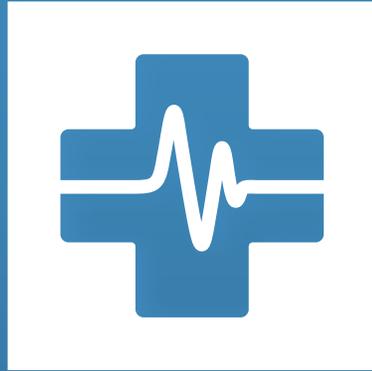


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2019 Credentialing Resource Center Symposium

February 26–28, 2019 – Las Vegas

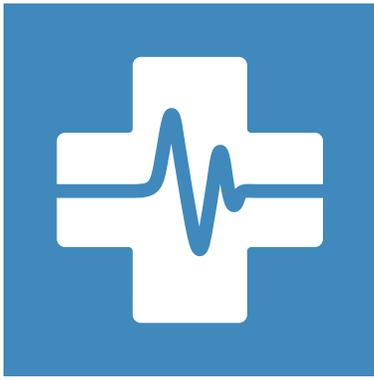


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The leading professional event
for MSPs, medical staff leaders,
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2019 Credentialing Resource Center Symposium

Dynamic training, first-class faculty, and unmatched networking make **the 2019 CRC Symposium** the leading professional event for MSPs, medical staff leaders, and quality directors.

The 2019 CRC Symposium delivers 2.5 days of engaging education and training to MSPs, medical staff leaders, and quality directors in credentialing environments spanning the care continuum. Top industry experts impart fresh insight and actionable strategies for developing and sustaining effective credentialing, privileging, competence assessment, and medical staff governance processes amid constant changes to healthcare service delivery and reimbursement.

BACK BY POPULAR DEMAND

- + A networking reception connects professionals across department and state lines
- + CRC's mobile conference app provides tons of useful information about sessions and speakers, including an interactive agenda and downloadable materials, as well as opportunities to connect with fellow attendees
- + Our veteran faculty, who use humor, skits, and real-life experiences to make their educational sessions relatable to audience members

WHO SHOULD ATTEND

- ✓ Medical staff coordinators and professionals
- ✓ Medical staff services directors and managers
- ✓ Credentialing professionals
- ✓ Medical staff leaders
- ✓ Medical staff committee members
- ✓ Quality directors and managers
- ✓ Chief medical officers and vice presidents of medical affairs

NEW FOR 2019!

- + **AN EXTRA DAY OF EDUCATION.** This year's Symposium has been expanded to 2.5 days to allow for additional education sessions.
- + **PROVIDER ENROLLMENT SESSIONS.** This year's Symposium addresses the fact that more medical staff professionals are also performing provider enrollment duties.
- + **AN EXPANDED SPEAKER LINEUP.** Along with our expert faculty, this year's Symposium also features speakers with CVO experience, quality experience, and provider enrollment experience.
- + **A SUPER PASS.*** This year's Symposium provides attendees the opportunity to purchase a super pass so they can attend sessions from both the Credentialing Resource Center Symposium and the National Provider Enrollment Forum.

*Call 800 650-6787 ext. 8124 for details

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SYMPOSIUM STAPLES

- + Organizations send their teams of medical staff professionals and medical staff leaders to develop their relationship and walk away with a better understanding of each other's role in credentialing, privileging, and peer review.
- + Flexible session tracks allow attendees to custom-fit their training trajectories to their career focuses and experience levels.
- + Attendees take part in unparalleled interdisciplinary networking and collaborative problem solving. Healthcare organizations send their medical staff services and leadership teams to learn concrete strategies for streamlining key processes and fostering interdepartmental cohesion.
- + Continuing education credits are available from the Accreditation Council for Continuing Medical Education (ACCME), the National Association Medical Staff Services (NAMSS), and the National Association for Healthcare Quality (NAHQ).

