

The 12th Annual

CREDENTIALING RESOURCE CENTER SYMPOSIUM

A New Day for Credentialing:

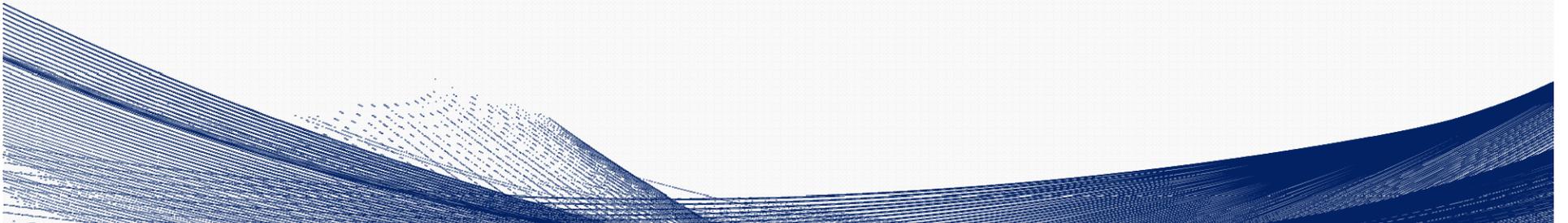
MOVING FROM VERIFICATION TO COMPETENCY



Primary source verification and references: Import and value

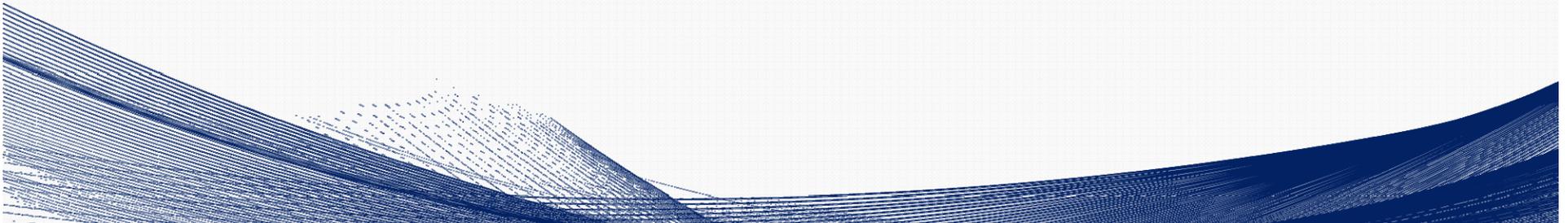
Carol S. Cairns, CPMSM, CPCS

Michael R. Callahan, JD



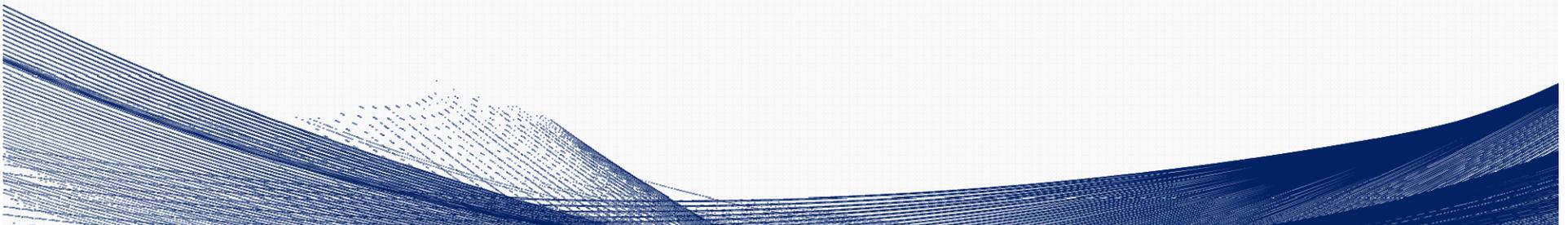
Legal overview—hospital's credentialing duty

- Doctrine of corporate negligence
 - Hospitals have a duty to make reasonable efforts to determine whether physicians applying for membership or seeking reappointment are currently competent to exercise each clinical privilege requested, consistent with industry and hospital standards



Credentialing duty (continued)

- Joint Commission Standard
 - Standard MS.03.01.01
 - The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process
 - Rationale for MS.03.01.01
 - The organized medical staff is responsible for establishing and maintaining patient care standards and oversight of the quality of care, treatment, and services rendered by practitioners privileged through the medical staff process.



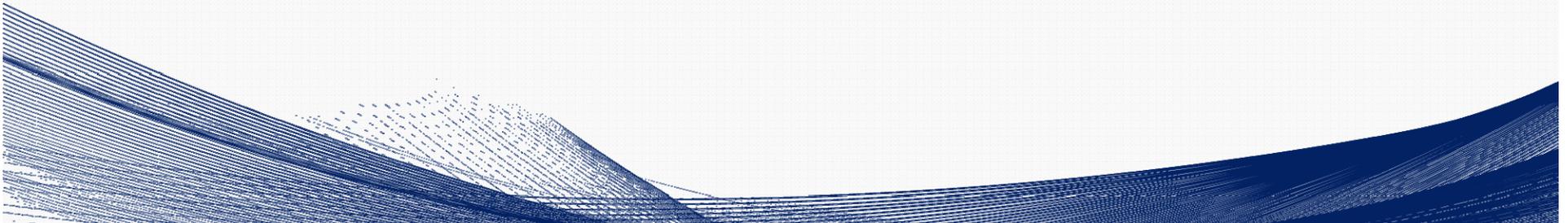
Credentialing duty (continued)

- ❑ The organized medical staff designates member licensed independent practitioners to provide oversight of care, treatment, and services rendered by practitioners privileged through the medical staff process.
- ❑ The organized medical staff recommends practitioners for privileges to perform medical history and physical examinations; the governing body approves such privileges.
- ❑ Licensed independent practitioners (that is, physicians, oral and maxillofacial surgeons, dentists, podiatrists, and some APNs), physician assistants, and some APRNs may perform medical history and physical examinations if permitted by law, the medical staff bylaws, and the organization to do so.



