



NAMSS

47th

EDUCATIONAL

CONFERENCE & EXHIBITION

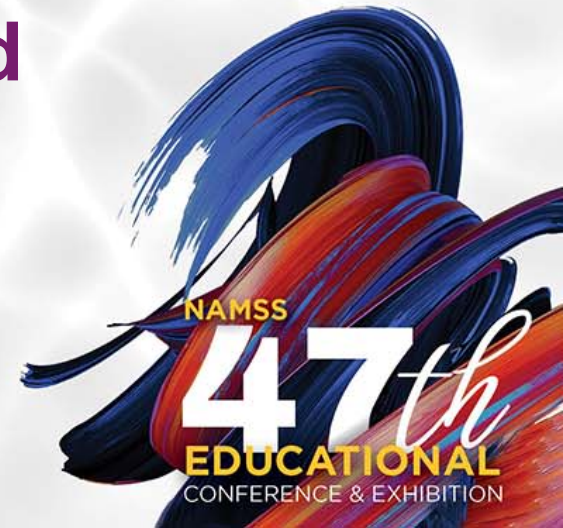
Orlando, Florida | September 10 – 13, 2023

Building Better:
Setting the Foundation
for the Future of the Profession

Verify & Comply

**CMS, TJC, ACHC, NCQA, and DNV
Credentialing Standards
Compared and Contrasted**

#NAMSS23





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FORMERLY KNOWN AS THE GREELEY COMPANY



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FORMERLY KNOWN AS THE GREELEY COMPANY

Disclosure Statement

Frances Ponsioen and Stephanie Russell
have no financial relationships to disclose.

Learning Objectives

At the end of this session, participants will be able to:



DEFINE

**CMS, TJC, ACHC, DNV,
and NCQA credentialing
standards**



APPLY

**the four-step credentialing
approach and identify
the responsible parties
for each step**



COMPARE AND CONTRAST

**each accreditor's credentialing
standards for initial appointment
and reappointment**

Versions of Standards



**CMS CoPs & Interpretive
Guidelines for Hospitals
(SOM 07-21-23)**

**DNV 2023 Hospital Standards
(Version 23-1)**

**TJC August 2023
Hospital Standards**

**NCQA March 2023 Standards
(Health Plan)**

**ACHC January 2023
Hospital Standards**

NCQA 2022 Standards (CVO)

Centers for Medicare and Medicaid Services (CMS)



Regulations – Conditions of Participation (COPs)

Original document 1966

Establishes standards for ‘deemed status’

- Six years maximum term of approval
-

Initial and validation surveys by State survey agencies

The Joint Commission



Formed in 1951

21-member Board of Commissioners

1965 Congress granted JCAH unique, continuous 'deeming' authority

2008 Congress rescinded; TJC must apply for deeming authority consistent with all other accrediting organizations (AOs)

The Joint Commission



Accredits > 22,000 health care organizations

- 4000 hospitals – all types

Surveys hospitals at least every three years

New hospital standards are published every year

Various certification programs

Accreditation Commission for Health Care (ACHC)



Formerly HFAP – Founded in 1945 to conduct an objective review of services provided by osteopathic hospitals

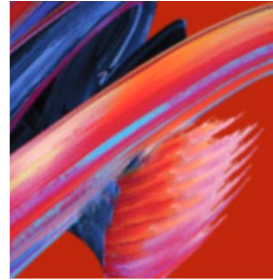
In 1965, CMS granted AOA deeming authority for Medicare and Medicaid patients

Surveys every three years

Standards clearly tied to corresponding COPs

Merged with ACHC in fall of 2020; ACHC > 20,000 accredited facilities

DNV



Founded in 1864 in Oslo, Norway; operated in the US since 1898 to safeguard life, property, and the environment

In 2008, CMS granted 'deemed status' to DNV and they have since accredited more than 600 hospitals

NIAHO® Hospital Accreditation includes Acute Care, Critical Access, and Psychiatric

Annual surveys incorporate ISO 9001 quality management standards

Accreditation is for three years

Closely aligned with CMS CoPs

National Committee for Quality Assurance (NCQA)



Founded in 1990

Focus is on improving healthcare quality through achieving consensus with large employers, policymakers, doctors, patients, and health plans

