

CREDENTIALING & PRIVILEGING: A COMPREHENSIVE OVERVIEW

Presented by:
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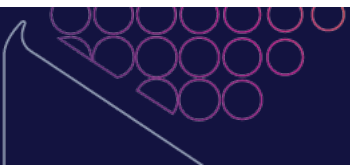
QUESTION

Let's see how much experience we have in the room with credentialing.



DEFINITION

- “Credentialing is a formal process that utilizes an established series of guidelines to ensure that patients receive the highest level of care from healthcare professionals who have undergone the most stringent scrutiny regarding their ability to practice medicine.” - NCBI
- The overall purpose of credentialing a physician as well as allied healthcare workers (CRNA, APRN, NP, PA) is to ensure that the practitioner has the credentials and experience to perform satisfactorily in the surgery center / hospital.
- It is the responsibility of the Administrator to ensure that all proper steps have been completed in accordance to state, federal and/or accreditation regulations for credentialing, as well as provide complete and accurate information to the Medical Executive/Advisory Committee and Governing Board for review and final approval.



CREDENTIALING PROCESS

- Often time, lack of time, experience and understanding lead to mistakes that can carry significant risk for the facility, patient safety and regulatory compliance.
- Credentialing is a very meaningful process that is more than ensuring that all the required documents are in place.
- It involves ensuring that all information in the practitioner's file is accurate and speaks to a high-quality provider that provides safe and appropriate care to his/her patients.
- Each provider is then evaluated by the Credentialing Committee that recommends the physician to the Medical Advisory/Executive Committee and then approved by the Governing Board of the facility.

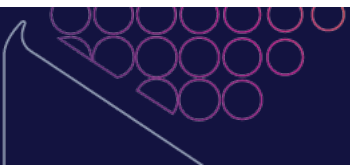


IT'S YOUR RESPONSIBILITY

One essential aspect of maintaining patient safety is the credentialing and privileging process for practitioners.

Credentialing verifies the qualifications and background of healthcare professionals

Privileging grants them specific clinical responsibilities and procedures they are allowed to perform.



ROLL THE FILM

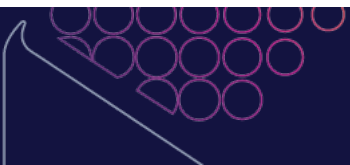
This video is based on a true story and shows the importance of ensuring that the physicians at a center are qualified with appropriate credentials, have the experience to do their specialty procedures and have good outcomes.

<https://time.com/6080714/dr-death-true-story/>



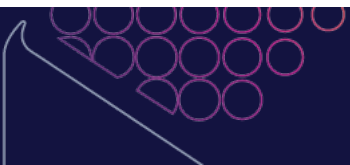
MEDICAL STAFF BYLAWS

- The Bylaws are a business document that every surgery center uses to govern how the practitioners are required to conduct themselves as members of the center.
- These are signed off on by each member to ensure that they have knowledge of what is written.
- Administrators are required to have knowledge of the Medical Staff Bylaws and all credentialing policies that govern this process.
- The Bylaws contain the following:
 - A preamble
 - Definitions for governing bodies, medical staff, executive committee and more
 - Medical staff purposes and responsibilities
 - Overview of medical staff membership
 - Procedure for appointments, reappointment
 - Clinical privileges
 - Corrective action against practitioners
 - Procedure for hearings
 - Roles and qualifications for elected officers



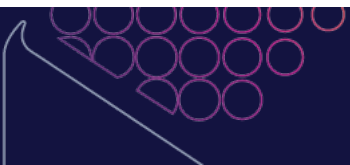
APPOINTMENTS

- Appointment Types:
 - Initial Appointment, Temporary, and Re-Appointment
- All providers must receive a credentialing approval letter and copy of this must be retained in the providers' file. This letter should contain the following information:
 - Effective dates of privileging period (start and end).
 - Type of Appointment: Initial, temporary or reappointment. (Note: Initial Appointment application, documents and letter should be retained in the file).
 - Brief note of any requirements for consideration for future re-appointment such as a minimum number of cases per year, etc.
 - Copy of the Delineation of Privileges that indicate approval and/or denial of privileges. This must contain the requesting providers signature and be signed off by the required individuals according to the Bylaws. This is often an Administrator and the Governing Body President but can be Medical Director and GB Member.
 - Note: The individuals designated to approve privileging cannot sign-off on their own privileging.