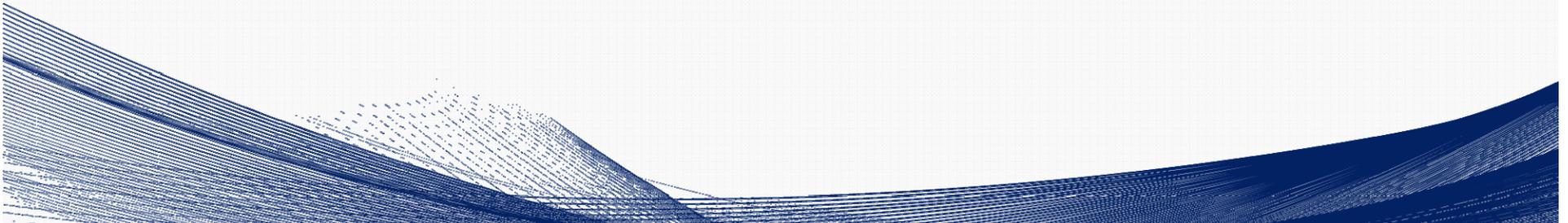
Credentialing duty (continued)

- ❑ Hospital Licensing Standard
- ❑ Medicare Conditions of Participation
 - 42 CFR Conditions of Participation: Governing body
 - (a) Standard: Medical Staff. The governing body must:
 - ❑ Determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff
 - ❑ Ensure that the criteria for selection are individual character, competence, training, experience, and judgment



Credentialing duty (continued)

- ❑ Medical Staff bylaws, rules, and regs
- ❑ Mandated state forms
- ❑ Peer practices



Credentialing duty (continued)

Questions to ask:

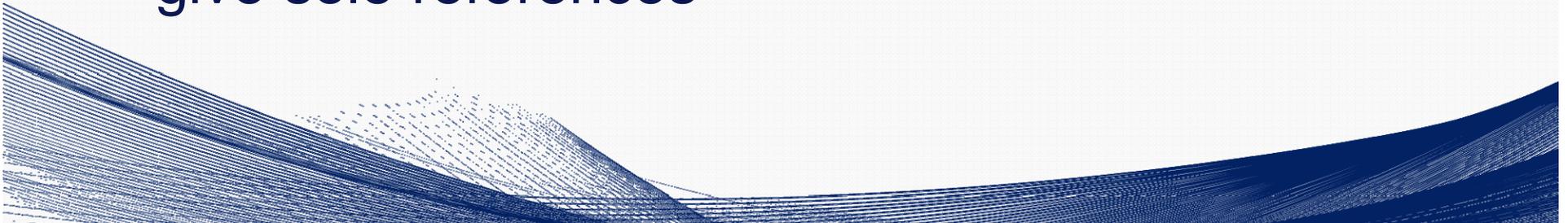
- ❑ Do application forms and bylaws comply with legal obligations?
- ❑ Are you gathering sufficient information on which to base an informed credentialing decision?
- ❑ Do your bylaws place burden on the applicant to produce all information needed at any time, prior to final approval, and if not produced, is the application deemed withdrawn?

Credentialing duty (continued)

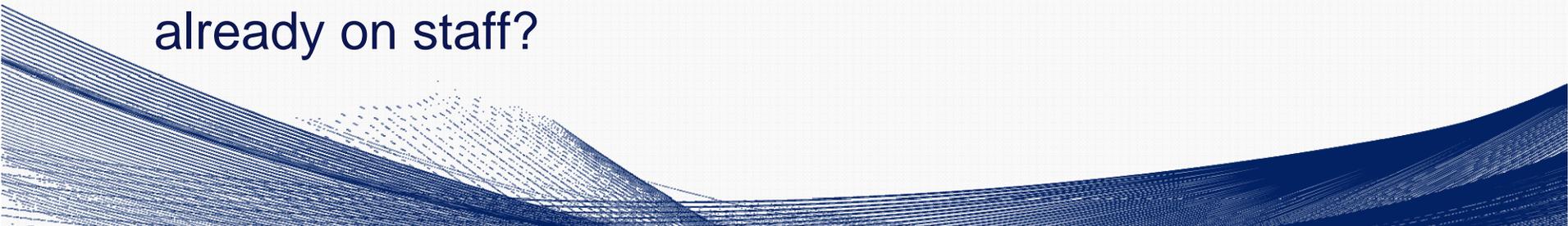
- No hearing rights and not reportable
 - Concept applies at reappointment as well
 - ❑ Who controls the forms and how easily can they be revised?
 - ❑ Are you starting to screen for economic conflicts of interest?
 - ❑ Do you require physicians to disclose any changes to information on application form during pendency of application?
- 

Credentialing duty (continued)

- ❑ When you identify problems or information that may lead to denial, what do you do?
 - Allow physician to withdraw application?
 - Process anyway?
 - ❑ If denied, do you report?
 - ❑ If denied, do you give physician any hearing rights?
- ❑ Do you allow partners and referral sources to give sole references

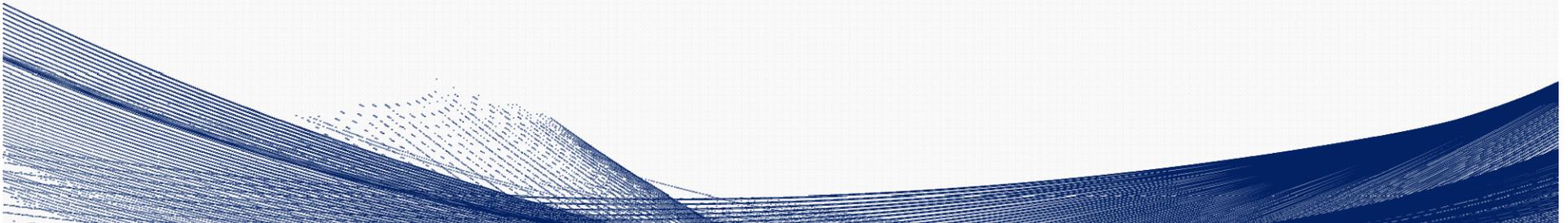


Credentialing duty (continued)

- Should have at least one "unrelated" part give a reference
 - Do you require physicians to provide any insurance endorsements in addition to the certificate of insurance?
 - Certificates alone will not reveal exclusions, limitations, or requirements of coverage
 - Do your bylaws provide that if it is determined that a physician provided false, misleading, or incomplete information, the application can be withdrawn or corrective action can be imposed if the physician is already on staff?
- 

Credentialing duty (continued)

