Unraveling the Mystery of Credentialing & Privileging at CHC’s

TN PCA
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Franklin Marriott Cool Springs
Franklin, TN

About You

› What I have learned from the pre assessment survey about you?

› What are you hoping to learn?

› Tell us about you: CHC, location, responsibilities

› Credentialing questions, concerns, etc.
Who Am I, Really?

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Learning Objectives

- Recognize the multiple purposes for credentialing & privileging
- Identify the elements of a system
- Pay homage to importance of the process
- Learn strategies for developing policies/procedures
- Know of resources to assist in developing policies, procedures and processes
The Importance of Credentialing

- **Quality Care & Patient Safety:** Ensures the background, including education, certifications, licenses and competence of providers.

- **Risk Management:** Reduces risk of lawsuits for failure to credential or for negligent credentialing.

What is Credentialing?

Credentialing is the process of assessing and confirming the qualifications of a licensed or certified healthcare practitioner.

PIN 2001-12
First handout
What is “Privileging”? 

- The process of authorizing a licensed or certified health care practitioner’s specific scope and content of patient care services.
- The organization grants privileges only for services that are within its “scope of service” and can be supported by the organization.
- Approval authority is vested in the board.

Who Do We Credential?

Licensed Independent Practitioners LIPs—“individuals permitted by law and the organization to provide direct patient care services within the scope of their licenses and individually granted clinical privileges.” Joint Commission p. 5

- MD, DO, FNP, PA, CNM, DDS, DMD, LCSW
- This list is not inclusive.
- Primary Source Verification
Additional Credentialing

- All other licensed/certified professionals who need licenses/certifications to do their jobs, i.e. RN’s, Pharmacists, LCSW, DH, Etc.
- Privileging by supervisor not board

Who Does the Credentialing?

In most CHC’s it is handled by HR staff. Others: CMO staff, CEO Admin, CFO Staff

It is important to have a clear process in place and best not to have multiple persons and depts. in the process.
The Credentialing Committee

- A committee includes the Clinical Directors, HR Director and Quality Director
- Hold regular meetings
- Write policies and procedures
- Review regularly process/procedures regularly
- Determine how new LIP’s get presented to the board
- Educate the board about their critical role in granting privileges
- Audit at least annually

When does this process start?

- Before the hire date
- Application given or sent to appropriate candidates well in advance of hire date.
- NO PROVIDER SHOULD BE ALLOWED TO BEGIN EMPLOYMENT UNLESS THE FILE IS COMPLETE.

STOP
Credentialed Application

- Important: get to finalist candidates ASAP
- Send electronically the application and supporting documents
- Thanks to Angela Martin from Caswell for application sample
- Some CHC's have had materials changed so that candidates can auto fill spaces and return electronically
- Credentialing Software: CACTUS

TIP ONE

Ask for a government issued picture identification, not their Facebook or LinkedIn photo.
Temporary Credentialing

- Emergency Situations—Not the Norm
- Missed the Board Meeting
- All verifications, checks, queries completed
- Missing the Board Approval/Urgent Need
- Time 30 or 90 days max
- Other ways to handle this
  - Executive meeting of Board
  - Conference call with the Board

Possible Liability for Negligent Credentialing

- Failure to adopt/follow state licensing requirements
- Failure to follow the health center’s own rules and regulations, policies and core privileging criteria
- Failure to employ standards of national accrediting organizations
- “Rubber stamp” reappointment—failure to consider provider’s accumulated quality and performance improvement data
Audits–Credentialing & Privileging

- HRSA Operational Site Visits include this topic as one of the 19 elements
- FTCA audits are becoming more common and focus on FTCA requirements including this
- The Joint Commission or any of the other quality accrediting organizing focus on this with a fine tooth comb

Consequences

- Loss of accreditation
- Malpractice claims
- Loss of FTCA–estimate costs savings to org.
- Loss of confidence by patients
- Bad employee morale
- Personal risk to your license
- Bad reputation in community
- Difficulty recruiting and retaining providers
Some of the Checking

- CV, Resume
- Application and signed release
- 3 letters of reference
- Copy of current NC license verified online
- Copy of current DEA certificate
- Current Board Specialty Certificate
- See List in PIN

Queries

- OIG Office of Inspector General
- NPI National Practitioners Identification
- Verification of Education, Training and Graduation (use AMA when possible)
- Excluded Parties List System (EPLS)
- NPDB National Practitioners Data Bank
  
  And enroll in the PDS Proactive Discloser System
- Appropriate Board Specialty
Primary Source Verification

- See page 2 for definition BPHC
- See pages 5 & 6 for table on need
- CVO as verification organization
- See page 7 for details on CVO

TIP TWO

**Verification of licenses for FNP’s varies by state. Most often it is tracked by The Board of Nursing.**
Credentialing Files and Checklists

- It is important that the files be kept in a set order—what goes on left side on top, etc. so when anyone is checking for a dental license, they can find the current one quickly and all others.
- Audit every folder at least once a year
- See “Guide for Preparing Files for an FTCA Site Visit.” on the clinical site of ecri.

