NCQA Credentialing Standards Overview and 2022 Updates

presented by Amy M. Niehaus, MBA, CPMSM, CPCS

as a part of the AMA Credentialing Insights Webinar Series

1

2

About Amy M. Niehaus, MBA, CPMSM, CPCS

- Credentialing and medical staff services consultant
- Specialties: accreditation, regulatory compliance, credentialing, privileging, credentialing technology, CVO certification and CR accreditation, enrollment and delegation
- Career spanning more than 25 years in hospital, CVO, and health plan settings
- Established industry author and speaker

Contact Amy at amy@mn-consultingllc.com.

3

Objectives

- Describe NCQA credentialing standards
- List required verification elements and sources
- Identify methods to achieve and document compliance
- Discuss new requirements taking effect July 2022

4

NCQA credentialing standards review

5

CR 1: Credentialing policies

6

Practitioner types

- Practitioners who are licensed, certified or registered by state to practice independently; have an independent relationship with the organization; and provide care
- Includes practitioners in individual or group practices, facilities, rental networks and telemedicine
- Includes virtual-only providers (no physical office location)
- Excludes facility-based practitioners (inpatient or facility setting practice only)

7 AMA 175 YEARS | Physicians' powerful ally in patient care

7

Verification sources

- Primary source
- Contracted agent of the primary source
- NCQA-accepted source
- Documentation methods
  - Signed/initialed and dated documents
  - Comprehensive signed checklist
  - Automated credentialing system
  - Web crawlers

8 AMA 175 YEARS | Physicians' powerful ally in patient care

8

Credentialing criteria and process

- Criteria for credentialing and recredentialing used to assess practitioner's ability to provide care must be defined
- Decision-making process is described in policies
- Practitioners must be credentialed before providing care to members
  - Provisional credentialing option

9 AMA 175 YEARS | Physicians' powerful ally in patient care

9

Provisional credentialing

- Organization may conduct process one-time for initial applicants
- Required elements
  - PSV of current, valid license in state(s) where treating patients
  - PSV of past 5 years malpractice history
  - Current, signed application and attestation
- Approval only valid for 60 calendar days; must complete full credentialing process during this time
- Medical Director and/or Credentialing Committee process applies for decision
- May not be listed in directories until fully credentialed

10 AMA 175 YEARS | Physicians' powerful ally in patient care

10

Clean file management

- Organization establishes criteria for a clean file
- Credentialing committee can review and make final decision or may grant authority to medical director or designated equivalent
- Medical director approval is considered final decision date

11 AMA 175 YEARS | Physicians' powerful ally in patient care

11

Nondiscrimination

- Organization must monitor credentialing decisions to prevent discrimination based on applicant's race, ethnic/national identity, gender, age, sexual orientation or patient type (e.g., Medicaid) in which the practitioner specializes
- Monitoring processes may include
  - Diverse Credentialing Committee membership with non-discrimination attestation statement
  - Audit files that may suggest discrimination
  - Audit practitioner complaints

12 AMA 175 YEARS | Physicians' powerful ally in patient care

12

Credentialing discrepancies

- When information obtained during the credentialing process varies substantially between the source and the practitioner
- Organization policy must define process for notification
  - Timeframes for notification and response
  - Consequences for non-response

13

Decision notifications

- Committee decisions must be communicated within 60 calendar days
  - All initial credentialing decisions
  - Recredentialing adverse decisions
- Retain copy of letter in credentials file

14

Medical director responsibilities

- Policies describe the medical director's overall responsibility and participation in the credentialing process
- Examples include
  - Review and make recommendations to the Credentialing Committee
  - Approve clean files
  - Review ongoing monitoring findings

15

Confidentiality

- Organization must ensure confidentiality of credentialing information
- Processes may include
  - Signed confidentiality statements
  - Appropriate disposal of confidential information
  - Limiting access to credentialing files and database