Variety of accreditation, recognition, and certification programs

National Committee for Quality Assurance (NCQA)



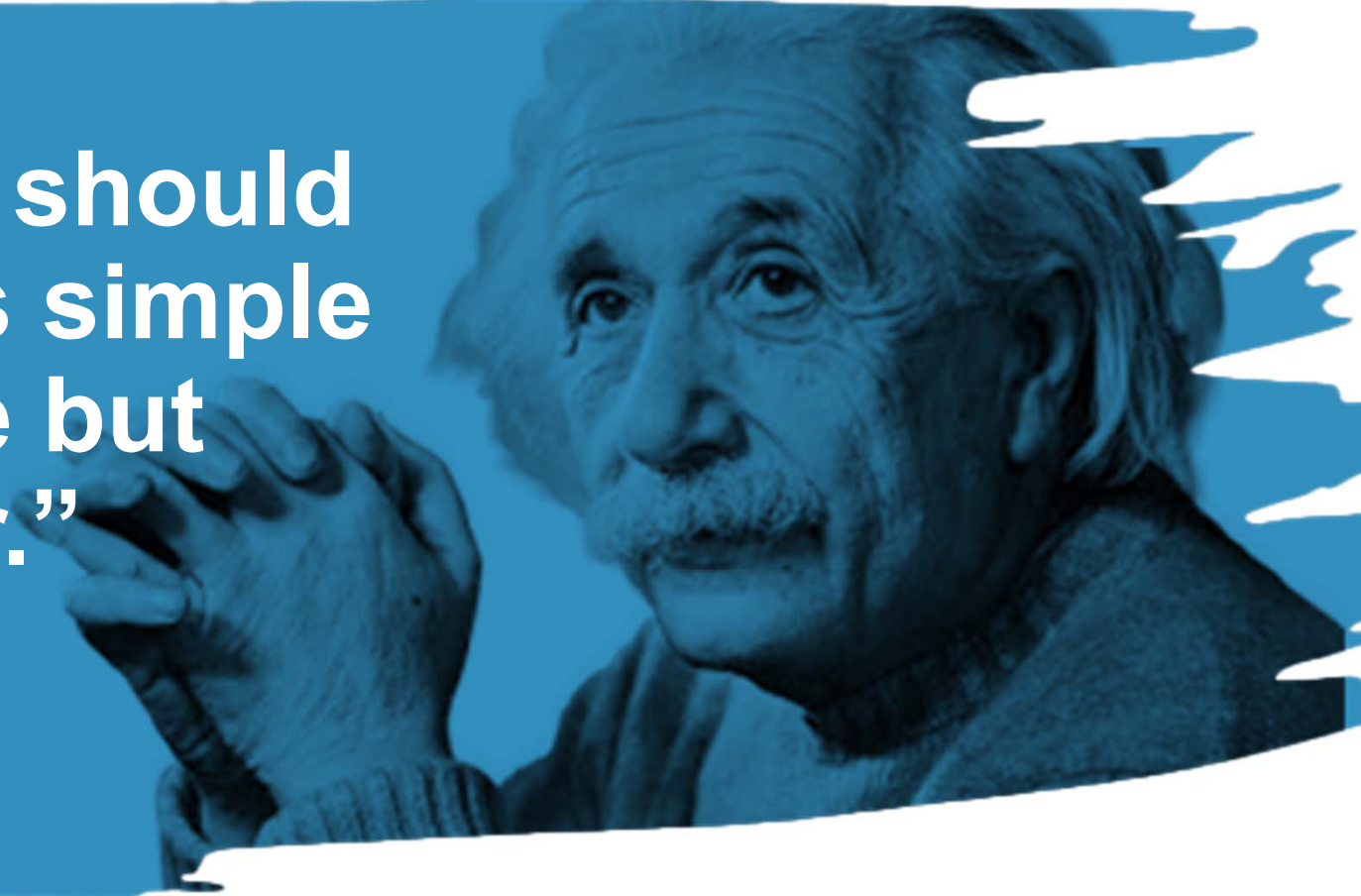
Similar to CoPs, standards reflect
Standard, Explanation, Examples