APPOINTMENTS

- Medical Director needs to be appointed and must have a signed role description, which is similar to a job description.
- Anesthesia chairperson needs to be appointed and must have a signed role description.
- Accrediting organizations have different requirements for credentialing as do various states. You will be required to follow the most stringent regulation.



APPLICATION

- Application requirements can vary by state and some states require that a facility utilize their Application for privileging.
- Application process requires the collection and verification of various documents.
- The application contains information such as:
 - Demographics
 - License information
 - Board Certification
 - College education
 - Internships, Residencies, Fellowship
 - Hospital/Facility Affiliations
 - History questions – related to lawsuits, license decisions, illegal activity
 - Attestations & Disclosures
 - Authorization for Release of Information
 - Provider Health Information
 - Delineation of Privileges with requested procedures



APPLICATION CONTINUED

- Important to review the application and all documents received in detail.
- Need to compare the results written on the application to the other verifications to ensure accuracy and honesty.
- Many times, the physician is not completing this application themselves so the information can be inaccurate and may not reflect inaccurate information intentionally.
- The initial application and re-appointment packets will vary.
- It is important for Administrators to utilize a checklist, file system and/or software to ensure proper organization and management of the credentialing documents.
 - Throughout the Privileging Period (effective to expiration date) numerous documents expire such as licenses, certifications, health requirements and malpractice insurance. The documents must be maintained in a current status and updated in the current privileging file.



DELINEATION OF PRIVILEGES (DOP)

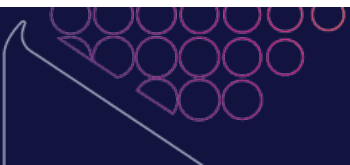
- This is a listing of procedures that a practitioner is qualified to perform.
- The list is typically based on a specific specialty and may include CPT codes
- CMS provides a list to determine what procedures can be performed in an ASC. This list is updated every year. Some procedures are added, and some are removed. It is your responsibility to verify this for your facility.

CPT	Description of Procedure	Requested	Not Requested	Approved	Denied
14020	SKIN TISSUE REARRANGEMENT				
14040	SKIN TISSUE REARRANGEMENT				
14060	SKIN TISSUE REARRANGEMENT				
21320	NASAL DORSAL FX: CLOSED REDUCTION				
21335	TREATMENT OF NOSE FRACTURE				
21356	TREATMENT OF CHEEK BONE FRACTURE				
21360	TREATMENT OF CHEEK BONE FRACTURE				
21390	TREAT EYE SOCKET FRACTURE				
21550	BIOPSY OF NECK CHEST				



DOP'S CONTINUED

- The DOP should only include procedures that are approved for ASCs and for your facility.
- Note: You must verify that your facility can actually perform the procedures that are being requested. Even though it is approved for an ASC, your facility may not be equipped to handle the procedure for various reasons (staff qualifications, equipment needs, etc.).
- CMS provides a list to determine what procedures can be performed in an ASC. This list is updated every year. Some procedures are added, and some are removed. It is your responsibility to verify this for your facility.
- Facilities that are not accredited by CMS do not need to follow the list, however if insurance approval is desired, you may not be reimbursed depending on the insurance carrier.
- For the process to be complete, the physician must request privileges for each procedure and the facility must approve or deny the procedure to be performed at the center.
 - It is unacceptable for DOPs to have lines drawn down the column. Each procedure should be requested, approved and denied as individual lines.
- The physician must have privileges to perform these procedures in a hospital or another facility in order to be approved in the surgery center.

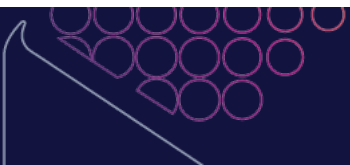


DEVICE PRIVILEGING

- In addition to obtaining privileges for procedures, there are some pieces of equipment that require a practitioner obtain permission to utilize.
- This permission may be based on their experience in their residency and training, or it may be related to in-service training by a vendor. Ex: Use of a C-Arm

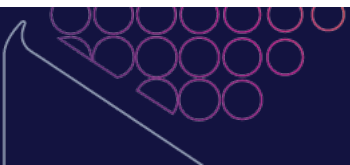


Have you reviewed your Delineation of Privileges?



