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# **FTCA Credentialing TA Webcast**

**Preparing the 2016 Deeming Application for CY 2017**

***LCDR Shayna Wilborn, RN, BSN***

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# Definitions

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- **Deeming:** The application process by which the health center is able to demonstrate compliance with FSHCAA requirements.
- **Credentialing:** The process of assessing and confirming the qualifications of a licensed or certified health care practitioner to render specific health care service(s).
- **Privileging:** The process whereby a specific scope and content of patient care services (that is, clinical privileges) are authorized for a health care practitioner by a health care organization based on an evaluation of the individual's credentials and performance.



# *Types of Applications*

**EHB System will be open to receive applications on APRIL 22, 2016.**

There are two types of applications for FTCA coverage:

## INITIAL DEEMING APPLICATION

- May be submitted at any time during the year when the EHB system is open to receive applications.
- Will be reviewed and processed by HRSA within 30 days after receipt of a complete application.

## ANNUAL REDEEMING APPLICATION

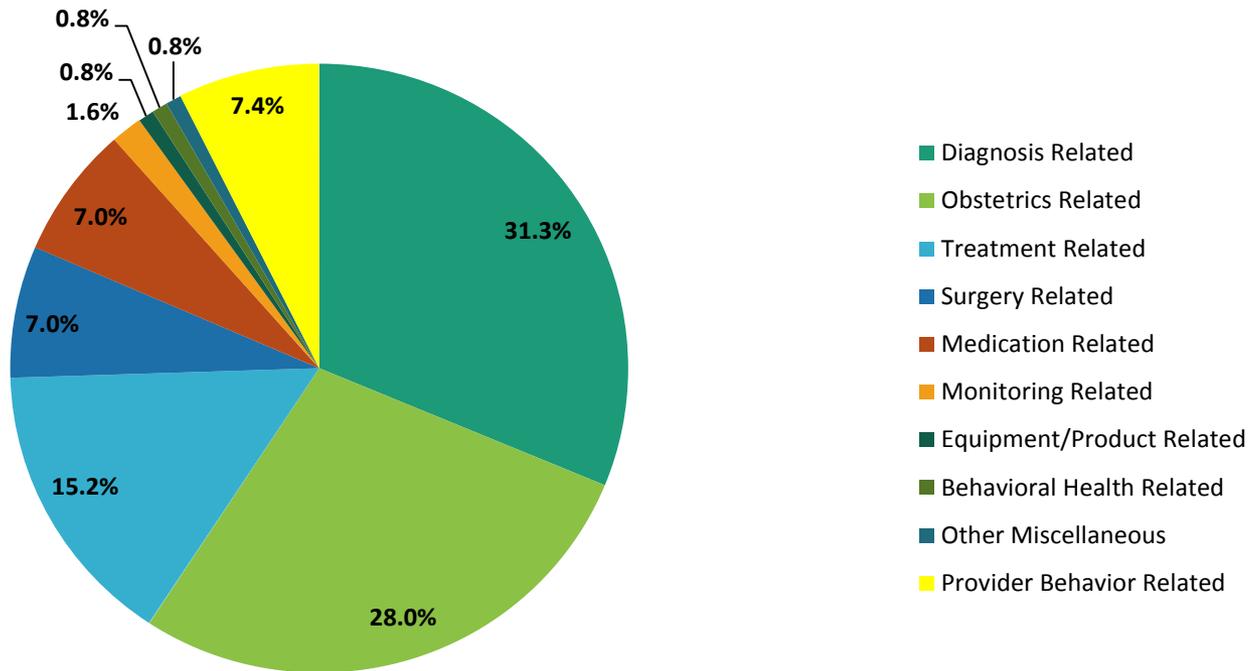
- To be deemed for CY 2017, all currently deemed health centers must file a renewal deeming application.
- All Redeeming applications are due on or before **May 24, 2016.**



# How Credentialing Relates to FTCA Claims

Credentialing & Privileging (C&P) processes can improve quality of care and reduce the risk of litigation related to negligent credentialing.

FY2015 Nature of Occurrence for Reviewed and Non-Reviewed Incidents



# Questions...

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# Why Credential?

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1. For Patient Safety– Protects patients from unqualified providers.
2. For Risk Management– Protects health center from potential liability claim.
3. For Quality Improvement– Verifies providers current competency.
4. For Recognition and Accreditation– Requires the use of a credentialing process.



# Importance of Credentialing

The health center has a duty to care  
and a duty to prevent harm.

- **These duties are obligated from the Board of Directors, through the administration, and are inclusive of all health center staff members.**
- Ensures all health care providers (licensed independent practitioners) and clinical staff (other licensed or certified practitioners) are qualified to render the type of care for which they are employed.
- Involves evaluating a practitioner's eligibility to provide clinical services at the health center.
- Failure to fully credential may result in liability if a patient is harmed.



# Real World Examples

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## Florida Teen Allegedly Impersonated Assistant Doctor

- Allegedly, a 17-year-old boy, through a clerical error, acquired a medical badge and spent several days posing as a medical professional and treating patient.

Source: Mungin L., (2012, August 29). CNN.

## Florida Teen Arrested for Impersonating Doctor

- Allegedly, an 18-year-old boy opened a medical clinic and had been practicing medicine without a license.

