



Credentialing and Privileging 101 and 102 June 2, 2017

Patricia Stahura, RN, MSN
Senior Patient Safety Analyst
ECRI Institute

Amy Goldberg-Alberts, MBA, CPHRM, FASHRM
Executive Director, Partnership Solutions
ECRI Institute



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Learning Objectives

By the end of the presentation, participants will be able to:

- 1. Define differences between credentialing and privileging**
- 2. Define requirements for licensed independent practitioners (LIPs) and other licensed/certified health care practitioners (OLCHPs)**
- 3. Identify primary versus secondary source verification requirements and methods**
- 4. Recognize how to establish and maintain credentialing files to support quality improvement and patient safety**



Learning Objectives

5. **Develop an understanding of HRSA requirements for credentialing and privileging (policy information notices [PIN] 2001-16 and 2002-22)**
6. **Determine the differences between HRSA requirements and those from other organizations, such as Joint Commission and the Accreditation Association for Ambulatory Health Care (AAAHC)**
7. **Establish a competence regarding the goals and requirements of peer review**



Credentialing and Privileging



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Polling Question 1

Which one of these statements is true regarding credentialing and privileging?

- A. If you have a robust peer review program, credentialing and privileging are optional
- B. Only LIPs require credentialing and privileging; it is optional for OLCHPs
- C. Key credentialing and privileging guidance can be found in PIN 2001-16 and PIN 2002-22
- D. The Bureau of Primary Health Care (BPHC), Joint Commission, and AAAHC all mandate reprivileging at least every 3 years



Importance

Optimal credentialing and privileging processes

- Improve patient safety
- Reduce medical errors
- Ensure the provision of high-quality health care services
- Ensure that providers are practicing within their scope
- Lessen the likelihood of legal liability
- Help ensure compliance with Federal Tort Claims Act (FTCA) requirements



Policy Information Notices

Once approved, the health center compliance manual will supersede PINs 2001-16 and 2002-22

Until then, PINs 2001-16 and 2002-22 remain in effect

Draft Health Center Program Compliance Manual



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2002-22

DATE: July 10, 2002

DOCUMENT TITLE: C1a
Primary Health Care Credit
Policy Outlined in
Policy Information Notice 2

Revision (October 30, 2014): Updated who to contact with any questions

TO: Community Health Centers
Migrant Health Centers
Health Care for the Homeless Grantees
Health Services for Residents of Public Housing Grantees
Primary Care Associations
Primary Care Offices
Federally Qualified Health Center Look-Alikes

Policy Information Notice (PIN) 2001-16, Credentialing and Privileging: Practitioners requires that "all Health Centers assess the credentials of all health care practitioners to determine if they meet Health Center standards to all health center practitioners, employed or contracted, volunteers and health center sites. Questions have arisen regarding the specific requirements for credentialing and privileging these individuals. This PIN explains these requirements in more detail for all Bureaus of Primary Health Care-supported Health Centers.

A. DEFINITIONS

Credentialing: the process of assessing and confirming the qualifications of a licensed or certified health care practitioner.

Licensed or Certified Health Care Practitioner: an individual required to be licensed, registered, or certified by the State, commonwealth or territory in which a Health Center is located. These individuals include, but are not limited to, physicians, dentists, registered nurses, and others required to be licensed, registered, or certified (e.g., laboratory technicians, social workers, medical assistants, licensed practical nurses, dental hygienists, nutritionists). The definition will vary dependent upon legal jurisdiction. "Licensed or certified health care practitioners" can be divided into two categories: a) licensed independent practitioners (LIPs) and b) other licensed or certified practitioners. As explained in this PIN, the credentialing and privileging requirements of these two groups may vary.

