

1



2

Learning Objectives

Value the importance of medical staff credentialing



Assimilate the requirements for compliant MD staff credentialing files



Understand who must be granted privileges



Credentialing The Definition

Process of **obtaining, assessing, and verifying** the qualifications of a licensed independent practitioner



Regulatory Requirements

Condition 416.45: Medical Staff

The medical staff of the ASC must be accountable to the governing body.

416.45(a) Standard: Membership and Clinical Privileges

416.45(b) Standard: Reappraisals

416.45(c) Standard: Other Practitioners

Why??

- To protect patients and peers
- To protect the ASC
- To avoid litigation
- To confirm practitioners are qualified and competent
- To be compliant with CMS and Accrediting Organizations
- To be compliant with State regulations (if state licensed)

Medical Staff Bylaws

- Defines who can apply for privileges
- Defines requirements for acceptance into medical staff for initial appointment and reappointment
- Outlines responsibility of medical staff
- Defines categories of appointments (active, courtesy, etc.)
- Defines approval process
- Defines fair hearing process in case of denial or suspension/limitation



Got Privileges?

MEDICAL STAFF

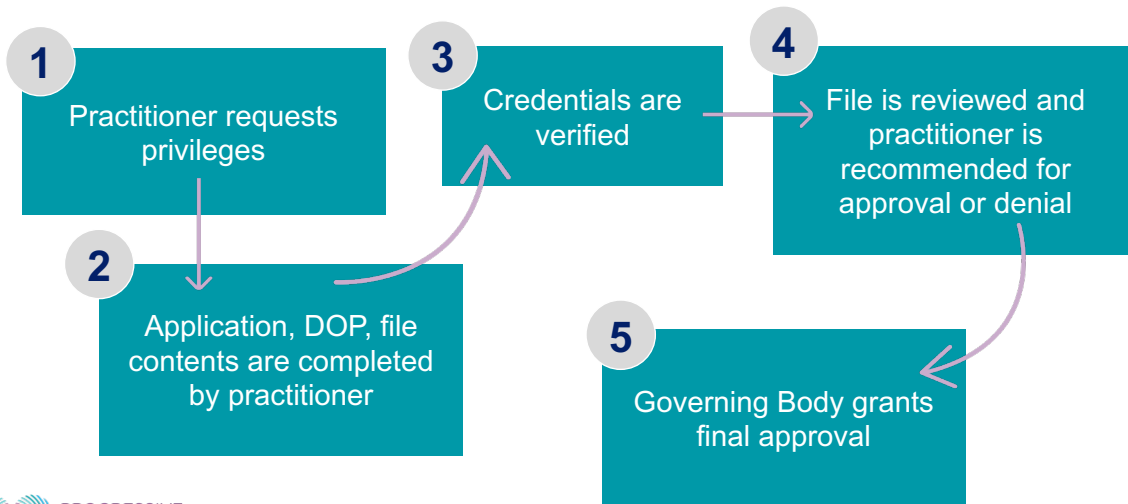
Surgeons
Anesthesia Providers
(MD, CRNA)