WHAT ATTENDEES ARE SAYING

Whether you're a newly minted professional or an industry veteran, you won't want to miss out on this premier credentialing event. Just take it from last year's attendees:

- + **92%** say attending this conference will influence how they perform their job duties
- + **100%** say this conference is relevant to both physician leaders and medical staff professionals
- + **90%** say attending this conference will help the relationship between physician leaders and medical staff professionals in their organization



Outstanding conference overall. My coworkers and I each attended different sessions to be able to take in the entire conference and be able to take key concepts and nuggets of information back to our department for implementation. I strongly recommend this conference to other organizations and hopefully will attend again in years to come!"

—2018 CRC SYMPOSIUM ATTENDEE

HOT TOPICS

- ★ Advanced practice professionals privileging and competency assessment methods
- ★ Peer review and privileging in ambulatory settings
- ★ CVO creation and implementation
- ★ Provider enrollment
- ★ OPPE & FPPE
- ★ Delegated credentialing
- ★ Fair hearings and corrective action
- ★ Delegated credentialing
- ★ Telemedicine
- ★ Aging physicians
- ★ Credentialing integration
- ★ Unified medical staffs
- ★ Professional references
- ★ Competence assessment strategies for medical staff leaders

HCPPro
GO GREEN

PLEASE NOTE that the program materials will be available via download and the conference app only. A download link will be provided prior to the event, but a printed book of the presentations will not be available on-site.

DAY 1 • TUESDAY, FEBRUARY 26, 2019

Track 1

Track 2

Track 3

7–8 a.m.

REGISTRATIONS AND CONTINENTAL BREAKFAST

8–9 a.m.

KEYNOTE: SETTING THE STAGE FOR DISASTER: HOW DYSFUNCTIONAL CREDENTIALS COMMITTEES HARM MEDICAL STAFF CULTURE

Carol Cairns, CPMSM, CPCS; Sally Pelletier, CPMSM, CPCS; Todd Sagin, MD, JD; Mark Smith, MD, MBA, FACS

If you've ever sat through your credentials committee meeting and shuddered at something that was said or a decision that was made, you are not alone. Our veteran faculty will kick off the 2019 CRC Symposium with a mock credentials committee meeting rife with cringe-worthy moments and solutions for solving each issue. Attendees will come away with fresh insight on correcting these mistakes and strategies for avoiding them in the first place.

9–10:30 a.m.

ASSESSING THE COMPETENCY OF LOW- AND NO-VOLUME PRACTITIONERS

Sally Pelletier, CPMSM, CPCS; Carol Cairns, CPMSM, CPCS

Fewer practitioners are doing their work in the hospital, leading to a decrease in performance data. With medical staffs facing increased pressure to verify the competency of their practitioners, organizations are struggling with little or no data related to the competency of their low- and no-volume practitioners. During this session, medical staff leaders will learn how to develop a strategy to guide their hospitals' relationships with low- and no-volume practitioners, and MSPs will learn how to establish systems to verify practitioner competence. Necessary strategies for effectively credentialing and privileging low-volume providers, as well as meeting OPPE and FPPE requirements, will also be discussed.

FAIR HEARINGS, PART 1: BRINGING PRACTITIONERS THROUGH THE CORRECTIVE ACTION PROCESS

Catherine Ballard, Esq.

During the first part of our fair hearing discussion, attendees will go through the process that can result in a fair hearing. This session will address the formal corrective action process that medical staffs should follow to support a fair hearing, and address the "smoking guns" to show what happens when the process is not done correctly, and/or when the current process has loopholes that create problems.

PROVIDER ENROLLMENT SOLUTIONS: IMPROVING PAYER APPROVALS

Amy Niehaus, CPMSM, CPCS, MBA

A growing contingent of MSPs are managing provider enrollment duties in addition to their existing medical staff credentialing obligations. However, lengthy enrollment turnaround times with payers can hurt an organization's bottom line. During this session, attendees will gain an understanding of the payer credentialing process and requirements under Centers for Medicare & Medicaid Services (CMS) and National Committee for Quality Assurance (NCQA) standards. Attendees will also learn methods to reduce lost revenue due to payer credentialing delays and implement efficient enrollment processes.

10:30–11 a.m.

NETWORKING BREAK

11–12:30 p.m.

