HCA

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DHP Credentialing

2017

DHP Defined / Policies / Processes

- ✓ **History**
- ✓ **What is DHP**
- ✓ **DHP Tiers**

DEPENDENT HEALTHCARE PROFESSIONAL
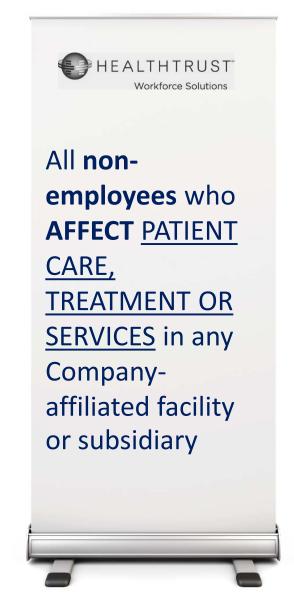
❑ DHP – Dependent Healthcare Professional
❑ HCA's official credentialing organization
❑ Healthtrust (formerly known as Parallon)
    ❑ Located in Sunrise, FL

HCA's Credentialing Organization (DHP)

- Healthtrust DHP is the department charged with credentialing all non-employee Dependent Healthcare Professionals (DHPs) who <u>affect patient care, treatment or provide services</u> in any HCA Company-affiliated facility or subsidiary, including, but not limited to, hospitals, ambulatory surgery centers, outpatient imaging centers, and physician practices.
  - Included within the scope of this policy are any DHPs who are providing patient care services using telehealth technology (e.g., RNs performing telephone triaging for a Company-affiliated emergency department from an off-site location).
  - In addition, all non-employees accessing safety- or security-sensitive areas of any Company-affiliated facility or subsidiary are included within the scope of this policy.

- There are other departments within HealthTrust that credential per diem, travel nurses, interim leaders and locums. DHP is unique with a population consisting of 280 types/classifications who are considered "staff" that work every day in the hospitals and surgery centers.

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The DHP program was designed to assure compliance with the Human Resources (HR) Standards of The Joint Commission, and those standards require all "staff" to be reevaluated at a consistent frequency.

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All **non-employees** who **AFFECT** PATIENT CARE, TREATMENT OR SERVICES in any Company-affiliated facility or subsidiary

DHP - Does the Policy Apply?

OUT OF SCOPE:

- **HCA employees** of a Company-affiliated facility or subsidiary.

  Due to wage and hour laws Employees (whether full-time or part-time) of any Company affiliated subsidiary or facility should not (at Counsel's advice) be permitted to also serve as a DHP for a third party company, employer, contractor, staffing agency, vendor, practice, physician, referral source or referral recipient (such as on a moonlighting or part-time basis for the third party)

- Health profession students currently enrolled and participating in training at a Company-affiliated facility

- Volunteers or auxiliary members

- Child Protective Services

- Court ordered Psych Services

- Organ Procurement (governed by their own regulations)

  *OPOs coordinate organ donation as **federally designated entities** and not on behalf of the hospital – that is, they are not paid by hospitals for their services. Instead, OPOs are required to meet performance-related standards in order to be reimbursed by CMS for the cost of their services.*

DHP - Does the Policy Apply?

OUT OF SCOPE: <u>P</u>hysicians, <u>D</u>entists, <u>P</u>odiatrists, <u>APRN</u> and <u>other LIP and APP's</u> who are credentialed and privileged through the medical staff credentialing process

Pursuant to HCA's Ethics Policy, **<u>Physicians</u>, <u>Dentists</u>, <u>PA's</u>, <u>Podiatrists</u>, <u>APRN</u> and <u>other LIP and APP's</u>**, cannot be processed using the DHP process.

The appropriate process is to credential these individuals is through the medical staff process even if a person is seeking to practice with only limited privileges.

As a general rule, we are obligated to **<u>use the credentialing process that corresponds with level of education and licensure</u>** (e.g., all LIPs and APPs go through medical staff credentialing), even if that person chooses to work at a lower level of practice (e.g., clinical privileges are requested and granted for a scope of practice normally associated with a DHP or hospital staff employee).

