

THE CLINICIAN'S QUICK GUIDE

to Credentialing and Privileging

Kathy Matzka, CPMSM, CPCS, FMSP



THE CLINICIAN'S QUICK GUIDE

to Credentialing and Privileging

Kathy Matzka, CPMSM, CPCS, FMSP

+HCPro
a division of BLR

The Clinician's Quick Guide to Credentialing and Privileging is published by HCPro, a division of BLR.

Copyright © 2017 HCPro, a division of BLR

All rights reserved. Printed in the United States of America. 5 4 3 2 1

ISBN: 978-1-68308-194-4

No part of this publication may be reproduced, in any form or by any means, without prior written consent of HCPro or the Copyright Clearance Center (978-750-8400). Please notify us immediately if you have received an unauthorized copy.

HCPro provides information resources for the healthcare industry.

HCPro is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks.

Kathy Matzka, CPMSM, CPCS, FMSP, Author

Barbara Boone, Reviewer

Karen Kondilis, Managing Editor

Erin Callahan, Vice President, Product Development & Content Strategy

Elizabeth Petersen, Executive Vice President, Healthcare

Matt Sharpe, Production Supervisor

Vincent Skyers, Design Services Director

Vicki McMahan, Sr. Graphic Designer/Layout

Angel M. Cruz, Layout/Graphic Design

Michael McCalip, Cover Designer

Advice given is general. Readers should consult professional counsel for specific legal, ethical, or clinical questions.

Arrangements can be made for quantity discounts. For more information, contact:

HCPro

100 Winners Circle, Suite 300

Brentwood, TN 37027

Telephone: 800-650-6787 or 781-639-1872

Fax: 800-785-9212

Email: customerservice@hcpro.com

Visit HCPro online at www.hcpro.com and www.hcmarketplace.com

Contents

About the Author	vii
About the Reviewer	viii
Introduction	ix
Acronyms–Websites.....	xi
Chapter 1: Definitions of Credentialing and Privileging.....	1
Appointment vs. Privileges	2
Why Do Healthcare Facilities and Managed Care Organizations Credential and Privilege?	2
Summary.....	4
Chapter 2: The Credentialing Process	5
Hospitals and Other Healthcare Organizations	5
Managed Care Organizations/Health Plans.....	9
Group Practices	10
Application Forms	11
Attachments to Application.....	13
Review for Completeness.....	14
Application Fee	15
Chapter 3: Verifications.....	17
Sources for Verification	17
Verification of Information.....	18
Peer Recommendations	19
Closed and Hard-to-Reach Facilities.....	20
Verification of Identity.....	20
Understanding Red Flags and Areas of Concern	21
Criminal Background Checks.....	21

Chapter 4: Privileges	23
Requests for Privileges.....	23
The Privilege Approval Process	24
Temporary Privileges	25
Locum Tenens.....	26
Disaster Privileges	26
Telemedicine.....	26
Privileges for New Procedures	27
Chapter 5: Monitoring and Evaluation	29
Focused Professional Practice Evaluation (FPPE)/Provisional Appointment Reviews	29
Ongoing Professional Practice Evaluation (OPPE)/Quality Assessment and Performance Improvement Reviews (QAPI) ...	30
Behavior Issues	31
QAPI in Health Plans.....	31
Consumer Assessment of Healthcare Providers and Systems (CAHPs®)	32
Chapter 6: Recredentialing/Reappointment/ Reappraisal	33
Continuing Medical Education (CME) Requirements	34
Review and Approval Process.....	35
Chapter 7: Practitioner Rights	37
Hospital/Healthcare Organization.....	37
Health Plan.....	38
Non-Discrimination	39
Chapter 8: Medical Staff Membership Requirements ..	41
Orientation.....	41
Meeting Attendance.....	42
Dues	43
On-Call Coverage.....	43
Committee Participation.....	44

Chapter 9: Applying for Licensure, Medicare Enrollment, and Medical Malpractice Insurance	47
State Licensure	47
Drug Enforcement Administration (DEA) Registration	48
Enrolling in Medicare	49
National Practitioner Data Bank (NPDB) Self-Query	50
Advanced Trauma Life Support (ATLS), Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), Pediatric Advanced Life Support (PALS)	50
Medical Malpractice Insurance	51
Chapter 10: Employed Practitioners.....	55
Onboarding	56
Orientation.....	56
Termination/Suspension.....	56
Credit Checks	57
Americans with Disabilities Act (ADA) of 1990	58
Provider Services	58
Chapter 11: Simplifying the Process.....	61
Organize Documents	61
Document Actions Taken and Professional Liability History ...	61
Keep Continuing Medical Education Certificates.....	62
Keep Records of Procedures Performed and “Report Cards”	62
Keep Training Program Records.....	63
Keep Standardized Applications and Curriculum Vitae Up-to-Date.....	63
Keep List of Current Peer References	64
When in Doubt, Make a Call.....	64

