



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

BUMEDINST 6010.37
BUMED-N1R
17 Apr 2024

BUMED INSTRUCTION 6010.37

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY RESERVE MEDICINE CREDENTIALING AND PRIVILEGING RENEWAL
FOR PRIVILEGED PROVIDERS AND CLINICAL SUPPORT STAFF

Ref: (a) BUMEDINST 6010.30
(b) RESPER M-1005.5 of 5 June 2012
(c) BUMEDINST 1500.33A
(d) DoD Instruction 6000.13 of 30 December 2015
(e) SECNAVINST 1920.6D
(f) BUPERSINST 1001.39F
(g) OPNAVINST 7220.17
(h) OPNAVINST 5450.215F
(i) BUMEDNOTE 6010 of 10 January 2024 (Canc: Jan 2025)
(j) DHA-PM 6025.13
(k) BUMEDINST 5420.12G
(l) COMNAVRESFORNOTE 5400 N1 of 1 May 2023 (Canc: May 24)
(m) 37 U.S.C. §373
(n) BUPERSINST 1610.10F

Encl: (1) Privileges and Clinical Support Staff Assignment Stakeholder Responsibilities
and Timeline
(2) Notification of Lapsed Privileges and Clinical Support Staff Assignment Sample
Letter

1. Purpose. To ensure a ready medical force by establishing Navy Reserve Medicine (NRM) procedural guidance regarding the credentialing renewal process for Reserve Component (RC) physicians, licensed practitioners (LPs) and clinical support staff (CSS). This policy standardizes the RC credentialing renewal process and identifies the roles and responsibilities of RC physicians, LPs and CSS within that process, to ensure compliance with references (a) through (n).

2. Scope and Applicability. This policy applies to all Department of the Navy RC physicians, LPs, CSS, specialty leaders (SL), Reserve affairs officers (RAO), readiness commands (REDCOM), immediate superiors in command (ISIC), central credentials and privileging directorate (CCPD), Commander Navy Reserve Forces Command (COMNAVRESFORCOM), and Navy Reserve activities (NRA).

3. Background. RC physicians, LPs and CSS must possess current privileges or clinical support staff assignment (CSSA) to actively deliver clinical support (including administrative reviews), treat patients, and mobilize to platform billets. Failure to maintain privileges or CSSA adversely affects RC warfighting readiness. To prevent RC member separation due to lapse of credentialing and privileging, it is essential that all RC physicians, LPs, and CSSA understand the credentialing and privileging process and are proactive in renewing their privileges and CSSA according to the requirements outlined in references (a) through (c). Failure to comply with the credentialing and privileging process may result in termination of special pays, and RC member processed for administrative separation for cause, for reasons such as professional dereliction, substandard performance of duty, unsatisfactory participation, nondeployable status, and termination of unit assignment, per references (d) through (g). Per references (c), (d), and (g), participants must maintain all licensing, credentialing, and specialty qualifications, and meet privileging requirements to remain in the Special Pay Program. Additional Navy Bureau of Medicine and Surgery (BUMED) special pay guidance documents are available at www.med.navy.mil/special-pays/.

4. Roles and Responsibilities

a. Chief Medical Officer, BUMED (BUMED-N01CMO). BUMED-N01CMO is the privileging authority and is responsible for the privileging process for RC providers, per references (a), (h), and (i).

b. CCPD, BUMED Detachment Jacksonville

(1) Initiates the privileging and credentialing process 6 months before the member credentials expiration date.

(2) Initiates communication of lapsed privileges or CSSAs per reference (b), article 1300-085, to the appropriate RAO and lapsed physician, LP, or CSS.

