

BRAZOS VALLEY COMMUNITY ACTION AGENCY
Health Services: BVCHC

Policies and Procedures

Policy Subject/Title: Credentials Process

Applicability: Brazos Valley Community Health Centers
Licensed and Certified Staff under FTCA

Purpose: To comply with mandates of FTCA and other requirements/guidelines
of Texas Association of Community Health Centers

Policy:

The intent of this policy is to provide instructions on credentialing licensed and certified staff in a systematic review process. This policy will ensure that credentialing is performed in a standardized format for employment for clinical staff positions and granting of privileges to licensed and certified staff by the Governing Board.

Procedure:

Application for Physicians

The application for physicians is the Texas Standardized Credentialing Application (Texas Department of Insurance). The Center will have these providers complete the form for all licensed and certified staff.

Application for All Other Staff

Licensed and certified (non-physicians) and unlicensed and non-certified employees must also complete the TDI application and answer those questions that are applicable to their training and experience and the position for which they are applying.

Authorization and Consent

This *Informed Consent Form* authorizes the Center representatives to request confidential information concerning the applicant and should be attached to each application.

Request for Staff Privileges or Competencies for Scope of Practice

Licensed and certified providers and staff must also apply for privileges, or scope of services. It is this specific list of activities or competencies that constitute the staff assignment and in the case of licensed and certified staff, determines the privileges that are recommended and granted by the Governing Board. This process will clarify who is authorized to perform what tasks and services, and assures to the extent possible that persons are practicing within the scope of their licensure or certification, training and experience.

Application Verification Forms and Supporting Documentation

Verification forms are provided to all employees and contract providers depending upon the information needed for each classification of staff. Many of the validation forms require the applicant to sign consent to release information that is incorporated into the verification or reference form.

Instructions to Applicant on Credentialing Process

All new employees or contract professionals who are either licensed or certified must be credentialed at the time of employment or initial contract with the Center. At the time the application forms are given to the applicant, they must be advised that the primary reason for the credentialing process is to assure that the Center and the licensed or certified staff qualify for the FTCA liability coverage and for compliance with Medicaid managed care requirements.

The applicant is informed that the application for employment and privileges is not complete until all requested information has been received. This includes information requested from persons other than the applicant. The burden or responsibility for obtaining those documents lies with the applicant, not the Center or TACHC, although the Center may assist to the extent that is reasonable, such as providing addresses and information on where and how to secure documentation. Applicants are informed that failure to provide full disclosure and/or truthful information on the application is grounds for denial of an application for privileges. It may also provide grounds for immediate termination of an existing employee.

Reviewing Applications and Requests for Staff Privileges

Receipt of Application

As soon as an application and the attachments are received, the Center Credentialing Coordinator reviews the application to be certain that all questions have been answered in full. "Not applicable" or "NA" should be written in the space, if appropriate. A signed "consent to release" form must be included with the application to authorize the Center to secure references and verifications. If the applicant answers "yes" to the questions concerning disciplinary action and professional liability claims, a separate page should be attached explaining details of each action or claim.

Notice of Receipt of Application

Upon receipt of the application, the *Notice of Receipt of Application and Information Needed* form is completed to advise the applicant of incomplete or missing information in his or her application file.

Notice of Status of Application

After initial receipt of the application, the applicant is kept apprised of the progress of the credentialing and employment process and is provided the opportunity to refute any adverse or questionable findings.

Application to TACHC Credentialing Agent

The Center Credentialing Coordinator verifies the appropriate Core credentials, which include verification of graduation, completion of medical school, internship, residency, or fellowship, DEA/DPS registration, license to practice in Texas, professional certification (boards), National Practitioner Data Bank, Federation of State Medical Boards, Civil and Criminal queries for counties (District Clerk Query), Insurance Query, Employment verifications, Professional References and various certifications as appropriate, Verification of Fitness, and Hospital Staff privileges (past and present).

Obtaining Verifications of Information on Applications

There are request forms for each item of information needed or for reference. Each form mailed *or sent by facsimile* is documented with date on the BVCAA-BVCHC *Checklist*. A self-addressed, stamped envelope is enclosed with each request for information to facilitate the return (if sent by postal). The return envelope is addressed to the attention of the Center Credentialing Coordinator and marked as "Confidential".

Filing Correspondence and Documents Received

Copies of all correspondence with the applicant is maintained in the *Credential File*, and appropriate copies are made for the *Administrative File*. Records of other communications, such as conferences or telephone conversations, are documented by a descriptive note, dated and signed by the individual having the communication, and placed in the appropriate file.

Action on Completed Applications

The Center Credentialing Coordinator determines the application is complete when all information requested by the Center has been received or accounted for and summarized in the *Credentialing Report*.

Center Credentialing Report

The Credentialing Report is a summary of the credentialing investigation, substantiated by the *Credential File*, the information received by the Center Credentialing Coordinator, and documentation of any investigations or inquiries made, and interviews conducted. The Credentialing Report includes a summary of the findings of the investigation. Such findings will be the basis of the positive or adverse recommendations that are to be made by the CPI Committee or Medical Peer Review subcommittee.

