

ENTITIES

ADVANCED PRACTICE PROFESSIONALS REAPPOINTMENTS

APPLICATIONS

INCOMPLETE APPLICATIONS

MEC

PETENCY

KEYS

VERIFICATIONS

ECFMG

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# CREDENTIALING

A *to* Z

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MEDICAL STAFF  
PROVISIONAL STATUS

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KEY CREDENTIALING POINTS

PRIVILEGING

MEDICAL STAFF

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MARY LONG, CPMSM

G LASERS

# CREDENTIALING



**MARY LONG, CPMSM**

**+HCPPro**  
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Lastly, thanks to my family for their support while writing the book. It took a lot of late nights, early mornings, and weekends, but it was an invaluable experience!





# About the Author

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Mary Long, CPMSM, is the specialist of medical staff services for Covenant Health, a nine-hospital network that serves patients in East Tennessee. She has oversight of the system's medical staff offices and is responsible for ensuring existing processes are running smoothly and that new processes are rolled out in an effective manner. Her other responsibilities include training for current staff and initial training for new coordinators and specialists, as well as maintaining bylaws, rules, and regulations for all nine hospitals.

Prior to becoming medical staff services specialist, Long was medical staff coordinator at Methodist Medical Center, a 301-bed regional medical center in Oak Ridge, Tennessee, for 15 years. "Like most people in that position, I came into the job not knowing anything about it or what to expect. I was working as an administrative assistant when the position was suddenly vacated and I was asked to fill in until they could find someone," she says. She credits the medical center's experienced credentials committee for tutoring her through the first couple of years, as well as the support of medical staff coordinators from the other hospitals.

"OPPE and FPPE have been a particular interest of mine," she says. "I have helped develop forms and processes to ensure compliance, and have worked with the quality departments, physicians and medical staff offices to get them up to speed with their processes. It is still a work in process, but we've definitely made a lot of progress."

Long was born and raised in Oak Ridge. She and her husband, Derrell, have four children and three grandsons. In her free time, she paints, cooks, eats, sings in a choir, and ride motorcycles with her husband.



# Introduction

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It is important to understand the role medical staff professionals play in assuring safe, quality patient care in all our hospitals across the country. It starts with a question that you probably get asked a lot, as a healthcare worker, by family, friends, and strangers alike:

“I need help finding a doctor. What can you tell me about Dr. Jones? Would you let him take care of your mother?”

This question sums up not only what credentialing is and what MSPs do when an application comes in, but also why. All the detective work we do, the details we check, the phone calls we make, emails, verification letters, peer evaluations, National Practitioner Data Bank reports, and Office of Inspector General searches are to ensure that our medical staffs are filled with physicians we would be happy to recommend—and yes, we would let them take care of our mothers!

This book is offered in an “A to Z” format for two reasons: First, on any given day, MSPs might navigate processes and terms that span the alphabet, from “Application” to “Zero data.” Second, healthcare shorthand presents an array of acronyms that MSPs must decipher to do their jobs. If your hospital is HFAP- or Joint Commission-accredited, what did you think “Opie” and “Fippy” were when you first heard those terms?

You can use *Credentialing A to Z*'s quizzes as they are, and this book includes other components for customized training and instruction. Commonly asked questions and answers appear throughout this book, and are included at the end in their own section for easy access. You can use the scenarios presented in several sections to train new MSPs or hone your skills for dealing with familiar problematic situations.

This entire guide is offered with the hope that it will help you understand why we do what we do, and encourage everyone on your team to improve.



# Accreditation Council of Graduate Medical Education (ACGME)

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The ACGME reviews and accredits graduate medical education (residency and fellowship) programs, and the institutions that sponsor them, in the United States.

When verifying practitioners' competency, The Joint Commission standards suggest (but do not require) using questions related to the six Areas of General Competency adopted from the ACGME and the American Board of Medical Specialties (ABMS) joint initiative.

## Areas of General Competency

- Patient Care
- Medical/Clinical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

# Accrediting Entities

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Healthcare accreditation is the process of designating that organizations and/or providers meet or exceed standards for the provision of quality care. Unlike many other nations, the U.S. has no single governmental agency that inspects hospitals, and no set of all-encompassing standards and requirements that cover all healthcare organizations. Following is a quick look at the regulatory/accreditation framework for healthcare facilities. It includes fast facts for the accreditation entities that survey the majority of U.S. hospitals.

