Frequently Asked Questions

Military Health System (MHS) system-wide privileging

Overview

The MHS is reforming its provider privileging process to allow MHS providers to carry their privileges between facilities and operational environments, reducing the administrative burden and improving access to care and readiness. The Department will have a universal MHS-wide privileging and reporting system, and under this system granted privileges will be portable across all health care facilities and environments throughout the MHS.

FAQs

Q1. What is provider privileging?

A1. Provider privileging is the process of a healthcare organization granting a provider permission to provide medical and other patient care services. Clinical privileges define the scope and limits of practice for privileged providers and are based on the capability of the healthcare facility, licensure, relevant training and experience, current competence, health status, judgment, and peer and department head recommendations.

Q2. What change is the MHS making to provider privileging?

A2. No later than October 15, 2025, current privileges for active duty and civilian health care providers are recognized as MHS privileges, and current privileging authorities are recognized as MHS privileging authorities. MHS privileges are conferred by current privileging authorities and are valid and portable across the entire MHS without a re-privileging action. Their privileges will remain in effect until they expire, unless a subsequent privileging action is taken. MHS privileges will last for three years from the date of issuance for those providers enrolled in the National Practitioner Data Bank's (NPDB) continuous query and for two years for those providers not enrolled in continuous query unless a subsequent privileging action is taken. Providers assigned to military medical treatment facilities (MTFs) are enrolled in the NPDB's continuous query. This means that privileges will convey with providers between MHS facilities and operational environments, significantly reducing the administrative burden for providers when they switch facilities and operational environments, enabling them to start delivering care more quickly upon moving.

Q3. How did the MHS provider privileging system work prior to the change?

A3. Using the old system, MHS providers had to undergo re-privileging each time they moved between MTFs and/or operational environments before they could begin delivering care. This process granted them privileges to perform a specified scope of work or services at that specific facility or operational environment, and they did not transfer to other MHS facilities. Privileging was granted at the MTF for up to two years unless a subsequent privileging action occurred.

Q4. Why is it important for the MHS to make this change?

A4. The old system of location-specific provider privileging contributed to decreased access to care, reduced capacity, delayed onboarding, and increased administrative burden. This change is designed to enhance the readiness of our medical forces and improve their ability to care for our patients while improving provider satisfaction and boosting retention. Previously, Military Health System providers received privileges valid for two years. Under the expanded policy, health care providers will receive privileges for three years to reduce administrative burden.

Q5. Why is provider privileging important?
A5. Provider privileging is an essential part of the MHS's clinical quality management program. It's how the MHS ensures that our providers are capable of safely and effectively providing services to our patients, and that a facility or operational environment can support that scope of practice.

Q6. What is changing under the move to system-wide privileging?
A6: Under system-wide privileging, a provider's privileges will be recognized as MHS privileges and are valid and portable across the entire MHS without a re-privileging action. A provider's current privileges will remain in effect until they expire, unless a subsequent privileging action is taken. MHS privileges will last for three years from the date of issuance for those providers enrolled in the NPDB's continuous query and for two years for those providers who are not enrolled in continuous query unless a subsequent privileging action is taken. Providers will attest to their clinical training and competence and acknowledge their understanding of the scope of services that a facility can support before practicing, which must also be signed by the MHS privileging authority before a provider can engage in patient care. MHS privileging authorities will privilege providers to the top of their training and competence; ensure the scope of services supported by the care setting or operational assignment are communicated and acknowledged by the provider; and take appropriate action on a provider's MHS privileges in accordance with regulation to ensure delivery of safe and quality care.

Q7. Why is the MHS making this change now?
A7: The MHS has been working toward a system of consolidated credentialing and privileging for a few years now. In recent years, the MHS implemented a successful process of consolidated credentialing for providers which enables system-wide privileging. The consolidation of MTFs under the Defense Health Agency's administration and management also facilitated this change.

Q8. Who grants provider privileges?
A8. The privileging process is multi-faceted. An application must be reviewed by a clinical leader, the MTF's Chief Medical Officer, the clinical supervisory chain, and the MTF Director, who is the local privileging authority.