2001-16

DATE: July 17, 2001

TITLE: Credentialing
Health Center Pract

TO: All Bureaus of Primary Health Care Supported Programs
Federally Qualified Health Center Look-Alike
Non-Federally Qualified Health Center Sites

I. INTRODUCTION

Regular verification of the credentials of health care practitioners and staff are required for increased patient safety, reduction of medical errors and quality health care services. This has been previously recognized via the requirements imposed upon Health Centers by the four Commissions on Healthcare Organizations (JCARO), and the Bureau of Primary Health Care Health Center Program Department (Policy Information Notice (PIN) 2001-16). A Health Center credentialing process should meet the standards of a unit organization such as the JCARO or the Accreditation Association for Ambulatory Care (AAAC), in addition to the requirements for coverage under the P (PTCA). However, there are inconsistencies among these requirements: primary source verification of the credentials of only licensed independent AAAC requires credentialing of all licensed healthcare practitioners. The Health Center Assurance Act of 1993 (HCAA) requires that each designated participant in the PTCA must credential all its physicians and other licensed or certified health care practitioners. This requirement under the Act covers more health practitioners than the JCARO or AAAC requirement. In order to bring clarity to the requirements health centers must meet, HRSA is adopting a credentialing and privileging policy that is consistent with the broader requirement of the Federally Supported Health Center Assurance Act of 1993.



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Definition: Credentialing

PIN 2001-16

- Credentialing is the process of assessing and confirming the qualifications of a health care practitioner. It is a complex process that includes collecting and verifying information about a practitioner, assessing and interpreting the information, and making decisions about the practitioner

PIN 2002-22

- Credentialing: the process of assessing and confirming the qualifications of a licensed or certified health care practitioner



Definition: Privileging

PIN 2002-22

- Privileging/competency: the process of authorizing a licensed or certified health care practitioner's specific scope and content of patient care services. This is performed in conjunction with an evaluation of an individual's clinical qualifications and/or performance



Definition: Staff

PIN 2002-22

- Licensed or certified health care practitioner
 - Required to be licensed, registered, or certified by the state, commonwealth, or territory in which a health center is located
 - Two categories:
 - Licensed independent practitioners (LIPs)
 - Other licensed and certified health care practitioners (OLCHPs)



Definition: LIP

PIN 2002-22

- Licensed independent practitioner: physician, dentist, nurse practitioner, and nurse midwife or any other “individual 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 clinical privileges . . .”



Definition: OLCHP

PIN 2002-22

- Other licensed or certified health care practitioner: an individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision. Examples include, but are not limited to, laboratory technicians, social workers, medical assistants, licensed practical nurses, dental hygienists



Definition: Verification

PIN 2002-22

- Primary source verification: verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner
- Secondary source verification: methods of verifying a credential that are not considered an acceptable form of primary source verification; these methods may be used when primary source verification is not required



Verification Comparison

PIN 2002-22

Credentialing of LIPs requires primary source verification of the following:

- Current licensure
- Relevant education, training, or experience
- Current competence
- Health fitness or the ability to perform the requested privileges



Verification Comparison

PIN 2002-22

Credentialing of LIPs also requires secondary source verification of the following:

- Government-issued picture identification
- Drug Enforcement Administration (DEA) registration (as applicable)
- Hospital admitting privileges (as applicable)
- Immunization and PPD status (purified protein derivative; for tuberculosis)
- Life support training (as applicable)
- National Practitioner Data Bank (NPDB) query



Verification Comparison

PIN 2002-22

Credentialing of OLCHPs requires primary source verification of the following:

- Current licensure, registration, or certification



Verification Comparison

PIN 2002-22

Credentialing of OLCHPs also requires secondary source verification of the following:

- Education and training
- Government-issued picture identification
- Drug Enforcement Administration registration (as applicable)
- Hospital admitting privileges (as applicable)
- Immunization and PPD status
- Life support training (as applicable)



Verification Exercise

	Primary source	Secondary source
Current licensure, registration, or certification		
Education and training for LIPs		
Education and training for OLCHPs		
Query NPDB		
Verify identity with government-issued ID		
DEA registration (if applicable)		
Basic Life Support skills		



Privileging

PIN 2001-16

- Requires privileging of each licensed or certified health care practitioner specific to the services being provided at each of the health center's care delivery settings



