

Credentialing Strategies to Streamline Your Physician Enrollment Process

Emily Anne Nolte, Manager
Lauren Christian, Manager

Introductions



Emily Anne Nolte,
CHFP
Manager, Boston



Lauren Christian,
CHFP, CPCS, LMSW
Manager, New York

Session Objectives

This session will provide you with the knowledge to:



Identify opportunities for reducing the length of time to credential providers



Outline benchmarks that indicate an effective credentialing process



Deconstruct the credentialing process

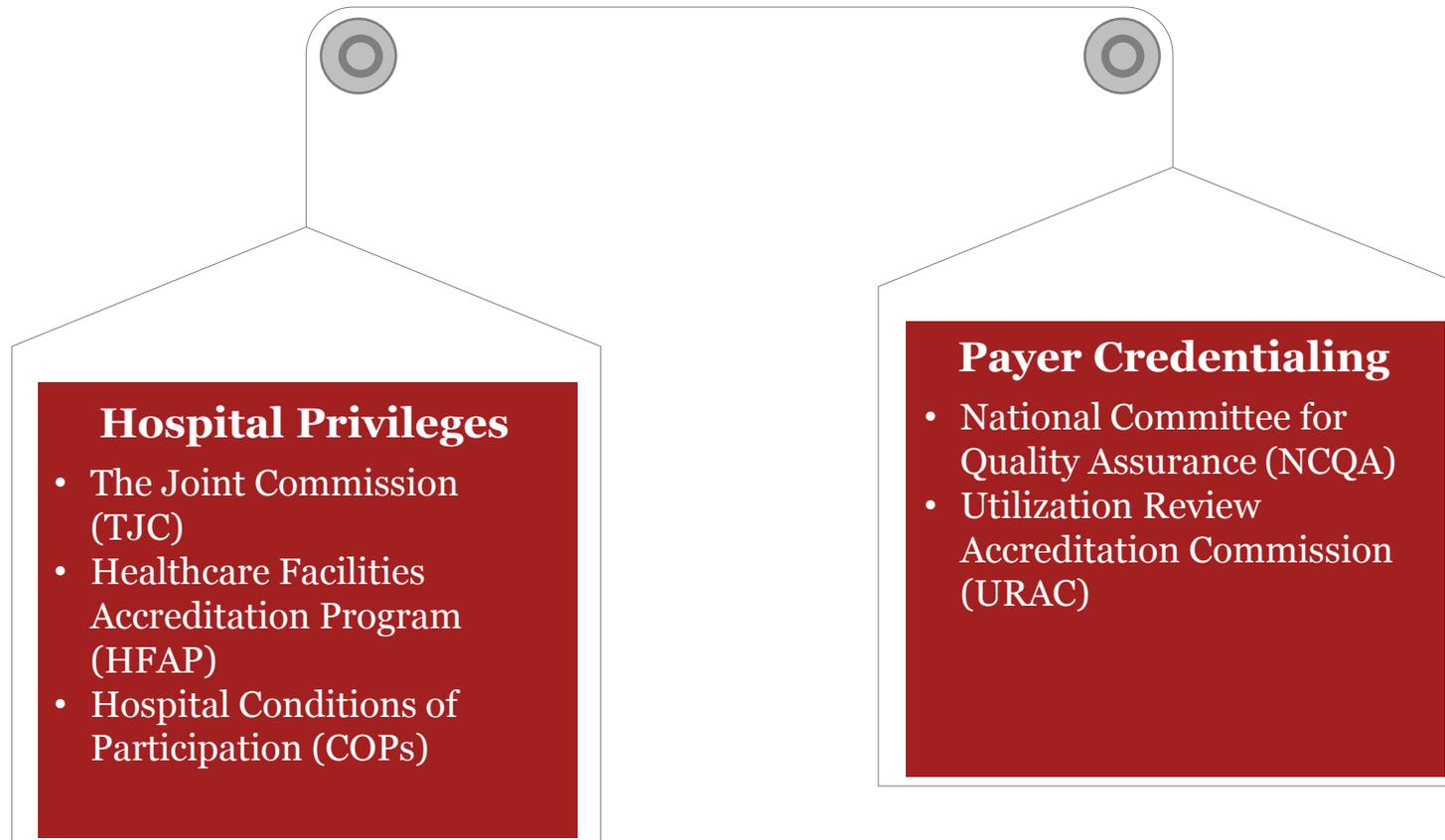
Overview

Presentation Topics

- Introduction to Credentialing
- Credentialing New Hires
- Preventing a Lapse in Re-Credentialing
- Effective Credentialing Committees
- Case Study: Specialized Cancer Hospital*
- Strategies to Remain Audit-Ready
- Establishing Credentialing Benchmarks
- Special Cases of Credentialing

