Credentialing & Privileging: Getting It Right

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Discovering

- Find someone who . . .
A Little More About Me

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Your Burning Questions
Objectives

- Identify the differences between LIP’s and OLCS
- Recognize the multiple purposes for which credentialing & privileging is done
- Learn best practices
- Template policy
- Pay homage to the process
Objectives

- Distinguish Primary Sources Verification from Secondary Source Verification
- Identify key elements of a compliant system
- Develop strategies for maintaining your system for recredentialing and privileging
- Identify available resources to assist in developing your systems: sample forms, checklists, websites, etc.
The Importance

- **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.
The Importance: Why

- FTCA-PIN 2011-01
  Who? Coverage
  What? Covered Scope & New Services
  FTCA Policy Manual (see resource link)
  Who is HC patient? (see manual) (see exceptions)
- Application Process
- Claims
2011 - Present

- PIN 2011-01, the FTCA Manual is published on January 3, 2011.

“the primary source for information on FTCA for health center program grantees…” (PIN 2011-01) also 2002-22.

BUT “if there are any conflicts between its content and FTCA law as interpreted by the courts (including federal statutes, regulations, and case law), the law prevails” PIN 2011-01.
• PIN 2001-19 (September 2001)
  Establishes the application of the Touhy rule (prohibition on giving testimony) to deemed health centers and individuals.

• PIN 2002-22 (July 2002)
  Lays out specific requirements for credentialing and privileging of clinical staff in all BPHC funded activities.
PIN 2007-16 (August of 2007)
Establishes policy for FTCA coverage in times of local, state of national disasters.
FTCA Site Visit

- Are you doing what you said you do?
- Similar to HRSA Operational Site Visits
- Prepare all management and staff
- Identify point personnel for areas
- Review of policies on risk management areas, quality improvement and credentialing and privileging

- Guide for Preparing Files for an FTCA Site Visit   ECRI.
The Importance: Why

• Accreditation
  
The Joint Commission
  [Link to The Joint Commission]

AAAHC  Similar to The Joint Commission
  [Link to AAAHC]

list resources
The Important Why

- Credentialing & Privileging integrated into your Quality and Risk Management Program
The Important Why

- Medicare, Medicaid and Private Insurance Companies
Summary of Why

- Maintain FTCA coverage
- Pass FTCA audit
- Pass HRSA operational site visit
- Maintain your quality accreditations
- Receive reimbursement from Medicare, Medicaid and private insurers
- MAINTAIN QUALITY PROGRAM
Case Study 4

- You have hired an experienced FNP and while checking the NPDB you discover a malpractice claim attached to her that she did not disclose on her credentialing application? How do you proceed? What happens when a provider has malpractice claims?
Your Policy

- The difference in policy and procedure
- What should be in your policy?
- Your organization’s policy
- See the Sample Policy from ECRI and another health center
The health center should have an appeal process for LIP’s if a decision is made to discontinue or deny clinical privileges. HRSA PIN 2002-22
Making Peer Review Work

- Do not make peer review a disciplinary process but rather educational one
- Develop a peer review manual
- Connect peer review with credentialing and re-credentialing
- Connect peer review to quality program
- Allow time and heighten urgency
- Audit the peer review process
Overcoming Barriers

- Practitioners’ resistance
- Departmental territorial issues
- Time constraints
- Potential conflict of interest
Role of Board of Directors

- Ultimate approval vested in the governing board
- May delegate this authority via resolution and bylaws to appropriate individual
Possible Liability for Negligence

- Possible loss of accreditation
- Loss of FTCA coverage
- HRSA closure as FCQHC
- Loss of insurance coverage
You have made an offer to a MD and he accepted it. During the course of credentialing you discover that his Board Certification had lapsed. Do you proceed with the offer? Or not? Why or why not? If you hire him would you put anything in place to deal with the situation?
Credentialing is the process of assessing and confirming the qualifications of a licensed or certified healthcare practitioner.

PIN 2001-12
Primary Source Verification

- LIP’s Licensed Independent Practitioners
- See page 2 for definition BPHC
- See pages 5 & 6 for table on need
What is a CVO?