PRIVILEGING AND PEER REVIEW IN THE AMBULATORY CARE SETTING

Sally Pelletier, CPMSM, CPCS; Mark Smith, MD, MBA, FACS

As mergers and acquisitions continue to unite hospitals and ambulatory facilities, formalized credentialing, privileging, and competence assessment are picking up speed across the care continuum, leaving MSPs and physician leaders scrambling to retool processes originally developed for acute care practice. This session will provide guidance on the most common ambulatory practice vetting and assessment conundrums, including who needs privileges and where, what competency monitoring mechanisms to use, how frequently to conduct assessments, and who to enlist to conduct collegial interventions with outpatient practitioners.

FAIR HEARINGS, PART 2: WHEN CORRECTIVE ACTION FAILS

Catherine Ballard, Esq.

During the second part of our fair hearing discussion, attendees will go through a fair hearing to see why the corrective action process is so important, and why those "smoking guns" can undermine the medical executive committee's case—no matter how "right" its recommendation might be. The roles of the players will also be explained—the witnesses, the fair hearing officer, the affected practitioner, the attorneys, and often the MSP—allowing you to better understand how a fair hearing can affect numerous people within the hospital, particularly if it is not administered fairly.

MILLER V. HURON: WAS THIS PHYSICIAN DENIED DUE PROCESS?

Carol Cairns, CPMSM, CPCS; Todd Sagin, MD, JD

Get an exclusive insider's look at *Miller v. Huron*, for which Carol Cairns, CPMSM, CPCS, served as an expert witness. This case shows examples of how failings at virtually every level of medical staff and institutional leadership dismantled a physician's career and cost a hospital heavy legal fees and payouts from the practitioner's ensuing negligent credentialing suit. Cairns, aided by legal expert Todd Sagin, MD, JD, will share highlights she observed from the trial floor and enumerate the case's many takeaways for professionals in the trenches, including the responsibility of medical staff leaders to safeguard individual practitioners against unfounded accusations and the potentially disastrous consequences of unresolved conflicts of interest.

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DAY 1 • TUESDAY, FEBRUARY 26, 2019

12:30–1:30 p.m. **LUNCH (PROVIDED)**

1:30–3 p.m.

EVALUATING YOUR PEERS: A CRASH COURSE IN OPPE AND FPPE

Mark Smith, MD, MBA, FACS

Focused professional practice evaluation (FPPE) and ongoing professional practice evaluation (OPPE) have been in play for a decade, but for many medical staff leaders, MSPs, and quality professionals, it's far from second nature. In this session, discover the lessons learned since The Joint Commission standards first took effect, the concerns most often expressed by Joint Commission surveyors, and precise guidance on making physician competence evaluation a meaningful experience that helps practitioners excel in their clinical duties and ensures patients receive safe, high-quality care.

AGING PHYSICIANS: IS A POLICY NECESSARY?

Todd Sagin, MD, JD

Medical staff leaders are obligated to assess each practitioner's capacity to perform all requested privileges. Yet, who wants to tell a colleague that their age may be affecting their ability to care for patients? To avoid singling out practitioners, some medical staffs have begun implementing policies spelling out stricter vetting and monitoring processes for older practitioners. Other medical staffs worry that these policies are what single out practitioners. During this session, attendees will receive guidance to determine if an age-related policy is right for their organization, identify resources for fitness-for-duty screenings, and discuss legal issues that could arise from over-vetting or under-vetting late-career practitioners.

PAYER DELEGATION: SPEED UP ENROLLMENT AND GET PAID FASTER

Amy Niehaus, CPMSM, CPCS, MBA

Attaining delegation status with commercial payers is the ultimate way to improve enrollment turnaround time and reduce lost revenue and credentialing delays. During this session, attendees will learn how to identify the benefits of attaining delegation with payers, the critical steps involved in achieving delegation, and the requirements that must be met under National Committee for Quality Assurance (NCQA) credentialing standards.

3–3:30 p.m. **NETWORKING BREAK**

3:30–5 p.m.

