

NAMSS PRESIDENT SPEAKS OUT:



for Credentialing and Provider Enrollment



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Increasingly, the field of credentialing and provider enrollment is becoming more complicated. As more physicians become employed, there is a greater demand on hospital staff to get providers onboarded, credentialed, and enrolled in payer plans in a timely manner. Even more challenging is the fact that every payer and regulatory agency has its own unique set of application requirements. In my role as both NAMSS president and a credentialing leader at UNC Health System, I am viewing these issues from several perspectives. In this article, I would like to provide an overview of some of the new complexities with credentialing and provider enrollment and make a case that standardization is urgently needed.

The Complexities of Credentialing

For years, hospitals have considered provider enrollment and credentialing to be complex, repetitive, and time-consuming processes best left to the back-office staff. However, recent industry developments have escalated the importance of these processes and brought them to healthcare leaders' attention. Leaders are realizing the link between these administrative procedures and significant revenue losses. With increasing pressure to find a solution to this dilemma a major question arises—why is there still no standardization in provider credentialing and enrollment?

Currently, credentialing, onboarding, and enrollment processes are treated as three separate functions within healthcare organizations. Countless hours and millions of dollars are lost as doctors and administrators file redundant contracts between providers and health plans. In order to make advancements, increased integration of these three processes must be made, significant improvements in technology for reporting and data solutions are needed, and, most importantly, standardization in this field must be achieved.

This problem has been on providers', hospitals', payers', and the government's agenda for years, but the situation is dramatically coming to the forefront as healthcare organizations are hiring large numbers of physicians and assuming a heavy paperwork burden. The push for more transparent and frequent credentialing, the use of telemedicine, and the increasing use of emergent disciplines are now contributing to the demand for standardization in credentialing and provider enrollment.

The Growing Push for Transparency

With ever-increasing access to information through technology, the push for transparency in the credentialing process is growing. In the past, simply running a background check on a physician was considered adequate. Now, the options are endless. Should drug testing be mandatory? Does the escalation of the number of new medical devices require training covered by the credentialing process? And what of the growing number of public databases containing sensitive information about patients' experiences with physicians?

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The increasing number of public data sources are providing information to the public that otherwise would not be accessible. Some hospitals are even creating their own information sites. Should the credentialing process include information found in the Physician Quality Reporting System (PQRS), the Open Payments Database, Health Grades, and other new sources on the rise? Currently, organizations are talking about pulling in data from these various sources but haven't formally incorporated it into a process. This is still an ongoing journey because if these sources are to be included in continuous quality monitoring in the future, they must be evaluated to ensure that the information is fair and valid and that physicians have an opportunity to respond to the data.

The availability of an abundance of new information is impacting the credentialing process by adding increased pressure to include more and more over time. However, as there is still wide variation in the metrics used in credentialing providers, adding more factors requires further data integration—an additional challenge in itself. As an industry, decisions need to be made regarding how to address the expansion of information and what should be incorporated in the credentialing process.

The Need for More Frequent Credentialing

Medical Service Professionals (MSPs) are committed to ensuring quality and patient safety in the midst of the ever-changing environment of healthcare facilities. NAMSS supports The Joint Commission processes of Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) in their efforts to regularly evaluate

practitioners. OPPE is even becoming a new credentialing element in itself that is capable of continuously monitoring practitioner performance. Hospital leaders are increasingly asked to do more with less in regard to ongoing monitoring but are struggling with how to do it. The variation in what can be measured across specialties is enormous; for instance, consider the differences between the practices of a dermatologist versus a neurosurgeon. In addition, some hospitals may maintain 50 different specialties on staff and are trying to find the best way to measure performance and improvement across such varied disciplines. More frequent credentialing is needed to support quality and patient safety—without standardization in the process, this only means more time and money spent.

As the number of providers who need to be credentialed and enrolled rapidly increases, more pressure and demands are placed on administrative staff.

