

SOUTHERN NEVADA HEALTH DISTRICT DISTRICT WIDE POLICY AND PROCEDURE

DIVISION:	Administration		NUMBER(s): ADM-001	
PROGRAM:	Human Resources		Page:	1 of 6
TITLE:	FQHC Credentialing &	Granting	EFFECTIVE	DATE:
Privileges/Onboarding		(Date signed by DHR)		
APPROVED BY:			ORIGINATI	ON DATE:
Director of Human Resources:		June 2, 2021		
			LATEST RE	VISION DATE:
			February 17, 2	2022
Name		Date		

I. PURPOSE

To establish a Human Resources policy that ensures all staff involved with patient care at the Federally Qualified Health Center (FQHC) are qualified and competent to provide health care services via the process of verification of credentials by Human Resources and privilege granting by the District Health Officer (DHO), or designee. Credentialing and privileging process is intended to protect its patients by ensuring that its practitioners possess requisite training, experience, and competence. Federally Qualified Health Center (FQHC) requires that its providers cooperate in the credentialing and privileging process. Providers' failure to comply with credentialing and privileging or submitting the necessary information may result in disciplinary action, up to and including termination.

II. SCOPE

This policy applies to all clinical staff, clinical volunteers and locum tenens who provide patient care services at Federally Qualified Health Center (FQHC) sites. The identified individuals are required to be credentialed and privileged as described in this policy and procedure. This includes: all Licensed Independent Practitioner's, Physicians, Dentists, Physician Assistants, Nurse Practitioners, OLCP's (Other Licensed or Certified Practitioner's), Licensed Clinical Social Worker (LCSW), Registered Nurses, Licensed Practical Nurses, Certified Medical Assistants, Registered Dietitians, Pharmacists and other clinical staff (Dental Technicians, Registered Dental Hygienist, Dental Assistants, Medical Assistants, Certified Nursing Assistants).



III. POLICY

The Health District is committed to ensuring that all new hires are fully competent and compliant as it relates to credentials prior to seeing patients within our community. If the credentials of a new hire within the FQHC area are not fully verified prior to their hire date they cannot see patients nor bill for services. It is the policy of Federally Qualified Health Center (FQHC) to continuously provide for the initial and recurring review of credentials as well as the initial granting and renewal of privileges and/or competencies for its: Licensed Independent Practitioners (LIPs), Other Licensed or Certified Practitioners (OLCPs), and Other Clinical Staff (OCS) providing services on behalf Federally Qualified Health Center (FQHC), to include employees, individual contractors, and/or volunteers. Credentialing and privileging procedures will ensure mandates of the Health Resources & Services Administration (HRSA) Health Center Compliance Manual.

All clinical staff employed within the FQHC will be required to go through the credential review and privilege granting process once every two years. To complete this, Human Resources will work with the FQHC leadership and the process will be the same as initial granting of privileges.

The District requires that all potential or current clinical staff cooperate in the credentialing and privileging process. Failure to comply with credentialing and privileging, or failure to submit the necessary documentation, may result in disciplinary action, up to and including termination.

IV. DEFINITIONS

- A. Credentialing refers to the systematic process of reviewing and verifying the qualifications and other credentials, including licensure, required education, relevant training and experience, current competence, and health status (as it relates to the clinical staff ability to perform job responsibilities). Credentialing (and corresponding Clinical Privileging) must be within the providers scope of practice and facility specific.
- B. Clinical privileging is defined as the process by which a practitioner, licensed for independent practice (i.e., without supervision, direction, required sponsor, preceptor, mandatory collaboration, etc.) is permitted by law and FQHC to practice independently, to provide medical or other patient care services within the scope of the individual's license, based on the individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. Clinical privileging must be provider specific.



