

Effective Date:  
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## North Sound Mental Health Administration

### Section 1000 – Administrative: Primary Source Verification Credentialing, Re-Credentialing, Appointment and Privileging of Contracted or Employed Staff

Authorizing Source: 42 CFR 438-214  
Cancels:  
See Also:  
Responsible Staff: Contracts Manager

Approved by: Executive Director  
Motion #:

Date: 06-24-04

#### **POLICY #1007.00**

#### **SUBJECT: PRIMARY SOURCE VERIFICATION CREDENTIALING, RE-CREDENTIALING, APPOINTMENT AND PRIVILEGING OF CONTRACTED OR EMPLOYED STAFF**

#### **PURPOSE**

The purpose of this policy is to provide guidelines and instructions for the process of credentialing/ re-credentialing, appointment and privileging, through such activities as verifying current registration, licensure, relevant education, training, experience and competence to meet position qualifications for NSMHA contracted or employed staff providing direct care services to and/or clinical oversight of North Sound Mental Health Administration (NSMHA) enrollees. This policy also establishes the standards for NSMHA network providers' credentialing/re-credentialing, appointment and privileging programs.

#### **POLICY**

To ensure that all NSMHA contracted or employed staff who provide direct care to and/or clinical oversight of NSMHA enrollees meet the standards for the relevant job functions and to ensure that their credentials are confirmed through primary source verification.

To provide for appointment and privileging of NSMHA contracted or employed staff who provide direct care to and/or clinical oversight of NSMHA enrollees and whose job function requires them to exercise significant independent judgment and clinical responsibility. The appointment process will require additional credentialing/re-credentialing steps and privileging.

To ensure that NSMHA Network Providers have and enforce their own policies and procedures governing credentialing, re-credentialing, appointment and privileging which substantially comply with the procedures set forth in this policy.

To establish a process for monitoring of the credentialing, re-credentialing, appointment and privileging activities of NSMHA Network Providers.

#### **DEFINITIONS**

##### **Credentials**

Documented evidence of registration, licensure, education, training, experience, or other qualifications.

##### **Credentialing**

The process of assessing and validating the qualifications of a registered and/or licensed individual.

##### **Criteria**

Expected levels of achievement or specification against which performance can be assessed.

### **Current Competence**

Verification of abilities and experience, in writing, by individuals personally acquainted with the person's professional and clinical performance.

### **Privileging**

A process whereby an individual is formally granted permission to perform specific duties and job functions as defined in clinical privileges or job descriptions based on the individual's qualifications, experience, education, training and credentials.

### **Primary Source Verification**

The process of validating stated credentials from their original source.

### **Re-credentialing**

The process whereby the credentialing information is updated.

## **PROCEDURES**

A. NSMHA ensures criteria is validated in the following manner for all contracted or employed staff who provide direct care to and/or clinical oversight of NSMHA enrollees:

1. Applicants sign a statement attesting to the accuracy and completeness of all information and consenting to inspection of records and documents pertinent to the application.
2. All applications are screened to confirm that the minimum requirements for the job functions are met prior to hire.
3. Information submitted on applications that is essential to the functions of the job (i.e., licensure, training and experience) is confirmed through primary source verification. Additional data is requested where relevant to the functions of the job to be performed (i.e., DEA certificate for jobs requiring prescriptive authority) and is confirmed through primary source verification.
4. The applicant will be responsible for requesting certified copies of academic credentials and certificates of insurance when required.
5. Re-credentialing activities are performed at a minimum, every two (2) years. Steps to be taken shall include primary source verification of information submitted on initial application, which is subject to change (i.e., expiration of a required license).
6. The competence of all contracted and employed staff who provide direct care to and/or clinical oversight of NSMHA enrollees is assessed, maintained and improved on an ongoing basis through the development and implementation of a training plan that is pertinent to each position.

