2014 Complete Overview of the URAC Standards

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Presented by: Sandra Greenwalt, RN, BSN, MCHA, CCM, CCP, CPHQ
Learning Objectives

1. Understand the accreditation standards
2. Understand what is needed to meet the intent of the standards
3. Determine the documentation that is needed to submit with the application

N-CR 1 – Practitioner and Facility Credentialing

The organization implements a credentialing program to verify the professional qualifications of participating providers, at a minimum: [–]

a. All practitioners that are participating providers and that provide covered health care services to consumers; and [M]

b. Facilities that provide covered health care services to consumers including: [–]
   i. Acute inpatient facilities such as hospitals; [M]
   ii. Free-standing surgical centers; [M]
   iii. Home health agencies; and [M]
   iv. Skilled nursing facilities; [M]
What is a practitioner?

URAC defines a practitioner as:
An individual person who is licensed to deliver health care services without supervision.

N-CR 1 – Practitioner and Facility Credentialing

- Reviewers will use the organization’s provider directory as the list of providers – both practitioners and facilities – that fall within the scope of the credentialing program.
  - If the organization chooses to list practitioners at a contracted facility in its provider directory, then those providers must be credentialed regardless of whether or not the organization contracts directly with the practitioner.
- URAC is silent on how organizations credential facilities. However, credentials collected for healthcare facilities include (as applicable), but are not limited to the following:
  - State licensure information (if that type of facility is eligible for a state license)
  - Medicare or Medicaid certification status via OIG (if such certification is available for that type of facility)
  - A copy of the facility’s liability insurance policy declaration sheet
  - Any other information necessary to determine if the facility meets the network-based health benefits plan participation criteria that the network-based health benefits plan has established for that type of facility

- A signed and dated statement from an authorized representative of the facility attesting that the information submitted with the application is complete and accurate to the facility’s knowledge
- A signed and dated statement from an authorized representative of the health benefits plan to collect any information necessary to verify the information in the credentialing application
- Accreditation status (e.g., JCAHO, CARF, AAAHC, etc.)

What is the URAC requirement for maintaining a credentialed network?

- URAC requires that the Health Plan (or Provider Credentialing applicant) maintain a 100% credentialed network.
N-CR 2 – 
Credentialing Program Oversight

The senior clinical staff person of the organization is responsible for oversight of the clinical aspects of the credentialing program. [M]

N-CR 3 – 
Credentialing Committee

The organization establishes a credentialing committee that: [-]

a. Includes at least one participating provider and who has no other role in organization management; [M]

b. Discusses whether providers are meeting reasonable standards of care; [3]

c. Accesses appropriate clinical peer input when discussing standards of care for a particular type of provider; [4]

d. Has final authority to: [-]

i. Approve or disapprove applications by providers for organization participation status; or [M]

ii. Delegate such authority to the senior clinical staff person for approving clean credentialing applications, provided that such designation is documented and provides reasonable guidelines; [4]

e. Maintains minutes of all committee meetings and documents all actions; [4]

f. Provides guidance to organization staff on the overall direction of the credentialing program; [3]

g. Evaluates and reports to organization management on the effectiveness of the credentialing program; [3]

h. Reviews and approves credentialing policies and procedures; and [4]

i. Meets as often as necessary to fulfill its responsibilities, but no less than quarterly. [3]
The committee does not need to individually discuss every credentialing application, but every application must pass through the committee process for final determination.

- For clean applications that are approved by the Medical Director, a list of the names of the providers can go to the Committee for their approval.

What is a clean application?

- One that does not require credentialing committee review because
  - there are no issues that would require committee review
  - the file meets the minimum URAC credentialing standards identified in the credentialing standards
  - the file meets any additional criteria determined by the organization

Credentialing meeting minutes must indicate that a discussion took place when determining whether an applicant with issues may or may not participate in the network. The level of detail recorded in the minutes regarding that discussion is up to the organization.

