Credentialing & Privileging – *Why does it take so long?!*

Anne Roberts, Esq. CPMSM, CPCS
System Vice President, Medical Affairs Operations
Mount Sinai Health System

Mount Sinai

Disclosures

Non-Declaration Statement: I have no relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)

Educational Objectives

- Explain the Governance of the Organized Medical Staff and what that means for PAs
- Describe the credentialing requirements, privileging and competency criteria, and why the process takes so long
- Recognize ‘Red Flags’ and illustrate how to address them during the credentialing process or during the ongoing monitoring process
- Identify solutions to help avoid delays

Medical Staff Governing Documents

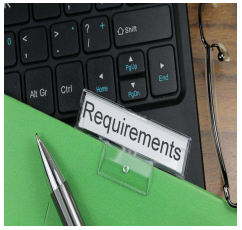
The Medical Staff Bylaws, Rules & Regulations, Code of conduct, and Policies & Procedures, govern the practice of all members of the medical staff, advanced practice professional staff and other practitioners granted clinical privileges.

Regulatory Requirements

CMS, The Joint Commission, Federal & State statutes dictate most of the criteria set forth in the Medical Staff governing documents.

State Licensing Boards

Dictate supervision or collaboration requirements.



Organization Specific Requirements

These may vary by organization. For example, if you have labor unions, policies dictate how corrective action is handled. Important for those in leadership roles, hiring managers, committee members, (as well as individual practitioners) to know the organization-specific requirements that govern the practice of APPs and to partner closely with Medical Affairs (typically the CMO's office) to ensure Medical Staff Bylaws are followed, not just HR policies.

Credentialing Process

What is Credentialing?

Evaluation and verification of a Practitioner's qualifications to ensure they meet the minimum threshold criteria set forth in the Bylaws. Credentialing protects the organization and ensures all Practitioners are qualified and competent, as well as ensuring applicants are a good fit overall for our organization,(e.g., no concern for reputational harm, criminal background, etc.).

Membership vs. Privileges

Membership grants permission to participate in administrative functions, such as participating on Committees, holding an elected office, voting on governing documents, and attending dept. meetings. Being a member entitles Practitioners to certain rights and due processes not afforded to non-members.

Privileges grant permission, based on qualifications and current clinical competence, to provide patient care services. Membership & Privileges can be granted separately.

- This distinction is particularly relevant for those APPs who are members of the Medical Staff.

.

Credentialing Process

Medical Staff Services verifies all relevant information related qualifications and work history, including, but not limited to: education, training, all licenses/certifications, work history, claims history, peer references, background checks, NPDB, and other sanctions checks.

- The Joint Commission requires Primary Source Verification – the information cannot be accepted if it comes from a 3rd party (e.g., applicant provides copies of reference letters, hospital sends employment verification to applicant instead of the credentialing team). We must verify directly with the sources.
- Some state laws dictate how long outside parties have to respond (e.g., NY State – 45 days), which can delay the process and is outside of our hands.
- For practitioners who have been in practice for a long time, or have worked at multiple organizations, that results in more verifications required and thus a lengthier credentialing process.
- Hospital Credentialing policies vary – some verify work history from date of graduation-present; others evaluate the last 5 years.
- Any time gaps, discrepancies in information, red flags, etc. require a deeper review and often back & forth w/the candidate or outside parties.

Clinical Privileges

Authorization to provide patient care, treatment and services as *recommended* by the Department, Credentials Committees and Medical Boards, and *approved* by the Governing Body.

- Minimum competency criteria for granting clinical privileges initially and at reappointment are set forth on the delineation of privilege forms (DOPs)
- Core vs. Special (non-core) procedures
- Documentation of ***Current*** Clinical Competence – Competency Equation:
  - Recent Experience - *Have you done it? (Case logs, completion of recent training)*
  - Documented Competency - *Have you done it well? (Clinical Evaluations, Claims Hx, Hospital Verifications)*
- All Practitioners granted privileges must undergo an initial FPPE and participate in OPPE (see FPPE/OPPE slide below).
- Clinical Privileges are site-specific based on availability of staff, resources and equipment

Applications for Medical or Advanced Practice Staff Membership and/or Clinical Privileges may be designated as (depending on hospital policy):

Category 1 Application: Complete application that does not raise any red flags. May include minor 'yellow' flags.

Category 2 Application: Complete Application that has one or more red flags identified. Category 2 files cannot be voted on electronically and require discussion at a full credentials committee meeting, after thorough vetting by the Department. The Department Chair or designee is typically invited to the credentials committee to present the file.

