Credentialing and Privileging

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The goal of this Continuing Education Program is to provide health care professionals with information on the credentialing and privileging process and real world application.
OBJECTIVES:

Recognize credentialing and privileging as two distinct and separate processes.

Define which providers and other licensed or certified practitioners are subject to credentialing and privileging policies.

Differentiate between primary and secondary source verification.

Analyze credentialing and privileging files for Red Flags.
Definitions

- **Deeming**: The application process of the organization, by which they are able to demonstrate compliance with FSHCAA requirements.
  - The organization is deemed having met FSHCAA requirements

- **Credentialing**: The process of assessing and confirming the qualifications of a licensed or certified healthcare practitioner to render specific health care service(s).

- **Privileging**: The process of granting the qualified healthcare provider (Licensed Independent Practitioners) permission to render specific health care services and perform specific health care procedures for a limited time (2 years).
Why Credential?

1. Patient Safety- Protects patients from incompetent providers

2. Risk Management- Protects health center from potential liability claims

3. Quality Improvement- Verifies providers current competency

4. Accreditation- Requires process
Importance of Credentialing

The organization has a duty to care and a duty to prevent harm.

These duties are obligated from the Board of Directors, through the administration and is inclusive of all health center staff members.
Importance of Credentialing

- Ensures all health care providers (LIP’s) and clinical staff (licensed and certified) are qualified to render the type of care for which they are employed.

- Involves evaluating a practitioner’s eligibility to provide clinical services at the health center.

- Failure to fully credential may result in liability if a patient is harmed.
Accreditation and FTCA Requirements

- The FTCA Credentialing and Privileging Requirements are outlined in Policy Information Notice 2002-22.

- There are commonalities between accrediting bodies and FTCA as well as differences.

- Health centers need to crosswalk between:
  - FTCA credentialing and privileging requirements
  - Their accrediting body’s credentialing and privileging requirements
  - State requirements
  - Third party reimbursement requirements
Step One– Prepare a Credentialing Packet

- Personal Information
- Current Professional Practice
- Education
- Training
- Academic Affiliations
- Other Professional Work

- Professional Licenses
- Certifications and Registrations
- Office Information
- Copies of Required Documents
- Attestation
- Additional Information
Step Two

Present packet to candidate

Provide specific information on required information and due dates

Review laundry list of information required in packet; explain waiver
Who must be credentialed?

- All health center practitioners, employed or contracted, volunteers and locum tenens involved in direct patient care must be credentialed within the last two years in accordance with the requirements outlined in PIN 2001-16 and PIN 2002-22, including all of the following:
  - Licensed independent practitioners (Physicians, nurse midwives, nurse practitioners)
  - Licensed practitioners (e.g. RN’s, LPN’s, dental hygienist)
  - Certified practitioners/technicians (e.g. dental, lab, radiology, CMA)
Licensed or Certified Healthcare Practitioners

Organization’s policies need to clearly define:

- **Licensed or certified healthcare practitioner**: an individual required to be licensed, registered, or certified by the state, commonwealth, or territory in which a health center is located.

- **Licensed independent practitioner (LIP)**: Providers permitted by law and the organization to provide care and services without direction or supervision, within the scope of the individual’s license and consistent with individually granted privileges (e.g., physician, nurse practitioner, physician assistant, dentist, nurse midwife, behavioral health).

- **Other licensed or certified practitioner**: Providers not permitted by law to provide patient care without direction or supervision (e.g., laboratory technician, social worker, laboratory, X-ray, medical assistant, registered nurse, licensed practical nurse, dental hygienist).
Primary vs. Secondary Source Verification

- **Primary source verification**: verification by the original source of a specific credential to determine the accuracy of a qualification reported by a practitioner.
  - Direct correspondence
  - Telephone/Internet verification
  - Reports from credentials verification organizations
  - The Education Commission for Foreign Medical Graduates, American Board of Medical Specialists, American Osteopathic Association Physician Database, American Medical Association Master file may be used to verify education and training

*Source: HRSA PIN 2002-22*
Primary vs. Secondary Source Verification

- **Secondary source verification**: verification by sources other than primary sources.
  - Original/initial credential
  - Notarized copy of credential
  - Copy of credential

Source: HRSA PIN 2002-22
Primary and Secondary Verification

- Primary source verification is obtained for the following:
  - Applicant’s license
  - Applicant’s education, training, experience
  - Applicant’s registration
  - Application’s certifications
  - Applicant’s current competence
  - Applicant’s ability to perform services for which privileges are requested

- Secondary source verification is obtained for the following:
  - Government-issued photo ID
  - DEA registration (if applicable)
  - Hospital admitting privileges (if applicable)
  - Immunization and PPD status
# Primary vs. Secondary Source Verification

## CREDENTIALING OR PRIVILEGING ACTIVITY

<table>
<thead>
<tr>
<th>Activity</th>
<th>Licensed Independent Practitioner (LIP)</th>
<th>Other licensed or certified practitioner</th>
</tr>
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<tbody>
<tr>
<td>Examples of Staff</td>
<td>Physician, Dentist, RN, LPN, CMA, Registered Dietician</td>
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### A. CREDENTIALING METHOD

