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| Access |
| Provider Information Integration and Verification Services |
| CredAxis Product |

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Version

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| --- | --- | --- |
| Sl. No | Description | Version |
| 1 | ANCC, ABMS, NPPES, DO Profiles, OPPE & FPPE, NPDP, CAQH research | 1.0.1 |

# American Nurse Credentialing Centre (ANCC)

## Brief Description: -

ANCC is a **subsidiary of American Nurse Association (ANA)**. *ANCC provides credentialing services for Nurses*. Under ANCC, we have 4 main services which are entitled to provide respective credentialing certificates. They are providing Mobile Apps for New / certificated Nurses for initiating new certificates or renewing the existing certificates.

The 4 main services are as below

* Certification for Individual Nurses
* Accreditations for Training Organizations
* Magnet
* Pathway

## Certification for Individual Nurses

341 different speciality certificate are provided. Among which 49 are directly given by ANCC and rest of the certificates are provided ANCC accredited organizations.

## Accreditations for Training Organizations

Accreditations to organizations allows them to function independently and entitles them to provide certificates with ANCC trademark

## Magnet

Is a recognition given to organization for nursing excellence and Quality patient results? Though accreditation allows organizations to issues certificates with ANCC trademark, the recognition of excellence is determined only through Magnet.

## Pathway

Is a recognition given to organization for positive Nursing practice environment (facility setup.)

## ANCC Verification Services: -

All the verification is done through emails. T**he processing time is within 7 days and fee is $40 dollars and organization is $50 dollars / certificate**

## Contact Info: -

American Nurses Credentialing Centre

8515 Georgia Avenue, Suite 400

Silver Spring, MD 20910-3492

Phone:

1.800.284.2378

# American Board of Medical Specialities (ABMS)

## Brief Description: -

ABMS provides certification courses of various specialities for Physicians. 24 American member’s boards are connected with ABMS which are focused on respective specialities. So overall 150 specialities are provided.

Alternatively, we have AOABOS and ABBS.

Till now ABMS has certified 800+ thousand physicians. Any new physician who wants to get certification with ABMS, they should have finished 4 years’ pre-medical education, medical degree from a medical college accredited by ABMS board and 3-5 years of residential training program accredited by ACGME and they should have un-restricted medical license.

AMBS certificates will be expired by 7 years. After which all the respective physicians should renew their certificates by taking exam and met standards as prescribed by AMBS

## AMBS Verification Services: -

ABMS Direct Connect Select

* Access to the most current information with daily updates
* Flexible query options by physician’s name, secure identifiers, geographic location, specialty, and subspecialty
* Pre-populate fields in your credentialing software database to simplify and integrate workflow
* Board certification effective and expiration dates, as well as complete physician certification history and Maintenance of Certification information

Need to contact for more info

## Contact Info: -

ABMS Solutions

Two Buckhead Plaza

3050 Peachtree Road, NW

Suite 570

Atlanta, GA 30305

(800) 733-2267

David Coursey, Director of Sales:

[dcoursey@ABMSsolutions.com](mailto:dcoursey@ABMSsolutions.com)

Ellen Lorenz, Customer Service Manager:

[elorenz@ABMSsolutions.com](mailto:elorenz@ABMSsolutions.com)

Doria Gjerde, Account Executive:

[dgjerde@ABMSsolutions.com](mailto:dgjerde@ABMSsolutions.com)

Sandy Wainwright, Sales Support Manager:

[swainwright@ABMSsolutions.com](mailto:swainwright@ABMSsolutions.com)

# National Plan and Provider Enumeration System (NPPES)

## Brief Description: -

NPPES is a government entity which provides service for provider information. An individual providers or organizations should apply for NPI’s through CMS NPPES.

Following are data elements returned by the service

* Provider Name
* Speciality(Taxonomy)
* Practice Location
* Other legal names
* NPI
* Organization name

Totally 361 elements are returned as JSON response

## NPPES identification Service: -

Open Source NPPES REST API

## Contact Info: -

Federal Government: CMS

# American Medical Association (AMA)

## Brief Description: -

AMA, the nation’s largest professional association of physicians. Established in 1847, to uniform standards for medical education, training and practice. AMA Profiles Connect product was designed to remove the hassle manually typing AMA Profiles which integrates with well-known credentialing software

## AMA identification Service: -

* AMA Profiles subscription required
* There is no charge for integration. However, its applicable for profile subscription
* Registration Link (<http://info.commerce.ama-assn.org/ama-credentialing-form>)

XML based Web Service

Need to contact for more info

## Contact Info: -

American Medical Association

AMA Plaza

330 N. Wabash Ave.

Chicago, IL 60611-5885

(800) 621-8335

# DO Profiles

## Brief Description: -

The primary source for verifying osteopathic physician credentials information   
from the American Osteopathic Association.

DO Profiles provides verification information for physicians which is certified by the AOA (American Osteopathic Association).

