OPERATION ORDER 17-31 (CREDENTIALING STANDARDIZATION PROJECT) - USAMEDCOM

References:


c. FRAGO 1 to Operations Order 16-36 (Optimizing Access to Primary Care) – USAMEDCOM, 26 May 2016.

Time Zone Used Throughout the Order: Romeo (Eastern Standard Time).

1. **Situation.**

   a. The Chief of Staff of the Army’s number one priority is readiness; there is no other number one. Army Medicine exists to achieve and sustain a medically ready force and requires sufficient access to primary care to maximize readiness. Delays in the provider credentialing and privileging process negatively impacts readiness of the force and access to care.

   b. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care provider to provide patient care services in or for the health care organization. This includes the primary source verification of the health care practitioners’ education, training, work experience, professional licensure/certifications and maintenance of the individual’s credentials file. Military Treatment Facility (MTF), and Dental Health Activities (DENTAC) Commanders make decisions to privilege providers based on information validated during the credentialing process.

   c. Privileging is the process whereby a Commander (privileging authority) grants a provider permission to perform a specific scope and content of patient care services (delineated clinical privileges) within a MTF/DENTAC. Such permission is based on an evaluation of the individual’s credentials, history of clinical performance, and the specific needs and capabilities of the organization. Integrity of the credentialing and privileging process is critical to ensure highest level of quality care is provided to our beneficiaries.
d. U.S. Army Medical Command (MEDCOM) credentialing and privileging functions are delegated by the Secretary of the Army, through The Surgeon General of the Army, to the MTFs/DENTACs. The wide variances that exist in implementation across the enterprise has led to a lack of interoperability between facilities in the use of forms, processes, requirements and levels of review. This lack of enterprise standardization results in duplication of work, privileging delays, reduced provider availability, higher costs, impedes patient access to care and negatively impacts the readiness of Army forces. The operating company model principles of clarity, consistency, and accountability applied through the standardization of MEDCOM credentialing will decrease total time to credential and privilege providers, improve access to care, and positively impact force readiness.

2. Mission. In an effort to improve patient access to care and the readiness of Army forces, MEDCOM will standardize the credentialing process and meet credentialing and privileging process performance standards no later than 31 Mar 18. An expedited privileging process will be piloted to test process performance prior to implementation MEDCOM-wide.

3. Execution.

   a. Commander’s Intent. My intent is for MEDCOM to improve readiness of the force through efficiencies gained from standardization of the provider credentialing process. We will improve our internal processes to become more proactive in credentialing and privileging so that providers are privileged and able to provide patient care as soon as possible within Army MTFs/DENTACs.

   b. Concept of Operations. The Credentialing Standardization Project is chartered to bring about the desired end state. This project will be initially accomplished across two (2) phases identified below.

      (1) Phase 1, Part a - Plan/Standardize (Aug 16 - 31 Mar 17).

      (a) This phase focuses on detailed project planning, establishing the project team, developing and publishing a Warning Order, coordinating/synchronizing across the OneStaff and Regional Health Commands (RHC)/MTFs/DENTACs, standardization of credentialing processes and forms, identification and initiation of Centralized Credentials Quality Assurance System (CCQAS) enhancements, identification of credentialing and privileging performance targets, and publishing of a comprehensive credentialing standardization policy. This phase is complete once the project plan is developed, and the standardization policy is published in Apr 17 for implementation to support Summer 2017 peak permanent change of station (PCS) season.
(b) Best Practice. Using the CCQAS Provider Privilege Expiration report, MTFs will review the provider privilege renewal workload for the months of Apr – Sep and, where appropriate, shift GS and contract provider privilege renewals to off-peak season months (Oct-Mar). This best practice allows for the one-time shifting of privilege renewal workload from peak months to off-peak months to allow greater time spent on the incoming and outgoing military providers during peak PCS summer months.

(2) Phase 1, Part b – Expedited Privileging Process Pilot (Upon notification – TBD): This phase consists of a pilot test of an expedited privileging process at the facilities identified below. Pilot sites will begin implementation of the expedited privileging pilot upon notification from MEDCOM Clinical Performance Assurance Directorate (CPAD).