<table>
<thead>
<tr>
<th>Step</th>
<th>Primary source</th>
<th>Secondary source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Verification of licensure, registration, or certification</td>
<td>Primary source</td>
<td>Primary Source</td>
</tr>
<tr>
<td>2. Verification of education</td>
<td>Primary source</td>
<td>Secondary source</td>
</tr>
<tr>
<td>3. Verification of training</td>
<td>Primary source</td>
<td>Secondary source</td>
</tr>
<tr>
<td>4. Verification of current competence</td>
<td>Primary source, written</td>
<td>Supervisory evaluation per job description</td>
</tr>
<tr>
<td>5. Health fitness (ability to perform the requested privileges)</td>
<td>Confirmed statement</td>
<td>Supervisory evaluation per job description</td>
</tr>
<tr>
<td>6. Approval authority</td>
<td>Governing Body (usually concurrent with privileging)</td>
<td>Supervisory function per job description</td>
</tr>
<tr>
<td>6. National Practitioner Data Bank Query</td>
<td>Required, if reportable</td>
<td>Required, if reportable</td>
</tr>
<tr>
<td>7. Government issued picture identification, immunization and PPD status, and life support training (if applicable)</td>
<td>Secondary source</td>
<td>Secondary source</td>
</tr>
<tr>
<td>8. Drug Enforcement Administration (DEA) registration, hospital admitting privileges</td>
<td>Secondary source, if applicable</td>
<td>Secondary source if applicable</td>
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### B. INITIAL GRANTING OF PRIVILEGES

<table>
<thead>
<tr>
<th>Step</th>
<th>Primary source</th>
<th>Supervisory evaluation per job description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Verification of current competence to provide services specific to each of the organization’s care delivery settings</td>
<td>Primary source, based on peer review and/or performance improvement data.</td>
<td></td>
</tr>
<tr>
<td>2. Approval authority</td>
<td>Governing Body (usually concurrent with privileging)</td>
<td>Supervisory evaluation per job description</td>
</tr>
</tbody>
</table>

### C. RENEWAL OR REVISION OF PRIVILEGES

<table>
<thead>
<tr>
<th>Step</th>
<th>Frequency</th>
<th>Supervisory evaluation per job description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Frequency</td>
<td>At least every 2 yrs</td>
<td></td>
</tr>
<tr>
<td>2. Verification of current licensure, registration, or certification</td>
<td>Primary source</td>
<td></td>
</tr>
<tr>
<td>3. Verification of current competence</td>
<td>Primary source, based on peer review and/or performance improvement data.</td>
<td></td>
</tr>
<tr>
<td>4. Approval authority</td>
<td>Governing Body</td>
<td>Supervisory function per job description</td>
</tr>
<tr>
<td>5. Appeal to discontinue appointment or deny clinical privileges</td>
<td>Process required</td>
<td>Organization option</td>
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How do we obtain current competence verification?

- Obtained through a variety of sources
- References from residency directors, department chairs and others who have first hand knowledge of clinical abilities and technical skills
- Evaluation of professional standing reflected by information found on malpractice claims, peer review attestation, and maintenance of a valid and unrestricted license
- Evidence of lifelong specialty-specific learning (CME)
- Assessment by peers, patient satisfaction, QI data, chart audits, and patient outcomes
Step Three

Use a checklist to track required credentialing documents.

Check for returning documents on a weekly basis.

Review application for completeness.

Request missing information.
Examples of Information to Include on Checklist

- It is helpful to use a checklist to ensure all required information is collected by the health center and received from the provider:

  - Curriculum vitae (CV)
  - Diplomas (e.g., undergraduate, post-graduate, medical school, residency, fellowship)
  - Statement confirming health fitness
  - Certificates (e.g., board certification, BLS, ACLS)
  - Medical licenses
  - Drug Enforcement Administration (DEA) registration (if applicable)
  - Controlled Dangerous Substances (CDS) registration (if applicable)
  - Peer references
Who can serve as a Peer Reference?

- Prior training directors
- Department Chairs
- Chief of Staff
- Others familiar with applicants professional history and current clinical competence
- Preferably those in the same professional discipline
Where can we find information on Immunization Requirements?

CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, 2011;60(RR-7).
How do we determine “fit for duty”

- Most Health Centers include a Health Status and Fitness for Duty Form in the packet

- Health Status is typically reviewed by an employee health professional and not seen by other staff for confidentiality purposes

- The Peer Review Evaluation Form typically includes questions about the mental and physical health status of the applicant.

- Many centers consult with counsel for advice on information received
Step Four - Check for Red Flags

- Time gaps—periods of time that are unaccounted for or information reported by the applicant that does not match the timeline or information reported by the organizations with which the applicant is or was affiliated. Ensure that your credentialing policy defines what will be considered a significant “time gap” (i.e. 30 days or 90 days).

- Vague or unduly narrow answers from references or references that refuse to complete a detailed evaluation.

