



Sixth Edition

VERIFY
and
COMPLY

Credentialing and Medical Staff
Standards Crosswalk

Carol S. Cairns, CPMSM, CPCS
Kathy Matzka, CPMSM, CPCS



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About the Authors

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 45 years. In 1996, she founded Plainfield, Illinois-based PRO-CON, a consulting firm specializing in credentialing, privileging, medical staff organization operations, and survey preparation.

Cairns has counseled a variety of healthcare organizations on medical staff structure, bylaws content and revision, credentialing practices and procedures, privileging systems, medical staff law, allied health credentialing, medical staff leadership development, Joint Commission survey preparation, medical staff office operations, role and creation of a credentials verification organization (CVO), etc. A recognized expert in the field, Cairns is a frequent presenter at healthcare entities as well as state and national seminars.

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 (AHP). She served as faculty for this program from 1991 through 2000. During that time, she coauthored two books published by The Joint Commission that focused upon the medical staff credentialing and privileging standards.

Cairns, a faculty member for the National Association Medical Staff Services (NAMSS) since 1990, has presented at numerous state and national conferences. Program subjects include basic and advanced credentialing and privileging, Joint Commission standards and survey preparation, National Committee for Quality Assurance (NCQA) standards, AHPs, 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 is faculty for both programs.

In 1998, Cairns also began consulting and presenting with The Greeley Company, Inc. As senior consultant, she serves as an information resource for HCPro, a division of BLR. She has written the previous five editions of *Verify and Comply: A Quick Reference Guide to Credentialing Standards* and 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 FPPE Toolbox: Field-Tested Documents for*

Credentialing, Competency, and Compliance and *The Medical Staff's Guide to Overcoming Competence Assessment Challenges*. In the fall of 2013, The Greeley Company recognized her professional contributions by establishing the Aspire Higher scholarship. The scholarship will be managed by NAMSS and presented annually.

From 1996 to 2006, Cairns served the NCQA as a surveyor in the certification program for CVOs. During that time, she also presented programs as an NCQA faculty member on CVO certification and the NCQA credentialing standards.

For the past 18 years, Cairns has been an advisor to healthcare attorneys, including providing expert witness testimony regarding credentialing and privileging issues. In 2005 and 2012, Cairns was asked by the American Osteopathic Association to provide input into the continuing development of the medical staff and allied health professional standards for the *Healthcare Facilities Accreditation Program Manual*. In 2005, the Illinois Association Medical Staff Services presented Cairns with a Distinguished Member award.

Cairns' career in medical staff services began in Joliet, Illinois, where she coordinated and directed medical staff services for two healthcare organizations (Presence Saint Joseph Medical Center and Silver Cross Hospital). Among her responsibilities were credentialing, privileging, meeting management, quality improvement activities, medical staff orientation, and CME programming, as well as serving as a liaison between medical staff and hospital administration and directors. In 2010, Cairns "returned to the beginning" by accepting an appointment to the Board of Directors Bylaws and Credentialing Committee of Presence Saint Joseph Medical Center.

Kathy Matzka, CPMSM, CPCS

Kathy Matzka, CPMSM, CPCS, is a consultant and speaker with over 25 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.

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); and *The Medical Staff Meeting Companion: Tools and Techniques for Effective Presentations*. She 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' library team, developing and editing educational materials related to the field, including CPCS and CPMSM certification exam preparatory courses, CPMSM and CPCS professional development workshops, and NAMSS *Core Curriculum*. She also serves as an instructor for NAMSS.

Matzka shares her expertise by serving on the editorial advisory boards for two HCPro publications: **Credentialing Resource Center Journal** and **Credentialing and Peer Review Legal Insider**.

Matzka is a highly regarded industry speaker, and in this role has developed and presented numerous 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.

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

Acknowledgments

In 1968, when I entered the credentialing and privileging world, there were no medical staff offices, MSPs, managed care organizations, or provider credentialing specialists. Educational programs for medical staff leaders and credentialing specialists essentially did not exist, and written resources were limited to accreditation or regulatory standards. Verification of an applicant's credentials consisted of confirming his or her licensure, graduation from medical school, and postgraduate training and obtaining "three personal references." Often, the applicant hand-carried these documents into the institution and they were accepted without hesitation!

What has changed? Nearly everything! *Verify and Comply* attests to the importance and complexity of credentialing and privileging processes in today's world. Patients and plan members depend upon us to do credentialing and privileging well. Healthcare organizations (hospitals, health plans, ambulatory care organizations) need for us to do credentialing and privileging well. Accreditors, regulators, and payers expect us to do credentialing and privileging well.

The evolution of the art and science of credentialing and privileging has many contributors across the country and over the decades. Many of us learned our craft from thoughtful leaders. My earliest mentors at (Presence) St. Joseph Medical Center in Joliet, Illinois, were Sister M. Theresa Ettelbrick, administrator, and Leon P. Gardner, MD, medical director. They were joined by countless dedicated medical staff leaders (officers, department chairs, committee chairs) and senior administrators who struggled to "do the right thing" for our patients, the organization, and the medical community.

Our quest was also a national quest. Fortunately, we sought and found assistance by networking with other medical staff leaders and MSPs across the country. Over the years and through the efforts of many visionaries, we have all created and promulgated industry standards and best practices that focus on protecting the patient. Ultimately, we all share the responsibility of safeguarding and improving the patient care we deliver and receive.

It has been an honor and a privilege to learn from, work alongside, collaborate with, and now mentor some of the healthcare industry's brightest stars. I will be forever grateful for the professional and personal experiences and relationships that have evolved over time and that will last far beyond the life of this edition of *Verify and Comply*.