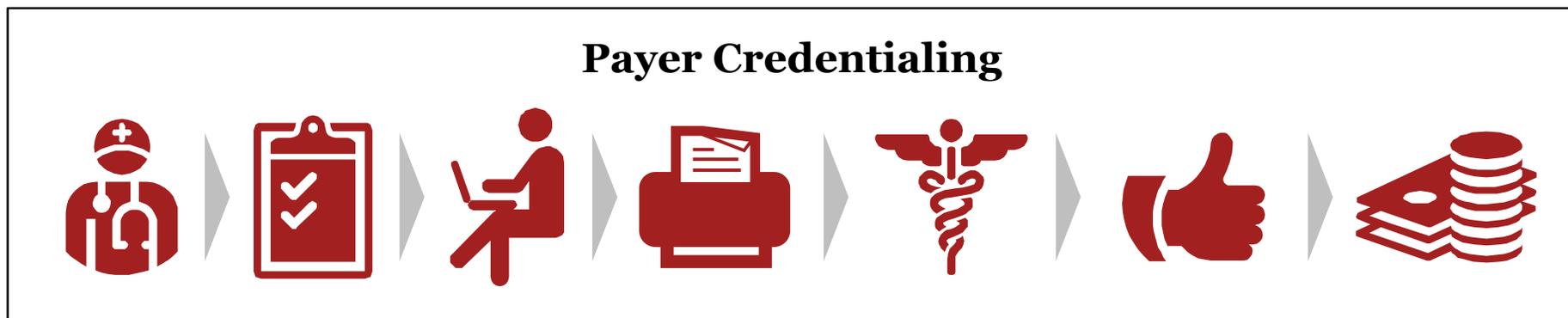
Introduction to Credentialing

Key Considerations:



Introduction to Credentialing

Primary Processes



Key Credentialing Criteria & Requirements

Criteria	Source Verification
Proof of Identity & Criminal Background	<ul style="list-style-type: none">• National Provider Identifier (NPI) Number, Social Security Number, and national, state, and county criminal databases
Education & Training	<ul style="list-style-type: none">• National Student Clearinghouse, American Medical Association (AMA), Educational Commission for Foreign Medical Graduates (ECFMG), etc.
Professional Licensure	<ul style="list-style-type: none">• State licensing boards, National Practitioner Data Bank (NPDB), and Federation of State Medical Boards (FSMB)
Prescribing & Board Certifications	<ul style="list-style-type: none">• US Drug Enforcement Agency (DEA), state Department of Public Safety (DPS) and/or Controlled Substances (CDS), American Board of Medical Specialties (ABMS), etc.
Work History	<ul style="list-style-type: none">• National Association Medical Staff Services Practitioner Affiliation Sharing Source (NAMSS PASS) and verification from applicable facilities
Malpractice Insurance & Claims History	<ul style="list-style-type: none">• Self-reported verification, current and past malpractice carriers, and National Practitioner Database (NPDB)
Sanction Disclosure	<ul style="list-style-type: none">• Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), General Services Administration's Excluded Parties List System (EPLS), etc.

*List is not exhaustive

Consequences for Practicing without Current Credentials



Compliance

- Lapse in credentialed status violates payer contracts
- Negligent credentialing is a patient care liability
- Slack credentialing standards can damage an organization's reputation



Loss of Revenue

- Practicing without credentials jeopardizes revenue from payers and other federally funded programs
- Failing to institute proper quality controls can reduce revenue in a value based reimbursement environment



Increased Expenses

- Employed physicians may continue to earn a salary while unable to treat patients
- Audits from inadequate credentialing cost time and money
- Increased liability in the event of malpractice lawsuits

