



2010

CANDIDATE **HANDBOOK**

FOR THE **CERTIFIED PROFESSIONAL IN MEDICAL SERVICES MANAGEMENT (CPMSM)**
AND **CERTIFIED PROVIDER CREDENTIALING SPECIALIST (CPCS) EXAMINATIONS**





SPRING TESTING PERIOD

Application Deadline - Friday, January 29, 2010

Testing Period - Saturday, March 27 through Saturday, April 17, 2010

SUMMER TESTING PERIOD

Application Deadline - Friday, April 23, 2010

Testing Period - Saturday, June 19 through Saturday, July 10, 2010

FALL TESTING PERIOD

Application Deadline - Friday, September 3, 2010

Testing Period - Saturday, October 30 through Saturday, November 20, 2010

National Association Medical Staff Services (NAMSS)

Certification Commission of NAMSS (CCN)

2025 M Street, NW, Suite 800

Washington, DC 20036

(202) 367-1196 (p)

(202) 367-2196 (f)

Table of Contents

Responsibility of the Candidate	4	At the Testing Center	7
Introduction to the Certification Program	4	Computer-Based Testing	8
Goals of Certification	4	Exam Security/Grounds for Dismissal	8
Definitions	4	Scoring Information	8
Who Should Sit for the Certification Examinations	5	Exam Results	9
Eligibility Requirements	5	Applicant/Candidate Appeals	9
About the Examinations	5	Re-examination	9
Special Needs	5	Attainment of Certification	9
Statement of Nondiscrimination	6	Recertification	9
Copyright Information	6	Code of Ethics for NAMSS Certificants	9
Application Procedures/Instructions	6	Exam Preparation	10
Examination Fees	6	Practice Exam Now Available for CPMSM	10
Scheduling Your Exam Appointment	6	Acronyms	10
Late Registration	6	CPMSM Exam Content Outline	11
Rescheduling/Transfer/Deferral of Exam Appointments	7	CPCS Exam Content Outline	12
Cancellations/Refunds	7	Sample Exam Questions	13
Day of the Exam	7	Certification Commission of NAMSS (CCN)	13

The Certification Commission of NAMSS (CCN) was established in 1984 to advance the profession of medical services management through the development of a certification program. The CCN is the independent certifying body of the National Association Medical Staff Services (NAMSS), a non-profit professional membership organization. The CCN's mission is to assure a comprehensive level of knowledge through certification in the medical services profession. The CCN is responsible for establishing the policies and procedures that govern the certification and recertification programs of NAMSS. Earning the CPMSM and/or CPCS designation recognizes professional achievement through participation in this voluntary certification program.

RESPONSIBILITY OF THE CANDIDATE

It is the responsibility of each candidate to read and understand the contents of this handbook before applying for the examination. This handbook contains current information about the policies and procedures of the certification program. It is essential that each candidate keep this handbook readily available for reference until the entire certification process, including score reporting, is completed. The 2010 Candidate Handbook supercedes all previous versions of this handbook.

INTRODUCTION TO THE CERTIFICATION PROGRAM

Medical Services Professionals (MSPs) are on the frontlines of healthcare, promoting patient safety and helping to ensure public protection through access to quality healthcare services. MSPs administer the vital risk management function of credentialing and are significantly involved in the accreditation of their healthcare organizations. The certification program establishes industry standards and serves as a comprehensive measure of knowledge in the field. The CPMSM and CPCS designations identify MSPs who have met an established standard of knowledge and understanding in the field of healthcare credentialing, governance, law, accreditation, and regulatory compliance.

The CPMSM and CPCS designations provide employers and the public with the assurance that certified individuals possess the necessary skills, knowledge, and experience in medical services management or provider credentialing to perform their duties competently.

GOALS OF CERTIFICATION

The NAMSS certification program aspires to the following goals for medical services and credentialing professionals:

1. To promote industry standards, and to provide a means to verify professional knowledge in the field of medical services management and provider credentialing.
2. To distinguish those professionals who demonstrate an established level of knowledge and expertise in the field, and to provide prospective healthcare employers with a means to identify qualified candidates for medical services management or provider credentialing positions.
3. To provide the opportunity for personal validation of professional competency.
4. To raise awareness of and professionalize the positions in the field of medical services management and provider credentialing, and to acknowledge a commitment to the public to foster quality healthcare delivery to the public.
5. To enhance knowledge and skill through continuing education and recertification requirements.

DEFINITIONS

The practice of medical services management and provider credentialing occurs in various healthcare settings, is performed by professionals with diverse educational and work backgrounds, and involves the knowledge, skills, and abilities needed to perform the tasks outlined in the Exam Content Outlines (see pages 11-12).

