LAC+USC MEDICAL CENTER
MC541-B CREDENTIALING VERIFICATION METHODS AND REQUIREMENTS
ALLIED HEALTH PROFESSIONALS (AHP)

Initial Draft	Revisions
4/02/03	5-5-2005
	10-9-2008, 04/04/2011, 11/7/2012, 9/3/2013, 12/4/2013, 08/15/2015, 4/11/2017

DEFINITIONS FOR PURPOSE OF THIS DOCUMENT:

Allied Health Professional (AHP):
For purposes of this document, this group includes Nurse Anesthetists, Nurse Midwives, Nurse Practitioners, Physician Assistants, Optometrists, Clinical Pharmacists, and Audiologists

Exhausted Effort:
Two attempts will be made to obtain all required verifications. The attempts will ordinarily be made three weeks apart. Once the second attempt has been made, and no response has been received, the Chair of the Interdisciplinary Practice Committee will be notified that an incomplete file is ready for the Chair's review. The Chair of the Interdisciplinary Practice Committee determines whether or not the lack of verified information is critical to continuation of the credentialing process. If the Chair determines that the information is not critical, the credentialing process continues. The Chair's determination should be documented in the applicable credentials file.
If the Chair determines that the information is critical, the applicant will be sent a letter which will request that the information be provided within a period not to exceed 30 days. If the information is not provided within the 30-day period, the application will be considered to be withdrawn by the applicant.

Complete Application:
A complete application, at the point that verifications are finished means the following:

- all information was verified and there is nothing missing in the file;
- all gaps in time of 6 months or more are accounted for;
- any discrepancies between information that the applicant provided and what was verified have been resolved.

Additional Reference Source: Use ***The Credentialing Desk Reference***, published by Opus Communications as a reference tool for determining methods for verification of education, training, certification, etc. for non-physicians.

Minimum Verification Requirements: It should be noted that the Verification Methods and Requirements document list verification elements that apply to allAllied Health Professinals. There may be additional items to verify, depending upon the privileges that an applicant has requested. These verifications should be incorporated into the process at the appropriate time

LAC + USC Healthcare Network - Verification Methods and Requirements for Allied Health Professionals

Documents to be Obtained from each Allied Health Professional:

INITIAL PRIVILEGES	REAPPROVAL OF PRIVILEGES	INTERVALS BETWEEN APPROVAL OF PRIVILEGES
Application Form	Application Form	
Privilege Delineation Form, if applicable	Privilege Delineation Form, if applicable	
Furnishing (if applicable) DEA Registration (if applicable) Certification (if applicable) **NOTE**: Subject to reconsideration, if NTIS or some other method is used instead of a copy.		Furnishing (if applicable) DEA Registration (if applicable) Certification (if applicable) **NOTE**: Subject to reconsideration, if NTIS or some other method is used instead of a copy.
Delegation of Service Agreement (PA's)	Delegation of Service Agreement (PA's)	
Copy of Diplomas and Transcripts		
EMTALA Letter	EMTALA Letter	
Medicare Acknowledgement Statement	Acknowledgement Statement	
HIPAA Certification		
Documentation of Tuberculosis Screening, no less than yearly	Documentation of Tuberculosis Screening, no less than yearly	
Documentation of state drivers license, passport or equivalent	A current picture hospital ID Card	
Three Peer Reference Letters	Three Peer Reference Letters	
Patient Safety Module		
Minimum of 5 proctor cases		
OPPE – Ongoing Professional Practice Evaluation	OPPE – Ongoing Professional Practice Evaluation	
Curriculum Vitae	Updated Curriculum Vitae	
National Provider Identifier (NPI)		
Affirmative Statement		
Sanctions, Complaints, QI Activities, and Adverse Events	Sanctions, Complaints, QI Activities, and Adverse Events	

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
1.	**Granting of Clinical Privileges** **Clinical privileges define the individual's clinical role within the organization.**	The application would request information regarding the voluntary or involuntary termination of medical staff membership, and voluntary or involuntary limitation, reduction, or loss of clinical privileges. Decisions to grant or deny a privilege(s) are objective, evidence base processes. Criteria are established and consistently evaluated that determine a practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Approved method: • Prescribed privilege delineation form and associated criteria • Application statement • Correspondence obtained and/or confirmed through querying facilities where the applicant holds or has held membership/privileges • Documented phone call with previous healthcare organization(s)	**X**	**X**		**X**