Important Timelines

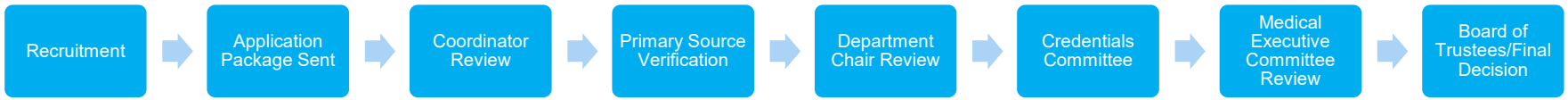
Credentialing and Privileging

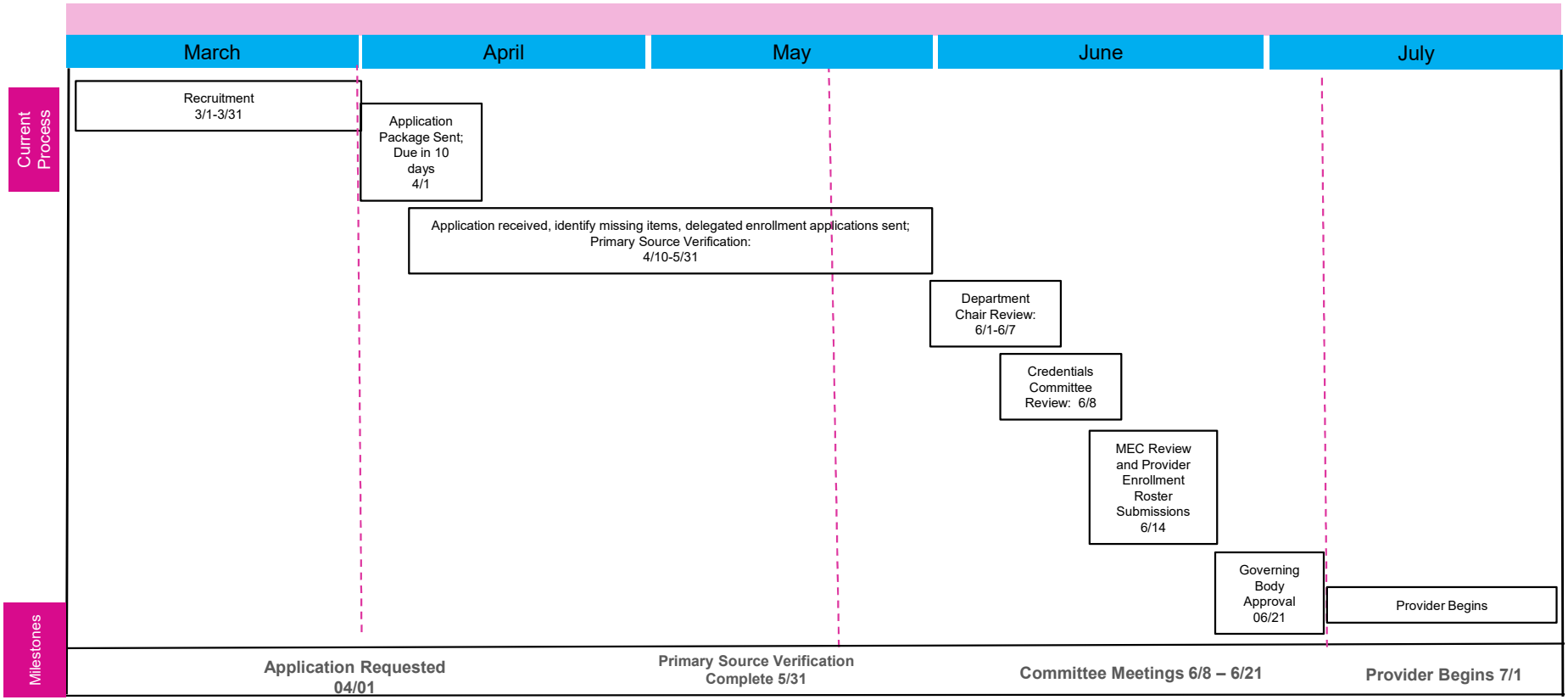
- Initial Appointment Application Process can range from 60-120 days (depends on policies – e.g., how many years of work hx do they verify), state regulations and individual applicants work history (See Graphic)
- Each hospital should set an application due date (typically 10-14 days). Hiring managers should work with applicants to ensure timely return of materials.
- Some hospitals will not start processing unless an application is deemed complete (no missing items)

