The Credentialing, Privileging, and Enrollment Process: What you don’t know can hurt you!

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Hosted by AMA Organized Medical Staff Section
Presented by Susan Diaz and Tammy Weaver
About the speakers

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Today’s topics

1. Background and overview of the credentialing, privileging, and enrollment processes
2. The information that is required
3. Common misconceptions and challenges that slow things down
4. What are red flags and how are they handled
5. How to prepare and where to get help
6. Tools and resources
Origins of credentialing

Historic concept: 1000 BCE

Business practice: 1965
Processes defined

Credentialing: The process of obtaining, verifying, and assessing the qualifications of a clinician so that he/she may provide care or services in or for a health organization.

Privileging: The process whereby the specific scope and content of patient care services (i.e., clinical privileges) are authorized for a healthcare practitioner by a healthcare organization, based on evaluation of the individual’s credentials and performance.

Enrollment: The process of applying to health insurance plans/networks for inclusion into provider panels to bill and be paid for services rendered.
Traditional path to practice

Application and Hiring Process → Credentialing → Privileging → Payer Credentialing → Enrollment

90-120 days
Improvements starting to take root

Condensed timeline
Steps in the credentialing and privileging process

- MSP verifies applicant credentials
- Dept chair/Service chief reviews applicant and recommends next steps
- Credentials committee reviews applicant and recommends next steps
- Governing body reviews applicant and makes final decision
- Medical executive committee reviews applicant and recommends next steps
- MSP delivers appointment/decision letter to applicant
- Multi-department team onboards applicant
Three distinct and separate processes

<table>
<thead>
<tr>
<th>Initial</th>
<th>Ongoing evaluation</th>
<th>Reappointment</th>
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<tr>
<td>The initial application for privileges</td>
<td>Evaluation of quality between credentialing events</td>
<td>The reappointment and/or renewal of privileges</td>
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Data that requires verification and assessment

**Background and experience**
- Education
- Post-graduate education
- Board certification
- Licensure
- Sanctions (state)
- Federal (OIG) sanctions
- DEA/CDS

Verified and included on AMA Profile

**Ability to perform the work**
- Release and authorization to query others about the applicant
- Identity verification
- Criminal background check
- Liability insurance coverage and any claims filed against it
- Malpractice claims history
- NPDB query
- Continuing medical education
- Work history

- Medical staff history
- Clinical privilege history

- Peer/professional references
- Clinical competence (clinical report cards, performance reviews)
- Case logs (1-, 2-, 5-year)
Why is Credentialing important?

- Patient Safety
- Regulatory and Standards Compliance
- Qualified and competent peers
Common misconceptions

1. The process starts when I accept the position

2. The start date provided on my offer letter is the day I should start to plan to see and treat patients

3. I filled out an application for human resources that can be used for credentialing, privileging, and enrollment

4. Employment and peer references are one in the same

5. I am not responsible if someone submits information on my behalf and gets it wrong
Common challenges

1. Incomplete documentation
   - Releases that are often overlooked
   - Ancillary documents such as copy of license, board certification, and diplomas
   - Specialized privileges require additional certifications and documentation

2. Processing delays
   - Obtaining appropriate responses from authoritative sources
   - Most challenging continue to be work history and peer references
   - Verification of malpractice carrier history
Potential “red flags” – what you should know

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<th>Loss of or limits to license or DEA</th>
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<tr>
<td>Extensive work history</td>
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<tr>
<td>Excessive malpractice claims history</td>
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<tr>
<td>Conflicting information – disclosed vs. verified</td>
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<tr>
<td>Gaps in training or clinical practice</td>
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<td>Adverse privileging actions</td>
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1. Red flags are not stop signs but may require additional clarification
2. Carefully review any information being submitted on your behalf
3. When in doubt, disclose!
What does the future hold?

• Hospitals mergers, acquisitions and closures
• Telemedicine
• Technology and automation
### How to prepare

- Keep credentials and documentation easily accessible in electronic format
- Keep track of malpractice carrier and liability coverage information throughout your career
- Pull and review your AMA profile
- Self-query the National Practitioner Data Bank (NPDB)
- When in doubt – disclose

### Where to get help

- Leverage your assigned analyst or credentials coordinator early on
- Refer to institutional bylaws
AMA products and services

Organized Medical Staff Section (OMSS)
Gives voice to and advocates for issues that impact physicians affiliated with medical staffs, whether employed or in private practice.

Educational webinars