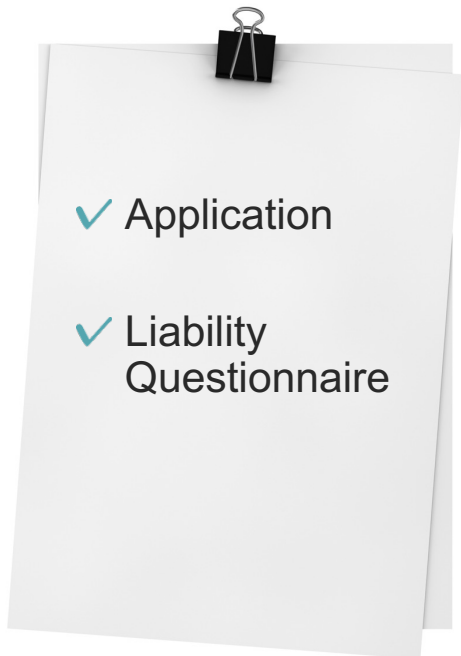
ALLIED HEALTH PROFESSIONALS

PA, NP, RNFA

The Credentialing Process

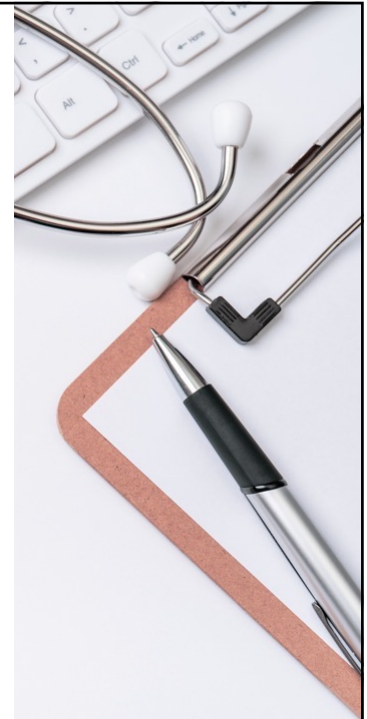


Application Packet Contents

- 
- ✓ Application
 - ✓ Liability Questionnaire

Submitted with Application

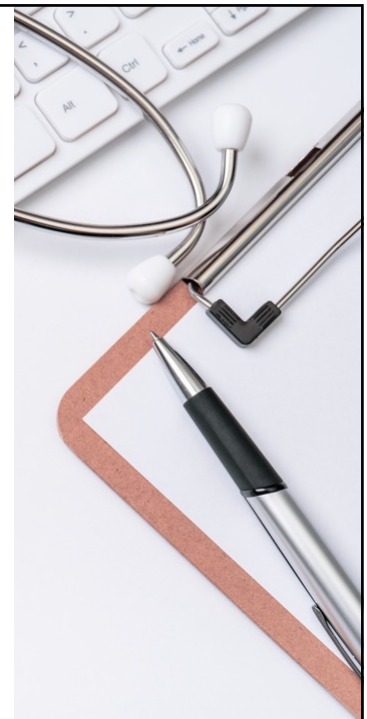
- CV
- Peer Reference List
- Authorization for Release of Information
- Signed statement attesting to the correctness of the application
- Driver's License
- Request for Medical Staff Appointment
- Privilege Request Form



11

Submitted with Application

- State Medical License
- State CDS, if applicable
- DEA Permit
- Malpractice Face Sheet
- BLS/ACLS/PALS, as applicable per facility policy



12

Acknowledgements for Signature

- Medical Staff Bylaws
- Quality Management Peer Review Agreement



Verification of Application



Primary Source Verification



Reliable Secondary Source



**Credentials Verification Organization
(CVO)**

Verification of Application



Primary Source Verification

- Used for verification of licensure, certification, education and training, hospital affiliations, sanctions
- Occurs with the original source of information
- Verification must be in writing
- Communication modes:
 - Direct correspondence via letter
 - Online verification
 - Telephone verification

15

Verification of Application



Reliable Secondary Source

- Verification is from an organization that has documented primary source verification and has been designated the role of communicating the credentials information.
- The agency becomes acceptable to use as a primary source = AMA

16

Verification of Application



CVO

Provides verification only!

- Maintains accreditation with NCQA or meets specific criteria determined by the facility's Governing Body and accrediting organization
- Execute a written agreement that clearly delegates activities and the process
- Annually evaluate the services of the CVO

