ASC CREDENTIALING REVIEW

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

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Learning Objectives

Value the importance of medical staff credentialing

Assimilate the requirements for compliant MD staff credentialing files

Understand who must be granted privileges

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Credentialing
The Definition

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

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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

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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)

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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
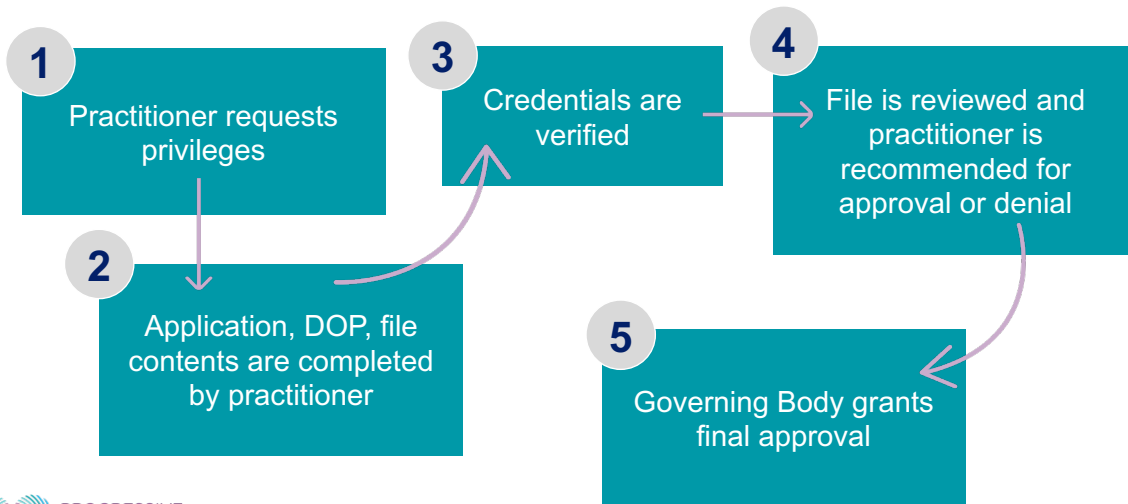
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Got Privileges?
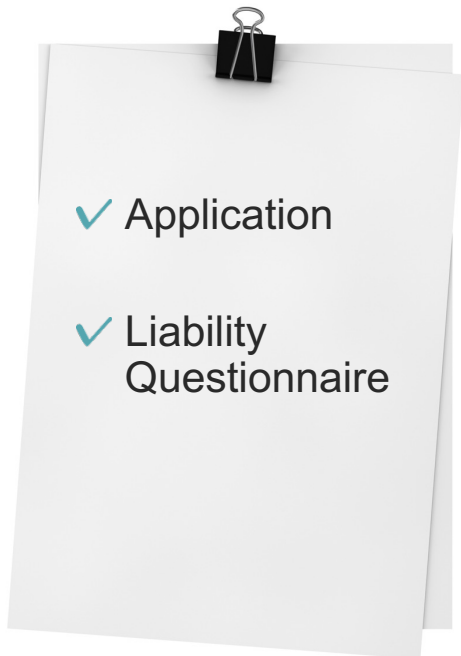
MEDICAL STAFF

Surgeons
Anesthesia Providers
(MD, CRNA)

ALLIED HEALTH PROFESSIONALS

PA, NP, RNFA

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The Credentialing Process

1 Practitioner requests privileges

2 Application, DOP, file contents are completed by practitioner

3 Credentials are verified

4 File is reviewed and practitioner is recommended for approval or denial
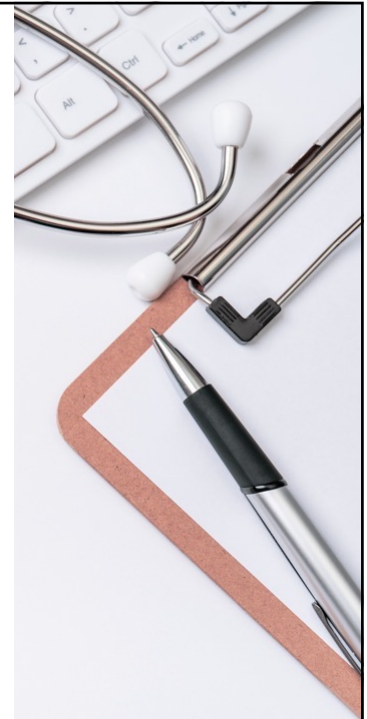
5 Governing Body grants final approval

