



**NYSAMSS
2018 Annual
Educational Conference**

Verify and Comply
CMS, TJC, HFAP, DNV GL, and NCQA
Credentialing Standards Compared
and Contrasted

April 26-27, 2018

Presented by
Sally Pelletier, CPMSM, CPCS



About Your Speaker:

Sally Pelletier, CPMSM, CPCS



Sally Pelletier is an Advisory Consultant and the Chief Credentialing Officer for The Greeley Company, in Danvers, MA. She brings more than 27 years of credentialing and privileging experience to her work with medical staff leaders and medical services professionals across the nation.


Pelletier advises clients in the areas of accreditation, regulatory compliance, credentialing, privileging, onboarding process simplification and re-design, medical staff services department and centralized credentialing operations and provides leadership and development training for medical staff leaders and medical services professionals.

She currently serves as faculty for The Greeley Company's *The Credentialing Solution* and presents at state and national seminars on a variety of topics related to medical staff leadership training, leading practices in credentialing and privileging, and practitioner competency management.

Pelletier also serves on the Editorial Advisory Board of the Credentialing Resource Center and Medical Staff Briefing for HCPro, Inc. Pelletier has coauthored several HCPro/Greeley books, including:

- *Core Privileges for Physicians: A Practical Approach to Developing and Implementing Criteria-based Privileges, Sixth Edition (2013)*
- *The Medical Staff's Guide to Overcoming Competence Assessment Challenges (2013)*
- *Core Privileges for APPs: Develop and Implement Criteria-Based Privileging for Non-physician Practitioners, Third Edition (2013)*
- *Assessing the Competency of Low-Volume Practitioners: Tools and Strategies for OPPE & FPPE Compliance, Second Edition (2009)*

Pelletier has served as secretary and as the Northeast region representative on the board of directors for the National Association Medical Staff Services (NAMSS). Other leadership roles for NAMSS have included serving as a NAMSS instructor; and chairing the Governance, Management, and Manpower Committee, the Bylaws Committee, and the Credentialing Elements Task Force. In addition, she served as president of the New Hampshire Association Medical Staff Services, from which she received the 2008 Excellence in Medical Staff Services Award. Pelletier began her career in 1992 as the medical staff coordinator at The Memorial Hospital in North Conway, NH.



Verify and Comply
 CMS, TJC, HFAP, DNV GL,
 and NCQA Credentialing
 Standards Compared
 and Contrasted

Sally J Pelletier, CPMSM, CPCS

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Objectives

- Identify the credentialing standards for CMS, TJC, HFAP, DNV GL, NCQA
- Explain the differences and similarities among and between the credentialing standards for each organization
- Describe the four steps of credentialing and the responsible parties for each step

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So many masters



➤ And all the state licensing bodies...

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CMS - Centers for Medicare & Medicaid Services

- Federal – CoPs 1966
- Deemed status
- Base for all accreditors
- Six year approval
- Initial validation surveys by states

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Accrediting Organizations

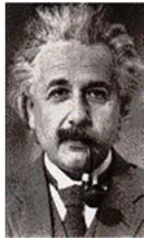
- TJC
- HFAP
- DNV GL
- NCQA

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Version of Standards

- CMS CoPs & Interpretive Guidelines for Hospitals (SOM 12/28/17)
- TJC 2018 Hospital Standards
- HFAP 2018 Hospital Standards
- DNV GL – Healthcare 2018 Hospital Standards (Version 18)
- NCQA July 2018 Standards (Health Plan)
- NCQA July 2016 Standards (CVO)

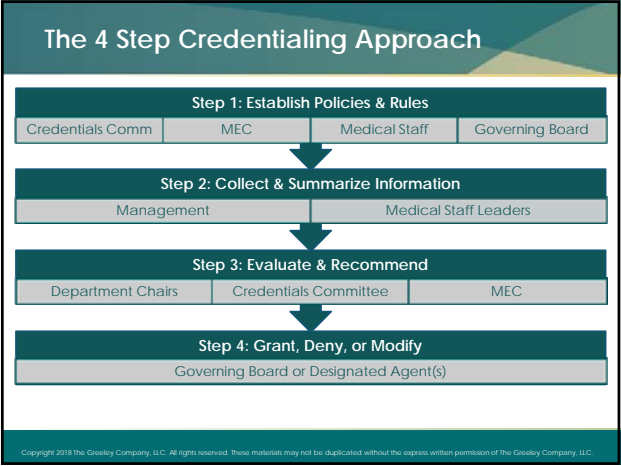
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“All things should be made as simple as possible, but not more so.”