Strategies for Credentialing New Hires

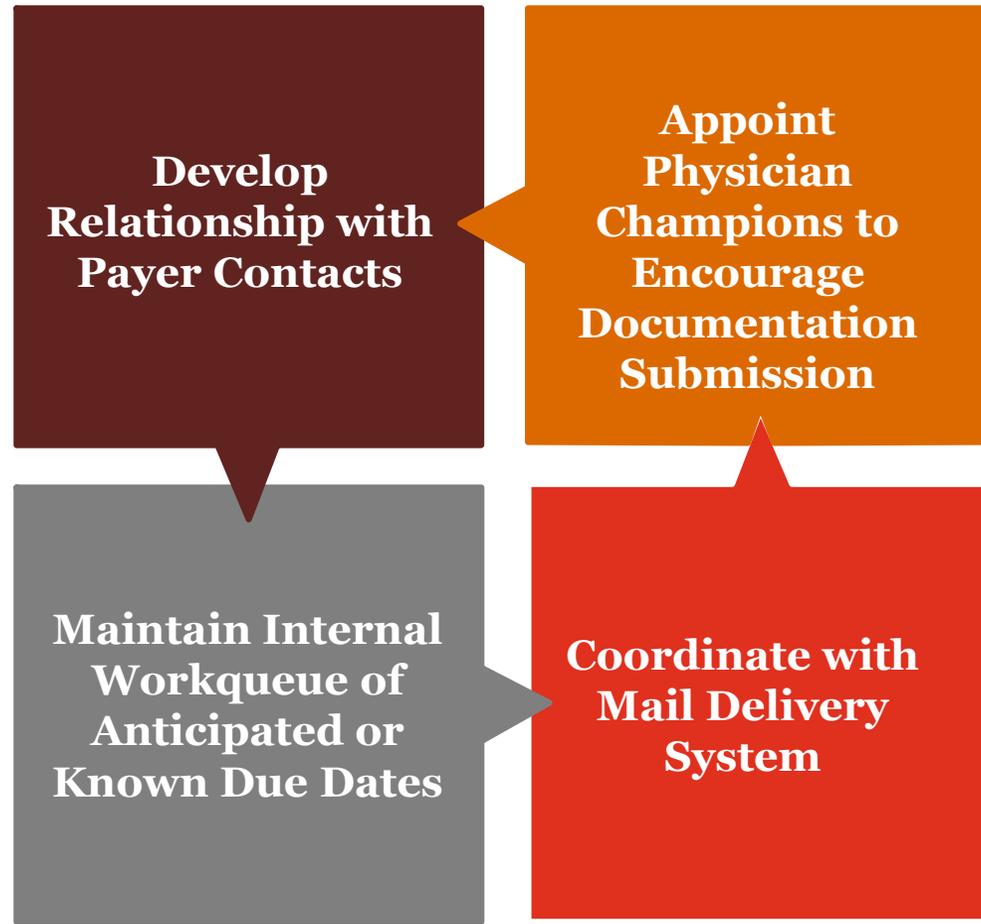
01 **Start Early:** Work closely with physician recruitment to prepare for new clinicians

Educate: Alert prospective candidates to credentialing process, required documents, and expected timeline **02**