- ❑ Does your application form and bylaws require physicians to provide an absolute waiver of liability as a condition of applying for membership?
 - Need to consult with legal counsel and language under existing state and federal immunity statutes
 - At a minimum, waiver language needs to be consistent with state immunity language
 - If the physician does not sign, then the application is not processed



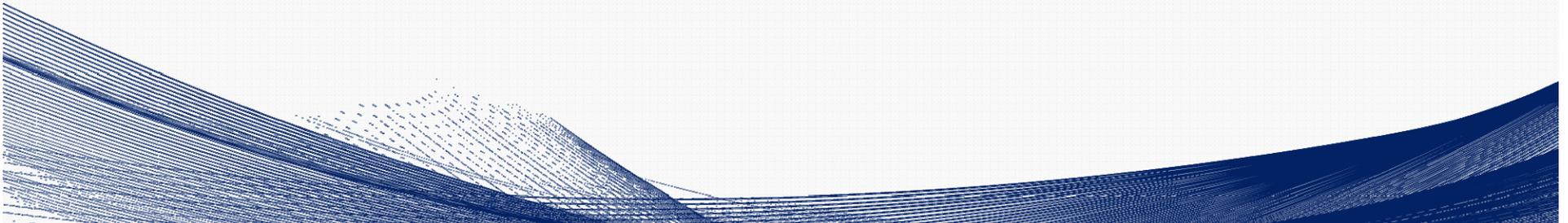
Credentialing duty (continued)

- ❑ Does your application form include a clause whereby the physician attests to the accuracy of the information in the application?
 - Avoids the “my assistant filed it out” excuse
- ❑ Does your application ask very specific questions about whether the physician has been formally accused of some form of impairment, disruptive behavior, or unprofessional conduct, or has been asked to seek an evaluation or counseling for such behavior?



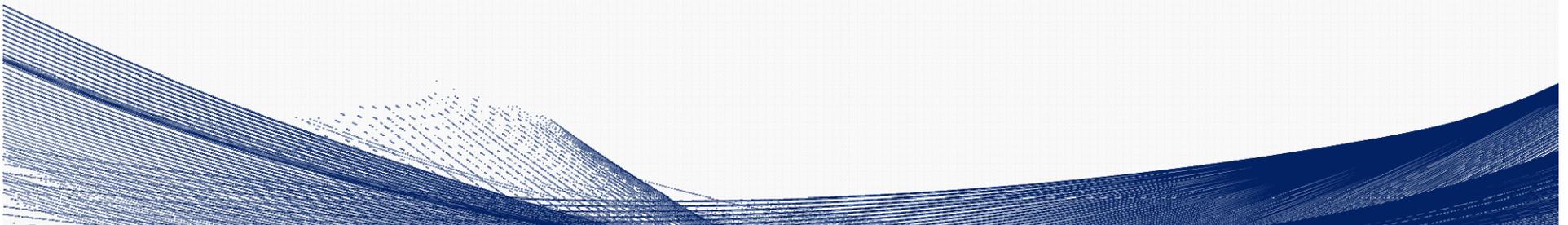
Credentialing duty (continued)

- Possible ADA issues
- If the physician participated in a program, need authorization to review relevant reports
- Look for questionable patterns and conduct
 - Resignation/termination as a partner/employee of a group or hospital
 - Gaps in employment or medical staff memberships



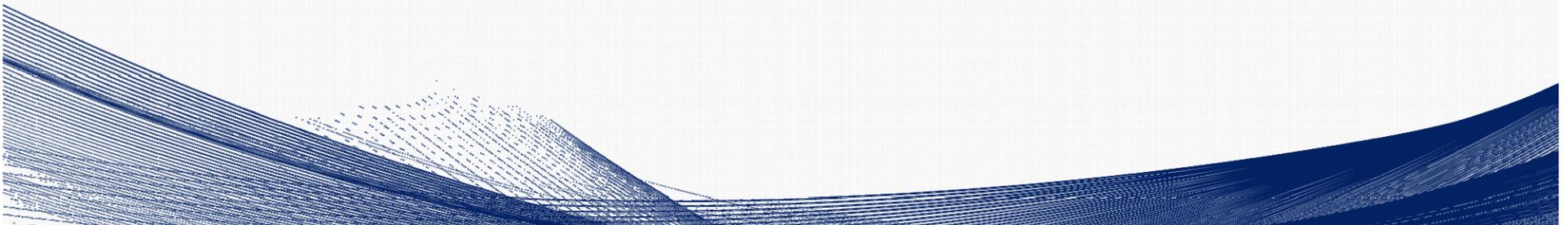
Credentialing duty (continued)

- ❑ Has moved significant distances or has moved a lot over his or her career
- ❑ Has changed specialties
- ❑ Is requesting privileges that are fewer than normally granted under core privileging
- ❑ There are gaps in insurance coverage, changes in carriers, or reductions in coverage over time
- ❑ Reference letters are neutral



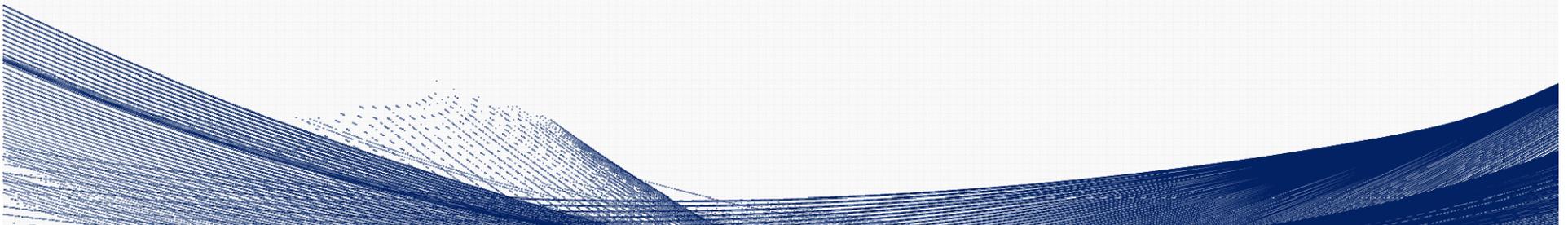
Credentialing duty (continued)

- Response from hospital simply gives dates of service or very limited information, or “This is all I am authorized to say”
 - Find out what is the hospital’s customary response for a clean application
 - I ask for morbidity/mortality/outcomes/utilization information
 - Not a sufficient response that the hospital will not provide