- If you use a credentials verification organization (CVO), make sure that the documents maintained by the CVO are completed and organized and that the health center can access physical files or electronic databases in advance of a HRSA site visit.
Secondary Source Verification

- **Who?** OLCP except license or certificate
- **Type:** Other than primary
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
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
Case Study 3

- In the course of verifying that a long term RN has an updated license, you get an online notice telling you to contact the Board of Nursing. From all appearances, her license has expired. You take this issue to the DON who says don’t worry, I know her and she probably was just a day late or so in renewing. What do you do? What are the risks? How do you proceed?
When Does the Process Begin?

- 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
The Application

- Important: get to finalist candidates ASAP
- Send electronically the application and supporting documents
- Ask for government issued photo ID
- Some CHC’s have had materials changed so that candidates can auto fill spaces and return electronically
- Credentialing Software: CACTUS
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
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.
Privileging

- http://www.srmc.amedd.army.mil/assets/home/Newly Released Forms.htm
Temporary Privileges

- 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
Re Privileging

- 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
## Provider Continuing Education Activity Summary Form

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<th>Date</th>
<th>Activity Type</th>
<th>Activity Sponsor</th>
<th>Credit Hours</th>
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I hereby certify that I have completed the continued medical education as noted above.

Signature__________________________________________________________

Date____________________________________________________________

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<th>Total Hours</th>
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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.
Flowchart 3: Renewal of Credentials and Privileges

1. Use tracking system to determine when providers are due for renewal of credentials/privileges (e.g., at least every two years). See Preparing Credentialing List.

2. At time set by health center, notify provider that his/her credentials/privileges are due for renewal.

3. Application for reappointment and renewal of privileges submitted by deadline?
   - Yes
   - Review credentials, peer review results, and performance improvement data.* Use primary and secondary sources when appropriate. See Table.
   - No
   - Discontinue appointment to medical staff and clinical privileges. Notify provider.

4. Forward recommendations to medical director or joint committee of medical director, CEO, and medical staff to present to board. See Sample Credentialing and Privileging Policy.

5. Board review. Does board decide to approve or deny renewal?
   - Deny
   - Approve
   - Renew credentials and privileges. Document with board signature; file in provider’s credentials file and update tracking files.

* Health centers and free clinics should have processes in place for collecting performance data (e.g., chart review, direct observation, peer review) on an ongoing basis (e.g., every six months), not just every two years.
You have made an offer to an MD and she accepted it but in the course of gathering her professional references, she asks you not to contact her most recent employer because she was fired and you would not receive a positive reference. What checking do you do? Do you proceed with the offer? What are the risks to hiring?
Your Burning Questions

- Did we answer your burning questions?
Questions/Discussion

Questions are guaranteed in life; Answers aren't.
The following are a few internet resources for verification of credentials:

- American Medical Association Physician Master Profile
- Federation of Chiropractic Licensing Boards
- American Association of Dental Examiners
- Drug Enforcement Agency (DEA)
- Association of American Medical Colleges
- American Association of Colleges of Nursing
- American Academy of Physician Assistants
- American Association of Colleges of Podiatric Medicine
- Accreditation Council for Graduate Medical Education
- Federation of State Medical Boards
- American Osteopathic Association
- American Association of Nurse Anesthetists
- American Board of Medical Specialties
- American Dental Association (Specialty Boards Recognized by ADA)
- American Podiatric Medical Association (Specialty Boards Recognized by the AMPA)
- American Osteopathic Information Association
- American Nurses Credentialing Center
- American College of Nurse-Midwives
- Educational Commission for Foreign Medical Graduates
- National Commission on Certification of Physician Assistants
Resources

- http://www.nachc.com/clinicalworkforcerecruitretain.cfm
- http://bphc.hrsa.gov/qualityimprovement/supportnetworks/
- http://bphc.hrsa.gov/qualityimprovement/supportnetworks/
Your Take Aways

- Article: Ambulatory Care Programs: The Who, What, When and Where’s of Credentialing & Privileging
- Copy of Power Point
- Copy of Case Studies
- Sample Policies and Forms
- PIN 2002-22
- Quiz and Certificate
LASTLY

THANK YOU AND
THANK YOU AND
THANK YOU