Albert Einstein

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Step 1: Establish Policies & Procedures

	Authorization for services	Bylaws/ Credential p&p	Practitioners covered	Processing time limits	Criteria Based Privileges
CMS	Gov body	Yes	MD, DO, + Gov body*	No	Yes*
TJC	Gov body	Yes	LIP, APRN, PA, + GB*	Bylaws	Yes
HFAP	Gov body	Yes	MD, DO, + GB*	Bylaws +	Yes
DNV GL	Gov body	Yes	MD, DO + GB*	Bylaws	Yes*
NCOA	Cred Cmte	Yes	Plan directed*	Variable by element*	N/A

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HFAP	Gov body	Yes	MD, DO, + GB*	Bylaws +	Yes
DNV GL	Gov body	Yes	MD, DO + GB*	Bylaws	Yes*
NCOA	Cred Cmte	Yes	Plan directed*	Variable by element*	N/A

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TJC	Gov body	Yes	LIP, APRN, PA, + GB*	Bylaws	Yes
HFAP	Gov body	Yes	MD, DO, + GB*	Bylaws +	Yes
DNV GL	Gov body	Yes	MD, DO + GB*	Bylaws	Yes*
NCOA	Cred Cmte	Yes	Plan directed*	Variable by element*	N/A

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When in Doubt, Apply the 5 P's

Our **Policy** is to follow our **Policy**.
 In the absence of a **Policy**,
 our **Policy** is to create a **Policy**.

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HFAP	Gov body	Yes	MD, DO, + GB*	Bylaws +	Yes
DNV GL	Gov body	Yes	MD, DO + GB*	Bylaws	Yes*
NCQA	Cred Cmte	Yes	Plan directed*	Variable by element*	N/A

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Special Considerations: Policies and Procedures

- CMS/HFAP: Governing body **may** determine other types of practitioners to include
- TJC: Organized MS **must** privilege if providing a "medical level of care"
- DNV GL: **May** include others as determined by governing body and medical staff and state scope of practice

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Special Considerations: Policies and Procedures

- NCQA
 - Provider categories are plan directed
 - Practitioners who are licensed, certified, or registered by the state to practice independently
 - Practitioners who have an independent relationship with the organization
 - Plan can direct its members to see a specific practitioner or group of practitioners

(Note: This includes telemedicine providers who meet above criteria)

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Special Considerations: Policies and Procedures

- NCOA
 - Not necessary to credential
 - Locum tenens
 - Practitioners who practice exclusively in the inpatient setting
 - Practitioners who practice exclusively in free-standing facilities and provide care only as a result of being directed to the facility (e.g., mammo center, surgery centers, urgent care, etc.)

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NCOA	Cred Cmte	Yes	Plan directed*	Variable by element*	N/A

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Special Considerations: Processing Time Limits

- HFAP
 - Bylaws define process and timeframes to include a recommendation be made to the MEC within 60 days of receipt of completed application



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**Special Considerations:
Processing Time Limits**

- NCOA
 - 180 days for HP/MBHO and 120 days for CVOs
 - Licensure
 - Board Certification
 - Malpractice history
 - Sanctions

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**Special Considerations:
Processing Time Limits**

- NCOA
 - Prior to credentialing decision
 - Education and training
 - DEA
 - Attestation statements to confirm application responses are correct and complete may be up to 365 days for HP/MBHO and 305 for CVOs*
 - Includes work history

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**Special Considerations:
Processing Time Limits**

- CMS
 - Under Managed Care standards, application attestation and all required verifications must be within 6 months of organization decision

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HFAP	Gov body	Yes	MD, DO, + GB*	Bylaws +	Yes
DNV GL	Gov body	Yes	MD, DO + GB*	Bylaws	Yes*
NCOA	Cred Cmte	Yes	Plan directed*	Variable by element*	N/A →

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Special Considerations: Criteria-Based Privileging

- CMS
 - CMS Interpretative Guidelines: If an individual is providing a medical level of care or performing surgical tasks, they **must** be privileged*

§482.51(a)(4) – Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner

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Special Considerations: Criteria-Based Privileging