The reasons for this are to:

1. Assure we do not have an unqualified LIP or APP who is trying to use the DHP process as a back door, escape detection of the disqualifications, and actually plans to practice as a LIP or APP even though only approved at a DHP level.
2. Enable the medical staff to fully evaluate the candidate and the personal situation, which may have bearing on a lower level of practice too (e.g., impairment or a sanction is a problem at any level).
3. Assure that the lower/reduced scope of privileges is not in any way allowing a level of practice for which the former LIP/APP is no longer qualified or competent to perform (the attached SOS is poorly done and needs evaluation).

DHP - Does the Policy Apply?

OUT OF SCOPE con't:

House Physicians – FL licensed

FL licensed "house physicians" need to be credentialed through the medical staff process. This consensus includes Jill Fainter representing regulatory/accreditation issues.

The "house physicians" are foreign medical graduates (FMGs) who have not been able to get into a US residency program and do not meet the requirements to become licensed as a physician in the US, but in FL they are allowed to become licensed as a "house physician" and practice in a supervised capacity, essentially performing medical tasks at the discretion of their supervising physician – medical tasks that ordinarily fall into the practice of medicine.

They are acting similar to an advanced practice professional (APP) who also practices under physician supervision. The "house physicians" are regulated and licensed through the FL Board of Medicine. Many FL licensed "house physicians" work their entire career in that capacity.

Consistent with our requirements for APPs, the "house physicians" should be credentialed through the medical staff, with medical staff oversight and MEC/Board approval.

The delineation of privileges should specify the role the "house physician" shall be performing, whether as a surgical assistant or some other role. Medical staff oversight is really important, and the DHP process is structured based on the HR standards of TJC versus the MS standards, and designed to use administrative versus medical staff oversight and approval.

DHP - Does the Policy Apply?

OUT OF SCOPE – cont.

- **Health profession students** currently enrolled and participating in training at a Company-affiliated facility

- **Volunteers or auxiliary members**

- **Child Protective Services**

- **Government Employees or Court-Appointed Services**

- **Organ Procurement** (governed by their own regulations)

    *OPOs coordinate organ donation as **federally designated entities** and not on behalf of the hospital – that is, they are not paid by hospitals for their services. Instead, OPOs are required to meet performance-related standards in order to be reimbursed by CMS for the cost of their services.*
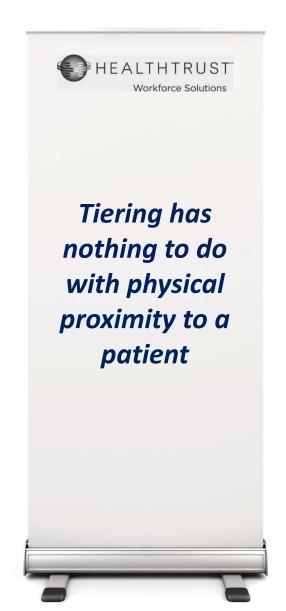
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Three Tiers

» **Tier 1 -** non-employee provides only non-clinical services and requires access to a safety- or security-sensitive area(s).

» **Tier 2 -** affecting patient care, treatment or services

» **Tier 3 -** affecting patient care, treatment or services that require oversight by the medical staff and administration.

Fees

All Division Access (w/preapproval) annual credentialing fee

» Tier 1 - $125

» Tier 2 and 3 - $225

Tiering has nothing to do with physical proximity to a patient

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CSGQS003 DHP Policy Definition of Tiers, Supervision, and Approval

Tier 1 Non-Employee:

This Tier of non-employees may provide services other than patient care services but to do so, would need to enter a safety- or security-sensitive area of the facility. Since a Tier 1 Non-employee does not meet the TJC definition of "staff," the

> *Vetting and authorization procedures are limited to serving the purposes of ensuring safety, security and access control. Processing and approval of Tier 1 Non-Employees shall be done in accordance with the Background Investigations Policy, HR.OP.002, any applicable HCA safety and security policies, and the safety and security policies and procedures of the facility as would apply to the services of the Tier 1 Non-Employee. The Joint Commission, MS.01.01.01, EP 8; LD.04.01.05, EP 1 – 9*

Tier 2 DHP: An individual who meets the definition of a DHP and who provides clinical services and/or direct hands-on care requiring the involvement and supervision of a member of the clinical staff of the facility (*i.e.*, CNO/CNO designee for the approval of DHP nurses), in the services they provide. This Tier includes DHPs who will provide clinical instruction to the clinical staff of the facility (*e.g.,* vendors providing product instruction to physicians, nurses, or other clinical staff) that would directly impact their delivery of patient care.

