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<p>SCOPE: All Company-affiliated facilities, excluding international facilities, which provide patient care including hospitals, ambulatory surgery centers, imaging centers, freestanding ambulatory care centers, and physician practices. Specifically, the following departments in Company-affiliated facilities shall be involved:</p> <p>Administration Medical Staff Services Admitting/Registration</p>
<p>PURPOSE: To ensure that licensed independent practitioners and advanced practice professionals who provide patient care and/or order patient care services in a Company-affiliated facility have required licensure, are not ineligible persons, possess a valid National Provider Identifier (NPI), are not excluded from participation in an applicable state healthcare program, and have current clinical privileges for the patient care being rendered when required.</p> <p>To ensure that no Federal health care program payment is sought for any items or services directed or prescribed by a licensed independent practitioner or an advanced practice professional who provided patient care and/or ordered patient care services while being unlicensed, an ineligible person, associated with a deactivated NPI, or without having current clinical privileges when required.</p> <p>To ensure that access to the Company network and/or information systems is granted only to independent practitioners and advanced practice professionals (with or without clinical privileges) based on initial and ongoing licensure, exclusion checks, and NPI checks, and system access is removed timely based on being unlicensed, an ineligible person, or associated with a deactivated NPI.</p>
<p>POLICY:</p> <ol style="list-style-type: none"> Each licensed independent practitioner and advanced practice professional who provides patient care and/or orders patient care services in a Company-affiliated facility (hereafter the “Practitioner”) must have required licensure in accordance with the State agency having licensure jurisdiction of the profession. Each Practitioner must not be an ineligible person and must have a valid individual NPI. To order any of the following, a Practitioner must be credentialed by the facility’s medical staff, and be granted clinical privileges approved by the facility’s governing body, in

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accordance with the requirements of the medical staff’s bylaws and credentials policy. The following may not be ordered by a Non-Privileged Practitioner:

- a) Ordering or authenticating an inpatient admission for Medicare patients in accordance with the CMS Two-Midnight Rule; or
- b) Ordering controlled substances as defined by the Controlled Substances Act or State controlled substances regulations; or
- c) Ordering or performing inpatient care; or
- d) Ordering outpatient services or performing outpatient care when clinical privileges are required for such patient care or services pursuant to a facility policy.

4. Each Company-affiliated facility must conduct appropriate checks as to licensure, exclusion status, and possession of a valid NPI for each Practitioner at the intervals outlined in the procedure section of this policy. These checks include:

- a) Primary source verification of licensure from the Federal or State agency having jurisdiction of the applicable professional clinical practice;
- b) A search of the HHS/OIG List of Excluded Individuals/Entities at <https://exclusions.oig.hhs.gov> (hereafter the “OIG Sanction Report”);
- c) A search of the General Services Administration’s exclusion records in the System for Award Management (SAM) at <https://sam.gov> (you must cut and paste the link into search engine) (hereafter the “GSA List”);
- d) A search of any applicable state exclusion lists. A [list of states with exclusion lists](#) is available on SharePoint;
- e) A search of the [CMS NPPES NPI Registry](#), for a valid NPI.

5. Verity, EchoMonitor (Verity) website portal is utilized by the Company to verify provider exclusions from the OIG Sanction Report, the GSA List and state exclusion lists.

6. No Federal health care program payment will be sought or billed for any items or services directed or prescribed by a Practitioner who is unlicensed, an ineligible person, not in possession of a valid NPI, or did not have inpatient admitting privileges but who ordered or authenticated a Medicare inpatient admission.

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7. No State health care program payment will be sought or billed for any items or services directed or prescribed by a Practitioner who is unlicensed or who is excluded from participation in an applicable state healthcare program or not in possession of a valid NPI.

PROCEDURES:

The information set forth below is categorized by Privileged Practitioners and Non-Privileged Practitioners.

Privileged Practitioners

1. General Requirements

All Practitioners granted clinical privileges must be subject to the medical staff bylaws, medical staff policies, and rules & regulations of the facility. All patients must be under the care of a Practitioner who has been granted clinical privileges by the governing body of the facility and who is working within the scope of those granted clinical privileges.

- a) The medical staff bylaws and policies shall require that as a basic qualification for medical staff membership or clinical privileges, each Practitioner must be in compliance with the State’s licensure laws, and any other legally required credentials, whether local, State or Federal requirement, including possession of an individual NPI.
- b) The medical staff bylaws and policies shall also require that as a basic qualification for medical staff membership or clinical privileges, a Practitioner must not be an ineligible person.
- c) The basic qualifications for licensure, not being an ineligible person, and being in possession of a valid NPI must apply to all categories of clinical privileges including but not limited to temporary privileges, disaster privileges, locum tenens privileges, privileges to perform proctoring or serve as an instructor, as required by Federal or State agencies having authority regarding licensure of the Practitioner.
- d) The medical staff bylaws, rules & regulations, and policies must identify the process and criteria to be used for the evaluation of candidates for medical staff membership and clinical privileges, to include licensure checks, exclusion checks, and NPI checks.
- e) Maintenance of the facility’s electronic health record (EHR) practitioner database must occur timely to align with the granting of medical staff membership and/or clinical privileges.