17

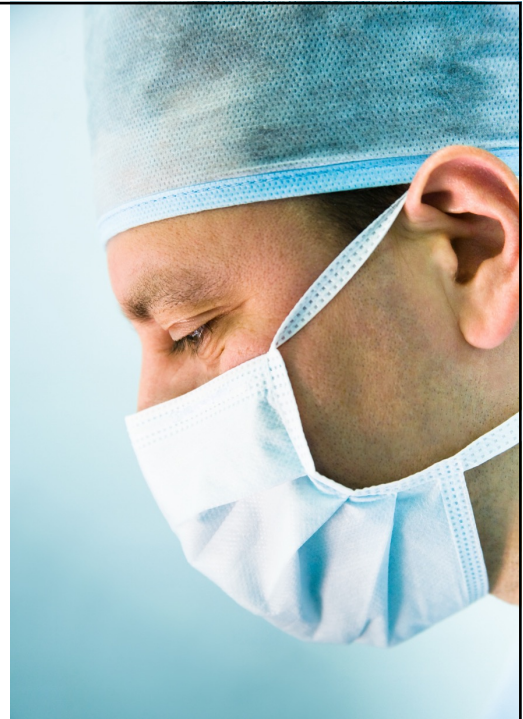
Organization is KEY

- ✓ Standardized
- ✓ Orderly
- ✓ Consistent

18

Statistics

- Application
- Copy of Driver's License
- Liability Questionnaire
- Questionnaire Explanations, if applicable
- Authorization for Release of Information
- CV



19

Licenses/ Certifications



State License & Verification
Individual State Medical Board

DEA Permit & Verification

[apps.deadiversion.usdoj.gov/webforms2/
spring/validationLogin?execution=e1s1](https://apps.deadiversion.usdoj.gov/webforms2/spring/validationLogin?execution=e1s1)

CDS Registration & Verification, if applicable
State specific

Malpractice Insurance Face Sheet

20

Licenses/ Certifications



AMA or AOA Profile

[profiles.ama-assn.org/amaprofiles/
aoaprofiles.org/signin](https://profiles.ama-assn.org/amaprofiles/aoaprofiles.org/signin)

Board Certification Verification (AMA Profile)

abms.org/verify-certification

National Practitioner's Data Bank (NPDB) Response

npdb-hipdb.hrsa.gov/hcorg/howToSubmitAQuery.jsp

OIG Exclusion Report

exclusions.oig.hhs.gov

BLS/ACLS/PALS, as applicable

21

CA ONLY



805 Report

mbc.ca.gov/LicenseVerificationSystem/

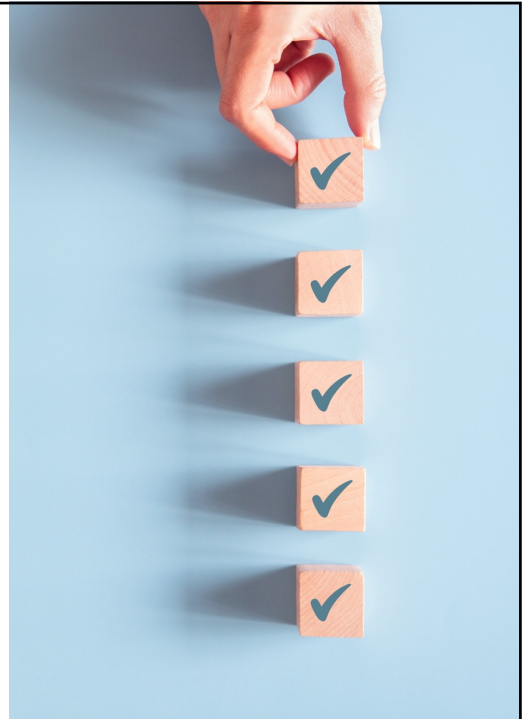
MediCaid State Exclusion Database Report

files.medi-cal.ca.gov/pubsdoco/SandILanding.asp

22

Verification

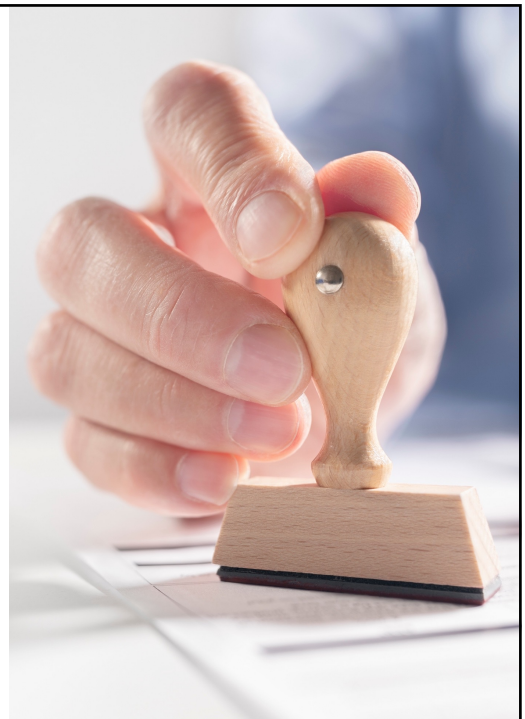
- Verification of Hospital/Surgery Center Privileges
- Peer References
- TB Attestation and Documentation



