Review of Credentialing Systems:
Supplemental Information and ECRI Institute Resources
Welcome To Clinical Risk Management Services

Search Clinical Risk Management Services

Guidance
Access evidence-based reviews of patient safety and risk management issues and self-assessment tools for practice development, standards and guidelines support clinical decision-making, and e-newsletters covering current topics in patient safety and risk management.

- Guidance Articles
- Self-Assessment Questionnaires
- E-News Archive
- Get Safe Series Archive
- Standards and Guidelines
- Resource Page: Patient-Centered Medical Home
- Resource Page: Patient Protection and Affordability Care Art
- Resource Page: Quality Improvement

Education
Easy-to-use, ACCME-accredited online courses provide CME credits. Learn about common risks to patient care and safety in the ambulatory setting through webinars and audio conferences to help clinicians and staff understand and effective strategies to reduce risks and improve safety.

- Login to ECRI Institute’s e-Learn
- Learn more about e-Learn
- e-Learn Demo Highlights Obstetric CME Courses
- Education and Training Tools
- Upcoming Audio Confernce: Best Practices for Preventing Medic, Delayed, or Incorrect Diagnoses (Dec. 16 or 29, 2011)
- Webinar and Audio Conference Archive

Toolkits
Use the Event Reporting Toolkit and Risk Management Plan for step-by-step guides to implement these key programs, and review the Sample Policies and Tools library for templates and examples.

- Credentialing Toolkit (Draft)
- Event Reporting Toolkit
- Risk Management Plan
- Sample Policies and Tools
- Test Tracking and Follow-Up Toolkit

Information provided by ECRI Institute is intended as guidance to be used consistent with the internal needs of your organization. This information is not to be viewed as required by ECRI Institute or the Health Resources and Services Administration.

Website Demo
Would you like to participate in a live demonstration of the Clinical Risk Management Program website? Email us at clinical_risk_management_program@hsri.org and indicate your name, organization, and the date you would like to attend.

Upcoming Dates (all times Eastern):
- Dec. 6 - 2:00 p.m.
- Jan. 11 - 11:00 a.m.
- Jan. 31 - 2:00 p.m.

Extranet

Toolkit: Implementing Health IT
Providers can access a free toolkit, including resources for analysing workflow, examples of workflow analysis and redesign, and lessons learned by other organizations related to implementing health IT.

Continuing Education: Patient Flow Primer
Clinicians can obtain continuing education credit for participating in a web-based course, Patient Flow Primer: Get on Track and on Time.

Plaque Prevention Video
The Joint Commission has released a new video about reducing the risk of falling as part of its Speak Up campaign.

Access Instructions

Executive Directors
Looking for instructions on how to give your staff access to this program? Click here to download the instructions.

Risk and Safety E-News

Webcast: Cognitive- And System-Related Solutions Needed to Prevent Diagnostic Errors
Culture of Safety Principles Increase Error Reporting in Pediatric Practices
Written Protocols Required for Worker Safety
Before You Fill Out the Application…

• Have the following items with you:
  ➢ Credentialing list in an Excel spreadsheet
  ➢ Credentialing and privileging policy (with board signature and approval OR have board minutes with proof of approval)
  ➢ Board minutes that show approval of credentialing policy with board signature and date (if approval not on credentialing policy)
  ➢ HRSA Program Information Notice (PIN) 2002-22: Clarification of Credentialing and Privileging Policy Outlined in PIN 2001-16
  ➢ HRSA PIN 2001-16: Credentialing and Privileging of Healthcare Practitioners
Components of Application

1a. Attach a list of all credentialed personnel

1b. Attach the health center’s credentialing and privileging policy (with board approval/signature/date on the document or attach board minutes that show approval)

2. Verify that the health center’s credentialing verification procedures include primary and secondary source verification

3. Verify each practitioner submitted evidence of health fitness, immunization status, professional references, life support training, and DEA registration

4. Verify that a National Practitioner Data Bank query is obtained every two years for each licensed practitioner

5. Verify that a history of previous malpractice liability claims and adverse actions is reviewed for each practitioner
6. Confirm the health center uses data from peer review and QI/QA activities to support its credentialing functions and that these activities are overseen by the board.

7. Verify that practitioners are granted privileges at least every two years specific to services provided.

8. Confirm that privileging processes include verifying clinical privileges and medical staff membership at local facilities.