- *Vetting and authorization procedures for Tier 2 DHPs shall include administrative approval with oversight by the governing body.*
  - There is no requirement for each DHP to be approved at the board level. The DHP policy was designed to conform to the HR standards, and the levels of approval should be similar to that for a newly hired employee. So if a similar type of individual who is being employed can be approved for hire by a department manager, then there is no additional approval requirement for a DHP unless the facility is creating that requirement.
  - The board oversight referenced in the policy is required under Joint Commission and CMS standards regarding contract services – that there must be Board oversight. This can be accomplished by keeping the board informed of the types of DHPs that will be permitted to apply to the facility, the general qualifications/credentials they must have, and the outcome of the facility's monitoring of these individuals.

CSGQS003 Policy Definition of Tiers, Supervision, and Approval

Tier 3 DHP:

An individual who meets the definition of a DHP and who provides clinical services and/or direct hands-on care requiring the involvement and supervision of a physician or other licensed independent practitioners (LIP) in the services they provide. As the medical staff oversees patient safety and quality of care provided in association with medical care, a designated medical staff leader shall be responsible for determining the qualifications and competence of Tier 3 DHPs (*i.e.*, medical director of the radiology department for the approval of the DHP radiation physicist).

> *Vetting and authorization procedures for Tier 3 DHPs shall include, in addition to administrative approval, the review and approval by a designated medical staff leader, with oversight by the governing body.*

THINGS YOU NEED TO KNOW AND DO BEFORE ENTERING HCA HOSPITALS

DHP Credentialing HCA

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FAQs

Registration
- There is no open website to register as a DHP.
- Parallon.com is not a website associated with Healthtrust Credentialing for Hospital Access
- The DHP's file is assigned to a specialist within 48-72 hrs after submission
    - The DHP will receive an email from the Specialist after the file is reviewed based upon the timeline noted above.
    - Completion of the file is dependent upon the DHP providing documents as requested in a timely manner
    - If there is confusion to the credential requirements contact Customer Service for a copy of the DHP Credentialing Guide. This Guide is continually updated to keep current with changes or to provide clarity.
    - After successful credential completion of an initial DHP file, it is sent to the facilities requested in the DHP's account.
        - Approximate Approval time for Tier 1 and can take 1 to 2 weeks (time frame may be sooner or later than noted)
        - Approximate Approval time for Tier 3 may take 30-60 days (the approval process is with the Hospital board)
        - If wanted, contact Customer Service to request assistance with escalating the approval. HWS will notify the hospital to review. There is no guarantee approval will take place at that time.

Your Classification = Scope of Service (SOS)
- There must be an approved SOS for the classification within the Division a DHP wants to work. These can be found DHP Document Home Page
- Without a SOS, Healthtrust cannot be 100% certain the credentialing meets state regulations, classification requirements, as well as the Division-specific needs (requirements established by the Division based on the hospitals' assessment of the skills and competencies necessary to do the job safely and correctly).
- When there is no SOS, the request for an account will be placed on hold until the SOS is provided to HWS. Depending on when a DHP began credentialing with Healthtrust (formerly Parallon) requirements may have changed over time. It's possible add'l credentials may be required upon renewal of the Scope of Service.

Your eDHP Account
- Tabs – Credentials vs. Upload
- You upload documents under the **Upload** tab and once the documents are reviewed and confirmed, the compliance ✔ will appear under the **Credentials** tab
- You must SUBMIT (this is a button on the last upload screen) the application once all documents are uploaded in order for HWS to start credentialing.

Kiosk Badging
- Everyone is required to login at the Kiosk regardless if they have a hard badge
- They Kiosk will send an access to the DHP's mobile phone if the account is compliant and approved.
    - If the code is not received:
        - it would be due to bad cell reception at the Kiosk location. In the event this happens, contact HWS 954-514-1440
        - It would be due to the DHPs account being non-compliant

Step 2

DHP Account Initiated by HealthTrust

DHP utilizes eDHP to credential HCA Requirements

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eDHP

Step 1

Pre-approval by Hospitals/ASCs

HR or MSO

Enrollment Managed locally via

Tools or Registration Forms

Step 3

Post-approval by Hospitals/ASCs

HR, Dept Leaders

MSO, CNO

Final Step to Gain Access

Are you able to tell the difference...
Which is a DHP? Which is an HCA Employee?