- Numerous lawsuits reported.

- Prior disciplinary action by any other healthcare organization or licensing body.

- Failure to disclose information.

- Extra time needed to complete a training program.
Step Four - Check for Red Flags

- Inability to verify information reported on the application.

- Information indicating that the applicant holds a license in another state that was not listed on the application, and documentation provided by the applicant does not show that he or she ever practiced, trained, or otherwise had a need for a license in that state.

- Inability to provide references that can attest to current clinical competence.

- Rumors, discussion, or documentation from co-workers or staff related to professional conduct or possible impairment.

- Change of insurance companies several times in recent years.
Step Five

- Health Center Medical Director and joint committee conducts a review and approves or denies application.

- Forward to Governing Body for review and final decision which documented in the minutes.

- Governing Board Chair notifies applicant of decision in writing. All information is also placed in the providers file.
Re-Credentialing

- Credentialing Renewal - Source information

- The health center obtains primary source verification for the following:
  - Expiring or expired credentials
  - Peer-review results for the previous two-year period
  - Relevant performance improvement information
  - The organization utilizes data from peer review and QI/QA activities to support its credentialing functions.

- Prior to the 2-year regular credentialing renewal cycle some credentials may be due to expire. Maintaining a spreadsheet that is monitored monthly for credentials due to expire or placing expiration dates in an Outlook Calendar may assist in preventing this from occurring.
Ways to ensure compliance with FTCA requirements.

- Fully understand the FTCA requirements.
- The health center’s credentialing policies must be approved by the governing Board of Directors.
- Credentialing procedures must be completed and documented.
- The credentialing processes must be completed, and reviewed by the CMO and a committee.
  - The reviewing committee must document the review of specific providers credentialing application.
  - The Board must approve and be assured the organization is compliant.
  - The Board must document approval.
- Medical staff can not provide health care prior to completion of credentialing process.
- Risk management/corporate/QA/QI programs should audit the processes to ensure policies and procedures were fully implemented and the organization was compliant.
The required credentialing list must be uploaded utilizing the excel spreadsheet provided in the FTCA application.
Credentialing Spreadsheet FAQs

Q: Who should appear on the credentialing list?
A: All health center practitioners, employed or contracted, volunteers, and *locum tenens* (i.e., temporary practitioners), at all health center sites should appear on the credentialing list.

Licensed independent practitioner (LIP)
Other *licensed or certified* practitioner

Q: Should employees from the past year or current employees appear on the credentialing list?
A: No, only individuals who are currently working at the health center at the time of submission of the application.
Credentialing Files

- Maintain complete and organized credentialing documentations and records.
- Provide each health care practitioner with a separate paper or electronic credentialing file.
- Keep files in a secure location.
- Conduct an audit of each file once per year to identify any missing items.
- If you use a credentials verification organization (CVO):
  - Ensure the CVO understands FTCA requirements.
  - Ensure the CVO meet the CVO requirements outlines in PIN 2002-02
  - Make certain the contract with the CVO speaks to privacy, document ownership and document retention.
  - Ensure your privacy release (signed by LIP) speaks to the use of a CVO by the organization.
Case Studies
The CEO/ED is called by the Medical Director who is concerned that its new pediatrician needs to be credentialed tomorrow because patients can not gain access. The Pediatrician already has a signed contract and a salary guarantee. The credentialing specialist has reviewed the file and found an unusually high number of malpractice cases. What should the CEO/ED do?
Credentialing exists to protect patients.

Credentialing done poorly puts patients, doctors and Health Centers at risk.
A busy clinic hires a new PA. The PA is immediately put to work. One day the PA writes an order for pain medication at the request of the patient. The pharmacy calls the Medical Director to ask who the PA is and whether he or she has privileges to write prescription orders.

What should the Medical Director do?
Nobody works without being privileged.

Three areas to review:

Privilege list with quality monitoring;

Job Description with supervision and annual performance review; and

Contract with scope of services agreement.
The Medical Director is called by the credentialing specialist regarding a new applicant. She has reviewed the file and found several references with questions raised regarding the applicant’s ability to exercise obstetrics privileges unsupervised.

What should the medical director do?
Resolve all concerns to your satisfaction before making any recommendations for privileges.
A dentist decides that conscious sedation in the office would alleviate the patient from going to the hospital for oral surgery. He takes a two-week course, receives a great reference from the instructor and requests privileges for oral surgery and conscious sedation.

What should you do?
Follow your credentialing and privileging policy and deemed scope of services.

The Center’s policy is to follow policy.

In lieu of a policy, the Center’s policy is to create a policy.
Do you have clear policies?

- Temporary credentialing and privileging
- New Technology
- Approvals and Review
- Claims Management
- Provider Appeals Process
- Telemedicine
- Allied Health Professionals
A Nurse Practitioner with a history of disruptive at a neighboring clinic applies at your health center. What is the first thing you should do?
Excellent credentialing requires clear criteria—Consistently applied.

Criteria
License
Training
Character and Ethics
Behavior
Malpractice Insurance
QUESTIONS?

Thank you!