- CMS relies upon the definition of surgery developed by the American College of Surgeons

Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues. ... Surgery is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, **sutured, probed, or manipulated**

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Special Considerations: Criteria-Based Privileging

- DNV GL
 - Interpretive guidelines for SS.3 Practitioner Privileges: *Core privileges for general surgery and surgical subspecialties are acceptable as long as the core is properly **defined**.*

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Step 2: Gather Information

	License	Education & training	Experience	Current competence	Health status
CMS	PSV	PSV*	PSV	PSV*	*
TJC	PSV*	PSV*	PSV	PSV*	AP*+
HFAP	PSV*	PSV*	PSV*	PSV*+	REF*
DNV GL	PSV*	PSV*	PSV	PSV*	*
NCOA	PSV*	PSV*	AP*	NA	AP*

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Step 2: Gather Information

	License	Education & training	Experience	Current competence	Health status
CMS	PSV	PSV*	PSV	PSV*	*
TJC	PSV*	PSV*	PSV	PSV*	AP*+
HFAP	PSV*	PSV*	PSV*	PSV*+	REF*
DNV GL	PSV*	PSV*	PSV	PSV*	*
NCOA	PSV*	PSV*	AP*	NA	AP*

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Special Considerations: License


- TJC requires PSV of licensure at:
 - Initial privileging (+ additional privilege request)
 - Re-privileging
 - At expiration
- TJC does not require PSV of challenges to licensure
 - **Ask** applicant re: voluntary or involuntary relinquishment



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Special Considerations: License


- HFAP
 - Requires documentation:
 - License history
 - **All** current licenses and
 - **All** "applicable" license sanctions
 - Licensing sources: PSV and NPDB query
 - Sanction sources: (above +) FSMB or FACIS



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Special Considerations: License

- DNV GL
 - Requires PSV:
 - Initial appointment
 - Reappointment
 - Temporary privileges
 - Requires mechanism in bylaws:
 - Suspension
 - Revocation
 - Restriction of license



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Special Considerations: License

- NCOA
 - Requires documentation of:
 - Expiration date
 - Verification of license for all states where the practitioner provides care for the plan's members - 180/120 days
 - Requires verification of sanction status for past 5 years, all states where they worked - 180/120 days
 - Sources for sanctions for MD/DOs: State licensing body, NPDB, or FSMB

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	License	Education & training	Experience	Current competence	Health status
CMS	PSV	PSV*	PSV	PSV*	*
TJC	PSV*	PSV*	PSV	PSV*	AP*+
HFAP	PSV*	PSV*	PSV*	PSV*+	REF*
DNV GL	PSV*	PSV*	PSV	PSV*	*
NCOA	PSV*	PSV*	AP*	NA	AP*

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Special Considerations: Education and Training*

- CMS, TJC, HFAP, DNV GL, NCOA accept ECFMG, AMA, and AOA verification
- NCOA accepts FCVS for closed residency programs and only recognizes ACGME, AOA (US) and CFPC or RCPS (Canada)


*Static information verified once



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**Special Considerations:
Education and Training**


- The Joint Commission (FAQ)
 - Allows for PSV of licensing to suffice if none of the following are important:
 - Location of school,
 - The marketing of educational status, or
 - Currency of education and training to clinical privileges



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**Special Considerations:
Education and Training**

- NCOA
 - Verification of highest certification or training is adequate
 - Compliance vs. leading practice
 - Credentialing P&Ps ensure practitioner directories/marketing materials are consistent with credentialing data obtained, including education, training, certification, and specialty



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**Special Considerations:
Education and Training**

- NCOA (Annual written confirmation required)
 - State licensing agency, specialty board, or registry – education if PSV performed
 - State licensing agency – residency if PSV performed
- Sealed transcripts

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Step 2: Gather Information

	License	Education & training	Experience	Current competence	Health status
CMS	PSV	PSV*	PSV	PSV*	*
TJC	PSV*	PSV*	PSV	PSV*	AP*+
HFAP	PSV*	PSV*	PSV*	PSV*+	REF*
DNV GL	PSV*	PSV*	PSV	PSV*	*
NCOA	PSV*	PSV*	AP*	NA	AP*