## Centers for Medicare & Medicaid Services (CMS)

In the U.S., any discussion of accreditation entities must start with the letter ‘C.’ CMS is a division of the U.S. Department of Health and Human Services. CMS does not directly survey healthcare organizations; rather, it surveys them through state organizations, such as each state’s department of health. Healthcare organizations are surveyed on their compliance with the CMS *Conditions of Participation (CoP)*.

In a nutshell, the *CoPs* stipulate that hospitals must have an organized medical staff, including medical staff bylaws and rules and regulations. In addition:

- The medical staff must include doctors of medicine or osteopathy. In accordance with state laws, including scope-of-practice laws, the medical staff may also include categories of nonphysician practitioners determined as eligible for appointment by the governing body.
- The organized medical staff must have a process in place for determining the competence of its current and future members.
- The medical staff must examine the credentials of all eligible candidates for medical staff membership and make recommendations to the governing body on the appointment of these candidates in accordance with state law, including scope-of-practice laws, and the medical staff bylaws, rules, and regulations.
- The medical staff must have processes in place that enable members to periodically apply for reappointment and renewal of privileges to practice at the hospital.

Healthcare organizations may also seek accreditation from other entities that have been granted deemed status by CMS. Deemed status means the entity can survey healthcare organizations on CMS' behalf; therefore, accrediting organizations' standards must include the CMS *CoPs*, and in order to obtain deemed status, these entities' standards must exceed *CoP* requirements. Some of the entities that have CMS deemed status include the following:

### **Accreditation Association for Ambulatory Health Care (AAAHC)**

The AAAHC was formed in 1979 and currently accredits more than 6,000 organizations in ambulatory healthcare settings, including ambulatory surgery centers, community health centers, medical and dental group practices, medical home practices, and managed care organizations, as well as Indian and student health centers. AAAHC is also the official accrediting organization for the U.S. Air Force and the U.S. Coast Guard.

The association offers AAAHC/Medicare Deemed Status surveys and Early Option Surveys for organizations that have been in operation less than six months. Re-accreditation surveys are conducted for organizations that seek continuation of accreditation following a three-year term.

### **DNV-GL Healthcare USA (DNV)**

Det Norske Veritas was established in Norway more than a century ago as a clearinghouse for shipping standards. DNV is now involved in standards and process management in a wide array of industries, including healthcare. This organization was granted deemed status by CMS in 2008, and it currently accredits close to 500 organizations, including hospitals, ambulatory care facilities, surgical centers, and physician-owned clinics. Accredited facilities must comply with DNV's National Integrated Accreditation for Healthcare Organizations (NIAHO) standards to receive accreditation. DNV/NIAHO standards integrate compliance with the International Organization for Standardization (ISO) 9001 quality management system.

DNV surveys are conducted annually, with a three-year reappointment cycle for medical staff. DNV encourages accredited facilities to also attain ISO certification within three years of accreditation.

### **Healthcare Facilities Accreditation Program (HFAP)**

This organization, founded in 1945 by the American Osteopathic Association, is authorized by CMS to survey all hospitals for compliance with the Medicare *CoPs*. HFAP accredits a range of organizations including acute care and crucial access hospitals, mental health facilities, physical rehabilitation facilities, clinical laboratories, and stroke centers.



HFAP recently adopted focused professional practice evaluation (FPPE) and ongoing professional practice evaluation (OPPE) peer evaluation processes for measuring current practitioner competence. These measures call for an eight-month data collection and reporting period for practitioners. Under HFAP accreditation, the medical staff reappointment cycle is two years. Surveys are conducted every two years.

### **The Joint Commission**

The Joint Commission was founded in 1951 and accredits more than 70% of U.S. hospitals. In addition, it offers accreditation programs for free-standing ambulatory care facilities, office-based surgery practices, behavioral healthcare, long-term care organizations, home care organizations, and laboratory and point-of-care testing facilities.

Although The Joint Commission conducts full surveys on a three-year cycle, organizations can have an unannounced survey between 18 and 36 months after its previous full survey. The medical staff reappointment cycle is two years.

### **National Committee for Quality Assurance (NCQA)**

NCQA, founded in 1990, has established credentialing standards that are applicable to health plans, managed behavioral healthcare organizations, credentials verification organizations, and physician organizations. NCQA's CVO certification program evaluates credentials verification operations and processes to continuously improve the services it provides to its managed care clients.