Credentialing duty (continued)

- ❑ Claiming that information is confidential is not always a legitimate excuse for not responding



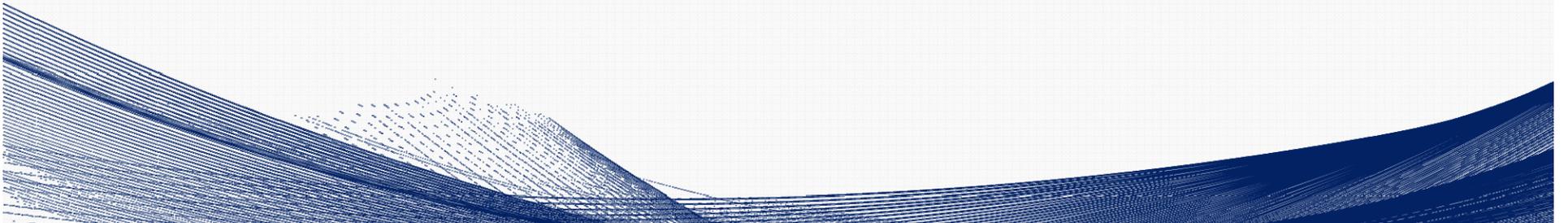
How does an organization avoid these legal pitfalls?

By following the ...
Four Essential Steps to Credentialing



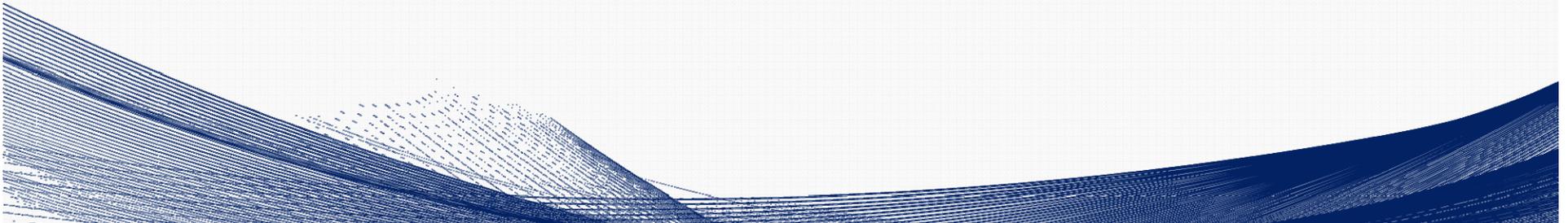
Basic steps to credentialing

- Step 1: Establish policies and rules
 - MEC, governing board
 - Bylaws
 - Policy/procedure manuals
 - Documents



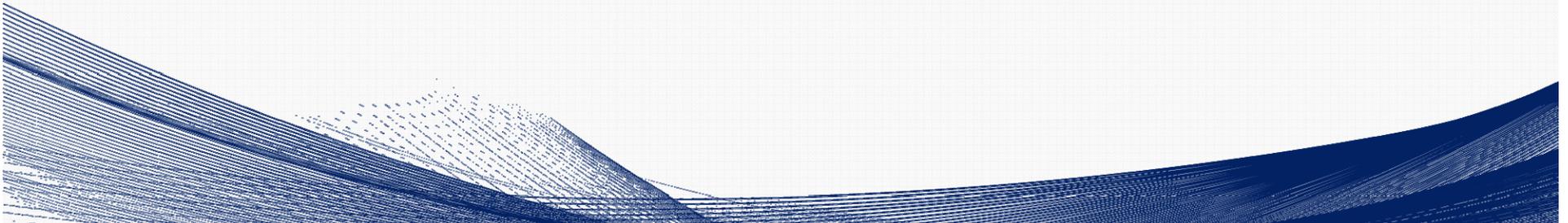
Basic steps to credentialing

- Step 2: Collect and summarize information
 - Management
 - Completed application
 - Verified application
- “Eliminate process failure”



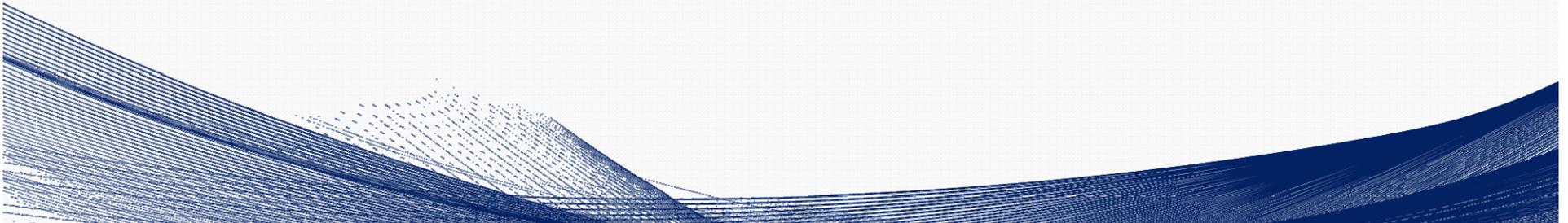
Basic steps to credentialing

- Step 3: Evaluate and recommend
 - Department chairs, credentials executive committee
 - Follow up on red flags
 - Interview candidate
 - Burden is on the applicant