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- f) The medical staff bylaws and policies shall also describe a process for withholding approval of medical staff membership or clinical privileges, automatic relinquishment of medical staff membership or clinical privileges, and modifying or discontinuing access to information systems timely if basic qualifications are not met. Notifications and actions to remove a Practitioner’s ability to order or access controlled substances should occur immediately based upon a DEA suspension.
- g) A Practitioner may be granted access to the facility’s information systems based upon documented notification to ITG Staff by the facility’s Medical Staff Services and/or Credentialing Processing Center (CPC) that favorable licensure, NPI and exclusion checks have been completed. A Privileged Practitioner’s Office Staff may be granted access to facility’s information systems.
- h) Medical Staff Services must provide documented notification to ITG Staff within three business days about a change in the Practitioner’s privileging status related to a finding of a non-valid State license or NPI and/or a non-favorable exclusion check to trigger the timely removal of system access. Medical Staff Services and/or Director of Health Information Management (HIM) shall provide guidance for resolving the Practitioner’s deficiencies in an electronic patient record.
- i) The facility shall require notice from each Practitioner of any revocation, suspension or investigation of licensure, their status as an ineligible person, and/or deactivation of the NPI.
- j) The Medical Staff shall enforce these requirements.

2. Exceptions/Variations

- a) **Military Practitioners:** A licensed healthcare professional who is a member of the US military may practice the Practitioner’s profession in any state, regardless of whether the practice occurs in a healthcare facility of the Department of Defense, a civilian facility affiliated with the Department of Defense, or any other authorized location as long as the individual is practicing within the scope of Federal duties. Refer to the Information Systems Requirements section below if the Practitioner requests access to the facility network and/or any information systems.
- b) **Privileged Practitioners without an In-State License,** such as an out-of-state Practitioner coming to the facility to serve as a proctor or to be proctored for a specified number of cases or who is coming to the facility to provide professional services for other specific reasons, may be granted clinical privileges without having a license to practice in

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the State in which the facility is located only if the State’s professional licensure agency allows an exception. Permitted exceptions can be located on SharePoint t at [State Law Interpretations and Guidelines](#). When the State provides for and requires special licensure for such Practitioners, this special license must be obtained and verified prior to clinical privileges being granted. All other credentialing requirements must be met, including the requirement that the Practitioner is not an ineligible person and has a valid NPI. Refer to the Information Systems Requirements section below if the Practitioner requests access to the facility network and/or any information systems.

c) **Contracted Practitioner Granted Clinical Privileges:** As stipulated in the Policy regarding Prohibition Against Contracting with Any Ineligible Person, [MM.001](#), no Company-affiliated facility may contract with any Ineligible Person or any individual or entity currently excluded on a state exclusion list. Additionally, **pending** proposed debarment or exclusion, individuals and companies with whom the Company currently contracts who are proposed for debarment or exclusion, must be removed from direct responsibility for or involvement in any federally-funded health care program. If resolution results in conviction, debarment or exclusion of the individual or company, the Company must immediately cease contracting with that Ineligible Person and remove access to information systems.

d) **Employed Practitioners Granted Clinical Privileges:** Documentation of periodic sanction and licensure results of employed Practitioners is performed by the supporting CPC. If the facility or Physician Services Group (PSG) practice is not supported by a CPC, the facility or practice must maintain documentation as required by the Limitations on Employment Policy, [HR.ER.019](#). Refer to Section 3 below for more information about facilities *not* supported by a CPC. Refer to the Information Systems Requirements section below if the Practitioner requests access to the facility information systems.

e) **Telemedicine Practitioners** must be granted clinical privileges for the telemedicine services being provided. To be granted clinical privileges, Telemedicine Practitioners must be licensed and/or meet the other applicable standards that are required by the State where the facility is located and in the State where the Telemedicine Practitioner is located and practicing. Permitted exceptions to having licensure in both States can be located on SharePoint at [Telehealth Legal Documentation](#) and at [State Law Interpretations and Guidelines](#). If a Telemedicine Practitioner is located and practicing from outside of the USA, then this will be flagged by the CPC or the facility’s Medical Staff Services for facilities not supported by a CPC, and must be reported to the facility’s Ethics & Compliance Officer and Chief Financial Officer by the facility’s Medical Staff Services before clinical privileges are granted. The facility’s Ethics & Compliance Officer and Chief

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Financial Officer must assure that the facility will not be billing any Federal Program for services rendered by a foreign-based provider. Refer to the Information Systems Requirements section below if the Practitioner requests access to the facility network and/or any information systems.

f) **Community Practitioners in a “Membership-Only” Category of the Medical Staff** do not have clinical privileges granted by the facility and will be limited to referring patients and ordering outpatient services only, as described herein for Non-Privileged Practitioners. However, Community Practitioners in a “Membership-Only” category are members of the facility’s medical staff and as such must be fully credentialed, recommended for medical staff membership by the medical staff, and approved by the governing body. The credentialing process includes licensure checks, exclusions checks, and NPI checks, and must be performed in accordance with the same credentialing procedures used for Practitioners granted clinical privileges. Refer to the Information Systems Requirements section below if the Practitioner requests access to the facility network and/or any information systems. **Practitioners on Leave of Absence** must have clinical privileges placed on hold/deactivation while the Practitioner is on leave. Continuous monitoring of licensure status, exclusion checks and NPI checks will continue during the leave of absence. A Practitioner must not be permitted to reinstate or reactivate clinical privileges if the Practitioner does not have required licensure or has become an ineligible person or no longer holds a valid NPI. Medical Staff Services must update the Privileged Practitioner’s record in the facility’s provider database to place on hold/deactivate the Practitioner’s clinical privileges, including admitting privileges.