- The committee must have access to appropriate specialty expertise.
- What should the committee do if the credentials of a cardiologist are being discussed and the committee members need additional input?
  - Should be able to consult with a cardiologist

The organization maintains a written description for its credentialing program that:

- a. Is approved by the credentialing committee; [3]
- b. Defines the scope and objectives of the credentialing program; [3]
- c. Defines the roles and responsibilities of the credentialing committee, the medical director (or clinical director), and the credentialing staff; [3]
- d. Defines the organization's criteria for qualification as a participating provider (see P-NM 3); [M]
- e. For each type of provider credentialed by the organization, defines the information collected during the credentialing process; [4]
- f. Describes how the information collected during the credentialing process is verified; [M]
- g. Includes rules about how credentialing information and files are maintained and stored; [M]
What should the Credentialing Program Plan include?

- Description of the credentialing process
- Reflect the organization’s goals for provider access and availability (NM 2)
- Include the selection criteria (NM 3)
- Acceptable levels of verification (primary or secondary verification)
- Acceptable verification sources

The organization requires that each practitioner who applies for participation in the provider network, and is within the scope of the credentialing program, submit a credentialing application that includes at least the following information:

- History of education and professional training, including board certification status; [M]
- State licensure information, including current license(s) and history of licensure in all jurisdictions; [M]
- Evidence of current Drug Enforcement Agency (DEA) certificate or state controlled dangerous substance certificate, if applicable; [M]
- Proof of liability insurance; [M]
- Professional liability claims history; [M]
f. History of sanctions; [M]
g. History of loss or limitation of privileges or disciplinary activity; [M]
h. Hospital affiliations or privileges, if applicable; [M]
i. Disclosure of any physical, mental, or substance abuse problems that could, without reasonable accommodation, impede the practitioner’s ability to provide care according to accepted standards of professional performance or pose a threat to the health or safety of patients; [M]
j. A signed and dated statement attesting that the information submitted with the application is complete and accurate to the practitioner’s knowledge; and [M]
k. A signed and dated statement authorizing the organization to collect any information necessary to verify the information in the credentialing application. [M]

The organization must require a credentialing application of every provider that applies for participation in the organization’s provider network and that falls within the scope of the credentialing program.

– There are a number of standard credentialing applications including some that are mandated by states legislation or regulation.

– If the organization collects a liability insurance cover sheet, then the cover sheet must include the name of the practitioner, the expiration date and the liability covered.

– If the cover sheet does not include the name of the practitioner, then a photocopy of those covered under the plan must be submitted to the requestor on a sheet that includes the insurer’s letterhead.

• Should the credentialing committee members go through confidentiality training?

• Should paper files that are stored in locations used by many staff (e.g., in hallways near copy machines, etc.) be kept locked at all times?
The organization implements mechanisms to review credentialing information for completeness, accuracy, and conflicting information. [3]

- One way to meet this standard is to have a credentialing staff member (other than the one that did the initial credentialing work) review the file to ensure that all necessary information is present.
  - Once the file has been reviewed, a notation to that effect should be placed in the file.
  - This can be a checklist.
- If your organization has a very large credentialing program, a prudent practice would be to develop a quality auditing process.
  - What would be an example of this process?
  - Perform quality audits on 25% of completed credentialing files.
The organization implements mechanisms to:

a. Communicate with providers about their credentialing status upon request; and
b. Prior to review, accept additional information from providers to correct incomplete, inaccurate, or conflicting credentialing information.

The organization verifies the following practitioner credentials using primary sources:

a. Licensure or certification as minimally required to engage in clinical practice; and
b. Board certification, if applicable or highest level of education or training.

What is primary source verification?
- A written verification must indicate that it has been verified from an issuing source such as licensing board or board certification such as American Board of Medical Specialties. This can occur through a document from the issuing entity that includes the letterhead of the issuing entity addressed to the organization.
- Telephone verifications are also acceptable (identify person you talked to, date of verification, type of information verified, etc.)
- Electronic verifications include using the Internet or modem, tapes, diskettes, or other electronic medium derived from primary or secondary sources.
- URAC on-site reviewers should be able to confirm use of such sources through electronic or hard copy records and documentation.
N-CR 9 – Primary Source Verification

What is secondary source verification?

• Secondary Source Verification of a practitioner’s credentials based upon evidence obtained by means other than direct contact with the issuing source of the credential.
• Is a copy of a dentist’s licensure a secondary source?