Everyone has their own process to meet requirements

Credentialing Requirements

» **Core Requirements set by HCA**
- **Skills Checklist**
- **Job Description**
- **Sanction Checks**
- **Background Check Results for the following:**
  - **Tier 1**
    - Employment History Verification (7 yrs)
    - Social Security Number Verification
    - Criminal Search Verification (7yrs)
    - Violent Sexual Offender
    - OIG/GSA List of Excluded Individuals
    - OFAC SDN Search
    - *San Antonio – must be performed within 30 days of acct submission*
  - **Tier 2/3**
    - Employment History Verification (7 yrs)
      - *Surgical Techs prior to 2009 will need to provide 10 years verified employment*
    - Criminal Search Verification (7yrs)
    - Education – Highest level attained
    - See Scope of Service for possible extended, additional education or accreditations required)
    - Social Security Number Verification
    - Violent Sexual Offender
    - OIG/GSA List of Excluded Individuals
    - OFAC SDN Search
    - *San Antonio – must be performed within 30 days of acct*

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The role of the HealthTrust DHP team is to use the Scope of Services document written for the Division and make sure that everyone meets the stated requirements.

Depending on when a DHP began credentialing with Healthtrust (formerly Parallon) requirements may have changed over time. It's possible add'l credentials may be required upon renewal of certain credentials

Credentialing Requirements

» **Division Requirements**

- **Health Requirements (specific to Division/Location)**
  Examples:
  Tier 2/3- TB, MMR, Varicella, HEP B, Tdap
  Tier 1 – TB, Tdap if working with infants
- **Drug Screen – is 7 specific drugs, not a panel**
  Amphetamines, Barbiturates, Benzodiazepines Opiates Marijuana, Methadone, Cocaine
  San Antonio – must be performed within 30 days of acct submission
- **Orientation (online)**
- **Training (HIPAA and ORP where relevant)**
- **Professional Training (where noted on Scope of Service)**
- **Letter of Compliance**
- **Scope of Service (Tier 2/3)**
  For each position within a hospital, the hospital sets forth the qualifications that must be met by anyone performing that role.
  1) legal requirement, such as state license, or
  2) established by the hospital based on the hospital's assessment of the skills and competencies necessary to do the job safely and correctly
  3) Extended education or training

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The role of the HealthTrust DHP team is to use the Scope of Services document written for the Division and make sure that everyone meets the stated requirements.

Depending on when a DHP began credentialing with Healthtrust (formerly Parallon) requirements may have changed over time. It's possible add'l credentials may be required upon renewal of certain credentials

DHP Processes
what to expect and what may affect a DHP with a different process

Initial Process:

A file that is __brand new__ to the Credentialing Process.
- The DHP may not access HCA facilities during the Initial Process.
- Documents Required: Based on the Classification, Tier, Division (facilities), and Scope of Service if applicable.

Ongoing Process:

A process to maintain and update the credentials that have expired or are within 90 days of expiring.
- Throughout the year, credentials will expire and the system will notify the DHP 90,60,30 days from expiration. Access is denied any given time a credential is not updated.
- Certain documents are required annually to confirm there are no changes to the DHPs role and also to meet The Joint Commission requirements.
- If the Scope of Service has been updated with new qualifications, HWS will verify if the necessary credentials have been satisfied for the minimum qualifications. Additional documents may be requested if they have expired or do not meet current requirements.

Added Division Process:

When a DHP requests access to one or more divisions other than the Division they were originally credentialed for.
- The profile needs to be reviewed to confirm whether or not the DHP is compliant for the requirements to the added division.
- Each Division is unique and there are differences with Scope of Services and other requirements.
- If the Scope of Service "new/differing" qualifications, HWS will verify if the necessary credentials have been satisfied for the minimum qualifications. Additional documents may be requested if they have expired or do not meet current requirements.

- ❖ *The DHP may not access HCA facilities within the added division until the Added Division Process is completed.*
- ❖ *The DHP may access the HCA facilities in other Divisions already approved, credentialed and compliant.*

DHP Processes – con't

Vendor Change Process:
When a DHP changes companies, HWS is required to collect certain documentation reflecting the change in employment.