—Carol Cairns

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

I would also like to give a “shout out” to all of the current and past instructors for NAMSS who 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*

Introduction

The Centers for Medicare & Medicaid Services' (CMS) *Conditions of Participation (CoP)* contain minimum requirements that all hospitals that wish 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; rather, it surveys them through state governmental agencies, typically the state's health department.

There are also accrediting bodies with minimum "standards" that must be met in order for a healthcare organization 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' *CoP*. If the standards meet or exceed the CMS regulations, the accreditation program is given "deemed" status. This 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 *CoP*, and 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 does a surgeon, pediatrician, or family practitioner perform this high-risk procedure.

The procedure is credentialing, an activity that is performed in medical staff offices, provider relations departments, and credentials verification organizations (CVO) across the country. Regardless of the size or type of the organization, credentials specialists, healthcare facilities and physician leadership, health plan executives, and governing bodies share the medical and legal responsibilities and accountability to conduct 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 and/or to 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 organizations; rather, it surveys them through state organizations, such as the Department of

Health. CMS develops *Conditions of Participation (CoP)* that healthcare organizations must meet in order 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, free-standing 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 (HP), managed behavioral healthcare organizations (MBHO), new health plans, credentials verification organizations (CVO), physician organizations (PO), 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.

American Osteopathic Association's 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 American Osteopathic Information Association oversees this accreditation program.

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 an updated version of two former books: *Verify and Comply* and *Medical Staff Standards Crosswalk*. MSPs now have one go-to source to answer their accreditation questions. This book is divided into three sections: credentialing standards for acute and managed care; credentialing standards for ambulatory care; and medical staff standards for hospitals (acute care). In this 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

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: Changes in the Hospital CoP were published in the Federal Register on May 12, 2014. At the time of publication of this book, the Interpretative Guidelines for these changes were not yet published, so they are not included. Additionally, changes in the Hospital CoP were published in the State Operational Manual effective March 21, 2014. These changes will most likely lead to changes in the accreditation standards. At the time of publication, changes in accreditation standards had not yet been published.

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.

Continuing Education Information

National Association Medical Staff Services (NAMSS)

This program has been approved by the National Association Medical Staff Services for 3 continuing education credits. Accreditation of this educational program in no way implies endorsement or sponsorship by NAMSS.

Continuing Education Instructions

To be eligible to receive your continuing education credits for this activity, you are required to do the following:

1. Read the book, *Verify and Comply: Credentialing and Medical Staff Standards Crosswalk*, Sixth Edition.
2. Go online to: www.keysurvey.com/f/696809/32fb/?LQID=1&.
3. Complete the exam and receive a passing score of 80% or higher. (If 80% is not achieved on the first attempt, you can retake the exam.)
4. Complete and submit the evaluation.
5. Provide your contact information at the end of the evaluation.

A certificate will be emailed to you immediately following your submission of the evaluation and successful completion of the exam. Please retain this email for future reference.

NOTE:

This book and associated exam are intended for individual use only. If you would like to provide this continuing education exam to other members of your staff, please contact our customer service department at 800-650-6787 to place your order. The exam fee schedule is as follows:

Exam Quantity	Fee
1	\$x
2–25	\$15 per person
26–50	\$12 per person
51–100	\$8 per person
101 +	\$5 per person

Learning objectives

- Determine required medical staff committees needed to comply with standards
- Evaluate requirements for needed content in medical staff bylaws
- Discuss medical staff structure and how the medical staff is accountable to the governing body
- Discuss requirements for ongoing and focused professional practice review and oversight of patient care, treatment, and services
- Analyze bylaws for appropriate documentation regarding documentation of history and physical exams
- Evaluate medical staff participation in oversight of key services as required by CMS regulations
- Develop a list of hospital policies that require medical staff input or approval
- Discuss required training for medical staff regarding restraints and seclusion policies
- Determine requirements for notification of and participation by medical staff in patient focused areas and patient therapeutic services
- Differentiate accreditors' requirements for credentialing verification elements
- Identify differences in standards for health plans versus acute care hospitals
- Compare and contrast credentialing verification requirements for ambulatory care/surgery centers between The Joint Commission and the Accreditation Association for Ambulatory Health Care

SECTION 1

Acute Care and Managed Care: Credentialing Standards

Author's Note

You can easily identify new or significantly changed standards within this section of *Verify and Comply*. Each of these contains 6th edition in parentheses next to the information; for example, (6th edition).

Within each column, the verification source and methodology is outlined in bold text. These sections provides the options available regarding acceptable sources of verification. Thus verification from the listed sources is considered acceptable in meeting regulatory and accreditation 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 has 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.

When you see text that is italicized, that is the author’s opinion or interpretation of a standard.

