

CREENTIALING OF HEALTH CARE PROVIDERS

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) directive establishes policy regarding credentialing of health care providers appointed within VHA in occupations requiring maintenance of licensure, certification, or registration. This requirement is mandated by occupation-specific qualification standards. Health care providers must be fully credentialed prior to onboarding and providing patient care.

2. SUMMARY OF CONTENTS.

a. This directive defines national standards and responsibilities for the credentialing of health care providers appointed within VHA in health care occupations requiring maintenance of licensure, certification, or registration.

b. This directive realigns the VA medical facility Credentialing and Privileging program under the VA medical facility Chief of Staff (COS).

c. This directive supersedes the Credentialing portion of VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012, but does not impact the Privileging portion of Handbook 1100.19, Credentialing and Privileging.

3. RELATED ISSUES. VHA Directive 1100.18, Reporting and Responding to State Licensing Boards, dated January 28, 2021; VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020; VHA Handbook 1100.17, National Practitioner Data Bank (NPDB) Reports, dated December 28, 2009; VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.

4. RESPONSIBLE OFFICE. The Office of Quality and Patient Safety is responsible for the contents of this VHA Directive. Questions may be addressed to the Office of Medical Staff Affairs at VHA17QM6MedStaffAffairsAction@va.gov.

5. RESCISSIONS. VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012; Operational Memo 2019-12-11, Requirement to Enroll All Licensed Providers Into National Practitioner Data Bank Continuous Query Program; Operational Memo 2019-12-11, Tracking Provider Reporting to National Practitioner Data Bank and State Licensing Board; Operational Memo 2019-12-11, Mandatory Annual Credentialing and Privileging Self-Assessment; Operational Memo 2018-08-11, Electronic Signature in the Credentialing and Privileging Process; Operational Memo 2011-03-04, Health Care Provider Credentialing and Privileging Records; and Operational Memo 2007-04-01, Credentialing of Non-VA Providers Delivering Care Off-Station are rescinded.

6. RECERTIFICATION. This VHA directive is scheduled for recertification on or before September 30, 2026. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Gerard R. Cox, MD, MHA
Assistant Under Secretary for Health for
Quality and Patient Safety

DISTRIBUTION: Emailed to the VHA Publications Distribution List on September 20, 2021.

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

CONTENTS

CREDENTIALING OF HEALTH CARE PROVIDERS

1. PURPOSE 1

2. BACKGROUND 1

3. DEFINITIONS 2

4. POLICY 6

5. RESPONSIBILITIES 6

6. ADDRESSING URGENT PATIENT CARE NEEDS 16

7. TRAINING 16

8. RECORDS MANAGEMENT 16

9. REFERENCES 16

CREDENTIALING OF HEALTH CARE PROVIDERS

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes VHA policy regarding credentialing of health care providers requiring maintenance of licensure, registration, or certification and monitoring of time-limited credentials. This directive specifies mandatory credentialing processes which are to be implemented consistently across the VA health care system. **NOTE:** *This VHA directive does not apply to health care providers furnishing health care to Veterans in the community through the Veterans Community Care Program (VCCP).* **AUTHORITY:** Title 38 United States Code (U.S.C.) §§ 7301(b), 7402, 7405, 7409.

2. BACKGROUND

a. The credentialing process is the first step in patient safety and ensures health care providers meet the clinical qualifications required to provide quality care.

b. This directive applies to all health care providers in occupations that require maintenance of a license, registration, or certification, as required by their occupation specific qualification standard, in any VHA entity, including VA medical facilities, VHA Central Office, Veterans Integrated System Network (VISN) offices, and other organizational components that would require credentialing unless otherwise cited in this policy.

c. This directive applies to all health care providers in occupations requiring maintenance of license, registration, or certification (i.e., applies to all licensed independent practitioners as well as those occupations which do not practice independently such as registered nurses and technologists).

d. Additionally, these procedures apply to:

(1) Without Compensation (volunteer);

(2) Contractor providers; and

(3) In limited circumstances, health care providers who have not yet obtained the license, certification, or registration required for their occupation, such as an unlicensed social worker or unlicensed psychologist who has just completed training and has a period of time to obtain the credential required to practice without oversight of another licensed provider. **NOTE:** *This directive does not apply to health care provider trainees.*

e. Additional information related to the credentialing process, including standard operating procedures (SOPs), checklists, flowcharts, VetPro User Guides, and auditing tools are located on the VHA Medical Staff Affairs intranet site:

<http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crVetProRef.aspx>. **NOTE:** *These are internal VA websites that are not available to the public.*