- The DHP may not access any HCA facilities until the Vendor Change Process is completed.
- Documents Required To Be Updated:
  - Letter of Compliance (Tier 2 and 3)
  - Competencies/Skills Checklist (Tier 2 and 3)
  - Scope of Service (Tier 2 and 3)
    - HWS will verify the necessary credentials have been satisfied for the minimum qualifications.
  - Job Description
  - Certificate of Insurance (Tier 2 and 3)

- If an attestation from the previous employer is on file for these items, updated documents will be required: *(Third party continuing education certificates are acceptable).*
  - Proof of HIPAA Training
  - Proof of OR Protocol Training (if entering the OR)
  - Background Report
  - Drug Screen Report or Attestation (Tier 2 and 3)

- ❖ **Additional documents may be requested if they have expired or do not meet current requirements**

What is eDHP?

eDHP is a web-based application to credential, track and monitor DHPS who need access to HCA hospitals/ASDs.

Three Key Components to the eDHP System:
1. User interface for DHPs
2. Credentialing and Hospital oversight of credentials
3. Kiosk badging to validate compliance and identity

Validated/Compliant Badge

Dependent Healthcare Professional

Northwest Medical Center
Susan Smith
Dialysis Nurse
3M Company

November 01, 2012

New DHP Accts
HealthTrust sends two notifications to the DHP
1. The access link
2. A temporary password (will be required to be changed upon initial login)

Four Key Steps To Credentialing:
1. complete the credentialing application
2. upload all requested documents and electronically attest to requirements
3. apply payment
4. submit file

*Pay attention to expiration notices 90,60,45,30 day notices

What Happens After The DHP Submits A File?

1. Submitted Application

   The file is assigned to a specialist within 48-72 hrs after **submission**

   ▪ The packet needs to be accurate and complete.

      If irrelevant/blank/random documents are uploaded to satisfy a credential for submission, **the application will be sent back to the DHP to comply with requirements before credentialing takes place**

What Happens After The DHP Submits A File?

2. Review of the Application
   The specialist will remove the documents from the DHP' repository and mark the file "Incomplete"
   - It may appear the documents are no longer in the DHPs account.
   - The documents are <u>removed</u> for review and if appropriate and accurate will be applied to the credential.

   Oftentimes after submission it appears to an applicant that documents are "lost" and upload again. There is no need to do this.

   - *Documents only reside on the account; they are NOT confirmed upon upload.*
   - *Documents are removed from the account to review for compliance.*
   - *If compliant confirmed to the credential*
   - *If not compliant, email is sent to the DHP*

   Key documents are reviewed first such as Background Check, Drug Screen, and Job Description.   Next will be to process a ¾ if required for system access.

SIX CHIX   BY RINA PICCOLO

OUR COMPUTERS ARE DOWN, SO WE HAVE TO DO EVERYTHING MANUALLY...

What Happens After The DHP Submits A File?

3. Post Review
    - The specialist will communicate with the DHP about any uploaded document that is missing or is not appropriate, an email is sent to the DHP.
    - Healthtrust performs 4 follow-ups with the DHP after which the application is suspended. The DHP may re-engage with the process at any time.
    - If an application is not attended to within 90 days the file is "termed" until the DHP engages with the process

How To Support The DHP Through The Process

- Many DHPs are successful with the process and move along with few incidents. **Engagement** by the DHP is vital to the credentialing process.

- Delegate Accounts – available to the company/agency and provides ability to upload and view progress.

eDHP Enhanced Security Access

Who is Entering the Hospitals and ASCs
Awareness - Compliance – Badging - Access

Knowing Who is Entering the Hospitals & ASCs
Logging In At The Kiosk Is Not Just A "Day Badge"

Everyone is required to login at the Kiosk regardless if they have a hard badge

- Verifies compliance
- Verifies if an account is active
- Verifies approval by the hospital for access
- Avoids possible audit issues

Enhanced Security Validation for DHP Kiosk

Step 1
Login at Kiosk

Step 2
eDHP Verifications

Step 3
Validation Code sent to Mobile

Verifies
Compliance

Verifies
Approval

eDHP
Sends code

HeathTrustWS 12345 is your DHP Login Code Txt Stop to OptOut

Step 3
Enter Code

Validated/Compliant Badge

Contact HWS Customer Service to assist you with any questions regarding DHP.
954-514-1440