

## Chapter 9

# LICENSURE, CREDENTIALING, AND GRANTING OF CLINICAL PRIVILEGES

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### Introduction

US Army physician assistants (PAs) are required to meet established standards of education, professional licensure, certification, and clinical competency. To maintain the highest quality of military health care, a process is in place to ensure every provider meets these standards. Credentialing and privileging can be a seemingly arduous and lengthy process; however, a basic understanding of procedures and requirements and knowing what to expect can streamline the process. Additionally, Army PAs need to know specific information depending on their component—active duty, Army National Guard (ARNG), or US Army Reserve (USAR). After defining terms, this chapter is structured to describe the overall clinical privileging process for all Army PAs, followed by specific information for the ARNG and USAR (Figure 9-1).

### Definitions

***Army Medical Department (AMEDD) Professional Management Command (APMC).*** The APMC was stood up in 2005 with the formation of the Army Reserve Medical Command (AR-MEDCOM). APMC supports USAR commanders by providing personnel, training, finance, and assignment management for medical personnel when there are critical wartime shortages. APMC also provides centralized management of medical professionals to improve readiness, including credentialing and privileging of USAR providers. APMC is a direct



**Figure 9-1.** Then-Captain Erika Walker, a US Army Reserve physician assistant, conducts a periodic health assessment for Specialist Shuya Yang, an Army Reserve soldier assigned to 7226th Medical Support Unit, based out of Fort Jackson, South Carolina, in December 2017. Operation Reserve Care was an initiative run by Army Reserve Medical Command's 7458th Medical Backfill Battalion performed at Womack Army Medical Center, at Fort Bragg, North Carolina. Photo by Lieutenant Colonel Angela Wallace.

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reporting unit to AR-MEDCOM and derives authority from the US Army Reserve Command (USARC), with guidance from the USARC Surgeon's Office and US Army MEDCOM Quality Assurance Office, in accordance with (IAW) Defense Health Agency Procedures Manual (DHA PM) 6025.13 and Army Regulations (ARs) 40-68 and 40-66.

**Health care credentialing.** Refers to the process of verifying education, training, and proven skills of health care providers. Steps taken during the credentialing process include verifying licenses, completion of medical education, and completion of training such as fellowships and other certifications.

**Privileging.** Refers to the granting of permission to provide patient care in an institution within the framework of defined clinical practice.

***Interfacility credentials transfer brief (ICTB).*** The ICTB is a summary of the contents kept in the practitioner credentialed file (PCF), used for all privileged providers when applying for privileges at a temporary duty (TDY) or temporary change of station (TCS) location.

***Joint Centralized Credentials Quality Assurance System (JCCQAS).*** The JCCQAS (<https://ccqas.csd.disa.mil/Account/Splash?ReturnUrl=%2f>) is a military and civilian medical workforce management and privileging system designed to maintain historical and current medical provider qualifications, certifications, and privileges. All Department of Defense (DOD) applicants possessing a common access card (CAC) must use the JCCQAS to apply for clinical privileges.

***Primary source verification (PSV).*** Refers to verification of a provider's credentials by going to the "primary source"—the entity that provided the education, license, or other credential to ensure the accuracy of the information given by the health care provider.

***Practitioner's credentials file (PCF).*** The PCF is a comprehensive, permanent file containing documentation relevant to an individual's education, experience, licensure/certification, training, and professional history.

## **Physician Assistant Credentialing Requirements**

***Education.*** Army PAs must meet certain educational criteria for commissioning as a 65D (the Army PA area of concentration). According to Army Regulation (AR) 135-101,<sup>1</sup> all PAs must be graduates of a PA training program accredited by the Accreditation Review Commission on Education for the Physician Assistant.

***Certification.*** All PAs (active duty, ARNG, USAR, and civilian) are required to possess current certification by the National Commission on Certification of Physician Assistants (NCCPA) before regular clinical privileges are granted or renewed. PAs who received their training from the Interservice Physician Assistant Program (IPAP) must take the Physician Assistant National Certifying Examination (PANCE) at the first available testing period following Phase 2 of IPAP training, and must receive a passing score within 12 months.<sup>2</sup>

***Recertification.*** The PA National Recertification Examination is required every 10 years.<sup>3</sup> PAs who are unsuccessful in passing this

examination after two attempts will have their privileges revoked and are prohibited from practicing in their area of concentration. PAs with an existing active duty service obligation (ADSO) for training will be processed for involuntary branch transfer, IAW AR 614-100.<sup>4</sup> Individuals with no ADSO may be eliminated from service, IAW AR 600-8-24.<sup>5</sup>

**Licensure.** 10 US Code § 1098 requires individual practicing health care professionals in the military health system to be licensed. For PAs, the DOD accepts the successful passage of the PANCE as the appropriate authorizing document. State PA licensure requirements are currently waived for active duty PAs due to variations among state regulations (although state licensure is required for off-duty employment).<sup>6-8</sup> The American Academy of Physician Assistants (AAPA) provides open source tools and resources for state licensure at <https://www.aapa.org/advocacy-central/state-advocacy/state-licensing/>. This site lists all 50 state license requirements and their licensing boards; statutory and regulatory requirements for initial licensure and license renewal; and state laws and regulations. The AAPA also provides licensing tips for members.