Q9. Why must providers sign an attestation when they arrive at a new facility?
A9. Before they can practice, providers must sign an attestation when arriving at a new facility or operational environment prior to engaging in clinical care that attests to their clinical training and competence and acknowledges they understand the scope of services that a facility can support. This also provides an opportunity for providers to request any skills refresher training. Providers will have three business days to review and sign the attestation. The MHS privileging authority for a facility to operational environment must also sign the attestation prior to the provider engaging in patient care.

Q10. How will system-wide privileging improve readiness and access to care?
A10: The new process will allow providers moving to new locations within the MHS to resume providing care at a much faster rate. The amount of time to complete the privileging process upon moving to a new facility varies, during which time the provider cannot practice. With the system-

wide privileging, this process could take only days. This allows providers to see more patients, contributing to a medically ready force.

Q11. How will currently privileged MHS switch to new system-wide MHS privileging?
A11: Providers clinical privileges will remain in effect until they expire, unless a subsequent privileging action is taken. MHS privileges will last for three years from the date of issuance for those providers enrolled in the National Practitioner Data Bank's (NPDB) continuous query and for two years for those providers not enrolled in continuous query unless a subsequent privileging action is taken. Providers assigned to MTFs are enrolled in the NPDB's continuous query.

Q12. Who does privileging apply to?
A12: An individual who possesses appropriate credentials and is granted authorized clinical privileges to diagnose, initiate, alter, or terminate regimens of healthcare within a defined scope of practice. This includes doctors, dentists, physicians' assistants, social workers, clinical pharmacists, and many other specialists and medical professionals.

Q13. Will this apply when providers move to an overseas location, or between countries?
A13. Yes.

Q14. Will this apply when providers deploy?
A14. Yes.

Q15. Is the actual privileging process or rigor changing?
A15: No, the new system will apply the same rigor and clinical quality management and oversight as the old system. The initial and renewal privileging process for providers isn't changing. Providers simply won't have to repeat it when they practice at a new facility or in an operational environment.

Q16. What is the difference between provider privileging and credentialing?
A16. Credentialing is the process of obtaining, verifying, and assessing the qualifications of both privileged and non-privileged providers to provide safe patient care services. This assessment serves as the basis for decisions regarding delineation of clinical privileges, as well as appointments and reappointments to the medical staff. The required information should include qualification data, such as relevant education, training, and experience; current licensure; and specialty certification (if applicable) as well as performance data, such as current competency, and the ability to perform the selected privileges. This data is collected, verified, and assessed initially and on an ongoing basis. Privileging is the granting of permission and responsibility of a healthcare provider granted by the Privileging Authority to provide specified or delineated healthcare within the scope of the provider's license, certification, or registration. medical and other patient care services. Clinical privileges define the scope and limits of practice for privileged providers and are based on the capability of the healthcare facility, licensure, relevant training and experience, current competence, health status, judgment, and peer and department head recommendations.

Q17. Does this impact telemedicine privileging?

A17. Providers who maintain MHS privileges in good standing require no additional privileging action to provide telemedicine services within the MHS.

Q18. When will MHS providers see training materials? How can they access the materials?
A18. A comprehensive suite of training materials is available on the DHA SharePoint site for providers and MTF privileging authorities, beginning October 15, 2025.

Q19. Will MHS privileges be transferable to non-MHS facilities, like the VA, Indian Health Service, or private sector facilities?
A19. Not at this time.

Q20. Will MHS providers who also practice at a non-MHS facility (like embedded training programs) need to be privileged separately at those facilities?
A20. Providers practicing at non-MHS facilities will be required to meet the credentialing and privileging requirements outlined by that the external facility's policies and procedures.

Q21. Which providers does this apply to?
A21. Right now, MHS privileges will apply to active duty and civilian employee providers. System-wide privileging for the Reserve Components not on extended active duty will be in place no later than May 27, 2026.

Q22. How will this impact healthcare accreditation?
A22. The new system-wide MHS privileging process has been coordinated with our healthcare accreditor to ensure that the MHS will remain compliant with accreditation standards under the new system.