Bassett Army Community Hospital, Fort Wainwright, AK
Tripler Army Medical Center, Schofield Barracks, HI
Brooke Army Medical Center, Joint Base San Antonio – Fort Sam Houston (JBSA-FSH), TX
JBSA-FSH Dental Health Activity, JBSA-FSH, TX
Carl R. Darnall Army Medical Center, Fort Hood, TX
General Leonard Wood Army Community Hospital, Fort Leonard Wood, MO
Guthrie Ambulatory Health Clinic, Fort Drum, NY
Kenner Army Health Clinic, Fort Lee, VA
Kimbrough Ambulatory Care Center, Fort Meade, MD
Martin Army Community Hospital, Fort Benning, GA
Evans Army Community Hospital, Fort Carson, CO
Landstuhl Regional Medical Center, Landstuhl, Germany
Fort Carson Dental Health Activity, Fort Carson, CO

(a) The following process will be implemented at these select MTFs and no other MTFs at this time. CCQAS privileging data and feedback received from the pilot sites will be collected and analyzed and lessons learned will be incorporated into the Credentialing Standardization Policy. Documents, processes and requirements listed below will not be altered or amended by individual institutions or commands without the express permission of MEDCOM CPAD (contact information provided below).

(b) Expedited Privileging Process. The following outlines a process for rapid review of credentials and granting privileges to privileged providers undergoing internal renewals, or PCS with Inter-Facility Credentials Transfer Briefs (ICTB) from another Department of Defense MTF. The expedited process requires, at a minimum, review by: the Clinical Supervisor, the Command Designated Clinical Leader (Deputy Commander of Clinical Services (DCCS) / Chief Medical Officer (CMO) / DENTAC Officer In Charge / Credentials Committee Chairperson or other designated clinical
leader), and the Privileging Authority (Commander), and does not require review by the
entire credentials committee. No more than four levels of review are authorized for the
expedited process. This process should only be used for applications that meet the
criteria listed below and may be aborted at any time and deferred to full credentials
committee review by any reviewer in the approval chain. The expedited privileging
process at the selected pilot sites supersedes the current guidance in AR 40-68 and an
MTF bylaw amendment, where necessary, should be approved by the MTF/DENTAC
command NLT the pilot start date (COMPLETE) consistent with this OPORD. The
outputs of this pilot will be incorporated into subsequent MEDCOM Policy and the next
update of AR 40-68.

(c) Prerequisites for a provider to be considered for expedited privileging. All of
the following criteria must be met in order for a privileges application to be eligible for
the expedited process. If any criterion is not met, then the expedited process will not be
used.

1. A completed CCQAS privileging e-application
2. No affirmative answers in the Practice History (Section 10) and Health Status
   (Section 11) of the CCQAS e-Application (Excludes “Yes” responses to Question
   3 of the Health Status Questionnaire)
3. Current, active, unrestricted licensure and/or relevant certification without current
   or previous adverse comments, limitations or encumbrances
4. Current Performance Assessment Review (PAR) (within 180 days)
5. Two current Peer References (within 12 months)
6. Relevant training (qualifying degree, internship, residency, etc.)
7. Documented ability to perform the privileges requested
8. Current query of the List of Excluded Individuals/Entities (LEIE) and TRICARE
   Sanctions Report without positive findings
9. Internal renewals not currently on a Focused Professional Practice Evaluation
   (FPPE)
10. For internal renewals: No new or pending adverse privileging or practice actions,
    medical malpractice actions or NPDB reports that have not been previously
    addressed by the current facility’s credentials committee.
11. PCS transfers/ICTB: No NPDB reports or malpractice claims

(d) Expedited privileging process steps. A process map is provided at Annex A
to provide a visual aid for the expedited Process.

1. Provider completes CCQAS e-application
2. Credentials coordinator reviews e-application for completeness and
   conducts applicable primary source verification. Primary source verification
for qualifying degrees, internships, residencies, fellowships and/or other static documentation does not need to be repeated
3. Credentials coordinator routes e-application to the Clinical Supervisor
4. Clinical Supervisor reviews and signs e-application
5. Command Designated Clinical Leader (DCCS/CMO/DENTAC OIC/Credentials Committee Chairperson or other designated clinical leader) reviews and signs e-application
6. Privileging Authority (Commander) reviews and signs e-application granting privileges
7. Provider acknowledges receipt of privileges and Medical Staff Membership, as appropriate
8. The outcomes of all expedited applications will be documented in the minutes of the next Credentials Committee meeting

(e) Reporting. Data gathering and evaluation will be crucial to the expedited privileging process pilot and further implementation across MEDCOM.