CHAPTER 1

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

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

PRACTITIONERS COVERED				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
<p>Licensed independent practitioners: All LIPs must be credentialed and privileged through the organized medical staff structure. LIP status is defined as “any individual permitted by law and by the organization to provide care, treatment, and services without direction or supervision” within the scope of the individual’s license and consistent with individually granted privileges.</p> <p>Individuals are considered LIPs if this definition applies to how they function within the organization, regardless of whether they are medical staff members and regardless of their employment or contractual relationship(s) with the organization.</p> <p>Advanced practice nurses or physician assistants: If an APRN or PA functions as an LIP, this individual must be credentialed and privileged through the organized medical staff.</p> <p>If the APRN or PA does not function independently but rather under some level of direction/supervision,* the individual may be credentialed and privileged through the medical staff structure or an equivalent process and criteria.** This equivalent process must be approved by the governing body and must include communication with and input from the medical staff executive committee regarding privileges requested.</p> <p>› <i>Continued on next page</i></p>	<p>HPs and MBHOs must have documented credentialing policies and procedures that apply to all LIPs (6th Edition) who provide care to the organization’s members (a person insured or provided coverage by a health plan). At a minimum, all LIPs certified or registered by the state to practice independently (without direction or supervision—6th edition) and provide care to members are within the scope of the credentialing standards.</p> <p>HPs: The files of the following practitioners will be reviewed:</p> <ul style="list-style-type: none"> • Physicians (MD, DO) • Oral surgeons (DDS/DMD) • Podiatrists (DPM) • Chiropractors (DC) • Nurse practitioners (APRN) who are licensed, registered or certified by the state to practice independently (6th edition) • Nonphysician practitioners with an independent relationship with the organization who provide care under medical benefits. Examples of this category of practitioner would be a nurse practitioner, nurse midwife, optometrist, physical or occupational therapist, and speech and language therapist. <p>› <i>Continued on next page</i></p>	<p>The governing body determines, in accordance with state law, which categories of practitioners are eligible for appointment to the medical staff. Medical staff at a minimum must be composed of physicians—defined as MDs or DOs. Other practitioners may be included as defined in the Social Security Act, such as:</p> <ul style="list-style-type: none"> • Dentists (DDS/DMD) • Podiatrists (DPM) • Chiropractors (DC) • Optometrists (OD) <p>The governing body may also determine, in accordance with State law, other types of practitioners that may be eligible for appointment to the medical staff/granted clinical privileges, such as nurse practitioners, PAs, certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists, clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals. (6th edition)</p> <p>Practitioners do not need to be members of the medical staff in order to be granted privileges.</p> <p>› <i>Continued on next page</i></p>	<p>The governing body determines, in accordance with state law, which categories of practitioners are eligible for appointment to the medical staff. Medical staff, at a minimum, must be composed of physicians, defined as MDs or DOs.</p> <p>Other nonphysician practitioners may be included, in accordance with scope of practice laws, such as dentists, podiatrists, psychologists, PAs, advance practice registered nurses, nurse anesthetists, nurse midwives, or other professionals legally authorized by the state and approved by the medical staff and governing body. (6th edition)</p> <p>Any individual who is permitted by the organization and by law to provide patient care services independently must have delineated clinical privileges.</p> <p>All patients must be under the care of a member of the medical staff or under the care of a practitioner who is directly under the supervision of a member of the medical staff.</p> <p>› <i>Continued on next page</i></p>	<p>The governing body determines, in accordance with state law, which categories of practitioners are eligible for appointment to the medical staff. At a minimum, the medical staff must consist of doctors of medicine or osteopathy and (in accordance with state law) may also include other types of health-care professionals included in the definition of “physician” as stated in the Social Security Act of 1861:</p> <ul style="list-style-type: none"> • Doctor of medicine or osteopathy • Doctor of dental surgery or dental medicine • Doctor of podiatric medicine • Doctor of optometry • Chiropractor <p>These individuals must be legally authorized to practice within the state and provide services with their authorized scope of practice. (6th edition)</p> <p>› <i>Continued on next page</i></p>

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

PRACTITIONERS COVERED				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
<p>* <i>Direction/supervision of the APRN may be through a collaborative or supervisory agreement. A vast majority of PAs—according to their licenses—are required to have a supervisory agreement with a physician.</i></p> <p>If organizations choose to credential and privilege APRNs or PAs under the equivalent process, the “Human Resources” (January 2014) chapter of the <i>Comprehensive Accreditation Manual for Hospitals (CAMH)</i> should be consulted for the methodology.** These standards require the governing body approve an equivalent process (to the medical staff process) for the credentialing and privileging/reviviling of PAs and APRNs.</p> <p>**<i>The equivalent process is not an option for hospitals that use Joint Commission accreditation for deemed status.</i> (6th edition)</p> <p>➤ <i>Continued on next page</i></p>	<p>It is necessary to credential (6th edition):</p> <ul style="list-style-type: none"> Practitioners with an independent relationship with the organization. An independent relationship is defined as when the organization selects and directs its members to a specific individual or group. This would include those practitioners that members can select as primary care practitioners. Practitioners who see patients outside of hospital inpatient or freestanding ambulatory facilities. Hospital-based practitioners who see members as part of their independent relationship. Oral surgeons providing care under medical benefits Nonphysicians providing care under medical benefits with an independent relationship. Rental network practitioners who are used as part of the primary network and members reside in the rental network area. Rental network practitioners specifically identified for out-of-area care. <p>➤ <i>Continued on next page</i></p>	<p>Nonphysicians:</p> <p>The CMS Surgical Services standards also address the privileging of non-physicians “performing surgical tasks.” The standards delineate practitioners such as dentists, oral surgeons, podiatrists, RN first assistants, nurse practitioners, surgical PAs, surgical technicians, etc.</p> <p>“Surgical tasks” are specifically defined within the standards. See the Interpretive Guidelines, §482.51 <i>What constitutes “surgery”?</i></p> <p>Tasks such as holding retractors, cutting or tying knots, and handling instruments, are not considered performing surgery. However, cutting, burning, vaporizing, freezing, suturing, or manipulating tissue is considered surgery and thus requires privileging.</p> <p>The CMS also requires a clear delineation of what surgical procedures must be done under supervision and that the degree of that supervision (to include whether or not the supervising practitioner is physically present in the same OR, in line of sight of the practitioner being supervised) be delineated in that practitioner’s surgical privileges.</p>	<p>DNV GL standards do not specifically address credentialing processes related to RN first assistants, surgical assistants, nor physician employees who round with the physician. However, DNV GL provided an interpretation that these individuals’ credentialing process and provision of care in the hospital be governed by hospital policy. Further, DNV GL policy does not permit physician employees who round with the physician to act as a scribe to the physician and make entries on the hospital medical record for physician signature.</p>	<p>The governing body may also appoint nonphysician practitioners to the medical staff in accordance with state law. These practitioners are outlined in the Social Security Act, Section 1842, and include:</p> <ul style="list-style-type: none"> PA Nurse practitioner Clinical nurse specialist Certified registered nurse anesthetist Certified nurse midwife Clinical social worker Clinical psychologist Registered dietitian or nutrition professional <p>The governing body may grant physicians and nonphysicians medical staff privileges to practice at the hospital without being appointed to the medical staff. (6th edition)</p> <p>AHPs may be granted privilege delineation rights and responsibilities without being given membership status or rights.</p> <p>➤ <i>Continued on next page</i></p>