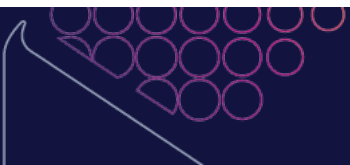
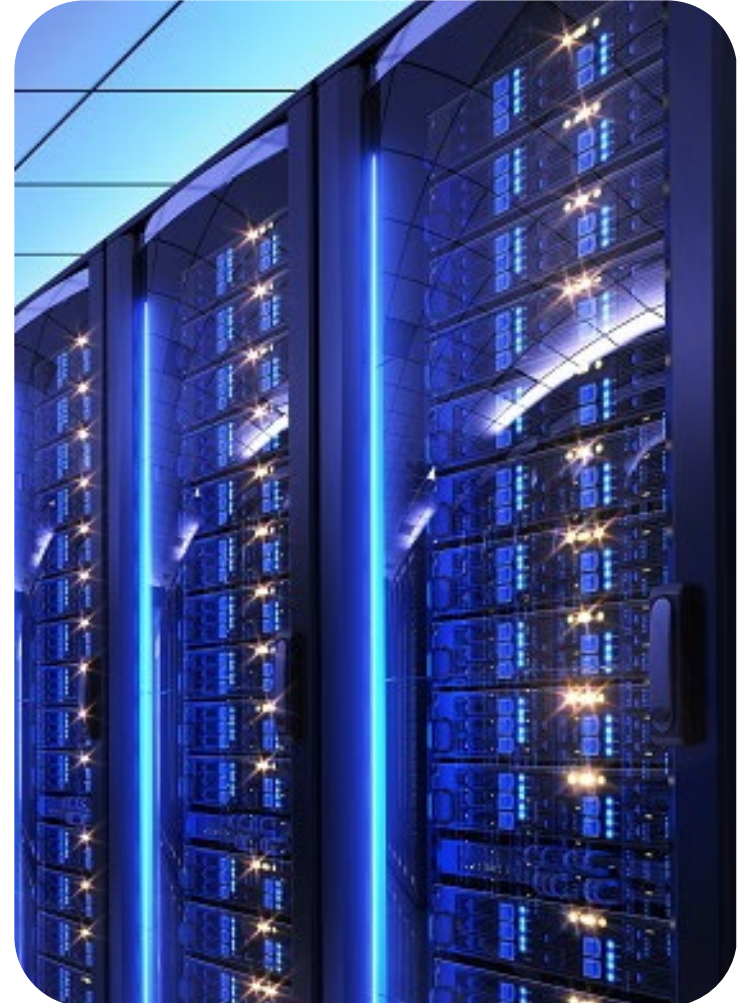
AMA PROFILE

- American Medical Association profile verifies all the education for MD's and DO's including:
 - Medical School
 - Residency
 - Fellowship
 - Board Certification(s)
- Podiatrists are not found in the AMA database. You must file a report with ABPM – American Board of Podiatric Medicine to get the above information
- This search has a cost associated with it it per physician and is only required to be run once while a physician is a medical staff member of the center, unless indicated differently in the facility policies. As a best practice, many facilities pull a Re-Appointment AMA profile.
- The AMA profile is considered primary source verification for physician education and training. It is not necessary to verify this information with other sources and this only needs to be verified at initial appointment.



NATIONAL PRACTITIONER DATABANK QUERY (NPDB)

- The facility must have an account for the NPDB in order to run a query on a practitioner.
- This query provides the facility with the malpractice history of the practitioner and any reportable history.
- Will also provide any disciplinary information if it has been reported. This is significantly under reported.
 - It is YOUR responsibility to know what should be reported and report this appropriately.
- The NPDB document is 2 years behind as it only includes malpractice history once the case is settled or the disciplinary case is handled.
- There is a cost for this report



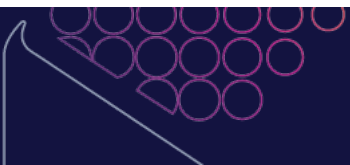
OIG DATABASE SEARCH

- Office of Inspector General (OIG) database search is required to be conducted annually; however, best practice is a monthly monitoring of the database.
- This search provides information on the practitioner related to Medicare / Medicaid fraud, patient abuse, or felony charges for unlawful manufacturing, distribution, prescription or dispensing of controlled substances.
- If the practitioner appears on this list, it means that they were involved in fraud and they are not eligible to work in a facility that accepts Medicare/Medicaid funding.
- If a practitioner (or employee) is working in your facility that has been sanctioned by the OIG the fine can be up to \$10,000 per calendar day that they are part of the medical staff.