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Application Packet Contents

✔ Application

✔ Liability Questionnaire

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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

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Submitted with Application

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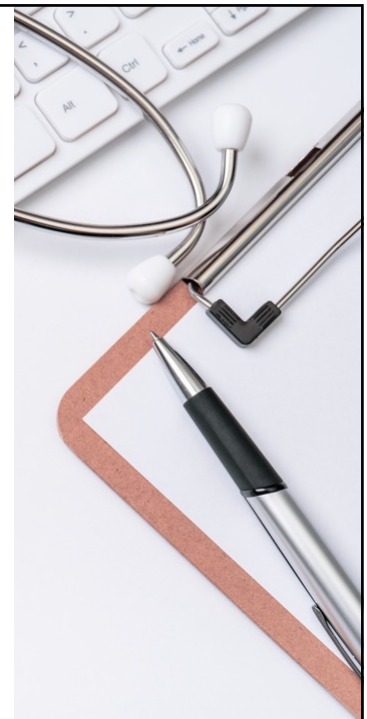
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Acknowledgements for Signature

- Medical Staff Bylaws
- Quality Management Peer Review Agreement

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Verification of Application

Primary Source Verification

Reliable Secondary Source

Credentials Verification Organization (CVO)

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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

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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

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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

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Organization is KEY

✔ Standardized
✔ Orderly
✔ Consistent

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Statistics

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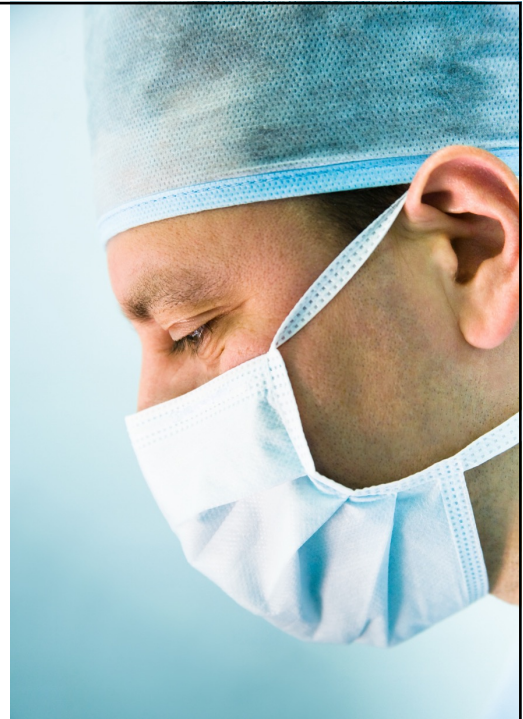
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Licenses/ Certifications

State License & Verification
 Individual State Medical Board

DEA Permit & Verification
 apps.deadiversion.usdoj.gov/webforms2/
 spring/validationLogin?execution=e1s1

CDS Registration & Verification, if applicable
 State specific

Malpractice Insurance Face Sheet

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Licenses/ Certifications

AMA or AOA Profile
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

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CA ONLY

805 Report
mbc.ca.gov/LicenseVerificationSystem/

MediCaid State Exclusion Database Report
files.medi-cal.ca.gov/pubsdoco/SandILanding.asp

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Verification

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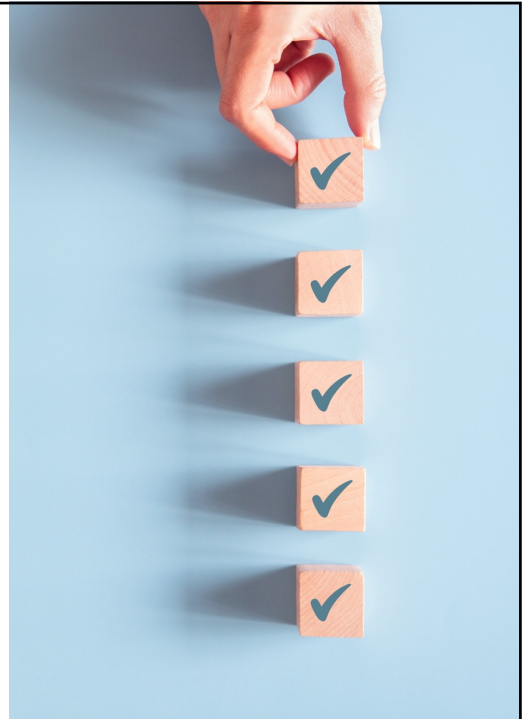
Approval