1. To facilitate success, the following metrics will be monitored by MEDCOM, RHCs, and pilot sites on a weekly basis during the weekly teleconferences identified below. Additional metrics will be monitored, as necessary, to improve process performance.

   a. Total number of e-applications that met expedited process criteria and underwent the expedited process utilizing the CCQAS Tracker Status functionality (CCQAS Tracker Status training provided at Annex B).

   b. Total number of days to approve. Total number of days from e-App “Created Date” to “Privileging Authority Decision” date.

   c. Provider Days After Initial Submit. The number of days it took to complete the e-App post provider submission. The MEDCOM standard for completion of the expedited privileging process, from provider initial submission of e-application to privileging authority approval, is no more than 14 calendar days.

   d. Information on e-Applications to use for metric reporting: All ICTB, internal renewal, and PCS e-applications with a Provider Initial Submission Date of the date that a pilot site begins the pilot and meets all of the Expedited Privileging Process Pre-Requisites may be considered for expedited privileging. The key date is the Provider Initial Submission Date. So, even if an application was created in Nov/Dec/Jan, if the provider initially submits the e-App on or after the pilot start date, and it meets all pilot process requirements, then it may enter the expedited process. The creation date will only be used to determine to Total Number of Days to Approve and not determine if an
e-Application is eligible for the expedited process; that date is the Provider Initial Submission Date.

2. Pilot sites will participate in weekly teleconferences on Wednesdays from 1130-1300 EST to report feedback, lessons learned, issues, or challenges. Feedback will be collected by MEDCOM CPAD and will help inform policy development for implementation across the remaining MEDCOM MTFs/DENTACs.

(3) Phase 2 - Implement/Evaluate (TBP - 31 Mar 18): This phase implements the credentialing standardization policy (Policy) at all MTF/DENTACs, to include distribution of standardized forms, institution of streamlined processes, and training. MTF offices of Graduate Medical Education will be included to improve the rate at which new graduate of residency program providers become privileged. Performance data will be captured throughout this phase and evaluated to determine if critical business requirements were achieved. Lessons learned will be captured throughout this phase for refinement to the Policy and update of Army Regulation 40-68 (Clinical Quality Management). Near the end of this phase, process performance will be reviewed and if performance requirements are not satisfactorily met through standardization alone, then additional courses of action (COA) will be evaluated for a follow-on phase. At this time, regardless of COA selected, requirements to privilege Reserve Component providers will be incorporated into the planning process. No COA will be selected that does not adequately serve the needs of all three components of Army Medicine. This phase completes upon successful implementation of credentialing standardization, data collection and evaluation, achievement of identified performance targets, and implementation of CCQAS enhancements.

c. Tasks to Subordinate Units.

(1) Regional Health Commands (RHC).

(a) Credentials coordinators will set CCQAS command parameters (click “active renewal notice days” in CCQAS) at 90 days to notify providers of upcoming privilege expiration.

(b) In coordination with the servicing Civilian Personnel Advisory Center, issue official union notification (Annex E - Union Notification Template) prior to launching the pilot at the 13 selected facilities. Upon request, engage in Impact and Implementation (I&I) bargaining for bargaining unit employees. Notify POCs below once official union notification has occurred IAW local agreements.

(c) Ensure that the expedited policy pilot sites implement the policy as described. Report feedback and lessons learned to MEDCOM CPAD.
(d) Ensure that each pilot site MTF/DENTAC produces a memorandum for record addendum to their local bylaws outlining the expedited privileging process prior to pilot start date. Submit the completed memorandum signed by the MTF/DENTAC Commander to the points of contact identified below NLT pilot start date (COMPLETE).

(e) Ensure that MTF credentials offices conduct local training to inform stakeholders of the expedited privileging process, to include the privileging authority, CMO, reviewers, providers, and other administrative staff that support the privileging process. Training of stakeholders involved in the credentialing and privileging process is critical to process success.

(f) Monitor the credentialing and privileging process performance at each assigned MTF to ensure that all providers are privileged at the gaining facility within 14 calendar days of their report date.

