

# Dispelling The Mystery of Credentialing

**Presented by  
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## Credentialing

**WHY????**

**Legal**



**CMS**

**AAAHC/TJC/AAAASF/HFAP**

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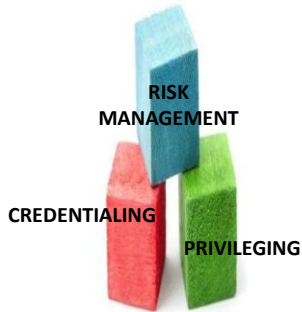
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## Credentialing



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## Credentialing & Privileging

### The Two Tiers of the Credentialing & Privileging Process

1. Verification of Primary Credentials & Competence
2. Delineation of Privileges, Appoint & Reappointment.

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## Privileging

The privileging process is a process in which the medical staff and the **governing body** of the health care facility establish the manner in which a health care provider will be allowed to practice in the facility, taking into consideration the capabilities of the provider, limitations of the facility, support staff, and mission of the health care facility.




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## Privileging

The facility's medical staff can only make **recommendations** relating to the practitioner's clinical privileges and/or medical staff membership. The facility's governing body has the authority to **grant** clinical privileges and/or medical staff membership.



- Actual privileges performed at the ASC
- Updated @ reappointment
- Amending the list in between appointments
- Common overlooked areas: X-ray  
Local anesthesia  
Supervision of c/s

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## Credentialing

### Main Pitfalls

Missing Parts  
&/or  
Out of Sequence



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## Credentialing



416.45 a-c

- Written Policy
- Written privileges must be specific, not general
- Legally and professionally qualified
- References
- State licensure and training

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## Credentialing



Reappraisals

- Current credentials
- Specific case record
- QA/PI
- Emergency transfers
- Post op infections
- Surgical complications

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**Credentialing**



**AAAHC**

**2014 Chapter 2**

**Governance**

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**Credentialing**



**AAAHC**

- Education, training, experience
- Peer evaluation
- State License
- DEA
- Malpractice coverage

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**Credentialing**



**AAAHC**

- Claims History
- Any Licensure issues
- Board issues
- Malpractice cancellations
- Hospital, health plan, medical groups
- DEA and state license
- Medicare/Medicaid sanctions

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### Credentialing for ASCs



#### AAAHC

- Criminal convictions
- Physical and mental health
- Signed release statement

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### Credentialing



#### TJC

- Human Resource Chapter
- Review Picture ID
- NPDB
- No longer than 2 years

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### Credentialing



#### AAAASF

- Privileges must be equal to or less than their hospital privileges
- Review Picture ID
- Surgeons must be Board Certified or Board Eligible
- Must notify AAAASF in 30 days if any surgeon has any disciplinary action

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## Credentialing



Darling v. Charleston Hospital 1965

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## Credentialing

### Legal Considerations

Plaintiff's Attorney must Establish:

- ✓ The organization had a legal duty to select and retain competent practitioners
- ✓ The organization failed to meet established standards of credentialing and privileging
- ✓ The practitioner was negligent
- ✓ The negligent granting of medical staff privileges caused or contributed to the plaintiff's injuries

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## Credentialing

### Moral of the Story

Never deviate from the process



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## Credentialing




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## Credentialing

### WHO

Licensed Independent Practitioners (LIP)

*"Any individual permitted by law and by the organization to provide care, treatment, and services, without direction or supervision."*




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## Credentialing

### WHO

Non-physician Primary Care Providers

Individual states may license certain categories of practitioners differently. For example, some states license Advanced Practice Registered Nurses (APRNs) and Certified Registered Nurse Anesthetists (CRNAs) as non-physician primary care providers while other states may license them as LIPs. Physician Assistants (PAs) are never LIPs. APRNs may also be referred to as Family Nurse Practitioners (FNPs) or Advanced Registered Nurse Practitioners (ARNPs) by some states or organizations.

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## Credentialing

### WHO

- Contract, consultant, and locum tenens providers should be credentialed and privileged by the same mechanisms as other providers when they practice inside the facility.
- Emergency/Disaster Privileges This category of privileges is normally reserved for true emergencies. This category may be appropriate for the isolated situation in which the surgeon has a medical emergency while performing surgery or as part of your emergency preparedness plan.
- Temporary privileges per your Bylaws

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## Credentialing

### WHO

- Residents or medical students may rotate through the facilities as part of their formal training program. Residents are normally paid via their residency program. Therefore, the facility should have a formal Collaborative Agreement with the affiliated teaching institution before allowing the residents to rotate through the facility. The residency program will normally provide these individuals with malpractice insurance, and this should be documented and verified. In addition, the facility should have a well defined written description of how resident(s) will be supervised by a licensed independent practitioner(s) (LIPs) with appropriate clinical privileges. The written description is normally in the medical staff rules and regulations and should, at a minimum, include the identification of mechanisms by which the supervisor(s) makes decisions about each resident's independence, in specific, patient care activities. In addition, the medical staff rules and regulations should delineate which residents or students may write patient care orders and what entries must be countersigned by the supervising LIP.