(3) Will notify BUMED RAO, Medical (COMNAVRESFORCOM N9), REDCOM, or ISIC, REDCOM or ISIC Staff Judge Advocate (SJA), and Navy Reserve Center (NRC) commanding officers (CO) via encrypted email within 7 calendar days if notification is received that a healthcare provider is alleged to have committed professional misconduct, is referred to the Impaired Healthcare Provider Program (IHPP) or has had privileges or CSSAs temporarily removed.

c. RC physicians, LPs and CSS with privileges or CSSAs:

(1) Are responsible for maintaining current privileges or CSSAs.

(2) If current privileges have lapsed, will work closely with RAOs, senior executives (SE) and SLs to correct deficiencies in a timely fashion.

(3) Will comply with all CCPD requests and timelines to ensure privileges and CSSAs do not lapse including requests for medical assessments from treating physicians for any personal medical diagnoses.

(4) Are not authorized to be involved in any medical reviews (e.g., medical retention reviews, line of duty reviews, standard of care reviews), or direct patient care, including periodic health assessments (PHA), physical examinations, or dental exams if privileges or CSSAs do lapse, unless under the direct supervision of a privileged healthcare practitioner within the Military Health System per references (a), (c), and (j).

(5) While in a program of supervision, physicians and LPs are only authorized to sign documents if there is a mechanism for co-signature by the supervising provider.

(6) Will have access locked to the current web based PHA system until privileges are reinstated.

d. RAOs, SLs, and SEs

(1) Will work collaboratively with CCPD to ensure that credentials of RC healthcare provider for their primary subspecialty is up to date and members are aware of and actively engaged with CCPD in the credentialing process.

(2) Follow roles and responsibilities as outlined in reference (k).

(3) The RAO must confirm privileges status prior to billet assignment in Junior Officer Apply (JO Apply), Senior Officer Apply (SO Apply) and Post-Apply board per reference (b), article 1300-085.

(4) Once received from CCPD, RAOs will maintain a RC list of lapsed physicians and LPs and notify the current web based PHA system to lock provider access for all currently lapsed providers.

(5) The RAO will follow these same steps once providers' privileges become renewed, to notify the current web based PHA system to unlock provider access.

e. The cognizant REDCOM or ISIC, including the assigned Regional Medical Director, Senior Medical Officer, SJA, and COMNAVRESFORCOM N9

(1) Will provide support to the NRA CO if Director, Reserve Policy and Integration (BUMED-N1R) initiates involuntary separation processing due to lack of required credentials.

(2) BUMED Office of General Counsel (BUMED-N01L), provides oversight and guidance on medico-legal aspects of the Credentialing and Privileging Program with emphasis on clinical adverse actions, per reference (a).

f. NRA COs

(1) Will notify CCPD and BUMED RAOs through the tasking system within 7 calendar days when a RC healthcare provider has been identified as having a positive and confirmed urine drug screen, are in the process of admin separations for cause, have a Uniformed Code of Military Justice hearing, loss of security clearance, or when a medical records review is initiated due to a change in health status per reference (j), volume 7.

(2) Will provide copies of the supporting documentation to CCPD to be forwarded to the RC Medical Executive Committee (MEC) and RC Nursing Executive Committee (NEC) to determine if a temporary non-punitive reassignment to non-direct patient care activities is required (i.e., administrative lapse of privileges or CSSA).

g. COMNAVRESFORCOM Deputy Chiefs of Staff

(1) COMNAVRESFORCOM N9 confirms failure of RC healthcare provider to comply with credentialing process and grace period. If the member is assigned to a Marine Forces Reserve (MARFORRES) unit, the MARFORRES Surgeon will be copied for visibility; however, credentialing matters will remain within established COMNAVRESFORCOM pathways.

(2) Manpower Plans and Business Policy (BUMED-N12) vets SO Apply and JO Apply eligibility via CCPD list and Reserve Force Manpower Tools (RFMT) prior to billet assignment and will flag in RFMT where necessary. Per references (b) and (l), Medical Corps and Dental Corps must possess the necessary credentials to be privileged in the specialty the billet requires at the time of selection. All members are required to and must be allowed to maintain privileges in the specialty required for the billet for the tenure of their assignment. For Nurse Corps and Medical Corps, members who apply for billets for which they are not currently credentialed and are selected by the board may have to forfeit the billet and be transferred to the voluntary training unit (VTU) if no available billet exists in the correct subspecialty. Director, Civilian Human Resources (BUMED-N11) terminates special pay bonuses and initiates recoupment when directed by NRC COs per references (d), (g), (m), and BUMED special pay guidance.

