

7TH EDITION

VERIFY & COMPLY

Credentialing, Medical Staff, and
Ambulatory Care Standards

◆ Kathy Matzka, CPMSM, CPCS ◆ Stephanie Russell, CPMSM, CPCS
◆ Carol S. Cairns, CPMSM, CPCS

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About the Authors

Kathy Matzka, CPMSM, CPCS, FMSP

Kathy Matzka, CPMSM, CPCS, FMSP, is a consultant and speaker with more than 30 years of experience in credentialing, privileging, and medical staff services. Matzka worked for 13 years as a hospital medical staff coordinator before venturing out on her own as an independent consultant, writer, and speaker. She is also one of the first recipients of the National Association Medical Staff Services (NAMSS) Fellow Designation, which is the pinnacle of achievement and acknowledgment for the medical services professional (MSP). It recognizes a career MSP who has made outstanding contributions to the profession through service as a leader, mentor, and educator.

Matzka has authored a number of books related to medical staff services, including the HCPro publications *Medical Staff Standards Crosswalk: A Quick Reference Guide to The Joint Commission, CMS, HFAP, and DNV Standards*; *Chapter Leader's Guide to Medical Staff: Practical Insight on Joint Commission Standards*; *Compliance Guide to Joint Commission Medical Staff Standards* (fifth and sixth editions); *The Clinician's Quick Guide to Credentialing and Privileging*; and *The Medical Staff Meeting Companion: Tools and Techniques for Effective Presentations*. She has also served as the contributing editor for *The Credentials Verification Desk Reference* and its companion website, *The Credentialing and Privileging Desktop Reference*.

She has performed extensive work with NAMSS' Education Committee, developing and editing educational materials related to the field, including the Certified Provider Credentialing Specialist (CPCS) and the certified professional medical services management (CPMSM) certification exam preparatory courses. She has also served as an instructor for NAMSS, and she further shares her expertise by serving on the News, Analysis, and Education Board for HCPro's Credentialing Resource Center.

A highly regarded industry speaker, Matzka has developed and presented hundreds of programs for professional associations, hospitals, and hospital associations on a wide range of topics, including provider credentialing and privileging, medical staff meeting management, peer review, negligent credentialing, provider competency, and accreditation standards.

Outside of her work, Matzka spends time with her family, listens to music, travels, hikes, fishes, and participates in other outdoor activities.

Stephanie Russell, CPMSM, CPCS

Stephanie Russell, CPMSM, CPCS, is the manager of medical staff services and education and credentialing at SwedishAmerican, a division of UW Health based in Rockford, Illinois. As an executive medical staff services professional for more than 30 years, with the past 24 years at SwedishAmerican, she has overseen medical staff affairs, including medical education, bylaws, regulatory compliance and accreditation, health system credentialing for both hospital and health plans, credentialing service contracts for outside entities, and delegation agreements and audits.

Russell is a NAMSS instructor and has made many presentations at state and national education conferences on topics related to credentialing, privileging, professional development, and regulatory compliance for both the National Committee on Quality Assurance (NCQA) and The Joint Commission. She has also been a collaborator and coach with Team Med Global for the past 10 years.

As a past member of the NAMSS board of directors and IAMSS board of directors, Russell has long displayed her leadership skills and innovative perspectives and is known for “asking the tough questions.” She was also instrumental in creating the newest NAMSS course on leadership.

In addition to credentialing, Russell loves helping individuals be the best they can be. She is passionate about this industry and frequently tells her audiences that if you don’t love what you do, find something else to do. Life is too short to work in a profession that you don’t enjoy. Her email tag line is “enjoy the day—it’s a gift,” and she lives each day as if she’s received a present.

Carol S. Cairns, CPMSM, CPCS

Carol S. Cairns, CPMSM, CPCS, has been in the unique position of seeing and participating in the development of the medical staff services profession for more than 40 years. In 1996, she founded Plainfield, Illinois-based PRO-CON, a consulting firm specializing in credentialing, privileging, medical staff organization operations, and survey preparation.

In 1991, Cairns became clinical faculty for The Joint Commission by collaborating in the development of an educational program on credentialing and privileging medical staff and allied health professionals. From 1996 to 2006, Cairns served the NCQA as a surveyor in the certification program for CVOs. Cairns was invited by the American Osteopathic Association to provide input into the development of the medical staff and allied health professional standards for the 2005 *Health-care Facilities Accreditation Program Manual*.

Cairns is an advisory consultant for The Greeley Company, Inc., in Danvers, Massachusetts. In 2013, The Greeley Company recognized her professional contributions by establishing the Aspire Higher scholarship in her honor. The scholarship is managed by NAMSS and presented annually.