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

PRACTITIONERS COVERED				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
<p>At a minimum, the equivalent process:</p> <ul style="list-style-type: none"> • Evaluates the credentials of the applicant*** • Evaluates the current competence of the applicant*** • Includes documented peer recommendations • Ensures communication with and input from appropriate individuals and committees, including the medical staff executive committee, so that informed decisions may be made regarding the applicant's request for privileges <p>***The evaluation process is documented</p>	<ul style="list-style-type: none"> • Rental network practitioners for out-of-area care that members are incentivized to see (6th edition) <p>It is not necessary to credential practitioners who practice exclusively in the inpatient setting/freestanding facilities (6th edition) and provide care resulting from the member being directed to a hospital or other inpatient or ambulatory care setting. Examples include pathologists, radiologists, anesthesiologists, neonatologists, emergency room physicians, hospitalists, and telemedicine consultants, as well as practitioners at mammography centers, urgent care centers, surgicenters, ambulatory behavioral health facilities, and clinics for psychiatric and addiction disorders.</p> <p>It is also not necessary to credential (6th edition):</p> <ul style="list-style-type: none"> • Practitioners (i.e., locum tenens) who do not have an independent relationship with the organization • Pharmacists who work for a pharmacy benefits management organization that performs utilization management functions <p>➤ <i>Continued on next page</i></p>			<p>AHP disciplines are determined by the governing body in consultation with the medical staff. All practitioners that provide medical care or conduct surgical procedures either directly or under supervision,—regardless of employment by the hospital, a physician, other entity, or a contracted provider—must be individually credentialed and privileged based on their individual qualifications.</p> <p>The first category includes individuals permitted by the state and the organization to practice without supervision (e.g., dentists, some nurse midwives, clinical psychologists, some nurse practitioners, podiatrists, some CRNAs, and chiropractors).</p> <p>The second category includes individuals who provide care under supervision (direct or indirect), which may include employees, contracted individuals, and individuals employed or under agreement with a physician (e.g., APRNs under a collaborative agreement, surgical assistants, LPNs, PAs, technologists, technicians, etc.)</p>

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

PRACTITIONERS COVERED				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<ul style="list-style-type: none"> • Practitioners who do not care for members in a treatment setting (e.g., board certified consultants) • Rental practitioners that provide out-of-area care specifically—members are not obligated or incentivized to seek care from these practitioners and may see any out-of-area practitioner (6th edition) <p>MBHOs: For behavioral health professionals, the following files are reviewed:</p> <ul style="list-style-type: none"> • Psychiatrists and other physicians (MD, DO) • Addiction medicine specialists • Licensed or certified psychologists (MA, PhD) • Licensed or certified clinical social workers (MSW) • Licensed clinical nurse specialists (MSN) or licensed psychiatric nurse practitioner (NP) • Other behavioral health specialists licensed, certified, or registered by the state to practice independently <p>The organization must have policies and procedures for credentialing additional practitioner disciplines not previously listed.</p> <p>➤ <i>Continued on next page</i></p>			

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

PRACTITIONERS COVERED				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<p>The process for credentialing must be similar to those practitioners listed previously. (6th edition) These policies and procedures are reviewed by NCQA but the files reviewed are limited to those disciplines identified.</p> <p>CVOs: The contract with the HP or MBHO or health delivery organization (e.g., physician hospital organization or hospital) would specify the types of individuals to be credentialed.</p>			

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

MEDICAL EDUCATION				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
<p>Requires verification from the medical/osteopathic school (also dental, podiatric, or advanced practice nursing education or PA degree).</p> <p>Accepted “designated equivalent sources” are:</p> <ul style="list-style-type: none"> • The AMA Physician Masterfile for all United States and Puerto Rico medical school education • The AOA Physician Database • The ECFMG for foreign medical schools • The American Academy of Physician Assistants Profile provided through the AMA Physician Profile Service (6th edition) <p><i>Note: When an organization cannot obtain verification from the primary source, The Joint Commission standards permit use of a “reliable secondary source.” Such a source can be another hospital that has a documented primary source verification of the credential.</i></p> <p>★ Correspondence with medical school</p> <p>Documented phone call with medical school</p> <p>Form from approved source as specified above</p>	<p>HP/CVO: The highest of the three levels of education and training attained must be verified. The three levels are defined as:</p> <ol style="list-style-type: none"> 1. Graduation from medical or professional school 2. Residency, as appropriate 3. Board certification, if appropriate <p>Therefore, if a physician is currently board-certified, verification of board certification suffices. See “Board Certification” for verification details. (6th edition) If the practitioner’s board certification has expired, then verification of completion of the residency training program is required.</p> <p>If the physician is not board-certified, verification of completion of residency suffices. Completion of residency training can be verified through any of the following:</p> <ul style="list-style-type: none"> • The residency training program. • AMA Physician Masterfile. • AOA Official Osteopathic Physician Profile Report or AOA Physician Masterfile.* <p>➤ <i>Continued on next page</i></p>	<p>The medical staff must have a mechanism to examine evidence of professional education.</p> <p>The CMS does not specify acceptable sources for this evidence.</p> <p>★ Correspondence with medical school</p> <p>Documented phone call with medical school</p> <p>Verification from:</p> <ul style="list-style-type: none"> • The AMA Physician Masterfile for all United States and Puerto Rico medical school education • The AOA Physician Database • ECFMG for foreign medical schools 	<p>Requires verification of education from the primary source. The AMA Master Profile is also acceptable and the ECFMG (as applicable). (6th edition)</p> <p>Continuing education is related, at least in part, to the practitioner’s clinical privileges.</p> <p>★ Correspondence with medical school</p> <p>Documented phone call with medical school</p> <p>AMA Master Profile or ECFMG as applicable</p>	<p>Requires primary source verification of education sufficient to grant privileges. Additional defined sources are:</p> <ul style="list-style-type: none"> • AMA Physicians Profile • AOA Official Osteopathic Physician Profile • ECFMG, as applicable <p>★ Correspondence with medical school</p> <p>Documented phone call with medical school</p> <p>Form from approved source as specified above</p>

