

# Ensuring Credentialing & Privileging Practices Are Operational Site Visit Ready

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## After Today's Training You Will Be Able To:

- Identify the critical elements to the credentialing & privileging requirements contained in PINS 2001-16 & 2002-22
- Create new or revise existing application materials, primary source verification check lists & clinical privilege forms for use at your health center
- Utilize a readiness review tool to help you conduct an internal audit of your credentialing & privileging files prior to the next operational site visit

## As a Participant of Today's Training Please Plan to:

- Share some findings experienced from your previous operational site visits with others in the field
  - > At your last operational site visit what suggestions for improvement or corrective actions were you told to implement at your health center?
  - > If you didn't receive any opportunities, what did the auditor think you did best or was complimentary of within your process?

## Why Credential?

- Patient Safety
- Risk Management Concerns
- Required by Accrediting & Regulatory Agencies (NCQA, JC, AAHC, DNV)
- Meets Medicare Conditions of Participation
- PIN 2001-16 & 2002-22

## Why Credential?

- FQHC's are required to credential & privilege all licensed & independent health care practitioners who treat patients at their facilities
- Failure to do so can result in an FQHC losing FTCA professional liability coverage, & an inability to collect financial reimbursements from commercial & government health insurance plans

## Whose credentialed at your FQHC?

- Physicians
  - > MD
  - > DO
  - > DPM
- Mid-Levels
  - > CRNP or APRN
  - > PA
  - > LCSW or CMHC

## Who else could be credentialed at your FQHC?

- Any individual permitted by law & the organization to provide care & services without direction or supervision, within the scope of the individual's license & consistent with individually granted clinical privileges
  - > Pharmacists
  - > Dentists
  - > Chiropractors
  - > Behavioral Health Prescribers & Therapists

## Who else could be credentialed at your FQHC?

- Other Licensed or Certified Health Care Practitioners or healthcare workers who are licensed or certified but not permitted by law "to provide patient care services without direction or supervision"
  - > Medical or dentals assistants
  - > Nursing staff
  - > Physical, occupational & speech therapists
  - > Diabetes educators & registered dieticians

## What does your P & P state?

- In a previous training gave a sample P & P which is available to members at the CCHN website
- Needs to be rather detailed on your steps & processes
- Add desk references, checklists & sign off sheets as appendixes
- Follow them, refer to them in the OSV & also update them routinely

## Primary Source Verifications What's on your checklist?

- Licensure including DEA & CDS
- Education & Training
- Board Certification
- Health Documentation
- Work History & Hospital Privileges
- Professional Liability Malpractice Coverage including NPDB
- NPI, Medicaid & Medicare Sanctions
- Peer References

## Secondary Source Verifications What's on Your Checklist?

- Diplomas, Training, CME & Licenses
- Life Support Certifications
  - > BLS
  - > ACLS
  - > PALS
- Health Documentation & Fitness Statement
  - > TB
  - > Drug Screen
  - > Flu & Other Immunizations

## Peer Recommendations Are Crucial to Privileging

- References should preferably be same specialty, who have worked recently with the provider & can comment on current:
  - > Medical & clinical knowledge
  - > Technical & clinical skills
  - > Clinical judgment
  - > Interpersonal skills
  - > Communication skills
  - > Professionalism

## Ways to Delineate Privileges

- Privilege List
  - > Specific checklist of procedures conducted or conditions treated
- Categorization
  - > Treatment areas or procedures are classified either by the degree of complexity of the procedures, illnesses treated, or the level of the provider's training & experience

## Ways to Delineate Privileges

- Core Privileging
  - > By specialty identify what an appropriately trained provider with good clinical references should be competent to perform
- Descriptive
  - > Provider writes out in a narrative what he/she will do with the patients seen at the place of service

# Privileges Comparison

List

- Dermatologic Procedures
  - Punch Biopsy
  - Excisional Biopsy
  - Sutures
  - Wound Care
  - Toe Nail Removal
  - Incisions & Drainage of Abscesses

Categorization

As a board certified provider please check which types of diseases you wish to treat at our facility:

- Adult Chronic Diseases
- Pediatric Chronic Diseases
- Acute/Urgent Care Injuries
- Mental Health Disorders

# Privileges

Core

Obstetrics

Core privileges include work up, diagnosis & the treatment of female patients of all ages presenting in any condition of pregnancy. Privileges include cesarean sections, infant resuscitation, amniocentesis & all other procedures related to normal & complicated delivery. Privileges also include admission, work up, diagnosis & the nonsurgical treatment of female patients of all ages presenting with illnesses, injuries & disorders of the obstetric system. Privileges include the provision of consultation as well as the ordering of diagnostic studies & procedures related to obstetric care.

Requested

Granted

Not Granted

Descriptive

- I (insert name of provider) wish treat the following patient types & perform the following procedures while seeing patients at XYZ clinic:
  - > Narrative of all things the provider thinks she/he can do goes here.
  - > Signed/dated by provider
  - > Signed/dates by medical director or board



## Proctoring

- Necessary if/when a provider asks for privileges that a peer reference can not attest to or is considered a special or high risk procedure
- Establish a threshold for the number of procedures or certain amount of patients treated
- Medical director must indicate in provider file when proctoring is no longer necessary

## Medical Director, Committee & Board Approvals

- Initial Application Completed
- Primary Source Verifications Conducted
- File Leveled; If there are Yes Answers or Red Flags = NO TEMP PRIVS
- Medical Director Review for Level 1 Files
- Committee Agenda Set for Level 2 Files
- Board Meeting Occurs & Approval Signatures Obtained
- Provider Notified of Committee Decision

## Medical Director, Committee & Board Approvals

- Committee composition should be representative of the providers in your clinic; community volunteers are acceptable
- At a minimum if you are offering behavioral health services include a BH provider
- Same goes for dental or other mid-levels; include when you can but ultimate authority goes to your medical director & board of directors

### OFFICE SITE VISIT PREPARATION

In preparing for your site visit it is recommended to do the following steps.

What else has the audience done to prepare for their OSV?

Do you delegate credentialing to anyone such as a hospital or other health care entity?

If so you will need their credentialing files as well.

- Bookmark your P & P related to credentialing & privileging so you can go right to the pages when asked about why something is done a certain way.
- Scan & bookmark your files to include all primary source verifications, secondary source copies, privs/refs & approvals (minutes, sign off sheets etc.)
- Pre-audit the files; if something is missing attempt to locate/replace however be prepared to explain how you came to add or change something to the file after the fact.

## Readiness Review Tool NCQA Audit Approved

- The auditor may request to see all files if you have less than 30 initials & 30 recreds. Most will use the 8/30 methodology. If you pass on the first 8 the remaining 22 need not be reviewed.
- Input your universe of initials and recredentials – randomly select up to 30 for each.
- Get Prepping!

## What Lessons Have You Learned From Your OSV?

- Share some findings experienced from your previous operational site visits with others in the field
  - > At your last operational site visit what suggestions for improvement or corrective actions were you told to implement at your health center?
  - > If you didn't receive any opportunities, what did the auditor think you did best or was complimentary of within your process?