5. Procedures. All stakeholders listed in paragraph 2 of this instruction will adhere to the roles, responsibilities, and timelines designated in enclosure (1).

a. Privileges or CSSA Expiration Date minus 180 Days

(1) CCPD pulls report from current Navy personnel system and Fleet Training Management and Planning Systems (FLTMPS) to determine if an application should be initiated for the member based on the member's Reserve status.

(2) CCPD distributes a monthly privilege and CSSA summary report to COMNAVRESFORCOM N9, Personnel Assignment (COMNAVRESFORCOM N12), and RAOs.

(3) CCPD initiates the electronic application (E-APP) within current credentialing platform and emails member to start the application process.

(4) Physicians, LPs, and CSS submit application request and all required documents to CCPD for technical review, application processing, primary source verification, and electronic routing to the RC MEC or RC NEC for adjudication prior to expiration date.

b. Privileges or CSSA Expiration Date

(1) If the physician, LP, or CSS application is not approved by the RC MEC or RC NEC prior to the expiration date, CCPD will notify lapsed LP or CSS via official Navy email, identifying deficiencies and discrepancies and requesting immediate remedial action. CCPD should copy RAOs and COMNAVRESFORCOM N9 on the notification email or notify them promptly through other agreed upon means.

(2) RAOs coordinate with the SLs and SEs to create a corrective action plan for the physician, LP, or CSS. The corrective action plan must be completed within 90 days, to ensure the physician, LP, or CSS can resubmit their application request and supporting documentation to CCPD, allowing CCPD enough time to renew privileges and credentials within 180 days. Senior executives of unit mobilization unit identification code (UMUIC) and training unit identification code (TRUIC) CO and respective NRA leadership will be notified by the RAO of all members who are placed on a corrective action plan.

(3) Immediately upon notification of lapsed privileges or CSSA, RAOs will assign "TBH" or "school not completed" manpower availability status (MAS) code in current Navy personnel system to the lapsed physician, LP or CSS profile, per reference (b), article 6000-010. The TBH MAS code will provide awareness and visibility to leadership and NRA of lapsed privileges or CSSA, preclude mobilization and prevent the physician, LP or CSS from providing patient care within the Military Health System, expeditionary platform, RC unit or NRC without a plan of direct supervision.

(4) The RAO will notify the current web based PHA system of lapsed provider status and request that provider access be locked.

(5) Once a TBH" MAS code is assigned, NRAs will provide the member with NAVPERS 1070/613 Administrative Remark documentation, outlining the 180-day timeline for corrective action and identifying potential negative repercussions. The unfavorable actions to be identified in the NAVPERS 1070/613 may include but are not limited to, adverse fitness reports, unexcused absences (UA), bonus pay recoupment retroactive to expiration date of the credentialing deficiency if not corrected and processing for administrative separation for cause

per reference (e). The member will be reassigned to non-clinical tasks during drill weekends until privileges have been restored. At the discretion of the member's UMUIC CO, the member's fitness report (FITREP) performance trait of professional expertise may be rated Below Standards (1.0) or Progressing (2.0), per reference (n).

c. Grace Period (privileges or CSSA expiration notification date to 180 Days)

(1) Physician, LP, or CSS will correct privileging deficiencies and submit the missing requirements.

(2) When applicable, the MEC or NEC will review additional information and forward recommendation for privileging to the privileging authority. UAs may be assigned during this period at the discretion of the physicians, LPs, or CSS's UMUIC CO per reference (b), article 1570-010, unless a corrective action plan has been implemented with the RAO or SL.