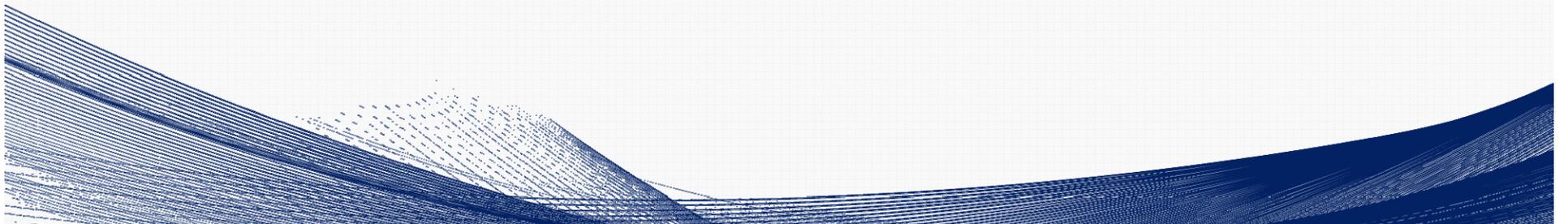
Basic steps to credentialing

- Step 4: Review, grant, deny, or approve
 - Governing board or designated agent



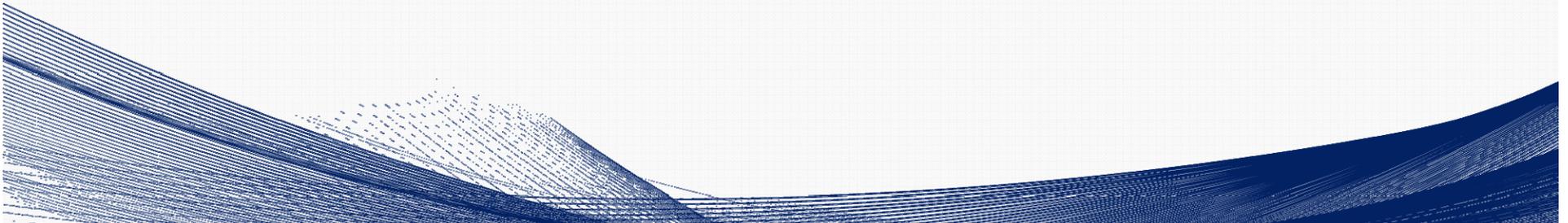
Evolving Credentialing Standards

Best practices in credentialing



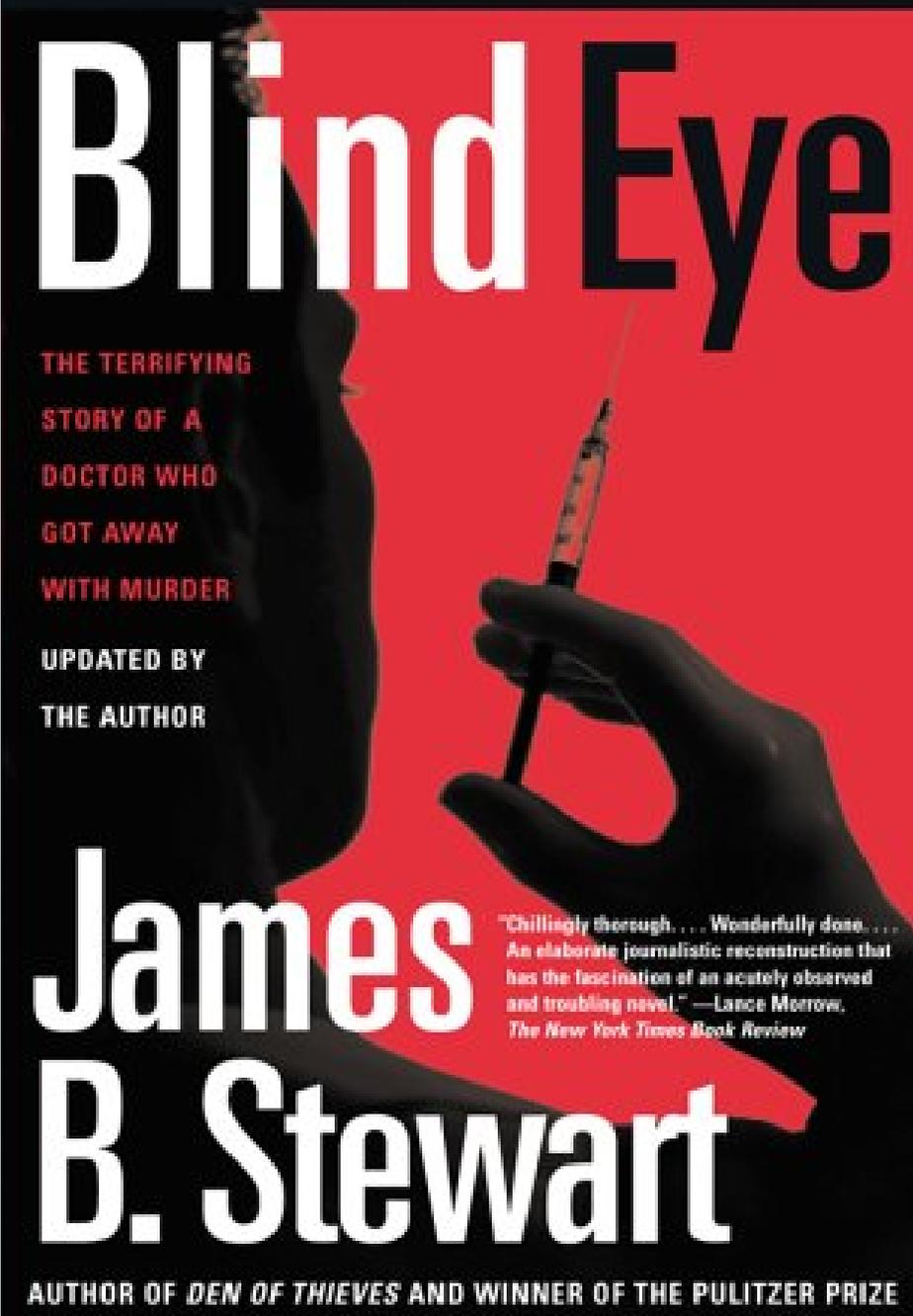
Reevaluating your current standards

1. In your institution, when you process an application for a new applicant, do you have all of the necessary information in the completed application to ensure that the new applicant provides high-quality care with a high moral standard?
2. In the past five years, has your organization admitted to your medical staff a physician whose technical quality of care or behavior has caused a problem within your organization?