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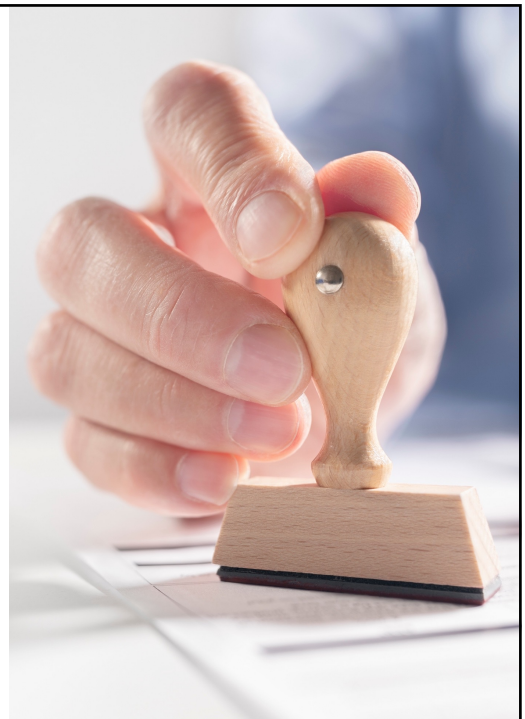
Education

- Orientation Checklist
- Education Documentation, if applicable
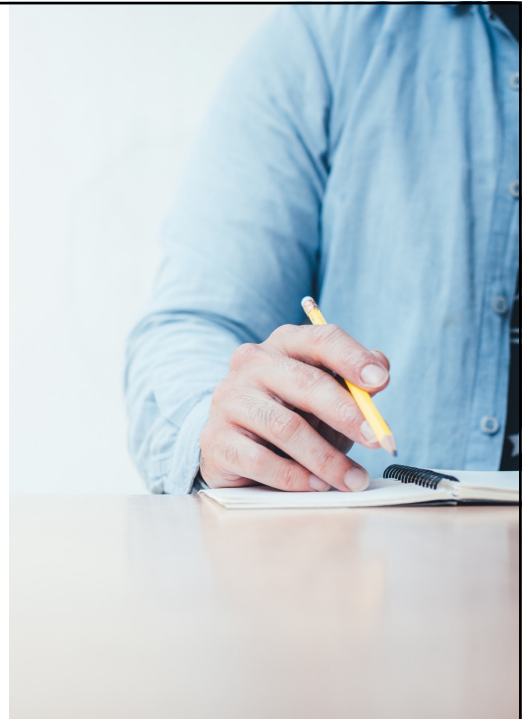
Miscellaneous

- Other Miscellaneous Documentation
- Quality Management Peer Review Agreement

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.
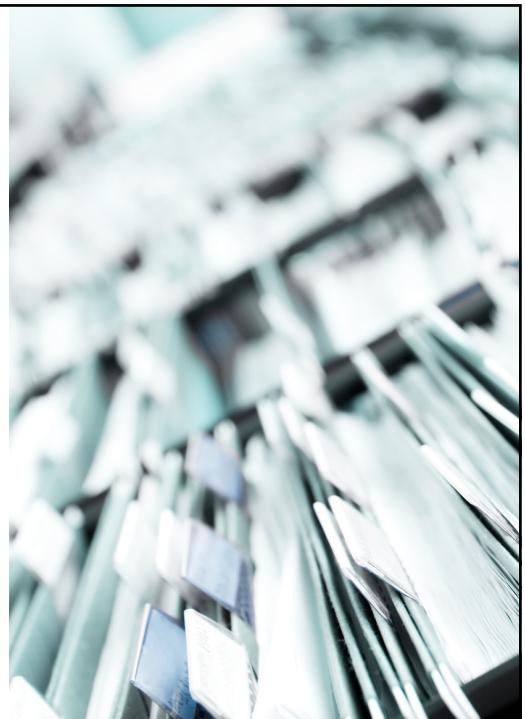
Governing Body Approval