SYMPTOMS OF INCOMPLETE CREDENTIALING INTEGRATION: HOW PHYSICIAN LEADERS AND MEDICAL SERVICES PROFESSIONALS CAN POSITIVELY INFLUENCE THE OUTCOME

Sally Pelletier, CPMSM, CPCS; Todd Sagin, MD, JD

In today's integrated healthcare environment, credentialing has evolved into a mega process with far-reaching implications, and the MSP's job holds greater—and more expansive—significance than ever before. Ensuring an efficient and effective credentialing process requires the support of medical staff leaders who understand the vital role MSPs play in the organization and the importance of a solid credentialing process. In this session, attendees will learn how MSPs can play an instrumental role in maximizing an organization's financial position; how the efficiency of credentialing has a direct impact on revenue enhancement and physician satisfaction; and how physician leaders and MSPs can work together to create a credentialing process that protects patients and supports practitioners.

5–6 p.m.

NETWORKING RECEPTION

DAY 2 • WEDNESDAY, FEBRUARY 27, 2019

Track 1

Track 2

Track 3

7–8 a.m.

REGISTRATIONS AND CONTINENTAL BREAKFAST

8–9:15 a.m.

APP ESSENTIALS: HOW TO DEVELOP PRIVILEGING AND COMPETENCY ASSESSMENT PROCESSES FOR ADVANCED PRACTICE PROFESSIONALS

Carol Cairns, CPMSM, CPCS

Advanced practice professionals (APP) are increasing in number and significance across the healthcare continuum. However, varying state laws and organizational cultures can make it difficult for medical staffs to develop an action plan and acquire the necessary tools for APP privileging, peer review, and practice scope expansion. In this session, attendees will learn how to create a mechanism that supports legal expansion of an APP's scope of practice and privileges and gain insight into the potential benefits of creating an APP interdisciplinary committee.

DAY 2 • WEDNESDAY, FEBRUARY 27, 2019

9:30–10:30 a.m.

MEASURING PERFORMANCE: HOW TO SEPARATE THE INDIVIDUAL FROM THE TEAM

Mark Smith, MD, MBA, FACS

As consolidation and integration sweep the healthcare industry, interdisciplinary clinical teams are reshaping conventional approaches to care delivery and competence assessment. This session will explore the impact of healthcare teams on modern medical staff considerations and structures. Attendees will learn to identify members of these teams, to discern their place in the classic peer review model, and to adapt traditional methods of performance measurement. This session will also feature a discussion on population health, including its evolving definition, its effect on individual and team-based performance measurement, and its real-world applications.

TELEMEDICINE PROVIDERS: HOW TO TAKE ADVANTAGE OF CREDENTIALING BY PROXY

Catherine Ballard, Esq.

As practitioner shortages grow and patients' care needs intensify, healthcare institutions are taking advantage of using telemedicine practitioners. While distance doesn't diminish a hospital's responsibility to thoroughly vet and assess affiliated practitioners, it can throw a wrench in conventional credentialing approaches. This session will explain the benefits of credentialing by proxy and walk attendees through the steps necessary to set up a proxy agreement. This session will also provide practical, compliance-minded guidance on vetting and assessing competence of remote practitioners as well as other legal aspects to keep in mind when working with telemedicine practitioners.

UNIFIED MEDICAL STAFFS: THE 'SYSTEMATIZATION' OF MEDICAL STAFF ACTIVITIES IN A HEALTH SYSTEM

Todd Sagin, MD, JD

In 2014, CMS revised its *Conditions of Participation* to allow multihospital systems to have one, unified medical staff. Medical staffs now must decide if consolidating governing documents and creating one process for credentialing, privileging, and peer review is the best option for all involved. This session will cover current trends in medical staff unifications, and lays out considerations—both legal and cultural—to help audience members decide whether having one, unified medical staff could benefit their health system.

10:30–11 a.m.

NETWORKING BREAK

11–12:15 p.m.

PROFESSIONAL REFERENCES: GET MEANINGFUL RESPONSES

*Sally Pelletier, CPMSM, CPCS;
Carol Cairns, CPMSM, CPCS*

Professional references are necessary to ensure the practitioners serving on your medical staff are competent and fully qualified to treat your patients. Yet, getting other organizations to provide meaningful information is a challenge. This session will provide tips for creating a professional reference form that goes beyond “yes” and “no” responses and help you interpret and evaluate the information references provide.