Source: Acevedo, J., and Netto, J. (2016, February 19). CNN .

# Real World Examples

## Nurse Imposters, Texas

- Allegedly, a 33-year-old female stole the identity of an RN in order to get nursing jobs at eight different hospice companies from 2009 to 2012. Records show she was responsible for the care of more than 160 patients during that time.
- A man faked being a nurse for at least a decade. The imposter pleaded guilty to practicing nursing without a license, tampering with a government document, and aggravated perjury. Ironically, he was promoted to clinical services director before being fired following a tipster's call.

Source: Dallas Morning News (2014, December 9)



# Accreditation and FTCA Requirements

The FTCA and Health Center Program C&P requirements are outlined in Policy Information Notice 2002-22.

There are similarities and differences between FTCA and accrediting bodies. Health centers need to crosswalk the following:

- FTCA credentialing and privileging requirements.
- Their accrediting body's credentialing and privileging requirements.
- State requirements.
- Third-party reimbursement requirements.



# Credentialing Process

**All credentialing and privileging of licensed independent practitioners must be approved by the governing Board of Directors or the Board's designee in writing every two years.**

- The reviewing committee must document the review of specific provider's credentialing application.
- The Board (or designee) must approve and be assured the health center is compliant.
- The Board (or designee) must document approval.

**Credentialing and privileging procedures must be completed and documented with all files maintained.**



# Helpful Tips

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- Thoroughly review Policy Information Notices 2001-16 and 2002-22 for a full understanding of the FTCA Credentialing and Privileging requirements.
- Medical staff cannot provide health care prior to having their credentialing and privileging information approved by the health center.
- The health center should audit the process to ensure policies and procedures are fully implemented and the health center is compliant.



# Credentialing Spreadsheet

- The required credentialing list must be uploaded utilizing an Excel spreadsheet.
- The list should include the following information:
  - Name and Professional Designation (e.g., MD/DO, RN, CNM, DDS, LPN, PA, MA, NP, etc.);
  - Title/Position;
  - Specialty;
  - Employment Status (full-time employee, part-time employee, contractor or volunteer);
  - Hire Date;
  - Current Credentialing Date (must be within past 2 years); and
  - Next Expected Credentialing Date.



# Additional Required Uploads

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Upload the health center's C&P policy. The policy must be Board approved.

## Ways to demonstrate Board approval:

- Indicated with date and signature of a Board member (preferably the Board Chair), or
- If submitting Board minutes as proof that the C&P policy was approved, upload minutes that have been **signed, dated**, and clearly indicate that the Board approved the C&P policy.

# Credentialing Spreadsheet FAQs

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**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.

Licensed Independent Practitioner (LIP)

Other Licensed or Certified Practitioner (OLCP)

**Q:** Should previously employed providers from the past year appear on the credentialing list if they are no longer working in the health center?

**A:** No, only individuals who are currently working at the health center at the time of submission of the application should appear on the credentialing list.



# More FAQs

**Q:** Must individuals such as medical assistants, who are not required to be licensed or certified, appear on the credentialing list?

**A:** Yes, they should appear on the credentialing list. Identify them with an asterisk, and indicate on the spreadsheet that they are not required to be licensed or certified by state law.

**Q:** Must providers such as registered nurses be queried through the National Practitioner Data Bank (NPDB)?

**A:** Yes, registered nurses should be queried through the NPDB, as well as any other licensed or otherwise authorized (certified or registered) provider by a state to provide health care services; or individuals who, without authority, hold themselves out to be so licensed or authorized (see the NPDB at [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov)).



# More FAQs

**Q:** Can a health center delegate credentialing to a CVO?

**A:** Health centers may choose to delegate credentialing to a credentials verification organization (CVO). See HRSA PIN 2002-22, Appendix A at <http://bphc.hrsa.gov/policiesregulations/policies/pin200222.html>.

**Q:** Is there a time limit on granting temporary privileges?

**A:** Yes, temporary privileges may be granted for a limited period of time, not to exceed 120 days (see HRSA PIN 2002-22, Appendix B at <http://bphc.hrsa.gov/policiesregulations/policies/pin200222.html>).

**Q:** Must the C&P Policy be approved every three years?

**A:** No, the tip sheet recommends a time frame of review of every three years, but there is not a specific required time. We encourage health centers to review the C&P policy at least every three years or more frequently, especially if changes have been made to the C&P process.



# ECRI Clinical Risk Management Resources

- Guidance articles
- Self-assessment questionnaires
- Education and training tools
- Toolkits
- Sample policies and tools
- Archived webinars
- Archived Virtual Conference
- E-learn continuing education
- Electronic fetal monitoring online education
- Biweekly E-news
- Monthly Get Safe! assessment checklists
- Quarterly Practice Alert! assessment tools
- Quality in Action newsletter



[Clinical\\_RM\\_Program@ecri.org](mailto:Clinical_RM_Program@ecri.org)

(610) 825-6000, x5200

# Office Contact

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## FTCA/BPHC Help Line

Phone: 1-877-974-BPHC (877-974-2742)

9:00 AM to 5:30 PM (ET)

Email: [BPHChelpline@hrsa.gov](mailto:BPHChelpline@hrsa.gov)

FTCA Website: <http://www.bphc.hrsa.gov/ftca/>



# Questions....

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