9a-9f. Describe the health center’s peer review process (including who supervises the process, how feedback on peer review is communicated and documented, how patient confidentiality is maintained, how information is communicated to the board, and what methods are used for developing strategies for improvement).
Credentialing List

- Must be in an Excel spreadsheet
  - Include name, professional designation, title/position, specialty, employment status (full time, part time, contractor, volunteer), hire date, current credentialing date, and next expected credentialing date (if known)

- Make sure current credentialing date is within the past 2 years

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
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<tbody>
<tr>
<td>1</td>
<td>First Name</td>
<td>Last Name</td>
<td>Title</td>
<td>Professional Designation</td>
<td>Specialty</td>
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<td>Contractor</td>
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<td>LVN</td>
<td>Nursing</td>
<td>FTE</td>
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<td>7/24/2010</td>
<td>7/1/2012</td>
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<td>Pharmacy</td>
<td>PTE</td>
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<td>9/25/2010</td>
<td>9/1/2012</td>
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<td>Mender</td>
<td>Staff Dentist</td>
<td>DDS</td>
<td>General Dentistry</td>
<td>FTE</td>
<td>9/8/2008</td>
<td>9/1/2012</td>
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<td>9</td>
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<td>Gummer</td>
<td>Dental Director</td>
<td>DDS</td>
<td>General Dentistry</td>
<td>FTE</td>
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<td>12/9/2010</td>
<td>11/1/2012</td>
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<td>Prescript</td>
<td>Relief Pharmacist</td>
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<td>PTE</td>
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<td>11/1/2012</td>
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</table>
Credentialing and Privileging Policy

- Correct attachments: Sign the hard copy of the policy, scan the policy to a computer, and attach the scanned copy

The signatures below represent an acceptance of the Credentialing and Privileging Policy.

Date: 1/31/2012

Governing Board Approval: [Signature]

- Incorrect attachments: Do NOT attach applications with blank signature lines or with typed signatures

The signature below represents an acceptance of the Credentialing and Privileging Policy.

Date: ____________________________

Governing Board Approval: ____________________________

The signature below represents an acceptance of the Credentialing and Privileging Policy.

Date: 1/31/2012

Governing Board Approval: [Signature] Great Director
• All health centers must assess the credentials of each licensed or certified healthcare practitioner, including employed, contracted, volunteers, and *locum tenens* (i.e., temporary) practitioners, at all health center sites.

➢ **Credentialing:** The process of assessing and confirming the qualifications of a licensed or certified healthcare practitioner.

• The governing board has ultimate approval authority (stated in writing) of a practitioner’s credentials.

• Review credentials on an ongoing basis; renew at least every two years

➢ See “Sample Credentialing and Privileging Policy”: [https://members2.ecri.org/Components/HRSA/Pages/CredentialingToolkit.aspx](https://members2.ecri.org/Components/HRSA/Pages/CredentialingToolkit.aspx).
• **Licensed or certified healthcare practitioner:** an individual required to be licensed, registered, or certified by the state, commonwealth, or territory in which a health center is located.

  ➢ **Licensed independent practitioner (LIP):** Providers 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 privileges (e.g., physician, nurse practitioner, dentist, nurse midwife)

  ➢ **Other licensed or certified practitioner:** Providers not permitted by law to provide patient care without direction or supervision (e.g., laboratory technician, social worker, medical assistant, registered nurse, licensed practical nurse, dental hygienist)

Source: HRSA PIN 2002-22
Primary vs. Secondary Source Verification

• Primary source verification: verification by the original source of a specific credential to determine the accuracy of a qualification reported by a practitioner.
  - Direct correspondence
  - Telephone/Internet verification
  - Reports from credentials verification organizations
  - The Education Commission for Foreign Medical Graduates, American Board of Medical Specialists, American Osteopathic Association Physician Database, American Medical Association Masterfile may be used to verify education and training

Source: HRSA PIN 2002-22
Primary vs. Secondary Source Verification

- Secondary source verification: verification by sources other than primary sources.
  - Original credential
  - Notarized copy of credential
  - Copy of credential (when copy is made from an original by approved health center staff)

Source: HRSA PIN 2002-22
<table>
<thead>
<tr>
<th>CREDENTIALING OR PRIVILEGING ACTIVITY</th>
<th>&quot;LICENSED OR CERTIFIED HEALTH CARE PRACTITIONER&quot;</th>
<th>&quot;LICENSED OR CERTIFIED HEALTH CARE PRACTITIONER&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of Staff</td>
<td></td>
<td></td>
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<tr>
<td>A. CREDENTIALING</td>
<td></td>
<td></td>
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<tr>
<td>1. Verification of licensure, registration, or certification</td>
<td>Primary source, registration, or certification</td>
<td>Primary source, registration, or certification</td>
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<tr>
<td>2. Verification of education</td>
<td>Primary source, registration, or certification</td>
<td>Secondary source, registration, or certification</td>
</tr>
<tr>
<td>3. Verification of training</td>
<td>Primary source, registration, or certification</td>
<td>Secondary source, registration, or certification</td>
</tr>
<tr>
<td>4. Verification of current competence</td>
<td>Primary source, registration, or certification</td>
<td>Supervisory evaluation per job description</td>
</tr>
<tr>
<td>5. Health fitness</td>
<td>Confirmed statement, registration, or certification</td>
<td>Supervisory evaluation per job description</td>
</tr>
<tr>
<td>6. Approval authority</td>
<td>Governing Body, registration, or certification</td>
<td>Supervisory function per job description</td>
</tr>
<tr>
<td>7. National Practitioner Data Bank Query</td>
<td>Required, if reportable, registration, or certification</td>
<td>Required, if reportable, registration, or certification</td>
</tr>
<tr>
<td>8. Government issued picture identification, immunization and PPD status, and life support training (if applicable)</td>
<td>Secondary source, registration, or certification</td>
<td>Secondary source, registration, or certification</td>
</tr>
<tr>
<td>B. INITIAL GRANTING OF PRIVILEGES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Verification of current competence</td>
<td>Supervisory evaluation per job description, registration, or certification</td>
<td>Supervisory evaluation per job description, registration, or certification</td>
</tr>
<tr>
<td>2. Approval authority</td>
<td>Governing Body, registration, or certification</td>
<td>Supervisory evaluation per job description, registration, or certification</td>
</tr>
<tr>
<td>C. RENEWAL OR REVISION OF PRIVILEGES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Frequency</td>
<td>At least every 2 yrs, registration, or certification</td>
<td>At least every 2 yrs, registration, or certification</td>
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<td>2. Verification of current competence</td>
<td>Supervisory evaluation per job description, registration, or certification</td>
<td>Supervisory evaluation per job description, registration, or certification</td>
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<tr>
<td>3. Approval authority</td>
<td>Governing Body, registration, or certification</td>
<td>Supervisory function per job description</td>
</tr>
<tr>
<td>4. Appeal to discontinue appointment or deny clinical privileges</td>
<td>Process required, registration, or certification</td>
<td>Organization option</td>
</tr>
</tbody>
</table>
Verification of Required Information