INFORMATICS OVERLOAD: HOW TO EMBRACE DATA

Mark Smith, MD, MBA, FACS

Informatics are being used in all facets of healthcare as a way to improve patient care, but have they caused as many problems as solutions? This session will discuss how informatics are being used in the credentialing world and how to get practitioners to embrace informatics instead of letting them become a contributing factor to burnout and fatigue. Also learn what role informatics play in terms of quality and safety in large health systems as well as rural areas.

INTEGRATING MEDICAL STAFF SERVICES AND PROVIDER ENROLLMENT FUNCTIONS

Amy Niehaus, CPMSM, CPCS, MBA

As hospitals look for ways to increase efficiency and improve their provider onboarding processes, some have begun combining their medical staff services and provider enrollment processes or departments. This means MSPs must quickly get up to speed on provider enrollment procedures. This session will help audience members learn the basics of provider enrollment, spot efficiencies in their medical staff services and provider enrollment onboarding processes, and determine whether to combine these two functions.

12:15–1:15 p.m.

LUNCH (PROVIDED)

1:15–2 p.m.

WINNING PRESENTATION: 2019 CRC SYMPOSIUM CASE STUDY COMPETITION

TBA

During this special presentation, the winner of the 2019 CRC Symposium Case Study Competition will take the podium to share his or her expert-selected success story from the field. The third annual Case Study Competition invited pioneering MSPs and physician leaders to pitch a symposium session covering a recent credentialing, privileging, or peer review triumph in their institution. Attendees will have the opportunity to ask targeted questions and will walk away with creative solutions to implement in their own organization.

MSP CAREER ADVANCEMENT: TIPS FOR PROFESSIONAL WRITING AND SPEAKING

Leslie Cox, BS, MHA, CPMSM, CPCS

Have you ever thought about writing an article for publication or presenting at a professional conference, but don't know where to start? Leslie Cox, BS, MHA, CPMSM, CPCS, who recently published a book with HCPro and has professional speaking experience, will provide tips for becoming a professional writer/speaker, share her personal experiences, and answer any questions you have about taking this step in career advancement.

WHAT PHYSICIAN LEADERS NEED TO KNOW ABOUT PROVIDER ENROLLMENT

Mark Smith, MD, MBA, FACS

Although medical staff leaders do not have direct involvement in provider enrollment processes, they still need to know the approach and systems used by their organization to complete this function. This session will cover everything medical staff leaders need to know to support the provider enrollment process and ensure practitioners are not missing start dates because of an enrollment issue.

REGISTER TODAY!

Call **800-650-6787** or visit hcmarketplace.com/CRC2019

DAY 2 • WEDNESDAY, FEBRUARY 27, 2019

2:15–3 p.m.

CREDENTIALS COMMITTEE LIVE

Carol Cairns, CPMSM, CPCS; Sally Pelletier, CPMSM, CPCS; Todd Sagin, MD, JD; Mark Smith, MD, MBA, FACS

During this session, we will revisit the credentials committee from Day 1 to see how it has taken the tips and lessons offered throughout the conference to become a highly effective and efficient committee. The especially sticky topic of reappointment (the nonroutine kind) will be addressed.

3–3:30 p.m.

NETWORKING BREAK

3:30–5 p.m.

RAPID FIRE

Carol Cairns, CPMSM, CPCS; Sally Pelletier, CPMSM, CPCS; Todd Sagin, MD, JD; Mark Smith, MD, MBA, FACS

Our expert faculty will provide high-level overviews and quick tips for today's hottest topics in medical staff and credentialing, including Maintenance of Certification, use of simulation centers, Interstate Medical Licensure Compact, quality data, locum tenens, and much more.

5 p.m.

ADJOURNED

DAY 3 • THURSDAY, FEBRUARY 28, 2019

Track 1

Track 2

7–8 a.m.

CONTINENTAL BREAKFAST

8–10 a.m.