(3) Grace period end date (180 days after notification of privileges or CSSA expiration date).

(4) If all requirements for credentialing and privileging have been submitted by the physician, LP, or CSS, and notification of credentialing renewal is received from CCPD, the physician, LP, or CSS may return to patient care. The TBH MAS code will be removed by RAO, and RAO will submit request to unlock access to current PHA system.

(5) If a lapsed physician, LP, or CSS has held the TBH MAS code for 180 days and has not regained privileges or CSSA, BUMED-N1R will forward a flag memorandum to COMNAVRESFORCOM via the tasking system that the lapsed member has failed to maintain required standards of performance of duty or professional conduct and is now subject to separation for cause pursuant to reference (e). Additional adverse consequences include an adverse fitness report, inability to drill, loss of benefits, and recoupment of bonuses as detailed below. COMNAVRESFORCOM N12 will remove the member from their current billet to alternate billet or temporary in assignment processing, per reference (b), article 1300-085. COMNAVRESFORCOM N9 initiates communications to NRA to begin the Board of Inquiry (BOI) and will notify Manpower and Personnel (COMNAVRESFORCOM N1). Reserve Pay Incentives Force Retention (COMNAVRESFORCOM N11) will suspend ongoing special pay and bonus payments until privileges or CSSAs reinstated or until BOI process described in subparagraph 5c(6) is completed.

(6) Upon notification from BUMED-N1R, NRA will consult with the cognizant REDCOM or ISIC SJA and then initiate the separation for cause or separation of Reserve officers not on active duty for lack of mobilization potential per reference (e) to be processed expeditiously. The officer will be processed using notification or BOI procedures as appropriate, and REDCOM or ISIC SJA assists NRA in the "show cause" process. The NRA will also assign the "Admin Action Pending" MAS code.

(7) The lapsed physician's, LP's, or CSS's next FITREP performance trait of Professional Expertise will be rated Below Standards (1.0), as fails to develop professionally or achieve timely qualifications, per reference (b), article 1570-010.

(8) Per reference (f), when members fail to meet satisfactory requirements, they will no longer be eligible for receipt of an incentive bonus, the Montgomery GI Bill-Selected Reserve entitlement, or recommendation for advancement or promotion. Officers may have their drill assignment cancelled and be transferred to the Individual Ready Reserve. An officer who fails to maintain the eligibility requirements for a special pay, does not complete the obligation period for the pay, or whose pay is terminated per reference (d), will be subject to the repayment provisions outlined in references (d), (g), (m), and BUMED special pay guidance.

(9) The NRA will notify the member of failure to comply with the requirements of the NAVPERS 1070/613 (see subparagraph 5b(5) of the basic instruction). The NRA will generate a bonus termination and recoupment letter retroactive to the privilege or CSSA expiration date and forward to COMNAVRESFORCOM N11.

6. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

7. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N1R will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

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8. Information Management Control. Reports required in subparagraphs 5a and 5 of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.



D. K. VIA

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>

PRIVILEGES & CLINICAL SUPPORT STAFF ASSIGNMENT STAKEHOLDER
RESPONSIBILITIES & TIMELINE

RENEWAL PERIOD BEGINS
180 DAYS UNTIL EXPIRATION
CCPD <ul style="list-style-type: none">• CCPD pulls Navy personnel system report and FLTMPs to confirm the member's SELRES status (i.e., not separated, transferred to the IRR, retired, deceased, etc.), before making initial contact with the member.
120 - 91 DAYS UNTIL EXPIRATION
CCPD <ul style="list-style-type: none">• CCPD initiates the renewal application process electronically via Centralized Credentials Quality Assurance System (CCQAS). Automated reminder emails sent to the member until application completed and returned to CCPD.• The assigned Medical Staff Professional (MSP) sends an email to the member notifying them the electronic application was initiated and provide guidance for completing the application to include what information is required to complete the application process.• Sends monthly staff assignment and privileges list to RAOs, COMNAVRESFORCOM N9 and COMNAVRESFORCOM N12.
MEMBER <ul style="list-style-type: none">• Receives reminder emails from CCPD.• Starts to complete renewal package. Reaches out to RAO with questions or concerns.
90 DAYS UNTIL EXPIRATION
CCPD <ul style="list-style-type: none">• If a member of CCPD's team fails to manually initiate the electronic application 91 days before the expiration date, CCQAS is set up to automatically initiate the application on the 90th day before the expiration date.