3. DEFINITIONS

a. **Applicant**. An applicant is a health care provider who is applying to be credentialed and privileged at a VA medical facility for the first time.

b. **Appointment**. For the purposes of this directive, appointment means a medical staff appointment to the VA medical facility medical staff as a licensed independent provider (LIP) or date of onboarding or contractual start-date for non-LIPs. It does not refer to appointment as a VA employee (unless clearly specified). Medical Staff Appointment dates for LIPs correspond with the dates of the Active Privileges granted by the VA medical facility Director and are recorded in VetPro on the Appointment Screen. The appointment start date is defined as the date the Director signs the privileging form to officially grant the privileges. Both VA employees and contractors may receive appointments to the medical staff. For non-LIPs, the appointment date is the date they are onboarded by Human Resources (HR) or their contract start date.

c. **Certification**. Certification is a credential issued by a professional organization that a health care provider has met the standards or skills to practice their profession. For purposes of this directive, certification requirements generally pertain to requirements outlined within the qualification standards for the occupation in which the health care provider is being appointed. Examples include but are not limited to certification requirements outlined in qualification standards for advance practice nurses.

d. **Clean Application**. A clean application does not have any outstanding issues (commonly referred to as red flags) including, but not limited to, current or previously successful challenges to licensure, registration, or certification; no history of involuntary termination of medical staff at another organization; no history of pending or previous privileging actions; and no final judgement adverse to the applicant in a professional liability action.

e. **Competency**. For purposes of this directive, competency is a documented demonstration that an individual has sufficient knowledge or skill necessary to perform to a defined standard.

f. **Credentialing**. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care provider to provide care or services in or for the VA health care system. Credentials are documented evidence of licensure, education, training, experience, or other qualifications.

g. **Current**. The term current applies to the timeliness of the verification and use for the credentialing process. A credential is considered current if verification was obtained after the health care provider submits their electronic credentialing application in VetPro and provides a signed Release of Information to obtain required documentation to be utilized for credentialing purposes. ***NOTE: Credentials are considered current if verified within a two-year period with exception of time limited credentials, such as State licensure, which have an expiration date assigned by the State agency. For additional***

information visit

<http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx>. This is an internal VA website that is not available to the public.

h. **The Federation of State Medical Boards.** The Federation of State Medical Boards (FSMB), since its inception in 1912, has grown to represent the current 71 state medical and osteopathic regulatory boards, commonly referred to as state medical boards within the United States, its territories and the District of Columbia. It supports its member boards as they fulfill their mandate of protecting the public's health, safety and welfare through the proper licensing, disciplining, and regulation of physicians and, in most jurisdictions, other health care professionals.

i. **Good Faith Effort.** Good faith effort is the reasonable attempt to obtain primary source documentation. A minimum of two efforts to obtain primary source documentation must be made with supporting written documentation. These efforts can be documented in the form of a report of contact, in lieu of the document sought. If a Good Faith Effort has been made and documented, but no primary source documents can be obtained, the VA medical facility Credentialing Specialist must then obtain verification through a secondary source. **NOTE:** *Good Faith Efforts may never be used for verification of licensure, registration, or certification obtained within the United States, including Puerto Rico. Verifications of these credentials may only be from the primary source.*

j. **Health Care Provider.** Health care providers are individuals in occupations which have qualification standards which require licensure, certification, or registration in order to provide direct patient care. Examples include, but are not limited to physicians, dentists, registered nurses, social workers, and dietitians. **NOTE:** *This does not include occupations which may have qualification standards requiring license, certification, or registration but do not provide direct patient care that is documented in a patient record for example, medical record technicians, chaplains, or medical supply technicians.*

k. **Licensed Independent Practitioner.** A licensed independent practitioner (LIP) is an individual permitted by law and the VA medical facility through its medical staff bylaws to provide patient care services independently, without supervision or direction, within the scope of the individual's license and in accordance with privileges granted by the VA medical facility. **NOTE:** *LIPs are required to be recredentialed every two years. Clinical Pharmacy Specialists, Physician Assistants, and Certified Registered Nurse Anesthetists (who are not privileged) are required to be credentialed and recredentialed in the same manner of as LIPs even though they are not LIPs.*

l. **Licensure.** Licensure is a legal right that is granted by a government agency in compliance with a statutory or regulatory authority governing an occupation (such as medicine, nursing, psychiatry, psychology, clinical counseling, or clinical social work) or the operation of an activity in a health care center (for example, skilled nursing facility, residential treatment center, hospital). **NOTE:** *Additional information related to verification of licensure and required licensure review of licensure actions is available at: <http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/msaLanding.aspx>. **NOTE:** This*

is an internal VA website that is not available to the public.