Accredits health plans in all states

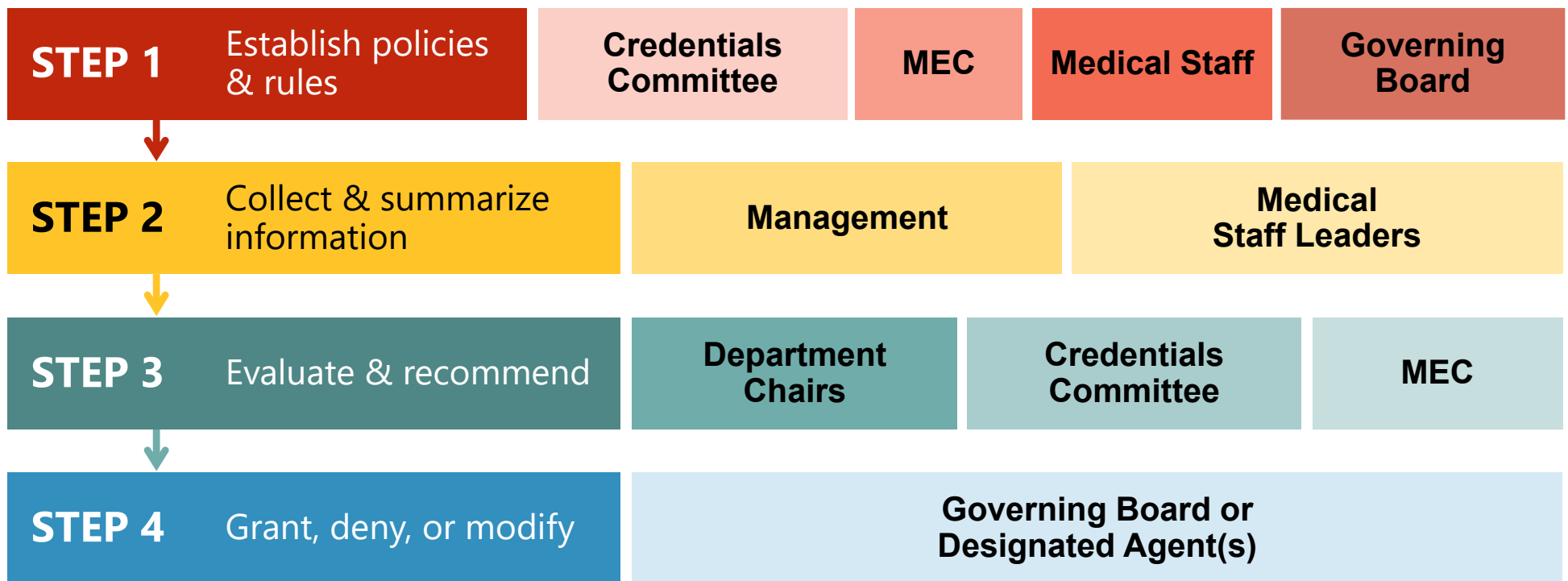
Health Plan standards updated annually
/ CVO standards updated as needed

**Everything should
be made as simple
as possible but
not simpler.”**

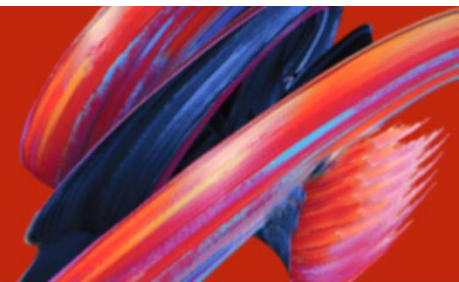
—Albert Einstein



The Traditional 4-step Credentialing Approach



Acronyms



A: Approve

AP: Application

APRN: Advanced practice registered nurse

GB: Governing body

LIP: Licensed independent practitioner*

LP: Licensed practitioner

MS: Medical staff

PA: Physician Assistant

PSV: Primary source verification






R: Recommend

REF: Reference

**TJC eliminated this term for hospital programs in February 2023.*






STEP 1

Establish Policies and Rules

	Authorization	Bylaws / Credentialing P&P	Practitioners Covered	Processing Time Limits	Criteria-Based Privileges
	Governing Body	Yes	MD, DO, and GB*	Silent	Yes*
	Governing Body	Yes	LIP, APRN, PA, and GB*	Bylaws	Yes
	Governing Body	Yes	MD, DO, and GB*	Bylaws +*	Yes
	Governing Body	Yes	MD, DO, and GB*	Bylaws	Yes*
	Credentialing Committee	Yes	Plan directed*	Variable by element*	N/A