Privileging

PIN 2002-22

1. LIPs—require approval of the governing board; alternatively, the governing board may delegate this responsibility (via resolution or bylaws)
2. OLCHPs—privileging is completed during the orientation process via a supervisory evaluation based on the job description
3. Temporary privileges may be granted if the health center follows guidelines specified by Joint Commission



Privileging Renewal

PIN 2002-22

LIPs

- Occur at least every 2 years
- Must include:
 - Primary source verification of expiring or expired credentials
 - Synopsis of peer review results for the 2-year period
 - Any relevant performance improvement information
- Requires an appeal process for LIPs if a decision is made to discontinue or deny clinical privileges



Privileging Renewal

PIN 2002-22

OLCHPs

- Occur at a minimum every 2 years
- Verification is by supervisory evaluation of performance
- An appeal process is optional



Recap



- Credentialing confirms qualifications to provide services for LIPs and OLCHPs
- Privileging process authorizes the specific scope and content of patient services that a practitioner may provide at the health center

Recap (continued)

- **Governed by state practice acts for each discipline**
- **Only services and sites included on forms 5A, 5B, and 5C are covered under the FTCA**



Credentialing Files

PIN 2002-22

- Not specifically addressed
- The health center should maintain files or records for its clinical staff (employees, individual contractors, and volunteers) that contain documentation of licensure and credentialing verification and recording of privileges, consistent with operating procedures
- Credentialing files should not contain peer review information



Credentialing File Exercise

<http://www.ecri.org/iFiles>

Credentialing File Exercise

Welcome to the interactive credentialing exercise. On the left of your screen, you'll see the documents that you need to file. On the right side of the screen, you'll see the destination folders and recycling bin.

You may categorize one item at a time. Do so by tapping the location where you believe the item should be filed.

Remember: today, you are working on the file of Dr. Jones, who is an OB/GYN.

I'M READY!

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The Discipline of Science. The Integrity of Independence.



Credentialing File Exercise

- Refer to handout: “Guide for Preparing Files for an FTCA Site Visit”
- Go to <http://www.ecri.org/iFiles>
- Click “I’m Ready!”
- On each document that pops up, click “Let’s Go” and then click on the corresponding file folder
- Keep in mind that some documents may go in the “Items Not Applicable” shredder



Staffing

PIN 2002-22

- Not specifically addressed
- Services are provided through health center staff
 - Includes contracted staff
- Staffing must be “sufficient”
- Staff must be qualified by training and experience
 - Competency is assessed as part of the credentialing/privileging process



Polling Question 2

According to the PINs, the determination that an LIP meets credentialing requirements should be stated in writing by the health center's governing board unless the board delegates this task:

- A. True
- B. False



Approval

PIN 2002-22

- The governing board has ultimate approval authority for credentialing /privileging
 - Approval must be stated in writing
 - Board may review either recommendation from the clinical director or a joint recommendation from the medical staff (including the clinical director) and the chief executive officer
 - Board may delegate this responsibility (via resolution or bylaws)



Credentialing Process

2001-16

- Credentialing process should meet the standards of a national accrediting organization in addition to the requirements for coverage under the FTCA



Key Differences	2001-16 & 2002-22	Joint Commission	AAAHHC
Temporary privileges	Permitted (follow Joint Commission guidelines)	Permitted (HR.02.01.05)	Permitted (see sample application)
Peer review	Policy and reports reviewed on site visit Results reviewed during credentialing/ recredentialing	Focused and ongoing professional practice evaluation (HR.02.01.03 element of performance [EP] 7)	Defined (chapter 2, III)

Key Differences	2001-16 & 2002-22	Joint Commission	AAAHHC
Orientation of LIPs	Not defined	Defined (HR.02.02.01)	Not defined
Approval of credentialing & privileging	Governing body	Process approved by leaders (HR.02.01.03 EP 1)	Governing body (chapter 2, II, A)
Reappointment	Every 2 years	Every 2 years (HR.02.01.03 EP 21)	At least every 3 years (chapter 2, II, B, 5)

