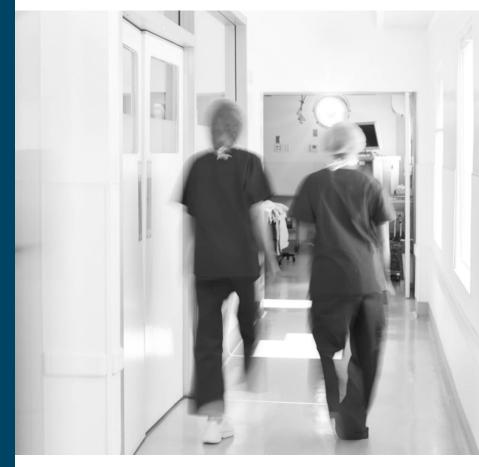


#### Navigating Provider Credentialing: Essential Insights For Ambulatory Surgery Centers

Warrie Layon, MS Vault Healthcare Advisors







ACHCU IS A BRAND OF ACCREDITATION COMMISSION for HEALTH CARE

## 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.





# Standard 03.01.02

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.





- 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





- American Medical Association (AMA) Profiles
  - All MDs and DO providers that have completed MD residency programs.
  - Physician Assistants
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#### **Current Licensure**

- Typically found on your states 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

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  - Clear Checks
  - Fingerprinting Department of Justice
- Make sure frequency aligns with organizational policy
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#### **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.

	Approved:
( ) General Anesthesia	( )
( ) Local/Topical Anesthesia	()
( ) IV Sedation/Analgesia	( )
( ) Monitored Anesthesia Care	()
() Intravenous regional block	( )
( ) Regional Anesthesia (selected cases)	( )
( ) Bier Block	( )
() Lumbar epidural block	( )
( ) Axillary block	( )
( ) Caudal block	( )
( ) Interscalene block	()
() Blocks of nerves of upper and lower extremities	()
() Pain therapy **** (see pain privileges)	( )
( ) Other:	( )
( ) Other:	( )
<ul> <li>** Requires application, credentialing and competency determination (writte</li> <li>*** Requires special credentialing, proctoring and specific procedure rider o</li> <li>**** Requires specific pain management privilege request form</li> <li>I certify that I am competent to exercise the above clinical privileges by virtu</li> </ul>	n liability insurance.
experience.	
I have no physical or mental impairments which would hinder my ability to e	exercise these
privileges	
privileges.	
Name(please print) Signature	Date
Name(please print) Signature APPROVAL: APPLICANT MAY PERFORM PRIVILEGES AND PROCEDUF	
Name_(please print) Signature APPROVAL: APPLICANT MAY PERFORM PRIVILEGES AND PROCEDUF EXCEPTIONS / LIMITATIONS: NONE SPECIFY:	





## 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





#### GOVERNING BOARD ACHC SURGERY CENTER COMMITTEE OF THE WHOLE May 9, 2024

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 <u>order</u>
II. MEETING AREA	The meeting was held at the surgery <u>center</u>
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:

CREDENTIALING	The following files (which includes review of all primary verification sources	Files reviewed and approved by the Governing Board	Governing Board will continue to monitor.
	including (NPDB/AMA/805 reports) and peer references were presented for a vote:	unanimously.	
	Doogie Howser, MD (General Surgery)		
MEDICAL STAFF BY-LAWS	Medical Staff Bylaws presented to the governing board for review and vote.	Reviewed and approved by the Governing Board unanimously.	Governing Board will continue to monitor.
Scope of Services	Current Services: Plastic Surgery General Surgery		No new services added.
Peer Review	Peer review policies and procedures presented for a vote. Peer review program created utilizing requirements from ACHC	Peer review program approved by the Governing Board unanimously.	Governing Board will continue to monitor.
Contract Services	All contracts are reviewed and approved.	Contracts are enforced.	Medical Director will continue to monitor.
Emergency Operations Plan	EOP was presented to the Governing Board for review	Approved unanimously by GB.	Governing Board will continue to monitor.



Approval



ACHC Surgery Center 123 S. Beverly Drive Los Angeles, CA 90035 (310) 277-9905

## Approval

Dear Dr. Smith

It is with pleasure that I advise you that Governing Body of ACHC Surgery Center have approved your appointment to the Medical Staff effective <u>5/9/24</u>

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 <u>Staff,</u> 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,

Encl: 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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