How Much Do You Know About Regulatory Standards?

Session Code: MN10
Date: Monday, September 19, 2016
Time: 12:45pm - 2:15pm
Total CE Credits: 1.5
Presenter(s): Teresa Coburn, CPMSM, CPHQ
How Much Do You Know About Regulatory Standards?

Terri Coburn, CPMSM, CPHQ, CPCS
Director of Medical Staff Services
Trident Health, Charleston, SC

Game Rules

- Up to 10 questions each are possible
- 2 Lifelines

What are we playing for?

Absolutely No Cash
Dollar Store Prizes
New Knowledge
Which accreditor does not require reappointment to the month and day?

A. TJC
B. CMS
C. URAC
D. HFAP

C. URAC

NCQA has a licensure verification time limit of _________ for MCO’s:

A. 180 days
B. 120 day
C. 150 days
D. 365 days
A. 180 days

CMS standards are known as Conditions of

A. Precipitation  B. Preparation
C. Accreditation  D. Participation

D. Participation
One outcome of the HCQIA was the establishment of national standards for:

- A. Quality Committee
- B. Fair Hearing
- C. IRB
- D. GME Programs

B. Fair Hearing

TJC does not allow incomplete applications to be considered for expedited credentialing. What is another reason for ineligibility?

- A. Limitation of clinical privileges
- B. Adverse recommendation by MEC
- C. Revocation of licensure
- D. The applicant looks funny
B. Adverse recommendation by MEC

In Roberts Rules of Order, secondary motions are divided into privileged, subsidiary, incidental, and these motions:

- A. Main
- B. Recess
- C. Fixed
- D. Recall

D. Recall
AAAHC requires the disclosure of what information that may interfere with the ability to provide high quality patient care?

A. Substance abuse problems  
B. Chemical dependency problems  
C. Lack of opiate use  
D. Lack of DUI's

Which accrediting agency does not address due process for medical staff?

A. DNV  
B. CMS  
C. HFAP  
D. NCQA
Which accreditors do **NOT** have specific standards regarding malpractice coverage? TJC, CMS, and:

- A. AAAHC
- B. HFAP
- C. NCQA
- D. URAC

**A. AAAHC**
Which member is required for an IRB quorum?

- A. Non-Scientific
- B. Department Chairman
- C. Scientific
- D. Committee Chair

A. Non-Scientific

HIPAA focuses on privacy and PHI:

- A. personal health information
- B. professional health information
- C. personal humanitarian information
- D. an animal at the zoo
A. Personal health information

The ________ sets and enforces standards in physician continuing education

A. ACGME  B. CMS  C. ACCME  D. AAAHC

C. ACCME
According to HFAP, ________ functions include monitoring of complaints.

A. Credentials Committee  B. QAPI  
C. MEC  D. Board of Trustees

Which accrediting agency requires a physician profile be used as part of credentialing?

A. TJC  B. NCQA  
C. URAC  D. HFAP
Which accreditor requires CME to be considered at reappointment of privileges?

A. AAAHC  
B. NCQA  
C. TJC  
D. HFAP

C. TJC
According to NCQA, DEA/CDS are not applicable to:

A. Medical doctors  
B. Chiropractors  
C. Physician Assistants  
D. Nurse Midwives  

Another term for Residents and Interns is:

A. Faculty  
B. Hospitalists  
C. House Staff  
D. Ancillary Staff
What is the frequency of DNV on-site surveys?

A. One year  
B. Two years  
C. Three years  
D. Only as needed

A. One year
According to URAC, which person in the organization is responsible for oversight of the clinical aspects of the credentialing program?

A. CEO  
B. Senior clinical staff person  
C. Medical Director or designee  
D. CNO

B. Senior clinical staff person

ERCP is performed by a:

A. Cardiologist  
B. Otolaryngologist  
C. Ophthalmologist  
D. Gastroenterologist
Which accrediting agency does not require providers be notified of reappointment approvals?

A. NCQA
B. DNV
C. URAC
D. AAAHC

A. NCQA
In what timeframe does URAC standards require credentialing decisions for initial appointment be communicated to the provider?

A. 10 business days  
B. 10 calendar days  
C. 20 business days  
D. 20 calendar days

TJC was previously known as:

A. JCAHO  
B. The Joint  
C. JACHO  
D. Inglorious Bastards
Provisional status (NCQA) cannot last for more than how many days?