3. Electronic Health Record (EHR) Practitioner Database Privileged Practitioners: Medical Staff Services must ensure the EHR practitioner database accurately reflects the Privileged Practitioner’s qualifications for medical staff membership or clinical privileges, including admitting privileges. A change in the Privileged Practitioner’s privileging status and/or a non-favorable exclusion check or loss of valid license or NPI must trigger timely modification and/or suspension of the Practitioner’s record in the EHR practitioner database. Medical Staff Services and/or Director of Health Information Management (HIM) are to provide guidance for resolving the Practitioner’s deficiencies in an electronic patient record.

4. Information Systems Requirements

a) **Initial Information Systems Access:** Before a Privileged Practitioner is set up to receive electronic notifications of their patients being seen in a Company-affiliated facility, or before being granted access to the Company’s network and information systems, the

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facility’s Medical Staff Services must make documented notification via eSAF to Information Technology Group (ITG) Staff that indicates favorable Practitioner licensure, exclusion and NPI checks have been completed. Additionally, the facility’s Medical Staff Services must submit and/or approve eSAF requests to confirm a Practitioner’s clinical privileges include ePrescribing of non-controlled and controlled substances; or notify Pharmacy staff access to the facility’s Automated Dispensing Cabinets (ADC) containing controlled substances. A Practitioner’s Office Staff may be granted access to Company information systems, if requested by a Privileged Practitioner who meets eligibility criteria described above.

b) **Resignation or Termination of Privileges:** The facility’s Medical Staff Services must submit eSAF request(s) to notify ITG Staff to remove a Practitioner’s facility-specific ability to ePrescribe non-controlled and controlled substances or notify Pharmacy staff to remove access to the facility’s Automated Dispensing Cabinets (ADC).

c) **Periodic Reviews:** Medical Staff Services must notify ITG Staff via eSAF within three business days if a Practitioner becomes unlicensed, or an ineligible person, or the NPI is deactivated to trigger removal of system access for the Practitioner and associated Office Staff. Notifications and actions to remove a Practitioner’s ability to order or access controlled substances should occur immediately based upon a DEA suspension.

5. Information Systems Inactivity

a) **Privileged Practitioners:** Unless requested by Medical Staff Services, ITG Staff must not disable/remove system access for Privileged Practitioners based on inactivity.

b) **Office Staff:** Automated processes monitor and disable access to Company information systems for Office Staff of a Privileged Practitioner based upon a defined period of inactivity. System access may be re-established based on an approved access request submitted by ITG Staff via eSAF. Privileged Practitioners are responsible for timely notifying the facility’s ITG Staff about terminated Office Staff to trigger removal of access.

6. Exclusion Checking Process

a) Corporate Information Technology Group (ITG) will send the Company's data on Privileged Practitioners and Non-Privileged Practitioners to Verity on the first (1st) business day of each month to facilitate batch checking of all current Practitioners. The Verity system will check each Practitioner’s record against the GSA List, the OIG Sanction Report, and all available state exclusion lists.

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- b) Results of each month’s batch process are available in the Verity web portal by the fifteenth (15th) day of each month.
- c) Results are categorized, as one of four (4) flag values:
 - i) Red Flag (true match) indicate a positive match to a sanction in at least one of the exclusion lists;
 - ii) Orange Flag (true match) - list will include current practitioner as well practitioners with similar data elements (should be managed the same as red flag)
 - iii) Yellow Flag (potential match) indicate that there is a possible match to a sanction in at least one of the exclusion lists; and
 - iv) No Flag (no match) indicate no found sanction for the Practitioner.
- d) Appropriate personnel must investigate and update within Verity each Red, Orange or Yellow Flagged record with information regarding the action to be taken or the action actually taken. If investigation reveals a Red, Orange or Yellow Flag match is not the same Practitioner provided by Verity, appropriate personnel will update the result in Verity to indicate a false positive match. When a Practitioner has been designated as a false positive match, the Practitioner will not be listed in subsequent Verity reports unless the Practitioner’s name is entered as a new entry on a sanction list.

7. Documentation Requirements and Document Retention

- a) Search results conducted within Verity will be maintained with notes regarding the search by Verity.
- b) For searches done outside Verity, the search results must be documented and copies of the search information should be maintained in an electronic file, separate file or in a master exclusion verification file. Electronic storage is an acceptable storage option provided the documents are readily available on demand. A procedure for backing up documents in the event of system malfunction should be established to ensure accessibility.
- c) All records regarding ineligible persons search results must be maintained according to the Company’s record retention schedules (i.e., 10 years).
- d) Each facility must retain the documentation generated as a result of the procedures regarding licensure, certification or other credentials set forth herein in accordance with records retention schedules developed pursuant to the Company’s Records Management Policy, [EC.014](#).