## DO Profiles Verification Services: -

Osteopathic Physician Profile Report features

* AOA accredited/approved pre- and postdoctoral education and training dates of attendance and completion
* All state licenses held with expiration date
* Osteopathic Specialty Board Certification(s) expiration dates and participation in OCC
* Certification by member board(s) of the American Board of Medical Specialties(ABMS) and participation in MOC
* AOA accredited CME status
* DEA status
* State and federal sanction alerts
* Former names

Need to contact for more info

## Contact Info: -

[credentials@osteopathic.org](mailto:credentials@osteopathic.org)

(800) 621-1773, ext. 8285

# OPPE and FPPE

In 2007 [The Joint Commission](https://www.jointcommission.org/) announced the new standards that requires Hospitals to evaluate their Physicians and Advance Practice professional in an objective manner and more frequently than the every 2 year Recredentialing Cycle.

* OPPE (Ongoing Professional Practice Evaluation)

## Brief Description: -

* OPPE Information is factored into a decision to: Maintain existing privileges, Revive existing privileges, or to Revoke existing privileges prior to or at the time every new Privileges.
* Privileges are defined as the permission granted to a Hospital or other Healthcare institution to position or advance practice professional to render specific diagnostic or therapeutic services.
* Clinical privileges are limited by the individuals’ professional license and experience and competence.

**NOTE: Medical Staff members must realise that privileges are earned and that provider’s demonstration at ongoing clinical and behavioural competence allows them to maintain these privileges throughout the appointment cycle.**

## Purpose of OPPE:

The purpose of OPPE is to ensure that the medical staff assess the ongoing professional practice and competence of its members, conduct professional practice evaluation and uses the results of such assessment and evaluation to improve professional competency, practice and the system of care.

OPPE is an attempt to put some structure behind the process of evaluating clinical competency.

Its goals are

1. To monitor practice and performance in order to identify and prevent opportunities for both individuals and systems of care,
2. To monitor significant trends and performance by analysing aggregate data in case findings,
3. To ensure that the process for professional practice evaluation is clearly defined, defensible, timely and helpful
4. To identify and address opportunities for system improvement.

OPPE is well designed program which is able to demonstrate that a provider with privileges is competent in exercising those privileges.

## Measures:-

1. Review of operative & other clinical procedure(s) performed and their Outcomes

2. Patterns of blood and pharmaceutical usage

3. Requests for tests & procedures

4. Length of stay patterns

5. Morbidity & mortality data

6. Practitioner’s use of consultants

7. Other relevant criteria as determined by Medical Staff

**NOTE: When OPPE identifies problem FPPE comes into play.**

* FPPE (Focused Professional Practice Evaluation )

## Brief Description: -

Focused Professional Practice Evaluation (FPPE) involves more specific and time-limited monitoring of a provider’s practice performance in three situations:

1. When a provider is initially granted practice privileges.
2. When new privileges are requested for an already privileged provider.
3. When performance non-conformance involving a privileged provider are identified (through the OPPE process or by any other means such as complaints or significant departure from accepted practice.)

## Measures:-

1. All new appointments

2. All new privileges for existing practitioners

3. All practitioners returning from prolonged leave of absence\*

4. OPPE triggers need for FPPE\*

* Software Solution for OPPE and FPPE

There is one Software Solution available for OPPE and FPPE provided by [Safe Care Group](http://www.safecaregroup.com/) named [OPPERA (OPPE Readiness App)](https://www.youtube.com/watch?v=nmNT1841OOc).

Features:

1. Automated OPPE Reviews.
2. FPPE Appraisals.
3. ICMs at-a-glance innovation.
4. Speciality Specific.

Acquires all Six Core Competencies defined by The Joint Commission (Patient Care, Communications, System based practice, Pr4ofessionalism, Practice Based Learning, Medical Knowledge)

## Contact Info: -

<http://www.jcrinc.com/contact-us/>

Joint Commission Resources

1515 West 22nd Street, Suite 1300W

Oak Brook, Illinois 60523 USA

P 630.268.7400 (within U.S.)

[info@jcrinc.com](mailto:info@jcrinc.com)

Important Links:

<http://www.cap.org/apps/docs/reference/oppe_fppe.pdf>

<http://news.unchealthcare.org/archive/unc_physicians_newsletters/OPPEandFPPE.pdf>

# National Practitioner Data Bank (NPDB)

## Brief Description: -

* The National Practitioner Data Bank is a United States Government program was established under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, and is expanded by Section 1921, as amended by section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987.
* It collects and discloses, only to authorized users, negative information on health care practitioners, including malpractice awards, loss of license or exclusion from participation in Medicare or Medicaid.
* The Data Bank was created by Congress with the primary goals of improving health care quality, protecting the public and reducing health care fraud and abuse.
* Congress passed a Section 1128E, HIPDB (Healthcare Integrity and Protection Data Bank) was established
* The HIPDB was a national bank that received and disclosed certain final adverse actions by Federal, state agencies and health plans against health care practitioners, providers and suppliers. The information are related to criminal convictions and civil judgements
* On May 6, 2013 NPDB and the HIPDB were consolidated to avoid duplication