Certified Professional in Medical Services Management (CPMSM)

The CPMSM is typically employed or contracted by a healthcare organization including, but not limited to, hospitals (health systems), health plans, ambulatory care settings, group practices, or credentialing verification organizations.

A CPMSM is an integral part of a credentialing team whose responsibilities include but are not limited to:

- Maintaining compliance with regulatory and accrediting bodies;
- Developing and implementing credentialing/privileging processes and procedures;
- Developing and implementing provider enrollment processes and procedures;
- Overseeing development of and adherence to
 - Governance bylaws;
 - Department rules and regulations; and
 - Policies pertaining to medical staff, practitioner/provider, and the organization.

The CPMSM may also be responsible for overall management of medical services functions (i.e., staffing, budgets, medical staff information systems), continuing medical education, and practitioner/provider recruitment and relations.

Certified Provider Credentialing Specialist (CPCS)

The CPCS is typically employed or contracted by a healthcare organization including, but not limited to, hospitals (health systems), health plans, ambulatory care settings, group practices, or credentialing verification organizations.

A CPCS is an integral part of a credentialing team whose responsibilities include but are not limited to:

- Maintaining compliance with regulatory and accrediting bodies;
- Participating in the development and implementation of credentialing processes and procedures;
- Credentialing of physicians, allied health, and other practitioners;
- Overseeing or participating in the development of and adherence to:
 - Governance bylaws;
 - Department rules and regulations;
 - Policies pertaining to medical staff, practitioner/provider and the organization; and
- Collecting and maintaining an accurate practitioner database and analyzing verification information.

WHO SHOULD SIT FOR THE CERTIFICATION EXAMINATIONS

Both exams are for those with experience in the field. Candidates are expected to have current, direct, and preferably hands-on involvement in the major processes typically associated with the medical services management or provider credentialing aspect of the healthcare industry, including a majority of the areas covered in the Exam Content Outlines listed on pages 11-12.

ELIGIBILITY REQUIREMENTS

Candidates must meet ONE of the following eligibility routes by the application deadline. The CCN reserves the right to conduct random audits to verify candidate eligibility.

CPMSM Examination:

1. At the time of application, candidate must be currently employed in the medical services profession for at least the past 12 consecutive months and have a total of five years of experience within the past eight years, OR
2. Be a CPCS in good standing and be employed for at least the past 12 consecutive months in the medical services profession.

CPCS Examination:

1. At the time of application, candidate must be currently employed in the medical services profession for at least the past 12 consecutive months and have a total of three years of experience within the past five years, OR
2. Be a CPMSM in good standing and be employed for at least the past 12 consecutive months in the medical services profession.

ABOUT THE EXAMINATIONS

The CCN partners with CASTLE Worldwide, Inc., an independent testing company that provides assistance with exam development, administration, and scoring.

The examination content (see Exam Content Outlines beginning on page 11) is based on a standardized surveying of the profession. Surveys are conducted every three to five years to ensure that examination content is current, valid, and representative of the responsibilities of medical services and credentialing professionals. The NAMSS certification examinations are the only standardized certification exams currently offered to test the knowledge, skills, and abilities of medical services and credentialing professionals.

The CPMSM exam is an objective examination consisting of 200 multiple-choice questions. Candidates will have a total of four hours to complete this exam.

The CPCS exam is an objective examination consisting of 150 multiple-choice questions. Candidates will have a total of three hours to complete this exam.

A computer-based examination is administered during three, three week testing periods per year, through a network of testing sites operated by our testing partner, CASTLE Worldwide, Inc. Further information regarding testing centers and scheduling appointments can be found on pages 6 and 7 of this handbook and will be sent to applicants in the form of an eligibility notice upon being deemed eligible to sit for the examination.

SPECIAL NEEDS

NAMSS complies with the Americans with Disabilities Act in order to accommodate candidates with special needs. Candidates with documented visual, physical, hearing, or learning disabilities that would prevent them from taking an examination under standard conditions may request special testing accommodations and arrangements.

For the exam administrations, special needs must be documented in writing by the candidate's doctor or other qualified professional on official letterhead. This written documentation must accompany the CPMSM/CPCS application. Please note that requests for accommodations must be received at least eight (8) weeks prior to the start of a testing period.

STATEMENT OF NONDISCRIMINATION

The CCN, NAMSS, and CASTLE Worldwide, Inc. do not discriminate against any individual or entity on the basis of religion, age, gender, race, disability, nationality, or any other reason prohibited by law. All individuals submitting an application for the examination will be judged solely on published criteria. Candidates are not required to be a member of any organization to apply for NAMSS certification.

