Navigating Provider Credentialing: Essential Insights For Ambulatory Surgery Centers

Warrie Layon, MS
Vault Healthcare Advisors
Welcome

- Today We Will Cover:
  - What is provider credentialing and why is it important?
  - Proper timeline and process of credentialing.
  - Contents of credentialing files.
  - Common pitfalls.
  - Special Considerations.
A credentialing file is maintained for each applicant requesting medical privileges. All information submitted in the application for privileges must be maintained, including for those applicants who are not awarded privileges.

The credentialing files for all medical staff and practitioners that have been granted clinical privileges include at a minimum:

1. Evidence of professional qualifications for the clinical privileges sought (verification of education, licensure, certification, etc.).
2. Evidence of current competence (e.g., procedural logs, peer review activities).
3. Evidence of reappraisal prior to renewal of privileges.
4. Evidence the governing body reviewed recommendations for professional staff privileges prior to granting initial privileges and with each renewal.
5. A letter granting, denying, reducing, restricting, or terminating privileges signed by the governing body including the specific scope of privileges granted and duration of privileges.
What Is Credentialing?

- Process of how facilities verify the identity and training of their providers.
- Process of how facilities accept, reject, or renew the privileges of their providers.
- Who is subject to this process and why is it important?
Credentialing Process & Timeline

- Application → Obtaining Verifications → Governing Body Review → Approval/Rejection/Other

- Application
  - Can be state specific.

- Malpractice Insurance
  - Most states require $1M per incident/$3M aggregate minimum policy.

- Copy of ID

- Proof of active state medical license

- Resume
Application

- Can be state specific or developed by the surgery center.
- Ensure that your applications have attestation questions regarding any restrictions placed on a license.
  - Follow up on any disclosed licensure actions.
Peer Recommendations

- Review your policies to see how many peer recommendations are required per provider.
- Preferred that it is someone in the same specialty but not required.
- Solo practitioners – must be someone in the same profession classification.
- Best practice – send out several requests.
- Not needed for re-credentialing – Peer Review.
Primary Source Verification

- American Medical Association (AMA) Profiles
- American Osteopathic Association (AOA) Profiles
- Education Commission for Foreign Medical Graduates (ECFMG)
- American Dental Association (ADA)
- National Student Clearinghouse
- Old School Way
Primary Source Verification

- American Medical Association (AMA) Profiles
  - All MDs and DO providers that have completed MD residency programs.
  - Physician Assistants
- American Osteopathic Association (AOA) Profiles
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  - RN First Assist or CRNA

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- **Old School Way - Email**
Current Licensure

- Typically found on your state's medical board website
- Actions against license
Current DEA Registration

- Not enough to have a copy of the DEA license in the file
- Report from DEA Registration Validation Tool
  - Timestamped
  - Requirements for access
Certificate of Malpractice Coverage

- Policy limits may vary by state
  - Most typically $1M per occurrence and $3M Aggregate.
  - Per ACHC policy – organization may accept self-reported information consistent with the written policies of the governing body.
Criminal Background Check

- ACHC policy mandates that we do this with all initial applications.
  - Checkr
  - Clear Checks

- Make sure frequency aligns with organizational policy
  - Will you require these annually? With every re-credentialing request?
Criminal Background Check

- ACHC policy mandates that we do this with all initial applications.
  - Checkr
  - Clear Checks
  - Fingerprinting – Department of Justice

- Make sure frequency aligns with organizational policy
  - Will you require these annually? With every re-credentialing request?
Board Certification

- Per Organizational Policy
- Can be checked through any American Board of Medical Specialties website.
  - American Board of Plastic Surgery
  - American Board of Orthopedic Surgery
  - American Board of Anesthesiologist
  - American Osteopathic Association
National Practitioner Database (NPDB)

- Must be done with both initial and re-credentialing applications
- Shows malpractice history
- State actions against licenses
- Requirements for registration with NPDB.
Office of the Inspector General (OIG) Query

- Search of the exclusions database for individuals/entities on the List of Excluded Individuals and Entities (LEIE).
  - Those on this list have been excluded from receiving payment from any Federal health plan (Medicare or Medicaid).
  - Facilities may be subject to fines if hiring or contracting individuals on this list.
Privileging

- Specialty-specific privilege request/acceptance forms
- Things to keep in mind:
  - Signed only by a provider.
  - Note dates of when those privileges are active
  - Ensure that there are privileges for local anesthesia
  - Ensure that there are privileges for other specific procedures (e.g. fluoroscopic C-arm use, image interpretation, supervision of x-ray technician)
Privileging

### PRIVILEGE DELINEATION: ANESTHESIA

**NAME:** Please Print

Please indicate which privileges you are requesting by marking the appropriate box(s). If you are requesting a privilege that falls under a specialty other than your original training, you will need to show evidence of training in the area and include it with the privilege list. Privileges will be granted on an individual basis, in accordance with the applicant’s documented training, experience and current competence.

