

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health 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><del>09-21-18</del></b> <b><u>DRAFT</u></b> <b><u>02-28-19</u></b>
Title: <b>Credentialing and Privileges</b>		Functional Area: <b>Personnel</b>
Approved By: <del>John Onate</del> <u>Susmita Mishra</u> , MD Medical Director		

## Policy

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

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
- Department of Family and Community Medicine
- 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 staff or other licensed or certified staff are both qualified and competent.

Privileging provides permission for ~~an independent licensed practitioner's~~ the scope of practice and the clinical services ~~he or she~~ licensed personnel 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 BrEZe](#) 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)

[6.7. Office of Inspector General Exclusion Checklist](#)

**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, Licensed Marriage and Family Therapists, Registered Radiology Technicians, Clinical Pharmacists, and Certified Medical Assistants) are included in the attachment labeled Credentialing Verification Instructions.

The County Health Center Credentialing Unit collects and maintains credentialing and privileging documentation for County and contracted licensed staff. The Credentialing Unit receives credentialing documentation for contracted staff through coordination with the Contractor. Contractor must provide credentials for contracted medical staff to the Medical Director or designated County Health Center personnel upon request. This includes contracted specialists and hospital academic programs. The Medical Director will grant privileges to both County and contracted licensed staff.

~~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 LIPs licensed independent practitioners:

<ul style="list-style-type: none"> <li>▪ Application</li> <li>▪ Current License</li> <li>▪ Curriculum Vitae</li> </ul>	<ul style="list-style-type: none"> <li>▪ Current DEA</li> <li>▪ Government Issued Picture ID</li> </ul>
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<ul style="list-style-type: none"> <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>▪ Life Support Training certification</li> <li>▪ Malpractice Insurance Documentation</li> <li>▪ Hospital Privileges</li> <li>▪ Health Fitness</li> <li>▪ PPD and Immunization status</li> <li>▪ <a href="#">OIG Exclusion Checklist</a></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 County Health Center Medical Director and Program Manager are is~~ responsible for final review of credentialing and approval of privileging privileges for all licensed ~~medical~~ staff. ~~The Medical Director designates an administrative assistant who~~ The Credentialing Unit collects and verifies credentials under the supervision of the Medical Director. ~~The assistant~~ The Credentialing Unit implements and maintains the clinic specific database for the Credentialing and Privileging program and compiles data for review by the Medical Director, ~~and Program Manager review.~~
2. ~~Applicants and~~ County and contracted staff applicants 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 County Health Center Medical Director.
- ~~3.4.~~ The Sacramento County Health Center Leadership Team is a confidential multidisciplinary body of professional peers who meet monthly and is the Peer Review Committee (PRC). The PRC reviews all materials and recommendations regarding continuation, termination or suspension of privileges. All members shall be licensed in their respective disciplines and be in good standing with their licensing boards.

## C. Approval Process for Initial Hire

1. Once employed, ~~each practitioner licensed staff~~ must submit an 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 licensed staff~~ who meet the standard verification within their scope of practice and grants or denies privileges.
  - 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 PRC~~ 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 ~~e~~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~~ The PRC review evaluates credentials and privileges of ~~Licensed Independent Practitioners and other Licensed or Certified Practitioners- licensed County and contracted staff once at 90 days of initial hire and then~~ at least every two years using the Peer Review Committee Evaluation Form.

#### **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:**

[Credentiaing Verification Instructions](#)

[Peer Review Committee Evaluation](#)

[Corrective Action Plan](#)

[Application for Clinical Privileges – Physicians](#)

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

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

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

[Application for Clinical Privileges – Radiologic Technologist](#)

#### **References:**

[N/A HRSA Compliance Manual, Chapter 5 – Clinical Staffing](#)

#### **Contact:**

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**Co-Applicant Board Approval Date:** 09-21-18

**Co-Applicant Board Approval Date:**