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
2.	**California License OR Certification to Practice** Verify current license, expiration date and sanctions and/or limitations. • Must be verified at the time of appointment and initial granting of privileges. • Must be verified at the time of expiration • Must be verified at reappointment or renewal or revision of clinical privileges	Preferred Method: • State of California Board of Registered Nursing website (for nurses) • Medical Board of California website (for physicians assistants) Other Optional Methods: • Directly with CA licensing board/authority • In writing/mail • By phone/fax If practitioner has had any sanctions against licensure– This information may be obtained or confirmed through the licensing boards, the Federation of State Medical Boards (FSMB), and/or the National Practitioner Data Bank (NPDB-HIPDB) if the action occurred since September 1, 1990. Other Optional Methods: • Correspondence from the licensing board or verification through the Internet site, with appropriate documentation • Documented phone call with the licensing board • Correspondence with or form from the FSMB • NPDB Confirmation • Application statement	**X**	**X**	**X**	**X**

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
3.	**Licenses to Practice in Other States**	If practitioner has had a disciplinary action in another state – it will be on the NPDB report (if the action occurred since September 1, 1990). If practitioner has had any sanctions against licensure in another state – This information may be obtained or confirmed through the licensing boards, the Federation of State Medical Boards (FSMB), and/or the National Practitioner Data Bank (NPDB) if the action occurred since September 1, 1990. Other Optional Methods: • Correspondence from the licensing board or verification through the Internet site, with appropriate documentation • Documented phone call with the licensing board • Correspondence with or form from the FSMB • NPDB Confirmation Application statement	**X**	**X**	**X**	**X**
4.	**Applicant Identity**		**X** A valid picture ID issued by a state or federal agency (e.g. a driver's license or passport)	**X** A current picture hospital ID card		**X** A valid picture ID issued by a state or federal agency (e.g. a driver's license or passport)

LAC + USC Healthcare Network - Verification Methods and Requirements for Allied Health Professionals

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
5.	**Physical Ability to perform clinical privileges requested (Health status)**	The applicant is asked to provide information regarding any health problems that might affect his or her exercise of clinical privileges. Approved methods: • Physical • Documented confirmation of the applicant's statement (Acknowledgment) • An evaluation of the applicant's ability to practice the requested privileges is achieved through confirmation by the director of a postgraduate training program, chief of service, or chief of staff at another hospital at which the applicant holds privileges or by a recently licensed physician approved by the organized medical staff	**x**	**x**		**x**
6.	**Federal Drug Enforcement Agency (DEA) Certificate** if needed Verify DEA Registration number, expiration date, schedules.	Approved method: • Obtain or verified through viewing a copy of current DEA from the practitioner or through contact with the issuing body or a recognized verification agency with equivalent information such as the National Practitioner Data Bank, National Technical Information Service, AMA Masterfile or AOIA Official Osteopathic Physician Profile Report. • Preferred Method: • NTIS (National Technical Information Service)	**X**	**X**	**X**	**X**

LAC + USC Healthcare Network - Verification Methods and Requirements for Allied Health Professionals

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
7.	**Professional School (Domestic Graduates)** Verify institution, completion date and degree received.	Approved methods: • AMA • National Student Clearing House • Confirm directly with professional school in writing or orally. Optional method: • Photocopy of transcripts if professional school response pending or unavailable	**X**			**X** (If available electronically)
8.	**Internship/Residency** Completed after Nursing or Physician Assistant School Graduation Verify institution, begin/end dates, type of internship, successful completion.	Approved methods: • Confirm directly with internship program in writing or orally Consider direct confirmation any time there is a suggestion of problems that need closer attention. Any changes in programs, incomplete programs or later disciplinary actions are hints that direct confirmation is warranted.	**X**			**X** (If available electronically)
9.	**Board Certification** All specialty board certifications (may be multiple) approved (for nurses or physician assistants. Verify certifying Board, specialty of certification, date certified/recertified and expiration date, if applicable.	Approved methods: • Confirm directly with certifying board in writing, orally or electronically Use ***The Credentialing Desk Reference***, published by Opus Communications as a reference tool for certification boards for non-physicians. ASO verifies board certification at recredentialing (including lifetime). If the board does not provide the expiration date, the ASO must verify that the board certification is current.	**X**	**X**	**X**	**X** (If available electronically or via on-hand books)

LAC + USC Healthcare Network - Verification Methods and Requirements for Allied Health Professionals