LICENSES AND CERTIFICATIONS

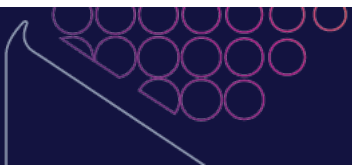
- All licenses and required certifications must be maintained during the entire appointment period.
- Various types of licenses may be required depending on the position including:
 - State license
 - Board Certifications
 - Controlled substance license (only required in some states)
 - DEA license
 - BLS, ACLS, PALS, if applicable



LICENSES AND CERTIFICATIONS

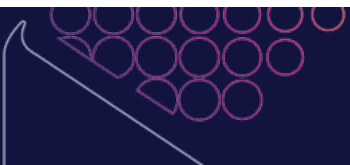
Some nuances related to licenses:

- State license – need a copy of the actual license.
- DEA and CDS, if required – need a copy of the actual license.
- APRN / NP –
 - have a state license for RN as well as APRN / NP
 - Depending on state requirements they may or may not have a controlled substance license and/or DEA license
- Surgeons – may or may not have BLS, ACLS, PALS depending on medical staff bylaws.
- Anesthesia is required to have BLS, ACLS and PALS, if pediatrics are being seen.
- All licenses must be verified:
 - State license can be verified on each state website
 - Controlled substance license is verified on the state site, if required by the state
 - DEA is verified on the DEA website – this requires an account that is based on the information from the medical director's DEA license.



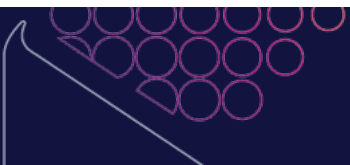
BOARD CERTIFICATION

- Most By-laws require that a physician is either board certified or board eligible.
- Copy of the board certification is required or the letter stating that they are eligible for boards
- The board certification usually always has an expiration date. Some older practitioners have been grandfathered in and never need to be recertified.
- Inclusive of PA's
- Inclusive of APRN / NP / CRNA
- Verification:
 - Each physician specialty has a site where the board certification can be verified.
 - PA's are verified through NAACP
 - CRNA's are verified through NBCRNA
 - APRN / NP's are verified through AANPCB



CERTIFICATION OF INSURANCE

- The bylaws designate the amount of malpractice insurance that a facility requires that a surgeon has.
- The certificate of insurance is from an insurance company includes:
 - The name of the physician,
 - the dates in which it is valid,
 - the amount of coverage
 - the entity that the physician is covered for
- Insurance Fact Sheet or Claims History
 - Some facilities require the fact sheet from the insurance carrier.
 - This document reviews the practitioner's claim history.
 - This document is often inaccurate since the statute of limitations is different in each state. Current lawsuits or notifications may not be included.
 - NOTE: All appointment providers and provider's seeking appointment have an obligation to notify the facility as soon as they are aware of any pending claims against him/her.



HOSPITAL/FACILITY AFFILIATIONS

- This is a document from a hospital or facility that states the physician has privileges at the facility to perform their specialty procedures.
- The document needs to have a beginning date as well as an expiration date and show if the practitioner is in good-standing.
- The hospital typically needs to be within the state that the surgery center is located. Special permission from DPH can be obtained in some circumstance.



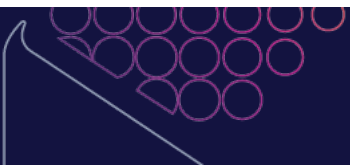
PEER REFERENCE & PEER REVIEW

- Peer review for initial credentialing period is typically a peer reference. The number of references required is listed in the bylaws but is typically two or three.
- For re-appointment, the peer review performed as a function of being part of the medical staff is utilized to verify the practitioner's performance at the facility.
- It is called Peer Review because it is a physician within reviewing the practitioner's performance as a provider.
- Very difficult to get physicians to perform the required peer review but it is important for future credentialing to ensure quality patient outcomes and safety.