- C. Licensed Independent Practitioner ("LIP") includes any individual permitted by law (the statute which defines the terms and conditions of the practitioner's license) and SNCHC to provide patient care services independently (i.e., without supervision or direction) within the scope of the individual's license and in accordance with individually granted clinical privileges. Only licensed independent practitioners may be granted clinical privileges. LIPs include, but are not limited to physicians, dentists, nurse practitioners, nurse midwives, and any other individual. For purposes of this policy, physician assistants, nurse practitioners and certified nurse midwives are considered LIPs even though their ability to practice independently varies, in some cases by jurisdiction.
- D. Other Licensed or Certified Health Care Practitioner ("OLCP"). OLCPs include individuals who are licensed, registered, or certified but are not permitted by law or SNCHC to provide patient care services without direction and supervision. They include laboratory technicians, licensed clinical social workers, registered medical assistants, medical assistants, registered nurses, licensed practical nurses, dental assistants, dental hygienists, certified nursing assistants, registered dietitians, and pharmacists. These individuals must also be credentialed but not necessarily in accordance with the strict standards applicable to LIPs.
- E. Other Medical Staff. As determined by SNHD.
- F. Provider enrollment: The process that will be completed by the billing department to register the providers with the insurance carriers in our area.

V. PROCEDURE

- **A.** At the time of the offer, HR will discuss the credentialing and privileging process with the new hire. HR will send the credentialing and privileging request to the selected candidate.
 - 1. Inclusive of the following:
 - **a.** Current Professional License (Primary Source Verified)
 - **b.** Relevant education, training, or experience (Primary Source Verified)
 - **c.** Board Certification, if applicable, (Primary Source Verified)
 - **d.** Fitness for Duty (attestation form, physical exam, or from peer reference)
 - **e.** Three (3) peer references, two (2) within your specialty including as available
 - **f.** National Provider Identifier (NPI) Number
 - g. Copy of valid driver's license
 - **h.** DEA (Drug Enforcement Administration) license number and expiration date



- i. Verification of immunization (Hepatitis B vaccination and Covid-19) and PPD status
- j. CPR, PALS, ALCS, ATLS or BLS certifications
- k. Malpractice claims history
- **l.** Current Malpractice Insurance
- m. Completion of a query through the National Practitioner Data Bank
- **2.** Received documents will be saved by HR, they into a shared folder and the HR will email the link to the designated staff in the Finance and Legal departments.
- **3.** The representatives for the Finance and the Legal departments will verify that all required documents and information, for their respective areas, have been submitted by the provider. Each representative will follow-up with the provider to obtain any missing information or documents.
- **4.** HR will verify that all information requested for the FQHC privileging process has been provided and will follow-up with the provider if anything is missing. HR will address any issues, discrepancies, or missing documentation throughout the process.
- **5.** HR will run a query in the NPDB (National Practitioners Database).
- **6.** HR will begin to compile a "FQHC Credentialing and Privileging" file for the candidate.
- **7.** Once the folder is completed, HR will provide the folder to the District Health Officer, or designee, to review.
 - **a.** After the documents have been reviewed for accuracy, the District Health Officer, or designee, will then sign off on the required pages and provide it to Human Resources.
 - **b.** If the District Health Officer, or designee, desires more insight on the submitted documents, an HR will reach out to the candidate for additional information.
 - **c.** The approved folder will be scanned into the shared file and HR will send the link and the start date to the legal department, to add the provider to the mal-practice policy.



- **d.** Once this provider is added to the policy, the legal department will then inform the Revenue Cycle Manager.
- **8.** If the inquires of the District Health Officer, or designee, are not answered sufficiently, or the candidate fails to provide appropriate documentation, the job offer will be rescinded.

VI. ATTACHMENTS

FQHC Credentialing and Privileging checklist for Completion

VII. REFERENCES

NRS, Personnel Code, SNHD Credentialing and Privileging Policy



ATTACHMENT A – Division Abbreviations

Division	Abbreviation	
District Health Officer	DHO	
Administration	ADM	
Clinical Services	CS	
Human Resources	HR	
Federally Qualified Healthcare Center	FQHC	
National Practitioner Database	NPDB	
Southern Nevada Health District	SNHD	