m. **Medical Staff Bylaws.** Medical Staff Bylaws are a governance framework that establishes the roles and responsibilities of a body and its members. The organized medical staff at a VA medical facility creates a written set of documents that describes its organizational structure and the rules for its self-governance. These documents are called medical staff bylaws, rules and regulations, and policies. These documents create a system of rights, responsibilities, and accountabilities between the organized medical staff and the VA medical facility Director as the governing body, and between the organized medical staff and its members. **NOTE:** *The Bylaws Template published by VA Central Office must be utilized by VA medical facilities utilizing all mandatory content. This template is located at <http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/msp/mspLanding.aspx>. This is an internal VA website that is not available to the public.*

n. **National Practitioner Data Bank.** The National Practitioner Data Bank (NPDB) is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. The NPDB is maintained and managed by the U.S. Department of Health and Human Services. Federal regulations authorize eligible entities to report to and query the NPDB. **NOTE:** *Individuals and organizations who are subjects of these reports have access to their own information. The reports are confidential, and not available to the public.*

o. **National Practitioner Data Bank Continuous Query Program.** The National Practitioner Data Bank (NPDB) Continuous Query (CQ) is a program in which enrolled practitioners are monitored on an ongoing basis. If an enrolled practitioner is reported to the NPDB by any entity, an email notification is sent to the facility which enrolled the practitioner to alert them about the report received by NPDB. The alerts are received within twenty-four hours of the report being made. **NOTE:** *For more information on the NPDB, see VHA Handbook 1100.17, National Practitioner Data Bank (NPDB) Reports, dated December 28, 2009.*

p. **Non-Licensed Independent Practitioner.** A non-licensed independent practitioner (Non-LIP) is a health care provider who works autonomously to the full extent of their license, registration, or certification but is not permitted by their license, registration, certification, or Medical Staff Bylaws to practice independently (and be privileged). Non-LIPs generally provide care through treatment plans developed by LIPs, orders, or under the oversight or direction of Licensed Independent Practitioners. **NOTE:** *Examples of Non-LIPs include but are not limited to registered nurses, licensed practical nurses, dietitians, radiology technologists, laboratory technologists.*

q. **Primary Source.** The original source or an approved agent of that source of a specific credential that can verify the accuracy of a qualification reported by an individual practitioner. Examples include, but are not limited to, medical schools, nursing schools, graduate education, state medical boards, federal and state licensing boards, universities, colleges, and community colleges. **NOTE:** *When primary source*

verifications cannot be obtained after good faith efforts, secondary source verification must be utilized. For more information on secondary source verification, see paragraph 3.s.

r. **Registration.** Registration is the official confirmation by a professional organization that one has fulfilled the requirements or met a standard or skill to practice the profession and may be required to qualify for appointment within a specific occupation within VA.

s. **Report of Contact.** Report of Contact is the written documentation in VetPro of a primary or secondary source verification. The Report of Contact must be documented within VetPro and include the name of the individual who obtained the information within VA (i.e., the VA medical facility credentialing specialist), the name, title, and contact information of the individual who provided the information, and completion of each field with the VetPro Report of Contact electronic forms.

t. **Secondary Source Verification.** Secondary source verification is verification of a specific health care provider's credential from a knowledgeable secondary source who can verify documentation with a high degree of accuracy. Acceptable secondary source verification(s) include but are not limited to: written statements from the leadership of successor organizations, contacting other hospitals where a provider was credentialed to obtain a copy of their primary source verification, obtaining copies of official documents from the provider (as opposed to directly from the medical school or similar organization), and obtaining information published on the provider's credentials from a State Licensing Board (SLB), or published information on the Federation of State Medical Board's website <https://www.docinfo.org/>. **NOTE:** *When primary source verifications cannot be obtained after good faith efforts, secondary source verification may be utilized. Licenses, registrations, or certifications obtained within the United States, including Puerto Rico, may not be verified through secondary sources. Licenses obtained from a foreign country may be verified through a secondary source after two good faith efforts are made to obtain primary source verification.*

u. **State Licensing Board.** The term State Licensing Board (SLB) in the context of health care means the agency of a State that is primarily responsible for licensing of the physician or provider to furnish health care services. **NOTE:** *For more information on SLBs, see VHA Directive 1100.18, Reporting and Responding to State Licensing Boards, dated January 28, 2021.*

v. **Telehealth.** Telehealth (telemedicine) is the use of electronic information or telecommunications technologies to support clinical health care, patient and professional health-related education, public health, and health administration.

w. **VetPro.** VetPro is VHA's mandatory credentialing software platform to document the credentialing of VHA health care providers. This system facilitates completion of a uniform, accurate, and complete credentials file. **NOTE:** *For the purposes of this directive, the health care provider's electronic credentialing file will be referred to as the health care provider's VetPro file.*

x. **Without Compensation.** Without Compensation (WOC) is the term for a VA appointment for health care providers who volunteer their services at the VA medical facility and are not paid for their services. Though not receiving compensation, these health care providers must have a VA appointment and must be fully credentialed and privileged prior to providing health care services.