STEP 1

Establish Policies and Rules

	Authorization	Bylaws / Credentialing P&P
	Governing Body	Yes
	Governing Body	Yes
	Governing Body	Yes
	Governing Body	Yes
	Credentialing Committee	Yes

WHEN IN DOUBT






Apply the **Five P's**

OUR

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

STEP 1

Establish Policies and Rules

	Practitioners Covered	Special Considerations
	MD, DO, and GB*	May determine other types of practitioners
	LIP, APRN, PA, and GB*	Organized MS must privilege—“medical level of care”
	MD, DO, and GB*	May determine other types of practitioners
	MD, DO, and GB*	May include others as determined by GB, MS, state scope of practice
	Plan directed*	MD, DO, DDS, DMD, DPM, DC, Independent APRNs, other nonphysician practitioners who are independent

[MORE INFO](#)



Special Considerations PRACTITIONERS COVERED

- Categories are plan-directed i.e., policies apply to all LIPs who provide care to members
- Licensed, certified, or registered by the state to practice independently
- Independent relationship with the organization
 - ✓ Plan can direct members to see a specific practitioner or group of practitioners
- This includes telemedicine providers who meet above criteria

[MORE INFO](#)



Special Considerations PRACTITIONERS COVERED

NOT NECESSARY TO CREDENTIAL:

- Locum tenens
- Inpatient setting exclusively
- Freestanding facilities exclusively and provide care only as a result of being directed to the facility (*e.g., mammo center, surgery centers, urgent care, etc.*)
- Pharmacists who work for a pharmacy benefits management organization to which the organization delegates UM
- Practitioners who do not provide care in a treatment setting
- Rental network practitioners who provide out of area care only

[MORE INFO](#)

STEP 1

Establish Policies and Rules

	Processing Time Limits	Special Considerations
	Silent	N/A
	Bylaws	Expanded R&R or P&P in 2022
	Bylaws +*	Include recommendation made to MEC within 60 days of receipt of completed application
	Bylaws	N/A
	Variable by element*	MORE INFO



Special Considerations PROCESSING TIME LIMITS

180 days for HP and 120 days for CVO:

- Licensure
- Board certification
- Malpractice history
- Sanctions



Special Considerations PROCESSING TIME LIMITS

365 days for HP and 305 days for CVOs






- Work history
- Attestation statements to confirm application responses are correct and complete

Prior to credentialing decision (HP) / client reporting (CVO)

- Education and training
- DEA

STEP 1

Establish Policies and Rules

	Criteria-Based Privileges	Special Considerations
	Yes*	"Medical level of care" or performing surgical tasks
	Yes	N/A
	Yes	N/A
	Yes*	Core privileges for general surgery / surgical subspecialties acceptable with core properly defined
	N/A	N/A

[MORE INFO](#)



Special Considerations

CMS CRITERIA-BASED PRIVILEGING

§482.51(a)(4) –

Surgical privileges **must** be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner

Relies upon ACS definition of surgery

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 ...

Other Healthcare Disciplines May Also Require Privileging

Determined by State Law

Licensure defines:






- Scope of practice /
Medical level of care
- Level of independence

Determined by Organization

- Scope of practice /
Medical level of care
- Level of independence
- Independent /
collaborative / supervised






STEP 2

Gather Information

	License	Education & Training	Experience	Current Competence	Health Status
	PSV	PSV*	PSV	PSV*	*
	PSV*	PSV*	PSV	PSV*	AP*+
	PSV*	PSV*	PSV*	PSV*	REF*
	PSV*	PSV*	PSV	PSV*	*
	PSV*	PSV*	AP*	N/A	AP*

STEP 2

Gather Information

	License	Special Considerations	
	PSV	N/A	
	PSV*	Initial privileging (+ additional privilege request), reprivileging, and expiration	MORE INFO
	PSV*	License history, all current licenses and all applicable license sanctions <i>Source: PSV & NPDB Sanction sources: Plus FSMB or FACIS</i>	MORE INFO
	PSV*	Initial appointment, reappointment, and temporary privileges	
	PSV*	Expiration date and license in all states where the practitioner provides care for the plan's members	MORE INFO