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- ### Special Considerations: Experience
- HFAP
 - Requires applicant provides information of work history
 - Appointment
 - Privileges
 - Employment
 - Requires verification of above, **plus**
 - Pending investigations
 - Disciplinary actions
 - Voluntary resignations or relinquishment
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- ### Special Considerations: Experience
- NCOA
 - No requirement for verification. Requires applicant document the most recent 5 year relevant work history. If less than 5 years, applicant must include beginning & ending month/year for each position
 - Documented review of work history by reviewer (signature/initials and date) on application, CV, or checklist
 - Gaps of >6 months need verbal explanation by applicant with documentation
 - Gaps of >12 months need written explanation by applicant
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	License	Education & training	Experience	Current competence	Health status
CMS	PSV	PSV*	PSV	PSV*	*
TJC	PSV*	PSV*	PSV	PSV*	AP*+
HFAP	PSV*	PSV*	PSV*	PSV*+	REF*
DNV GL	PSV*	PSV*	PSV	PSV*	*
NCCA	PSV*	PSV*	AP*	NA	AP*

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Special Considerations: Current Competence


- CMS, HFAP, DNV GL: Requires evidence of individual character, competence, training, experience, judgment
- TJC: Requires verification of professional and clinical performance (Suggested: six areas of General Competency)
- HFAP: Requires collection of clinical activity: procedure logs with outcomes to support privilege requests



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Special Considerations: Current Competence – Peer References


- CMS: Supporting references for competence
- TJC: PSV of professional and clinical performance
 - Initial appointment must include peer references
 - Reappointment only if insufficient clinical activity



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**Special Considerations:
Current Competence – Peer References**


- DNV GL:
 - Initial appointment must include **two** peer recommendations
 - Reappointment only if insufficient clinical activity
- HFAP:
 - Initial appointment must include professional references regarding current competence and ability to perform
 - Reappointment only if insufficient clinical activity



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**Special Considerations:
Current Competence – Reappraisal of Privileges**

- CMS
 - Appraisal at regular intervals to evaluate individual's qualifications and demonstrated competency
- TJC & HFAP
 - Ongoing professional practice evaluation results



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**Special Considerations:
Current Competence – Reappraisal of Privileges**

- DNV GL: Requires PSV of clinical competence to include review of performance data (if available) for variation from benchmark data
 - Variations
 - Evaluated through the peer review process
 - Documented through an action plan which includes improvement strategies

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	License	Education & training	Experience	Current competence	Health status
CMS	PSV	PSV*	PSV	PSV*	*
TJC	PSV*	PSV*	PSV	PSV*	AP*+
HFAP	PSV*	PSV*	PSV*	PSV*+	REF*
DNV GL	PSV*	PSV*	PSV	PSV*	*
NCCA	PSV*	PSV*	AP*	NA	AP*

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Special Considerations: Health Status

- CMS
 - One comment in the surgical privileges section under survey procedures requires a written assessment of the practitioner's health status §482.51(a)(4)

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Special Considerations: Health Status

- TJC
 - Requires applicant to submit a statement that no health problems exist that could affect ability to perform the privileges requested
 - MS evaluates...documentation of evidence of physical ability to perform requested privilege

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Special Considerations: Health Status

- HFAP
 - Requires evaluation of health status through at least one professional reference that comments upon the applicant's physical and mental abilities to perform the privileges requested

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Special Considerations: Health Status

- DNV GL
 - Medical staff section is silent on evaluation of health status. However, the surgical privileges section under survey procedures requires verification of the practitioner's health status.
- NCQA
 - Reasons for inability to perform the essential functions of the position

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Step 2: Gather Information

	NPDB	Liability insurance coverage	Malpractice history	Board certified	Medicare/Medicaid sanctions	DEA	Felony
CMS	*	NA	NA	*	*	NA	NA
TJC	PSV*	NA	*	Bylaws*	*	AP*	*
HFAP	PSV*	AP*	PSV & NPDB*	PSV*	AP+	AP*	AP+
DNV GL	PSV*	Bylaws*	Bylaws*	*	PSV*	*	NA
NCQA	NA	AP*	PSV or NPDB*	PSV*	PSV*	AP*	AP

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	NPDB	Liability insurance coverage	Malpractice history	Board certified	Medicare/Medicaid sanctions	DEA	Felony
CMS	*	NA	NA	*	*	NA	NA
TJC	PSV*	NA	*	Bylaws*	*	AP*	*
HFAP	PSV*	AP*	PSV & NPDB*	PSV*	AP+	AP*	AP+
DNV GL	PSV*	Bylaws*	Bylaws*	*	PSV*	*	NA
NCOA	NA	AP*	PSV or NPDB*	PSV*	PSV*	AP*	AP