4. POLICY

a. It is VHA policy that all VHA health care providers who are appointed in occupations requiring maintenance of licensure, registration, or certification must be credentialed prior to being onboarded and providing health care (unless the health care provider falls within one of the exceptions outlined in this directive).

b. It is also VHA policy that VetPro must be used for the credentialing process.

c. Finally, it is VHA policy that all standard operating procedures linked to this directive at <http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx> are required to implement the credentialing process.

d. These requirements apply to health care providers providing care in person at the VA medical facility and to health care providers who are providing telehealth care to Veterans **NOTE: Providers who perform telehealth must be credentialed as outlined within this Directive and may provide telehealth services as found in VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020.**

5. RESPONSIBILITIES

a. **Under Secretary of Health.** The Under Secretary for Health is responsible for VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Quality and Patient Safety.** The Assistant Under Secretary for Health for Quality and Patient Safety is responsible for:

(1) Providing oversight of the Medical Staff Affairs (MSA) Director to ensure they comply with their responsibilities under this directive.

(2) Ensuring the MSA Director has sufficient resources to fulfill MSA's responsibilities under this directive.

(3) Providing senior executive leadership guidance and support to the MSA Director.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the VISNs.

(2) Providing assistance to VISN Directors to resolve implementation and

compliance challenges.

(3) Providing oversight of VISNs to assure compliance with this directive.

d. **Medical Staff Affairs Director**. The MSA Director is responsible for:

(1) Establishing the credentialing process requirements for the VA health care system.

(2) Serving as a VHA subject matter expert for the credentialing process.

(3) Completing the credentialing process for health care providers appointed to and located at VA Central Office.

(4) Overseeing and managing the national credentialing VetPro system and contract.

(5) Maintaining the credentialing process information located at <http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx>.

e. **Office of Academic Affiliations Director**. The Director of the Office of Academic Affiliations is responsible for serving as a consultant to the Medical Staff Affairs Director or VA medical facility Executive Leadership to assess educational credentials to determine compliance with VA qualification standards if a question arises during the credentialing process.

f. **Veterans Integrated Service Network Director**. The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities in the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring that all VA medical facilities in the VISN have the resources to implement this directive.

(3) Ensuring that all VISN employees are credentialed whose positions would require credentialing in a VA medical facility. **NOTE:** *For more information on this responsibility see paragraph 2.b.*

g. **Veterans Integrated Service Network Chief Medical Officer**. The VISN CMO is responsible for:

(1) Providing oversight of the credentialing process at all VA medical facilities within the VISN to ensure compliance with this directive and initiating and overseeing corrective action when opportunities for improvement are identified. **NOTE:** *The results, actions for remediations of findings, and verification of ongoing compliance will be reported to the VISN lead clinical committee, e.g., Health Care Delivery Committee.*

(2) Completing an annual analysis of VA medical facility credentialing self-

assessments utilizing the self-auditing tool located at:

<https://vaww.rtp.portal.va.gov/OQSV/10A4E/MSAR/layouts/15/start.aspx#/SitePages/Home.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(3) Reviewing a health care provider's credentials when the malpractice thresholds outlined below are met and making a documented recommendation to the respective VA medical facility on appropriateness of continuing with the credentialing process within the VetPro file.

(a) Three or more medical malpractice payments in payment history.

(b) A single medical malpractice payment of \$550,000 or more.

(c) Two medical malpractice payments totaling \$1,000,000 or more.

NOTE: This review must be completed prior to presentation of the health care provider's credentials to the Executive Committee of the Medical Staff (ECMS), so that it may be included in the ECMS's review of the health care provider's VetPro files. See <http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx> for additional details. This is an internal website that is not available to the public.

(4) Overseeing the internal controls for credentialing at each of the VA medical facilities within the VISN. and addressing and remediating any deficiencies identified.

NOTE: Tools for monitoring credentialing internal controls, including credentialing report card templates and other reports can be accessed at:

<http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crLanding.aspx>. This is an internal website that is not available to the public.