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
10	**Healthcare Organization Affiliations** Hospitals, ambulatory facilities, etc. Verify current status, begin/end dates of affiliation, adverse actions, performance or behavior problems, in good standing if current affiliation or when affiliation ended.	Approved methods: Write directly to healthcare organization or contact via telephone inquiry. Some organizations have authorized web sites for this purpose. May use current roster from healthcare facility (roster must be updated quarterly and list those practitioners "in good standing").	**X** All affiliations for past 5 years	**X** One (1) current affiliation for practitioners who are not employees of LAC+USC Healthcare Network		
11	**Work History**	Obtain from practitioner on application. There should be no unaccounted for gaps in time beginning with date of graduation from medical school or date of receipt of ECFMG. It is not required, however, that all time be verified. A minimum of five years of relevant work history (work as a health professional including experience practicing as a non-physician health professional) is obtained through the practitioner's application or Curriculum Vitae. The ASO documents that the work history was reviewed by signature or initials of staff who reviewed work history and the date of the review on the application or CV. If the practitioner has practice fewer than five years from the date of credentialing, the history begins with initial licensure. Work history includes the beginning and ending month and year for each work experience. Any gap in work history that exceeds six months is reviewed and clarified either verbally or in writing. Verbal communication is appropriately documented in the credentialing file. A gap in work history that exceeds one year is clarified in writing.	**X**	**X** (only applies if practitioner has been on leave of absence since previous credentialing event)		

LAC + USC Healthcare Network - Verification Methods and Requirements for Allied Health Professionals

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
12	**Professional Liability Insurance** Verify current coverage, dates of coverage (expiration date) and that amount is as required by organization for private billing.	Not required for employees, either classified or unclassified, compensated or uncompensated as risk insurance-type coverage is provided by Los Angeles County when practitioners are providing services at LAC+USC.				
13	**Professional Liability Claims History** Settlements and judgments. Current pending claims.	Obtain professional liability claims history as follows: ▪ Practitioner completes all portions of the application. **and** ▪ NPDB F0R REAPPOINTMENTS: Obtain information from County Risk Management regarding pending or settled claims.	**X**	**X**		**X**
14	**National Practitioner Data Bank (NPDB)**	NPDB Query Query of NPDB is required when clinical privileges are initially granted, on renewal of privileges, and when new privileges are requested.	**X**	**X**		**X**

LAC + USC Healthcare Network - Verification Methods and Requirements for Allied Health Professionals

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
15	**Medicare/Medicaid and Other Sanctions** Includes exclusions from Federal Health Care programs, loss or restrictions of membership, privileges, licenses to practice, board certification, etc. Essentially any type of restriction that would have a bearing on a practitioner's competency or conduct.	Organization prohibits employment or contracting with practitioners (or entities that employ or contract with such practitioners) that are excluded/sanctioned from participation. Verification of the status of current or previous Medicare and Medicaid sanctions must be verified by querying one of the following: • Applicant provides information and attests to accuracy and completeness. <u>and</u> • National Practitioner Data Bank Query • Healthcare Integrity and Protection Databank (HIPDB) • The list of Excluded Individuals and Entities, maintained by the Office of Inspector General (OIG) (available via the Internet) • The Federation of State Medical Boards (FSMB) • The AMA Physician Masterfile Monthly check of Medical Board of CA "hot sheet" to identify LAC+USC practitioners. If a attending staff member is identified, the Department Chair and Chair of the Credentials and Privileges Advisory Committee is notified and will determine what action, if any, needs to be taken.	**X**	**X**		**X**

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
16	**History of criminal conduct**	The organization conducts criminal background checks as required or as defined by hospital policy. Approved Methods: • Verification through appropriate law enforcement agencies and the criminal justice system • Verification through state, federal, or private agencies that collect and report criminal activity information • Application statement Applicant provides information and attests to accuracy and completeness.	**X**	**X**		**X**

