



*Credentialing Office Policy and Procedure*

Title: <b>SCOPE OF SERVICE</b>	Policy Number: <b>CO 1.1</b>
Regulation Reference: NCQA CR1.A	<b>Effective Date: 4/1/2012</b> <b>Last Annual Review Date: 9-29-2023</b> <b>Last Revision Date: 11-17-21</b> (Revision History on last page)

**Policy Statement:**

It is the goal of the Credentialing Office to provide clinical credentialing, privileging and reappointment services in a cost-effective manner, and pursuant to any delegated credentialing agreements, to the professional staff and clinical departments for assuring the competence of practitioners and the quality of care rendered within the Ambulatory Clinics; and to support the mission of Paul L. Foster School of Medicine (PLFSOM). The Credentialing Office does not sub-delegate or offshore any credentialing functions. In the event that the office decides to sub-delegate or offshore credentialing functions, Health Plan(s) will be notified for prior approval.

**Procedure**

The credentialing files contain information collected from references and other primary sources. The Credentialing Office understands the importance for complete confidentiality; therefore, credentialing information is restricted to only those personnel who have a need to know. Our office hours are Monday through Friday 8:00 a.m. to 5:00 p.m.

The Director of Clinical Operations has the overall responsibility for the credentialing process.

**KEY FUNCTIONS INCLUDE:**

1. Provide professional guidance and administrative support to the Professional Staff.
2. Process, credential, and recredential providers from physicians, dentists, podiatrists, optometrists, psychologists, clinical pharmacist, physician assistant, advanced practice registered nurse, and other practitioners as defined by the PLFSOM Professional Staff Bylaws for membership to the Professional Staff and for granting of clinical privileges at the PLFSOM Ambulatory Clinics.
3. Present completed applications and delineated clinical privileges to the following for recommendation to approve, restrict, or deny: Department Chair, Credentials Committee, MPIP Policy Committee, and final approval by the Dean of PLFSOM.
4. Reply to queries sent by other entities regarding a practitioner's membership affiliation of the PLFSOM Professional Staff.
5. Notify applicants, as well as appropriate Clinical Departments, of their acceptance or denial to the Professional Staff and the privileges granted to them for all initial and recredentialing. Practitioner shall be notified in writing within 10 calendar days of Dean's final decision.

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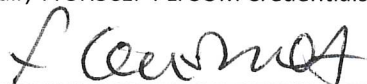
6. Provide a safe, permanent, secure repository for the files of all Professional Staff members and applicants.
7. Organize the monthly Credentials Committee meeting.
8. Review Policies and Procedures annually and revise as necessary. Present recommended revisions to the Credentials Committee, MPIP Policy Committee, and final approval by the Dean of PLFSOM.
9. Maintain current licensure and certifications.
10. Query for possible sanctions and exclusions: (Refer to Governmental Exclusions / Sanction Check and Medicare Opt-Out Policy CO 1.8)
11. Query the NPDB and the HIPDB, as necessary.
12. Comply with PLFSOM Professional Staff Bylaws, and applicable accrediting bodies (ie. TJC, NCQA, URAC, TDI) and other federal and government standards as they relate to credentialing of practitioners.
13. Assure all department delineation of privileges are specific to PLFSOM Ambulatory Clinics.
14. Prepare for Managed Care audits and surveys by accrediting organizations.
15. Keep PLFSOM and Managed Care Organizations informed of new and/or terminated physicians.
16. The employees of the Credentialing Office are cross-trained in the credentialing process of practitioners.
17. Provide the applicants the right to be informed of their application status (initial and reappointment), right to correct erroneous information, and notification of these rights.
18. The licenses, boards, liability insurance and/or certifications of the professional staff are verified and maintained prior to expiration.
19. Once an initial provider has been approved by the Credentialing committees, the Credentialing Office will email the new provider name and specialty to the Institutional Advancement Communications & Marketing Department (IAC&M). In turn IAC&M will update the Texas Tech Physicians of El Paso listing, by obtaining the provider's data to include: education, training, board certification, and specialty from the credentialing database system. Inactivation's for the month are also provided to IAC&M, so that the listing is updated accordingly.

### Disclaimer:

The Dean of the PLFSOM oversees and approves all clinical activities of the School.

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All practitioners must be fully credentialed including the approval of the Dean of the Paul L. Foster School of Medicine, or designee, before they can engage in any clinical activity in the Texas Tech Physicians of El Paso clinics or affiliated institutions. That approval also applies to Temporary (Expedited), Special or Emergency Clinical Privileges as indicated in the PLFSOM Professional Staff Bylaws and policy CO 1.7.

Policy Number:	<b>CO 1.1</b>	Version Number:	<b>1.0</b>
Signatory approval on file by:	<b>Approved:</b>	Juan B. Figueroa, M.D., Chair, TTUHSCEP PLFSOM Credentials Committee and Director of Clinical Operations	

Revision History		
	Credentials Committee	Dean Approval
Effective Date:	4/1/2012	
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