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Special Considerations: NPDB


- CMS
 - Interpretive guidelines require reporting to appropriate State and Federal authorities (to include NPDB) when privileges are limited, revoked, or in any way constrained



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Special Considerations: NPDB

- Federal law requires query of the NPDB when granting:
 - Initial medical staff appointment (courtesy or otherwise) or clinical privileges (including temporary)
 - Every two years thereafter
 - Requests for additional privileges
- Continuous Query (CQ) is accepted by CMS and all accreditors



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Special Considerations: NPDB

- TJC & HFAP
 - PSV for initial privileging, renewal of privileges, and for new privilege(s) request(s)
- DNV GL
 - PSV for initial appointment, reappointment, and for temporary privilege(s) request(s)

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	NPDB	Liability insurance coverage	Malpractice history	Board certified	Medicare/Medicaid sanctions	DEA	Felony
CMS	*	NA	NA	*	*	NA	NA
TJC	PSV*	NA	*	Bylaws*	*	AP*	*
HFAP	PSV*	AP*	PSV & NPDB*	PSV*	AP+	AP*	AP+
DNV GL	PSV*	Bylaws*	Bylaws*	*	PSV*	*	NA
NCQA	NA	AP*	PSV or NPDB*	PSV*	PSV*	AP*	AP

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Special Considerations: Liability Insurance Coverage

- HFAP
 - Applicant supplies evidence of professional liability insurance coverage including a copy of current insurance certificate showing amount and dates of coverage



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Special Considerations: Liability Insurance Coverage

- DNV GL
 - Standards **do not** include a requirement for verification of professional liability coverage
 - Standards **do** include a requirement that the MS bylaws provide for a mechanism for automatic suspension if a practitioner fails to maintain required coverage



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Special Considerations: Liability Insurance Coverage

- NCOA
 - Applicant attests to the amount and dates of coverage even if the amount is zero or provides a copy of insurance face sheet
 - Coverage must be current at time of credentialing committee decision

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TJC	PSV*	NA	*	Bylaws*	*	AP*	*
HFAP	PSV*	AP*	PSV & NPDB*	PSV*	AP+	AP*	AP+
DNV GL	PSV*	Bylaws*	Bylaws*	*	PSV*	*	NA
NCOA	NA	AP*	PSV or NPDB*	PSV*	PSV*	AP*	AP

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**Special Considerations:
Malpractice History**


- TJC
 - MS evaluates...evidence of unusual pattern or excessive number of professional liability actions resulting in a final judgment
 - TJC also requires query of the NPDB – information re: malpractice judgments/ settlements is included



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**Special Considerations:
Malpractice History**


- HFAP - Requires organizations to:
 - Query the malpractice carrier for a five year litigation history, and
 - Query the NPDB



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**Special Considerations:
Malpractice History**

- DNV GL
 - Bylaws outline qualifications to be met by applicant that includes review of the individual's involvement in a professional liability action
 - Requires query of the NPDB – information re: malpractice judgments/ settlements is included



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Special Considerations: Malpractice History

- NCOA
 - Applicant provides at least a 5 year history of malpractice settlements
 - Information is then verified from carrier or NPDB query-180/120 days

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Step 2: Gather Information

	NPDB	Liability insurance coverage	Malpractice history	Board certified	Medicare/Medicaid sanctions	DEA	Felony
CMS	*	NA	NA	*	*	NA	NA
TJC	PSV*	NA	*	Bylaws*	*	AP*	*
HFAP	PSV*	AP*	PSV & NPDB*	PSV*	AP+	AP*	AP+
DNV GL	PSV*	Bylaws*	Bylaws*	*	PSV*	*	NA
NCOA	NA	AP*	PSV or NPDB*	PSV*	PSV*	AP*	AP

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Special Considerations: Board Certification


- CMS, HFAP, DNV GL
 - A hospital is not prohibited from requiring board certification when considering a MD/DO for medical staff membership, as long as certification is not the only factor.