B. Appointment and Privileging Process:

NSMHA shall provide for the appointment and privileging of contracted or employed staff who provide direct care to and/or clinical oversight of NSMHA enrollees and whose job function requires them to exercise significant independent judgment and clinical responsibility. All steps taken in the appointment process will be in addition to the steps required above.

1. Prior to appointment:

- a. Applicant's current registration, licensure, and/or certification are verified from the primary source where claimed and relevant to the functions of the job to be performed.

- b. Successful completion of a course of study is verified from the primary source, where claimed and relevant to the functions of the job to be performed.
- c. Experience is verified from the primary source, where claimed and relevant to the functions of the job to be performed.
- d. Information about involvement in professional liability actions is verified and good standing is confirmed where relevant to the functions of the job to be performed.
- e. When information from a primary source is not available, a reliable secondary source is used. The attempt to contact the primary source is documented.

2. Provisional Appointment:

- a. When information is available but not yet received from the primary source the applicant may be appointed for a provisional period.
- b. During this provisional period, the applicant will complete an orientation designed to promote safe and effective performance of their job responsibilities by their supervisor.

3. Primary Source Verification Received:

- a. Primary Source Verification of criteria is provided to the Appointment and Privileging Committee and then placed in the contracted or employed staff's credential file. Any discrepancies may be grounds for termination.
- b. Once appointment and privileging have occurred in accordance with subsection B, a provisional period is changed to a probationary period. The provisional period and probationary period will equal a minimum of three (3) months from the date of appointment/hire. At the end of the period a performance appraisal will be conducted.

4. Appointment/privileging activities are performed at a minimum, every two (2) years.

C. NSMHA Appointment and Privileging Committee

1. NSMHA shall appoint an Appointment and Privileging Committee or similar review body, which must be composed of at least two (2) licensed professionals including either NSMHA's Medical Director or their designee, or Clinical Director. The responsibilities of the Appointment and Privileging Committee will be to take action on appointed staff to:
  - a. Review credentialing/re-credentialing files;
  - b. Assess the individual's ability to meet performance expectations as defined in clinical privileges or job descriptions;
  - c. Document competency assessment activities;
  - d. Recommend to the NSMHA Medical Director or their designee or Clinical Director whether or not appointment should be made and the specific privileges that may be granted to an individual under consideration for initial or renewed employment or contract; and
  - e. Act as a Peer Review Committee, if necessary.
2. NSMHA will retain and have access to the credentialing, appointment and privileging files of NSMHA contracted or employed staff in accordance with state and federal laws governing

access to credentialing/ re-credentialing files and laws regarding quality management and peer review confidentiality and privileging guidelines and requirements.

D. Responsibilities of the NSMHA Network Providers:

Network Providers have and enforce their own policies and procedures governing credentialing/re-credentialing, appointment, and privileging which substantially comply with the procedures set forth in this policy.

1. Network Providers retain and have access to the credentialing files of the contracted or employed staff in accordance with state and federal laws governing access to credentialing/re-credentialing files and laws regarding quality management and peer review confidentiality and privileging guidelines and requirements.
2. Network Providers perform credentialing/re-credentialing, appointment and privileging activities in accordance with their policies and procedures that substantially comply with the procedures set forth in this policy.
3. Network Providers will report to the NSMHA Quality Manager or designee any individual reports of change in licensure or certification status, and/or any adverse actions.
4. Exceptions will be granted to the requirement of substantial compliance upon a showing that the Network Provider's program meets generally accepted industry standards.

E. NSMHA Monitoring Responsibilities

1. NSMHA retains responsibility for oversight and monitoring of the credentialing/re-credentialing, appointment and privileging processes and associated activities performed by Network Providers.
2. NSMHA shall review Network Providers existing and/or new policies and procedures related to credentialing/re-credentialing, appointment and privileging during its administrative review.
3. NSMHA retains the ability to at any time review credentialing/re-credentialing files for purposes of quality management oversight. At a minimum, NSMHA will periodically conduct a review of Network Providers' credentialing/re-credentialing processes and files.

**ATTACHMENTS**

None