Special Considerations LICENSE

Challenges to licensure

- PSV not required
- Asking the applicant re:
any challenges or voluntary or
involuntary relinquishment is required

[MORE INFO](#)



Special Considerations LICENSE

Nurse Practitioners and Physician Assistants

- Evidence of a current collaborative or supervisory agreement as applicable per State regulations
- Physician has same privileges as those requested by NP / PA



Special Considerations LICENSE

**Sanction status for past 5 years
(all states where they provide care
to members)**

**Sources for sanctions for MD / DO
include the following options:**

- State agencies
- FSMB
- NPDB

STEP 2

Gather Information

	Education & Training	Special Considerations	
	PSV*	Accepts ECFMG, AMA, and AOA verification	
	PSV*	Accepts ECFMG, AMA, and AOA verification	MORE INFO
	PSV*	Accepts ECFMG, AMA, and AOA verification	
	PSV*	Accepts ECFMG, AMA, and AOA verification	
	PSV*	Accepts ECFMG, AMA, and AOA verification, FCVS for closed residency	MORE INFO



Special Considerations EDUCATION AND TRAINING

FAQ:

Allows for PSV of licensing to suffice if the following are not important:

- Location of school
- The marketing of educational status
- Currency of education and training to clinical privileges







Special Considerations

EDUCATION AND TRAINING

- Highest certification or training
 - ✓ Board certification / residency / medical or professional school
 - ✓ Compliance vs. leading practice
- Annual written confirmation required
 - ✓ State licensing agency, specialty board or registry—education if PSV performed
 - ✓ State licensing agency—residency if PSV performed
- Sealed transcripts
- Directories / marketing consistent with credentialing data obtained, i.e., education, training, certification, and specialty

STEP 2

Gather Information

	Experience	Special Considerations
	PSV	N/A
	PSV	N/A
	PSV*	MORE INFO
	PSV	N/A
	AP*	No requirement for verification

[MORE INFO](#)



Special Considerations **EXPERIENCE**

Applicant provides work history that includes

- Appointment / privileges and hospital employment

Verification of above, plus:

- Pending investigations
- Disciplinary actions
- Voluntary resignations or relinquishment







Special Considerations EXPERIENCE

Work History

- Applicant documents the most recent five years
- < 5 years include beginning & ending month / year for each position
- Gaps of > 6 months need documentation of verbal or written explanation by applicant
- Gaps of > 12 months need written explanation by applicant
- Documented review (signature or initials/date) on application, CV, checklist, or other

STEP 2






Gather Information

	Current Competence	Special Considerations Initial Appointment / Privileges
	PSV*	Possess current qualifications and demonstrated competences; References supporting competence
	PSV*	Professional and clinical performance (six competencies); References (six criteria); Initial FPPE
	PSV*	At least one reference, <i>preferably</i> three; Procedure logs; Initial FPPE
	PSV*	Current competence; Two peer recommendations; CME
	N/A	N/A

[MORE INFO](#)

STEP 2

Gather Information

	Current Competence	Special Considerations Reappointment/Privileges	
	PSV*	Periodic appraisal, Maintenance of CME	
	PSV*	Professional and clinical performance, References, FPPE/OPPE, Six general competencies, CME	MORE INFO
	PSV*	References, Procedure logs, FPPE/OPPE, CME	MORE INFO
	PSV*	Performance data, CME	MORE INFO
	N/A	N/A	



**Special
Considerations**
**CURRENT
COMPETENCE –
PEER REFERENCES**

Reappointment:
Requires professional references
only if insufficient clinical activity



**Special
Considerations**
**CURRENT
COMPETENCE –
PEER REFERENCES**

- References for IA, should include Residency Program Director or a Department Chair
- Reapplicants do not need to provide letters of reference
- Low-volume reapplicants may need to submit procedure logs or evidence of competency from other institutions








Special Considerations

CURRENT COMPETENCE – REAPPRAISAL

- A policy outlining the process to periodically review a quality profile during the reappointment period.
- 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
- All individuals with clinical privileges shall participate in CE
- Action taken on applications is withheld until the information is available and verified