Action on Request for Privileges for Licensed/Certified Professionals

This form is used to document the progress of the application and credentialing through the various stages of review and recommendations: Professional Review Committee, Executive Director, and Governing Board. This form documents that the proper credentialing and privileging process is completed.

Transmittal of Credentialing File to the Professional Review Committee

When the application is complete, the *Credentialing Report*, the *Action on Request for Privileges Form*, and *files* are referred to the CPI Committee subcommittee as a professional review committee for review and recommendation.

The CPI Committee or subcommittee (the Medical Peer Review Committee for staff covered under FTCA) as a professional review committee is responsible for making one of the following credentialing recommendations:

- (1) To grant or renew status/privileges without changes.
- (2) To change (expand or decrease) status/privileges.
- (3) To deny or terminate status/privileges.

If the Committee anticipates making an adverse recommendation, the applicant must be notified in writing of the proposed adverse recommendation and the stated reasons, and be given an opportunity to provide additional information.

If the Committee's recommendation is adverse to the applicant, there must be stated reason(s) for the adverse recommendation. The reasons must be based upon documentation of concern for quality of services and performance, and must be consistent with the laws and Bylaws concerning discrimination, employment, and due process, as appropriate. The Director of Quality Management, or chairperson of the CPI Committee or subcommittee as a professional review committee signs the *Action Form*.

Transmittal of Credentialing Report to the Senior Administrator of Health Services

The Senior Administrator of Health Services reviews the recommendations of the Committee to determine that they are appropriate to the findings. The Senior Administrator of Health Services is responsible for making the final recommendation to the Governing Board by signing the *Action Form*.

Transmittal of Credentialing Report to the Governing Board

The authority for final action on the recommendation to grant privileges to licensed and certified staff is the Center Governing Board (Board). The Board must be confident that the credentialing process has sufficiently investigated the qualifications and competence of each individual, and that the CPI Committee has determined that the individual is deemed qualified and competent to perform the privileges recommended.

The Board is responsible for the final action to accept, modify, or deny the privileges recommended. The *Action Form* is signed by the president or the secretary of the Board on behalf of the Board according to the Governing Board Bylaws or other provisions.

Reporting Adverse Information

Final adverse action taken against a physician, dentist, or registered nurses that concerns professional competence or conduct, which is based on formal peer review and which is in effect for 30 days or longer must be reported to the NPDB and the state medical, dental or nursing licensing board within 30 days of the final action.

If a physician or dentist resigns or withdraws the application while an investigation questioning competence is underway, the action also must be reported to the licensing boards and to the NPDB. Reporting to the NPDB on actions against Registered Nurses and other categories is voluntary. Guidelines on reporting to NPDB can be viewed online at www.npdb-hipdb.com.

Appeal

Most applicants for employment or contract and granting of privileges do not qualify for the right to appeal an adverse action on the privileges requested. Those who may have that right are identified in the Center Professional Staff Bylaws.

Enclosure(s):

BVCAA- BVCHC Checklist, Credentialing Report Form, Action Form

**ACTION ON REQUEST FOR EMPLOYMENT/CONTRACT/PRIVILEGES
FOR LICENSED OR CERTIFIED HEALTH PROFESSIONALS**

Name of Applicant:

Position:

Licensure or Certification:

Center Credentialing Coordinator:

- Information requested received and verified
- No issues raised. No reasons identified to deny granting privileges.
- Issues raised, but resolved. No reasons identified to deny granting privileges.
- Issues raised to be considered before granting privileges.

Signature of Center Credentialing Coordinator

Date

CPI Committee or Subcommittee as a Professional Review Committee (Medical Peer Review):

- Application and supporting documents reviewed and validated.
- Recommend privileges as requested.
- Recommend privileges as modified (attach modifications).
- Recommend privileges as requested be denied.

If recommendation for modification or denial, state reason(s):

Signature of Committee Chairperson

Date

Center Senior Administrator of Health Services:

- Application and supporting documents reviewed.
- Recommend privileges as requested.
- Recommend privileges as modified (attach modifications).
- Recommend privileges as requested be denied.

If recommendation for modification or denial, state reason(s):

Signature of Center Senior Administrator

Date

Center Governing Board:

- Application and supporting recommendations reviewed.
- Privileges as requested are granted.
- Privileges as modified are granted (attach modifications).
- Privileges as requested are denied.

If recommendation for modification or denial, state reason(s):

Signature of Governing Board Chairperson

Date

**Brazos Valley Community Action Agency, Inc.
Health Services - BVCHC**

*PRIVILEGED AND CONFIDENTIAL
Proceedings and Records of the
Professional Review Committee*

Credentialing Report of Background Check

Applicant	
Position	
*Medical Education	
*Board Certification	
BLS/CPR	
Texas License or/Certification	
District Clerk Query/Criminal Brazos Robertson Grimes Madison Leon	
NPDB MC/MC-Sanction/Exclusion *Federation of State Boards	
*Medical Staff Privileges	
Employment References	
Professional References	1. 2. 3.
Personal References (no longer required)	
Liability Insurance (since licensure) Claims	
Fitness verification	

Continuing Medical Education	
Other Certifications	

(*some items may vary according to designation)