

**PAIUTE TRIBE OF UTAH  
HEALTH DEPARTMENT  
POLICY & PROCEDURE MANUAL**

	<b>Policy Number:</b>	
<b>Policy Title:</b>	<b>Credentialing and Privileging Healthcare Providers</b>	

**POLICY STATEMENT:**

The credentials of healthcare professionals will be assessed to ensure that they have the necessary qualifications to provide safe and appropriate medical care. This assessment will be done before the individual starts work and every 2 years thereafter. This policy applies to all healthcare professionals who are employed, contracted or working as volunteers. The Tribal Council has the ultimate authority for awarding clinical privileges after considering the professional’s credentials, the privileges requested and the recommendations of the PITU Health Director and the Medical Staff Credentials and Privileges Committee.

The Health Department Director, with the concurrence of the Clinical Director, is authorized to award temporary clinical privileges for a period not exceeding 120 days for the purpose of addressing an important patient care need or during the time that an applicant with a complete and unblemished application is awaiting approval by the Medical Staff Credentials and Privileges Committee and Tribal Council.

The Health Department will maintain an appeal process for Licensed Independent Practitioners to pursue if a decision is made to discontinue or deny clinical privileges.

**POLICY PURPOSE:**

Credentialing and Privileging is performed to ensure that healthcare professionals working in PITU Health Centers are qualified and competent.

**RESPONSIBILITY:**

The PITU Health Director is responsible for implementing this policy. The Health Director delegates the implementation and monitoring of this policy to the Clinical Director. Oversight of the policy is the responsibility of the Clinical Director and Medical Staff Credentials and Privileges Committee.

**DEFINITIONS:**

*Healthcare Professionals:* are individuals who provide direct patient care in the Health Centers. The PITU has 2 healthcare professional classifications and defined mechanisms to ensure they have the necessary qualifications and competence to provide safe and appropriate medical care. The appropriate classifications and subsequent credentialing and privileging process is determined by the Medical Staff Credentials and Privileges Committee.

*Healthcare Providers:* are healthcare professionals such as Physicians, Dentists, Nurse Practitioners, Psychologist, Podiatrists and others who are Licensed Independent Practitioners (LIPs). LIPs practice medicine independently and do not require supervision. The Healthcare Provider classification includes medical professionals such as Physician Assistants who practice medicine with supervision by a collaborative physician. Healthcare Providers diagnose, treat, prescribe medications and/or perform procedures within the scope of their license and consistent with individually granted clinical privileges.

*Nurses, Certified and Allied Healthcare Professionals:* are Registered Nurses, Pharmacists, Certified Medical Assistants or other individuals who are licensed by the state or certified in their respective professional field. These individuals are permitted by law to provide patient care within the scope of their licenses or certifications and consistent with their clinical privileges which are delineated by their job descriptions.

*Credentialing:* is the process of determining the accuracy of a qualification reported by an individual including: licensing, relevant education, training or experience, current competence and ability to perform requested privileges.

*Privileging:* The process of authorizing a healthcare professional to provide care within a defined scope. Privileging is performed in conjunction with the evaluation of an individual's clinical qualifications and/or performance and after a thorough review and validation of their credentials. Privileges are awarded by the Tribal Council.

*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 provider at the time of their initial application or reappointment. Examples of primary source verification include, but are not limited to, direct correspondence, telephone verification, internet verification, and/or reports from a credentials verification organization (CVO).

*Secondary Source Verification:* Methods of verifying a credential when primary source verification is not required or is impractical. Examples of secondary source verification include, but are not limited to, the original credential, a notarized copy of the credential, or a copy of the credential when the copy is made from an original by an authorized Health Center employee.

*Credentials Verification Organization (CVO)*: Is an organization that is contracted to perform primary source verification for a provider's credentials. The PITU observes the appropriate use of CVO services outlined in the "Principles for CVOs" published by the Joint Commission on Accreditation of Healthcare Organization, 2003.

