

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health and Human Services</b>  <b>Division of Primary Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>Clinic Services</b>
	Policy Number	<b>07-05</b>
	Effective Date	<b>01-31-12</b>
	Revision Date	<b>02-16-18</b>
Title: <b>Credentialing and Privileges</b>		Functional Area: <b>Personnel</b>
Approved By: John Onate, MD Medical Director		

## Policy

Credentialing policies and procedures shall address the process for appointments and reappointments of Medical Staff and licensed contracted staff for Primary Health Clinical Services.

Credentialing standards and criteria are established commensurate with those of the National Council for Quality. Credentialing and privileging shall be conducted without regard to race, ethnicity, national origin, color, gender, age, sexual orientation, or religious preference.

Licensed providers working under contract from the University of California Davis are credentialed by the University per contractual agreement:

- Department of Internal Medicine
- Department of Psychiatry
- Department of Pediatrics
- School of Medicine
- School of Nursing

## Purpose

Credentialing and privileging are processes of verification of education, training, and experience as well as formal recognition and attestation that independent licensed practitioners or other licensed or certified staff are both qualified and competent.

Privileging provides permission for an independent licensed practitioner's scope of practice and the clinical services he or she may provide.

## Definitions:

- A. Licensed Independent Practitioner (LIP):** An individual permitted by law to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.
- B. Other Licensed or Certified Practitioners:** An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision.
- C. Primary Source Verification (PSV):** Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. Please refer to the Credentialing Checklist for PSV verification sources. PSV is completed, at a minimum, for the following:
  1. Current licensure (verification on BREEZE website may serve as primary verification of licensure)
  2. Relevant education, training, or experience

3. Current competence; and
4. Health fitness

**D. Secondary Source Verification (SSV):** Uses methods to verify credentials when PSV is not required. Please refer to the Credentialing Checklist for SSV verification sources. SSV is completed for the following:

1. Government issued picture identification
2. Drug Enforcement Administration (DEA) (as applicable)
3. Hospital Admitting Privileges (as applicable)
4. Immunization
5. Tuberculosis clearance
6. Life Support Training (as applicable)

**Procedures**

Credentialing verification will occur by obtaining Primary source or Secondary source verification in accordance with accepted national verification sites. Credentialing documents requiring verification and the verification sites for licensed staff (Physicians, Dentists, Nurse Practitioners, Registered Nurses, Licensed Clinical Social Workers, Marriage and Family Therapists, Registered Radiology Technicians and Certified Medical Assistants) are included in the attachment labeled Credentialing Verification Instructions.

All contracted staff will have credentials maintained by Contractor. Contractor must provide credentials to the Medical Director or designated Clinic Services personnel upon request. This includes contracted specialists and hospital academic programs. The Medical Director will grant privileges to contracted staff.

All County employees, acting within the scope of their licensure and employment, are insured, protected, and defended for their actions by the County.

**A. Document Review**

1. The following items are reviewed and verified as part of the credentialing and privileging process for County and contracted licensed independent practitioners:

<ul style="list-style-type: none"> <li>▪ Application</li> <li>▪ Current License</li> <li>▪ Curriculum Vitae</li> <li>▪ Relevant education or training (review the highest level attained)</li> <li>▪ Board Certification or education credits if not board certified</li> <li>▪ National Practitioner Data Bank (NPDB) query</li> </ul>	<ul style="list-style-type: none"> <li>▪ Current DEA</li> <li>▪ Government Issued Picture ID</li> <li>▪ Life Support Training certification</li> <li>▪ Malpractice Insurance Documentation</li> <li>▪ Hospital Privileges</li> <li>▪ Health Fitness</li> <li>▪ PPD and Immunization status</li> </ul>
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2. The items reviewed for verification for all other disciplines are included in the Credentialing Verification Instructions Document.

**B. Responsibilities**

1. The Primary Health Services Medical Director and Program Manager are responsible for credentialing and privileging all licensed medical staff. The Medical Director designates an administrative assistant who collects and verifies credentials

under the supervision of the Medical Director. The assistant implements and maintains the clinic specific database for the Credentialing and Privileging program and compiles data for Medical Director and Program Manager review.

2. Applicants and County and contracted staff shall have the burden of producing information in a timely manner for an adequate evaluation of the qualifications and suitability of clinical privileges. The applicant's failure to sustain this burden shall be grounds for denial or termination of privileges.
3. The Co-Applicant Board delegates the responsibility of credentialing and privileging to the Clinic Services Medical Director.

#### **C. Approval Process for Initial Hire**

1. Once employed, each practitioner must submit a Application for Clinical Privileges form to request Core and Special Request Privileges.
2. Based on the employment application and Application for Clinical Privileges form, the Medical Director issues hire approval to practitioners who meet the standard verification within their scope of practice.
  - a. If the applicant has a complete, clean application and has been hired by the County either as on-call or permanent staff, the Medical Director reviews materials and in consultation with the Program Manager, grants or denies privileges.

#### **D. Adverse Determination Process**

1. Based on Medical Director recommendations, a 60-day corrective action plan is given when a licensed provider has not met performance measures.
2. If there is not sufficient improvement within 60 days, the Medical Director will consult with the Program Manager and follow the County of Sacramento Department of Health and Human Services (DHHS) Human Resources Discipline Manual or the contractual requirements for contracted staff.
3. Personnel actions for county staff may be appealed per applicable County Human Resources guidelines and applicable represented labor groups approved contracts.

#### **E. Re-Credentialing and Privileging**

1. Medical Director and Program Manager review credentials and privileges of Licensed Independent Practitioners and other Licensed or Certified Practitioners at least every two years.

#### **F. Confidentiality**

1. All credentialing and privileging proceedings, deliberation, records, related activities, and information shall be confidential, and not subject to discovery, to the fullest extent permitted by law. Disclosure of such proceedings and records shall be made only as required by law, or as needed to fulfill the credentialing activities within the scope of the policy.

**Attachments:**

[Credentialing Verification Instructions](#)

[Application for Clinical Privileges – Physicians](#)

[Application for Clinical Privileges – Nurse Practitioner](#)

[Application for Clinical Privileges – Licensed Clinical Social Worker / Marriage & Family Therapist](#)

**References:**

N/A

**Contact:**

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