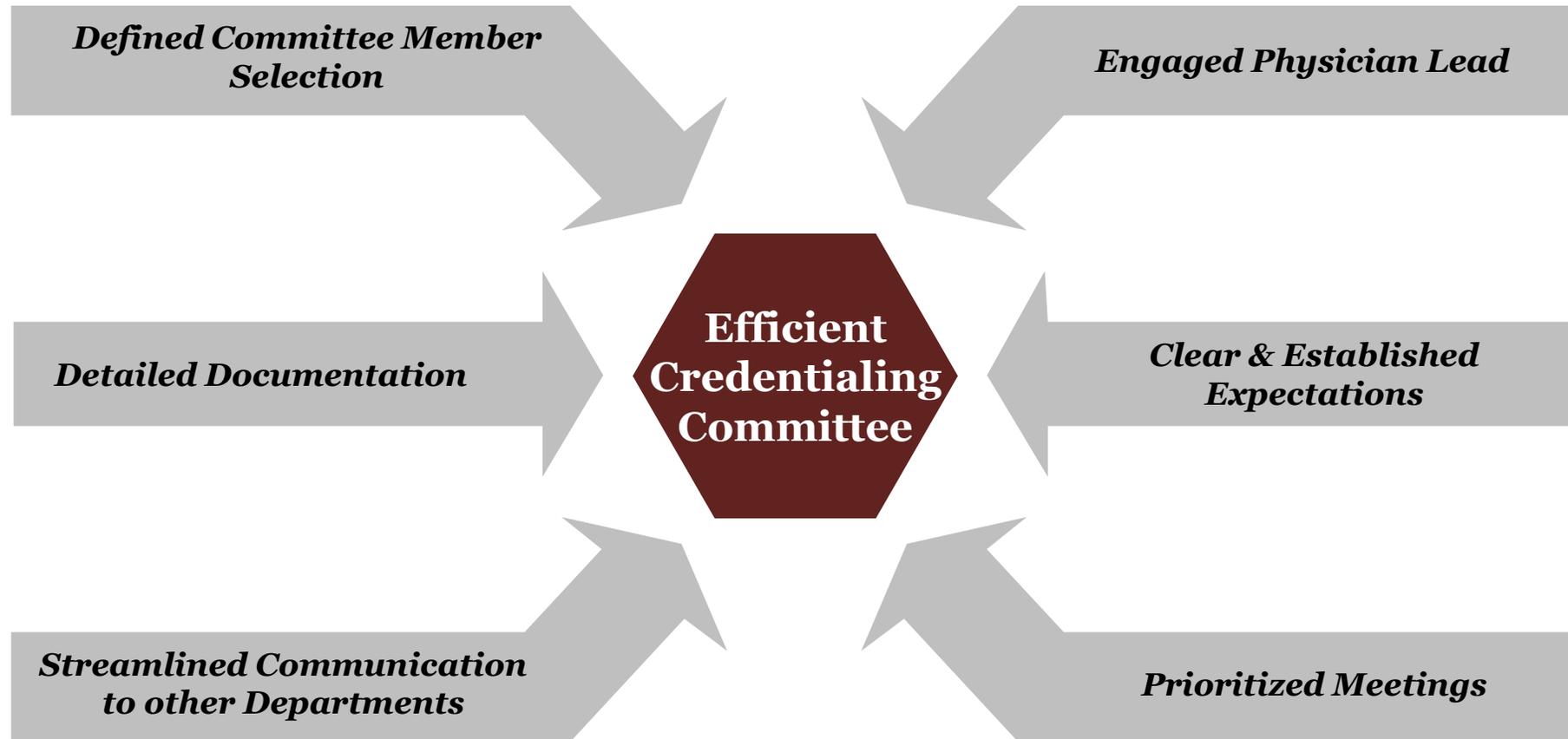
03 **Set Expectations:** Send prepared contracts with payers out with final offer

Establish as Requirement: Make start date contingent on receiving all information in a timely manner **04**

Preventing a Lapse in Re-Credentialing



Effective Credentialing Committees



Case Study:

Specialized Cancer Hospital

Case Study: Specialized Cancer Hospital

Employed physicians without hospital privileges and payer contracts not able to bill for patient services

Business Problem

- Lack of defined roles and responsibilities for credentialing procedures
- Lack of escalation practices in cases when an applicant is delinquent in providing the required documentation
- Claim denials as a result of untimely notice when a physician leaves facility
- Unclear employee termination practices

Project Impact and Outcomes

- Standardize credentialing procedure for new physicians and assign responsibilities to staff
- Clinician separation and transfer procedure
- Stepwise employee termination procedure
- Standardize escalation practices for delinquent applicants