EXPIRATION GRACE PERIOD
EXPIRATION + 90 DAYS
CCPD
<ul style="list-style-type: none"> • Sends member email confirming lapsed privileges or CSSAs and remaining deficiencies. • Automated reminder emails sent to member from CCQAS every 5 days for 90 days post-expiration date. • Notifies RAO, COMNAVRESFORCOM N9, and MARFORRES Surgeon of expiration.
MEMBER
<ul style="list-style-type: none"> • Receives email notifications that privileges or CSSAs have lapsed. • Works with RAO and SL or SE to develop and execute corrective action plan. • Submits updated credentials package to CCPD to enable re-privileging or credentialing (preferably within 90 days). A new application will be required if more than 90 days have passed with the current privileging or CSSA application on file.
RAO
<ul style="list-style-type: none"> • Assigns TBH MAS code in Navy personnel system, to preclude MOB. • Creates corrective action plan with member, SL, and SE and CO. Complete in less than 180 days. • Communicates repercussions for failure to renew privileges or CSSA to the member. • Emails current web-based PHA system to suspend provider access for lapsed LP.
NRC or NRA
<ul style="list-style-type: none"> • Counsel member with page NAVPERS 1070/613 defining 180-day timeline to correct deficiencies and repercussions if the credentialing deficiency is not corrected: adverse evaluation, potential for involuntary ADSEP, and bonus pay termination and recoupment. • NRC may assign administrative unsatisfactory participation (Admin U) per recommendation of the TRUIC or UMUIC and initiate ADSEP if greater than 9 Admin Us, if the member is not actively pursuing a re-credentialing plan and does not have a corrective action plan in place with RAO or SL.
UNIT
<ul style="list-style-type: none"> • Pursue an appropriate plan of supervision. If unable, reassign member to non-direct care tasks during DWEs. • At the discretion of the member's UMUIC CO, assign FITREP Performance Trait of Professional Expertise as Below Standards (1.0): "Fails to develop professionally or achieve timely qualifications."
COMNAVRESFORCOM N9 OR MARFORRES SURGEON
<ul style="list-style-type: none"> • Receives email from CCPD identifying member with lapsed privileges or CSSAs and remaining deficiencies.
COMNAVRESFORCOM N1
<ul style="list-style-type: none"> • After expiration COMNAVRESFORCOM N12 vets APPLY and JOAPPLY eligibility via CCPD list and RFMT prior to billet assignment and will flag in RFMT where necessary.