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For Practitioners Granted Clinical Privileges at a Facility *Supported by a CPC*

- a) **Licensure Checks** must be performed by the CPC using primary source verification at the time of initial request for privileges, when there is a request for an increase in privileges, when the license is renewed, and at the time of request for renewal of privileges. If the CPC identifies that a Practitioner does not possess the required license, or it has expired or been revoked, the CPC will notify the affected facility in accordance with policy PARA.PP.CRED.032, and the facility must take action to withhold granting requested clinical privileges and remove access to facility information systems until the Practitioner becomes licensed, or suspend previously granted clinical privileges in accordance with facility medical staff bylaws on the day of licensure expiration until such time as the Practitioner becomes licensed. Documentation of licensure checks must be in the Cactus database.
- b) **NPI Checks** must be performed by the CPC using the NPPES NPI Registry at the time of initial request for privileges. If the CPC identifies that a Practitioner does not possess a valid NPI (e.g., one has not been issued, it has been deactivated, or it is an organizational NPI), the CPC will notify the affected facility in accordance with policy PARA.PP.CRED.032, and the facility must take action to determine the impact to the Practitioner’s clinical privileges and access to facility information systems until the Practitioner possesses a valid individual NPI. Documentation of the NPI must be in the Cactus database. Ongoing monitoring of the Cactus database to detect invalid NPIs (deactivated, organizational, or blank) is monitored through Corporate ITG technology and the Corporate Credentialing Team. Corporate Credentialing is responsible for notifying the CPC that will alert the affected facility in accordance with policy PARA.PP.CRED.032. The facility must take action to determine the impact to the Practitioner’s clinical privileges and access to facility information systems until the Practitioner possesses a valid individual NPI.
- c) **Exclusion Checks** must be performed by the CPC at the time of initial request for privileges and will be included in the monthly batch screenings conducted by Verity. If the CPC identifies that a Practitioner is an ineligible person, the CPC will notify the affected facility in accordance with policy PARA.PP.CRED.032, and the facility must take action to suspend the Practitioner’s clinical privileges and remove access to facility information systems in accordance with facility medical staff bylaws until such time as the Practitioner becomes eligible to participate in Federal and State health care programs. Documentation of exclusion checks must be in the Cactus database and posted to the Parallon Corporate Credentialing SharePoint site under the [Monthly Sanction Sweeps](#) tab.

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These initial exclusion checks will be performed using ad hoc (non batch) checks of Practitioners and must be completed using the Verity web portal.

Every month the CPC will review the batch sanction checks for eligible Practitioners using Verity and will undertake appropriate action based on the results identified by Verity.

For Practitioners Granted Clinical Privileges at a Facility *Not Supported by a CPC*

- a) **Licensure Checks** must be performed by the facility medical staff services department using primary source verification at the time of initial request for privileges, when there is a request for an increase in privileges, when the license is renewed, and at the time of request for renewal of privileges. If the facility identifies that a Practitioner does not possess the required license, or it has expired or been revoked, the facility must take action to withhold granting requested clinical privileges and remove access to facility information systems until the Practitioner becomes licensed, or suspend previously granted clinical privileges in accordance with facility medical staff bylaws on the day of licensure expiration until such time as the Practitioner becomes licensed. Documentation of licensure checks must be in the facility’s credentials files.
- b) **NPI Checks** must be performed by the facility medical staff services department using the NPPES NPI Registry at the time of initial request for privileges. If the facility identifies that a Practitioner does not possess a valid NPI (e.g., one has not been issued, it has been deactivated, or it is an organizational NPI), and the facility must take action to determine the impact to the Practitioner’s clinical privileges and access to facility information systems until the Practitioner possesses a valid individual NPI. Documentation of the NPI must be in the facility’s credentials files. Facility medical staff services department must establish an ongoing process to monitor the facility’s credentialing database to detect invalid NPIs (deactivated, organizational, or blank). If an invalid NPI is detected, the facility medical staff services department must take action to assess the impact to the Practitioner’s clinical privileges and access to facility information systems until the Practitioner possesses a valid individual NPI.
- c) **Exclusion Checks** must be performed by the facility medical staff services department at the time of initial request for privileges, and will be included in the monthly batch screening conducted by Verity. If the facility identifies that a Practitioner is an ineligible person, the facility must take action to withhold granting requested clinical privileges and remove access to facility information systems until the Practitioner is no longer ineligible, or suspend previously granted clinical privileges on the day of the Practitioner becoming an

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ineligible person, in accordance with facility medical staff bylaws, until such time as the Practitioner is no longer ineligible.

- i) These initial exclusion checks will be performed using ad hoc (non-batch) checks of Practitioner and must be done using the Verity web portal.
- ii) Every month Medical Staff Services personnel will review the batch sanction checks for eligible Practitioners with clinical privileges at the facility using Verity and is to undertake appropriate action based on the results identified by Verity.
- iii) Search results conducted within Verity will be maintained with notes regarding the search by Verity.
- iv) For searches done outside Verity, the search results must be documented and copies of the search information should be maintained in an electronic file, separate file, or in a master exclusion verification file. Electronic storage is an acceptable storage option provided the documents are readily available on demand. A procedure for backing up documents in the event of system malfunction should be established to ensure accessibility.

Non-Privileged Practitioners

1. General Requirements

- a) Non-Privileged Practitioners may only refer patients and order outpatient services. This may be done only if the Practitioner is:
 - i) Responsible for the care of the patient;
 - ii) Licensed in, or holds a license recognized in the jurisdiction where they see the patient and where the tests or services shall be performed;
 - iii) Acting within their scope of practice under State law;
 - iv) Is not an ineligible person;
 - v) Authorized by the medical staff to order the applicable outpatient services under written facility policy that is approved by the governing body of the facility; and,
 - vi) In possession of a valid individual NPI.
- b) Maintenance of the facility’s EHR practitioner database must occur timely to align with the clearance to accept orders from the Non-Privileged Practitioner for outpatient diagnostic tests and other outpatient services as allowed by state and federal law and any facility policies governing the use of outpatient ancillary services by Non-Privileged Practitioners.
- c) A Non-Privileged Practitioner’s ordering practices shall be subject to the supervision of the Medical Staff. If there is information that indicates the requirements for a Non-Privileged Practitioner to order patient care have not been satisfied, or if the order lacks evidence of

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medical appropriateness, the order shall not be performed and the Non-Privileged Practitioner shall be notified immediately to be given the opportunity to clarify the information or justify the order.