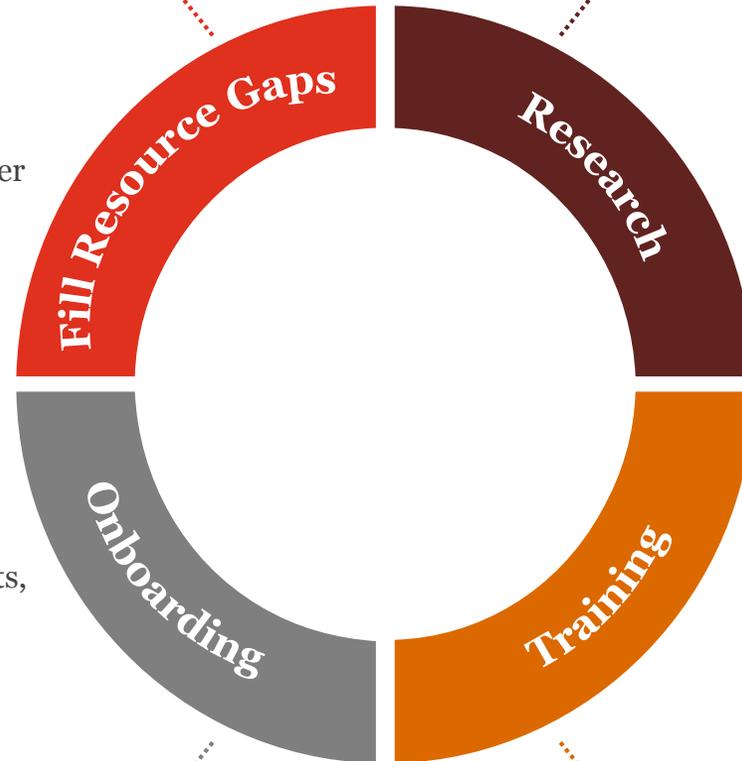
Managing Physicians Not Credentialed

Fill Resource Gaps

- Assist other physicians with administrative duties
- Work under supervision of another physician
- Participate in other non-clinical initiatives
- Be creative!

Onboarding

- Learn about different departments, meet leadership and staff
- Review organizational policies
- Improve employee satisfaction



Research

- Assist with ongoing laboratory research
 - Start additional research projects
- Continue prior research work

Assist with Training

- Review and develop various curricula
 - Host or participate in live trainings

Methods to Maintain Physician Credentialing

	Delegated – In House	Non-Delegated - In House	Outsource
Investment Needs	<ul style="list-style-type: none"> • Highly trained staff • Optimal staff: provider ratio • Internal KPI tracking • Internal audit team 	<ul style="list-style-type: none"> • Dedicated department 	<ul style="list-style-type: none"> • Vendor management / clear processes • Vendor fees
Technology Requirements	<ul style="list-style-type: none"> • Automated tracking of each payer contract • System integration (e.g. real-time list of providers across platforms) 	<ul style="list-style-type: none"> • Internal tracking system of payer contracts as possible 	<ul style="list-style-type: none"> • Minimal
Pros / Cons	<ul style="list-style-type: none"> • Timely credentialing • Risk of revenue loss if failed credentialing found during audit 	<ul style="list-style-type: none"> • Dependent on payer’s timeline to credential physicians • Less risky 	<ul style="list-style-type: none"> • Training and technology managed externally • Less control over credentialing process

Audit Prep

Starting with Internal Strategies to Remain Audit-Ready



Tailoring Your Credentialing Approach

There are three organizations that are of particular relevance to Federally Qualified Health Centers for the purposes of credentialing. The Joint Commission (TJC) and the Accreditation Association for Ambulatory Care (AAAHC) define nationally recognized accreditation standards, of which physician credentialing is a major component.

<i>The Joint Commission (TJC)</i>	<i>Accreditation Association for Ambulatory Care (AAAHC)</i>	<i>Health Resources and Services Administration (HRSA)</i>
<ul style="list-style-type: none">• TJC accreditation is a mark of organizational excellence in the areas of patient safety and quality of care.• As part of the accreditation process, The Joint Commission will review the credentialing process for all Licensed Independent Practitioners.	<ul style="list-style-type: none">• AAAHC accreditation is pertinent to all ambulatory care clinics and surgery centers, community health centers, small and large dental practices, etc., committed to improving quality, efficiency and effectiveness of the care they provide.• AAAHC accreditation is a sign that a healthcare organization meets or exceeds nationally-recognized standards.	<ul style="list-style-type: none">• Employees of eligible health centers may be deemed Federal Employees qualified for purposes of malpractice protection under the Federal Tort Claims Act (FTCA), provided they are appropriately credentialed.• Providing medical malpractice protection frees millions of dollars for Health Center Program grantees annually that can be invested in increasing health care services and funding quality improvement activities.

Tailoring Your Credentialing Approach

The three primary accrediting organizations all require establishing minimum credentialing requirements, defining a process to evaluate individuals against those requirements, and executing that process. However, the particulars of their requirements vary.