Sample Credentialing Checklist

- There are many available.
- Don’t reinvent the wheel. Use some samples and create your own.
- The Joint Commission book has some.
- The ECRI Credentialing Toolkit.
- NACHC is developing a Credentialing Toolkit
- Thanks to Ann Hogan
  Salud Clinic
Sample Folder

- Passing Around sample folder
- Thanks to Claretta Foye, Lincoln CHC

Sample Spreadsheet

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Job Title</th>
<th>Professional Designation</th>
<th>Status</th>
<th>Date of Hire</th>
<th>Current Credentialing Date</th>
<th>Next Credentialing Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>Thomas</td>
<td>Medical Director</td>
<td>MD</td>
<td>FT</td>
<td>11/1/2001</td>
<td>5/22/2012</td>
<td>5/22/2014</td>
</tr>
<tr>
<td>Jones</td>
<td>Susan</td>
<td>Physician</td>
<td>MD</td>
<td>FT</td>
<td>7/30/2009</td>
<td>7/1/2011</td>
<td>7/1/2013</td>
</tr>
<tr>
<td>Stanton</td>
<td>Sam</td>
<td>Care Manager</td>
<td>LCSW</td>
<td>FT</td>
<td>11/29/2000</td>
<td>11/20/2010</td>
<td>11/19/2012</td>
</tr>
</tbody>
</table>
TIP THREE

Spreadsheets for tracking should be in Excel as HRSA is moving to electronic input for FTCA applications going forward and this is all they will accept in the future.

TIP FOUR

Unless your site is small create several spreadsheets. One for LIP’s and another for OLCP. They can be merged for your FTCA application.
Create Your Tracking System

- There are the paper files: who sees these? **Confidentiality is critical.**
- Create a system that is usable by more than one person.
- Scan documents or save electronically per provider.
- Use your electronic calendar to remind of tasks and due dates, etc.

Peer Review

- Part of initial credentialing
- Part of re-credentialing process
- Integrated into quality process
- Maintain provider confidentiality
- Improvement Process
- Not a “Rubber Stamp Process”
- With EMR information look at data and trends, continuous auditing
See Sample Peer Review Form

- Thanks to Angela Martin at Caswell Family Medicine
- NACHC Website: HR Clearinghouse
- Great resources
- Also can find previous webinars

HCQIA

- Health Care Quality Improvement Act provides immunity when conducting peer reviews in good faith
- Provides protection from discovery
- Peer review as educational process
- Ongoing process to detect problems
Reappraisal & Renewal of Clinical Privileges

- FTCA and The Joint Commission: At least every 2 years
- Reviewed and renewed when there is a change:
  - In the scope of service of provider
  - In the scope of service of organization
  - Or any restrictions on license, etc.

Organizations:

- BPHC  See policy attachment  FTCA HRSA  http://bphc.hrsa.gov/ftca
- The Joint Commission
  - Great resource: Credentials Review and Privileging: Questions and Answers for Ambulatory Care
- AAAHC  Similar to The Joint Commission  http://www.aaahc.org  list resources
- Patient Centered Medical Home
- LinkedIn Credentialing Groups
Credentialing Links

- Medical Board:
- Dental Board:
- DEA: https://www.dealookup.com/TestDB_Signup.asp
- OIG: http://exclusions.oig.hhs.gov/search.aspx
- NPI: https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do
- EPLS: https://www.epls.gov/epls.jsp
- NACHC: http://www.nachc.com/hrclearinghouse/

Credentialing Links Continued

- NPDB: http://www.npdb-hipdb.hrsa.gov/index.jsp
- AMA: https://profiles.ama-assn.org/amaprofiles/
- ABFM: https://www.theabfm.org/index.aspx
- TNBOP: http://health.state.tn.us/boards/pharmacy/
- ECFMG: http://www.ecfmg.org/
Questions

- Hopefully we have unraveled the mystery.