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

MEDICAL EDUCATION				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<ul style="list-style-type: none"> • An association of schools of the health profession, if the association obtains its verification from the primary source. Annually, the organization must obtain written confirmation that the association performs primary source verification. • The state licensing agency, as long as it conducts primary source verification. There must be written evidence on file, updated annually, that the state licensing agency performs primary source verification.** • FCVS for closed residency programs. (6th edition) <p>NCQA <u>only</u> recognizes residency programs accredited by:</p> <ul style="list-style-type: none"> • Accreditation Council for Graduate Medical Education (ACGME) • AOA • College of Family Physicians of Canada (CFPC) • Royal College of Physicians and Surgeons of Canada (6th edition) <p><i>Note: NCQA does not require verification of fellowship training. Further, verification of fellowship training does not meet the requirement for verification of residency training.</i></p> <p>› Continued on next page</p>			

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

MEDICAL EDUCATION				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<p><i>Verification of fellowship is a best practice from a quality and risk management perspective.</i></p> <p>If the physician did not complete a residency program, verification is required from one of the following sources:</p> <ul style="list-style-type: none"> • The medical school. • AMA Physician Masterfile. • AOA Official Osteopathic Physician Profile Report or AOA Physician Masterfile.* • The ECFMG for international graduates licensed after 1986. • An association of schools of the health professions, if the association obtains its verification from the primary source. Annually, the organization must obtain written confirmation that the association performs primary source verification. • The state licensing agency, as long as it conducts primary source verification. There must be written evidence on file, updated annually, that the state licensing agency performs primary source verification.** <p>➤ <i>Continued on next page</i></p>			

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MEDICAL EDUCATION				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<p>A dated print-out of the licensing agency's website is also acceptable if the site states that education and training are verified with the primary sources and information is current. (6th edition)</p> <p>Note: NCQA requirements vary for podiatrists, chiropractors, oral surgeons, and other healthcare professionals. (6th edition) See the NCQA HP credentialing standards for specific information.</p> <p>MBHO/CVO: Verification for physicians is the same as described above for HPs. For non-physician behavioral healthcare professionals, MBHOs/CVOs must verify completion of education and training with one of the following:</p> <ul style="list-style-type: none"> • The professional school. • The state licensing agency or specialty board or registry, if the organization provides recent evidence that the agency conducts primary source verification of professional school education and training. There should be written evidence on file, updated at least annually, confirming that the agency performs primary source verification.* <p>Verification time limit: None</p> <p>➤ <i>Continued on next page</i></p>			

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

MEDICAL EDUCATION				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<p>*According to the AOA, the documents it offers through the American Osteopathic Information Association (AOIA) is the "Official Osteopathic Physician Profile Report." This report is pulled directly from the AOA Physician Database.</p> <p>**Annual written confirmation is not necessary if a state statute requires the licensing board to obtain verification of education and training directly from the institution. In this instance, a copy of the relevant state statute should be retained in the document library (6th edition)</p> <p>★ Verification of board certification (See "Board Certification" section for acceptable sources) or verification of completion of residency (acceptable sources stated in this section)</p> <p>Verification of medical education (acceptable sources stated in this section)</p>			

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

POSTGRADUATE TRAINING: INTERNSHIPS, RESIDENCIES, AND FELLOWSHIPS				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
<p>Requires verification from the primary source(s). This requirement encompasses internship, residency, and fellowship programs, as well as other relevant experience (e.g., military training).</p> <p>Accepted “designated equivalent sources” for United States and Puerto Rico postgraduate training are the AMA Physician Masterfile and the AOA Physician Database.</p> <p>★ Criteria-based evaluation form completed by postgraduate training program documenting clinical competence</p> <p>Documented phone call with postgraduate training program</p> <p>Form from approved source as specified above</p>	<p>HP/CVO: The highest of the three levels of education and training attained must be verified. The three levels are defined as:</p> <ol style="list-style-type: none"> 1. Graduation from medical or professional school 2. Residency, as appropriate 3. Board certification, if appropriate <p>Therefore, if a physician is currently board-certified, verification of board certification suffices. See “Board Certification” for verification details. (6th edition) If the practitioner’s board certification has expired, then verification of completion of the residency training program is required.</p> <p>If the physician is not board-certified, verification of completion of residency suffices. Completion of residency training can be verified through any of the following:</p> <ul style="list-style-type: none"> • The residency training program. • AMA Physician Masterfile. • AOA Official Osteopathic Physician Profile Report or AOA Physician Masterfile.* <p>➤ <i>Continued on next page</i></p>	<p>The medical staff must have a mechanism to examine evidence of training and documented experience.</p> <p>The CMS does not specify acceptable sources for this evidence.</p> <p>★ Criteria-based evaluation form completed by postgraduate training program documenting clinical competence</p> <p>Documented phone call with postgraduate training program</p> <p>Verification from:</p> <ul style="list-style-type: none"> • The AMA Physician Masterfile for all United States and Puerto Rico postgraduate training programs • The AOA Physician Database 	<p>Requires primary source verification of specific training. The AMA Master Profile is also acceptable as a verification source. (6th edition)</p> <p>★ Criteria-based evaluation form completed by postgraduate training program documenting clinical competence</p> <p>Documented phone call with postgraduate training program</p> <p>AMA Master Profile (6th edition)</p>	<p>Requires primary source verification of training sufficient to grant privileges. Additional defined sources are:</p> <ul style="list-style-type: none"> • AMA Physicians Profile • AOA Official Osteopathic Physician Profile <p>★ Criteria-based evaluation form completed by postgraduate training program documenting clinical competence</p> <p>Documented phone call with postgraduate training program</p> <p>Form from approved source as specified above</p>