(5) Reviewing credentialing processes on an annual basis, at minimum, at each VA medical facility within the VISN via a face-to-face site visit, when feasible, to validate internal controls and ensure that credentialing is completed prior to onboarding of any health care provider and initiating corrective process action, as necessary. **NOTE:** The site visit should take place after the VA medical facility has completed the credentialing and privileging program facility self-assessment located at

<https://vaww.rtp.portal.va.gov/OQSV/10A4E/MSAR/layouts/15/start.aspx#/SitePages/Home.aspx>. This is an internal website that is not available to the public.

(6) Partnering with the VISN Chief Nursing Officer, or comparable position, for credentialing program oversight, issues, opportunities, and concerns related to the credentialing of providers reporting to the Assistant Director of Patient Care Services (ADPCS) at the VA medical facility level.

h. **Veterans Integrated Service Network Human Resources Officer.** The VISN Human Resources Officer (HRO) is responsible for:

(1) Working with the VA medical facility Senior Strategic Business Partner and the VA medical facility Credentialing Specialist to ensure credentialing is completed prior to onboarding of any health care provider, unless the exceptions outlined in this directive

are met.

(2) Ensuring that credentialing information is utilized during the hiring process to ensure that applicants meet the qualifications of the available position.

i. **VA Medical Facility Director**. The VA medical facility Director is responsible for:

(1) Providing oversight to ensure identified and appropriate VA medical facility staff comply with this directive.

(2) Ensuring the VA medical facility credentialing program is adequately staffed and resourced to ensure compliance with this directive. **NOTE: Recommended staffing benchmarks are available at:** <http://vawww.ogsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx> . This is an internal VA website that is not available to the public.

(3) Ensuring credentialing is completed prior to the onboarding of any health care provider.

(4) Receiving weekly report cards for awareness of the status of the credentialing process within the VA medical facility from the VA medical facility Chief of Staff (COS).

(5) Working with the VA medical facility COS, ECMS chair and Credentialing and Privileging Manager to ensure internal controls are in place within the VA medical facility to track critical credentialing program benchmarks including but not limited to:

(a) Licensure, certification, or registration expirations required as a condition of employment through qualification standards or contractual requirement;

(b) Appointment expirations;

(c) Credentialing timeframes;

(d) Enrollment in the National Practitioner Data Bank (NPDB) Continuous Query (CQ) enrollment; and

(e) Active appointments with no license **NOTE: The template for the report card for this report is located at:** <http://vawww.ogsv.med.va.gov/functions/mindfulness/msa/cr/crLanding.aspx>. This is an internal VA website that is not available to the public.

(6) Ensuring VA medical facility Credentialing Specialists complete required training. **NOTE: More information on required training associated with this directive can be found in paragraph 7.**

(7) Ensuring all credentialing documents are maintained in accordance with the System of Records Notice 77VA10A4, Health Care Provider Credentialing and Privileging Records – VA Systems of Record Notice (SORN). **NOTE: This SORN may**

be accessed at:

<http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx>. This is an internal VA Website that is not available to the public.

(8) Appointing an individual at the VA medical facility to lead completion of the VA medical facility self-assessment. **NOTE:** *Though the Credentialing and Privileging Manager has the responsibility to serve as a subject matter expert (SME), the self-assessment must be completed by someone outside of the VA medical facility Credentialing and Privileging office. The lead will likely organize a multi-disciplinary team for completion of the VA medical facility self-assessment.*

(9) Reviewing the results of the annual VA medical facility credentialing self-assessment after the appropriate VA medical facility executive leader has reviewed the assessment and approving the results before they are sent to the VISN CMO.

j. **VA Medical Facility Senior Strategic Business Partner.** The VA medical facility Senior Strategic Business Partner is responsible for:

NOTE: *This position was previously referred to as the VA medical facility HRO.*

(1) Working with the VA medical facility Credentialing and Privileging Manager to ensure that the credentialing and the HR onboarding processes occur concurrently to expedite the hiring and appointment of VA medical facility health care providers.

(2) Reviewing all licensure actions identified during the credentialing process to ensure the health care provider meets the position qualification requirements. The required licensure review process is available at <http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Utilizing primary source verified credentials to determine eligibility of applicants during the appointment process.

(4) Providing technical advice related to findings in the credentialing process which may impact the eligibility for appointment and hire by HR (e.g., violation of Title 38 U.S.C. § 7402 and VA Directive 5005, Staffing (Staffing and Recruitment), dated April 15, 2002). **NOTE:** *Determination of qualification for VA appointment should be made within one business day. If it is determined that a finding during the credentialing process, such as a licensure action, disqualifies the health care provider for VA appointment, the VA medical facility Senior Strategic Business Partner is responsible for notifying the management official within an employee's chain of supervision who is authorized to take immediate action as required by VA Directive 5005, Staffing and Recruitment.*

(5) Notifying the VA medical facility Contracting Officer if the VA medical facility Senior Strategic Business Partner determines that a contracted health care provider no longer meets the requirements for the occupation in which they are contracted as a result of a licensure action.