<table>
<thead>
<tr>
<th>Applied for:</th>
<th>Approved:</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) General Anesthesia</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Local/Topical Anesthesia</td>
<td>( )</td>
</tr>
<tr>
<td>( ) IV Sedation/Analgesia</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Monitored Anesthesia Care</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Intravenous regional block</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Regional Anesthesia (selected cases)</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Bier Block</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Lumbar epidural block</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Axillary block</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Caudal block</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Interscalene block</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Blocks of nerves of upper and lower extremities</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Pain therapy **** (see pain privileges)</td>
<td>( )</td>
</tr>
<tr>
<td>( ) Other:</td>
<td>( )</td>
</tr>
</tbody>
</table>

* Procedure may require documentation of special training
** Requires application, credentialing and competency determination (written test)
*** Requires special credentialing, proctoring and specific procedure rider on liability insurance.
**** Requires specific pain management privilege request form

I certify that I am competent to exercise the above clinical privileges by virtue of my training and experience. I have no physical or mental impairments which would hinder my ability to exercise these privileges.

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**Name** (please print) | **Signature** | **Date**
--- | --- | ---

**APPROVAL:** Applicant may perform privileges and procedures as indicated. Exclusions / Limitations: **NONE**

**SPECIFY:**

Privileges effective from: / /  TO: / /

Date | Signature of Governing Board Member (Physician)
Approval

- Governing board meetings should show discussion and vote for each provider.
- Acceptance letter will go within the credentialing file.
  - Note that this can be signed by any Governing Board Member
MEMBERS: Sandra Parker, MD, Robert Smith, MD, Kim Lee, MD (Medical Director)
OTHERS PRESENT: None
I. CALL TO ORDER: Dr. Lee called the meeting to order
II. MEETING AREA The meeting was held at the surgery center
III. ORDER OF BUSINESS: This organization will use the “committee of the whole” meeting format. Meetings are documented on as needed basis to discuss operations, credentialing matters, reports and incidents.

### III. ANNOUNCEMENTS:

<table>
<thead>
<tr>
<th>CREDENTIALING</th>
<th>Files reviewed and approved by the Governing Board unanimously.</th>
<th>Governing Board will continue to monitor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following files (which includes review of all primary verification sources including (NPID/AMA/805 reports) and peer references were presented for a vote:</td>
<td>Doogie Howser, MD (General Surgery)</td>
<td></td>
</tr>
<tr>
<td>Medical Staff Bylaws presented to the governing board for review and vote.</td>
<td>Reviewed and approved by the Governing Board unanimously.</td>
<td>Governing Board will continue to monitor.</td>
</tr>
<tr>
<td>Current Services:</td>
<td></td>
<td></td>
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<tr>
<td>Plastic Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer review policies and procedures presented for a vote.</td>
<td>Peer review program approved by the Governing Board unanimously.</td>
<td>Governing Board will continue to monitor.</td>
</tr>
<tr>
<td>Peer review program created utilizing requirements from ACHC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Services</td>
<td>All contracts are reviewed and approved.</td>
<td>Contracts are enforced.</td>
</tr>
<tr>
<td>EOP was presented to the Governing Board for review</td>
<td></td>
<td>Medical Director will continue to monitor.</td>
</tr>
<tr>
<td>Emergency Operations Plan</td>
<td></td>
<td>Governing Board will continue to monitor.</td>
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</table>
Dear Dr. Smith,

It is with pleasure that I advise you that the Governing Body of ACHC Surgery Center have approved your appointment to the Medical Staff effective 5/9/24. You have been appointed to the following clinical department with the staff status noted below in accordance with the requirements as set forth in the Medical Staff Bylaws.

**Category: Active Staff**  
Clinical Service: Orthopedic Surgery  
Privileges: Medical Staff, 3 year appointment  

You have been granted privileges as delineated on the enclosed privilege sheet. Documentation of training and experience is required for certain procedures and this is noted on the privilege sheet. A copy of the policies and procedures to your privileges is enclosed. We also have enclosed a copy of the Medical Staff Bylaws for your information.

We wish you every success and look forward to our collaboration in providing the optimum quality care for our patients.

Welcome to the staff of ACHC Surgery Center. The administrative staff at the center will be happy to assist you with any questions you may have, feel free to call on us at any time.

Sincerely,

End: Privilege Delineation Form

__________________________
Governing Board Member
Final Tips/Special Considerations

- Spend time on your credentialing process.
- Set reminders on expiring items.
- What to do if reports were ran after privileges were granted.
- Emergent credentialing.
Questions?
Thank you

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