23

Approval

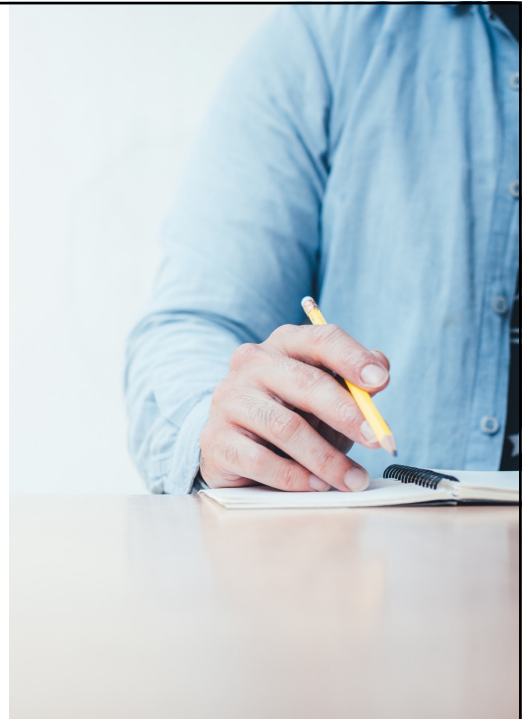
- Request for Medical Staff Appointment
- Privilege Request
- Review by Outside Physician (for single MD owner)
- Correspondence
- Medical Staff Bylaws Acknowledgement



24

Education

- Orientation Checklist
- Education Documentation, if applicable



25

Miscellaneous

- Other Miscellaneous Documentation
- Quality Management Peer Review Agreement



26

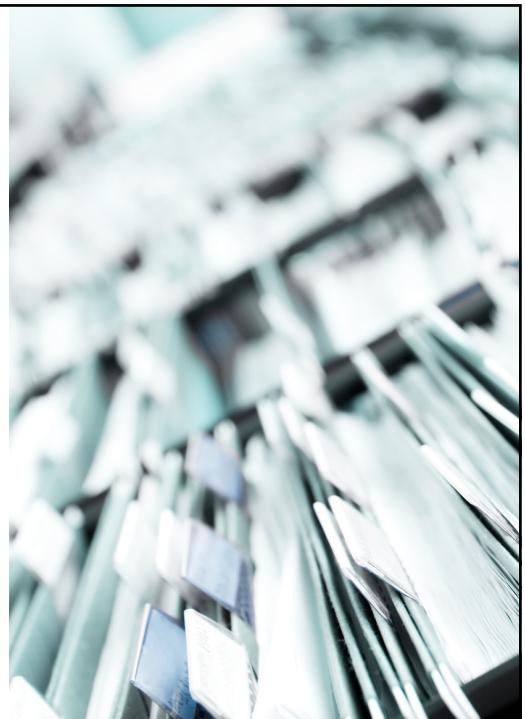
File Review

- Does the information on the application match the verifications?
- Are there lapses in work? If so, are there any additional items that should be asked?
- Are there any questions about malpractice cases settled against the practitioner?
- Have there been any issues related to suspension of license or other professional credentials?