OPPE AND FPPE: AWARD-WINNING PROFESSIONAL PRACTICE EVALUATION TRANSFORMATION

Raechel Rowland, RN, BSN, CLSSBB, CPHQ, CPPS

Hired into a brand-new medical staff quality specialist position, Raechel Rowland, RN, BSN, CLSSBB, CPHQ, CPPS, faced the daunting task of overhauling Ascension Borgess Health's existing OPPE and FPPE processes. During this session, Rowland will reveal how she leveraged her outsider's perspective to completely transform the Michigan hospital's approach to professional practice evaluation. She will discuss how to use quality software, Lean Six Sigma principles, and other 21st century tools to build a robust, meaningful, and compliant OPPE and FPPE program.

IMPROVE CVO PERFORMANCE THROUGH CUSTOMER SERVICE

Leslie Cox, BS, MHA, CPMSM, CPCS

By recognizing the business potential in customer-minded credentialing, Banner Health Credentials Verification Office (CVO) has rolled out process improvements across its expansive and varied customer base, which encompasses 28 system hospitals in six states and more than 8,000 privileged practitioners. This session will provide practical strategies for CVOs for making connections with wide-ranging medical staff services and customers. Attendees will learn how to streamline credentialing forms and procedures, simplify the application process for affiliated physician practices, and introduce a common data collection tool to modernize practitioner onboarding across the system.

10–10:30 a.m.

NETWORKING BREAK

10:30–12 p.m.

TRANSFORMATIONAL TEAMWORK: LEAN SIX SIGMA STRATEGIES TO IMPROVE THE PATIENT AND ASSOCIATE EXPERIENCE

Raechel Rowland, RN, BSN, CLSSBB, CPHQ, CPPS

Establishing, nurturing, and sustaining a culture that humanizes the effective delivery of care enables healthcare providers to move beyond checklists and scorecards. This session will review techniques to empower your staff to become innovators and change agents who are focused on patient care. Learn ways to consider patients and peers as customers of the services you provide, tactics for building teamwork and improving the experience for patients and associates, and Lean Six Sigma tools and methodologies to promote optimization of efficient processes that will improve the culture.

SURVIVAL TIPS FOR MEDICAL STAFF LEADERS AND PHYSICIAN EXECUTIVES

John McDonald, MD, MSHM, CMQ

Many medical staff leaders and physician executives take on their role because they are successful clinicians—but does this translate into being successful leaders? A well-trained medical staff leader is vital to the culture of a hospital's medical staff and can save a hospital from the expense of lawsuits affiliated with negligent credentialing/peer review, yet many medical staff leaders do not receive this training. During this session, attendees will learn about their new role and responsibilities (i.e., peer review, credentialing, medical staff bylaws) as well as how to inspire other medical staff members to follow the rules while continuing to deliver excellent patient care.

12 p.m.

ADJOURNED

*Agenda subject to change

FACULTY



CAROL S. CAIRNS, CPMSM, CPCS, has more than 40 years of experience in the medical staff services profession. She is the president of PRO-CON, and an advisory consultant and frequent presenter with The Greeley Company. A recognized expert in the field, Cairns has been a faculty member with the National Association Medical Staff Services since 1990. She presents frequently at state and national seminars on subjects such as basic and advanced credentialing and privileging, core privileging, AHP credentialing, CMS' *Conditions of Participation*, and the standards of—and survey preparation for—The Joint Commission, NCQA, HFAP, and DNV GL. For the past 18 years, Cairns has been an advisor to healthcare attorneys, including providing expert witness testimony regarding credentialing and privileging issues. She conceptualized and wrote six versions of *Verify and Comply*, an industry textbook and favorite since 1999.



SALLY PELLETIER, CPMSM, CPCS, is an advisory consultant and chief credentialing officer with The Greeley Company. She brings nearly 25 years of credentialing and privileging experience to her work with medical staff leaders and MSPs across the nation. Pelletier advises clients in the areas of accreditation and regulatory compliance; credentialing redesign, including change management, standardization, and centralization; medical services department operations; privileging redesign; and leadership and development training for MSPs.



