



Credentialing Office Policy and Procedure

Title: CREDENTIALING FOR PROFESSIONAL SUPPORT STAFF	Policy Number: CO 1.13
Regulation Reference: NCQA CR3; NCQA CR1.A; NCQA CR3.A; NCQA CR3.B; NCQA CR3.C	Effective Date: 5/28/2020 Last Annual Review Date: 9-29-23 Last Revision Date: 6-28-23 (Revision History on last page)

Policy Statement:

It is the policy of Paul L. Foster School of Medicine (PLFSOM) to provide a credentialing process for those members of the Professional Support Staff to be enrolled in health plans for purposes of maintaining contractual requirements related to credentialing delegation.

Professional Support Staff: Includes Social Workers, Licensed Professional Counselors, Certified Drug and Alcohol Counselors, Registered Nurses, Licensed Vocational Nurses, Medical Assistants, Occupational Therapists, Physical Therapists, Speech Therapists, Dietitians, and other Allied Health Professional who regularly attend patients in the Ambulatory Clinics under the supervision of a Professional Staff Practitioner.

These Professional Support Staff act under the general supervision of the leadership of the department to which they belong to.

The credentialing process is intended to obtain confirmation from the primary source of the information supplied in the application and to insure a high level of professional providers through review of their background, experience, training and demonstrated current competence.

NOTE: PLFSOM does not credential any provider for provisional status as outlined in Texas HB 1594 effective September 1, 2007.

All applicants must submit the required documentation as listed in this policy.

All verifications must be performed as listed in this policy.

Complete files must be reviewed and approved by the PLFSOM Credentials Committee.

Granting of membership or privileges does not apply to the Professional Support Staff as indicated in the Professional Staff Bylaws.

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Section 1: Required documents

1. Individuals will be required to complete a credentialing application packet with items listed on policies CO 1.5 for Initial Application Appointment, and CO 1.6 for Reappointment / Re-credentialing Appointment.
2. During the credentialing process, the applicant must supply the Credentialing Office with a complete application packet including all required licenses, certificates and other attachments as listed on the application checklist. All of the following items must be submitted, and reviewed and/or verified in order for an application to be considered complete, as set forth in policies CO 1.5 for Initial Application Appointment, and CO 1.6 for Reappointment / Re-credentialing Appointment.
3. Background Check: All TTUHSCEP employees must undergo a background check as an employment requirement. Effective August 1, 2018, all non-TTUHSCEP employee professional staff applicants must provide the report of a recent background check at initial credentialing. The Credentialing Office will provide these applicants with the company to be contacted to request the background check report. This report must be submitted directly to the Credentialing Office by the company or applicant and at his/her expense. The Credentialing Office will use TTU guidelines in the interpretation of these reports.

Section 2: Verification Process

1. The Credentialing Specialist processing the application will follow the same verification process as set forth in policies CO 1.5 for Initial Application Appointment, and CO 1.6 for Reappointment / Re-credentialing Appointment.
2. Monitor return of the letters by making notation on the application and by keying in the date of receipt into the credentialing database. Flag pertinent information relating to claims, settlements, professional problems, health status, etc., and prepare and adverse action review form for signature by the Department Chair.

Flag and discuss negative, questionable or unusual responses with the appropriate Department Chair and the Chairperson of the Credentials Committee. When reference letters make vague reference to professional problems or contain significant omissions, telephone calls should be initiated to peer references or previous/present hospital affiliations. The Credentialing Office Specialist and/or the Department Chairman or Credentials Committee Chairman should make these calls. Type a "Memo to File" summarizing content of the discussion but not including specific individual's names or other identifying terms and place in the applicant's file. In all cases, references who have given questionable verbal references should be encouraged to put the comments in writing. Information should be gathered to the degree that no one is uncomfortable recommending an applicant for privileges and membership.

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3. Notify the applicant if information gathered during the credentialing process varies substantially from what is provided in the application. The Credentialing Office is not required to allow an applicant to review references or recommendations, or other information that is peer-review protected. (Refer to the "Right to Notification and Correction of Information" policy.)

The applicant will be contacted in the following cases or as needed:

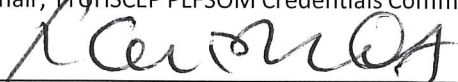
- a. to complete any missing information/documentation;
 - b. to clarify any time gaps in his or her career; and/or
 - c. to furnish a written statement of explanation for any questions answered in the affirmative
4. Perform a search on each applicant through the following General Services Administration sites via the internet and complete the information on the Credentialing Checklist:
 - a. Office of Inspector General (OIG) – U.S. Department of Health & Human Services
 - b. Office of Inspector General (OIG) – Texas Health & Human Services Commission
 - c. System for Award Management (SAM)
 - d. Medicare Opt Out List Search
 - e. Department of Treasury's Office of Foreign Assets Control (OFAC) List
 - f. Sex Offender Registry – Texas Department of Public Safety, and National Sex Offender
 5. The pending file will be reviewed two weeks or sooner, as needed, from the time the initial verification letters were sent. If no response, re-send the letter stamped/typed "second request" and contact the source for status. Document all incoming and outgoing conversations/contacts on the back of the credentialing worksheet. If verification is not received after verbal contact, contact the applicant and ask him or her for assistance in obtaining the reference (he or she can make a personal telephone call). The burden of proof is on the applicant.
 6. If a response is missing after 30 days from initial request, evaluate the reasons for the delay, find alternate methods for obtaining information, and review received verifications to check whether verification has occurred through another resource.

Notify the applicant via email or certified mail that the application is still incomplete and will be regarded as an involuntary withdrawal from the application process in another 30 days.

7. The application is considered "complete" when all required information, including verification letters have been received. Sequentially the Department Chairperson will review the file and forward his/her recommendation to the Credentials Committee for final decision.
8. At the time of Committee review, the application shall not be more than 90 days old from the date it was deemed complete by the Credentialing Director, Manager, or Chair, that includes the attestation, verification information, and NPDB response. The credentials files must be complete with current documentation before the Credentials Committee grants approval. On occasion, the Credentials Committee may recommend approval of an incomplete application contingent on the receipt of a missing document with content fully satisfactory to the Credentialing Office.
9. All initial appointments and reappointments to the Professional Support Staff shall be for a period not to exceed three (3) years, from the time of the Credentials Committee approval.

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- 10. The applicant may be informed of the status of his/her credentialing application. If an application is determined to be incomplete, the applicant will be notified in writing within five (5) working days of receipt of application.
- 11. Approval letter will be sent to applicant and signed by the Credentials Committee Chair.

Policy Number:	CO 1.13	Version Number: 1.0
Signatory approval on file by:	Approved:	Juan B. Figueroa, M.D., Chair, TTHSCEP PLFSOM Credentials Committee and Director of Clinical Operations 

Revision History		
	Credentials Committee	Dean Approval
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