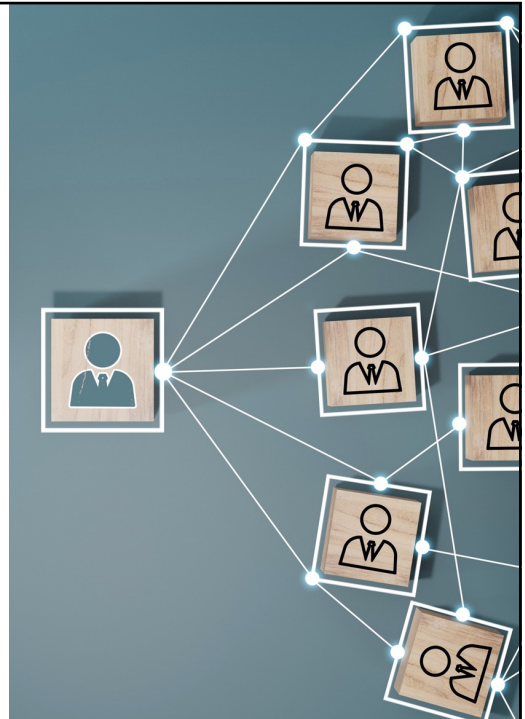
File Review

- Do peer references demonstrate competence for new applicants?
- Are any red flags raised on the NPDB query?
- For one owner/one practitioner ASCs, arrangements must be made for an outside peer to review the credentials.



Governing Body Approval

- Governing Body provides final approval
- Must be documented in meeting minutes
- Dates matter
- Notify practitioner in writing of their appointment
- Maintain current documentation for entire appointment period



29

Reappointment Every 2 to 3 years

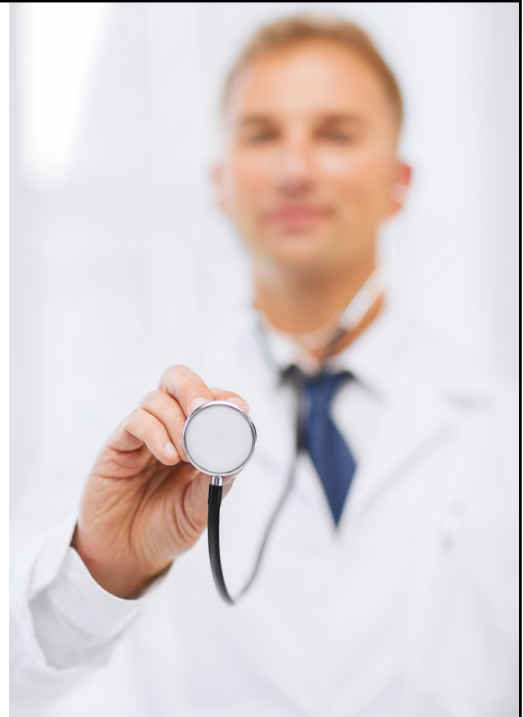
- Practitioner makes request for reappointment
- Shortened application form, requests for documents
- No need to re-verify education and training
- **MUST** take peer review into consideration



30

Allied Health Professionals

- Similarly credentialed
- Some things not applicable
- Specific Privilege Request Form
- Supervising Physician
- Require annual competency testing