TODD SAGIN, MD, JD, is a physician executive recognized across the nation for his work with hospital boards, medical staffs, and physician organizations. He is the national medical director of Sagin Healthcare Consulting, LLC, and HG Healthcare Consultants, LLC, which provide guidance on a wide range of healthcare issues. He served for more than half a decade as the vice president and national medical director of The Greeley Company. Sagin is a practicing family physician and geriatrician who has held executive positions in academic and community hospitals and in organized medicine. He frequently lectures and facilitates retreats on medical staff affairs, physician leadership skills, relationships between hospitals and doctors, strategic healthcare planning, governance, and related topics.



MARK A. SMITH, MD, MBA, FACS, is a senior consultant with HG Healthcare Consultants, LLC, a healthcare consulting firm, and the chief medical officer for MorCare LLC. He brings 30 years of clinical practice and hospital administration experience to his work with physicians and hospitals across the United States, where he provides expertise in system quality and performance improvement, peer review, ongoing and focused professional practice evaluation, management of deficient practitioner performance, criteria-based privileging, low-volume practitioners, population health management, and external focused review. Smith is a board-certified surgeon who practices part time as a clinical assistant professor of surgery in the vascular and endovascular surgery section at the University of California, Irvine Medical Center. Previously, he practiced general and vascular surgery in a private practice setting.



This was the best conference I have ever attended. Every session was jam packed with useful information and practical applications for every MSP and physician leader. I felt that the information was forward thinking!"

—2018 CRC SYMPOSIUM ATTENDEE

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SPEAKERS



CATHERINE BALLARD, ESQ., is a partner at the law firm of Bricker & Eckler and vice chair of its healthcare practice group. She works with clients in the areas of hospital/medical staff integration, medical staff and hospital-employed physician integration, quality assessment and performance improvement, and related peer review matters. She develops medical staff/advanced practice provider governing documents, and she provides advice on Medicare *Conditions of Participation* and private accreditation, provider scope of practice, physician recruitment/employment, and general patient care. She also provides mediation services. Ballard is a regular speaker for the Ohio Hospital Association and at the American Health Lawyers Association on a variety of healthcare issues and speaks at national forums on topics such as healthcare quality management; credentialing and peer review; and medical staff governance, fair hearings, and ethics.



LESLIE COX, BS, MHA, CPMSM, CPCS, is senior director of Banner Health's CVO. Previously, she was director of medical staff services at Banner Estrella Medical Center in Phoenix. With over 30 years of experience in the field, Cox has a master's degree in health administration, a Bachelor of Science degree in business administration, and dual certification in professional medical services management (CPMSM, CPCS). She enjoys leading process improvement teams, with a focus on customer service, creating efficiency, and facilitating collaboration among various teams and constituents. She is a member of the Credentialing Resource Center's News, Analysis, and Education Board and co-leads a Health System CVO Leadership Forum in collaboration with Morrisey, A HealthStream Company. She is the author of *Centralized Credentialing: The Authoritative Guide to Efficient CVO Enactment and Operation* (HCP, 2018).



JOHN MCDONALD, MD, MSHM, CMQ, has served as the chief medical officer at Medical City North Hills (MCNH) in North Richland Hills, Texas, since April 2014. A board-certified pathologist, McDonald has also been medical director of the MCNH laboratory since 1991. Throughout his career, McDonald has held a variety of leadership roles in medical staff affairs, including chief of staff and chairman of the board of trustees. McDonald holds a Bachelor of Science degree in biology from Texas Christian University, an MD from the McGovern Medical School at the University of Texas (UT) Health Science Center at Houston, and a Master of Science degree in healthcare management from UT-Dallas. He completed his residency training at the Kansas University Medical Center and the UT Southwestern Medical Center. McDonald is board-certified in anatomical and clinical pathology, cytopathology, blood banking/transfusion medicine, and medical quality.