About the Author

Kathy Matzka, CPMSM, CPCS, FMSP

Kathy Matzka, CPMSM, CPCS, FMSP, is a speaker, consultant, and writer with 30 years of experience in credentialing, privileging, and medical staff services. She worked for 13 years as a hospital medical staff coordinator before venturing out on her own as a consultant, writer, and speaker. She holds certification from the National Association Medical Staff Services (NAMSS) in both medical staff management and provider credentialing. She is one of the first recipients of the NAMSS Fellow Designation. Matzka has authored a number of books related to medical staff services, including *Medical Staff Standards Crosswalk: A Quick Reference Guide to The Joint Commission, CMS, HFAP, and DNV Standards*; *Chapter Leader's Guide to the Medical Staff: Practical Insight on Joint Commission Standards*; *The Compliance Guide to The Joint Commission Medical Staff Standards*; and *The Medical Staff Meeting Companion: Tools and Techniques for Effective Presentations*. For eight years, she was the contributing editor for *The Credentials Verification Desk Reference* and its companion website, *The Credentialing and Privileging Desktop Reference*. She is co-author of HCPro's *Verify and Comply, Sixth Edition*. Matzka has performed extensive work with NAMSS' education committee, developing and editing educational materials related to the field, including CPCS and CPMSM *Certification Exam Preparatory Courses*. She also serves as an instructor for NAMSS.

About the Reviewer

Barbara Boone

Barbara Boone has been involved in medical staff management services related to the healthcare industry for almost three decades. Working at Emanuel Medical Center and Memorial Medical Center Hospital in California, Boone learned the value and necessity of integral and compliant credentialing. She is an expert in Joint Commission standards, as well as all mechanisms regarding how an organized medical staff oversees the quality of care and treatment provided by credentialed practitioners.

During her time with American Association of Medical Transcription (AAMT), currently known as the Association for Healthcare Documentation and Integrity, Boone worked as an associate editor of the bimonthly publication of the *Journal of American Association of Medical Transcription*. She also coordinated the medical transcription certification exam and educational sessions for AAMT's annual meetings, which host 500-plus attendees.

Boone continues her work in medical staff management services for Northeastern Nevada Regional Hospital, in rural Elko, Nevada. She and her family have resided in Elko for four years.

Introduction

Physicians and other practitioners are often unaware of the detailed steps of the credentialing and privileging processes or don't know who or how to ask for help. This book is meant to serve as a go-to guide for credentialing, privileging, applying for medical licensure, verifications, and other sometimes-confusing topics. This handbook is a quick reference guide for residents, new physicians, advanced practice professionals, and even seasoned practitioners as they go through the credentialing/appointment process with hospitals and health plans. For each topic covered, the guide provides brief, easy-to-understand information to help physicians and advanced practice professionals understand the process and what is required when they apply for a new clinical position.

Residents: Newly minted independent physicians do not know what they need to do to or how they can help the process along when it comes to obtaining privileges. Residents need this information as early as their second year of residency so they can prepare and start collecting the information they will need to submit with their medical staff application.

New practitioners: New practitioners and those who leave a group practice to strike out independently need to know what the credentialing and privileging processes entail—whether it be in a hospital, private practice, ambulatory care, or managed

care—and what they need to do to make the application process flow smoothly and efficiently. Many do not understand that credentialing is a continuous process, and they don't realize that, once they get on staff, they must reapply on a periodic basis. They need to understand that credentialing is one of the first steps in the revenue cycle. Practitioners will benefit greatly by being knowledgeable regarding how they can acquire and maintain all of the necessary documentation they need for applications and reapplications.

Healthcare facilities/group practices: Healthcare facilities (hospital and ambulatory care) and group practices need to have a resource to provide to practitioners that spells out what is required in order to meet accreditation and regulatory requirements and to enhance patient safety. Many practitioners view the facility credentialing process as overly burdensome and blame the facility for these processes. However, the sooner a practitioner gets on staff at a hospital or on the panel of a health plan, the sooner he or she can begin generating revenue for the practitioner, the practice, and the healthcare facility. Many times, the process is held up due to late applications or applications that lack sufficient information. This guide will help the practitioner understand the credentialing processes and will serve as a tool for the healthcare facility and group practice to educate the new applicant regarding how to appropriately complete applications.

Acronyms—Websites

Acronym	Full name	Web address
AAHC	The Accreditation Association for Ambulatory Health Care	www.aaahc.org
ABMS	American Board of Medical Specialties	www.abms.org
AMA	American Medical Association	https://commerce.ama-assn.org/amaprofiles
AOA	American Osteopathic Association	www.doprofiles.org
DEA	Drug Enforcement Administration	www.deadiversion.usdoj.gov/webforms/validateLogin.jsp
DNV	DNV GL Healthcare	http://dnvglhealthcare.com
ECFMG	Educational Commission for Foreign Medical Graduates	https://cvsonline2.ecfm.org/ContactLogin.asp
HFAP	Healthcare Facilities Accreditation Program	www.hfap.org
NAMSS	National Association Medical Staff Services	www.namss.org