- d) All diagnostic tests that require a medical interpretation by a Practitioner granted clinical privileges to do so shall be subject to interpretation by a Member of the Medical Staff with such privileges and the interpretation shall be provided in writing to the Non-Privileged Practitioner.
- e) A Non-Privileged Practitioner, and their Office Staff if requested by the Non-Privileged Practitioner, may be granted access to the facility’s information systems only after the facility’s Medical Staff Services makes documented notification to ITG Staff that favorable licensure, exclusion, and NPI checks of the Non-Privileged Practitioner have been completed. Medical Staff Services must notify the ITG Staff within three (3) business days of a finding of a non-valid State license or NPI, or a non-favorable exclusion check to trigger removal of access for the Non-Privileged Practitioner and associated Office Staff. Facility may elect to remove access to facility information systems and/or network if the Non-Privileged Practitioner has not ordered tests or services for two (2) years or has not been identified by a patient as their Primary Care Provider (PCP) within the last two years. Refer to the applicable procedure for maintaining a Practitioner’s qualifications in the EHR practitioner database in compliance with this policy.

2. Exceptions/Variations

- a) **Military Practitioners:** A licensed healthcare professional who is a member of the US military may practice the Practitioner’s profession in any state, regardless of whether the practice occurs in a healthcare facility of the Department of Defense, a civilian facility affiliated with the Department of Defense, or any other authorized location as long as the individual is practicing within the scope of Federal duties.
- b) **Veterans Affairs (VA) Practitioners:** A licensed healthcare professional who is an employee of the Department of Veterans Affairs may order outpatient tests or services in any state for VA beneficiaries as long as the individual is practicing within the scope of the VA employment in making the order. Refer to the Information Systems Requirements section below if the Practitioner requests access to the facility network and/or any information systems.
- c) **Non-Privileged Practitioners without an In-State License** may be allowed to refer patients and order outpatient tests without having a license to practice in the State in which the facility is located provided the State’s professional licensure agency allows an

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exception. Permitted exceptions can be located on SharePoint at [State Law Interpretations and Guidelines](#). Before accepting a billable order from an out-of-state Non-Privileged Practitioner, information must indicate that all conditions of the State’s licensure exception have been satisfied, the Practitioner is not an ineligible person and has a valid NPI, and the order is in adherence to requirements related to a Non-Privileged Practitioner. Refer to the Information Systems Requirements section below if the Practitioner requests access to the facility network and/or any information systems.

3. Electronic Health Record (EHR) Practitioner Database

- a) **Non-Privileged Practitioners:** Before a Non-Privileged Practitioner is set up in the EHR practitioner database, Medical Staff Services and/or other authorized staff acting on behalf of the facility must confirm the Practitioner is in compliance with licensure requirements, not an ineligible person, and is in possession of a valid individual NPI. A non-favorable exclusion check or loss of valid license or NPI must trigger the timely deactivation of the Non-Privileged Practitioner’s record in the HER practitioner database. Medical Staff Services *may* inactivate a Non-Privileged Practitioner in the facility’s EHR Practitioner Database if the Practitioner **has not ordered** tests or services for two (2) years and/or **has not been identified by a patient as their Primary Care Provider (PCP)** within the last two (2) years. If, after ceasing licensure, exclusions and NPI checks on a Non-Privileged Practitioner, that Practitioner orders again, that order must be treated as an initial order, and the Practitioner’s record in the EHR Practitioner Database may be restored after completing required licensure, exclusion, and NPI checks.

4. Information Systems Requirements

- a) **Initial Information Systems Access:** Before a Practitioner is set up to receive electronic notifications of their patients being seen in a Company-affiliated facility, or before being granted access to Company information systems, the facility’s Medical Staff Services makes documented notification via eSAF to Information Technology Group (ITG) Staff that indicates favorable Practitioner licensure, exclusion and NPI checks have been completed. A Practitioner’s Office Staff may be granted access to Company information systems, if requested by a Non-Privileged Practitioner who meets eligibility criteria described above.
- b) **Periodic Reviews:** Medical Staff Services must notify ITG Staff via eSAF within three business days if a Practitioner becomes unlicensed, or an ineligible person, or the NPI is

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deactivated to trigger removal of system access for the Practitioner and associated Office Staff.

5. Information Systems Inactivity

- a) **Non-Privileged Practitioners:** If facility’s Medical Staff Services inactivates a Non-Privileged Practitioner’s record in the EHR provider database based upon inactivity (refer to 1.d.ii), Medical Staff Services must notify ITG Staff within three (3) business days to trigger an evaluation of disabling/removing the Non-Privileged Practitioner’s access to Company information systems if the Practitioner is not associated with any other facilities (either as a Non-Privileged or Privileged Practitioner).
- b) **Office Staff:** Automated processes monitor and disable access to Company information systems for Office Staff based upon a defined period of inactivity. System access may be re-established based on an approved access request submitted by ITG Staff via eSAF. Non-Privileged Practitioners are responsible for timely notifying the facility’s ITG Staff about terminated Office Staff to trigger removal of access.