**National Practitioner Data Bank.** A web-based repository of reports regarding medical malpractice payments and adverse actions related to providers.<sup>9</sup>

## **Clinical Privileging Process**

The following is a general overview of the credentialing and privileging process, which may vary slightly from one facility to another.

### ***Initial Application for Clinical Privileges***

The new provider (recent IPAP graduate or direct commissioned PA) must establish contact with the credentials office at the gaining military medical treatment facility (MTF) to request privileges and initiate a JCCQAS application. Once contact is established, the gaining credentials office will send a welcome letter listing the required documentation needed to begin the privileging process (outlined below). The MTF credentials staff will use these documents to create a PCF for the new provider in JCCQAS.<sup>2</sup> The provider will then receive two emails

from the JCCQAS system. The first will be a notification that there are tasks to complete in JCCQAS, and the second email will contain a JCCQAS username and password. The following are documents required for initial application for clinical privileges:

- consent form,
- copy of government-issued photo identification,
- official military orders,
- diploma from accredited institution,
- NCCPA certificate,
- national provider identification (apply online at <https://nppes.cms.hhs.gov>),
- updated curriculum vitae (signed and dated),
- current Basic Life Support (BLS) certification,
- performance assessment completed and signed by the IPAP Phase 2 clinical coordinator or civilian equivalent for direct accession, and
- two peer review questionnaires (current within the last 24 months).

Once these documents are in hand, the credentials staff completes the following: (1) the PSV to ensure accuracy of the education, training, and licensure of the health care providers; and (2) a query to the National Practitioner Database (NPDB), a web-based repository of reports on medical malpractice payments and adverse actions related to health care providers<sup>8</sup>; to ensure the applicant has no adverse actions against them. The application is then reviewed by the appropriate department chief. If everything is in order, the department chief will forward application to the credentials committee, which is presided over by the deputy commander of clinical services (DCCS). The committee reviews the application. If approval is recommended, it is forwarded to the MTF commander for final approval.

### ***Periodic Reappraisal and Renewal***

Clinical privileges are in effect for a period not to exceed 24 months from the date granted. It is the responsibility of each provider to request the renewal of their clinical privileges every 2 years. Requirements for renewal (accomplished in JCCQAS) are the following:

- JCCQAS application for renewal of clinical privileges,

- performance assessment report completed by supervising physician,
- current BLS certification,
- current NCCPA certification, and
- documentation of continuing medical education (100 credits must be earned every 2 years).<sup>3</sup>

The completed application for renewal of credentials goes through the same approval process as an initial application.

### ***Renewal of Privileges Following Permanent Change of Station or Transfer to Another Medical Treatment Facility***

Upon notification of an impending PCS or transfer to a new facility, the provider must notify the losing MTF credentials office, which will then initiate transfer of electronic and hard copies of the application and performance assessment report. The transfer of privileges goes through the same approval process as an initial application or renewal of credentials.

### ***Credentialing and Privileges for Temporary Change of Station or Temporary Duty***

Military providers who perform temporary duty (TCS or TDY) require an ICTB to render patient care at another location. Requirements (accomplished in JCCQAS) include the following:

- Notify local credentials staff of upcoming TCS/TDY.
- The credentials staff at the parent (sending) MTF initiates the ICTB.
- An email notification is automatically sent to the provider alerting them that there are tasks to complete in JCCQAS.
- The provider logs into JCCQAS and completes a new application for clinical privileges for the gaining MTF.

From this point, the PSV and review processes are similar to those for the original application, with a few important exceptions:

- All provider licenses, certifications, and registrations, as well as those credentials that need to be verified but were not previously verified, must undergo the PSV process. Professional education and other static credentials that generally are not updated over time do

not have to undergo PSV if they have already gone through PSV verification in JCCQAS.

- A new NPDB query is also required.

The privileging authority is the gaining MTF commander. Once the application is approved, the system will import the new privileges into the “Privileges” section of the provider’s ICTB record. The system will also automatically calculate new privilege expiration and staff appointment expiration dates for the provider, based upon the end date for the ICTB duty.

### ***Modification of Privileges at Request of the Provider***

Modification of privileges requested by the provider can be accomplished at any time, including during a periodic renewal. Requirements (performed in JCCQAS) include:

- a new JCCQAS application with requested modifications, and
- documentation of training or certification and appropriate experience.