THE *NEW YORK TIMES* BESTSELLER

Blind Eye



THE TERRIFYING
STORY OF A
DOCTOR WHO
GOT AWAY
WITH MURDER

UPDATED BY
THE AUTHOR

James
B. Stewart

"Chillingly thorough. . . . Wonderfully done. . . .
An elaborate journalistic reconstruction that
has the fascination of an acutely observed
and troubling novel." —Lance Morrow,
The New York Times Book Review

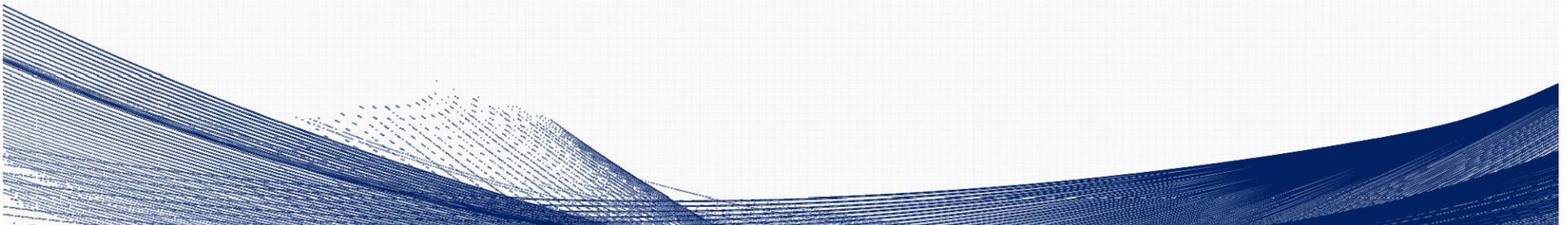
AUTHOR OF *DEN OF THIEVES* AND WINNER OF THE PULITZER PRIZE

The facts

- ❑ 725,000 board-certified
- ❑ ?? awaiting board-certification
- ❑ 128,000 not board-certified
- ❑ Roughly half sued for malpractice
- ❑ Thousands sued >10 times
- ❑ Tens of thousands with license restrictions

The facts

- ❑ Thousands sanctioned by Medicare/ Medicaid
- ❑ Tens of thousands have received hospital disciplinary action
- ❑ Thousands convicted of felonies
- ❑ Untold thousands have lost the confidence of their colleagues



Consider implementing the Evolving Credentialing Standard

The Evolving Credentialing Standard

- 1 Lifetime licensure history**

Verify each physician's or medical staff applicant's lifetime licensure history. Check all Licenses currently held by the applicant across all healthcare disciplines (including allied disciplines) and previous licenses no longer held by the applicant.
- 2 Lifetime medical education and training history**

Verify the applicant's lifetime medical education and training history, including all medical osteopathic, podiatric, dental or other schools attended, as well as all approved or non-approved residency and fellowship programs.
- 3 Malpractice insurance and 10-year history**

Check the applicant's current malpractice policy and previous 10 year malpractice history, including claims, lawsuits and settlements (include those brought against the physician's professional corporation or incorporated practice).
- 4 Specialty board status**

Verify the applicant's specialty board status. Obtain information on admissibility to take the exam, components of the exam currently taken, sections passed or failed, as well as the number of times the applicant took the exam. Confirm either no status or certification.
- 5 Sanctions and disciplinary actions**

Investigate all sanctions or disciplinary actions taken, recommended, or pending against an applicant by a hospital, health system, component of a health system, freestanding ambulatory care facility, any branch of the federal or state government, speciality board, or managed care organization.
- 6 Lifetime criminal record**

Thoroughly check the applicant's lifetime (or legally obtainable) criminal history.
- 7 All healthcare-related employment/ appointment history**

Verify the applicant's healthcare-related employment, appointment, and/or privilege history, including terminations, challenges, pending investigations or decisions, voluntary resignations, and relinquishments of either medical staff membership, clinical privileges, or panel appointments.
- 8 Current professional references from knowledgeable practitioners**

Obtain current professional references of the applicant via mail, fax, email or telephone.
- 9 Clinical activity for the past 6 to 12 months**

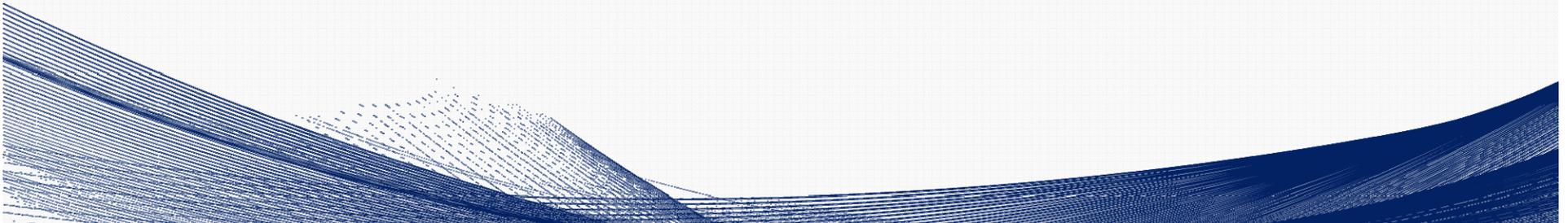
Require a summary report of the applicant's past 6 to 12 months of clinical activity (including the approximate number, type, and location of patients treated) as part of the application to the medical staff. For applicants who have had little clinical activity, obtain the full 12 month report. For applicants who have had much clinical activity, obtain the past 6 months.
- 10 Comparison of applicant-provided information and verified**

Summarize and compare all of the applicant's collected and verified information for review by physician leaders, committees and the board.

Evolving credentialing standards

Best practices in credentialing

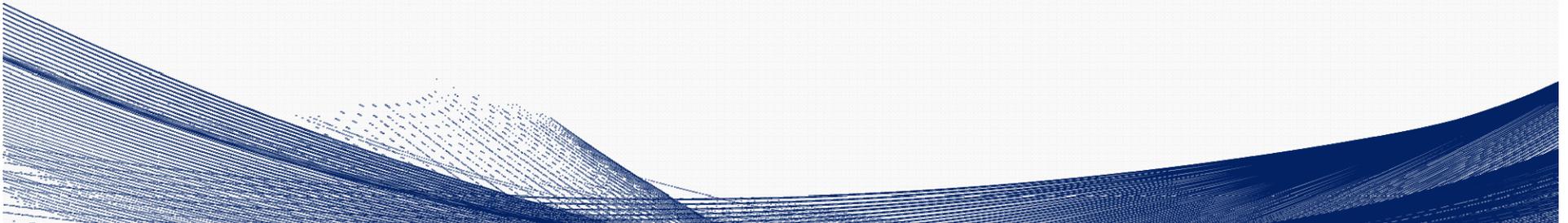
1. Lifetime licensure history (including licenses in the allied disciplines)