Key Differences	2001-16 & 2002-22	Joint Commission	AAAHHC
Appeals process (for denial of privileges)	Mandatory for LIPs Others optional	Provided (HR.02.03.01)	Provided (chapter 2, II, A)
Health	“Health fitness” confirmed by attestation	Attestation that “no health problems exist” (HR.02.01.03 EP 10)	Physical, mental, or chemical dependency attestation (chapter 2, III, B, 3, g, ix)

Key Differences	2001-16 & 2002-22	Joint Commission	AAAHHC
Competence	“Performed in conjunction with an evaluation of an individual’s clinical qualifications and/or performance”	Defined (HR.01.06.01 EP 1, 3, 5, 6, 15)	Defined (chapter 2, II, F) (chapter 2, III, I)

PCMH Standards Comparisons

NCQA PCMH standards

- Credentialing and privileging not addressed under PCMH 2 (Team Based Care)



URAC PCMH standards

- Credentialing and privileging not noted within "Standards at a Glance" materials



Joint Commission PCMH standards

- Standards incorporated into ambulatory care accreditation



PCMH Standards Comparisons

AAAHHC PCMH standards

- Chapter 2, “Medical Home Governance and Administration”
 - Subchapter I Governance, D
 - Subchapter II Administration, A 5
- Chapter 8, “Medical Home Quality,” A 1



Case Discussion: Credentialing of Dentist

Full-time employee who practices without supervision



Case Discussion: Credentialing of Dentist

- Does he/she need to be credentialed? Must it be in writing?
- What would you check via primary source verification?
- What would you check via secondary source verification?
- When does recredentialing occur?
- What items are checked at recredentialing?
- How do you check the NPDB? How often?
- What if he/she does not practice elsewhere? (*new*)
- Can temporary privileges be granted? If so, under what circumstances?



Case Discussion: Credentialing of Behavioral Health Consultant



Part-time contractor of the health center

Practices under the supervision of a psychiatrist, who is not an employee of the health center

Sees patients at another location

Case Discussion: Credentialing of Behavioral Health Consultant

- Who needs to be credentialed?
- What would you check via primary source verification?
- What would you check via secondary source verification?
- When does recredentialing occur?
- What items are checked at recredentialing?
- How do you check the NPDB? How often?
- What if he/she does not practice elsewhere? (*new*)
- How do you verify competence?
- When is privileging complete?



Case Discussion: Privileging Obstetrician/Gynecologist (OB/GYN)

**Previously privileged for obstetrics
but now choosing to provide only
gynecologic care**

**Adding new procedure to scope of
practice: botulinum toxin type A
(Botox) for pelvic floor dysfunction**



Case Discussion: Privileging OB/GYN

- Does the health center scope of services change?
- How would you privilege?
- What criteria would you use?
- How do you change privileging status (e.g., no longer practicing obstetrician, adding new procedure)?
- How do you evaluate competency for new procedure?
- How is it documented in the file?
- How is it communicated to the staff?



Peer Review



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Peer Review

- **Evaluates quality and performance of health care ordered or provided by LIPs**
- **Conducted by a (trained) peer reviewer or committee**
 - Acting in good faith and without malice
 - With goal of improving quality of patient care
 - Preventing harm to patients and in a context that meets various legal, regulatory, and accreditation requirements



Who Is a Peer?

Criteria include:

- Education
- Training
- Licensure
- Experience



State Requirements and Peer Review

- States have adopted varying peer review statutes
- Consult legal counsel regarding limitations imposed by state statute on protections that are available for peer review



Goals of Peer Review

- Ensure and improve quality of care and patient safety
- Connect a practitioner's performance to credentialing
- Reduce the risk of medical malpractice



Polling Question 3

Do you have a formal process in place for communicating performance feedback to providers?

- A. Yes, we have a formal process in place
- B. We do not currently have a formal process in place but plan to develop one in the future
- C. We do not have a formal process in place and do not have plans to develop one in the future



When Is Peer Review Used?