NUMBER	CREDENTIALING ITEM	METHOD OF VERIFICATION AND OTHER COMMENTS	CREDENTIALING EVENT			
			INITIAL APPOINTMENT	REAPPOINTMENT	UPDATE AS EXPIRES	PATIENT-SPECIFIC AMD LOCUM TENENS TEMPORARY PRIVILEGES
17	**Peer Recommendation Letters (Refer to ASA 541: Credentialing Processm Attachment C for References Requirements)** JCAHO requires that peer recommendations be obtained for initial appointment/privileging and reappointment. Peer means an individual in the same professional discipline (same type of license) and ideally, with essentially the same type of privileges.	Peer recommendations are obtained from a practitioner in the same professional discipline as the applicant with personal knowledge of the applicant's ability to practice. Approved sources for peer recommendations include: • A hospital performance improvement committee, the majority of whose members are the applicant's peers • A reference letter(s), written documentation, or documented telephone conversation(s) about the applicant from a peer(s) who is knowledgeable about the applicant's professional performance and competence • A department or major clinical service chairperson who is a peer • The medical staff executive committee • Peers must evaluate the applicant's competency within the past 2 years and recommendation is based on close observation. • The references should not be from relatives in practice, and should include at least one member from professional staffs of other institution with which the applicant is (or has been) affiliated, if applicable • At least one reference should be the applicant's current or most recent clinical supervisor. At least one, but ideally two or more, references for Allied Health Professionals should be physicians For recent graduates in the past three years, one reference must be from the applicant's program director. The peer recommendation should address the individual's current: • Medical/clinical knowledge • Technical and clinical skills • Clinical Judgment • Interpersonal skills • Communication skills Professionalism	**X** **3 l**etters from peers who have had recent contact with applicant.	**X** 3 letters from peers		**X** One peer reference from the applicant's primary hospital affiliation

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
18	CPR Certification Evidence of any training at any time.	Approved methods: Question about CPR is asked on the application. The applicant attests to the accuracy and completeness of the information provided. Information is collected by the Attending Staff Office. Applications are not to be held up if the question is not answered or no evidence of CPR certification is provided. Departments are notified (via checklist) of whether or not a practitioner has evidence of CPR training. Each department makes a determination of whether the presence/absence of evidence of CPR training is relevant to the privileges requested.	X	X		
19	Proctoring	Provisional Staff members shall undergo a period of observation and proctoring. The practitioner is responsible for coordinating with the department and arranging a full-time Attending Staff to proctor (6) cases. A representative sample of cases in a specialty must be proctored. A minimum of two (2) proctors must be utilized.	X			

LAC + USC Healthcare Network - Verification Methods and Requirements for Allied Health Professionals

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
20	OPPE –Ongoing Professional Practice Evaluation	All ASA physician members shall have an OPPE physician profile generated that will be composed of data (indicators) that reflects their specialty and allows for comparison between physicians of the same specialty. Only indicators relative to an individual physician's performance will be used for the physician profile. The data will be used to identify variations in practice patterns that may require investigation and further action. The data will be reviewed on an ongoing basis so that physician performance trends can be addressed in an ongoing manner and more frequently than the two year reappointment cycle. **Frequency –** Physician profiles shall be generated every six to nine months for departmental review and action.	X	**X**		

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
21	**Temporary Clinical Privileges** Temporary clinical privileges may be granted for a limited period of time for only two circumstances: • To fulfill an important patient care, treatment, and service need • When a new applicant with a complete application who raises no concerns is awaiting a recommendation from the medical executive committee (MEC) and approval by the Governing body	Under the first circumstance (fulfilling an important patient care, treatment and/or service need) at a minimum, current licensure and current competence must be verified. Under the second circumstance (a new applicant without identified concerns awaiting a recommendation from the MEC and approval of the governing body, there must be evidence of verification of: • Current licensure • Relevant training and experience • Current Competence • Ability to perform the privileges requested • NPDB query • A complete application • No current or previously successful challenge to licensure/registration • No history on invouluntary termination of medical staff membership at other institutions • No history of involuntary limitation, reduction, denial, or loss of clinical privileges. Temporary clinical privileges may **not exceed 120 days.** All temporary privileges are granted by the CEO upon the recommendation of the medical staff president or authorized designee.	**X**			**X**
22	Additional Privileges	The following documents are verified: - Verification of Licensure - NPDB report Current Competence (One Peer Recommendation)	**X** Additional privileges after initial privileges granted	**X** Additional privileges after reappointment privileges granted		**X** Additional privileges after initial privileges granted