New Provider Enrollment

- For those who will be billing – Department/Applicant should notify the Delegated Credentialing team of enrollment requests as soon as they have finalized the hiring decision of a Practitioner so that the delegated enrollment application can be initiated as well.
- Enrollment team will process the information on their end and upon notice of approval from the Credentials Committee they will submit the information to the plans
- Timeframe for plans to enroll providers (so they can begin billing) varies by plan and is outside of the control of the hospital

Initial Application Timeline





Yellow & Red Flags

Yellow Flag Examples:

- Time gaps that are easily explained
- Malpractice history that does not exceed the threshold limits set by risk management (no trend, pattern or excessive claims or payouts)

Red Flag Examples:

- Applicant fails to disclose information
- Negative clinical evaluations or peer references
- Failure to complete training programs, probation or other disciplinary action during training
- Significant gaps in practice or in training which may require additional training (e.g., re-entry plan or a train-up plan)
- NPDB Reports, State or Federal Sanctions (Licenses, OIG, DEA, etc.)
- Prior corrective action or termination at any organization
- Prior restriction, limitation or termination of clinical privileges
- Issues noted on their criminal background check
- Clinical competence or professional conduct issues identified during the FPPE or OPPE process (reappointments)

Recommendations 

Department Chair Recommendation

A completed application will be presented to the Department Chair or designee, and others assigned to evaluate files (e.g., CNO, PA Chief, Division Chief, etc.), for review and recommendation. Reviewers are required to fully vet the qualifications and competence of all applications and do a detailed review of any red flags, prior to making a recommendation to the credentials committees.

Advanced Practice Providers (APP) Credentials Committee

The APP Credentials Committee reviews and makes recommendations to the Medical Staff Credentials Committee on the following:

- Applications for appointment or reappointment of advanced practice providers, and at times, allied health practitioners
- Clinical Delineation of Privilege forms – new and revised
- Relevant APP credentialing Policies & Procedures

Joint Credentials Committee (JCC) Recommendation

The Credentials Committee reviews and makes recommendations to the Medical Boards/MEC on the following:

- All recommendations from the Clinical Departments and the APP Credentials Committee for appointments to the Medical Staff, Allied Professionals Staff and/or requests for Clinical Privileges. The Medical Staff Credentials Comittee makes a final recommendation after careful consideration of all information presented related to qualifications and competencies
- All DOPs for medical staff and advanced practitioners
- All Medical Staff Policies & Procedures
- All information pertaining to practitioners initial FPPEs

Approvals

Medical Board/Medical Executive Committee Review & Recommendation

The Medical Board reviews all recommendations from the JCC and has the option to:

- Approve as recommended
- Send back to the committee for additional consideration
- Make a different recommendation, such as a denial or limitation

Board of Trustees Process – Final Approval Process

If the Board of Trustees concurs with the recommendation for Membership and/or Clinical Privileges, the Board will grant the appropriate Membership and/or Clinical Privileges for a period not to exceed two (2) years.

- Can be less than two years
- Can modify or deny request (rare - would typically kick it back to credentials committee)
- Once approved, their employment start date is dependent on orientation – some organizations allow employed APPs to start in an administrative role prior to privileges being granted

Things to Know Post-Credentialing (For APP leaders)

Train-Up Policy & Conditional Privileges

PURPOSE

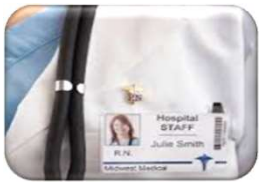
- To set forth a process by which privileges can be granted on a conditional basis whenever an applicant either does not have recent clinical experience, or lacks the training requirements for specific Clinical Privileges;
- Allows for additional oversight to confirm/re-establish current competence, or allows for additional training to gain additional competence, prior to being granted full privileges.