(6) Notifying the management official within an employee's chain of supervision who is authorized to take immediate action when notified by the VA medical facility Credentialing and Privileging Manager, COS, or clinical service chief that a LIP has failed to obtain credentials within the time frame required by their licensure, certification, or registration and all credentials.

(7) Tracking unlicensed health care providers (e.g., unlicensed social workers who have a defined period of time upon completion of training to obtain their license) to ensure they obtain appropriate credentials within the required timeframe and notifying the management official within an employee's chain of supervision who is authorized to take immediate action if the health care provider fails to do so. **NOTE:** For additional information on tracking credentialing of unlicensed health care providers, please visit <http://vawww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx>. This is an internal website that is not available to the public.

j. **VA Medical Facility Contracting Officer.** The VA medical facility contracting officer is responsible for:

(1) Working with the VA medical facility Credentialing and Privileging Manager and the Contracting Officer's Representative (COR) to ensure that credentialing is completed prior to scheduling of a contract health care provider and the provision of patient care by the contractor.

(2) Removing a contractor health care provider if the VA medical facility Senior Strategic Business Partner determines that the contractor no longer meets the requirements for the occupation for which they are contracted.

k. **VA Medical Facility Contracting Officer's Representative.** The VA medical facility COR is responsible for:

(1) Working with the VA medical facility Credentialing Specialist, Credentialing and Privileging Manager and the Contracting Officer to ensure that credentialing is completed prior to scheduling of a contract health care provider and the provision of patient care by the contractor.

(2) Notifying the VA medical facility Credentialing and Privileging Manager and the Credentialing Specialist when a contract health care provider is no longer providing care at the VA medical facility so that the appointment in VetPro can be expired and the Credentialing and Privileging Manager can inactivate the health care provider's VetPro File.

(3) Working with the VA medical facility Credentialing and Privileging Manager to ensure contracts for health care providers contain appropriate requirements related to credentialing.

l. **Executive Leadership.** Executive leadership at the VA medical facility is responsible for:

NOTE: *This responsibility applies to all members of executive leadership at the VA medical facility who oversee service lines with credentialed health care providers.*

(1) Ensuring that all health care providers covered by this directive within service lines under the oversight of the Executive Leadership position at the VA medical facility are fully credentialed prior to onboarding and the provision of patient care.

(2) Ensuring that clinical service chiefs are reviewing the available credentialing information for an application and utilizing that information to form a basis for decisions when recommending an applicant for appointment.

(3) Reviewing documentation received related to Federation of State Medical Boards (FSMB) Disciplinary Appeals Board (DAB) alert (for physicians) and National Practitioner Data Bank (NPDB) reports to determine the impact on the health care provider's ability to practice within the scope of their assigned clinical duties.

(4) Reviewing and signing off on the results of the VA medical facility credentialing self-auditing before reporting those results to the VA medical facility Director, who must sign off on the results before they are submitted to the VISN CMO.

(5) Ensuring that appropriate administrative, disciplinary, or other corrective action is taken when a health care provider is found to be noncompliant with this directive.

m. **VA Medical Facility Chief of Staff.** The VA medical facility COS is responsible for:

(1) Overseeing the credentialing program within the VA medical facility.

(2) Providing oversight of the VA medical facility Credentialing and Privileging Manager to ensure they are implementing the requirements of this directive.

(3) Working with the VA medical facility Director to ensure that the VA medical facility has appropriate staffing resources to meet the credentialing needs and workload of the VA medical facility.

(4) Ensuring that internal monitoring of credentialing activities is in place, reviewed, and acted upon when issues are identified in accordance with this directive. **NOTE:** *Reports must include monitoring and updating of time limited credentials such as licensure, registration, and certification required by the health care providers to remain qualified for VHA appointment.*

(5) Working with the ADPCS to address any credentialing program issues and opportunities for improvement related to the credentialing of providers within the ADPCS's scope of authority.

n. **VA Medical Facility Clinical Service Chiefs.** VA medical facility clinical service chiefs are responsible for:

(1) Reviewing the credentialing package to form a basis for decision for recommending an applicant for appointment.

(2) Ensuring that no health care provider within their service at the VA medical facility is onboarded or provides patient care prior to completion of the full credentialing process as outlined in this directive.