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**Special Considerations:
Board Certification**


- TJC
 - PSV, if applicable, from specialty board, ABMS, AOA, or AMA (designated agent)
- HFAP
 - Documentation of board certification status
 - Acceptable sources are ABMS or AOA



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**Special Considerations:
Board Certification**

- NCOA
 - Board certification verified from
 - ABMS or member boards or official Display Agent
 - AOA Official Profile Report
 - AMA Master File
 - State licensing body with annual confirmation
 - Non ABMS / Non AOA Board* with proviso of documentation that the board performs annual PSV of education and training

* In accordance with P&P 

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**Special Considerations:
Board Certification**

- NCOA
 - If specialty board does not provide an expiration date, the organization must verify that the board certification is current

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Step 2: Gather Information

	NPDB	Liability insurance coverage	Malpractice history	Board certified	Medicare/Medicaid sanctions	DEA	Felony
CMS	*	NA	NA	*	*	NA	NA
TJC	PSV*	NA	*	Bylaws*	*	AP*	*
HFAP	PSV*	AP*	PSV & NPDB*	PSV*	AP+	AP*	AP+
DNV GL	PSV*	Bylaws*	Bylaws*	*	PSV*	*	NA
NCOA	NA	AP*	PSV or NPDB*	PSV*	PSV*	AP*	AP

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Special Considerations: Medicare and Medicaid Sanctions


- CMS
 - CoP - No requirement to verify sanction status
 - Medicare regulations - No payment if practitioner is sanctioned



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Special Considerations: Medicare and Medicaid Sanctions


- TJC
 - Not specifically required but covered under expectation to adhere to all regulations (local, state, federal)
 - Required NPDB query will contain information re: sanctions



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**Special Considerations:
Medicare and Medicaid Sanctions**


- HFAP
 - Application requests information regarding disciplinary actions taken or pending re: Medicare/Medicaid
- Standards also require
 - NPDB query (contains information re: sanctions)
 - FSMB or FACIS query



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**Special Considerations:
Medicare and Medicaid Sanctions**

- DNV GL
 - Query of the OIG Medicare/Medicaid Exclusions List is required when granting initial appointment, reappointment, temporary privileges
 - MS bylaws contain language for suspension in event of termination of Medicare/Medicaid status



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**Special Considerations:
Medicare and Medicaid Sanctions**

- NCQA - Verification from:
 - NPDB (CO)
 - FSMB
 - Medicare Exclusion Database
 - State intermediary
 - OIG
 - List of Excluded Individuals and Entities
 - Federal Employees Health Benefits Plan

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Step 2: Gather Information

	NPDB	Liability insurance coverage	Malpractice history	Board certified	Medicare/Medicaid sanctions	DEA	Felony
CMS	*	NA	NA	*	*	NA	NA
TJC	PSV*	NA	*	Bylaws*	*	AP*	*
HFAP	PSV*	AP*	PSV & NPDB*	PSV*	AP+	AP*	AP+
DNV GL	PSV*	Bylaws*	Bylaws*	*	PSV*	*	NA
NCQA	NA	AP*	PSV or NPDB*	PSV*	PSV*	AP*	AP

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Special Considerations: DEA

- DEA reports to NPDB
- TJC: Requires MS to evaluate challenges to registration
- HFAP: Application requests information regarding actions against DEA and CDS
- DNV GL: A current DEA is included in qualifications to be met by the applicant and reapplicant



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Special Considerations: DEA

- NCQA: Practitioners who prescribe medications
 - Copy or documented visual of current certificate, or PSV (state or national), NTIS, AMA, AOA
 - Pending a DEA or CDS, the organization must have a process (documented) to require an explanation and to provide arrangements for that practitioner's patients who need a prescription requiring a DEA

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Step 2: Gather Information

	NPDB	Liability insurance coverage	Malpractice history	Board certified	Medicare/Medicaid sanctions	DEA	Felony
CMS	*	NA	NA	*	*	NA	NA
TJC	PSV*	NA	*	Bylaws*	*	AP*	*
HFAP	PSV*	AP*	PSV & NPDB*	PSV*	AP+	AP*	AP+
DNV GL	PSV*	Bylaws*	Bylaws*	*	PSV*	*	NA
NCOA	NA	AP*	PSV or NPDB*	PSV*	PSV*	AP*	AP