A. 30 calendar  
B. 30 business  
C. 60 calendar  
D. 60 business

C. 60 calendar
Which accreditor requires reappointment at least every 36 months?

A. CMS  B. TJC  C. NCQA  D. HFAP

According to HFAP, a recommendation will be made to the MEC within how many days of receipt of completed application?

A. 20 days  B. 30 days  C. 60 days  D. 120 days
Advanced Directives include all of the following, **except:**

- A. Funeral arrangements
- B. Power of Attorney
- C. DNR's
- D. Living Will

D. Funeral Arrangements
TJC standards allow temporary privileges to be granted for no more than:

A. 30 Days  
B. 60 Days  
C. 90 Days  
D. 120 Days

In Roberts Rules of Order, this motion is raised to call attention to a violation of accepted rules and procedures of the assembly.

A. Parliamentary Inquiry  
B. Request for information  
C. Request for consideration  
D. Point of order
NCQA standards require this committee:

- A. Credentialing
- B. Utilization Review
- C. Peer Review
- D. MEC

D. Point of Order

A. Credentialing
In NCQA delegated credentialing, a written delegation agreement must include reporting to the organization at least:

A. Monthly  
B. Quarterly  
C. Semi-annually  
D. Annually

Kyphoplasty or vertebroplasty are performed by all of the following, except:

A. Orthopedic Surgeon  
B. Interventional Radiologist  
C. Neurosurgeon  
D. Maxillofacial Surgeon
The Federal “anti-dumping” law is also known as:

A. Brady Bill
B. EMTALA
C. Sherman Anti-Trust Act
D. Healthcare Quality Improvement Act

D. Maxillofacial Surgeon
CVO is an acronym for:

A. Credentials Verification Organization  
B. Commission on Verifications Office  
C. Central Verification Office  
D. Chief Visionary Officer

The ACGME accredits:

A. Continuing Medical Education Programs  
B. Post-Medical Education Training Programs  
C. Federal Prisons  
D. State Medical Boards
B. Post-Medical Education Training Programs

The URAC time limit covering attestation statements is 180 days and applies only to:

- A. Drug testing
- B. Initial applications
- C. Reappointment applications
- D. Medical licensure application

B. Initial applications
According to NCQA, if the application's final approval exceeds 365 (305 CVO) days from the date of the signature, the applicant must reattest to:

A. Identity
B. Abide to confidentiality
C. Information correct and complete
D. Names of peer references

What is the final step in changing Medical Staff Bylaws?

A. MEC approval
B. Medical Staff approval
C. Governing body approval
D. Notification of change to Medical Staff
Which of the following is **NOT** a Joint Commission designated equivalent source?

- A. AANC
- B. FSMB
- C. AAPA
- D. ECFMG

**A. AANC**
HFAC requires three medical staff committees, which are the MEC, Utilization of Osteopathic Methods & Concepts Committee, and the ______ Committee.

A. Credentials  B. Peer Review  C. Utilization Review  D. CME

In Roberts Rules of Order, __________ involve substantive proposals for consideration and action.

A. main motions  B. abstentions  C. quorums  D. majority votes
A. main motions

NCQA has a board certification verification time limit of _________ for CVO's:

A. 120 days  
B. 150 days  
C. 180 days  
D. 365 days

A. 120 days
In NCQA, this process can be used when it is in the best interest of members to have the practitioner available before the initial credentialing process is complete.

A. Temporary credentials  B. Conditional credentials  
C. Provisional credentials  D. Expedited credentials

C. Provisional credentials

Which accreditor requires a mechanism to determine the applicant is the individual identified in the credentialing documents?

A. CMS  B. TJC  
C. NCQA  D. AAAHC
Which accreditor requires an organization to implement appropriate interventions by conducting site visits of offices about which it has received member complaints and those for which established thresholds are exceeded?

A. URAC  
B. NCQA  
C. AAAHC  
D. CVO

B. NCQA
Cordotomy, rhizotomy, and dorsal column stimulators are performed by a(n):

A. Allergy and Immunologist  
B. Dermatologist  
C. Neurosurgeon  
D. Thoracic Surgeon

C. Neurosurgeon

Which of the following is NOT a required element of a research study informed consent?

