



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 Privileges/Onboarding	EFFECTIVE DATE: (Date signed by DHR)
APPROVED BY: Director of Human Resources:	ORIGINATION DATE: June 2, 2021 LATEST REVISION DATE: February 17, 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



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