16

Directory data

- Credentialing data displayed in directories and member materials accurately reflects information obtained during credentialing process
- Methods
  - Regular audits, e.g., monthly or quarterly
  - Interfaces or data feeds between systems
  - Credentialing database–produced directories

17

Practitioner rights

- Organization notifies practitioner of the following rights
  - Correct erroneous information
  - Receive status of application upon request
  - Review information submitted
- Notification methods
  - Application cover letter
  - Website
  - Provider manual

18

Credentialing system controls

Requires processes for

- Receipt, dating and storage of verified information
- Tracking and dating of verified information modified after receipt
- Identifying staff that can review, modify, and delete information and under what circumstances
- Security controls that prevent unauthorized changes to information
- Auditing process of system controls

19

CR 2: Credentialing committee

- Uses a peer-review process to make credentialing and recredentialing decisions
- Participating practitioners representing a range of specialties provide expertise and advice
- Reviews all files or only those that do not meet "clean" criteria
- No size requirement
- May meet in person or virtually, not by email

20

CR 3: Credentialing verification

21

License

- Valid, current, and in effect at time of decision
- Verify license in state(s) where practitioner will treat members
- Source: state licensing board (PSV required)

AMA 175 YEARS | Physicians' powerful ally in patient care

22

DEA/Controlled dangerous substances (CDS)

- Verify DEA or CDS in states where practitioner will treat members, if applicable to scope of practice
- Plan must have a documented process for credentialing practitioners with pending DEAs
- Source examples
  - DEA/CDS agency
  - AMA Physician Profile for DEA
  - Certificate copy

AMA 175 YEARS | Physicians' powerful ally in patient care

23

Education and training

- Plan must verify the highest level
  - Medical/professional school
  - Residency
  - Board certification, if applicable
- Only required at initial credentialing, unless new training identified at recredentialing
- Source examples
  - School/training facility
  - AMA Physician Profile

AMA 175 YEARS | Physicians' powerful ally in patient care

24

Board certification

- Verify if listed on application
- Document expiration date or lifetime certification
- If board does not provide expiration date, document board certification current at time of verification
- Source examples
  - Specialty board
  - ABMS display agent, such as AMA Physician Profile

  AMA 175 YEARS | Physicians' powerful ally in patient care

25

Work history

- Obtain a minimum of 5 years of relevant work history or from time of initial licensure
- Month/year required for start/end dates if less than 5 years
- Gaps exceeding 6 months require verbal explanation; 1 year requires written explanation
- Only required at initial credentialing
- Not verified, but review must be documented
- Sources
  - Application
  - Curriculum vitae

  AMA 175 YEARS | Physicians' powerful ally in patient care

26

Malpractice history

- Confirm past 5 years of malpractice settlements
- If training occurred during those 5 years, do not need to confirm with hospital insurance carrier
- Sources
  - NPDB
  - Malpractice carrier

  AMA 175 YEARS | Physicians' powerful ally in patient care

27

License sanctions

- Verify past 5-year history of sanctions
- State sanctions, restrictions on licensure, or limitations on scope of practice
- Source examples
  - Licensing board
  - NPDB
  - FSMB

AMA 175 YEARS | Physicians' powerful ally in patient care

28

Medicare/Medicaid sanctions

- Verify past 5-year history of sanctions
- Source examples
  - OIG LEIE
  - NPDB
  - FSMB
  - AMA Physician Profile
  - State Medicaid agency

AMA 175 YEARS | Physicians' powerful ally in patient care

29

Application and attestation

- Completed for initial credentialing and recredentialing
- Includes
  - Reasons for inability to perform essential duties*
  - Lack of present illegal drug use
  - History of loss of license and felony convictions
  - History of loss or limitation of privileges or disciplinary actions
  - Current malpractice insurance coverage
  - Current and signed attestation confirming correctness and completeness of application