- 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
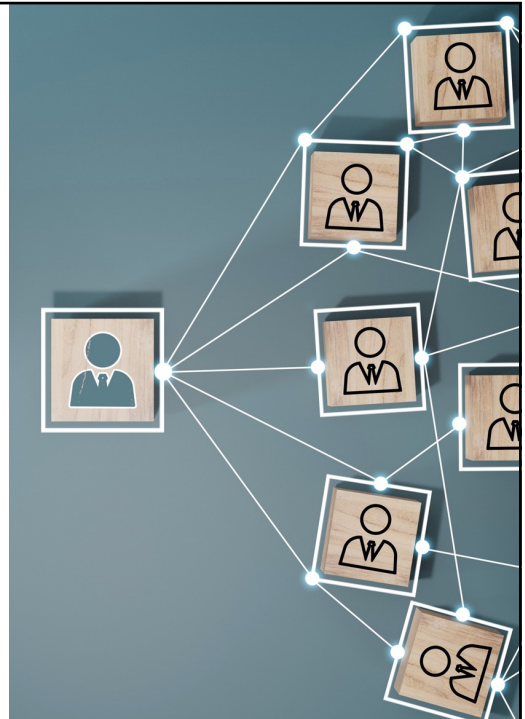
Reappointment
Every 2 to 3 years

- 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

Allied Health Professionals

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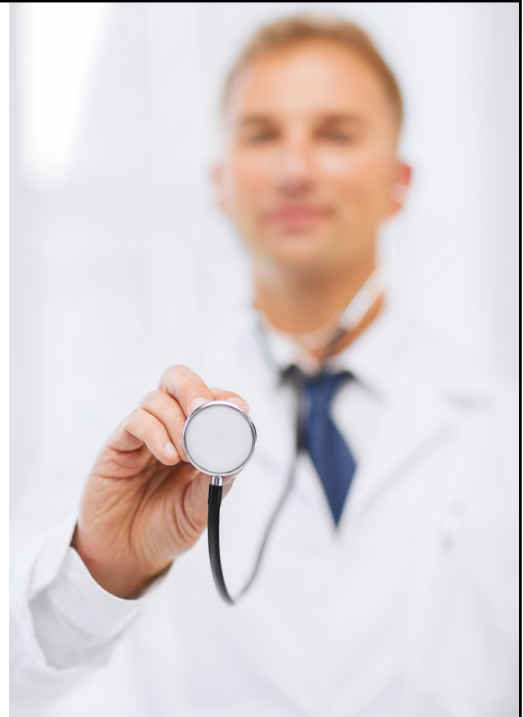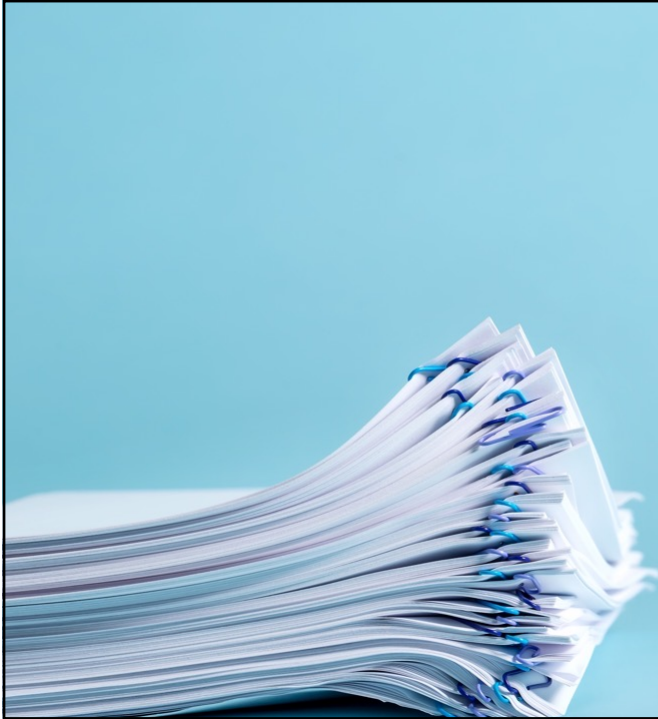
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Challenges

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

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

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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**

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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!

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Crissy Benze
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Thank You

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Join our Private Facebook Group

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

facebook.com/groups/ascmanagers

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Upcoming Webinars

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

ProgressiveSurgicalSolutions.com/webinars

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