6. Exclusion Checking Process

- a) Corporate Information Technology Group (ITG) will send the Company’s data Non-Privileged Practitioners to Verity on the first (1st) business day of each month to facilitate batch checking of all current Practitioners. The Verity system will check each Practitioner’s record against the GSA List, the OIG Sanction Report, and all available state exclusion lists.
- b) Results of each month’s batch process are available in the Verity web portal by the fifteenth (15th) day of each month.
- c) Results are categorized, as one of three flag values:
 - i) Red Flag (true match) indicate a positive match to a sanction in at least one of the exclusion lists;
 - ii) Orange Flag (true match) - list will include current practitioner as well practitioners with similar data elements (should be managed the same as red flag)
 - iii) Yellow Flag (potential match) indicate that there is a possible match to a sanction in at least one of the exclusion lists; and
 - iv) No Flag (no match) indicate no found sanction for the Practitioner.
- d) Appropriate personnel must investigate and update within Verity each Red, Orange or Yellow Flagged record with information regarding the action to be taken or the action

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actually taken. If investigation reveals a Red, Orange or Yellow Flag match is not the same Practitioner provided by Verity, appropriate personnel will update the result in Verity to indicate a false positive match. When a Practitioner has been designated as a false positive match, the Practitioner will not be listed in subsequent Verity reports unless the Practitioner’s name is entered as a new entry on a sanction list.

7. Documentation Requirements and Document Retention

- a) Search results conducted within Verity will be maintained in Verity with notes regarding the search.
- b) For searches done outside Verity, the search results must be documented and copies of the search information should be maintained in an electronic file, separate file or in a master exclusion verification file. Electronic storage is an acceptable storage option provided the documents are readily available on demand. A procedure for backing up documents in the event of system malfunction should be established to ensure accessibility.
- c) All records regarding ineligible persons search results must be maintained according to the Company’s record retention schedules (i.e., five [5] years).
- d) Each facility must retain the documentation generated as a result of the procedures regarding licensure, certification or other credentials set forth herein in accordance with records retention schedules developed pursuant to the Company’s Records Management Policy, [EC.014](#).

For Non-Privileged Practitioners Utilizing a Facility Supported by a CPC

- a) **Licensure checks** must be performed by the CPC using primary source verification within three business days after the first patient referred by the Non-Privileged Practitioner is registered for services, and when the Non-Privileged Practitioner’s license is renewed. If the CPC identifies that a Non-Privileged Practitioner does not possess the required license, or it has expired or been revoked, the CPC must take action to discontinue accepting orders from the Non-Privileged Practitioner until such time as the Non-Privileged Practitioner becomes licensed. Licensure checks must be documented and maintained by the facility and be accessible for verification by those individuals who are responsible for processing billing of patient care orders. Electronic storage is also an acceptable storage option provided the documents are readily available on demand. A procedure for backing up documents in the event of system malfunction should be established to ensure accessibility.

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- b) **NPI Checks** must be performed by the CPC using the NPPES NPI Registry within three (3) business days after the first patient referred by the Non-Privileged Practitioner is registered for services. If the CPC identifies that a Non-Privileged Practitioner does not possess a valid NPI (e.g., one has not been issued or it has been deactivated), the CPC must take action to determine whether the facility can or cannot bill for the diagnostic test or service. The validated NPI shall be recorded in the EHR Practitioner database.
- c) **Exclusion checks** must be performed by the CPC within three (3) business days after the first patient referred by the Non-Privileged Practitioner is registered for services. If the CPC identifies that a Practitioner is an ineligible person, the CPC must take action to discontinue accepting orders from the Practitioner until such time as the Practitioner is no longer ineligible.
 - i) These initial exclusion checks will be performed using ad hoc (non-batch) checks of the Non-Privileged Practitioner and must be done using the Verity web portal.
 - ii) Every month the CPC will review the batch sanction checks for eligible Non-Privileged Practitioners who are active in the facility’s associated provider database using Verity and is to undertake appropriate action based on the results identified by Verity.
 - iii) Search results conducted within Verity will be maintained with notes regarding the search by Verity.
 - iv) For searches done outside Verity, the search results must be documented and copies of the search information should be maintained in an electronic file, separate file, or in a master exclusion verification file. Electronic storage is an acceptable storage option provided the documents are readily available on demand. A procedure for backing up documents in the event of system malfunction should be established to ensure accessibility.

For Non-Privileged Practitioners Utilizing a Facility *Not Supported by a CPC*

- a) **Licensure checks** must be performed by the facility medical staff services department using primary source verification within three business days after the first patient referred by the Non-Privileged Practitioner is registered for services, and when the Non-Privileged Practitioner’s license is renewed. If the facility identifies that a Non-Privileged Practitioner does not possess the required license, or it has expired or been revoked, the facility must take action to discontinue accepting orders and remove access to facility information systems from the Non-Privileged Practitioner until such time as the Non-Privileged Practitioner becomes licensed. Licensure checks must be documented and maintained by

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the facility and be accessible for verification by those individuals who are responsible for processing billing of patient care orders. Electronic storage is also an acceptable storage option provided the documents are readily available on demand. A procedure for backing up documents in the event of system malfunction should be established to ensure accessibility.

b) **NPI Checks** must be performed by the facility medical staff services department using the NPPEs NPI Registry within three business days after the first patient referred by the Non-Privileged Practitioner is registered for services. If the facility identifies that a Non-Privileged Practitioner does not possess a valid NPI (e.g., one has not been issued or it has been deactivated), the facility must take action to determine whether the facility can or cannot bill for the diagnostic test or service. The validated NPI shall be recorded in the electronic health record provider database.

c) **Exclusion checks** must be performed by the facility medical staff services department within three business days after the first patient referred by the Non-Privileged Practitioner is registered for services. If the facility identifies that a Practitioner is an ineligible person, the facility must take action to discontinue accepting orders from the Practitioner and remove access to facility information systems until such time as the Practitioner is no longer ineligible.