COPYRIGHT INFORMATION

All proprietary rights to the CPMSM and CPCS exams, including copyright, are held by the CCN. In order to protect the validity of the scores reported, candidates must adhere to strict guidelines regarding proper conduct in handling these copyrighted proprietary materials. The law strictly prohibits any attempt to reproduce all or part of the CPMSM or CPCS exams. Such attempts may include, but are not limited to: removing materials from the testing room; aiding others by any means in reconstructing any portion of the exam; and selling, distributing, receiving, or having unauthorized possession of any portion of the exam. Alleged copyright violations will be investigated and, if warranted, prosecuted to the fullest extent of the law. It should be noted that examination scores might become invalid in the event of this type of suspected breach. Permanent revocation of certification may occur if allegations are substantiated.

APPLICATION PROCEDURES/INSTRUCTIONS

- Complete the application form in its entirety. Applications for each examination are available online at www.namss.org.
- Write clearly and legibly on the application form, using either a blue or black ballpoint pen.
- Make a copy of the completed application for your records.
- Mail the completed application and full examination fees to:
NAMSS
Dept. 3115
Washington, DC 20042

Please note that it is a P.O. Box address, and we cannot guarantee receipt of applications sent via FedEx or UPS.

After an application for a computer-based exam is approved, a Notice to Schedule (NTS) will be sent via e-mail. The NTS will include the scheduling Web link, your username, and your password. When you access the online scheduling system with your username and password, you will be able to choose an exam site, date and time from the list of available sites. Please note that appointment times and site locations are on a first-come, first-served basis, and may vary in availability with each exam window.

Applications must be **postmarked** by the application deadline. Incomplete applications and applications received after the post-mark deadline may be subject to additional fees or review.

EXAMINATION FEES

NAMSS members	\$350.00
Non-members	\$475.00
Other Fees (see conditions below)	
Late Fee	\$50.00
Rescheduling Fee	\$50.00
Transfer Fee	\$75.00
Cancellation Fee	\$100.00

Make check or money order payable to:
CPMSM Certification Examination or CPCS Certification Examination
Note: There will be an additional administrative fee of \$30 for returned checks.

VISA, MasterCard, and American Express are accepted. Complete the credit card payment section on the application form.

SCHEDULING YOUR EXAM APPOINTMENT

The certification exams are administered during an established three-week period at computerized testing facilities managed by CASTLE Worldwide. Available testing dates and times vary by location.

We recommend that you access the scheduling Web link as soon as you receive your NTS to schedule your appointment, as scheduling is done on a first-come, first-served basis. Waiting to schedule your test appointment may significantly limit the date/time availability at the test center of your choice. All available testing locations and dates will be presented to you on the scheduling Web link.

Within three business days of submitting your scheduling request, you will receive a scheduling confirmation e-mail. The scheduling confirmation, plus government-issued photo identification with signature, must be presented to the proctor in order to gain admission to the testing center.

If the site and date you requested is no longer available, you will receive an e-mail notice allowing you to choose another site and date option.

If you have any questions regarding your scheduled exam appointment, please contact CASTLE at (919) 572-6880.

LATE REGISTRATION

Applications postmarked after the deadline may be processed if such registration can be accommodated. There is a \$50.00 late fee for all applications postmarked after the deadline and received no later than 30 days prior to the first testing date, if accommodations can be made for that testing cycle.

RESCHEDULING/TRANSFER/DEFERRAL OF EXAM APPOINTMENTS

Requests for rescheduling an examination appointment to a different date within the three week testing period must be submitted through the scheduling Web link listed on your NTS. If you reschedule your exam date within five days of your originally scheduled exam date you will be subject to the \$50.00 rescheduling fee.

TRANSFERRING YOUR EXAM

Requests for transferring an examination appointment to a different testing cycle must be submitted through the NAMSS Executive Office by calling (202) 367-1196. All transfers of examinations to a different testing window are subject to the \$75.00 transfer fee.

REQUEST FOR DEFERRAL

Requests for deferrals must be made in writing and submitted to the CCN. Under special circumstances (i.e., hurricane, medical emergency, death of an immediate family member), the CCN may allow a deferral of the examination to the next testing period. Special circumstances must coincide with the administration date of the exam, must include supporting documentation and must be received by the CCN within 30 days of the last day of the corresponding testing period. Requests for deferrals must be accompanied by a \$75.00 transfer fee. If your deferral is approved, you will be credited the \$75.00 transfer fee.

Failure to keep an appointment or canceling an appointment without the appropriate notice (less than five business days prior to the scheduled appointment) will result in forfeiture of all applicable exam fees.