**PROCEDURE:**

**Section I. Application and Renewal Process Flow (Refer to Section II., III., & IV for Requirements)**

1. Credentialing and Privileging Process for Healthcare Providers:
  - a. The Credentialing and Privileging process is initiated when the applicant submits a complete application.
  - b. Completed applications are then forwarded to the Clinical Director.
  - c. The application is reviewed for completeness by the Clinical Director.
  - d. The application is forwarded to the Credentials Verification Organization (CVO) for processing.
  - e. The CVO completes all primary source verifications and returns the completed application, with documented verifications to the Clinical Director.
  - f. The Clinical Director presents the credentials and requested privileges to the Medical Staff Credentials and Privileges Committee who review the credentials and either forwards the file to the PITU Health Committee with a recommendation to approve privileges or returns the application to the Clinical Director for further action.
  - g. The Health Committee reviews the file and recommendations and either forwards the file to the Tribal Council with their recommendation to approve the requested privileges or returns the file to the Clinical Director and Medical Staff Credentials and Privileges Committee for further action.
  - h. The Tribal Council acts on the recommendation of the Health Committee and either approves the provider for privileges or returns the file to the Clinical Director and Medical Staff Credentials and Privileges Committee for further action.
  - i. The Tribal Council Chairperson documents approval of the provider's credentials and the granting of privileges and forwards the document to the Clinical Director.
  - j. The Clinical Director files a copy of the approval and privileges in the provider's file and forwards a copy of the approval and privileges to the provider.
  - k. Privileges are renewed every 2 years or more often as needed to update the provider's file. Steps (a.) thru (k.) are repeated during the renewal process. The credentials verification process is only required for credentials that have changed since the initial credentials were verified.
2. Credentialing and Privileging Process flow for Nurses, Certified and Allied Healthcare Professionals
  - a. The credentialing and privileging process for Nurses, Certified and Allied Healthcare Professionals begins with an application for employment.

- b. The Human Resources Department processes the application and forwards it to the supervisor.
- c. The supervisor reviews the application and checks references to determine if the individual's professional references are appropriate based on the job description. The job description will delineate the individual's privileges.
- d. The supervisor informs the Human Resources Department if the employee is selected.
- e. The Human Resources Department verifies licenses and certifications and submits a query to the National Practitioner Data Base.
- f. The Human Resources Department forwards the applicant to the Tribal Council for action.
- g. The Tribal Council determines if the individual is hired and notifies Human Resources.
- h. The Supervisor provides the individual with their job description and orients them to their duties and determines their competency during the orientation.
- i. Ongoing monitoring of performance and fitness is carried out by the supervisor at intervals defined by Human Resources Policy.
- j. Human Resources ensure all active licenses and/or certifications are current. The National Practitioner Data Base is queried each time the license or certification is renewed or at least every 2 years.

## **Section II. Credentialing Requirements for Healthcare Providers**

1. The Credentialing of Healthcare Providers: requires primary source verification of the following:
  - a. Current licensure;
  - b. Relevant education, training, and experience;
  - c. Current competence;
  - d. Health fitness, or the ability to perform requested privileges which 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 or clinic where privileges exist, or a licensed physician designated by the organization. and
  - e. The results of a query sent to the National Practitioner Data Bank (NPDB)
2. Credentialing of Healthcare Providers also requires secondary source verification of the following:
  - a. A Government issued picture identification;
  - b. Drug Enforcement Administration registration (as applicable);
  - c. Hospital admitting privileges (as applicable);
  - d. Immunization and PPD status; and
  - e. Current Basic Life Support training (as applicable).

## **Section III. Credentialing Requirements for Nurses, Certified and Allied Healthcare Professionals**

1. Credentialing of Nurses, Certified and Allied Healthcare Professionals requires primary source verification of the following at the time of hire and repeated at the time of license or certification renewal:

- a. License verification of all currently held licenses (performed by the PITU HR Department).
  - b. The results of a query sent to the National Practitioner Data Bank (NPDB) at the time of hire and at least every 2 years thereafter.
2. Credentialing of Nurses, Certified and Allied Healthcare Professionals requires secondary source verification of the following:
- a. Government issued picture identification
  - b. Certification
  - c. Education and training
  - d. Current Competence (by documented references at the time of employment, and ongoing review of clinical qualifications and performance assessed by their supervisor)
  - e. Current Basic Life Support training (as applicable).
  - f. Immunization and PPD status.

#### **Section IV. Granting Privileges**

The Health Center will determine if a healthcare professional has experience and training that enables them to manage and treat patients and/or perform procedures and practices with a level of proficiency and quality that minimizes the risk of causing harm. Privileging of providers is performed in conjunction with the evaluation of an individual's clinical qualifications and/or performance and after a thorough review and validation of their credentials.

Determining the qualifications and privileges of Nurses, Certified and other Allied Healthcare Professionals is done in accordance with existing PITU Human Resources policies and procedures. The required qualifications for the position are delineated by position descriptions. The initial determination that the employee is qualified is done by the supervisor who evaluates references and observes the individual during their orientation. The ongoing evaluation of performance is done through established employee performance review/evaluation processes. Reapplication is not required for Nurses, Certified and other Allied Healthcare Professionals.