PROCEDURE

- The Department Chair (and the collaborating or supervising physician for APPs) shall submit a written request for conditional privileges whenever an applicant requires additional oversight or training prior to being deemed qualified for clinical privileges requested.
- Once the Clinical Department has deemed that the applicant has successfully completed the plan, the applicant can submit a request to transition from conditional privileges to full clinical privileges
- Upon granting full privileges, the applicant will start their initial FPPE

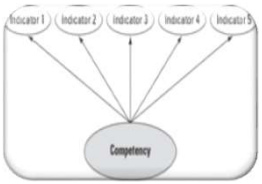
The request will include:

The specific privilege(s) requested



The name(s) of preceptor(s)

Anticipated length of training



Competency measures

Patient population (if applicable)

Focused Professional Practice Evaluations (FPPE)

Initial FPPE

- Required for all Practitioners granted new clinical privileges (initial & additional – site specific).
- Initial performance period – using your organization's staff, resources & equipment
- Not time-limited, dependent on volume
- Retrospective, Prospective or Direct Observation and other relevant information
- Can be extended once
- Enhanced Initial FPPE – additional focus on specific competencies; report back to committee within specified period of time

Triggered FPPE

- When an issue arises regarding a current privileged practitioner's ability to provide safe, quality patient care (i.e., concerns pertaining to a practitioner's current clinical competence) or other issues that fall within the six general competencies.

Committee's Role in Initial FPPE

- Approval of FPPE Policy
- Initial credentialing recommendation should include the assignment of FPPE as recommended by department chair the committee can approve the recommendation, or ask the department to reconsider
- Ensure all FPPE's are successfully completed or otherwise appropriately addressed by the Department (e.g., extension/additional review, conditional privileges, peer review action, etc.)

Ongoing Professional Practice Evaluation (OPPE)

- OPPE allows the organization to identify professional practice trends that impact quality of care and patient safety. Such identification may require intervention by the organized medical staff.
- Must have a clearly defined process
- The type of data collected is determined by individual departments and approved by the organized medical staff
- Information resulting from OPPE is used to determine whether to continue, limit, or revoke any existing privilege
- Required for all practitioners granted clinical privileges to monitor performance, qualifications and competency for the privileges granted
- Six-month data collection period. Chairs/Chiefs have 60 days to review and sign off
- Practitioners should have at least 3 OPPE cycles per every reappointment cycle

Committee's Role in OPPE

- Approval of Policy
- Approval of Indicators (Medical Board duty; can be delegated to CC for advanced review)

HR/Corrective Action

Employed APPs

Governed by both employment Policies and Procedures and Medical Staff governing documents.

Key things to note in regards to this dual status:

- APP Membership and Clinical Privileges are typically co-terminus with Hospital employment – if employment is suspended or terminated, the same action will automatically be taken against their APP Membership & Clinical Privileges.
- Any coaching, counseling or corrective action that is taken for concerns related to clinical competence or professional conduct must also be reported to Medical Affairs and may result in further review and action based on the requirements set forth in the Bylaws.
- Any limitation or restriction of one's clinical privileges, or termination of clinical privileges for cause, is reportable to the state with optional reporting to the NPDB.
- If an APP's supervising/collaborating physician leaves or changes, the credentialing office must be notified and the new supervising/collaborating physician must sign the appropriate supervision forms.
- The credentialing office monitors ongoing compliance with all credentials (e.g., licensure, DEA, life support certifications). Failure to maintain these credentials will result in an automatic suspension. Most Bylaws indicate that failure to cure the suspension within 30 days will result in voluntary resignation of practitioners membership and privileges and potential termination of employment.

Medical School Faculty

- If a faculty appointment is terminated, the physicians medical staff membership and clinical privileges are typically co-terminus and therefore will also be terminated. Varies by organization. The right to due process is dependent on the circumstances and Bylaws.
- At most organizations, if a faculty member resigns their faculty appointment or their appointment is not-renewed, they will be required to re-apply for medical staff membership and hospital privileges.

Tips to avoid delays:

Recruitment

In depth interviews that ask probing questions can identify disqualifying red flags and save everyone the headache!

- Check with HR & Medical Affairs to confirm what questions you can ask. Draft sample questions for all hiring managers.
- Have they ever been investigated or had corrective action taken against any of their state licenses?
- Confirm they meet the training, education and certification requirements set forth in the Bylaws.
- Ensure they have the right competencies for the privileges listed on the delineation of privileges.
- Have they had any prior malpractice suits?
- Have they been the subject of a peer review investigation?
- Have their clinical privileges ever been restricted, not-renewed, placed under FPPE for cause, or terminated?
- Has their employment ever been terminated for cause, or have they ever resigned in order to avoid an investigation or corrective action?

Complete Application

- ✓ Complete all fields on the application, provide all attachments requested, sign all forms
- ✓ Properly disclose all items requested on the application
- ✓ Complete DOP form and supervising attending agreement (if applicable)
- ✓ Regular check-ins with Medical Staff Coordinator and hiring manager


Any
Questions