# **CLINIC POLICY MANUAL**



SUBJECT/TITLE:	Credentialing Process
Applicability:	HealthPOiNT Licensed & Certified Staff
PURPOSE:	To comply with mandates of the Federal Tort Claims Act (FTCA) and other requirements/guidelines of the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) to improve quality of care and patient outcomes.

#### **DEFINITIONS:**

### Credentialing

A process for assessing and confirming the qualifications of a person to provide designated services to patients of HealthPOiNT, as well as for evaluating the provider's competency for specific clinical privileges. Credentialing must also be applied to locum tenens providers. A more general check of the credentials should also be applied to licensed independent practitioners (LIPs) to whom regular referrals are made. HealthPOiNT must use judgment to determine what documents are needed to confirm competency and appropriateness of continued referral to a provider. Credentialing, including competency validation, is ideally performed before initial employment or contract and certainly before a provider begins providing services or getting paid unless there is an emergency, temporary exception.

## **Re-credentialing**

Process that updates staff assignments or privileges at least every two years, and may be performed when new competencies are recognized or when there is an occurrence of an adverse event.

## Competency validation

Establishes the capabilities of a person to perform designated services/tasks for center clients. The validation is part of the assessment to determine the scope of practice (privileges) or position description for an individual. Competency means the level of performance, including knowledge, skills, abilities, and behaviors required for certain services or roles. Assessment means the validation or monitoring of the level of performance based on scope of practice/privileges or a position description.

### Locum tenens providers

A provider who is providing temporary services within a healthcare facility.

### POLICY:

It is the policy of HealthPOiNT that current licensing and other credentialing information are maintained for all providers. All providers are re-credentialed every two years and expiration dates are tracked and monitored. The Credentialing Process policy applies to all health center practitioners, employed or contracted, volunteers or locum tenens, at all health center sites. All qualified applicants will receive an application for medical staff membership and/or clinical privileges and be processed within a time frame that is specified by HealthPOiNT. All information requested in the application is necessary to complete the credentialing process. This process is primarily completed by a credentials verification organization (CVO), currently United Solutions, MSO; the results of the credentials investigation are reviewed by the appropriate members of HealthPOiNT administrative staff at three different levels: Chief Medical Officer, Clinical CEO, and governing board.

To avoid potential liability for negligent hiring or retention of a provider, HealthPOiNT must exercise due care in selecting providers, supervising them, and reviewing the competency of their clinical activities. Failure to do so may result in liability if a patient is harmed, on the theory that the employer knew or should have known the provider was incompetent or lacked adequate training and experience, making it foreseeable that his or her performance would be below accepted standards of care. Failure to credential providers in a timely manner can result in denial of payment or reimbursement for services.

### **RELATED PROCEDURES:**

**Credentialing Process** 

### **REFERENCES:**

National Committee for Quality Assurance (NCQA) Health Resources and Services Administration's (HRSA) Policy Information Notice (PIN) 2001-16 HRSA PIN 2002-22 Texas Association of Community Health Centers (TACHC)

### **REQUIRED BY:**

Federal Tort Claims Act (FTCA) Bureau of Primary Health Care (BPHC) policy

### ATTACHMENTS/ENCLOSURES:

*Original Policy Date: 09/20/2006 Revised: 02/04/2013 Approved: 04/25/2013*