A. Statement study involves research  
B. Explanation of purpose of research  
C. Expected duration of participation  
D. Name of FDA agent
According to TJC, query of the NPDB is required when clinical privileges are granted, renewed, and:

- A. new privileges are requested
- B. retirement
- C. expiration of license
- D. whenever MSO feels like it

A. new privileges are requested
An embolectomy is performed by a:

A. Neurologist  
B. Orthopedist  
C. Plastic Surgeon  
D. Vascular Surgeon

D. Vascular Surgeon

NCQA **DOES NOT** require the following information be listed on the organizations web-based physician directory:

A. gender  
B. medical school  
C. board certification  
D. languages spoken
According to TJC, which of the following is an appropriate source for peer recommendations?

A. NPDB  B. AMA  C. MEC  D. P&T Committee
A formal process by which the organization gives another entity the authority to perform certain functions on its behalf

A. Delegation
B. Distribution
C. Expedition
D. Automation

What is the number one reason for credentialing?

A. Patient safety
B. Risk management
C. Meet accreditation standards
D. To give MSPs a job
A. Patient safety

According to AAAHC, the governing body must meet at least ___________.

A. monthly  B. quarterly  C. semi-annually  D. annually

D. annually
NCQA standards allow the Credentialing Committee to give the ___________ or approved qualified physician designee, authority to evaluate and approve applications.

A. Department Chair  B. Medical Director
C. Chief Medical Officer  D. Chairman of the Board

According to CMS, this is one criteria required for the governing body to use in making selections to the medical staff:

A. technical expertise  B. treatment ability
C. character  D. experiments
According to TJC, a practitioner’s quality of care is assessed during reappointment through analysis of:

- A. length of stay
- B. complex cases
- C. aggregate data
- D. patient complaints

C. aggregate data
NCQA requires attestation of the following:

A. Lack of present illegal drug use
B. Lack of current substance abuse
C. Lack of present chemical dependency
D. Lack of partying

Which of the following is NOT required for provisional credentialing of a provider?

A. PSV of DEA
B. PSV of license
C. NPDB
D. Current and signed application
According to CMS, the following non-physician practitioners may be eligible for medical staff privileges:

A. Respiratory Therapists  
B. Massage Therapists  
C. Medical Assistants  
D. Occupational Therapists
According to CMS, _______ privileges should be reviewed and updated at least every two years.

A. Medical  B. Orthopedic
C. Surgical  D. Obstetrical

According to NCQA, signature stamps may not be used unless the practitioner is:

A. Physically impaired  B. Mentally impaired
C. Disruptive  D. Lazy
A. Physically impaired

 requires the application / reapplication have a formal statement releasing the organization from any liability in connection with credentialing decisions.

A. URAC  B. CMS  C. DNV  D. AAAHC

D. AAAHC
The following is an NCQA approved source for verification of board certification:

A. AMA Physician Master File  
B. NPDB  
C. HIPDB  
D. Medical school

According to NCQA, office site visits must be conducted for complaints that meet thresholds in this area:

A. Rudeness of staff  
B. Physical accessibility  
C. Cigarette butts in parking area  
D. Excessive noise
According to URAC, parameters or triggers of potential quality of care issues that require further investigation must be included in ______.

- A. Policy
- B. Rules and regulations
- C. Bylaws
- D. Delegation agreements

A. Policy
________ requires hospitals to inform each patient whom to contact to file a grievance.

A. TJC  B. DNV  C. CMS  D. HFAP

C. CMS

For written verifications, NCQA uses what date to determine time limit compliance?

A. Date on letter  B. Date received  C. Postmark date  D. Date stamped
A. Date on letter

“The _________ must assure that the medical staff has bylaws and that those bylaws comply with State and Federal law and the requirements of CoPs.”

A. Chief of Staff  B. MEC  C. Governing Body  D. CEO

C. Governing Body
According to TJC, which of the following is NOT an acceptable method of documenting CME's:

A. Certificates copies  B. Attestation statement
C. Information submitted with licensure renewal  D. Android App

HFAP uses the acronym PCO instead of CVO. What does PCO stand for?

A. Professional Credentialing Organization  B. Profiles & Credentialing Organization
C. Practitioner Credentialing Organization  D. Practice Credentialing Online
A. Professional Credentialing Organization

HFAP requires that the medical staff application request information regarding any criminal history for what period of time?

- A. 3-5 years
- B. 5-8 years
- C. 7-10 years
- D. 10-13 years

C. 7-10 years
CMS standards require the criteria for selection of medical staff are character, competence, training, judgment, and **experience**.