#### **Granting Privileges to Healthcare Providers:**

The Provider will specify the privileges they are requesting during the initial application process.

1. The initial privileging of Healthcare Practitioners requires the following documentation:
  - a. A completed Request for Privileges document.
  - b. Primary source verification (by the CVO) of a course of study from a recognized and certifying educational institution showing that the clinician met or passed a level of training required to perform a defined procedure or patient management protocol (done at time of the initial credentialing by the CVO or when a provider requests additional privileges not previously awarded).
  - c. Direct, first hand one-on-one documentation by a supervising clinician who possesses the privilege of the particular procedure or patient management protocol.

2. Revision or Renewal of Privileges for Healthcare Providers: Privileges for Healthcare Providers are renewed or revised every 2 years or more often if additional privileges are requested. The Tribal Council will review and approve the renewal or revision of privileges based on the recommendations from the Clinical Director and Medical Staff Credentials and Privileges Committee. The revision and/or renewal of requested privileges will include:
  - a. Primary source verification of new, expiring and/or expired credentials.
  - b. A synopsis of peer review results for the 2 year period prepared by the clinical director.
  - c. Any relevant performance improvement information.
  - d. Physician Assistants will have a documented supervising physician evaluation that determines that the individual is competent to perform the requested privileges.

### **Granting Temporary Privileges**

The Health Department Director, with the concurrence of the Clinical Director, is authorized to award temporary clinical privileges for a period not exceeding 120 days for the purpose of addressing an important patient care need or during the time that an applicant with a complete and unblemished application is awaiting approval by the Medical Staff Credentials and Privileges Committee and Tribal Council. The process for granting temporary privileges requires the Health Department Director and Clinical Director to review the applicant's credentials using the following guidelines before temporary privileges are granted.

1. Granting temporary privileges for the purpose of addressing an important patient care need requires:
  - a. Examination of a Government issued picture identification.
  - b. Primary source verification of a Current active license.
  - c. Telephonic or written verification of current competence from a former employer/institution and the verification of a Government Issued Picture ID.
  - d. Negative Query of the National Practitioner Data Bank.
2. Temporary privileges can be granted to a provider who is awaiting approval by the Medical Staff Credentials and Privileges Committee and Tribal Council. The decision to grant temporary privileges will follow a joint review of the pending credentials file by the Health Director and Clinical Director and completion of the requirements listed under number 1 (a.- d.) before the temporary privileges are granted.

### **Discontinuing and Curtailing Clinical Privileges:**

Clinical privileges may be discontinued or curtailed when reports (for example, from the quality assurance improvement activities) indicate an adverse event, or a pattern of adverse events have occurred in the clinical practice of an individual, or an individual is documented to have a medical condition that diminishes clinical skills or judgment.

All PITU healthcare providers are employees or contracted. The PITU is an “at will” employer and all employees, including Licensed Independent Practitioners (employed or contracted), are subject to human resources policies and procedures.

The PITU recognizes that there may be certain cases when an appeal of a privileging or privileging renewal decision is appropriate. The appeal process is only available to Licensed Independent Practitioners. Employees other than Licensed Independent Practitioners do not have access to the appeals process. Access to an appeal is granted on a case by case basis by the Health Committee. The determination that an appeal is appropriate is made by the Health Committee based on the recommendations of the Health Department Director and Clinical Director. The appeal will be considered in a fair hearing that includes the conditions listed below.

1. The request by the provider is made in writing to the Clinical Director within one week of the announcement of the decision to not reappoint, or to curtail privileges. The formal hearing will be scheduled within two weeks of the receipt of the provider's request for a hearing.
2. The provider may present written and oral presentations.
3. The hearing panel will include the Health Committee, Clinical Director, and the Health Department Director. The Clinical Director will be excluded from the decision making panel in cases when he is the person making the appeal.
4. The agenda for the hearing will be prepared by the Clinical Director and will include a call to order, the presentation of oral and/ or written information by the provider, and executive session for the consideration of the information by the hearing panel, and an announcement of the panel's findings. The findings of the hearing panel will be final.
5. All information related to the appeal is considered confidential and must be maintained in a secure manner at all times

#### **Record Retention**

1. All documentation regarding appointment and reappointment must be retained under lock and key in a separate file for each provider while the provider is employed or actively associated as a contractor. The confidentiality of Credentialing and Privileging files must be maintained in a secure manner at all times
2. Appointment and reappointment documentation must be retained for a minimum of four (4) years following the date a clinician's employment or relationship with Health Department is terminated. Documentation in the file must be retained for a minimum of four (4) years following the resolution of a dispute or appeal or in cases where there is a dispute or appeal pending at the time of termination of a provider's relationship with PITU Health Department.