(3) Ensuring that no provider within their service at the VA medical facility is scheduled to perform patient care at the VA medical facility, including on-call services, prior to completion of credentialing as outlined in this directive.

(4) Reviewing NPDB reports and related primary source verifications and take required action as appropriate.

(5) Investigating a licensure action for a VA medical facility health care provider when notified by the VA medical facility Credentialing and Privileging Manager of a licensure action identified through the credentialing process or through an alert received from the NPDB.

o. **VA Medical Facility Executive Committee of the Medical Staff Chair.** The Executive Committee of the Medical Staff (ECMS) Chair is responsible for:

(1) Working with the VA medical facility COS to provide oversight of the VA medical facility credentialing processes, including privileging actions and clinical performance monitoring, in accordance with the Medical Staff Bylaws.

(2) Recommending to the VA medical facility Director whether or not a health care provider should be appointed or recredentialed at the VA medical facility based on ECMS discussion and review of the VetPro file. ***NOTE: This recommendation must be made in VetPro on the Committee Screen. This includes the responsibility to discuss any FSMB DAB alerts or NDPB reports uncovered during the credentialing process or are received outside of the normal credentialing cycle, via the CQ alert system to determine the impact on the health care providers continued ability to practice within the scope of privileges granted with recommendation made to the VA medical facility Director as to next action to be taken.***

p. **VA Medical Facility Credentialing and Privileging Manager.** The VA medical facility Credentialing and Privileging Manager is responsible for:

(1) Providing direct technical and administrative supervision to employees within the Credentialing and Privileging Office at the VA medical facility.

(2) Ensuring that Credentialing Specialists are completing the credentialing process in compliance with statutory and regulatory requirements and procedures, The Joint Commission standards, this directive, and related credentialing policy.

(3) Partnering with the ADPCS to provide credentialing reports, priorities, and status are communicated on an ongoing basis relative to providers in the Patient Care

Services structure.

(4) Serving as the VA medical facility Point of Contact to respond to credentialing and privileging related needs during a presidentially declared emergency.

(5) Working with the VA medical facility Senior Strategic Business Partner to ensure that the credentialing and HR onboarding processes occur concurrently to expedite the hiring and appointment of VA medical facility health care providers, and on other joint HR and credentialing issues and initiatives. **NOTE:** *Examples of joint issues include but are not limited to, provider onboarding, provider exit reviews and assessments, privileging actions, review of previous or current licensure actions, and guidance related to clinical performance concerns.*

(6) Expeditiously initiating a licensure review when a licensure action for a VA medical facility health care provider is identified through the credentialing process or through an alert received from the NPDB, ideally within 1 hour of receiving the alert during a normal business day. For information on the requirements for the credentialing process when there is a licensure action please visit <http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx>.

(7) Requesting and responding to inquiries from other VA medical facilities related to a health care provider's performance competency within VA as part of the credentialing process.

(8) Partnering with the VA medical facility COR to ensure contracts for health care providers contain appropriate requirements related to credentialing.

(9) Working with the VA medical facility COR and Credentialing Specialist to ensure that credentialing is completed prior to scheduling of a contract health care provider.

(10) Communicating with the COR when a contract health care provider is no longer providing care at the VA medical facility and inactivating the health care provider's VetPro file.

(11) Reporting to the VA medical facility COS weekly on the status of credentialing within the VA medical facility. **NOTE:** *Reports must include monitoring and updating of time limited credentials such as licensure, registration, and certification required by the health care providers to remain qualified for VHA appointment.*

(12) Serving as a subject matter expert for the annual self-assessment utilizing the facility self-assessment tool. **NOTE:** *The self-assessment tool is located at: <https://vaww.rtp.portal.va.gov/OQSV/10A4E/MSAR/layouts/15/start.aspx#/SitePages/Home.aspx>. This is an internal VA website that is not available to the public.*

(13) Partnering with the VA medical facility Telehealth Coordinator as needed to provide information required for health care provider's performing telehealth services in accordance with VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites.

(14) Providing guidance and support to VA medical facility leadership and clinical service chiefs on the credentialing process and their roles and responsibilities.

(15) Timely completing the VHA NPDB/SLB Tracker to ensure timely reporting is occurring and acts when timeliness concerns are identified in the reporting process.

q. **VA Medical Facility Credentialing Specialist**. The VA medical facility Credentialing Specialist is responsible for:

(1) Processing health care provider's credentialing application through VetPro.

NOTE: *The requirements for the credentialing processes can be found at <http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx>. This is an internal VA website that is not available to the public.*

(2) Tracking credential expiration dates and bringing credentials expiring within two weeks or less to the attention of the health care provider's supervisor and the Credentialing and Privileging Manager.