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- ### Special Considerations: Felony
- TJC
 - HR standards require criminal background check be addressed by policy for employees (e.g., Physicians/APRNs/PAs)
 - HFAP
 - Application requests information on criminal history (7 to 10 years)
 - Reapplication may request information since last reappointment cycle
 - Information is verified according to state or federal regulation and/or based on information
 - Expectation is that background check is performed
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- ### Miscellaneous – Gather Information: Verification of Identity
- CMS, HFAP, DNV GL, NCOA: Not addressed
 - TJC: Viewed and documented at initial appointment only
 - Current government issued photo ID
 Or
 - Current hospital picture ID
- Note: Special circumstances for telemedicine
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Miscellaneous - NCQA

- Correctness and completeness of the application
 - Faxed, digital, electronic, scanned or photocopied signatures are acceptable
 - Signature stamps are not acceptable unless the practitioner is physically impaired and the disability is documented in the practitioner's file

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Miscellaneous – Use of CVO


- CMS, DNV GL – CVO's are not addressed in the standards but are acceptable in practice
- TJC – Requires adherence to 10 principles for CVOs
- HFAP – Standards address the use of a CVO for PSV in accordance with the requirements for each element
- NCQA – Requires a delegated agreement with oversight. Oversight requirement is removed if CVO is certified by NCQA



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Miscellaneous – Use of CVO

- Therefore, CMS, TJC, HFAP, DNV GL would accept the use of the AMA and the AOA Profiles for
 - License(s)
 - Education
 - Training
 - Board Certification
 - DEA
 - Sanctions



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Miscellaneous – Use of CVO

- NCQA would accept the AMA and the AOA Profiles for
 - Education
 - Training
 - Board Certification
 - DEA

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**Special Considerations:
Review, evaluate, summarize . . .**

- HFAP
 - Application/Reapplication:
 - Verified information is reviewed, evaluated, and summarized by a credentialing professional
 - The summary is a clear report of the review

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Credentialing errors

- **Information error:** Information existed that could have been known but wasn't, and the information would have impacted a credentialing decision
- **Decision error:** The necessary information was known, but leaders failed to make the wise decision

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Steps 3 & 4: Recommend & Approve

	Department chair	Credentials committee	MEC	Governing board
CMS	Med staff	Med staff	Med staff	A
TJC	R-If depts.	NA	R	A
HFAP	Bylaws R-If depts.	R*	R	A
DNV GL	Med staff	Med staff	R	A
NCOA	NA	A*	NA	NA

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Steps 3 & 4: Recommend & Approve

	Department chair	Credentials committee	MEC	Governing board
CMS	Med staff	Med staff	Med staff	A
TJC	R-If depts.	NA	R	A
HFAP	Bylaws R-If depts.	R*	R	A
DNV GL	Med staff	Med staff	R	A
NCOA	NA	A*	NA	NA

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Steps 3 & 4: Recommend & Approve

	Department chair	Credentials committee	MEC	Governing board
CMS	Med staff	Med staff	Med staff	A
TJC	R-If depts.	NA	R	A
HFAP	Bylaws R-If depts.	R*	R	A
DNV GL	Med staff	Med staff	R	A
NCOA	NA	A*	NA	NA

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Credentials Committee


- HFAP
 - Requires a credentials committee and/or function that makes recommendations to MEC on applications and requests for clinical privileges



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Credentialing Committee

- NCQA: P & Ps outline the process for:
 - Participation and responsibility of Medical Director in credentialing program
 - Managing credentialing files that meet established criteria
 - Process for determining and approving "clean" files
 - Effective date



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Credentialing Committee

- NCQA
 - Real time virtual meetings allowed
 - Email "meetings" not allowed
 - Committee's discussion must be documented in it's meeting minutes*

*Evidence of thoughtful consideration

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Steps 3 & 4: Recommend & Approve

	Department chair	Credentials committee	MEC	Governing board
CMS	Med staff	Med staff	Med staff	A
TJC	R-If depts.	NA	R	A
HFAP	Bylaws R-If depts.	R*	R	A
DNV GL	Med staff	Med staff	R	A
NCOA	NA	A*	NA	NA

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Steps 3 & 4: Recommend & Approve

	Department chair	Credentials committee	MEC	Governing board
CMS	Med staff	Med staff	Med staff	A
TJC	R-If depts.	NA	R	A
HFAP	Bylaws R-If depts.	R*	R	A
DNV GL	Med staff	Med staff	R	A
NCOA	NA	A*	NA	NA

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