AMY M. NIEHAUS, CPMSM, CPCS, MBA, is an independent healthcare consultant with more than 25 years of experience in the medical services and credentialing profession. In her current role, she advises clients in the areas of accreditation, regulatory compliance, credentialing, process simplification and redesign, credentialing technology, credentials verification organization (CVO) development, and delegation. Niehaus has worked in multiple environments throughout her career, including acute care hospitals, CVOs, managed care organizations (MCO), health plans, and consulting firms. She has been a member of the National Association Medical Staff Services (NAMSS) since 1991. She is currently a NAMSS instructor and previously served as chair of the association's MCO Task Force, as well as chair and member of the NAMSS Education Committee. She is a former president of the Missouri Association Medical Staff Services and its Greater St. Louis Area chapter. Niehaus has been a speaker and educator since 2000, developing and presenting various programs to state and national audiences on credentialing and privileging processes; TJC, NCQA, and URAC accreditation standards and survey preparation; CVO certification; provider enrollment; and delegation. She has authored and contributed to a variety of industry-related publications, including NAMSS *Synergy*, The Greeley Company, Credentialing Resource Center, AHLA MedStaff News, and Becker's Hospital Review. She is the author of *Credentialing for Managed Care: Compliant Processes for Health Plans and Delegated Entities* (HCP, 2016).



RAEHEL ROWLAND, RN, BSN, CLSSBB, CPHQ, CPPS, has 31 years of experience in clinical nursing with expertise in a variety of roles and currently works as a Lean practitioner in the Performance Excellence department at Ascension Borgess Health in Kalamazoo, Michigan. She is known for her passion for patient safety, patient experience, employee engagement, and cultural transformation. Rowland completed her Bachelor of Science in Nursing through Ohio University in 2017 and is pursuing her Master of Science in Nursing through Aspen University with a focus on clinical informatics. She is certified as a Lean Six Sigma Black Belt, Certified Professional in Healthcare Quality, Certified Professional in Patient Safety, and Certified Professional in Patient Experience.

*Speaker list subject to change



The **Credentiaing Resource Center (CRC)** is the premier destination for credentialing, privileging, and peer review expertise. Membership provides MSPs, quality professionals, and medical staff leaders with a collection of continuously updated tools, best practice strategies, and compliance tips developed by industry experts.

With three membership tiers, you can customize your access level depending on your education and training needs.

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Take a look at all of the great benefits our members receive.

MEMBERSHIP FEATURES	Basic	Platinum	Platinum Plus
Credentiaing Resource Center Journal	✓	✓	✓
Medical Staff Briefing	✓	✓	✓
Credentiaing & Peer Review Legal Insider Back Issues Archive	✓	✓	✓
CRC Forums	✓	✓	✓
Nearly 300 Clinical Privilege White Papers	✓	✓	✓
Tools and Forms Library	✓	✓	✓
Premier Access to the MSP Salary Survey Findings and Analysis	✓	✓	✓
Exclusive Deals	✓	✓	✓
Career Center	✓	✓	✓
A Selection of 20 Core Privileging Forms	✓	✓	✓
Our Complete Collection of Core Privileging Forms (130 Total)	✓	✓	✓
Credentiaing and Privileging Encyclopedia	✓	✓	✓
Credentiaing Primary Source Verification Directory	✓	✓	✓
Expert-Led Webinars	✓	✓	✓
E-Library	✓	✓	✓
Expanded Access to CRC's Ever-Growing Tools and Forms Library	✓	✓	✓

AT THE CONCLUSION OF THIS EVENT, YOU WILL BE ABLE TO:

- ✓ Identify how medical staff professionals and medical staff leaders can work together to create robust credentialing, privileging, and peer review processes
- ✓ Analyze your corrective action and fair hearing processes to identify any loopholes that could create problems for your organization
- ✓ Custom-fit scopes of practice, OPPE, FPPE, and related medical staff processes for advanced practice professionals
- ✓ Develop full-bodied credentialing and privileging processes for healthcare entities beyond the traditional hospital, such as CVOs and ambulatory centers
- ✓ Analyze options for credentialing and privileging telemedicine providers
- ✓ Streamline credentialing processes and diminish duplicative medical staff governance work to maximize efficiency, uphold quality, and invigorate the revenue cycle
- ✓ Evaluate the effectiveness and efficiency of your credentials committee and practitioner vetting process
- ✓ Discover new ways to utilize OPPE, FPPE, and peer review to create a medical staff that is well-trained, competent, and supportive of helping their colleagues provide the highest-quality patient care

REGISTER TODAY!

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PRICING

Early bird pricing (ends December 14, 2018):

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Preconference | Monday, February 25



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