EXPIRATION GRACE PERIOD	
EXPIRATION + 180 DAYS	
CCPD	
<ul style="list-style-type: none"> • Sends member Administrative Notification of Deferral or Incomplete Application Letter confirming inadequate completion of corrective action plan. • Notifies RAO, COMNAVRESFORCOM N9, and MARFORRES Surgeon of expiration. 	
MEMBER	
<ul style="list-style-type: none"> • Inadequate completion of corrective action plan within 180-day timeline. 	
RAO	
<ul style="list-style-type: none"> • Notifies BUMED-N1R of member's lapsed status. BUMED-N1R notifies COMNAVRESFORCOM with Flag Memo via the tasking system of: 1) inadequate completion of corrective action plan within designated timeline and 2) criteria met to pursue member's involuntary ADSEP (S1 status) for cause per reference (d) for unprivileged providers or CSSs. 	
NRC or NRA	
<ul style="list-style-type: none"> • Notifies member of failure to comply with NAVPERS 1070/613 and implementation of repercussions. • Begins the Board of Inquiry (BOI) • Sends bonus termination or recoupment letter to COMNAVRESFORCOM N11. • Recommends member for separation for cause per reference (d). • Assign AAP MAS code when the ADSEP process initiated. 	
UNIT	
<ul style="list-style-type: none"> • Drops member's FITREP Performance Trait of Professional Expertise to Below Standards (1.0) as "Fails to develop professionally or achieve timely qualifications." 	
REDCOM	
<ul style="list-style-type: none"> • Directs SJA to support NRC CO in pursuing involuntary ADSEP for cause per reference (d). BUMED Director, Medical Legal Affairs provides oversight and guidance on medico-legal aspects of the Credentialing and Privileging Program with emphasis on adverse practice actions per reference (a). 	
COMNAVRESFORCOM N9 OR MARFORRES SURGEON	
<ul style="list-style-type: none"> • Copies the COMNAVRESFORCOM SJA to provide support to REDCOM SJA as needed in pursuing involuntary ADSEP for cause per reference (d). BUMED Director, Medical Legal Affairs provides oversight and guidance on medico-legal aspects of the Credentialing and Privileging Program with emphasis on adverse practice actions per reference (a). 	
COMNAVRESFORCOM N1	
<ul style="list-style-type: none"> • COMNAVRESFORCOM N11 terminates special pay and initiates recoupment after receiving letter from NRC or NRA. • COMNAVRESFORCOM N12 remove member from billet to either alternate billet or temp IAP. 	

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NOTIFICATION OF LAPSED PRIVILEGES OR CLINICAL SUPPORT STAFF
ASSIGNMENT SAMPLE LETTER
(command letterhead)

6010
Ser N51/
DD Mmm YYYY

From: Chief, Bureau of Medicine and Surgery
To: Rank, First Name, Middle Initial, Last Name, Corps, U. S. Navy

Subj: NOTIFICATION OF ADMINISTRATIVE LAPSE OF CLINICAL PRIVILEGES OR
CLINICAL SUPPORT STAFF ASSIGNMENT

Ref: (a) BUMEDINST 6010.37
(b) DHA-PM 6025.13
(c) BUMEDINST 6010.30
(d) BUMEDINST 1500.33B

1. Per references (a) through (d), your clinical privileges and clinical support staff assignment held with the Centralized Credentialing and Privileging Directorate, Bureau of Medicine and Surgery lapsed on [DD Mmm YYYY] due to an incomplete application. Specifically, [add pending items missing from the application package, and or comments from the MEC or NEC, etc.].
2. You are not authorized, to provide or be involved in any medical retention reviews or direct patient care, including periodic health assessments (PHAs), physicals or dental examinations within the Military Healthcare System. This includes Navy Reserve Centers and all operational platforms.
3. This administrative lapse of privileges or clinical support staff assignment initiates a corrective action plan which must be completed within 90 days per reference (a).
4. Navy Reserve Component healthcare clinicians who do not maintain their privileges or clinical support staff assignment may have separate administrative proceedings initiated by their Navy Reserve Assignment leadership. This may include but is not limited to adverse fitness reports, unexcused absence, removal from billet, bonus pay recoupment, and separation for cause. This action is not associated with or initiated by CCPD, BUMED Detachment Jacksonville.

Enclosure (2)

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Subj: NOTIFICATION OF ADMINISTRATIVE LAPSE OF CLINICAL PRIVILEGES OR
CLINICAL SUPPORT STAFF ASSIGNMENT

5. If you have questions, my point of contact is [MSP or division leads name], who may be reached by email at usn-ccpd@health.mil, or via telephone at: (123) 456-7899

S. A. OLIVOLO
By direction

Copy to:
Credentials Record
BUMED RAO
Unit