From this point, the PSV and review processes are similar to those of the original application upon which the modification is based, with a few exceptions. For a modification of approved privileges, only the provider’s licenses, certifications, or registrations and those credentials that require verification but were not previously verified need to undergo the PSV process. A new NPDB query must also be performed. Once the modification application has been reviewed and approved by the privileging authority, the credentials manager will issue the appropriate notifications and complete the application process.

## **Physician Assistant Scope of Practice and Basic Core Privileges**

PAs are awarded privileges commensurate with their education, experience, competence, and the operational needs of the unit they are assigned to. The scope of privileges for a PA includes the evaluation, diagnosis, and treatment of patients of all ages with any symptom, illness, injury, or condition. PAs provide medical services within the scope of practice of the collaborating physicians,

**Table 9-1. Basic core privileges for US Army physician assistants.**

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**Diagnosis and management**

- Prescribe all medications, controlled substances (including Schedule II through V), and therapy regimens including orthotics and prosthetics required within the scope of practice.
- Recommend temporary limited duty profiles in accordance with service policy.
- Perform occupational and medical surveillance program physical exam.
- Perform examinations in accordance with the Occupational Safety and Health Administration (OSHA) and service policy.
- Provide evaluations of nuclear and chemical surety activities in accordance with applicable law and regulation.
- Place patients on quarters in accordance with service policy.
- Perform electrocardiogram preliminary interpretation.
- Prescribe all medications, controlled substances (including Schedule II through V), and therapy regimens including orthotics and prosthetics required within the scope of practice.

**Procedures**

- Laceration repair, minor (one layer).
- Excision of superficial cysts and skin lesions.
- Irrigation of the eye, ear, and wounds.
- Indirect laryngoscopy.
- Fluorescein staining.
- Splinting and stabilizing of spine or extremity injuries.
- Casting of extremities.
- Tonometry and tonography.
- Color vision testing.
- Laceration repair requiring more than one layer of closure.
- Aspiration and injection of joints and musculo-tendonous units.
- Complete or partial nail removal with or without destruction of nail matrix.
- Incision and drainage of cysts and minor abscesses.
- Cryosurgical removal of skin lesions.
- Arthrocentesis.
- Reduction of simple closed fractures and dislocations.
- Thrombosed hemorrhoid incision and drainage.
- Needle thoracostomy.
- Emergency cricothyroidotomy.
- Wound debridement.

**Anesthesia**

- Topical and local infiltration anesthesia.
- Peripheral nerve block anesthesia.

**Skin biopsies**

- Punch biopsy.
  - Shave biopsy.
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including routine primary and preventive care of children and adults. PAs may refer patients to specialty clinics, and assess, stabilize, and determine disposition of patients with emergent conditions. However, privileges to treat certain age groups may vary depending on facility and mission requirements. Deviation from core privileges requires documentation of training and experience and approval by the privileging authority. The basic core privileges of the US Army PA are listed in Table 9-1.

PAs with advanced education, training, and experience, and the appropriate privileges, may serve in specialty practice settings such as aviation medicine, cardiovascular perfusion, emergency medicine,

**Table 9-2. Advanced privileges for US Army physician assistants (additional training required).**

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**Advanced privileges**

- Intrauterine device (IUD) insertion.
- IUD removal.
- Diaphragm fitting.
- Flexible sigmoidoscopy with and without biopsy.
- Subcutaneous contraceptive rod insertion and removal.
- Paracentesis.
- Thoracentesis.
- Tube thoracostomy.
- Lumbar puncture.
- Management of fingertip amputation.
- Direct laryngoscopy.
- Placement of posterior nasal packs or balloons.
- Vasectomy.
- Ultrasonography exam and interpretation for trauma.
- Moderate sedation.
- Regional nerve block anesthesia.

**Additional advanced privileges (may depend on specialty)**

- Prescribe all medications, controlled substances (including Schedule II through V) and therapy regimens including orthotics and prosthetics required within the scope of practice.
  - Recommend temporary limited duty profiles in accordance with service policy.
  - Perform occupational and medical surveillance program physical exam.
  - Perform examinations in accordance with the Occupational Safety and Health Administration (OSHA) and service policy.
  - Provide evaluations of nuclear and chemical surety activities.
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occupational health, and orthopedics. Additions and deletions of PA specialties are approved by the Army surgeon general. Advanced privileges that require additional training are listed in Table 9-2.

## **Army National Guard and Army Reserve Physician Assistants**

Most of the information in this chapter applies to all Army PAs; however, a few important differences exist in the credentialing and privileging processes for the ARNG and USAR PAs. These different processes are described below.