Acronym	Full name	Web address
NAMSS PASS	NAMSS Practitioner Affiliation Sharing Source	www.namss.org/NAMSSPASS.aspx
NBCRNA	National Board of Certification & Recertification for Nurse Anesthetists	https://portal.nbcrna.com/credential-verification
NCCPA	National Commission on Certification of Physician Assistants	www.nccpa.net
NCQA	National Committee for Quality Assurance	www.ncqa.org
NPDB	National Practitioner Data Bank	www.npdb.hrsa.gov
NPI	National Provider Identifier	https://npiregistry.cms.hhs.gov
NSCH	National Student Clearinghouse	www.studentclearinghouse.org
OIG	Office of Inspector General	https://exclusions.oig.hhs.gov
SAM	System for Award Management	www.sam.gov
TJC	The Joint Commission	www.jointcommission.org
URAC	Utilization Review Accreditation Commission	www.urac.org

1

Definitions of Credentialing and Privileging

Credentialing is the process the healthcare facility or managed care organization/health plan uses to collect and verify the credentials of the applicant. This includes verification of many elements such as licensure, education, training, experience, competency, and judgment. The process for verification of each of these elements is discussed in Chapter 3. The results of credentialing are used to support the privileging process.

Privileging is the process by which a practitioner is granted permission by the facility to provide patient care services. Privileges are granted within an area of practice, such as cardiology, internal medicine, family medicine, etc. Privileges are not a right. The applicant must prove that he or she is qualified to have privileges through documentation of training, experience, and current competency. Privileges are also granted based on consideration of the procedures and types of care, treatment, and services that can be provided by the facility. The facility must have the necessary equipment and have trained staff to support the procedures/treatments the practitioner wishes to perform.

Although the words *credentialing* and *privileging* are often confused or may be used interchangeably, they are different processes.

Appointment vs. Privileges

When applying at a healthcare organization, candidates typically request both appointment to the medical staff and clinical privileges. There may be times, though, when an applicant may have medical staff appointment but not have clinical privileges. For example, a practitioner who limits his or her practice to the outpatient clinic setting may not have admitting privileges at the hospital but may instead refer all patients to a hospitalist. Additionally, practitioners may have privileges but not medical staff appointment, such as locum tenens practitioners and telemedicine providers.

Why Do Healthcare Facilities and Managed Care Organizations Credential and Privilege?

There are a few important reasons that credentialing and privileging are conducted.

Patient protection

Keeping patients safe is the primary reason for credentialing and privileging. The organization must have appropriate processes so that only qualified and competent practitioners are providing patient care.

Federal and state regulations and accreditation standards

There are federal and state requirements for credentialing. The Centers for Medicare & Medicaid Services (CMS) publishes requirements that must be met by every healthcare organization or managed care organization (MCO) that wishes to provide services to Medicare and Medicaid patients. State regulations also set forth requirements. Accreditors, such as The Joint Commission (TJC) and National Committee for Quality Assurance (NCQA), set minimum standards that must be met in order to maintain certification, including credentialing. Failure to follow these requirements can result in the organization losing its ability to care for Medicare/Medicaid patients, losing its state licensure, and/or losing its accreditation.

Risk management concerns

If a patient suffers an adverse outcome as a result of negligence by a provider, the hospital where the care was provided can be held separately liable for negligent credentialing if it is found that the credentialing was not performed appropriately. The case *Darling v. Charleston Community Memorial Hospital*, 211 N.E.2d 253 (Ill. 1965), set the precedent that a hospital can be held directly liable for negligent failure to properly credential a provider. Since that time, most states have recognized the tort of negligent credentialing.

In a case pertaining to managed care, the court in Pennsylvania determined that healthcare management organizations (HMO) and MCOs are liable for the malpractice for their participating physicians. In *McClellan v. HMO PA*, 413, Pa. Super. 128, 604

A.2d 1053 (1992), the court found that HMOs are liable for the actions of their physicians on much the same basis that hospitals are liable for the negligence of members of their medical staff in the hospital. The court found that HMOs have a “corporate responsibility” to uphold a proper standard of care for their members and concluded that an HMO could be liable for the negligent selection and retention of physicians whose quality of care was substandard.

Summary

Although the credentialing and privileging processes may seem burdensome, applicants can take comfort in knowing that they will be working alongside other practitioners who have had to meet the same stringent requirements.

THE CLINICIAN'S QUICK GUIDE

to Credentialing and Privileging

Kathy Matzka, CPMSM, CPCS, FMSP

Clinicians are often unaware of the detailed steps of the credentialing process and are too embarrassed to ask. Now they have a go-to guide for credentialing, privileging, applying for medical licensure, verifications, and other sometimes-confusing topics. This handbook is a quick reference guide for residents, new clinicians, and even seasoned clinicians as they go through the credentialing/appointment process with hospitals and health plans. For each topic covered, the guide provides brief, easy-to-digest information to help clinicians understand the process and what is required before applying for a new clinical position.

This book will help you:

- Prepare for applying to a clinical position in a hospital or health plan
- Understand the typical timeline and process of credentialing
- Know what documents to retain to simplify the application process
- Prepare for your duties as a medical staff member
- Complete the medical licensure, DEA registration, and Medicare enrollment processes

HCPro
a division of BLR

100 Winners Circle, Suite 300
Brentwood, TN 37027
www.hcmarketplace.com

PQGCP