*ADA compliant

AMA 175 YEARS | Physicians' powerful ally in patient care

30

Application and attestation *(continued)*

- Acceptable signature types
  - Faxed
  - Digital
  - Electronic
  - Scanned
  - Photocopied
- Signature stamps are acceptable only if physical impairment or disability documented

31

Verification timeframes

- Compliance measured based on date of final decision
- Example
  - Decision made on 6/23/2022
  - Verifications must be dated no earlier than 12/25/2021 (180 days) or 6/23/2021 (365 days)
- Reverify aging elements to ensure compliance

32

Verification elements and timeframes

Credentialing Element	Frequency	Timeframe
Application/Attestation	Initial and Recred	365 days
License	Initial and Recred	180 days
DEA/CDS	Initial and Recred	Prior to decision
Education/Training	Initial Only	Prior to decision
Board certification	Initial and Recred	180 days
Work history	Initial Only	365 days
Malpractice history	Initial and Recred	180 days
License sanctions	Initial and Recred	180 days
Medicare/Medicaid sanctions	Initial and Recred	180 days

33

CR 4: Recredentialing cycle length

- Required at least every 3 years
- Similar process to initial credentialing
- Compliance measured from month/year to month/year
- Consider a 34- or 35-month cycle to ensure compliance

EXAMPLE

10/15/2019 through 10/31/2022

34

CR 5: Ongoing monitoring

In between recredentialing cycles, must monitor for, collect, review, and take appropriate action in cases of poor quality

- **Medicare/Medicaid and licensure sanctions**
  - Must review within 30 calendar days of data release; query at least every 6 months if reports not regularly published or 12-18 months after last credentialing cycle if no reports published
  - Sources same as for verification; may also use sanction monitoring services, e.g., AMA Continuous Monitoring Service
- **Complaints:** Investigate upon receipt along with practitioner's history; evaluate all practitioner complaints at least every 6 months
- **Adverse events:** Monitor at least every 6 months; may limit to primary care/ high volume behavioral health

35

AMA Continuous Monitoring (CM) Service

- Purchase or included with AMA Profiles subscription
- Email alert and link sent when change made to an AMA Physician Profile previously purchased
- CM Service lasts for two years from the profile purchase date

Monitored elements

- ✓ State licensure
- ✓ National provider identifier
- ✓ State and federal action notification
- ✓ DEA registration
- ✓ ABMS® board certification
- ✓ Medical school
- ✓ Postgraduate medical training

36

CR 6: Notification to authorities and practitioner appeal rights

- Actions taken against a practitioner for quality reasons must be reported to appropriate authorities, and organization must offer an appeal process
- Policy must define range of actions available to improve performance before termination
- Appeal process is made known to practitioner
- Follow HCQIA and any state regulations

37

CR 7: Assessment of organizational providers

- Assess specific facilities
  - Hospitals
  - Home health agencies
  - Skilled nursing facilities
  - Free-standing surgical center
  - Behavioral healthcare (inpatient, residential, ambulatory)
- Must initially confirm and reconfirm at least every 3 years
  - Status with state and federal regulatory bodies and accreditation status, OR
  - Conduct onsite quality assessment, if not accredited
- No required timeframe for gathering data, e.g., 180 days

38

CR 8: Delegation of credentialing

39

Delegation agreement

Must include the following elements:

- Mutually agreed upon
- Responsibilities of each party/activities being delegated
- Reporting frequency, at least semiannually
- Performance evaluation process
- Right of the plan to make the final decision
- Remedies for non-compliance

40

Pre-delegation evaluation

Evaluation of the potential delegate's ability to perform is required ***prior*** to signing an agreement

- Written review of delegate's understanding of standards and delegated tasks
  - Policies and procedures, application forms, committee roster
  - Provider roster
- May include
  - File review
  - Staffing levels
  - Performance records

