

April: Credentialing & Privileging

Objectives:

Understand the processes of credentialing and privileging

Explore their importance in hospital operations

Discuss compliance, challenges, and best practices

What is Credentialing

Definition: Credentialing is the process of verifying a healthcare provider's qualifications.

Includes:

- Education & Training
- Licensure
- Board Certification
- Work History
- References
- Malpractice Claims History

Purpose: To ensure providers are qualified and competent to deliver care.

Key Differences

Credentialing

Verifies qualifications

Standard across facilities

One-time with periodic updates

Passive verification

Privileging

Grants permission to practice

Facility-specific

Ongoing, tied to reappointment

Active granting of scope

Credentialing Process

- Application Submission
- Primary Source Verification (PSV)
 - Licensing boards
 - Medical schools
 - Residency programs
- Committee Review
- Approval by Medical Staff Office & Governing Body

Privileging Process

- Request for Privileges
- Review of Qualifications
- Deliberation by Department Chair
- Medical Executive Committee Review
- Board Approval



Privileging Best Practices

- Determining which clinical procedures or treatments the organization will offer and support.
- Determining what training, skills, behaviors, and experience are required for a practitioner to be authorized to perform each clinical procedure or treatment.
- Determining whether applicants for privileges meet these requirements and then officially granting or denying the requested privileges.
- Monitoring the individuals who are granted privileges to ensure their continued competence and practice within the scope of privileges granted.

Re- Credentialing & Re- Privileging

Frequency: Every 2-3 years

Includes:

Updated licensure and certifications

Continuing Medical Education (CME)

Peer reviews

Patient outcome metrics

Incident or complaint history

Why It Matters

- Patient Safety
- Regulatory Compliance (e.g., The Joint Commission, CMS)
- Risk Management
- Operational Efficiency
- Provider Accountability

Regulatory Requirements

- State Operations Manual
 - §482.22(a) Standard: Eligibility and Process for Appointment to Medical Staff
 - The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at §482.12(c)(1)) and non-physician practitioners who are determined to be eligible for appointment by the governing body.

Interpretive Guidelines §482.22(a)

The hospital's governing body has the responsibility, consistent with State law, including scope-of-practice laws, to determine which types/categories of physicians and, if it so chooses, non-physician practitioners or other licensed healthcare professionals (collectively referred to in this guidance as "practitioners") may be privileged to provide care to hospital patients. All practitioners who require privileges in order to furnish care to hospital patients must be evaluated under the hospital's medical staff privileging system before the hospital's governing body may grant them privileges. All practitioners granted medical staff privileges must function under the bylaws, regulations and rules of the hospital's medical staff. The privileges granted to an individual practitioner must be consistent with State scope-of-practice laws.

§482.22(a)(1) - The medical staff must periodically conduct appraisals of its members.

- Interpretive Guidelines §482.22(a)(1)
 - Medical staff must appraise the qualifications of all appointed practitioners on a regular basis.
 - Appraisal must determine the suitability of continuing privileges, or if privileges should be discontinued, revised or changed.
 - Must evaluate qualifications and competencies.
 - After the medical staff conducts its reappraisal of individual practitioners, the medical staff makes recommendations to the governing body to continue, revise, discontinue, limit or revoke some or all privileges, and the governing body takes final appropriate action.
 - Credential files must be maintained for each medical staff member.

Challenges in Credentialing

- Lengthy and time-consuming process
- Incomplete or inaccurate documentation
- Delays in primary source responses
- Variations across states and facilities
- Keeping up with re-credentialing timelines

