Back to Basics: Credentialing and Privileging

Health centers and free clinics must ensure their patients are receiving care from credentialed individuals who are privileged to perform services within their organization. Credentialing is the process of assessing and confirming the license or certification, education, training, and other qualifications of a licensed or certified healthcare professional. Distinct from credentialing, privileging authorizes a healthcare professional's specific scope and content of patient care services. Both processes must be carried out for all clinical staff upon hire and on a regular basis (e.g., every two years) to meet compliance requirements and support patient safety and quality of care.

The following checklist outlines the basics of credentialing and privileging: the who, what, when, where, how, and why. Health centers and free clinics can utilize the checklist to strengthen their organization's processes. Resources are linked throughout the checklist to provide additional guidance.

☐ **Who:** Confirm credentials of clinical staff who are employees, individual contractors, and volunteers. This includes licensed independent practitioners (LIPs) (e.g., physicians, dentists, nurse practitioners, physician assistants), other licensed or certified healthcare practitioners (OLCHPs) (e.g., registered nurses, licensed practical nurses, certified medical assistants, social workers, dental hygienists), and other clinical staff providing services on behalf of the health center (e.g., medical assistants or community health workers in states, territories, and jurisdictions that do not require licensure or certification).

☐ **What:** Review current licensure, registration, or certification using primary sources. Review education and training for initial credentialing using primary sources for LIPs and primary or other sources for OLCHPs and other clinical staff. (See Chapter 5 in the Health Center Program Compliance Manual and the Credentialing and Privileging Summary for Clinical Staff.)

☐ Query the National Practitioner Data Bank (NPDB) (the NPDB Continuous Query option is recommended) and other applicable sources (e.g., Office of Inspector General list of excluded individuals, state licensing authorities, Drug Enforcement Administration verification).

☐ For privileging, verify fitness for duty, immunization status, communicable disease status, and the training, skills, and competence of clinical staff to perform the requested procedures and services within the health center's scope of practice. (See Chapter 5 in the Health Center Program Compliance Manual and the Credentialing and Privileging Summary for Clinical Staff.)

☐ **When:** Confirm credentials and authorize privileges for clinical staff upon hire. Renew credentials and privileges on a regular basis (e.g., every two years), and review any time there is a concern or change in circumstances.

☐ **Where:** Maintain complete, organized files for each professional's credentialing and privileging information (see Guide for Preparing Credentialing Files) and update the files as new information becomes available. As a best practice, review each file at least once every year to identify any items that might be missing and act promptly to collect or recover any missing information. If the health center or clinic has many providers, consider using a computer program to help manage the information.

☐ **How:** Ensure that credentials and privileges are reviewed and approved according to a process determined by the health center. For example, credentialing information may be reviewed by the medical director and approved or denied by the governing board or an individual or committee designated by the board to make credentialing decisions.

☐ **Why:** Recognize that credentialing and privileging ensure quality care and support patient safety by confirming a professional's eligibility to provide clinical services and by filtering out potentially troublesome professionals before they are allowed to practice in the health center or free clinic.

☐ Remember that the processes of credentialing and privileging also satisfy reimbursement and regulatory requirements (see the Health Center Program Compliance Manual and the Free Clinics Federal Tort Claims Act [FTCA] Program Policy Guide). Additional information appears in the Credentialing and Privileging Guide for Health Centers.

Want to learn more? See the Credentialing and Privileging Toolkit on the Clinical Risk Management Program website. All resources are provided for FREE by ECRI Institute on behalf of HRSA. Don't have access or want to attend a free, live demonstration of the website? Email Clinical_RM_Program@ecri.org or call (610) 825-6000 ext. 5200.

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