

IHS CREDENTIALING PROCESS

PRESENTED FOR:

DIRECT SERVICE TRIBAL LEADERS COMMITTEE

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WHO DO WE CREDENTIAL?

- Licensed independent practitioners* (LIP) and other practitioners who provide direct patient care at IHS direct care facilities shall be credentialed and privileged through the medical staff.
- Approximately 4,000 credentialed providers across IHS
- Governing Board has ultimate authority
- Upon recommendation from organized medical staffs (MEC)

- **The Joint Commission defines a licensed independent practitioner as “any individual permitted by law and by the organization to provide care, treatment, and services, without direction or supervision.”*



WHY DO WE CREDENTIAL?

- Provide safe, high quality care for patients
- Credentialing processes are driven by:
 - CMS Conditions of Participation (§482.22)
 - The Joint Commission Standards
 - 200 elements in 26 medical staff standards
 - State statutes for licensed facilities
 - Medical staff bylaws
 - Governing body policies
 - Agency policy



WHAT DO WE COLLECT & VERIFY?

- Identity
- Education & Training
- Work Experience/History
- Gap Analysis
- Medical licenses (all states)
- Controlled Substance Registration (CSR)
- US Drug Enforcement Agency (DEA)
- Board Certification or eligibility status
- Life Support Certificates
- Health status
- Immunizations
- CMEs
- Activity/procedure logs
- Peer and professional references
- Professional liability coverage/claims history
- National Practitioner DataBank (NPDB) query
- Office of Inspector General status
- GSA/SAM status
- State Sanctions status
- Medicare Opt Out status



HOW OFTEN & HOW LONG

- 120 Days to Verify, Review, & Prepare for Recommenders/Approvers
- Initial Appointment
 - 1 year appointment
 - Over 500 items to review
- Reappointment
 - 2 year appointment
 - Over 300 items to review
- MD-Staff software



WHAT IS CONSIDERED A FLAG?

Application not accurate or complete

Discrepancies between application content and verifications

Verifications not returned, esp. from employers, references

References indicating issues with behavior or competency

Problems or changes during residency/fellowship programs

Past employers stating “would not rehire”

Pattern of malpractice cases

History of abuse (child, sexual, alcohol, drugs, etc...)

Challenges, disciplinary or adverse actions

Unexplained or unaccounted time gaps



CREDENTIALING PROGRAM STEPS

- Practitioner applies to the agency through an online application.
- Complete applications are imported and the review and verification process begins.
- Incomplete applications and/or unexplained flags are rejected and returned to the applicant to complete.
- Prime source verification of all elements
- File prepped for Recommenders and Approvers, identifying any flagged items
- Recommenders and Approvers review and recommend or deny membership/privileges.
- Decision notification letter is sent to provider
- All new LIPs are placed on a Focused Professional Practice Evaluation according to policy and then transitioned to Ongoing Professional Practice Evaluation.
- After the first year, the provider reapplies and starts the process over for a two year reappointment.



WORK UNDERWAY

- Agency wide Credentialing Point of Contact Monthly Meetings
- Updating Agency Credentialing Policy
- Credentialing Resource Center Platinum Subscription
- Standardizing software data elements and standards (developing reference guides)
- Modifying internal processes to include audits
- SharePoint Site and Listserv used for training, communication and providing resources.