Best Practices

Use of Credentialing Software

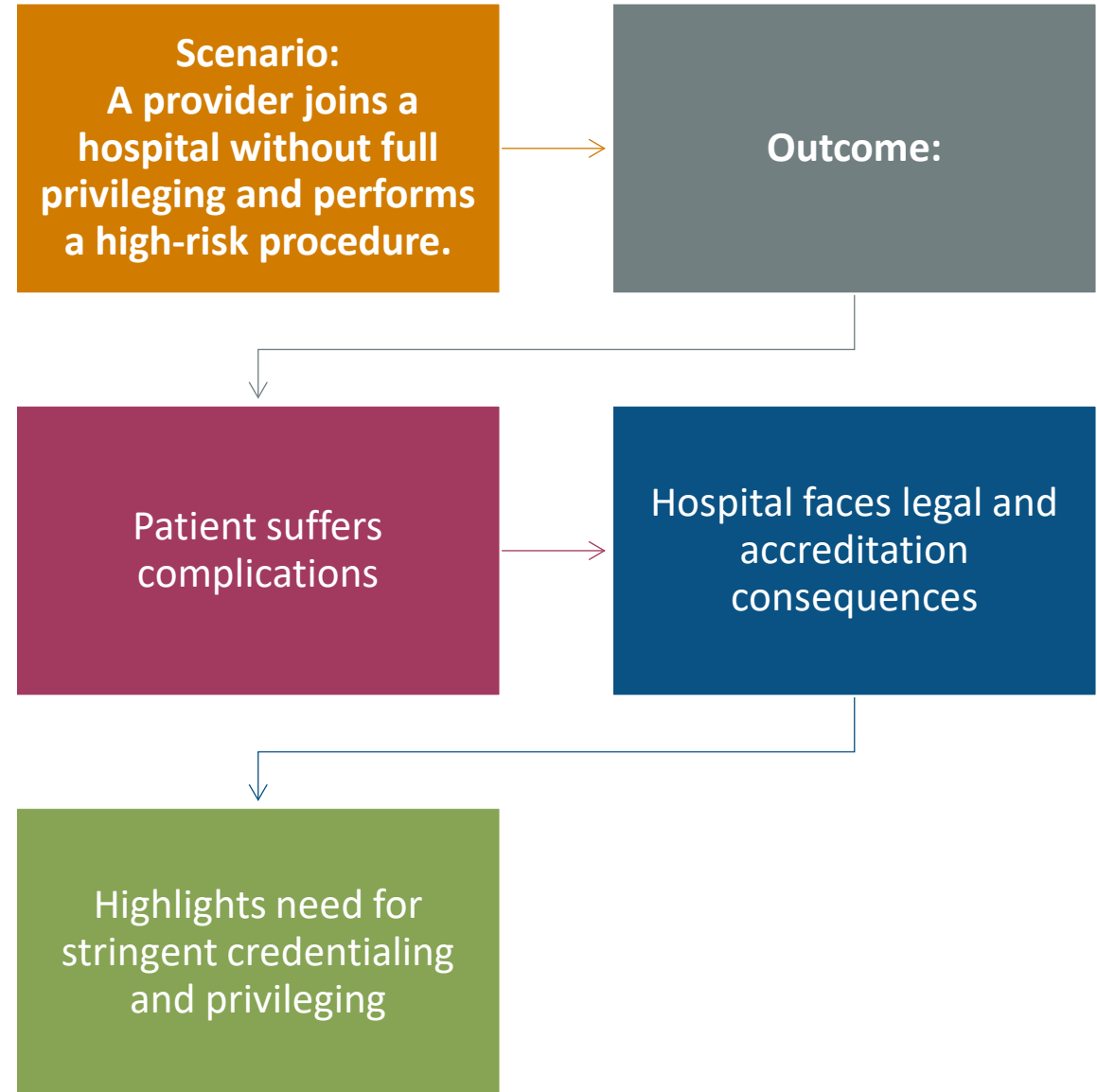
Clear Policy and Procedure Manuals

Centralized Credentialing Departments

Regular Audits and Compliance Reviews

Educate providers on documentation requirements

Case Example



Takeaways

Credentialing and privileging are critical safety and compliance functions.

Both processes require rigorous verification and oversight.

Technology and best practices can streamline the process and reduce risk.

Questions/Discussion