- i) These initial exclusion checks will be performed using ad hoc (non-batch) checks of the Non-Privileged Practitioner and must be done using the Verity web portal.
- ii) Every month the Medical Staff Services personnel will review the batch sanction checks for eligible Non-Privileged Practitioners who are active in the facility’s associated provider database using Verity and is to undertake appropriate action based on the results identified by Verity.
- iii) Search results conducted within Verity will be maintained with notes regarding the search by Verity.
- iv) For searches done outside Verity, the search results must be documented and copies of the search information should be maintained in an electronic file, separate file, or in a master exclusion verification file. Electronic storage is an acceptable storage option provided the documents are readily available on demand. A procedure for backing up documents in the event of system malfunction should be established to ensure accessibility.

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Reporting Incidents

Each incident of an unlicensed or ineligible Practitioner, or Practitioner with a deactivated NPI who has provided patient care and/or ordered patient care services, or each incident of a Practitioner ordering or rendering patient care without being credentialed or having current clinical privileges when required, must be reported and to the facility Ethics and Compliance Officer (ECO) and Division Reimbursement Manager to address potential billing and reimbursement issues. MSS is responsible for notifying ITG Staff through eSAF so that information system access is disabled/removed. The ECO will report such incident to Internal Compliance Reporting in accordance with the [Reporting Compliance Issues and Occurrences to the Corporate Office Policy, EC.025](#). The ECO shall conduct the facility review and implement an action plan to prevent reoccurrences. The ECO shall submit the facility review results and action plan to the Office of Professional Practice Advancement and to Internal Compliance Reporting. The Office of Professional Practice Advancement shall review the report to determine whether the review was thorough and the action plan is appropriate for the goal of preventing reoccurrences. Internal Compliance Reporting shall review the report to determine whether rebilling is appropriate because:

- a) The Practitioner was not legally licensed for the care provided (e.g., state license to practice, DEA, etc.); or,
- b) The Practitioner was Ineligible because she/he was on an exclusion list at the time care was provided (e.g., OIG/GSA/State exclusion list); or,
- c) The Practitioner has a deactivated NPI for reason of death or fraud;
- d) The Practitioner ordered a Medicare inpatient admission and did not have admitting privileges at the time (e.g., in accordance with the CMS Two Midnight Rule).

For Non-Privileged Practitioners utilizing a facility *Supported by a CPC*, in lieu of the above reporting obligations, if any of the following have been found to be true at the time services were rendered, the Parallon CPC will obtain facility approval that the services cannot be billed for and will work with Revenue Integrity to have services marked as nonbillable.

- a) The Practitioner was not legally licensed for the care provided (e.g., state license to practice); or
- b) The Practitioner was Ineligible because she/he was on an exclusion list at the time care was provided (e.g., OIG/GSA/State exclusion list); or,
- c) The Practitioner has a deactivated NPI for reason of death or fraud.

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DEFINITIONS:

Advanced Practice Professional (APP): An individual who provides direct patient care services in the Hospital under a defined degree of supervision, exercising judgment within the areas of documented professional competence and consistent with applicable law. For purposes of this Policy, the categories of individuals to be considered as an APP are physician assistants (PA), certified registered nurse anesthetists (CRNA), anesthesiology assistants (AA), certified nurse midwives (CNM), clinical psychologists (Ph.D.), advanced registered nurse practitioners (ARNP), clinical nurse specialists (CNS), and any other individual recognized by the State and the facility as a mid-level provider performing a medical level of services.

Clinical Privileges: The permission granted by the governing body of a Company-affiliated facility to appropriately licensed individuals to render specifically delineated professional, diagnostic, admitting, therapeutic, medical, surgical, psychological, dental, or podiatry services with the approval of the Board.

Credentialing Processing Center (CPC): Two Shared Service Centers established by Parallon to handle the administrative aspects of information gathering and data verification for physicians, other licensed independent practitioners, and advanced practice professionals who wish to be considered for appointment, reappointment, and/or clinical privileges, or who are non-privileged practitioners who wish to order outpatient testing or services to be performed at HCA Healthcare-affiliated facilities. The CPC shall perform information gathering and data verification per established intercompany agreement. **electronic Security Access Form (eSAF):** The application used by Company-affiliated facilities to automate: (1) creation of user IDs to access the Company network and Information Systems, (2) requests for system access, (3) approval workflow, and (4) notifications to application administrators to grant, modify, and/or remove access to information systems.

Federal Health Care Program: Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or a State health care program (with the exception of the Federal Employees Health Benefits Program) (section 1128B(f) of the Social Security Act). The most significant Federal health care programs are Medicare, Medicaid, Blue Cross Federal Employee Program (FEP)/ Tricare and the Veterans programs.

