

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i>	Last Approval Date: May 2010
Name of Policy: Joint Application Credentials Processing	<p style="text-align: center;">Page 1 of 4</p>
Departments Affected: All Departments	

I. Introduction

The Credentialing Office conducts credentialing and privileging for both hospitals and all of the clinical sites within Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH). In addition to maintaining detailed information on hospital-based providers, the Credentialing Office also maintains files on providers who support the outpatient clinic environment and bill through SHC or LPCH FPO for professional fees. In order to practice in the SHC/LPCH outpatient Clinics, Faculty and Community practitioners must hold an academic appointment or be employed by the SOM (excluding LPCH After Hours Clinic and Stanford Center for Integrative Medicine (SCIM).where service chief approval is required)

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

II. Mission Statement

1. To provide credentialing services to Medical Staff and Advance Practice Professionals (APPs) in a professional and timely manner.
2. To provide accurate and appropriate information regarding the Medical Staff and APPs to other departments within SHC, LPCH, the university and external entities, such as Health Plans.
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 SHC and LPCH policies and procedures and the Bylaws of the Medical Staffs at both sites.
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.

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Name of Policy: Joint Application Credentials Processing	Page 2 of 4
Departments Affected: All Departments	

III. Provider Scope

Credentialing is performed for all medical staff members (physician, podiatrist, psychologist, and dentists) practicing within SHC and LPCH. In addition, an authorization process is performed for all Advance Practice Professionals practicing within SHC and LPCH. All contracted and/or employed physicians participating on the SHC provider panel, and published in any external directories must be credentialed.

IV Joint Processing

SHC and LPCH are separately licensed hospitals which share in the overall mission and the campus of the Stanford University Medical Center. Stanford Hospital and Clinics provide some direct patient services to LPCH patients. A majority of the providers at LPCH are also on the medical staff at SHC

LPCH and SHC are committed to exploring methods of collaborating on processes of credentialing that will serve the needs of the physicians and of both institutions. Currently, all new appointments and reappointments are processed jointly for both sites. All forms used in these processes are combined forms with the exception of the following:

- Privileging documents.
- NPDB report (one must be requested for each facility)

While the processing of new appointments and reappointments are handled jointly, the review and approval process is separate for each facility. Each facility 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 two facilities providing that the practitioner has privileges at both facilities (See SHC and LPCH Information Sharing Agreement)

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/LPCH, the Credentialing Office would review information and oversee the processing of the application. Oversight of

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Name of Policy: Joint Application Credentials Processing	Page 3 of 4
Departments Affected: All Departments	

any outsourcing activities will be conducted within Joint Commission, CMS and NCQA standards.

VI. Health Plan Contracting: Delegated Credentialing Status

The SHC and LPCH credentialing process is designed to comply with the accreditation standards set forth by the NCQA CMS, Joint Commission. When SHC/LPCH considers contracts with payers, which could impact the credentialing process, the payer will be informed that SHC/LPCH will seek “delegated status” in order to eliminate inconvenience to the physicians and reduce the costs associated with separately credentialing each physician with every HMO and other contractors.

Audits of SHC/LPCH 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 SHC/LPCH and the auditing entity. Auditors are encouraged to attend one of the prescheduled audit days during the year.
2. The auditor will be asked to sign a confidentiality agreement.
3. Selected documents in the Provider’s Quality 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.

Lucile Packard Children’s Hospital Date: 12/21/07

VII. RELATED DOCUMENTS

Stanford Hospital and Clinics Medical Staff Bylaws, Rules and Regulations

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

Information Sharing Agreement

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Name of Policy: Joint Application Credentials Processing	Page 4 of 4
Departments Affected: All Departments	

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
- G. Local Approvals
LPCH Policy Committee, 3/10
SHC and LPCH Credentials Committee 10/06, 11/07, 3/10
SHC and LPCH Medical Executive Committee 12/07, 5/10
- H. SHC and LPCH Board Approvals 12/07, 5/10

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Direct inquiries to:
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SHC and LPCH