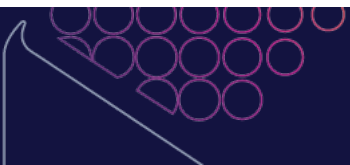
CME DOCUMENTATION

- This is Continued Medical Education required for the practitioners.
- The bylaws will dictate how many years of CME documentation is required.
- Many board certifications require a specific amount of CME's to be recertified so many facilities are following that recommendation, and it varies for each specialty.
- Unless specified in the bylaws, it is acceptable to have a practitioner complete an attestation statement for the CME requirements.



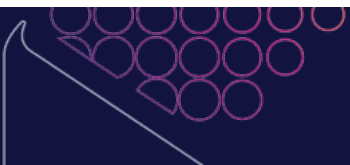
OTHER INFORMATION REQUIRED

- Health Information
 - Each state has specific requirements for required health information.
 - Providers typically are required to conduct an annual statement of health.
 - Facilities also have some requirements (PPD, Covid vaccine, flu vaccine)
 - Must be kept in a separate section or folder from all other records.
- Curriculum Vitae
 - This is a document similar to a resume but containing much more thorough information. Many times, it can be multiple pages including education, job listings, license information, publications, studies, etc.
- Emergency Contact
 - Lists 2-3 different emergency contacts for the practitioner.
 - Not required but important to have in the event there is an emergency for the provider.



COMMON PITFALLS

- Inadequate tracking mechanism and processes to manage the documents and numerous expiration dates.
 - Common to see numerous expired documents within files that have not been updated.
- Failing to adequately review the entire practitioner's profile prior to appointment and/or re-appointment to ensure completion and information meets requirements for credentialing a quality practitioner.
- Applications with missing information and blanks that are critical to evaluating the practitioner.
- Missing the "red flags" on a practitioner's file:
 - Loss of credentialing or specific privilege, moving frequently, liability history, inconsistencies, and/or negative/neutral references.
- Lack of consistent tracking KPIs for monitoring quality of patient outcomes and safety:
 - Hospital transfers, Surgical Site Infections (SSI), other complications, patient satisfaction



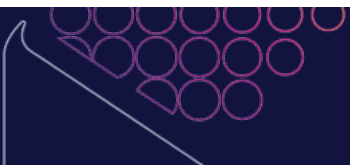
COMMON PITFALLS

- Sharing of practitioner files with other facilities.
- DOP is often missing signatures, dates, and/or checking off of approved/denied privileges that are being granted.
- Initial Application and supporting documentation is often missing even though it is required to be retained in the active file.
- Medical Directors and/or Board President's signing off on their own privileging approval.
- Missing signatures on Medical Staff Bylaws during initial appointment or when there has been an amendment to them.
- Missing signed off Orientation Checklist
- Forged documents (ex: Attestation/Disclosures, approvals).



COMMON PITFALLS

- Appointment and Re-Appointment Letters
 - Missing effective and expiration dates indicating that “privileges are granted for a specified period of time”.
 - Letters not sent to the practitioner.
 - Delineation of Privileges not included with the letter
 - Letters not outlining requirements such as minimum number of procedures to be performed for reappointment of privileging.
 - Incorrect privileging time periods granted.
 - Ex: Bylaws only allow an appointment period for two years; however, the appointment letter grants privileges for three years.



CRUCIAL ROLE IN PATIENT SAFETY

Credentialing and privileging play a crucial role in safeguarding patient safety within healthcare facilities. By establishing competence, tailoring responsibilities, continuous monitoring, leveraging data and technology, and promoting standardization, healthcare institutions can mitigate the risks associated with inadequate qualifications and performance. Numerous published studies and statistics highlight the positive impact of robust credentialing and privileging processes on patient safety. As healthcare facilities prioritize patient well-being, ensuring rigorous credentialing and privileging practices remains vital for delivering high-quality care and maintaining a safety culture.



THANK YOU FOR JOINING TODAY!

QUESTIONS



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