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POSTGRADUATE TRAINING: INTERNSHIPS, RESIDENCIES, AND FELLOWSHIPS				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<ul style="list-style-type: none"> • An association of schools of the health profession, if the association obtains its verification from the primary source. Annually, the organization must obtain written confirmation that the association performs primary source verification. • The state licensing agency, as long as it conducts primary source verification. There must be written evidence on file, updated annually, that the state licensing agency performs primary source verification.** • FCVS for closed residency programs. (6th edition) <p>NCQA <u>only</u> recognizes residency programs accredited by:</p> <ul style="list-style-type: none"> • Accreditation Council for Graduate Medical Education (ACGME) • AOA • College of Family Physicians of Canada (CFPC) • Royal College of Physicians and Surgeons of Canada (6th edition) <p><i>Note: NCQA does not require verification of fellowship training. Further, verification of fellowship training does not meet the requirement for verification of residency training.</i></p> <p>➤ <i>Continued on next page</i></p>			

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

POSTGRADUATE TRAINING: INTERNSHIPS, RESIDENCIES, AND FELLOWSHIPS				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<p>Verification of fellowship is a best practice from a quality and risk management perspective.</p> <p>If the physician did not complete a residency program, verification is required from one of the following sources:</p> <ul style="list-style-type: none"> • The medical school. • AMA Physician Masterfile. • AOA Official Osteopathic Physician Profile Report or AOA Physician Masterfile.* • The ECFMG for international graduates licensed after 1986. • An association of schools of the health professions, if the association obtains its verification from the primary source. Annually, the organization must obtain written confirmation that the association performs primary source verification. • The state licensing agency, as long as it conducts primary source verification. There must be written evidence on file, updated annually, that the state licensing agency performs primary source verification.** <p>A dated print-out of the licensing agency's website is also acceptable if the site states that education and training are verified with the primary sources and information is current. (6th edition)</p> <p>➤ <i>Continued on next page</i></p>			

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

POSTGRADUATE TRAINING: INTERNSHIPS, RESIDENCIES, AND FELLOWSHIPS				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<p><i>Note: NCQA requirements vary for podiatrists, chiropractors, oral surgeons and other healthcare professionals. (6th edition) See the NCQA HP credentialing standards for specific information.</i></p> <p>MBHO/CVO: Verification for physicians is the same as described above for HPs. For non-physician behavioral healthcare professionals, MBHOs/CVOs must verify completion of education and training with one of the following:</p> <ul style="list-style-type: none"> • The professional school. • The state licensing agency or specialty board or registry, if the organization provides recent evidence that the agency conducts primary source verification of professional school education and training. There should be written evidence on file, updated at least annually, confirming that the agency performs primary source verification.** <p>Verification time limit: None</p> <p>➤ <i>Continued on next page</i></p>			

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

POSTGRADUATE TRAINING: INTERNSHIPS, RESIDENCIES, AND FELLOWSHIPS				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<p>*According to the AOA, the documents it offers through the American Osteopathic Information Association is the "Official Osteopathic Physician Profile Report." This report is pulled directly from the AOA Physician Database.</p> <p>**Annual written confirmation is not necessary if a state statute requires the licensing board to obtain verification of education and training directly from the institution. In this instance, a copy of the relevant state statute should be retained in the document library (6th edition)</p> <p>★ Verification of board certification (See "Board Certification" section for acceptable sources) or verification of completion of residency (acceptable sources stated in this section)</p> <p>Verification of medical education (acceptable sources stated in this section)</p>			
<p>COMMENTS/TIPS:</p> <ol style="list-style-type: none"> 1. In certain instances, foreign institutions will not or cannot verify training. In that case, efforts to obtain primary source verification should be documented. The organization may be able to verify training and experience with individuals who trained with the applicant who are now practicing in the United States. 2. When an organization cannot obtain verification from the primary source, The Joint Commission standards permit use of a "reliable secondary source." Such a source can be another hospital that has a documented primary source verification of the credential. 3. In the case of an applicant who has completed postgraduate training many years ago (e.g., 15–20 years), simple verification of completion of training may be sufficient (i.e. from training program, AMA, AOA). <p>The medical staff should establish policies guiding the credentials verification process.</p>				

