Title: Physician Oversight of Non-Physician Practitioners
Policy No.: CR002_05

Previous Title (if applicable): Supersedes Previous Policy No. QM-CR-05-04, CR-07-03

Department Applicability: Credentialing Policy Review Frequency: Annual

Lines of Business: Medi-Cal, Healthy Families, Healthy Kids, Agnews Date Originated: 06/2005

Originating Dept.: Credentialing Date Approved by P&P Committee:

Originating Dept. Approval: COO Approval: [SIGNATURE ON FILE] Date: 03/18/2011

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Dept. Approval: Revision Date(s): 2/22/06, 7/26/07, 12/2/08, 1/6/10, 2/2011

Chief Medical Officer/Medical Director Approval: CEO Approval: Date:

Date:

1. **Policy Statement**
   Santa Clara Family Health Plan (SCFHP) requires that physician supervision is conducted for non-physician practitioners for all applicable levels of care to SCFHP members.

2. **Purpose**
   The purpose of this policy is to outline general guidelines for the scope of medical care legally permissible for provision by non-physician medical practitioners who are employed by physicians contracted with SCFHP.

3. **Definitions**
   A. Non-Physician Practitioners means SCFHP credentialed dependent practitioners who act as agents on behalf of a supervising primary care physician. These practitioners include Physician Assistants (PA), Nurse Practitioners (NP) and Nurse Midwives (CNM) all of whom hold a current, valid licensure to practice in the state of California.

   B. Mid-level means Non-Physician Practitioner
C. Scope of Practice Agreement means a legal written description of a mechanism for Nurse Practitioners and Nurse Midwives to perform functions which would otherwise be considered the practice of medicine.
D. Delegation of Services Agreement means a written agreement between a Physician Assistant and supervising primary care physician, which defines those medical services that a PA may provide and the process of oversight.

E. Supervising Physician means the SCFHP credentialed physician who is responsible for all medical services provided by the health care mid-level professional.

4. **Procedures**

A. Credentialing and Recredentialing of Mid-level:

1. The Credentialing Department credentials each mid-level who is under the supervision of the SCFHP contracted primary care physician.

2. The Provider Services Department monitors the primary care physician supervisor to mid-level ratios to ensure they do not exceed the maximum patient limit identified in PS012 PCP Maximum Patient Limits Assignment policy.

3. The Credentialing Department monitors sanctions or limitations on licensure which include but are not limited to:
   a. License expiration updates
   b. Medical Board Notifications for PAs
   c. Board of Nursing Regulation
   d. Medicare/Medicaid sanction reports

B. SCFHP’s contracted supervising physicians, according to California law, are ultimately responsible for all care provided to patients by mid-level practitioners and are responsible for:

1. Ensuring mid-levels submit copies of current licensure and certification to employing physician(s) prior to the treatment of any SCFHP members.

2. Evaluating the mid-level’s education, experience, knowledge, and ability to perform the procedure safely and competently, prior to authorizing any medical procedure.

3. Completion and maintenance of a written agreement between the supervising physician and the mid-level(s) that commensurate with the level of training which specifically states the medical services which the mid-level(s) may provide:
a. Delegation of services agreement for PA
b. Scope of practice agreement for NP, CNM.

4. Being physically or immediately available by electronic communications to the mid-level for consultation at all times.

5. Developing written standardized procedure or protocol with the mid-level that are approved by the facility administrator or designee.

C. Mid-levels are responsible for:

1. Rendering emergency services to a patient pending establishment of contact with the supervising physician.

2. Ensuring that services furnished by mid-level(s) are in accordance with State regulatory requirements for practice.

3. Ensuring that drugs and/or devices furnished by mid-level(s) are in accordance with Standardized procedure or protocols. (Refer to 4.B.3)

5. **Confidentiality of Information:**
In accordance with SCFHP’s Confidentiality Policy, and all applicable state and federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

6. **Recordkeeping:**
Each department is responsible for retaining and maintaining documents/drafts/records/paperwork for a minimum of ten (10) years for their own department (refer to policy CP005 Record Retention).