The NCQA CVO Certification Survey comprises onsite and offsite evaluations conducted by a survey team that includes at least one Credentialing and Recredentialing surveyor and one administrative surveyor. A Review Oversight Committee (ROC) of physicians analyzes the survey team's findings and assigns a certification status based on the CVO's performance against core standards and the requirements within applicable certification options.

### **URAC**

URAC (formerly known as the Utilization Review Accreditation Commission) was formally incorporated in 1990 and offers more than 30 accreditation and certification programs. URAC accredits healthcare organizations based on functions. Its accreditation programs provide a range of services, from organizational review of health plan standards to boosting quality within a single functional area, such as case management or credentialing.

Organizations performing the functions covered by a URAC accreditation may apply, including hospitals, health maintenance organizations, preferred provider organizations, third-party administrators, and provider groups. Accreditation includes a four-stage process: application, desktop review, on-site review, and committee review.

# Applications

---

The starting point for all of the processes you'll work with in medical staff services are initial applications. Members of a medical staff must apply for the privilege of practicing in a hospital or health system.

Applications for medical staff membership vary among organizations, but contain information ranging from the applicant's name and address, to education, relevant training (medical school, internship, residency, and fellowship), and professional experience, to previous hospital affiliations, to peer references, and state license and federal agency information.

## Initial applications

When a potential medical staff member requests privileges for the first time, he or she usually requests an application from the organization, completes it, and returns it to the medical staff office. MSPs check the information on the application, contacting various sources to verify the information provided.

If the MSP determines that information is missing or unclear, he or she requests additional information or clarification from the applicant. Once an application is completed satisfactorily and the department chair has reviewed the file, the medical staff office forwards it to the credentials committee (or the equivalent committee). The committee meets regularly, and recommends that applicants be approved for medical staff membership, or not approved. The medical executive committee (MEC) accepts or doesn't accept the recommendation.

**Note: Medical staff membership is not a lifetime appointment, and once on a medical staff, members must reapply for privileges on a set schedule. Typically, this is done on a two- to three-year cycle.**

## Preapplications

This process differs slightly in organizations that use a preapplication process. An applicant requests the preapplication, completes it, and returns it to the medical staff office. If potential applicant's preapplication is satisfactory, the medical staff office sends him or her an initial application. If the physician does not meet these minimum requirements, he or she is notified that an application will not be forthcoming.

Although not all organizations use a preapplication, it can be a very useful tool for screening potential medical staff applicants. The preapplication includes the minimal requirements outlined in your bylaws for medical staff membership. It should be concise but also request enough information to help in the decision-making process.

## Q&A

**True or False:** Medical staff membership is a legal right.

**False:** Medical staff membership is not a legal right. Questionable or incomplete information on a preapplication can stop the process dead in its tracks without giving the potential applicant any fair hearing or appeal rights—and it can save MSPs valuable time for processing stronger applications.

Elements of a preapplication include the following:

- Basic demographic information—name, address, date of birth, Social Security Number
- Recent hospital affiliations (within the past five years)
- Reason for leaving current position
- Anticipated start date
- Practice address (must be within reasonable distance of the hospital to allow for continuous care of hospitalized patients)
- Backup coverage (if required by your bylaws)

See Figure A1: Sample Preapplication Questions for additional pertinent questions that may appear on a preapplication.

An authorization for release of information to be signed by the applicant should be included with the application or preapplication. The authorization releases from any liability to the fullest extent permitted by law all individuals and organizations who provide information concerning the applicant's

## Figure A1: Sample Preapplication Questions

1. Has your license to practice medicine in any jurisdiction ever been voluntarily or involuntarily suspended, limited, revoked, or sanctioned in any way?
2. Have you ever been denied a license to practice medicine?
3. Have your privileges at any hospital or healthcare facility ever been voluntarily or involuntarily suspended, limited, revoked, or sanctioned in any way?
4. Have you ever been refused admission to any medical staff or had a request for a specific clinical privilege denied?
5. Have you ever been suspended, voluntarily or involuntarily sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program?
6. Have you ever been denied membership in or renewal thereof, or been subject to disciplinary action by, any medical organization?
7. Has your federal narcotics registration (DEA) ever been voluntarily or involuntarily suspended or revoked?
8. Have you ever voluntarily or involuntarily withdrawn your application for appointment, reappointment, or clinical privileges at, or resigned from the medical staff of, any healthcare facility, or resigned from a medical staff while a disciplinary action or decision regarding your privileges status was pending before any governing board, medical committee, peer review body, or other disciplinary body of any healthcare facility?
9. Have you ever been the subject of any disciplinary proceedings at any healthcare facility, to include behavior deemed inappropriate?
10. Have you ever been convicted of or pled guilty to or entered into a plea agreement for a violation of any law or ordinance other than traffic offenses, but including driving while under the influence of alcohol or any other substance?
11. Have you ever been denied professional liability insurance?
12. Has your present professional liability insurance carrier excluded any specific procedures from your coverage or advised you that it intends to terminate, reduce, or otherwise restrict your coverage?
13. Have any professional liability suits ever been filed against you?
14. Have any professional liability suits filed against you resulted in judgment against you or been terminated pursuant to a settlement in which you have paid damages to the plaintiff with or without admitting liability?
15. Have you ever settled any professional liability claim against you prior to suit and admitted liability as a part of such settlement?
16. Has any claim of sexual harassment or violation of civil rights ever been made against you that resulted in your receiving or incurring any warning, disciplinary action, or civil liability?
17. Have you ever enrolled or are you currently enrolled in a structured assistance program designed to help deal with substance abuse or behavior problems?

