

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER  
POLICY AND PROCEDURE**

<b>DIVISION:</b>	FQHC	<b>NUMBER(s):</b>	CHCA-028
<b>PROGRAM:</b>	Division Wide	<b>VERSION:</b>	1.00
<b>TITLE:</b>	Credentialing and Privileging Policy	<b>PAGE:</b>	1 of 5
		<b>EFFECTIVE DATE:</b> January XX, 2025	
<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>ORIGINATION DATE:</b> January XX, 2025	
<b>APPROVED BY:</b>  <b>CHIEF EXECUTIVE OFFICER - FQHC</b>		<b>REPLACES:</b> New	
Randy Smith, MPA		Date	

**I. PURPOSE**

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

**II. SCOPE**

All Southern Nevada Health District employees, contractors, and volunteers designated as a LIP, OLCP, or OCS providing services in the Southern Nevada Community Health Center.

**III. POLICY**

All licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs), and other clinical staff (OCS) providing services on behalf of the health center 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 for LIPs will go before the Southern Nevada Community Health Center Governing Board for approval.

#### 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, 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 District Health Officer or Designee during file review
  3. Provider Information Form
  4. Delineation of Privileges
    - a. To be reviewed and completed by the District Health Officer or Designee, Chief Executive Officer or Designee of the FQHC, 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 as applicable
  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 Other Licensed Clinical Professionals (OLCPs) and Other Clinical Staff (OCS), 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. Copy of DEA or Controlled Substance license as applicable.

4. Basic Life Support certification and any additional Life Support certifications as applicable.
- D.** 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).
- E.** 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, and any other necessary legal information to the SNHD's Legal department for malpractice insurance purposes.
- F.** Human Resources will enroll the new staff member in the National Practitioner Data Bank (NPDB) for continuous query.
- G.** HR will verify that all information requested for the FQHC 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.
- H.** If the inquiries of the District Health Officer, 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.
- I.** 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.
- J.** Upon receipt of the Tuberculosis/Immunizations form from the Employee Health Nurse, Human Resources will ensure the candidate's credentialing file is complete. For LIPs, Human Resources will then send the file for review by the DHO or Designee, the CEO of the FQHC or Designee, and the CHRO for completion and accuracy.
- K.** Once all signatures are obtained to show the file has been reviewed, the packet is complete. Human Resources will ensure the CEO of the FQHC has a copy of the complete file.
- L.** Credentialing and recredentialing packets for health center Licensed Independent Practitioners are presented to the board for approval.

- 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.
- N.** At the time of recredentialing, Human Resources will initiate contact with health center 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 health center uses the following information 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, reference reviews (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.** Health center LIPs request initial granting of clinical privileges and the renewal of privileges using SNHDs Delineation of Privileges form.
- D.** Human Resources will forward a complete request to the health center's CEO or their Designee to review and approve or decline the privileging requests.

  - a. As needed, the CEO or their Designee will consult employee supervisors and/or the Ongoing Professional Evaluation Committee for additional information to assist with a decision.
- E.** Requests for initial privileges and renewal of privileges are presented to the health center's Governing Board for final approval.
- F.** Initial privileging for OLCPs and OCS occurs upon hire and renewal of privileges take place at least every two years on an ongoing basis.

- G. The scope of privileges available to OLCPs and OCSs is outlined in their position job description.
- H. The health center uses the following information for OLCPs and 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. 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 CEO 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. Every effort is made by the Billing Department team to 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.

**VII. REFERENCES**

HRSA Health Center Program Compliance Manual

**VIII. DIRECT RELATED INQUIRIES TO**

Medical Director  
Chief Executive Officer – FQHC  
Human Resources Assistant

**HISTORY TABLE**

**Table 1: History**

Version/Section	Effective Date	Change Made
Version 0		First issuance

**IX. ATTACHMENTS**

Not Applicable