41

Review of delegate's credentialing activities

- Performed annually to ensure continued compliance
- Review of delegate's:
  - Policies and procedures
  - File review using one of the following NCQA audit process methods ***required***
    - 5% of network or 50 files, minimum of 10 initial and 10 recred files
    - May use 8/30 methodology
- Semi-annual review of reports

42

Review of delegate's credentialing activities *(continued)*

- Performance improvement opportunities identified and followed up on, if applicable
- Corrective actions required if issues identified
  - Education
  - Corrective action plan
  - Terminate agreement if non-compliant

43

Improvement opportunities

- Organization identifies and follows up on improvement opportunities, if applicable, at least once every 2 years
  - Pre-delegation evaluation
  - Ongoing reports
  - Annual review
- Applies to delegation arrangement in effect for more than 12 months
- NCQA determines appropriateness if no opportunities identified

44

What's new for 2022?

45

CR 1.C Credentialing system controls

REVISIONS

Processes required for:

- Receipt, dating and storage of PSV information
- Tracking and dating of PSV information modified after receipt
- Identifying ~~staff~~ ***roles or titles of staff*** that can review, modify, and delete information and under what circumstances
- Security controls that prevent unauthorized changes to information
- Annual auditing process of system controls ***and actions taken when appropriate***

MUST PASS FOR ALL 5 FACTORS!

46

CR 1.D Credentialing system controls

NEW

Monitor CR system controls at least annually by:

- Identifying all modifications to credentialing information that ***did not meet*** organization's policies and procedures for modifications
- Analyzing all instances of such modifications that ***did not meet policy,*** both qualitative and quantitative
- Acting on all findings and implementing a quarterly monitoring process until improvement demonstrated over three consecutive quarters (F3)

MUST PASS FOR ALL 3 FACTORS!

Factor 3 is N/A if all modifications met policy.

47

Audit sampling is allowed!

NEW

- Organizations that use auditing as the monitoring method in CR 1, Elements C and D may use the 5% or 50 files audit process
  - At a minimum, the sample includes at least 10 credentialing files and 10 recredentialing files. If fewer than 10 practitioners were credentialed or recredentialed since the last annual audit, the organization audits the universe of files rather than a sample.
- Cannot apply the 8/30 rule!
- FAQ
  https://ncqa.secure.force.com/faq/FaqArticleDetail?id=ka02M000000b002QAA&product=HP

48

Audit sampling is allowed! *(continued)*

- Must determine the sample size of 5% or 50 files (whichever is less) based on ***all*** files in the file universe
- File universe includes all files ***with or without*** modifications
- Sample that will be audited must include ***only*** files with modifications (i.e., modifications that meet and do not meet the organization's policies and procedures)
- Analysis report must include the number or percentage of files that do not meet the organization's policies and procedures

AMA 175 YEARS | Physicians' powerful ally in patient care

49

Key takeaways: Element C policy

- Make sure policy is clear on methodologies, who is doing the changes, who is overseeing, what happens if inappropriate changes are found
- Focus on credentialing modifications only
- Describe all possible authorized modifications; adjust based on findings

AMA 175 YEARS | Physicians' powerful ally in patient care

50

Key takeaways: Element D process

- Have a robust tracking system
- Audit the sample against policy
  - Were changes authorized per policy?
  - Were changes made by authorized staff?
- Document findings
- Implement corrective action plans for unauthorized changes and audit for 3 consecutive quarters

AMA 175 YEARS | Physicians' powerful ally in patient care

51

CR 8.A Delegation agreement

- Must include the following elements:
  - mutually agreed upon
  - responsibilities of each party/activities being delegated
  - reporting frequency, at least semiannually
  - performance evaluation process **(including credentialing system controls)**
  - right of the plan to make the final decision
  - remedies for non-compliance

52

CR 8.A Delegation agreement, Factor 4 explanation

NEW

- If the organization contracts with delegates that store, create, modify, or use credentialing data on the organization's behalf, the delegation agreement describes:
  - The delegate's CR system security controls in place to protect data from unauthorized modification as outlined in CR 1, Element C (Credentialing System Controls), factor 4.
  - How the delegate monitors its credentialing system security controls at least annually, as required in CR 8, Element C, factor 5.
  - How the organization monitors the delegate's credentialing system security controls at least annually, as required in CR 8, Element C, factor 5.