	The Joint Commission (TJC)	Accreditation Association for Ambulatory Care (AAAHC)	Health Resources and Services Administration (HRSA)
Audit / Survey Frequency	Generally every 18 – 36 months	Every 3 years	Varies
Re-Credentialing Frequency	Every 2 years	Every 3 years (<i>where not superseded by state or CMS requirement</i>)	Every 2 years
Credentialed Persons	All Licensed Independent Practitioners (LIPs)	All Licensed Healthcare Practitioners	All practitioners, including volunteers and <i>Locum Tenens</i>
Allows CVO	Yes	Yes	Yes
Additional Requirements	Requires primary source verification	Accepts approved secondary source information	Credentialing process should meet the standards of a national accrediting organization such as TJC or the AAAHC

Establishing Credentialing Benchmarks

Average Credentialing Time



- Accelerating the credentialing process reduces onboarding time for new physicians and reduces risk of a lapse in credentialed status, maximizing productive time
 - Below Average Performance: > 90 days
 - Average Performance : 60 – 90 days
 - Good Performance: <60 days

Credentialing Denials Volume



- Tracking denials and adjustments related to credentialing is a useful indicator for measuring an effective credentialing process.
- Generate a report on the total number of claims denied and number of accounts written off due to incomplete credentialing

Lapse in Credentialed Status



- A lapse in credentialed status for physicians in your organization indicates a breakdown in the re-credentialing process. Identifying a lapse in status is an indication that the process should be reexamined to determine where the breakdown occurred

Special Cases of Credentialing

International

- Leverage FCVS (Federation of State Medical Boards) profile
- Discuss visa concerns and impact on start date

Locum Tenens

- Utilize Q6 modifier
- Seek staffing company that can assist with billing
- Monitor length of coverage closely

Specialties

- Maintain list of varying requirements
- Train staff to recognize specialists & associated requirements

Contact Us:

Emily Anne Nolte
404-702-9121
emily.anne.nolte@pwc.com

Lauren Christian
646-471-4346
lauren.m.christian@pwc.com

<http://www.pwc.com/us>
PricewaterhouseCoopers Advisory
Services LLC
101 Seaport Boulevard, Boston, MA
02210

Appendix

Tailoring your Credentialing Approach

The Joint Commission (TJC)

- **Applicable Organizations:** *As part of the accreditation process, The Joint Commission will review the credentialing process for all Licensed Independent Practitioners*
- **Importance to Your Organization:** TJC accreditation is a mark of an organization excelling in the areas of patient safety and quality of care. Many consider Credentialing one of the most challenging accreditation standards applied by TJC
- **Audit Overview:**
 - TJC performs audits by on-site survey, which are generally unannounced between 18 and 36 months after the previous full survey
 - Surveys happen at a minimum every 39 months
 - Survey sessions generally last 30-60 minutes
 - Surveyors randomly identify specific LIPs and staff whose files they would like to review, but selection of LIPs often involves those who were involved in tracers or organizational leadership.
 - An assessment of medical staff credentialing and privileging occurs for all hospitals seeking accreditation or re-accreditation
 - All Licensed Independent Practitioners must be credentialed with the organization
 - Note: Nurse Practitioners are licensed in 17 states as “independent practitioners”. In the remaining states they are licensed as practicing “under supervision of an LIP”.
 - TJC allows organizations some jurisdiction to define their own qualifications that LIPs must possess to practice at their organization but the qualifications need to be specific to the privilege being granted for safe, competent care.
 - Education, training, and experience. Specialty areas of practice. Board certification.
 - TJC requires primary source verification of LIPs’ education, training, certificates and licensure.
 - HR.02.01.03 EP 3 CAMAC 2014 edition contains TJC approved sources for primary source verification
 - TJC also allows organizations to use a Credentialing Verification Organization to obtain
 - Providers must be re-credentialed every 2 years (Note: Exception Illinois, which follows a 3 year credentialing cycle)

Tailoring your Credentialing Approach

Accreditation Association for Ambulatory Care (AAAHC)

- **Applicable Organizations**

- Ambulatory care clinics and surgery centers, community health centers, small and large dental practices, etc., committed to improving quality, efficiency and effectiveness of the care they provide
- Grantees under section 330 of the PHS Act are eligible for AAAHC assistance in preparing for the accreditation survey
- AAAHC requires credentialing of all licensed healthcare practitioners.

