN 2002-22 Clarification of Credentialing and Privileging Policy Outlined in PIN 2001-16,
<http://bphc.hrsa.gov/policiesregulations/policies/pin200222.html>

PAL 2012-05 Calendar Year 2014 Federal Tort Claims Act (FTCA) Medical Malpractice Coverage for Health Centers, <http://bphc.hrsa.gov/policiesregulations/policies/pal201305.pdf>

FTCA for Health Centers -- Key Resources in Supporting Quality Care at
<http://www.bphc.hrsa.gov/ftca/index.html>

ECRI Institute Clinical Risk Management Program provided on behalf of HRSA at
http://www.ecri.org/clinical_rm_program,

Risk Management and Quality Improvement at <http://www.bphc.hrsa.gov/ftca/riskmanagement/>

Credentialing and Privileging of Health Center Clinicians: Tips to Help Navigate the Legal Pitfalls
http://www.nachc.com/client/documents/publications-resources/rm_9_04.pdf is an information bulletin published by NACHC, 2004.

Frequently-Used Acronyms

AAAHC	Accreditation Association for Ambulatory Health Care
ABMS	American Board of Medical Specialties
ACNM	American College of Nurse-Midwives
ADA	American Dental Association
AHA	American Hospital Association
AMA	American Medical Association
ANA	American Nurses Association
AOA	American Osteopathic Association
BPHC	Bureau of Primary Health Care
CAQH	Council on Affordable Quality Healthcare
CNM	Certified Nurse Midwife
CV	Curriculum Vitae
DDS	Doctor of Dental Surgery
DEA	Drug Enforcement Administration
DHHS	U.S. Department of Health and Human Services
DMD	Doctor of Medical Dentistry
DO	Doctor of Osteopathy
ECFMG	Education Committee for Foreign Medical Graduates
FNP	Family Nurse Practitioner
FQHC	Federally Qualified Health Center
FTCA	Federal Tort Claims Act (provides medical malpractice coverage for health centers)
GNP	Geriatric Nurse Practitioner
HRSA	Health Resources and Services Administration
HR	Human Resources
JCAHO	Joint Committee on the Accreditation of Healthcare Organizations' previous acronym. Now called The Joint Commission

LIP Licensed Independent Practitioner

LEIE List of excluded individuals

Locum Tenens -- Latin expression meaning “to hold a place,” a physician usually hired through an agency who substitutes or fills in.

MD Medical Doctor (could be specialist)

NACHC National Association of Community Health Centers

NCCPA National Commission on Certification of Physician Assistants

NPDB National Practitioner Data Base

OIG Office of the Inspector General (for list of excluded individuals [LEIE])

OLCP Other Licensed or Certified Practitioner

PA Physician Assistant

PAL Program Assistance Letter (from Bureau of Primary Health Care)

PDS Proactive Discloser System

PIN Policy Information Notice (from Bureau of Primary Health Care)

PNP Pediatric Nurse Practitioner

RD Registered Dietician

RDH Registered Dental Hygienist

UPD Universal Provider Database

URAC Utilization Review Accreditation Commission