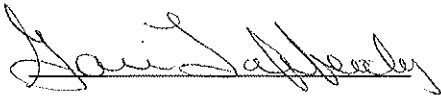
**References**

Bureau of Primary Health Care Information Notice 2001-16 Credentialing and Privileging Policy

Bureau of Primary Health Care Information Notice 2002- 22 Credentialing and Privileging Policy

Joint Commission on Accreditation of Healthcare Organizations'(JCAHO) 2002-2003 Comprehensive Accreditation Manual for Ambulatory Care

<i>Date Approved by Tribal Council:</i>		<i>Effective Date:</i>	
Dates Reviewed:	None		
Supersedes Policies :	None		
HRSA Program Requirement	Program Requirement BPHC 2001-16, 2002-22		



**Gari Lafferty, Tribal Chairperson**



**Date**



**Appendix A**

The following table summarizes initial credentialing requirements for both categories of Healthcare Providers

<b>Initial Credentialing Activity</b>	<b>Health Care Practitioner</b>	<b>Nurses, Certified and Allied Healthcare Professionals</b>
Verification of licensure, registration or certification (NOTE: Ongoing licensure verification is renewed at expirations for all licenses)	Primary source	Primary source
Verification of Education	Primary source	Secondary source
Verification of training	Primary source	Secondary source
Verification of current competence	Primary source	Supervisory evaluation per job description
Health Fitness (ability to perform requested privileges)	Confirmed statement	Supervisory evaluation per job description
National Practitioner Data Bank Query (Repeated at 2 year intervals)	Required	Required
Government issued picture identification	Secondary source	Secondary source
Drug Enforcement Administration (DEA) Registration	Secondary source, if applicable	Not applicable

The following table summarizes the requirements for the initial granting of privileges:

<b>Initial Privileging Activity</b>	<b>Health Care Practitioner</b>	<b>Nurses, Certified and Allied Healthcare Professionals</b>
Verification of competence to provide services specific to each of the organization's care delivery settings	Primary source verification and recommendations by appropriate individual.	Supervisor's primary source verification of past employment references
Approval authority	Tribal Council	Tribal Council

The following table summarizes the requirements for the renewal or revision of privileges:

Renewal or Revision Privileging Activity	Healthcare Practitioner	Nurses, Certified and Allied Healthcare Professionals
Verification of any expiring or expired credentials, or newly submitted credentials	Primary source	Secondary Source
Verification of current licensure (NOTE: Licensure verification is required at any point a license expires)	Primary source	Primary Source
Verification of current competence	Primary source a synopsis of peer review, and performance improvement results prepared by the Clinical Director	Supervisor evaluation based on job description & performance evaluations

## Appendix B

### Joint Commission on Accreditation of Healthcare Organizations

#### Principles for CVOs

##### 2002-2003 Comprehensive Accreditation Manual for Ambulatory Care (p. HR-11)

“Any organization may use the services of a credentials verification organization (CVO). While using such agencies may relieve the organization from the process of gathering the information, it does not relieve the organization from the responsibility of having complete and accurate information. An organization that bases its decisions in part on information obtained from a CVO should achieve a level of confidence in the information provided by the CVO, by evaluating the following:

3. The CVO makes known to the user what data and information it can provide.
4. The CVO provides documentation to the user describing how its data collection, information development and verification process(es) are performed.
5. The user is provided with sufficient, clear information on database functions that includes any limitations of information available from the CVO (for example, practitioners not included in the database), the time frame for CVO responses to requests for information; and a summary overview of quality control processes related to data integrity, security, transmission accuracy, and technical specifications.
6. The user and CVO agree on the format for the transmission of credentials information about an individual from the CVO.
7. The user can easily discern which information, transmitted by the CVO, is from a primary source and what is not.
8. For information transmitted by the CVO that can go out of date (for example, licensure, board certification), the date the information was last updated from the primary source is provided by the CVO.
9. The CVO certifies the information transmitted to the user accurately presents the information obtained by it.
10. The user can discern whether the information transmitted by the CVO from a primary source is all the primary source information in the CVO's possession pertinent to a given item or, if not, where additional information can be obtained.
11. The user can engage the quality control processes of the CVO when necessary to resolve concerns about transmission errors, inconsistencies, or other data issues that may be identified from time to time.”