STEP 2

Gather Information

	Health Status	Special Considerations
	*	Surgical privileges section (survey procedures) requires a written assessment of health status
	AP*+	Applicant statement (and confirmation) that no health problems exist that could affect ability to practice; MS evaluates documentation re: requested privileges
	REF*	Requires evaluation of health status through at least one reference commenting on physical and mental abilities to perform the privileges requested
	*	Surgical privileges section (surveyor guidance) requires verification of health status
	AP*	Reasons for inability to perform essential functions of position






STEP 2

Gather Information

	NPDB	Liability Insurance Coverage	Malpractice History	Board Certified	Medicare / Medicaid Sanctions	DEA	Felony
	Silent*	N/A	N/A	Silent	Silent	Silent	Silent
	PSV*	N/A	*	Bylaws*	Silent	AP*	*
	PSV*	AP*	PSV & NPDB*	PSV*	AP+	AP*	AP+
	PSV*	Bylaws*	Bylaws*	Silent	PSV*	PSV*	Silent
	N/A	AP*	PSV or NPDB*	PSV*	PSV*	AP*	AP

STEP 2

Gather Information

	NPDB	Special Considerations	
	Silent*	No requirement to query NPDB stated. Interpretive guidelines require reporting to appropriate state and federal authorities when privileges are limited, revoked, or in any way constrained	MORE INFO
	PSV*	Initial privileging, renewal of privileges, and new privilege(s) request(s)	
	PSV*	Initial privileging, renewal of privileges, and new privilege(s) request(s)	
	PSV*	Initial appointment, reappointment, and temporary privilege(s) request(s)	
	N/A	N/A (Listed as a 'may' for malpractice and sanctions.)	






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**

STEP 2

Gather Information

	Liability Insurance Coverage	Special Considerations
	N/A	N/A
	N/A	N/A
	AP*	Evidence of professional liability insurance coverage e.g., copy of current certificate with amount / dates of coverage.
	Bylaws*	Submission or verification not required. MS bylaws must provide for automatic suspension if required coverage is not maintained.
	AP*	Applicant attests to amount / dates of coverage (even if the amount is zero) or provides copy of insurance face sheet. Coverage must be current at time of credentialing committee decision.








Special Considerations

LIABILITY COVERAGE

- If the practitioner does not have current malpractice coverage, then it is acceptable to include future coverage with the effective and expiration dates.
- Documentation of malpractice insurance coverage may also be a face sheet, a federal tort letter, *or employer professional liability policy* as an addendum to the application.
- In this case practitioner is not required to attest to malpractice coverage on the application. The document used must include the insurance effective and expiration dates (the future effective date is acceptable).






STEP 2

Gather Information

	Malpractice History	Special Considerations
	N/A	N/A
	*	MS evaluates unusual pattern or excessive # of liability actions resulting in a final judgment.
	PSV & NPDB*	Query of NPDB regarding malpractice judgments / settlements. Query of malpractice carrier for five-year history & NPDB query.
	Bylaws*	Applicant qualifications include involvement in liability action.
	PSV or NPDB*	Query of NPDB regarding malpractice judgments/settlements Applicant: at least five-year history of malpractice settlements. Verified from carrier or NPDB query.

STEP 2

Gather Information

	Board Certified	Special Considerations
	Silent	If applicable, internal policy determines method of verification Hospital can require board certification—as long as certification is not the only factor
	Bylaws*	PSV, if applicable, from specialty board, ABMS, AOA, or AMA, NCCPA
	PSV*	PSV, if applicable, from specialty board or ABMS or AOA
	Silent	If applicable, internal policy determines method of verification
	PSV*	MORE INFO



Special Considerations BOARD CERTIFICATION






Verified from:

- ABMS, member boards or official Display Agent
- AOA Official Profile Report
- AMA Masterfile
- State licensing body with annual confirmation
- Non-ABMS / Non-AOA Board*
 - ✓ Added NBPAS as an example
- If specialty board does not provide an expiration date, organization must verify that the board certification is current

** There is documentation that the board performs annual PSV of education and training in accordance with P&P*

STEP 2

Gather Information

	Medicare/ Medicaid Sanctions	Special Considerations
	Silent	Medicare regulations—no payment if practitioner is sanctioned
	Silent	Expectation to adhere to all regulations (local, state, federal); required NPDB query contains information on sanctions
	AP+	NPDB query & FSMB or FACIS query on applicant's reported Medicare/Medicaid (taken / pending) disciplinary actions
	PSV*	Query of OIG Medicare / Medicaid Exclusions List is required for appointment, reappointment, and temporary privileges
	PSV*	MORE INFO








