Health Center Program Site Visit Protocol



## CREDENTIALING AND PRIVILEGING FILE REVIEW RESOURCE

## **CREDENTIALING AND PRIVILEGING FILE REVIEW RESOURCE**

This checklist is intended to assist in the review of provider files to verify implementation of credentialing and privileging procedures by providing common examples of documentation methods and sources. **Please note the following when utilizing the checklist:** 

- Examples of Licensed Independent Practitioners (LIPs) include but are not limited to: Physician, Dentist, Physician Assistant, Nurse Practitioner
- Examples of Other Licensed or Certified Practitioners<sup>1</sup> (OLCPs) include <u>but are not limited to</u>: Registered Nurse, Licensed Practical Nurse, Certified Medical Assistant, Registered Dietitian, Pharmacist.
- Examples of other clinical staff include but are not limited to: Medical Assistants or Community Health Workers in states, territories or jurisdictions that do not require licensure or certification.
- Activities denoted with an asterisk (\*) are required for BOTH Initial and Recurring Credentialing for all clinical staff members (licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs) and, as applicable, other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. Recurring credentialing occurs in a timeframe determined by the health center (e.g., every two years).
- <u>All privileging activities are required for BOTH the initial (i.e., upon hire) and renewed granting of privileges for all clinical staff members (LIPs, OLCPs, and as applicable, other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. Renewal of privileges occurs in a timeframe determined by the health center (e.g., every two years).</u>
- The use of the phrase "if applicable" or "as applicable" is intended to distinguish the varied expectations for the credentialing and privileging of LIPs, OLCPs, and other clinical staff. The health center determines what expectations, if any, apply to the credentialing and privileging of other clinical staff who are neither LIPs nor OLCPs.

<sup>&</sup>lt;sup>1</sup> Categorization of providers as LIPs or OLCPS may vary from State to State based on the specific licensure and certification requirements and scope of practice prescribed by that state.

<u>Credentialing</u> Activity	Licensed Independent Practitioner (LIP)	Other Licensed or Certified Practitioner (OLCP) and as applicable, Other Clinical Staff
1. Verification of Identity	Completed using government issued picture identification.	Completed using government issued picture identification.
2. Verification of current licensure, registration, or certification*	Primary source verification directly from the state licensing agency/body. Primary source verification for LIPs or OLCPs could include direct correspondence and telephone, fax, e- mail, or paper reports received from original sources (e.g., telephone confirmation from an educational institution that the individual graduated with the degree[s] listed on his or her application, confirmation through a state's database that a provider's license is current, reports from credentials verification organizations).	Primary source verification directly from the state licensing agency/body or certification agency/body, as applicable. N/A for other clinical staff in states, territories or jurisdictions that do not require licensure or certification for such staff.

Credentialing Activity	Licensed Independent Practitioner (LIP)	Other Licensed or Certified Practitioner (OLCP) and as applicable, Other Clinical Staff
3. Verification of education and training	<ul> <li>Primary Source verification required. Verification of graduation from medical, dental, or other clinical professional school and, if applicable, residency, including receipt of sealed transcripts.</li> <li>Possible sources of verifying education and residency for Physicians: AMA Physician Master Profile, AOA Physician Master File, ECFMG: Educational Commission for Foreign Medical Graduates for international graduates licensed after 1986.</li> <li>Possible sources of verifying certifications for other LIPs: ANCC (American Nurses Credentialing Center), AMCB (American Midwifery Certifying Board), NCCPA (National Commission on Certification of Physician Assistants)</li> <li>Note: The health center may rely on the state licensing agency, specialty board or registry to verify education and training if the health center can document that these entities conduct education and training primary source verification. When using such a source, the health center should verify at least annually the state licensing agency continues to primary source verify.</li> </ul>	For OLCPs and any other clinical staff, the health center determines the process for verification of education and training (e.g., primary vs. secondary source verification as well as the sources of verification).
<ol> <li>National Practitioner Databank (NPDB) Query*</li> </ol>	Copy of completed report from <u>National Practitioner</u> <u>Databank (NPDB) query</u> or documentation that the health center is signed up for <u>continuous query from the</u> <u>NPDB</u> (i.e., health center signs all their providers up and NPDB sends them a real-time report if anything changes in any provider's file.).	Same as LIPs. <b>Note:</b> The NPDB does not include information on all provider types, including some OLCPs. Therefore this may be "N/A" for certain providers.

<u>C</u>	Credentialing Activity	Licensed Independent Practitioner (LIP)	Other Licensed or Certified Practitioner (OLCP) and as applicable, Other Clinical Staff
5.	Verification of Drug Enforcement Administration (DEA) registration (if applicable)*	If applicable, copy of the physician/provider's current DEA registration certificate, which indicates the issue and expiration dates.	Same as LIPs. Only applicable for any OLCPs authorized to dispense controlled substances by the state in which they practice.
6.	Verification of basic life support training*	Documentation of completion of basic life support training (e.g., a copy of certificate of completion of training, course completion dates, etc.) or documentation of comparable/advanced training (based on provider licensure or certification standards)	Documentation of completion of basic life support training (e.g., a copy of certificate of completion of training, course completion dates, etc.).

Privileging Activity	Licensed Independent Practitioner (LIP)	Other Licensed or Certified Practitioner (OLCP) and as applicable, Other Clinical Staff
<ol> <li>Verification of fitness for duty to assess the ability to perform the duties of the job in a safe, secure, productive, and effective manner.</li> </ol>	Completed statement or attestation of fitness for duty from the provider 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 designation by the health center.	Same as LIPs.
2. Verification of immunization and communicable disease status	<ul> <li><i>Immunization Status:</i> Copy of immunization records/status in provider's file or provider attestation, including, if applicable, any declinations.</li> <li><i>Note:</i> The CDC has recommendations and many states have varying requirements for health care worker/provider vaccinations. The CDC recommendations are available at <a href="http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html">http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html</a>. Health centers will determine what vaccinations are required for their clinical staff based on state requirements and other resources.</li> <li><i>Communicable Disease Status:</i> Copy of completed TB test or screening (e.g., copy of PPD testing or CXR) and any other communicable disease testing or screening as determined by the health center (e.g., Hepatitis).</li> <li><i>Note:</i> The health center determines communicable disease screening protocols for its health care workers as well as what sources will be accepted as verification, and circumstances, if any, when providers can decline to present for testing or screening.</li> </ul>	Same as LIPs.

Privileging Activity	Licensed Independent Practitioner (LIP)	Other Licensed or Certified Practitioner (OLCP) and as applicable, Other Clinical Staff
3. Verification of current clinical competence	<ul> <li>For initial privileging: Verification of current clinical competence via training, education, and, as available, reference reviews.</li> <li>For renewal of privileges: Verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews).</li> </ul>	Supervisory evaluation of clinical competence per job description.