## Information provided to Users: -

* JSON document and it is made up of several data objects.
* Medical malpractice payments.
* Any adverse licensure actions or loss of license
* Adverse clinical privileging actions, or Adverse professional society membership actions
* Any negative action or finding by a State licensing or certification authority
* Private accreditation organization negative actions or findings against a health care practitioner or entity
* Any negative action or finding by a Federal or State licensing and certification agency that is publicly available information
* Civil judgments or criminal convictions that are health care-related
* Exclusions from Federal or State health care programs
* Other adjudicated actions or decisions (formal or official actions, involving a due process mechanism and based on acts or omissions that affect or could affect the payment, provision, or delivery of a health care item or service)

## Information Access: -

* Access to the information is limited, and is not available to the general public.
* It is provided to hospitals, other health care entities, professional societies, state and federal licensing and certification authorities (including Medical and Dental Boards), and agencies or contractors administering Federal or State health care programs.
* In addition, individual healthcare providers can obtain access to their own records.
* This information is also in some cases available to those who may be suing them.
* Researchers may also obtain statistical data, but not data on individuals.
* An eligible entity receiving information from the NPDB may disclose the information to others who are part of the same investigation or peer review process, as long as the information is used for the purpose for which it was provided.

## Data Bank Security: -

As previously stated, information reported to the Data Bank is confidential. Safeguarding that confidential information includes proper and secure retrieval, handling, and disposal of the information. Taking the following actions helps to ensure Data Bank security.

* Every registered health care organization must have a unique Data Bank Identification number (DBID) and password. All individual users within the organization must also use the organization DBID and have their own user ID and password. To learn more, see [Manage User IDs and Passwords.](http://npdb-hipdb.com/healthcare-organisations/management-tools/manage-user-ids-and-passwords/)
* Sign out of the Data Bank after each session to keep unauthorized personnel from gaining access to you or your organization’s sensitive information.
* After signing in to the Data Bank, verify the date and time when last accessed. If incorrect, change your password immediately, call the Customer Service Centre (800-767-6732), and notify your organization’s Data Bank Administrator.
* Do not share confidential Data Bank documents with anyone not authorized to see them. Also, handle the reports properly – do not leave them in plain sight at the office. Securely store and file the documents.
* Refer to [About Management Tools](http://npdb-hipdb.com/healthcare-organisations/management-tools/) for more details on Data Bank Administrator and user accounts.

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| NPDB Data Source: - | |
| * Medical malpractice payers * State health care practitioner licensing and certification authorities (including medical and dental boards) * Hospitals * Other health care entities with formal peer review (HMOs, group practices, managed care organizations) * Professional societies with formal peer review * State entity licensing and certification authorities * Peer review organizations * Private accreditation organizations * Federal and State Government agencies * Health plans |  |

## NPDB and HIPDB Data Bank Merger Highlights: -

* Reports that are currently stored in both the NPDB and HIPDB will remain, but will reside in the NPDB only
* There will be no need to re-register with the Data Bank, registration flagging systems will be automatically re-aligned
* The authority for certain reportable actions has changed, but no user action is required
* If you query both the NPDB and the HIPDB, after the merger you will only need to query the NPDB

## Applicable federal law for the NPDB includes: -

* Title IV of Public Law 99-660
* Section 1921 of the Social Security Act
* Section 1128E of the Social Security Act

## FAQ**: -**

* https://www.npdb.hrsa.gov/

Council for Affordable Quality Healthcare (CAQH)

## Brief Description: -

* It is a **Non-profitable** organization. Who collects, verify and monitor information about providers for valid credentials
* They collect the data and share the information with insurance companies
* CAQH are used by government insurance and many private carriers Database is secured and confidential

## Services by CAQH:-

* **COB Smart®** quickly and accurately directs coordination of benefits processes.
* **Enroll Hub®** reduces costly paper checks with enrolment for electronic payments and electronic remittance advice.
* **CAQH ProView®** eases the burden of provider data collection, maintenance and distribution.
* **Sanctions Track®** delivers comprehensive, multi-state information on healthcare provider licensure disciplinary actions.
* **CAQH CORE®** maximizes business efficiency and savings by developing and implementing national operating rules.
* **CAQH Index®** benchmarks progress and helps optimize operations by tracking industry adoption of electronic administrative transactions.

## Data Provided By CAQH:-

* Personal
* Education
* Speciality / Certifications
* Work history
* Disclosures
* Practice location
* Hospital affiliation

## Contact Info:-

Contact the CAQH ProView Support Desk. CAQH ProView Support Desk:  
E-mail: providerhelp@ProView.CAQH.org.  
Phone: **(888) 599-1771**.

## FAQ’s:-

https://www.bcbsga.com/provider/noapplication/plansbenefits/credentialing/notertiary/pw\_a102052.pdf