competence, ethics, character, and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.

### The application process

Typically, the CEO gives approval for the medical staff office or credentials verification office (CVO) to send an application. Once you have approval, the application is sent to the practitioner, along with the applicable privilege form and any other documentation to be completed. You are also required to give the applicant a copy of the medical staff bylaws and rules and regulations.

Many hospitals have moved to an electronic application. The approval process would be the same: Once approved, the physician would be given access to the electronic application.

**Tip – If you do not have an electronic application process, send your applications by email instead of sending paper applications through the mail. This saves a lot of valuable time. You may also send electronic copies of your bylaws and rules and regulations, or send a link by email to copies online.**

When the application comes back, it's time to get down to the work we do—credentialing and privileging. The checklist in Figure A2 provides guidance on the medical staff office's role from application to appointment.

In many situations, applications may remain incomplete and eventually be withdrawn by the applicant. Your credentials committee, department/service line chairs, and MEC have the right to ask for additional information in order to verify competency.

#### **Important!**

If the applicant cannot satisfactorily demonstrate competency through submission of requested information, the application is incomplete and cannot be processed. It is not denied. An incomplete application does not give the applicant any fair hearing rights.

**Figure A2: Sample Appointment Checklist for MSPs**

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Staff status: \_\_\_\_\_

Date application received: \_\_\_\_\_ Date completed: \_\_\_\_\_

	Verified	Red Flag
License (state) _____ Expir _____	<input type="checkbox"/>	<input type="checkbox"/>
License (other) _____ Expir _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ Expir _____	<input type="checkbox"/>	<input type="checkbox"/>
DEA _____ Expir _____ copy	<input type="checkbox"/>	<input type="checkbox"/>
Insurance _____ Expir _____ copy	<input type="checkbox"/>	<input type="checkbox"/>
Malpractice history statement (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>
NPDB (date) _____	<input type="checkbox"/>	<input type="checkbox"/>
OIG reports <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
ECFMG (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Signatures completed? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Medical school _____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Internship _____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Type _____		
Residency _____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Type _____		
Fellowship _____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Type _____		

**Figure A2: Sample Appointment Checklist for MSPs (cont.)**

	Verified	Red Flag
Board certification _____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Peer references:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Background check completed?	<input type="checkbox"/>	<input type="checkbox"/>
Hospital affiliations		
_____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ from: _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Physician ID # _____ (Time gaps?) _____		
Reviewed by Department chair _____ (date) _____		
Orientation scheduled _____ (date) _____		
Notify surgery (if applicable)*		

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# CREDENTIALING



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**MARY LONG, CPMSM**

***Credentialing A to Z*** provides new MSPs and credentialing coordinators on-the-job spot training that will build and exercise their knowledge in a fun way before they're put to the test with less-fun credentialing challenges (such as surveys). All quizzes, Q&As, and other forms are downloadable and customizable, allowing MSPs to tailor them to their programs.

Author **Mary Long, CPMSM**, brings in-depth insights, a light touch, and a sense of humor that fellow MSPs will appreciate. This valuable guide explains your toughest credentialing topics, from **A**pplication advice to **Z**ero data, and dozens of other challenges. Learn what separates bylaws from policies, master meeting minutes, and navigate reappointment cycles.

This on-the-go reference is packed with easy-to-digest information, Q&As, quizzes, notes, and downloadable forms that will help MSPs gain knowledge about their tasks and the value of their work, enhance team-building, and combat burnout and stress.

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