A faculty member for NAMSS since 1990, Cairns has presented at numerous state and national conferences. Program subjects include basic and advanced credentialing and privileging, Joint Commission standards and survey preparation, NCQA standards, allied health professionals, core privileging, and meeting management and documentation. She coauthored the initial NAMSS educational program for certification of provider credentialing specialists (CPCS) and the current Credentials 101 seminar, and she serves as faculty for both programs.

She also serves on the Advisory Board for HCPro's Credentialing Resource Center. She has authored and coauthored numerous publications for HCPro, including the previous six editions of *Verify and Comply*. She served as a coauthor of the third and fifth editions of *Core Privileges for Physicians: A Practical Approach to Developing and Implementing Criteria-Based Forms*. She has authored multiple books on credentialing AHPs, among them *A Guide to AHP Credentialing*, *Core Privileges for AHPs*, and *Solving the AHP Conundrum: How to Comply With HR Standards Related to Nonprivileged Practitioners*. Cairns also coauthored the first edition of *The FPPE Toolbox: Field-Tested Documents for Credentialing, Competency, and Compliance* and *The Medical Staff's Guide to Overcoming Competence Assessment Challenges*.

Acknowledgments

It's impossible to coauthor this book without acknowledging the contributions of the previous author, Carol Cairns, CPMSM, CPCS, to our field. Carol has been a mentor to me and to countless other medical services professionals who have had the pleasure of learning from her vast pool of knowledge. Thanks, Carol, for all that you've done for us!

I would also like to give a shout out to all of the current and past instructors for NAMSS who have donated and continue to donate many hours of their time providing a much-needed service to members of our profession. Like Carol, they have been great mentors for me, particularly retired instructor Sue King, CPMSM, CPHQ, CPCS, who encouraged me to step out of my comfort zone and pursue the option of serving as an instructor for NAMSS.

Finally, I'd like to acknowledge medical services professionals all over the world. Many of you work long hours and with little or no recognition for your important contribution to patient safety. You are making a difference!

—Kathy Matzka

Acknowledgments

As the rookie author of this amazing reference, I echo my coauthor's acknowledgment of Carol Cairns and the impact she has had on this healthcare world in which many of us live. Her contributions to the industry, her personal mentoring of many of us, and her longevity as a MSP has modeled and shaped credentialing in ways I don't think even she realizes.

From pre-Data Bank to criminal background checks, the world of credentialing is ever changing. We are fortunate to have resources, such as this, to guide us along the way. References and colleagues validate what we think we already know. To stay on top of these changes is not easily done alone. Our colleagues guide us. The references support us, and the teams with which we belong help us grow.

To be a part of this trio is very humbling and energizing at the same time. I am grateful to be a part of this team and to work in an industry that challenges me every day. My mentors are too numerous to mention, and the leaders that have paved the way for me remind me that there are more behind us following. With every new day and every new regulation, we move forward as executive MSPs, supporting each other, encouraging each other, and reminding each other—we are the patient advocates. Without us, where would they be?

—Stephanie Russell

Introduction

The Centers for Medicare & Medicaid Services' (CMS) *Conditions of Participation (CoP)* contain minimum requirements that all hospitals wishing to provide services to Medicare or Medicaid patients must meet. This governmental organization is a division of the U.S. Department of Health and Human Services. CMS does not directly survey healthcare organizations; instead, it surveys them through state governmental agencies, typically the state's health department.

There are also accrediting bodies whose minimum "standards" a healthcare organization must meet if it is to be voluntarily accredited by that body. These accrediting bodies must submit their standards to CMS, which then reviews the standards for compliance with CMS' *CoPs*. If the standards meet or exceed the CMS regulations, then the accreditation program is given "deemed" status, which means that healthcare organizations can participate in this voluntary accreditation in lieu of the state agency survey.

In many cases, accreditors have more stringent standards than those required by CMS regulations. As you read through the requirements of the various accreditors, you will notice areas in which the accreditation standards reflect only the minimum requirements of the *CoPs*; in other cases, you will see where additional requirements are included.

The Importance of Credentialing

One of the highest-risk procedures performed in a healthcare organization is not performed in an operating room, delivery room, GI laboratory, or emergency room. Nor is it performed by a surgeon, pediatrician, or family practitioner.

The procedure is credentialing, an activity that is performed in medical staff services departments, provider relations departments, medical clinics, ambulatory facilities, health plan credentialing offices, and credentials verification organizations (CVO) throughout the country. Regardless of the size or type of the organization, credentials specialists, medical services professionals, healthcare facilities and physician leadership, health plan executives, and governing bodies share the medical and legal responsibilities of and accountability for conducting a thorough, comprehensive, and timely credentialing process. The process includes verification, documentation, and approval of a practitioner's credentials to practice in a healthcare facility/participate in a managed care plan.