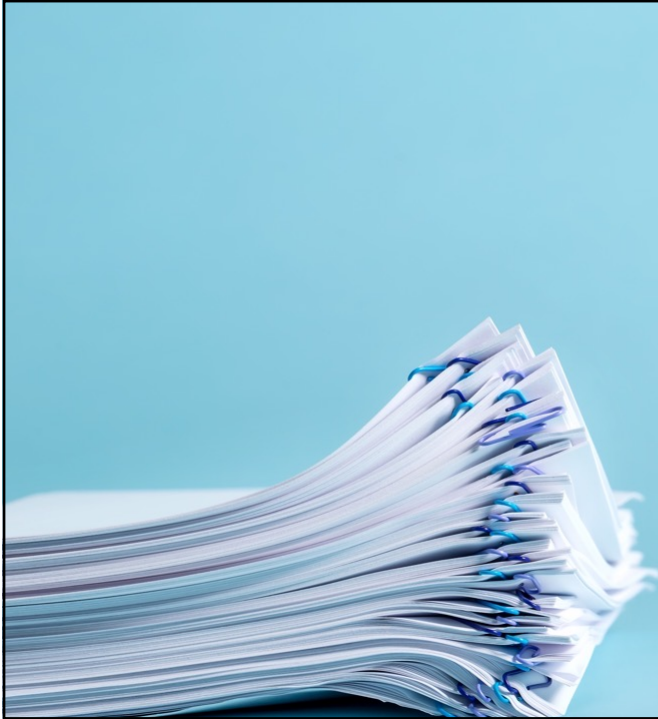
31

Challenges

- Adherence to process, established in bylaws
- Use of peer review in reappointment process
- Maintaining current documents
- Ensure privilege request forms match Approved Procedure List




32



A giant
paper shuffle
that requires
great **attention**
to detail

Summary

- Specific regulations from State, CMS and accreditation organizations
 - Ensure someone is delegated responsibility and oversight
 - Appointment/Reappointment must be approved by Governing Body
 - **Dates matter**
- 

Remember...

**Medical Staff Credentialing
is one of the TOP 10
most frequently cited
deficiencies on
any type of survey**

Don't let it happen to you!



35



Crissy Benze
crissy@pss4asc.com

Thank You



36

Available to Members on eSupport

eSupport > Compliance & Operations > Medical Staff Credentialing

- Credentialing Guide: Medical Staff
- Credentialing Guide: Allied Health Professionals
- General Orientation Checklist
- Delineation of Privileges Sample
- Request for Staff Reappointment Form



HOME ESUPPORT EDUCATION FORUM ACCOUNT

MEDICAL STAFF CREDENTIALING: GUIDE

Credentialing and privileging is one of the top ten deficiencies on Medicare/Accreditation surveys. Our step-by-step guide directs you through the medical staff credentialing process. The best person to manage this process is someone detail oriented with strong organizational skills. Good organization is essential for the surveyors to find what they need and to effectively manage expiring documents and the recredentialing process.

The Credentialing Guide identifies the necessary documents and the verification process. The organization system utilizes a 6-face classification folders. Each letter in the guide represents a different face. Review the guide carefully because there are very specific instructions.

Documents that expire are on face B. Keep current documents in order as outlined in the guide (1-8/9) and use a colored sheet of paper to separate current and expired documents. You must retain the expired documents.

The verification process (primary and secondary source), as described in the guide, must occur within 120 days of the application submission. For this reason, dates

MEDICAL STAFF CREDENTIALING

MD Credentialing

Credentialing Guide

Privileges

Recredentialing

The image displays two forms from the eSupport system. The top form is the 'REQUEST FOR STAFF REAPPOINTMENT' (Page 1 of 2), which includes fields for Name, Specialty, and a section for 'I hereby request appointment to the Medical Staff of: Facility Name'. Below this is a 'GENERAL ORIENTATION CHECKLIST' with a table for 'ORIENTED TO' and 'DATE'. The bottom form is the 'MEDICAL STAFF CREDENTIALING GUIDE', which contains sections for 'PHYSICIAN CREDENTIALING APPLICATION PACKET', 'MEDICAL STAFF CREDENTIALING FILE', 'STATISTICS', 'LICENSES/CERTIFICATIONS', and 'VERIFICATION'.

37

PROGRESSIVE
SURGICAL
eSupport
POWERED BY BSM CONSULTING

**The leading online membership to help
ASC nurses and administrators remain
current, efficient, and compliant.**

Request your free web demo today!

www.progressivesurgicalsolutions.com/esupport

38



Join our **Private Facebook Group**

A place to
connect, support,
 and **network**
 with other ASC managers
 all over the country.



facebook.com/groups/ascmanagers

39

Upcoming Webinars



DATE		CE	WEBINAR TOPIC	SPEAKER
OCT 27	60	RN, CASC	ASC Billing 101	Nate Kiely <i>Surgical Notes</i>
NOV 27	20		Annual Survey Watch Report 2023	Crissy Benze
DEC 18	60	RN, CASC CAIP	Steam Sterilization	Delores O'Connell <i>STERIS</i>

40