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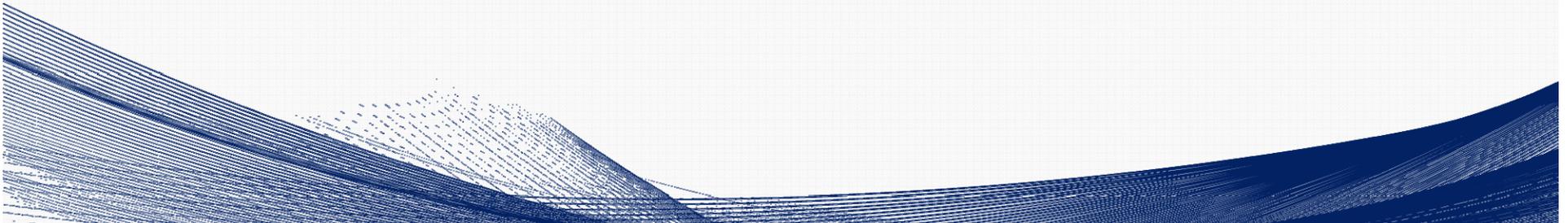
2. Lifetime medical education/training history (including all medical or osteopathic schools attended and all approved or non-approved residency programs attended)



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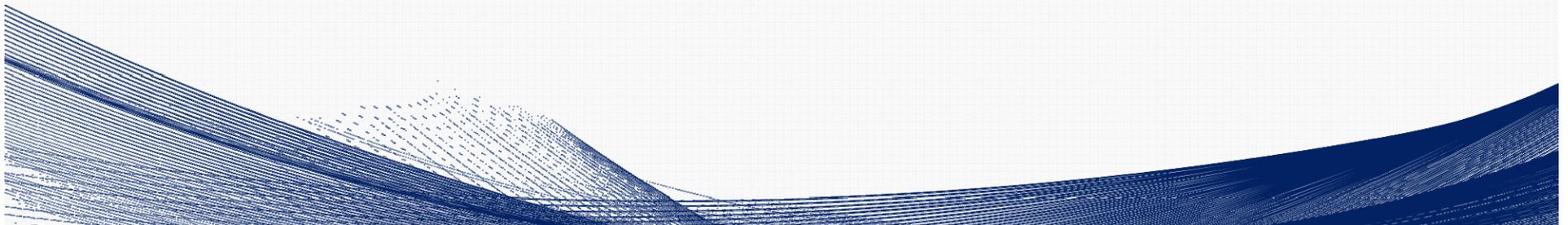
3. Previous 10-year malpractice history (including claims, suits, and settlements)



Evolving credentialing standards

Best practices in credentialing

4. Specialty board status (including no status, admissible to take the exam, have taken part I and/or II, passed or failed, number of times, or certified)

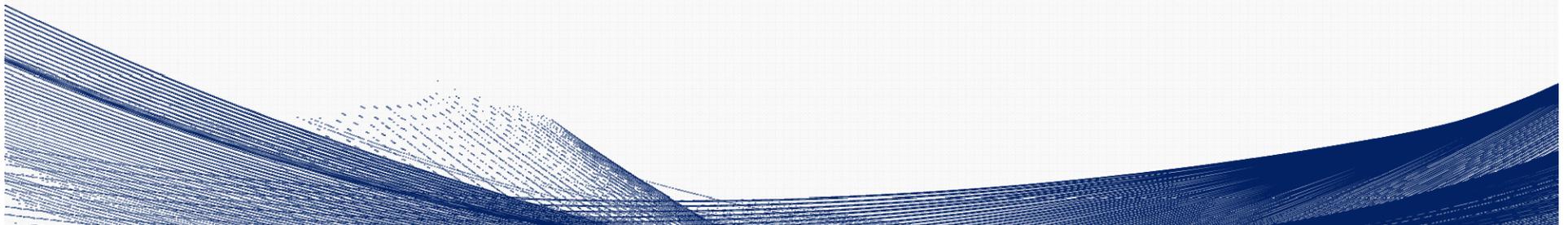


Evolving credentialing standards

Best practices in credentialing

5. Sanctions:

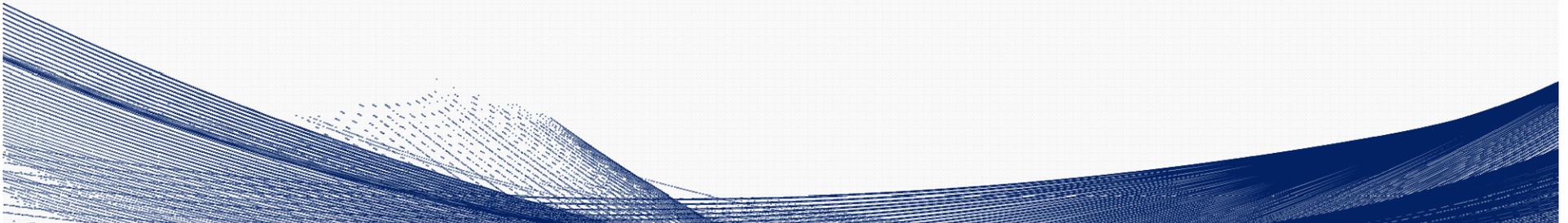
- www.npdb-hipdb.com
- <http://oig.hhs.gov/>
- www.facis.com/
- www.fsmb.org/



Evolving credentialing standards

Best practices in credentialing

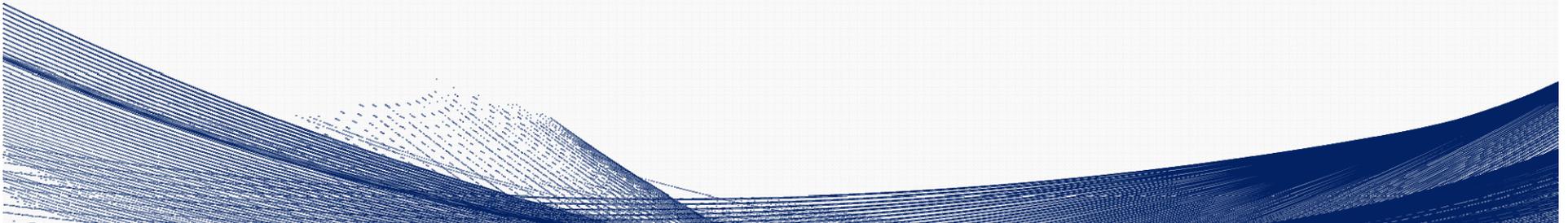
6. Identity verification:
 - Lifetime criminal record



Evolving credentialing standards

Best practices in credentialing

7. Healthcare-related employment/ appointment history (including terminations, challenges, or decisions pending, and voluntary resignations and relinquishments)



Professional Reference Questionnaire

This sample questionnaire may be adapted for a variety of professional references, such as residency/fellowship director, previous healthcare affiliations (e.g., clinical service/department chair), peer recommendations, etc.