N-CR 10 – Consumer Safety Credentialing Investigation

The organization implements a mechanism to conduct additional review and investigation of credentialing applications where the credentialing process reveals factors that may impact the quality of care or services delivered to consumers.

• There should be a process for identifying which credentialing applications require further review prior to consideration by the Credentialing Committee.
• The Credentialing Committee defines the parameters for further review of credentialing applications through the approved credentialing plan.
• What are some examples of credentialing applications requiring further investigation?
  – Missing information
  – Inconsistent information
  – Malpractice issues

N-CR 11 – Credentialing Application Review

The organization implements a mechanism to provide for review and approval of the credentialing application prior to any applicant’s designation as a participating provider.

• What credentialing approval processes can be used before a provider becomes part of the network?
  – Credentialing Committee approval
  – Senior clinical staff person if a clean application
The organization does not submit for initial review any credentialing application that:

- Is signed and dated more than 180 days prior to credentialing committee review; or
- Contains primary or secondary source verification information collected more than six (6) months prior to review.

The organization provides written notification to providers of the determination of the provider’s credentialing application within ten (10) business days of the determination.

What are some mechanisms for meeting the intent of this standard?
- Provide notification in writing to the provider
- Provide a list of credential/recredentialed providers to the group practice
- Recredentialing notification stated in either the provider manual or the provider’s contract (i.e., the provider is considered to be recredentialed unless otherwise notified)
The organization implements: [-]

a. Processes to monitor participating providers' continuing compliance with criteria for network participation; and [M]
b. Mechanisms to respond in cases where a participating provider ceases to comply with criteria (for example, revocation or suspension of a medical license). [M]

- The continuous credentialing approach can help to identify quality or network issues.
- Networks are expected to routinely monitor reports of disciplinary actions published by state licensing boards and the US Department of Health and Human Services, Office of the Inspector General (OIG) on an ongoing basis or periodically query the National Practitioner Data Bank (NPDB).
- The organization must indicate what actions it would take if it were discovered during continuous credentialing verification that a particular provider has been disciplined.

The organization recredentials each participating provider who is within the scope of the credentialing program at least every three (3) years. [M]

- When conducting recredentialing, the organization may focus only on those credentials that are subject to change over time
- Examples would be licenses, board certification, liability history
- The time frame is no later than 3 years from the date of the initial credentialing approval.
  - Example would be if the initial credentialing was completed on 3/15/14, then the recredentialing must be completed no later than 3/15/17.

As part of the recredentialing process, the organization: [-]

a. Requires an application updating any information subject to change; [4]
b. Verifies through primary or secondary source verification the information that is subject to change; and [M]
c. Considers any collected information regarding the participating provider's performance within the organization, including any information collected through the organization's quality management program. [3]
When recredentialing a provider, the organization must also consider its own experience with the provider.

- What are some questions the organization might ask?
  a. Has the provider delivered quality health care to the organization’s consumers
  b. Has the provider treated the organization’s consumers with respect
  c. Has the provider abided by the organization’s requirements
  d. Information from sources such as complaints, practice guidelines, or provider profiles

The organization complies with the Core standards for any credentialing functions it delegates to another entity. In addition, the organization:

1. Retains authority to make the final credentialing determination regarding any provider; [M]
2. At least every three (3) years, conducts:
   i. Onsite surveys of each entity that performs credentialing functions on behalf of the organization; or [4]
   ii. If not conducting a survey onsite, then randomly-requested credentialing files are sent or otherwise made available to the organization within a specified amount of hours or days of the request as determined by the organization; and [4]
3. Provides an annual report on delegated credentialing oversight and if conducted, the report includes the findings of the oversight to the credentialing committee. [3]

The organization implements the credentialing program required by N-CR 1 according to time frames that are no longer than the following:

a. At the time of onsite review for initial URAC Health Network accreditation, the organization has completed the credentialing process for at least 100 practitioners; [M]
b. Credentialing of at least 50% of participating providers within the scope of the credentialing program will be completed within two (2) years from the date the organization initially receives full URAC Health Network accreditation; and [M]
c. Credentialing of all participating providers within the scope of the credentialing program will be completed within three (3) years from the date the organization initially receives full URAC Health Network accreditation; [M]
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