This policy applies to: ☒ ***Stanford Health Care*** ☒ ***Lucile Packard Children's Hospital Stanford*** ☒ ***Stanford Health Care Tri-Valley***	**Last Approval Date:** July 2022
Name of Policy: Joint Application Credentials Processing	**Page 1 of 5**
Departments Affected: All Departments	

I. Introduction

The Medical Staff Services Department (MSSD) conducts credentialing and privileging for both hospitals and all the clinical sites within Stanford Health Care (SHC), Stanford Health Care-Tri-Valley (SHC-TV) and Lucile Packard Children's Hospital Stanford (LPCHS) as well as for University Healthcare Alliance (UHA) Affinity-IPA (AFF), Packard Children's Health Alliance (PCHA) and Vaden. These entities are referenced as Contracted Services from this point on where applicable. In addition to maintaining detailed information on hospital-based providers, the MSSD also maintains files on providers who support the outpatient clinic environment and bill through SHC or LPCHS FPO for professional fees. To practice in the SHC/SHC-TV/LPCHS outpatient Clinics, Faculty and Community practitioners must hold an academic appointment or be employed by the SOM (excluding LPCHS After Hours Clinic and Stanford Center for Integrative Medicine (SCIM) where service chief approval is required). UHA/PCHA providers who do not hold an academic appointment may be eligible to work in SHC/LPCHS clinics without a faculty appointment as per the Bylaws.

Licensed Independent Providers are credentialed in a strict and rigorous manner as outlined in this policy. These policies, procedures, and protocols have been developed to support the mission of the MSSD:

II. Mission Statement

1. To provide credentialing services to Medical Staff and Advanced Practice Professionals (APPs) as well as some Allied Health Professionals (AHP) per policy in a professional and timely manner.

2. To provide accurate and appropriate information regarding the Medical Staff and APPs to other departments and Contracted Services, the university and external entities, such as Health Plans, as per sharing agreements and policy.

3. To develop and maintain efficient methods for processing information pertaining to credentialing and privileging.

4. To strictly maintain confidentiality of protected information related to clinicians, patients and the institution.

5. To adhere to Contracted Services policies and procedures and the Bylaws.

6. To meet all legal, professional and accreditation requirements promulgated by public agencies and private organizations, including but not limited to: Federal and State regulations, and, Joint Commission, IMQ, AAAHC and NCQA accreditation standards.

III. Provider Scope

Credentialing is performed for all medical staff members, APP's and applicable AHP's practicing within these Contracted Services. All contracted and/or employed physicians participating on the SHC/LPCHS/SHCTV provider panel and published in any external directories must be credentialed.

IV Joint Processing

SHC, SHC-VC, and LPCHS are separately licensed hospitals that share in the overall mission and the physical campus of the Stanford University Medical Center. Stanford Health Care provides some direct patient services to LPCHS patients. A majority of the providers at SHC-TV and LPCHS are also on the medical staff at SHC.

UHA and AFF are separately licensed and PCHA is licensed under LPCHS. These entities have aligned their credentialing policies with SHC and LPCHS.

All Contracted Services are committed to exploring methods of collaborating on processes of credentialing that will serve the needs of the physicians and of all entities. Currently, all new appointments and reappointments are processed jointly for all Contracted Services. All forms used in these processes are combined forms except for the following:

- Privileging documents (if applicable)
- NPDB report (one must be requested for each licensed facility)

While the processing of new appointments and reappointments are handled jointly, the review and approval process are separate for all Contracted Services. Each Contracted Service has its own medical staff governance structure, department and service leadership, Credentials Committee, Medical Executive Committee (MEC), and Board of Directors. Quality and Peer review data can be shared between the entities providing that the practitioner has privileges at multiple facilities (See SHC, SHC-TV, LPCHS, UHA, AFF, PCHA, SOM, and Information Sharing Agreements).

V. Outsourcing

We do not currently outsource any credentialing activities. As required by the Health Plans, if new applications or reappointment applications were to be sent to an outside credentials verification agency under contract to SHC/SHC-TV/LPCHS, the Credentialing Office would review information and oversee the processing of the application. Oversight of any outsourcing activities will be conducted within Joint Commission, CMS and NCQA standards. UHA and AFF do not permit outsourcing.

VI. Health Plan Contracting: Delegated Credentialing Status

The credentialing process is designed to comply with the accreditation standards set forth by the NCQA, Joint Commission, Federal and State regulatory agencies. When our entities consider contracts with payers, which could impact the credentialing process, the payer will be informed that a Contracted Service will seek "delegated status" to eliminate inconvenience to the physicians and reduce the costs associated with separately credentialing each physician with every HMO and other contractors**.**

Audits of Contracted Services credentialing files may be performed by health plan representatives and other payers, based upon the following guidelines:

1. Audits must be scheduled in advance at a time mutually agreed upon by the SHC Medical Staff Services Department designee on behalf of the Contracted Services and the auditing entity. Auditors are encouraged to participate in one of the prescheduled audit fairs during the year.

2. The auditor will be asked to sign a confidentiality agreement.

3. Selected documents in the Provider's electronic credentials file are not subject to auditing (due to protections conferred by California Evidence Code 1157 and stated within credentialing policies).

4. Auditors may not photocopy or remove documents.

5. Files are provided via secure access remotely to conduct electronic reviews. Any access information and or documentation provided to Auditors must be destroyed and/or deleted following the audit.

VII. RELATED DOCUMENTS

Stanford Health Care Medical Staff Bylaws, Rules and Regulations

Stanford Health Care-Tri-Valley Medical Staff Bylaws, Rules and Regulations

Lucile Packard Children's Hospital Stanford Medical Staff Bylaws, Rules and Regulations
Credentials Policies and Procedures

Information Sharing Agreements (SHC, SHC-TV
, LPCHS, UHA, AFF, PCHA, SOM, Vaden)

VIII. DOCUMENT INFORMATION

A. Author/Original Date
This Policy was authored by the Director, Medical Staff Services in April, 2000.

B. Gatekeeper of Original Document
The Director, Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Online Manual.

C. Distribution and Training Requirements
The distribution and training requirements for this Policy will be handled through the Credentials Department.

D. Review and Renewal Requirements
This Policy will be reviewed and/or revised every three years or as required by change of law or practice.

E. Review and Revision History
Revision – 10/06, 11/07, 12/07, 5/10, 2/13, 5/16,5/19

G. Local Approvals
LPCHS Policy Committee, 3/10, 4/13. 6/16, 8/19
SHC and LPCHS Credentials Committee 10/06, 11/07, 3/10, 5/16, 6/16, 5/19, 3/22
SHC and LPCHS Medical Executive Committee 12/07, 5/10, 4/13, 6/16, 5/19, 9/19, 7/22

H. SHC and LPCHS Board Approvals 12/07, 5/10,4/13, 6/16,5/19, 9/19, 7/2022

Direct inquiries to:
Director, Medical Staff Services, (650) 497-8920
SHC and LPCHS