



Credentialing Office Policy and Procedure

Title: TEMPORARY (EXPEDITED), SPECIAL OR EMERGENCY CLINICAL PRIVILEGES	Policy Number: CO 1.7
Regulation Reference:	Effective Date: 4/1/2012 Last Annual Review Date: 9-29-23 Last Revision Date: 7-28-23 (Revision History on last page)

Policy Statement:

It is the policy of Paul L. Foster School of Medicine (PLFSOM) to provide a mechanism for the granting of temporary clinical privileges to a Practitioner who has an application in process or for a special purpose if he/she is not an applicant for Professional Staff membership. The Dean may grant temporary privileges to the Practitioner.

NOTE: No temporary privileges shall be granted if a practitioner does not meet all of the criteria required for temporary privileges as outlined by The Joint Commission Medical Staff Standards MS.4.100 EP3.

Procedure:

Section 1: New Applicants to the Professional Staff

For reasons of clinical urgency, temporary clinical privileges may be granted to a new applicant by the Dean, without the review and approval of the Credentials and MPIP Policy Committee.

1. The following must be met:
 - a. A complete initial appointment application file including all verifications and the absence of potentially negative information is required.
 - b. The review and written concurrence of the Chairperson of appropriate Clinical Department is required.
 - c. The scope of temporary privileges granted shall be at the discretion of the Dean, based upon recommendations of the Clinical Department Chairperson and the Chairperson of the Credentials Committee.
 - d. The Practitioner shall act under the supervision of the Chairperson of the appropriate Clinical Department.
 - e. Temporary privileges while an application is being processed, may be granted for a period of one hundred and twenty (120) days.

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2. Enclose a copy of the applicant's delineated privileges with the letter if temporary privileges were approved.
Also, notify the clinical department by phone call and/or email that temporary privileges have been granted. The Credentials Committee should be notified of temporary privileges granted at their next scheduled meeting.
3. Enter the practitioner's temporary privileges expiration dates (120 days from the date temporary privileges were approved) in the credentialing database.

Note: The temporary privilege memo and a copy of the temporary letter sent to the practitioner will become a part of the practitioner's credentials file.

Section 2 : Special Temporary privileges. Providers who are not applicants for Staff Appointment:

Special temporary privileges may be granted by the Dean to a practitioner who is not an applicant for Staff appointment. Special temporary privileges may be granted for the care of specific patients, purposes of consultation, locum tenens, and as otherwise deemed appropriate by the Dean.

1. At minimum, the individual seeking special temporary privileges shall produce:
 - a. Current CV;
 - b. Proof of current unrestricted Texas license and when applicable Federal Controlled Substance Registration or approved use of Institutional DEA number;
 - c. Proof of professional liability insurance coverage;
 - d. Favorable written references from two peers attesting to the applicant's clinical performance in the areas privileges are requested; and
 - e. Signed consent and release for PLFSOM to query the peers, insurance and National Practitioner Data Bank.
 - f. A valid National Provider Identification (NPI)
 - g. Texas standardized credentialing application (TSCA)
2. The scope of temporary privileged granted shall be at the discretion of the Dean based upon recommendations of the Clinical Department Chairperson and the Chairperson of the Credentials Committee.
3. The practitioner shall act under the supervision of the Chairperson of the appropriate Clinical Department.
4. Special temporary privileges may be granted for a period of ninety (90) days and may be extended for successive ninety day (90) periods at the discretion of the Dean, but not exceed the period of services for the care of a specific patient or for locum tenens.
5. Practitioners who have been granted temporary privileges shall not be entitled to procedural rights of review under these Bylaws.

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PROCEDURE:

The process for applying for and granting special privileges is as follows:

1. All requests for special privileges must be made in writing and include the specific dates the temporary privileges will be required and the Professional Staff member for whom the individual is providing coverage and/or explanation of circumstances requiring such temporary privileges. The provider requesting special temporary privileges must complete a Texas Standardized Credentialing Application from the Department of Insurance and provide the documents included above. .
2. The Credentialing Office will forward the credentials file to the Department Chair, and the Credentials Chair for review and recommendation, and ultimately to the Dean for approval.
3. The practitioner and the respective Department will be notified in writing that special temporary clinical privileges have been granted or denied to him or her. The Credentials Committee should be notified of special temporary privileges granted at their next scheduled meeting.

Section 3: Emergency Privileges:

In the event of an emergency, any Practitioner, regardless of department of assignment or scope of clinical privileges, shall be permitted and assisted to do everything reasonably possible to save the life of a patient or to save a patient from serious harm. For the purpose of this section, an emergency is defined as a condition in which serious permanent harm would result to a patient or in which the life of a patient is in immediate danger, and any delay in administering treatment would add to that danger.

Section 4: Notification to Delegated Health Plan:

1. Initial Notification:

TTUHSC El Paso credentialing will inform health plan of providers granted temporary (expedited) privileges. Within 60 days of this expedited credentialing approval and initial notice to health plan, all remaining credentialing elements must be verified and the provider presented to committees for final approvals.

2. Second Notification:

Upon full completion of the credentialing process a second notice will be submitted to health plan indicating full credentialing has been completed.

3. Termination of temporary privileges(Expedited Status):

Immediate written notice must be sent to both the health plan and the provider when:

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- Full credentialing is not completed within 60 calendar days from the date that provider was approved for temporary privileges, and will immediately be removed from the health plan and will need to undergo the full initial credentialing process;
- Remaining credentials verifications reveal adverse findings (unclean file)

4. Providers granted temporary privileges (Expedited) will be reported to health plan with the following information:

- NPI number and Last name/first name;
- Practice specialty;
- Health plan networks provider will participate in;
- Date that expedited credentialing status was granted;
- Due date for completion of remaining credentials/full credentialing (must be 60 days from the date of Expedited/Provisional Status approval);
- Committee approval date of complete full credentialing; and
- Providers in Expedited status must remain on the activity report until full credentialing is complete and provider is approved by committee.

Section 5: Telemedicine Privileges:

All those members of the Professional Staff that hold Clinic privileges in our institution are authorized to conduct telemedicine within the scope of the existing in-person privileges granted at the time of credentialing or re-credentialing.

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Signatory approval on file by:	Approved:	Juan B. Figueroa, M.D., Chair TTUHSC PLSOM Credentials Committee and Director of Clinical Operations 

Revision History		
	Credentials Committee	Dean Approval
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