• Use a checklist to ensure all required information is collected by the health center or received from the provider:
  ✔ Curriculum vitae (CV)
  ✔ Diplomas (e.g., undergraduate, post-graduate, medical school, residency, fellowship)
  ✔ Statement confirming health fitness
  ✔ Certificates (e.g., board certification, BLS, ACLS)
  ✔ Medical licenses
  ✔ Drug Enforcement Administration (DEA) registration (if applicable)
  ✔ Controlled Dangerous Substances (CDS) registration (if applicable)
  ✔ Peer references
• Use checklists to ensure all required information is collected by the health center or received from the provider:

✓ Proof of liability insurance
✓ Summary of malpractice claims/adverse actions filed against the provider
✓ National Practitioner Data Bank (NPBD) query
✓ Delineation of privileges
✓ Government-issued picture identification
✓ Immunization and PPD status
✓ Life support training (if applicable)

❖ See the Credentialing Timeline for a sample checklist: https://members2.ecri.org/Components/HRSA/Pages/HRPol10.aspx.
Privileges

- Each practitioner should be privileged specific to the services being provided at each of the health center’s delivery settings.
- Privileging processes should include verifying clinical privileges and medical staff membership at local facilities.
- Renewal or revisions of privileges for LIPs and other licensed or certified practitioners should occur at least every two years.
The goal of medical peer review is to improve quality and patient safety by learning from past performance, errors, and near misses. Connect peer review to credentialing and privileging.

Policies should address:

- Who supervises the process and his/her responsibilities
- How feedback is communicated and documented
- How patient confidentiality is maintained
- How data is integrated and shared with the board
- What methodology is used when developing strategies for improvement
• Using peer review as a way to educate individual physicians as well as the staff in general means that it's integrated into the health center’s overall quality care processes.

• Educational peer review, for both the provider and the health center, is a tool for identifying, tracking, and resolving suboptimal or inappropriate clinical performance and medical errors in their early stages.

• This improves patient safety and overall quality of care.
Credentialing Files

- Maintain complete and organized documentation and records.
- Review each file once per year to identify any missing items.
- If you use a credentials verification organization (CVO), make sure that the documents maintained by the CVO are completed and organized and that the health center can access physical files or electronic databases in advance of a HRSA site visit.

Credentialing Toolkit

- Sample Credentialing/Privileging Policy
- Credentialing: Step-by-Step Process
- Credentialing Timeline
- Sample Application Packet
- Guide for Preparing Files for an FTCA Site Visit
- Preparing Credentialing List for FTCA Deeming Application

• Go to: http://www.ecri.org/clinical_rm_program
• Enter username and password under “Member Login”
• Don’t have a username and password? Contact us:
  ➢ Clinical_rm_program@ecri.org
  ➢ (610) 825-6000 x5200
Q: Who should appear on the credentialing list?

A: All health center practitioners, employed or contracted, volunteers, and *locum tenens* (i.e., temporary practitioners), at all health center sites should appear on the credentialing list.

Q: Should employees from the past year or current employees appear on the credentialing list?

A: Health centers should include on the credentialing list only individuals who are currently working at the health center at the time of submission of the application.
Questions on Deeming/Application Process?

- Contact BPHC helpline at 1-877-974-BPHC (877-974-2742) or BPHChelpline@hrsa.gov
  
  ➢ 9:00AM to 5:30PM (ET)

- FTCA website: http://www.bphc.hrsa.gov/ftca

- For EHB technical support (e.g., registration, username and password), contact HRSA Call Center at 1-877-464-4772 or CallCenter@hrsa.gov.

  ➢ Monday-Friday (except federal holidays) 9:00AM to 5:30PM (ET)