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

BOARD CERTIFICATION				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
<p>The Joint Commission standards do not specifically require verification of board certification. If the medical staff bylaws, policies, or rules and regulations require certification, however, The Joint Commission expects this credential to be verified in some manner.</p> <p>In the instance that board certification (or admissibility/eligibility) is to be verified in accordance with the organization's regulations, the verification may be obtained directly from the specialty board. The American Board of Medical Specialties (ABMS) and the AOA also are considered equivalent sources.</p> <p>★ Secure electronic verification from specialty board</p> <p>★ Correspondence or documented phone call with specialty board*</p> <p>The ABMS or services designated by ABMS as an Official Display Agent</p> <p>AOIA Official Osteopathic Physician Profile Report (also known as AOA Physician Database**)</p>	<p>HP/MBHO/CVO: The NCQA does not require board certification. If the individual is board certified, verification must be obtained directly from the specialty board or through one of the following:</p> <ul style="list-style-type: none"> • The American Board of Medical Specialties (ABMS) or a member board or services designated by ABMS as an Official Display Agent with a dated certificate of primary source authenticity available. • The AOA's Physician Masterfile. • AOIA Official Osteopathic Physician Profile Report. • The AMA's Physician Masterfile. • US boards that are not members of the ABMS or AOA: The organization decides what specialty boards will be accepted. This information is contained in policy and procedures. The board provides a statement that the physician's education and training were verified with the primary source. This statement is updated at least annually. (6th edition) <p>› <i>Continued on next page</i></p>	<p>CMS standards do not specifically mention verification of board certification. Nor is this criterion included in the Interpretive Guidelines for evaluation.</p> <p>The Guidelines do specifically state that the medical staff may not make its recommendation solely on the basis of the presence or absence of board certification but must consider evidence of current licensure, evidence of training and professional education, documented experience, and supporting references of competence.</p> <p>The Guidelines state that a medical staff is not prohibited from requiring board certification in its bylaws when considering a MD/DO for medical staff membership or privileges, only that such certification may not be the <u>only</u> factor that the medical staff considers.</p> <p>★ Secure electronic verification from specialty board</p> <p>★ Correspondence or documented phone call with specialty board*</p> <p>The ABMS or services designated by ABMS as an Official Display Agent</p> <p>AMA Physician Masterfile Report</p> <p>› <i>Continued on next page</i></p>	<p>There is no mention of board certification nor a requirement for verification in the qualifications for appointment section on medical staff. (6th edition) If bylaws or policies or criteria require certification, DNV GL expects organizations to have evidence of verification.</p> <p>The governing body shall ensure that under no circumstances is medical staff membership or professional privileges in the organization dependent solely upon certification, fellowship, or membership in a specialty body or society.</p> <p>The medical staff bylaws shall include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to those individuals who request privileges.</p> <p>★ Secure electronic verification from specialty board</p> <p>★ Correspondence or documented phone call with specialty board*</p> <p>The ABMS or services designated by ABMS as an Official Display Agent</p> <p>AMA Physician Masterfile Report</p> <p>› <i>Continued on next page</i></p>	<p>There is a requirement to document specialty board certification status (as applicable).</p> <p>If the individual is certified by a member of the ABMS board, the ABMS is an appropriate source.</p> <p>If the individual is certified by an AOA board, verification should be obtained from the AOA Official Osteopathic Physician Profile.</p> <p>Standards also require that information be obtained from the specialty boards related to a history of sanctions, disciplinary actions, or investigations pending.</p> <p>HFAP states that a hospital is not prohibited from requiring board certification when considering a physician for medical staff membership. However, board certification should not be the sole criterion. In addition to board certification, the organization must also evaluate education, training, documented experience, competence, and current licensure. (6th edition)</p> <p>› <i>Continued on next page</i></p>

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

BOARD CERTIFICATION				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<p>• State licensure, if the state licensing agency conducts primary source verification of board status and there is evidence on file—updated at least annually—that the state licensing agency performs primary source verification.</p> <p>The ABMS Certified Doctor Verification Program, available through the ABMS website, is for consumer reference only and is not an NCQA-recognized source for verification of board certification.</p> <p>The expiration date of the board certification is documented in the practitioner’s credentials file. If the practitioner has a “lifetime” board certification, this status must be reflected in the practitioner’s file. If the medical board does not provide an expiration date, the organization must verify the board certification is current and indicate verification date. (6th edition)</p> <p>Verification time limit:</p> <ul style="list-style-type: none"> • HP: 180 days • CVO: 120 days <p>The 180-/120-day time limitation does apply to this element, regardless of whether the board certification expires.</p> <p>➤ <i>Continued on next page</i></p>	<p>AOIA Official Osteopathic Physician Profile Report (also known as AOA Physician Database)**</p>	<p>AOIA Official Osteopathic Physician Profile Report (also known as AOA Physician Database)**</p>	<p>★ Secure electronic verification from specialty board</p> <p>★ Correspondence or documented phone call with specialty board*</p> <p>★ ABMS or services designated by ABMS as an Official Display Agent</p> <p>AOIA Official Osteopathic Physician Profile Report (also known as AOA Physician Database)**</p>

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

BOARD CERTIFICATION				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<p>NCQA requirements vary for podiatrists, chiropractors, oral surgeons, and other healthcare professionals. (6th edition) See the NCQA credentialing standards for specific information.</p> <p>★ Secure electronic verification from specialty board</p> <p>★ Correspondence or documented phone call with specialty board*</p> <p>The ABMS or services designated by ABMS as an Official Display Agent</p> <p>AMA Physician Masterfile Report</p> <p>AOIA Official Osteopathic Physician Profile Report (also known as AOA Physician Database)**</p> <p>State licensing body with annual confirmation of primary source verification</p> <p>➤ <i>Continued on next page</i></p>			

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

BOARD CERTIFICATION				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	<p>MBHO/CVO: For nonphysician behavioral healthcare professionals, MBHOs and CVOs must obtain confirmation from one of the following:</p> <ul style="list-style-type: none"> • The specialty board. • The state licensing agency or registry, if the agency/registry conducts primary source verification of board certification. MBHOs and CVOs should receive written verification at least annually from the agency/registry that performs primary source verification. <p>Verification time limit:</p> <ul style="list-style-type: none"> • MBHO: 180 days • CVO: 120 days <p>★ Secure electronic verification from specialty board</p> <p>★ Correspondence or documented phone call with specialty board*</p> <p>The ABMS or services designated by ABMS as an Official Display Agent</p> <p>AMA Physician Masterfile Report</p> <p>AOIA Official Osteopathic Physician Profile Report (also known as AOA Physician Database)**</p> <p>› <i>Continued on next page</i></p>			

