



# SOUTHERN NEVADA HEALTH DISTRICT DISTRICT-WIDE POLICY



<b>DIVISION(s):</b>	Federally Qualified Health Center (FQHC) and Public Health and Preventative Care (PPC)	<b>NUMBER(s):</b>	CHCA-028 and PPC-ADM-008-A
<b>PROGRAM:</b>	Division Wide	<b>VERSION:</b>	1.02
<b>TITLE:</b>	Credentialing and Privileging Policy	<b>PAGE:</b>	1 of 7
<b>DESCRIPTION:</b>	Requirements and processes for initial and reoccurring credentialing and privileging of clinical personnel providing services in the Southern Nevada Community Health Center.	<b>EFFECTIVE DATE:</b>	Click or tap here to enter text.
<b>APPROVED BY:</b>  <b>CHIEF MEDICAL DIRECTOR</b>		<b>ORIGINATION DATE:</b>	January 21, 2025
Robin Carter, DO	Date	<b>REPLACES:</b>	FQHC Version 1.01  PPC Policy CS/SNCHC-ADM-008-A
<b>CHIEF EXECUTIVE OFFICER - FQHC</b>			
Randy Smith, MPA	Date		
<b>CHIEF ADMINISTRATIVE NURSE &amp; DIRECTOR OF PUBLIC HEALTH AND PREVENTIVE CARE</b>			
Lourdes C. Yapjoco, MSN, RN, CCM	Date		

## I. PURPOSE

To ensure all employees, contractors, and volunteers providing clinical services on behalf of the Southern Nevada Health District (SNHD) are credentialed and privileged in accordance with the Health Center program requirements put forth by the Health Resources and Services Administration.

## II. SCOPE

ADM-001-TPL-1 v2.00



All Southern Nevada Health District employees, contractors, and volunteers designated as Licensed Independent Practitioners (LIP), Other Licensed or Certified Practitioners (OLCP), or Other Clinical Staff (OCS) providing services in the Southern Nevada Community Health Center (SNCHC) and Public Health and Preventive Care (PPC).

### **III. POLICY**

All SNHD LIPs, OLCPs, and OCS providing services in SNCHC or PPC will complete initial credentialing and privileging upon hire or acceptance of a position classified as a LIP, OLCP, or OCS and will also complete recredentialing and renewal of privileges on a two-year reoccurring basis. All credentialing and privileging packets will be reviewed and approved by the Chief Medical Officer (CMO) in collaboration with the Human Resources Department.

### **IV. PROCEDURE**

- A.** At the time of the offer, Human Resources (HR) will discuss the credentialing and privileging process with the new hire. Human Resources will also reach out to internal teams within the FQHC, PPC, Finance, and Legal departments to communicate the start date and job title of the incoming candidate.
- B.** For Licensed Independent Practitioners (LIPs), HR will send the credentialing checklist to the selected candidate requesting the following documents:
  1. Best Contact Methods form
  2. Fitness for Duty Attestation
    - a. To be reviewed and completed by the CMO or Designee during file review.
  3. Provider Information Form
  4. Delineation of Privileges
    - a. To be reviewed and completed by the CMO or Designee, and the Chief Human Resources Officer during file review.
  5. State Identification Card or Driver's License
  6. Copy of current licensure, board certification for medical, nursing, and other applicable license(s)
  7. Copy of DEA or Controlled Substance license
  8. Basic Life Support certification and any additional Life Support certifications
  9. A copy of the provider's Curriculum Vitae
  10. Copies of all diplomas and other relevant medical certifications, including



Fellowship, Residency, and any other post-graduate credentials

- a. Primary Source Verification is carried out as part of the employment background check process.
- 11. Medical malpractice history (if applicable)
- 12. Current malpractice insurance (if applicable)
- C. For OLCPs, Human Resources will request the following documentation:
  - 1. State Identification Card or Driver's License.
  - 2. Copy of current licensure, board certification for medical, nursing, and other applicable license(s).
  - 3. Basic Life Support certification and any additional Life Support certifications as applicable.
- D. For Other Clinical Staff (OCS), Human Resources will request the following documentation:
  - 1. State Identification Card or Driver's License.
  - 2. Basic Life Support certification and any additional Life Support certifications as applicable.
- E. Human Resources will complete Primary Source Verification of LIP, OLCP, and OCS credentials:
  - 1. Relevant education, training, or experience (Primary Source Verified).
  - 2. License, board certification, and other applicable registrations (Primary Source Verified).
- F. Received documents will be saved by HR into a digital credentialing file accessible only to Human Resources. Necessary documentation will be forwarded as needed to appropriate departments.
  - 1. HR will provide the start date, NPI number, FTE, division, and any other necessary legal information to the SNHD's Legal department for malpractice insurance purposes.
- G. Human Resources will enroll the new staff member in the National Practitioner Data Bank (NPDB) for continuous query.
- H. HR will verify that all information requested for the credentialing 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.
- I. If the inquiries of the CMO, or designee, are not answered sufficiently, or the



candidate fails to provide appropriate documentation by the required deadline, the job offer will be rescinded and/or an existing employee will be placed on administrative leave until the credentialing concern is corrected.