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
23	**Disaster Privileges** When the emergency operations plan has been activated and the organization is unable to handle the immediate patient care needs, disaster privileges may be granted to volunteer licensed independent practitioner (LIP)	The medical staff bylaws identify the responsible individuals capable of granting disaster privileges. Disaster privileges may be granted to licensed independent practitioners (LIP) upon presentation of valid government-issued photo ID by a state of federal agency, such a driver's license or passport and at least one of the following: • A current picture ID card form a healthcare organization that clearly identifying professional designation • A current license to practice • Primary source verification of the license • Identification indicating the individual is a member of a Disaster Medical Assistance Team (DMAT) or MRC, ESAR-VHP, or other recognized state or federal organizations or groups • Identification indicating that the individual has been granted authority by a federal, state, or municipal entity to render patient care in disaster privileges • Identification by current hospital or medical staff member(s) with personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster During the disaster, the medical staff has a mechanism to oversee the clinical performance of the volunteer. The organization determines within 72 hours whether the practitioner's privileges will be allowed to continue base on information obtained regarding the practitioner's professional performance.	**X**			**X**

LAC + USC Healthcare Network - Verification Methods and Requirements for Allied Health Professionals

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
24	Time Frame for Completion of Verification/Approval Process	The medical staff bylaws include a description of the credentialing and privileging processes and appointment to membership on the medical staff. Completed application must be acted upon within the period of time specified in the medical staff bylaws.	**x**	**x**		
25	Approval Process	The governing body or delegated governing body committee has final authority to grant, renew, or deny privileges. The governing body bases decisions regarding membership and privileges for the individual practitioner or recommendations from the medical executive committee. Processes are outlined in the medical staff bylaws, rules and regulations, and medical staff and hospital policies. The department chair recommends clinical privileges for each member of the department. The medical executive committee considers the department chair's recommendations and forwards recommendations regarding membership and privileges to the governing body for action.	**x**	**x**		**x**
26	Decision Notification	The practitioner is informed of the decision to grant, limit, or deny an initially requested privilege within the time frame indicated in the medical staff bylaws. If a privilege is limited or denied, the practitioner is notified of the reason and the applicable rights of due process or of a hearing and appeal (Process outlined in medical staff bylaws).	**x**	X		**x**
27	Length of Initial Appointment/Credentialing/ Clinical Privileges	May not exceed two years.	**x**	X		

LAC + USC Healthcare Network - Verification Methods and Requirements for Allied Health Professionals

Number	Credentialing Item	Method of Verification and Other Comments	Credentialing Event			
			Initial Appointment	Reappointment	Update as Expires	Patient-Specific amd Locum Tenens Temporary Privileges
28	Notification of termination of membership/privileges	The Attending Staff Office will notify via (email, phone or certified mail) the attending staff applicant, Dept. Chair and/or Designee, Supervising Physicians, and Human Resources regarding termination of membership and/or privileges.	**X**	X		**X**

NUMBER	CREDENTIALING ITEM	METHOD OF VERIFICATION AND OTHER COMMENTS	CREDENTIALING EVENT			
			INITIAL APPOINTMENT	REAPPOINTMENT	UPDATE AS EXPIRES	PATIENT-SPECIFIC AMD LOCUM TENENS TEMPORARY PRIVILEGES
29	**Ongoing Monitoring of Sanctions, Complaints, Complaints, and Adverse Events (QI).** **Other Ongoing Monitoring:** • OIG – Exclusion List • Medicare/Medicaid • Medi-Cal Sunctions • Medicare Opt-out SAMS **Frequency:** Monthly	LAC+USC/Attending Staff Office has an ongoing monitoring process for sanctions, complaints and adverse events. The ASO collects, monitors and reviews Medicare/Medicaid/Medi-cal sanctions and sanctions or limitations on licensure, complaints, and adverse events on a monthly basis. **Sanctions:** ASO monitors on a monthly basis and reviews information within 30 days of its release (if not published, reviewed at least every six months) Organization also routinely monitors, reviews and evaluates (Evaluation of the history of complaints for all practitioners is done at least every six months) **Complaints:** The ASO collects and reviews all patients/member complaints on a monthly basis and reviews a summary of complaints at least every six months. **Quality and Safety Issued (Adverse Events):** Organization acts on important quality and safety issues as they are identified and as appropriate. Adverse events are reviewed at least every six months. Medical Staff Bylaws define the methodology of documenting, reviewing, and taking an action. Monitoring occurs during the process of appointment/reappointment applications and on a monthly basis. Potential Methods: • The list of Excluded Individuals and Entities, maintained by the Office of Inspector General (OIG) (available via the Internet) • Monitors, Reviews and Evaluates information received regarding practitioner complaints and adverse • Reviews Quality Improvement Activities and member complaints as part of the recredentialing decision making process. • Medicare/Medicaid published exclusion list • Medi-Cal published exclusion list • Medicare Opt-Out and SAMS	X	X		X