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BOARD CERTIFICATION				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
	State licensing body with annual confirmation of primary source verification			
<p>COMMENTS/TIPS:</p> <p>*The AOA advises when verifying AOA board certification, contact the AOIA. Contacting the AOA specialty board results in a referral back to the AOIA directly (www.doprofiles.org) for response and thus delays verification.</p> <p>**According to the AOA, the documents it offers through the American Osteopathic Information Association is the "Official Osteopathic Physician Profile Report." This report is pulled directly from the AOA Physician Database.</p>				

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CURRENT LICENSURE				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
<p>Primary source verification is required from the applicable* state licensing board at appointment and when granting clinical privileges (initially and also when considering requests for additional privileges).</p> <p>Verification of licensure is also required at expiration.</p> <p>*Applicable meaning the state where the practitioner is requesting and being granted privileges</p> <p>★ Licensing board verification through the state licensing board Internet site, with appropriate documentation</p> <p>Correspondence or documented phone call with licensing board</p>	<p>HP/MBHO/CVO: The application requires a statement from the applicant regarding a history of loss of license. Primary source verification is required from the state licensing board. If an Internet site is used for verification, the website must be from the appropriate state licensing body.</p> <p>The license verification confirms that the practitioner possesses a valid current license or certification that is in effect and present in the file when the credentialing committee makes its decision.</p> <p>The organization verifies that the practitioner's license is in those states where the practitioner provides care for the organization's members.</p> <p>Verification time limit:</p> <ul style="list-style-type: none"> • HP/MBHO: 180 days • CVO: 120 days <p>★ Licensing board verification through the state licensing board Internet site, with appropriate documentation</p> <p>Correspondence or documented phone call with licensing board</p>	<p>The medical staff must have a mechanism to examine evidence of current licensure.</p> <p>CMS does not specify acceptable sources for this evidence, but the assumed requirement is that the applicable state license be primary-source-verified.</p> <p>CMS is also silent regarding verification of licensure at expiration. However, it can be assumed that such verification would be required.</p> <p>★ Licensing board verification through the state licensing board Internet site, with appropriate documentation</p> <p>Correspondence or documented phone call with licensing board</p>	<p>Requires primary source verification from the state licensing body at the time of appointment.</p> <p>The requirements are silent regarding verification of licensure at expiration. However, it can be assumed verification would be required.</p> <p>The medical staff has a mechanism for consideration of automatic suspension of clinical privileges if a practitioner's professional license has been revoked or suspended for any reason. (6th edition)</p> <p>★ Licensing board verification through the state licensing board Internet site, with appropriate documentation</p> <p>Correspondence or documented phone call with licensing board</p>	<p>Standards require primary source verification from state licensing agencies of all current license(s), license sanctions, (6th edition) state(s) of current practice or intended practice, and all previous licenses held. Standards also require query of the NPDB.</p> <p>State licensing bodies should be queried regarding previously successful/currently pending (if obtainable) challenges to any license and/or voluntary/involuntary relinquishment of licensure. (6th edition)</p> <p>In addition, the organization should seek information from FSMB's Disciplinary Action Databank or Fraud & Abuse Control Information Systems (FACIS). (6th edition)</p> <p>For care rendered via telemedicine: Standards state that when the practitioner and patient are located in different states, the practitioner providing the service must be licensed and meet other applicable standards that are required (state and local) both where the practitioner and patient are located.</p> <p>➤ <i>Continued on next page</i></p>

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CURRENT LICENSURE				
The Joint Commission	NCQA (HP/MBHO/CVO)	CMS	DNV GL	HFAP
				<p>★ Certification through the state licensing board Internet site(s), with appropriate documentation and NPDB query and FSMB or FACIS query (6th edition)</p> <p>★ Correspondence or documented phone call with licensing boards</p>
<p>COMMENTS/TIPS: A best practice is documentation of verification of the status of all current state licensures and those no longer held and whether any actions had been taken against the practitioner.</p> <p>Verification sources are: the state licensing boards (primary source), the FSMB (designated equivalent source), the AMA Physician Masterfile, and the AOA Physician Database. (6th edition)</p> <p>Subscribing to the NPDB Continuous Query provides more timely information to the organization. The organization is notified by NPDB within 24 hours of the NPDB's receipt of all licensure actions, Medicare/Medicaid exclusions, medical malpractice payments, clinical privilege actions, and other adjudicated actions or findings concluded against a practitioner. (6th edition)</p>				



Sixth Edition

VERIFY *and* COMPLY

Credentialing and Medical Staff Standards Crosswalk

Carol S. Cairns, CPMSM, CPCS
Kathy Matzka, CPMSM, CPCS

Verify and Comply, Sixth Edition, includes both credentialing and medical staff standards and regulations in one easy-to-navigate manual, giving MSPs one book that answers all their accreditation questions. This expanded guide includes CMS, Joint Commission, NCQA, DNV, HFAP, and AAAHC standards side by side in an easy-to-read grid. Use this resource to answer your acute care, managed care, and ambulatory care medical staff/credentialing questions.

This book will help you:

- Understand the differences between the stages of the credentialing process: appointment, reappointment, and ongoing assessment
- Determine which verifications are necessary to obtain in the credentialing process
- Assess ambulatory accreditation standards for your ambulatory sites
- Define the structure of your medical staff and its responsibilities
- Determine the appropriate area in medical staff governance documentation to include specific items required by accreditation standards and regulatory requirements
- Explain your medical staff's involvement in organizational leadership functions

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