Special Considerations MEDICAID AND MEDICARE SANCTIONS

Verified from:

- NPDB (CQ)
- FSMB
- Medicare Exclusion Database
- State Intermediary
- AMA Master File
- OIG:
 - ✓ List of Excluded Individuals and Entities
 - ✓ Federal Employees Health Benefits Plan

STEP 2

Gather Information

	DEA	Special Considerations
	Silent	N/A
	AP*	MS to evaluate challenges to registration
	AP*	Application requests information regarding actions against DEA and CDS
	PSV*	A current DEA is included in qualifications to be met by applicant and reapplicant.
	AP*	Verification of valid and current DEA or CDS in each state where the practitioner provides care to members via PS or NCQA approved source

[MORE INFO](#)





Special Considerations DEA or CDS

Practitioners who prescribe medications:

- DEA, CDS, state pharmaceutical licensing agency, as applicable
- Certificate, copy or documented visual of current certificate
- AMA, AOA (DEA only)
- Pending a DEA or CDS (or when the practitioner's patients do not typically require controlled substances), a process (documented) to require an explanation and to provide arrangements for that practitioner's patients who need a prescription requiring a DEA (also documented)

STEP 2

Gather Information

	Felony	Special Considerations
	Silent	N/A
	*	HR standards require criminal background check be addressed for employees—e.g., physicians, APRNs / PAs
	AP+	MORE INFO
	Silent	N/A
	AP	The applicant documents history of felony conviction



Special Considerations FELONY

Application requests information
on criminal history (7–10 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

Miscellaneous Gather Information



- Verification of Identity – TJC
- NCQA: Correctness and completeness of the application
- Use of CVO is acceptable to all
- **ACHC**
Credentialing professional reviews, evaluates,
and summarizes verified information

STEP 3 & 4

Recommend & Approve

	Department Chair	Credentials Committee	Special Considerations: Credentials Committee
	Med Staff	Med Staff	N/A
	R-If Departments	N/A	N/A
	Bylaws R-If Departments	R*	Requires a credentials committee and / or function that makes recommendations to MEC
	Med Staff	Med Staff	N/A
	N/A	A*	Requires a credentialing committee

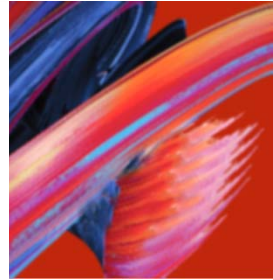
Credentialing Committee



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
- Notifying practitioners of the credentialing decision within 60 calendar days

Credentialing Committee








- Real-time virtual meetings allowed
- Email “meetings” not allowed
- Committee’s discussion must be documented in its meeting minutes*



** Evidence of Thoughtful Consideration*

STEP 3 & 4

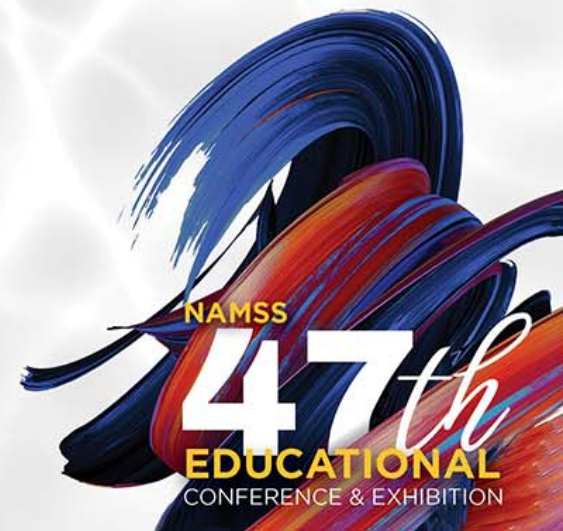
Recommend & Approve

	Department Chair	Credentials Committee	MEC
	Med Staff	Med Staff	Med Staff
	R-If Departments	N/A	R
	Bylaws R-If Departments	R*	R
	Med Staff	Med Staff	R
	N/A	A*	N/A



Questions

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