- J. The new staff member will meet with the Employee Health Nurse or Designee on their first day to review the Hep B vaccination form, necessary immunization records, and Tuberculosis testing records. If necessary, the Employee Health Nurse will have the new staff member tested annually for Tuberculosis.
- K. Upon receipt of the Tuberculosis/Immunizations form from the Employee Health Nurse, Human Resources will ensure the candidate's credentialing file is complete. Human Resources will then send the file to the CMO or Designee, and the CHRO or Designee for final review and approval.
- L. Once all signatures are obtained to show the file has been reviewed, the packet is complete. Human Resources will ensure the CEO or Designee of the FQHC has a copy of the complete file. The CHRO's of their Designee's signature will be used to determine the date the credentialing/privileging is approved.
- M. Human Resources will track all required documentation (e.g., licenses and certifications) on an ongoing basis. Human Resources will work with employees and contractors to ensure the required documentation is always maintained current. As needed, Human Resources will work with program supervisors for support in obtaining the required information and documentation. Employees and contractors with missing or expired documentation will be placed on administrative leave until all required information is received by Human Resources. Failure to provide missing and/or updates to expired documentation may result in disciplinary action.
- N. At the time of recredentialing, Human Resources will initiate contact with LIPs, OLCPs, and OCS to commence the process for completing the activity with a goal of ensuring a complete packet is approved within the two-year timeframe.

## V. PRIVILEGING

- A. Upon hire and on a two-year reoccurring basis, all LIPs will complete initial requesting of privileges and renewal of privileges.
- B. The following information is for LIPs when granting initial privileges and for the renewal of privileges every two years:
  - a. Fitness for duty
  - b. Immunizations
  - c. Communicable disease status
  - d. Verification of current clinical competence via training, education, and as available, professional reference (initial privileging only).



- e. Verification of clinical competence via peer review and performance reviews (renewal of privileges only).
- f. Results of Ongoing Professional Evaluation regarding the denial, modification, and or removal of privileges based on clinical competence and fitness for duty.
- C. LIPs request initial granting of clinical privileges and the renewal of privileges using SNHDs Request for Privileges form.
- D. Human Resources will forward a complete request to the health center's CMO or their Designee to review and approve or decline the privileging requests.
  - a. As needed, the CMO or their Designee will consult employee supervisors and/or the Ongoing Professional Evaluation Committee for additional information to assist with a decision.
- E. Initial privileging for OLCPs and OCS occurs upon hire and renewal of privileges take place every two years on a going basis.
- F. The scope of privileges available to OLCPs and OCSs is outlined in their position job description.
- G. The following information is used for OLCPs when granting initial privileges and for the renewal of privileges every two years:
  - a. Immunizations
  - b. Communicable disease status
  - c. Signed job description.
  - d. Copy of current licensure, board certification for medical, nursing, and other applicable license(s).
  - e. Basic Life Support (BLS) Certification
  - f. Performance Evaluations (renewal of privileges only)
- H. The following information is used for OCS' when granting initial privileges and for the renewal of privileges every two years:
  - a. Immunizations
  - b. Communicable disease status
  - c. Signed job description.
  - d. Basic Life Support (BLS) Certification, as applicable
  - e. Performance Evaluations (renewal of privileges only)
- I. In the event an OLCP or OCS should perform below satisfactorily as determined by their annual performance evaluation and/or the presence of formal progressive discipline, supervisors may deny, modify, or remove privileges. Such action will be taken in consultation with the CMO and Human Resources.



## VI. THIRD PARTY PAYER CREDENTIALING

A. Human Resources will provide credentialing documents to the Finance Department Revenue Cycle Manager for all newly hired LIPs. The Billing Department team will initiate the LIP credentialing process with contracted third-party payers as early as possible to account for the long processing time by insurance plans. The Billing Department will work with each contracted insurance company to ensure LIPs are properly enrolled with each eligible insurance plan. The Revenue Cycle Manager will communicate the status of LIP credentialing via an ongoing Revenue Cycle meeting and the credentialing spreadsheet. The Billing Department will work with LIPs and their supervisors to ensure credentialing remains current and any required revalidations are completed on time.

## ACRONYMS/DEFINITIONS

Acronym	Definition
Licensed Independent Practitioners (LIPs)	Medical Doctor (MD) Doctor of Osteopathic Medicine (DO) Physician Assistants (PA) Advance Practice Registered Nurse (APRN) Licensed Clinical Social Worker (LCSW) Licensed Mental Health Therapist Pharmacist (PharmD)
Other Licensed or Certified Practitioners (OLCPs)	Registered Nurses (RNs) Licensed Practical Nurses (LPNs) Registered Dieticians (RDs) Pharmacy Technicians Lab Assistants
Other Clinical Staff (OCS)	Medical Assistants (MAs) Community Health Workers (CHWs)

## REFERENCES

HRSA Health Center Program Compliance Manual

## DIRECT RELATED INQUIRIES TO

Chief Medical Officer  
Chief Executive Officer – FQHC  
Director - PPC Division  
Human Resources Assistant

**ATTACHMENTS-FORMS-TEMPLATES**

Not Applicable

**HISTORY TABLE****Table 1: History**

Version No.	Effective Date	Change Made
Version 2		Removed board approval from procedure. Incorporated Public Health and Preventative Care division. Updated primary reviewer to CMO. Replaced PPC Policy CS/SNCHC-ADM-008-A.
Version 1	05/20/2025	Updated section C and D under IV. Procedures Updated section H under V. Privileging Added section V, Acronyms/Definitions
Version 0	01/21/2025	First issuance