- A. Education
- B. Experience
- C. Eligibility
- D. Excellence

According to AAAHC, documentation of current competence is obtained from:

- A. Peers
- B. Case logs
- C. Hospital affiliations
- D. QAPI
According to HFAP, the following designated source can be used for actions against a physician’s medical license:

- A. NPDB
- B. AOA / AMA Profile
- C. ECFMG
- D. FSMB
FACIS is an acronym for:
- A. Federal Access Center Informational Systems
- B. Fraud & Abuse Control Information Systems
- C. Federal Abuse & Corrections Information System
- D. Fraud Alert & Correction Information System

A designated source for AAAHC is known as a "__________.
- A. primary source
- B. equivalent source
- C. third-party source
- D. secondary source
According to TJC, disaster privileges may be granted to volunteer LIPs once the ______ has been activated.

HFAP allows for what type of privileges to be used in time of emergency and/or disaster?

A. Provisional  
B. Urgent  
C. Emergent  
D. Temporary

According to URAC standards, verification of DEA can be accomplished through either a copy of the DEA certificate or copy of:

A. NTIS Report  
B. AOA / AMA Profile  
C. FDA website  
D. Certificate number
According to URAC, what is the verification time limit for board certification?

A. 4 months  
B. 6 months  
C. 30 days  
D. 60 days
NCQA standards consider the highest level of a practitioner’s training to be:

A. fellowship  B. residency
C. medical school  D. faculty

B. residency

NCQA will allow verification from this site for closed residency programs.

A. ECFMG  B. NPDB
C. HIPDB  D. FCVS
IRB is an acronym for which hospital committee?

A. Institutional Research Board
B. Institutional Review Board
C. Internal Review Board
D. Internal Research Board

B. Institutional Review Board
URAC requires credentialing applications to include what information?

A. Substance abuse problems
B. Chemical dependency problems
C. Lack of illegal drug use
D. Need for aspirin

A. Substance abuse problems

According to NCQA, ________ are responsible for the ongoing monitoring of sanctions or limitations on licensure between recredentialing cycles.

A. governing boards
B. medical staffs
C. organizations
D. medical staff offices
HFAP requires, at least, how many years of past history of professional liability actions resulting in final settlements or judgments be evaluated.

A. Three  
B. Five  
C. Seven  
D. Ten

B. Five
In what timeframe does NCQA standards require credentialing decisions for initial appointment be communicated to the provider?

A. 30 calendar days  
B. 30 business days  
C. 60 calendar days  
D. 60 business days

According to URAC, Medicare / Medicaid sanctions can be verified with the issuing organization or _________.

A. HEDIS  
B. NPDB  
C. ABMS  
D. CAHPS
According to DNV, OIG Medicare / Medicaid Exclusions must be verified at initial appointment, reappointment, and at what other time?

A. Request for additional privileges  
B. Request for change in staff status  
C. Granting temporary privileges  
D. Request for change in privileges
Which accrediting agency does not require query of the NPDB?

A. DNV  
B. AAAHC  
C. TJC  
D. URAC

Which accrediting agency requires peer recommendations at initial and reappointment?

A. URAC  
B. AAAHC  
C. NCQA  
D. CMS
B. AAAHC

DNV standards required how many peer recommendations for initial appointment?

A. None  B. One  C. Two  D. Three

C. Two
According to NCQA, practitioners within the scope of credentialing include individual/group practices, facilities, telemedicine, and:

- A. PCOs
- B. government agencies
- C. locums agencies
- D. rental networks

At a minimum, AAAHC requires physicians and __________ be credentialed and privileged.

- A. Chiropractors
- B. Optometrists
- C. Dentists
- D. Behavioral Health Providers
Which accrediting agency requires the granting of privileges for each specific device.

A. TJC  B. DNV  C. HFAP  D. AAAHC

D. AAAHC
The Utilization of Osteopathic Methods and Concepts Committee (HFAP) is only required for hospitals with how many admitting DO’s.

- A. 10 or more
- B. 20 or more
- C. 30 or more
- D. 40 or more

TJC allows expedited credentialing by a committee consisting of at least 2 voting members of the:

- A. MEC
- B. Administration
- C. Governing Body
- D. Credentials Committee
C. NCQA
Which accrediting agency requires the Credentials Committee have at least one member who is a participating practitioner who has no other role in organizational management?

A. TJC  
B. HFAP  
C. AAAHC  
D. URAC

Thanks for playing!