The Impact of Telemedicine

The emergence of telemedicine is a delivery model that could change healthcare. Healthcare is becoming a global business with capabilities to take medicine to the ends of the earth. Health systems are managing and owning hospitals outside of the US; US citizens are going to Joint Commission-accredited hospitals in other countries; US doctors are living abroad; physicians are treating patients across state lines and national borders; vendors are selling products abroad; and recruiters are recruiting MSPs from hospitals outside of the country. This movement has the potential to extend access to care and more efficiently manage chronic disease by allowing physicians to treat their patients no matter where they are located. However, paired with these advancements comes

the need for new credentialing procedures. Currently, physicians must be licensed by the medical board in the state where the patient lives. This creates a barrier in preventing doctors from practicing, due to the excessive amount of resources required to seek credentialing in multiple states.

The recent Interstate Medical Licensure Compact created by the Federation of State Medical Boards (FSMB) will greatly impact and simplify this administrative process. The FSMB Interstate Compact states, “This model legislation will expedite and streamline the process for physicians to attain licensure in multiple states while preserving standards of care and safety. By simplifying the administrative process for licensure approval, the compact would support the work of Medical Services Professionals (MSPs) in the onboarding and credentialing of physicians. Implementing the compact would allow MSPs to spend less time waiting for licensure approval, significantly shortening the time that it takes for the medical staff to process a new applicant” (NAMSS, 2015).

NAMSS stands behind the FSMB compact and supports the efforts to incorporate it into state laws. This compact will remove a barrier preventing advancement in the practice of medicine, help manage the problem of physician shortage, and contribute to the overall movement towards credentialing standardization.

Emerging Disciplines Demand Support

Physician shortages are driving the increased use of mid-level practitioners, such as nurse practitioners, physician assistants, and midwives. Additionally, occupational therapists, physical therapists, dietitians, and others are increasingly recognized as independent disciplines. These emerging disciplines are a wonderful extension of physicians but have increased the demand for provider credentialing and enrollment support. Some hospitals are allowing these providers to become part of their medical staff, so the same type of credentialing and provider enrollment is needed as physicians. As the number of providers who need to be credentialed and enrolled rapidly increases, more pressure and demands are placed on administrative staff.

As a result of these increasing demands on MSPs, NAMSS has created a set of 13 standards that has been vetted by a national task force to help improve the efficiency of initial practitioner credentialing and contract negotiation.

The Desperate Need for Standardization

Widespread variation in credentialing and enrollment requirements is drastically affecting the time and energy of hospital staff as well as the revenue cycle of healthcare facilities. A significant amount of time is spent in negotiating contracts with payers, which has drastic financial effects. In addition to responding to regulatory agencies, large organizations with a wide variety of specialties may have up to 150 different sets of commercial payer contracts that each have their own credentialing agreements. This creates an exponential increase in workload and responsibility for MSPs.

As a result of these increasing demands on MSPs, NAMSS has created a set of 13 standards that has been vetted by a national task force to help improve

the efficiency of initial practitioner credentialing and contract negotiation. Focusing the process on these 13 criteria is a step towards improving the overall credentialing process. NAMSS is hopeful that a set of re-credentialing standards, currently in process, will soon be ready to incorporate into healthcare protocol as well.

It is the hope that soon, the desperate need for standardization will be prioritized and save countless hours and dollars for healthcare facilities and providers. NAMSS is committed to helping bring about reform that would allow healthcare facilities to remain gatekeepers of patient safety while saving the substantial resources lost in the current processes of credentialing and provider enrollment.

NAMSS' Ideal Credentialing Standards for Initial Practitioner Applicants: Best Practice Criteria and Protocol for Healthcare Facilities

1. Proof of Identity
2. Education and Training
3. Military Service
4. Professional Licensure
5. DEA Registration and State DPS and CDS Certifications
6. Board Certification
7. Affiliation and Work History
8. Criminal Background Disclosure
9. Sanctions Disclosure
10. Health Status
11. National Practitioner Data Bank (NPDB)
12. Malpractice Insurance
13. Professional & Peer References

Please send any comments to PXAdvisor@healthstream.com or tweet us @HealthStream.

References

National Association Medical Staff Services. (2015). *NAMSS Position Statement – FSMB Interstate Compact*. Retrieved from <http://www.namss.org/NEWS/NAMSSPositionStatements.aspx>