[Bracketed information is intended to be instructional to users and therefore should be removed from the form before use.]

Section I

[To be completed by organization requesting the reference]

Name of reference: _____

Professional evaluation concerning: *[Applicant's full name, including any other name(s) used]*

Specialty/subspecialty:

Attach or scan
applicant's
picture here

We have received an application from the above-named and pictured individual stating that he/she:
(indicate as applicable)

___ completed a residency, internship, fellowship (requesting entity: circle as applicable) at your institution
from ___ / ___ to ___ / ___ (MM / YY - MM / YY)

___ was a staff member at your institution
from ___ / ___ to ___ / ___ (MM / YY - MM / YY)

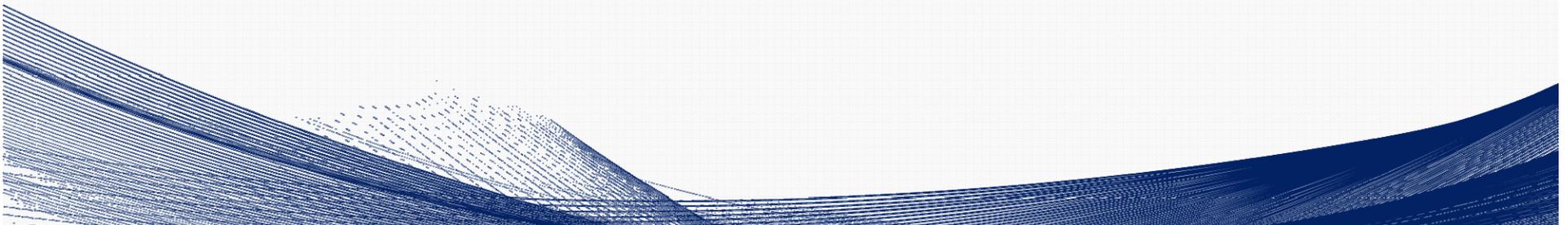
___ has named you as a professional reference

The reference should check the accuracy of the information above, and change or complete as appropriate.

Evolving credentialing standards

Best practices in credentialing

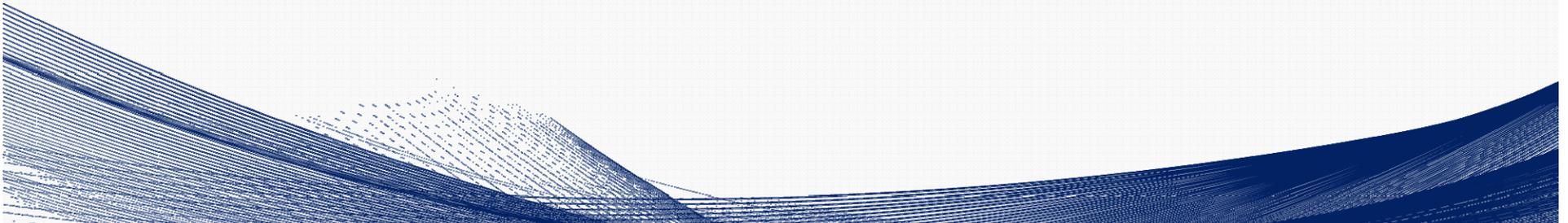
8. Most recent twelve months' clinical activity (approximate number, type, and location of patients treated)



Evolving credentialing standards

Best practices in credentialing

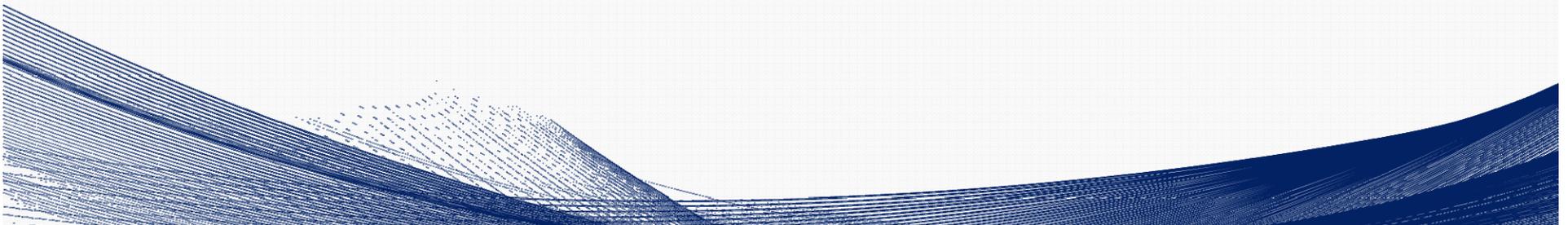
9. Signed professional references (addressing the adequacy of clinical knowledge, technical skill, judgment, ability to relate to others, overall performance, adherence to rules, and health status) **by practitioners who have observed the applicant firsthand**



Evolving credentialing standards

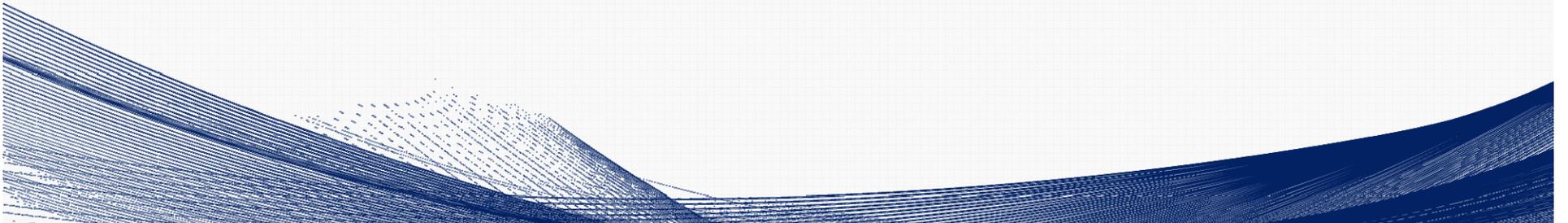
Best practices in credentialing

10. Display all of the applicant's collected and verified information for review by physician leaders, committees, and boards



Other helpful sites

- ❑ <http://credentialinfo.com>
- ❑ www.google.com



**What will I do
differently on Monday?**