(g) Ensure that each pilot site MTF/DENTAC uses the standardized forms provided at Annex C to this OPORD throughout the duration of this pilot. This OPORD establishes standardized forms for several steps in the credentialing and privileging process. The following standardized forms will replace existing credentials forms used within the AMEDD: peer reference, physician assistant supervisor form. Pilot site facilities are not authorized to use or to develop different forms and additional forms may not be added to the credentialing and privileging process. These forms will be used for any credentialing and privileging documents created at the pilot sites. Understanding that only thirteen facilities are participating in this pilot, non-standard forms may be received from non-pilot facilities until the standardized forms are deployed MEDCOM-wide through the impending standardization policy.

(h) RHCs may identify additional facilities that want to volunteer for the expedited privileging process pilot. Authorization to begin the pilot is dependent on identification of volunteer sites to MEDCOM CPAD points of contact below, all requirements of this OPORD satisfactorily met, and notification from MEDCOM CPAD to begin the expedited privileging process.

d. Tasks to OTSG/MEDCOM OneStaff.

(1) Deputy Chief of Staff (DCS), G-1/4/6. Assign a representative to provide subject matter expertise and guidance in all areas of human resources and management employee relations.

(2) DCS, G-3/5/7.
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(a) Assign medical and dental privileged provider subject matter experts to serve as a member of the Credentialing Standardization Project team.

(b) Oversee implementation of the expedited privileging process pilot at selected DENTAC. Report feedback and lessons learned to MEDCOM CPAD.

(3) DCS, G-8/9. Be prepared to support improvement of the credentialing and privileging process performance through Integrated Resourcing & Incentive System incentives.

(5) DCS, Quality and Safety.

(a) Assign selected CPAD personnel to ensure the successful implementation of the Credentialing Standardization Project and be prepared to take project lead for execution at a future date to be determined.

(b) Monitor implementation of the expedited privileging process. Incorporate lessons learned into the Credentialing Standardization Policy.

(c) Publish the Credentialing Standardization Policy in Apr 17.

(d) Identify bill payers to increase enterprise-level CCQAS database administration and credentialing and privileging capability.

(6) Public Affairs. Support the development of project communications.

(7) AMEDD Transformation Directorate.

(a) Assume the role of project lead through project planning and coordination with CPAD in direct support. Project lead for execution will transition to CPAD at a future date to be determined.

(b) Provide project management subject matter expertise throughout project lifecycle to enable objectives achievement and benefits realization.

(8) Directorate of Medical Education. Assign a member of the team to support Credentialing Standardization efforts.

e. Coordinating Instructions. To be determined.

5. **Command and Signal.**

   a. **Command.** Normal command relationships remain in effect.

   b. **Control.**

      (1) **Command Posts.** MEDCOM Operations Center is the MEDCOM’s 24/7 emergency operations center.

      (2) **Reports.** Reports will be generated and process performance will be monitored during the expedited privileging process pilot. Additional reports will be published in subsequent fragmentary orders.

   c. **Signal.** The points of contact for this OPORD are:

      (1) Phase 1 Project Lead: Mr. Jeffrey Matney, AMEDD Transformation Directorate, at (210) 295-0981 or via e-mail at jeffrey.g.matney.civ@mail.mil.

      (2) Phase 2 Project Lead/CPAD, Deputy Director: COL Bonnie Hartstein, CPAD, at (210) 466-2915 or via e-mail at bonnie.h.hartstein.mil@mail.mil.

      (3) CPAD, USAR/ARNG Coordinator: LTC Kristi Neukirch, CPAD, at (210) 466-2897 or via e-mail at kristi.k.neukirch.mil@mail.mil.

**ACKNOWLEDGE:** MEDCOM Operations Center at usarmy.ncr.hqda.otsg.mbx.medcom-ops-center@mail.mil or telephonically at (703) 681-8052 or DSN 761-8052.

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Appendix 3 Standard Templates (PA Supervisor and Peer Reference)
Appendix 4 Expedited Privileging Process Checklist
Appendix 5 Union Notification Template

DISTRIBUTION:
CDR, RHC-C
CDR, RHC-A
CDR, RHC-E
CDR, RHC-P
CDR, RHC-P (Rear)
MRMC
DCS, G-1/4/6
DCS, Quality and Safety
DSC, G-3/5/7
DCS, Procurement
DCS, Public Health
DCS, G-8/9/SAM
DCS, WCT
AMEDDC&S HRCoE
DIR, Public Affairs
DIR, Reserve Affairs
DIR, AMEDD Transformation
Special Staff
DIR, Medical Education
Business Office-North
Business Office-South