- Required for credentialing and recredentialing
- Required for initial granting of privileges and reprivileging
- Triggered in response to a report of an adverse event
- Related to malpractice suit filed against organization and provider



Case Discussion: Peer Review of OB/GYN

- Who can do peer review when an adverse event occurs?
- Can medical director (who is a pediatrician) review an OB/GYN?



Polling Question 4

In cases in which your health center has only one practitioner in a particular field (e.g., dentistry), what do you do to ensure that a practitioner in the same field performs peer review for that provider?

- A. We have an agreement with another health care provider in place
- B. We use an outside agency for peer review
- C. We do not currently have a solution in place but plan to develop one
- D. Other



Case Discussion: Peer Review of Impaired Medical Director

The medical director reports to work:

- Late
- Stumbling
- Unfocused
- Mumbling
- Distant

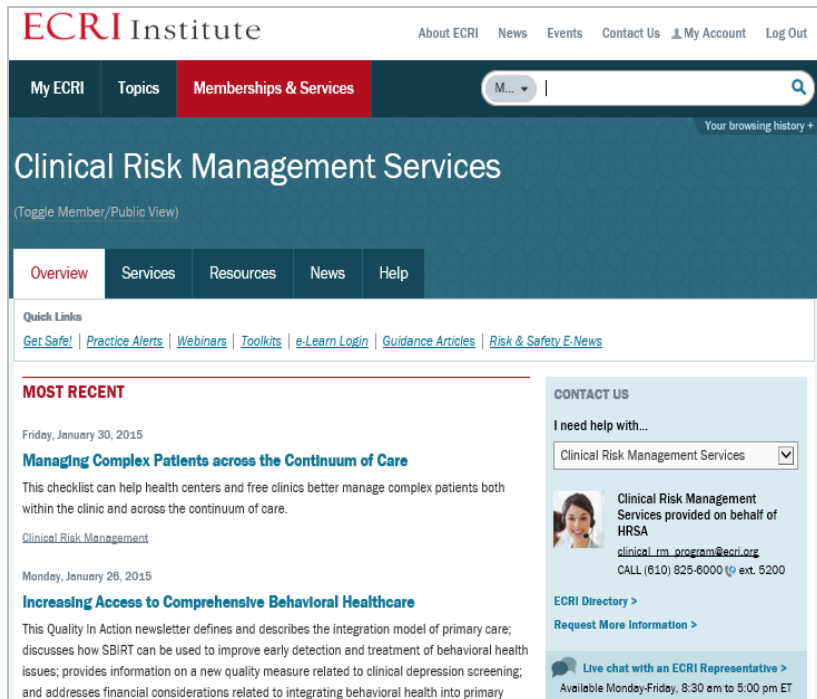


Case Discussion: Peer Review of Impaired Medical Director

- What do you do?
- What are your options?
- How do you document?
- Whom do you notify?
- What are state laws and regulations?
- What resources are available to the health center?
- What resources are available to the physician?



Clinical Risk Management Resources



Credentialing toolkit:

- Sample policy
- Step-by-step guide
- Credentialing timeline
- Sample application packet
- More

“Human Resources” guidance article
“Credentialing and Privileging” webinars
Peer review forms

Please contact clinical_rm_program@ecri.org
or (610) 825-6000, x5200 for access



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Resources

- HRSA. Policy Information Notice 2001-16.
<https://bphc.hrsa.gov/programrequirements/pdf/pin200116.pdf>
- HRSA. Policy Information Notice 2002-22.
<https://bphc.hrsa.gov/programrequirements/pdf/pin200222.pdf>
- HRSA. Clinical and financial performance measures.
<http://bphc.hrsa.gov/policiesregulations/performanceasures/>



Resources

- Centers for Medicare and Medicaid Services (CMS). Conditions for coverage (CfCs) and conditions of participation (CoPs). http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/index.html?redirect=/CFCsAndCoPs/02_Spotlight.asp
- National Practitioner Data Bank. <https://www.npdb.hrsa.gov/>



Thank You

Additional Questions?

BPHC Helpdesk:

1-877-974-BPHC (2742)

<https://www.hrsa.gov/about/contact/bphc.aspx>



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