- **Importance to Your Organization**

- AAAHC accreditation is a sign that a healthcare organization meets or exceeds nationally-recognized standards

- **Audit Frequency**

- Survey process happens every 3 years
- While a final determination of the scope of survey (that is, the number of survey days and the number of surveyors) cannot be established until a completed application is received, most health centers can plan to be surveyed over a 2 1/2 day period by a team of 2 surveyors
- DEA Registration DEA certificates should be current and indicate the classes of drugs that the individual is privileged to prescribe.
- NPDB Query The National Practitioner Data Bank should be queried for initial staff applications and again at the time of reappointment.
- Your credentialing files must include an attestation statement signed by the applicant that attests to the truthfulness of the entire application and its contents. This should include a statement releasing the organization from liability for any actions that result from inaccuracies in the application.
- Medical staff must be re-credentialed every 3 years unless applicable state law supersedes, in addition to CMS' requirement of re-credentialing every 2 years.
- In a solo medical or dental practice, the provider's credentials file shall be reviewed by an outside physician (for a medical practice) or an outside dentist (for a dental practice) at least every three years, or more frequently, if state law or organizational policies so stipulate, to ensure currency, accuracy, and completeness of credentials. The provider is required to complete an application or reapplication, and the documentation identified in Standard 2.II.B.3 must be present in the credentials file, including a list of procedures that will be performed by the provider in the organization/ practice setting and evidence of appropriate education, training, and experience to perform the privileged procedures. Applications are available for other providers requesting credentialing and privileges to perform procedures in the solo provider's organization, including any anesthesia providers. In a solo provider's practice, the granting of privileges shall be reviewed by an outside physician (for medical practices) or dentist (for dental practices) with documentation provided to the organization.
- Must verify that physicians have admitting privileges. Medicare Certified Ambulatory Surgery Center (ASC) must have written transfer agreement with hospital to ensure physicians performing surgery in ASC have admitting privileges nearby
- All physicians performing surgery must have privileges at a local Medicare participating hospital

Tailoring your Credentialing Approach

Health Resources and Services Administration (HRSA)

- **Applicable Organizations:** Employees of eligible health centers may be deemed Federal Employees qualified for purposes of malpractice protection under the Federal Tort Claims Act (FTCA)
 - Providing medical malpractice protection frees millions of dollars for Health Center Program grantees annually that can be invested in increasing health care services and funding quality improvement activities
 - All grantees funded under section 330 of the PHS Act (Community Health Centers, Migrant Health Centers, Health Care for the Homeless Centers, and Public Housing Primary Care Centers)
 - Eligible health centers must apply to the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)
 - All participating providers must be appropriately credentialed as part of the application process and to be eligible for malpractice protection.
- **Importance to Your Organization:** The BPHC Health Center Program Expectations (Policy Information Notice (PIN) 98-23 revised) states that a Health Center credentialing process should meet the standards of a national accrediting organization such as the JCAHO or the Accreditation Association for Ambulatory Health Care, Inc., (AAAHC), in addition to the requirements for coverage under the Federal Tort Claims Act (FTCA)
- **Audit Frequency**
 - Review of credentials for health care practitioners at your organization should occur on an ongoing basis, with renewal at least every 2 years
 - HRSA requires all health center practitioners (LIPs and other certified practitioners), including volunteers and *locum tenens* (i.e. temporary practitioners). Each licensed practitioner should also be registered with the DEA, and obtain a National Practitioner Data Bank query every two years.
 - HRSA recommends reviewing all files annually to identify any missing items
 - Provider credentialing information **MUST** be stored in an Excel spreadsheet
 - Credentialing verification procedures include both primary and secondary source verification, as well as data from peer review and QI/QA activities that are overseen by the board.
 - Be prepared to describe the Health Center's peer review process, including participants, feedback and process improvement methodologies.
 - Health Centers may choose to have credentialing completed by a hospital or credentials verification organization. However, the Health Center must follow all guidelines that the JCAHO or other nationally recognized accrediting organization has placed on the use of these organizations for such a credentials verification process.