53

CR 8.A Delegation agreement *(continued)*

- Agreements dated 1/1/2022 and later must include description of delegate's system controls
- Prior agreements have until 7/1/2024 to incorporate new language
- May provide updated delegation agreement ***or*** copy of delegate's system control policies through 7/1/2024
- Template language may be used but must specifically reference applicable standards
- FAQs
  https://ncqa.secure.force.com/faq/FaqArticleDetail?id=ka02M000000eycCQAQ&product=HP
  https://ncqa.secure.force.com/faq/FaqArticleDetail?id=ka02M000000t5ukQAA&product=HP

54

CR 8.C Annual review of delegate's credentialing activities

ADDITIONS

- Review delegate's credentialing policies and procedures
- Audit delegate's credentials files
  - File review using one of the following NCQA audit process methods ***required***
    - 5% of network or 50 files, minimum of 10 initial and 10 recred files
    - May use 8/30 methodology
- Evaluate delegate's performance against NCQA standards
- Review delegate reports at least semi-annually
- **Monitor delegate's credentialing system controls**
- **Act on findings and perform quarterly monitoring, if needed**

55 AMA 175 YEARS | Physicians' powerful ally in patient care

55

Resources

NCQA Corrections, Clarifications and Policy Changes
https://www.ncqa.org/programs/health-plans/policy-accreditation-and-certification/policy-updates/

NCQA FAQs
https://ncqa.secure.force.com/faq/

Facebook groups
- Accreditation and Managed Care Workgroup
- Credentialing Collaboration Group
- NAMSS Group

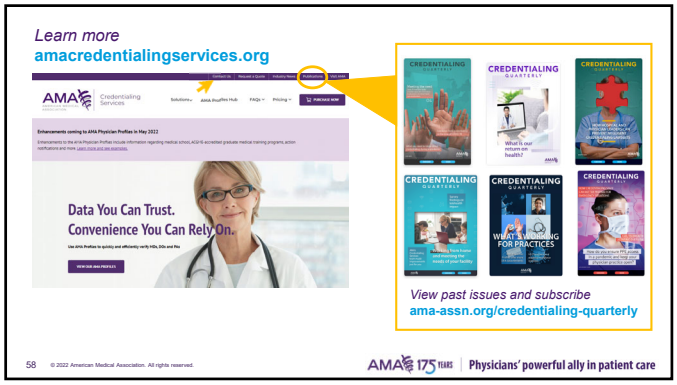
56 AMA 175 YEARS | Physicians' powerful ally in patient care

56

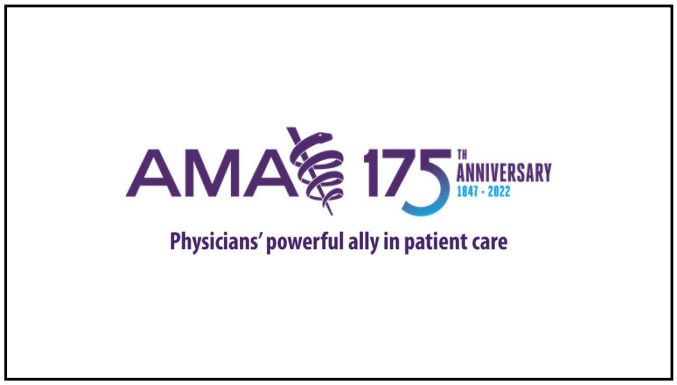
Questions and answers

57 AMA 175 YEARS | Physicians' powerful ally in patient care

57



58



59