### ***Army National Guard Physician Assistants***

The Credentials Certification and Privileging Preparation (C2P2) Board credentials ARNG PAs and state surgeons award state privileges. The C2P2 Board holds the authority to approve state-level credentials but does not have the authority to award privileges. The C2P2 Board operates under authority from the ARNG Office of the Chief Surgeon, with guidance from the ARNG Medical Advisory Group and the MEDCOM Quality Assurance Office, IAW DHA PM 6025.13,<sup>6</sup> AR 40-68,<sup>7</sup> and AR 40-66<sup>10</sup> (everything in this chapter applies to the ARNG based on these regulations unless otherwise indicated). AR 40-68 is used for PAs in Title 32 status, and the DHA PM for PAs in Title 10 status. State licensure is required for all ARNG PAs, including Title 32 Active Guard Reserve (AGR) PAs; however, Title 10 AGR PAs can waive the state licensure requirement per DHA PM 6025.13.<sup>6</sup> Title 10 AGR PAs function in the same capacity as the active Army PA, so all regulatory guidance for active Army PAs applies to the Title 10 AGR.

ARNG PAs must contact their state credential coordinator to request privileges. The coordinator then initiates the credentialing process and coordinates with an ARNG credentialing contracted vendor and Office of the Chief Surgeon to prepare the PA's file for the C2P2 Board. The board reviews the file and recommends and approves the PA's credentialing (and additional skill identifier, if applicable). The approved credentials are then sent to the appropriate state surgeon. The state surgeon, an ARNG officer, is the delegated authority to award state privileges for delivering health care to eligible beneficiaries. ARNG

PAs who are mobilized for annual training and for missions outside of the United States require verification of credentials and privileges through the mobilizing MTF.

### ***Army Reserve Physician Assistants***

Like the ARNG, USAR PA credentialing and privileging are distinct processes. Credentialing and privileging for the USAR is a two-step process beginning with the APMC and completed by an active component MTF IAW DHA PM 6025.13 and AR 40-68. Providers often think the process is complete after ICTB submission via APMC, but the process is not complete until a designated MTF grants privileges and the provider accepts the approved privileges in JCCQAS. Credentials are managed and maintained by APMC. Privileges are granted by a designated active duty facility. Everything discussed in this chapter applies to the USAR based on these regulations.

APMC verifies credentials every 2 years, and all providers are required to maintain currency at all times. Current, verified credentials are mandatory for a PA to perform readiness evaluations outside an MTF during weekend battle assembly or annual training. USAR military providers who work in an MTF during battle assembly or annual training and are mobilized to a US location, or are deployed outside of the United States, require verification of credentials by APMC, and the generation of an ICTB to the privileging MTF in order to start the privileging process.

Privileges are required to perform any type of clinical duty in an MTF during weekend battle assembly or annual training, or in conjunction with a mobilization or deployment. As stated above, privileging is location dependent and granted by the MTF; APMC does not privilege providers. The privileging facility for USAR and ARNG PAs is determined by deployment location. For example, providers mobilizing out of Fort Bliss, Texas, or Fort Hood, Texas, are privileged through those respective MTFs; Landstuhl Regional Medical Center in Germany is responsible for Europe, Qatar, Jordan, and Kuwait; and MEDDAC (Medical Activity) Bavaria in Germany is responsible for all of Africa.

The process is as follows:

- Upon receipt of the request, APMC will re-verify credentials and request any missing documentation from the soldier.

- Once credentialing is complete, APMC generates the ICTB and sends it to the appropriate MTF.
- The provider logs into JCCQAS and completes a new application for clinical privileges for the gaining MTF.
- Once submitted, the request is reviewed by the gaining MTF privileging committee for approval.
- Once the gaining MTF approves the request, privileges need to be accepted and signed by the provider.
- Access to a CAC-enabled computer and military email is essential for completing the privileging phase. Providers will not deploy from continental US replacement centers without approved privileges.

## **Additional Information**

See the US Army Medical Department Office of Quality Management website (<https://www.qmo.amedd.army.mil/credentialing/cp.htm>) for the latest information and updates about credentials and privileges.<sup>11</sup> The most current Army PA (65D) credentialing forms are also on the website ([https://www.qmo.amedd.army.mil/credentialing/FY19/Physician\\_Assistant\\_AOC\\_65D.pdf](https://www.qmo.amedd.army.mil/credentialing/FY19/Physician_Assistant_AOC_65D.pdf)).<sup>11</sup>

## **Conclusion**

Licensure, credentialing, and privileging affect readiness. A PA who is not able to see and treat patients hinders the Army's ability to be a medically ready force. PAs must take personal responsibility for these requirements. Additionally, licensure and credentialing are important if the PA will be working in the civilian sector. PAs should always remain aware of their privileges and practice at the highest level of their licenses and credentials, depending on their current training, education, and experience.

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