Brief Descriptions of Each Organization

Centers for Medicare & Medicaid Services (CMS): This governmental organization is a division of the U.S. Department of Health and Human Services. CMS does not directly survey healthcare

Introduction

organizations; rather, it surveys them through state organizations, such as the Department of Health. CMS develops the *CoPs* that healthcare organizations must meet to begin and continue participating in the Medicare and Medicaid programs.

The Joint Commission (TJC): This organization offers accreditation programs for a variety of healthcare entities, including hospitals, freestanding ambulatory care facilities, office-based surgery practices, behavioral healthcare facilities, critical access hospitals, long-term care organizations, homecare organizations, and laboratory and point-of-care testing facilities.

National Committee for Quality Assurance (NCQA): This organization has established credentialing standards that are applicable to health plans, managed behavioral healthcare organizations, new health plans, credentials verification organizations, physician organizations, and hospitals.

DNV GL Healthcare USA (DNV GL): This organization was granted deeming status by CMS in 2008. Hospitals must comply with its National Integrated Accreditation for Healthcare Organizations (NIAHO®) standards to receive accreditation. What sets DNV apart from other accrediting organizations is that its standards integrate compliance with the International Organization for Standardization (ISO) 9001 quality management system.

Healthcare Facilities Accreditation Program (HFAP): This organization accredits hospitals, ambulatory care/surgical facilities, mental health facilities, physical rehabilitation facilities, clinical laboratories, critical access hospitals, and stroke centers. The Accreditation Association, a provider of hospital and health system accreditation, owns and manages this program through its subsidiary, The Accreditation Association for Hospitals and Health Systems.

Accreditation Association for Ambulatory Health Care (AAAHC): This organization primarily accredits freestanding ambulatory care centers such as surgery centers, birthing centers, lithotripsy centers, and pain management centers. It also accredits group practices, managed care organizations, and independent physician organizations.

What This Book Includes

This book is divided into three sections:

1. Credentialing and privileging standards for acute and managed care
2. Credentialing and privileging standards for ambulatory care
3. Medical staff standards that reference areas other than credentialing and privileging for hospitals (acute care)

In its table format, *Verify and Comply* is an efficient guide to the regulators' and accreditors' medical staff and credentialing standards.

Keeping Up to Date and Informed

Although information in this book is current at the time of publication, keep in mind that Hospital CoPs and accreditation standards are subject to change. It is important for readers to stay up to date with the latest accreditation standards and survey information. We encourage readers to access HCPro's Credentialing Resource Center website (www.credentialingresourcecenter.com) to obtain the latest credentialing-related information and to share information and ideas with each other.

Author's note: CMS CoPs use the definition of "physician" from the Social Security Act. This definition is carried through to the accreditation standards. "The term 'physician,' when used in connection with the performance of any function or action, means (1) an MD or DO legally authorized to practice medicine and surgery by the State in which he performs such function or action (including a physician within the meaning of section 1101(a)(7)), (2) A doctor of dental surgery or of dental medicine who is legally authorized to practice dentistry by the State in which he performs such function and who is acting within the scope of his license when he performs such functions, (3) A doctor of podiatric medicine for the purposes of subsections (k), (m), (p)(1), and (s) of this section and sections 1814(a), 1832(a)(2)(F)(ii), and 1835 but only with respect to functions which he is legally authorized to perform as such by the State in which he performs them, (4) A doctor of optometry, but only for purposes of subsection (p)(1) with respect to the provision of items or services described in subsection(s) which he is legally authorized to perform as a doctor of optometry by the State in which he performs them, or (5) A chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards promulgated by the Secretary, but only for the purpose of sections 1861(s)(1) and 1861(s)(2)(A) and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation) which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided. For the purposes of section 1862(a)(4) and subject to the limitations and conditions provided in the previous sentence, such term includes a doctor of one of the arts, specified in such previous sentence, legally authorized to practice such art in the country in which the inpatient hospital services (referred to in such section 1862(a)(4)) are furnished."

We hope that you find this book and related tools valuable additions to your library. Please feel free to contact us with comments, suggestions, or questions related to this book or other HCPro products and services.

SECTION 1

Acute Care and Managed Care: Credentialing Standards

Author's Note

Within each column, the verification source and methodology are outlined in bold text. Verification from the listed sources is considered acceptable in meeting that regulator's/accreditor's standards. The desire to provide the highest-quality healthcare possible coupled with the need to reduce medical risks to patients and legal risks to the organization have prompted many healthcare organizations to develop and maintain a credentialing process that far exceeds The Joint Commission, NCQA, CMS, DNV, HFAP, or AAAHC standards. For this reason, this section not only includes minimum standards but also designates credentialing "best practices"—that is, practices that meet or exceed the accreditors' standards. These best practices are marked with a star icon and are in boldface text.

Italicized text is the author's opinion or an interpretation of a standard.

CHAPTER 1

Acute Care and Managed Care:
Initial Appointment, Clinical Privileges,
and Credentialing