General Services Administration’s exclusion records in the System for Award Management (SAM): The exclusion records in SAM (the "GSA List") identifies those parties excluded throughout the U.S. Government (unless otherwise noted) from receiving Federal contracts or certain subcontracts and from certain types of Federal financial and nonfinancial

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assistance and benefits. The GSA List is maintained by the U.S. General Services Administration (GSA) for the use of Federal programs and activities.

HHS/OIG List of Excluded Individuals/Entities: The Department of Health and Human Services' Office of Inspector General's (OIG) List of Excluded Individuals/Entities provides information to health care providers, patients, and others regarding individuals and entities that are excluded from participation in Medicare, Medicaid, and other Federal health care programs.

Ineligible Person: Any individual who: (1) is currently excluded, suspended, debarred, or otherwise ineligible to participate in Federal health care programs; (2) has been convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible; or (3) is currently excluded on a state exclusion list.

Information Technology Group (ITG) Staff: A member of the ITG organization acting on behalf of the facility and responsible for providing information system training and support to Practitioners and/or Office Staff members. Examples of ITG Staff may include ITG Provider Solutions.

Information Systems: A Company-owned or managed system, application, and/or network. Access is typically provisioned by ITG Staff, but may be provisioned by other departments (e.g. Pharmacy).

Licensed Independent Practitioner (LIP): An individual who is permitted by applicable State law(s) to provide patient care services without direction or supervision, within the scope of the individual's license. These are individuals who are designated by the State and by the facility to provide patient care independently. For purposes of this Policy, the categories of individuals to be considered an LIP include, but are not limited to physicians (MD or DO), maxillofacial/oral surgeons (DMD), dentists (DDS), podiatrists (DPM), optometrists (OD), licensed clinical psychologists, and any other individual recognized by the State and the facility as an individual independently performing a medical level of services.

Licensure: A legal right that is granted by a governmental agency in compliance with a statute or regulation governing the activities of a profession, including but not limited to State license for professional practice, DEA registration for prescribing controlled substances, and State registration for prescribing controlled substances.

Non-Privileged Practitioner: An individual who is professionally licensed to order specific tests and services but who has not been granted clinical privileges by the Company-affiliated facility. Refer to the Information Systems Requirements section below if the Practitioner requests access to the facility's information systems.

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National Provider Identifier (NPI): The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. CMS has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions. As outlined in the Federal Regulation, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered providers must also share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes.

Office Staff: An individual who is a workforce member of a Covered Entity that includes a Privileged and/or Non-Privileged Practitioner who is eligible for access to the Company's Information Systems. Refer to the Information Systems Requirements section if a Practitioner requests their Office Staff be given access to the facility's Information Systems.

- REFERENCES:**
1. Comprehensive Accreditation Manual for Hospitals, The Joint Commission
 2. Accreditation Handbook Including Medicare Requirements for Ambulatory Surgery Centers (ASCs), Accreditation Association for Ambulatory Health Care, Inc.
 3. 42 U.S.C. § 1320a-7a(a)(6)
 4. 42 C.F.R. § 1003
 5. 63 Fed. Reg. 46676
 6. CMS [Transmittal 72 - Revised](#)
 7. Records Management Policy, [EC.014](#)
 8. [Reporting Compliance Issues and Occurrences to the Corporate Office, EC.025](#)
 9. Limitations on Employment Policy, [HR.ER.019](#)
 10. Prohibition Against Contracting with Any Ineligible Person Policy, [MM.001](#)
 11. HCA Healthcare [Compliance Alert #24](#): "Offshore" Telemedicine - Billing Implications
 12. Federation of State Medical Boards, Directory of State Medical and Osteopathic Boards <https://www.fsmb.org/state-medical-boards/contacts>
 13. Verity Ad Hoc Search site: <https://ssocs.veritystream.cloud/asp/37010/userlogin.aspx>
 14. Verity Monthly Batch site: <https://ssocs.veritystream.cloud/asp/37010-2/userlogin.aspx>
 15. A [list of states with exclusion lists](#) on SharePoint

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Licensure and Certification
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16. [MSS-019 Model Leave of Absence Policy](#)
17. [Parallon Corporate Credentialing Policies & Procedures](#): see CPC-32, “Provider File Review and Cactus Actions – Flagging”
18. PARA.MF.PTAC.817 MEDITECH [Provider Dictionary](#)
19. PARA.MF.PTAC.818 MEDITECH [Provider Type Dictionary](#)
20. PARA.MF.PTAC.819 MEDITECH [Provider Group Dictionary](#)
21. PARA.PP.PTAC.215 Procedure for Registration to Undefined Providers
22. [Process Job Aid – Non-Privileged Practitioners](#)
23. [MEDITECH Expanse Procedure to Maintain the MIS Person Dictionary for Practitioners](#)
24. [MEDITECH 6.x Procedure to Maintain the MIS Person Dictionary for Practitioners](#)
25. [Procedure to Maintain the Epic Provider \(SER\) Record](#)
26. [Procedure to Maintain MEDITECH 5.X MIS Provider Dictionary](#)
27. [CMS Two Midnight Rule Resources](#)
28. [State Law Interpretations and Guidelines](#)
29. Telehealth Legal Documentation
30. [National Provider Identifier Standard \(NPI\)](#)
31. [Excluded Persons Affidavit](#)