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## Credentialing

SIDE BAR

### WHO

**Other health care providers such as nurses and pharmacists are generally not privileged via medical staff mechanisms. However, their license should be verified initially and at each subsequent licensure renewal to be sure that it is in good standing and is unrestricted.**

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# Credentialing

SIDE BAR

## WHAT

Storage, Access, Disposal of Credential Files

Credential files can be subpoenaed, and therefore performance improvement/peer review data should be stored separately



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# Credentialing

## WHAT

Credential Files

- Uniform format
- Checklist for contents
- Tracking system
- Keep initial credentialing and current



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# Credentialing

## WHAT

Content  
Application Key Points

- An *Application for Appointment to the Medical Staff*
- A *Statement of Release and Understanding*
- A *Request for Clinical Privileges*
- A copy of your local *Medical Staff Bylaws* and a statement for the applicant to sign and return indicating that s/he has read and understands this document.

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## Credentialing

### Verification of Primary Credentials & Competence

Completed application submitted to organization.

**Tips:**

- no blanks
- signature & date (initial each page)
- use a comprehensive format
- references (how many?)

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## Credentialing

### Verification of Primary Credentials & Competence



**Tips:**

- Check boxes work well
- Release statement
- Follow up as mandated per bylaws

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## Credentialing

### WHAT

Content

A copy of:

- CV
- A current, unrestricted license
- All previous licenses ever held (at minimum, license numbers and the state)
- Professional school diploma
- Internship/residency certificates
- Board Certifications and/or letters from the Board
- DEA registration
- BLS/ACLS/PALS, etc. certifications
- Malpractice insurance carriers, names/addresses. If possible, verify ten-year history.

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## Credentialing

SIDE BAR

### WHAT

- Completeness
- Signatures 
- Sequence of events

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## Credentialing

### WHEN

#### The 2 year plan

- Ohio
- Missouri (after yr. 1)

#### The 3 year plan

- Mississippi

#### The Bylaw Plan

- Alabama
- Delaware




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## Credentialing

### HOW

#### Primary Source Verification

Directly contacting a medical school or state medical board to verify education and licensure, respectively, are examples of primary source verification.

1. Do it yourself **OR**
2. Use centralized credentials verification organizations (CVOs) such as AMA or AOA

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## Credentialing

### HOW

Verification  
Primary Source

This means that an outside authority, such as the medical school from which a medical degree was received, or the state licensing board that granted a license, supplies the evidence or attests to the validity of the credential, preferably in writing.

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## Credentialing

### Red Flags:

- No response from references
- History of disciplinary actions
- Resignation from a medical staff
- Failure to maintain a practice
- High mobility
- Time gaps
- Substance abuse
- Incomplete application



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## Privileging

### Renewals - Suggestions

- Compare practitioner to practitioner
- Outcome reports (organize by diagnosis & procedure)
- Quarterly evaluations
- Actual Peer Observation!!!

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## Privileging

### Renewals

The defense of a negligent credentialing claim is jeopardized by testimony indicating that the organization failed to monitor a deficient practitioner following initial appointment.

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## Privileging

### Renewals

- Patient satisfaction surveys
- Incident reports
- Hospital transfers
- Returns to the OR
- Appropriateness of surgeries

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## Privileging

### Renewals

- Sharps injuries
- Following CMS/DOH rules
- Scheduling issues
- Chart reviews
- Employee complaints

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## Privileging

Limits of peer review immunity

Health Care Quality Improvement Act  
of 1986

Immunity = NPDB



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## Credentialing & Privileging

How to Make It All Happen

Lets look at a few specifics

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## Credentialing & Privileging

Verification of Primary Credentials &  
Competence



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## Credentialing & Privileging

Office of Inspector General

<https://oig.hhs.gov>

Exclusions

Online Searchable Database

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## Credentialing & Privileging

First Name	LARRY
Middle Name	XXXXX
Last Name	YYYYYY
DOB	08/26/1962
NPI	Unknown
UPIN	Unknown
General	HOME HEALTH AGENCY
Specialty	PHYSICIAN
Address	1257 WOODBRIDGE CROSSING CHESTERFIELD, MO 63005-0000
Excl. Type	1128(a)(1)- PROGRAM-RELATED CONVICTION
Excl. Date	01/09/2002

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## Credentialing & Privileging

### Tips for Success

- Checklists
- Consistent file format
- Group reappointments
- Online services (AMA & NPDB)
- State applications

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## Credentialing & Privileging

### Helpful Websites

- [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov) National Practitioner's Data Bank
- [www.ama-assn.org](http://www.ama-assn.org) American Medical Association
- [www.osteopathic.org](http://www.osteopathic.org) American Osteopathic Association
- [www.fpmb.org](http://www.fpmb.org) Podiatry State Boards
- [www.docboard.org](http://www.docboard.org) Physician Board Listing

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## Credentialing & Privileging

### Helpful Websites

- <https://oig.hhs.gov> Office of Inspector General
- [www.certifacts.org](http://www.certifacts.org) CertiFACTS Online
- [www.ntis.gov/products/dea-csa.aspx](http://www.ntis.gov/products/dea-csa.aspx) Drug Enforcement Administration
- [www.abms.org](http://www.abms.org) American Board of Medical Specialties
- [www.ECFMG.org](http://www.ECFMG.org) Education Commission for Foreign Medical Graduates
- [www.aana.com](http://www.aana.com) American Association of Nurse Anesthetists

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## Credentialing for ASCs

Please email your questions and comments to:

[cathy@excellentiagroup.com](mailto:cathy@excellentiagroup.com)  
 Excellentia Advisory Group, LLC  
 1-636-875-5088




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