(3) Assisting with the transfer and sharing of credentials within the VA medical facility. **NOTE:** *For more information on Transfer of Credentials, visit <http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx>.*

(5) In States offering a grace period after the licensure, registration, or certification has expired, verifying that the State Licensing Board (SLB) or other certifying board considers the license in an active, full and unrestricted status, and documenting this verification in the health care provider's VetPro file and the final date of the grace period entered as the license expiration date. **NOTE:** *Documentation of this grace period applies to any other registration or certifying body if applicable.*

(4) Monitoring expiration dates for each VA medical facility health care provider's enrollment in the NPDB Continuous Query process. **NOTE:** *For more information on Continuous Query process, visit <http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx>.*

r. **VA Medical Facility Health Care Provider**. The VA medical facility health care provider is responsible for:

(1) Submitting a complete credentialing application within VetPro and maintaining credentials as required by their occupation specific qualification standards including licensure, registration, or certification in good standing.

(2) Monitoring expiration dates of required time limited credentials and renewing prior to the expiration date. **NOTE:** *Failure to do so may result in an adverse action including immediate termination.*

(3) Informing their Service Chief in writing of any changes in the status of credentials at the earliest date after notification is received by the health care provider, but no later than 5 calendar days after the change, including, but not limited to, any

pending or proposed actions. **NOTE:** *Failure to notify their supervisor on these matters may result in administrative or disciplinary action.*

(4) Obtaining and producing all information required for evaluation of professional competence, character, ethics, and other qualifications for recredentialing. The information must be complete and verifiable. **NOTE:** *Failure to keep VA fully informed on credentialing issues may result in administrative or disciplinary action.*

(5) Providing a written explanation for any credentials which are no longer held or are no longer full and unrestricted.

6. ADDRESSING URGENT PATIENT CARE NEEDS

a. **Provisions.** Health care providers must be fully credentialed prior to initial appointment or reappointment unless initially appointed through the temporary appointment process as outlined in this directive and SOP for the credentialing process. **NOTE:** *Guidance can be found at the following <http://vaww.ogsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx>. NOTE: This is an internal website that is not available to the public.*

b. **Temporary Medical Staff Appointments for Urgent Patient Care Needs.** Temporary appointments are to be used in an emergent situation when clinical skills are required to address an emergent patient care need. The Temporary Medical Staff Appointment must not be used for administrative convenience or as a route to bypass credentialing requirements due to failure of supervisory oversight and planning. Further details of the Temporary Appointment process may be found at <http://vaww.ogsv.med.va.gov/functions/mindfulness/msa/cr/crPolicy.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

7. TRAINING

Resources to assist VA medical facilities with credentialing and privileging related training can be found at the Medical Staff Affairs intranet website located at: <http://vaww.ogsv.med.va.gov/functions/mindfulness/msa/cr/crLearning.aspx>. **NOTE:** *This is an internal VA Web site and it is not available to the public.* This website contains information about the recommended and mandatory training requirements.

8. RECORDS MANAGEMENT

All records in any medium (paper, electronic, electronic systems) created in response to this directive, including records obtained pursuant to System of Records Notice 77VA10A4, Health Care Provider Credentialing and Privileging Records – VA, must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be referred to the appropriate Records Manager or Records Liaison.

9. REFERENCES

- a. Pubic Law (P.L.) 99-166 § 206.
- b. P.L. 99-660 § 422.
- c. P.L. 104-91 § 221.
- d. P.L. 105-33 § 4331(c).
- e. P.L. 106-117 §. 209.
- f. 38 U.S.C. §§ 7301, 7401, 7402, 7405, 7409, 7461 – 7464.
- g. 5 C.F.R. Part 315, 731, and 752.
- h. 38 C.F.R. Part 46.
- i. 45 C.F.R. Part 60
- j. VA Directive 5005, Staffing, dated April 15, 2002.
- k. VHA Directive 1100.18, Reporting and Responding to State Licensing Boards, dated January 28, 2021
- l. VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020.
- m. VHA Handbook 1100.17, National Practitioner Data Bank (NPDB) Reports, dated December 28, 2009.
- n. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.
- o. VHA Office of Quality, Safety & Value, Medical Staff Affairs (C&P) Intranet page, <http://vaww.ogsv.med.va.gov/functions/mindfulness/msa/cr/crLanding.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*
- p. Federation of State Medical Board website, <http://www.docinfo.org>.
- q. National Student Clearinghouse website, <https://www.studentclearinghouse.org/>
- r. The Joint Commission Standards