CANCELLATIONS/REFUNDS

The CCN must receive all requests for a cancellation/refund in writing, no later than two weeks prior to the start of a testing period.

You may fax a request for a refund to the NAMSS Executive Office at (202) 367-2116. Requests for cancellations/refunds may be made only by the exam candidate. Refunds will be issued less a \$100 processing fee.

Written requests for a refund/cancellation must be **postmarked** by the following dates:

Spring Testing Window - March 12, 2010

Summer Testing Window - May 18, 2010

Winter Testing Window - October 15, 2010

DAY OF THE EXAM

It is strongly recommended that you familiarize yourself with the testing center location and parking facilities prior to the day of your exam so that you arrive at the testing center stress-free and on time.

On the day of the exam, report to the testing center at least 10 minutes prior to your scheduled appointment. You should plan to be at the testing center for four and one-half hours. Late arrivals may not be admitted. If you have any problems regarding your scheduled exam location or proctor, please contact CASTLE at (919) 572-6880.

Upon arriving at the testing center, you will be required to present your eligibility notice and provide one form of government-issued photo identification, which must bear your name and your signature. Examples of appropriate identification include passport or driver's license. If you do not bring the appropriate identification to the testing center, you will not be able to test within that testing period. The name on your photo identification must exactly match the name that appears on your eligibility notice.

The testing center administrator will provide a brief orientation and then escort you to a workstation. You must remain in your seat during the examination. You may only leave your workstation when authorized by a testing center staff member. If you leave your workstation during the exam, extra time will not be provided.

Contact the testing center administrator if you:

- Believe there is a problem with your computer;
- Need more scratch paper;
- Need to take a break (extra time will not be provided); or
- Require assistance from the testing center administrator.

AT THE TESTING CENTER

To ensure all results are earned under comparable conditions and represent fair and accurate measurement, it is necessary to maintain a standardized testing environment. The following recommendations, policies, and procedures pertain to every exam candidate:

- Instructions by testing center personnel are to be followed.
- Bring a watch. You will not be permitted to continue beyond the allotted time limit. An on-screen clock may also be provided.
- Do not bring books or other reference materials into the testing room. The testing center administrator will not permit anyone found possessing such materials to continue the test, and you will forfeit all applicable examination fees.
- Electronic devices (cell phones, pagers, Palm Pilots, Blackberrys, etc.) are not permitted to be used at the testing center.
- Visitors are not permitted at the testing center.
- Bring a jacket or sweater for air-conditioned rooms.

Note: On rare occasions, major technical problems with computer equipment at the testing center may require rescheduling of an examination at the testing center administrator's discretion. In these cases, no additional fee will be assessed.

COMPUTER-BASED TESTING

You do not need extensive computer experience to take a computer-based examination. Benefits of computer-based testing include:

- Online tutorials for computer operation;
- The ability to mark questions as a reminder to review later;
- The ability to track and display time remaining during the exam.

Exam Tutorial for Computer-Based Testing

At the beginning of your exam, you will be provided a brief tutorial. The tutorial is designed to familiarize you with using the computer and testing software. You will have up to 15 minutes to complete the tutorial. This time allotment is in addition to the time allotted for exam completion.

The tutorial allows you to concentrate on how to operate the computer in order to complete the exam. You do not need to be concerned with which answers you select during the tutorial since incorrect answers in this tutorial environment will not affect your actual exam score. Once you exit the tutorial, you may not return to it. You are strongly encouraged not to bypass the tutorial.

During the Exam

During the exam, you have the opportunity, time permitting, to return to unanswered questions, review and change previously unanswered questions, re-evaluate questions marked for review, and review responses to for the entire exam. When your exam time expires, all questions will be included in the final calculation of your score, even if they are blank or marked for review. Once your allotted time has expired, or you exit the exam, you cannot see or review the questions again.

Exit Survey

At the end of the exam, you will be asked to complete a brief survey with an evaluation of your testing experience. Your survey answers are anonymous and confidential. All comments are reviewed and, if possible or necessary, changes are implemented.

EXAM SECURITY/GROUNDS FOR DISMISSAL

The CCN and CASTLE Worldwide, Inc, maintain established test administration and security standards to ensure that all candidates are provided with a fair and consistent opportunity to demonstrate their knowledge, skills, and abilities.

Any candidate who does not have positive identification, uses unauthorized aids, engages in misconduct, or does not follow test-

ing procedures may be dismissed from the testing center. The CCN may choose to have the test scores of such candidates cancelled, in which case all applicable exam fees will be forfeited.

The following are examples of behaviors considered to be misconduct and will not be tolerated during the administration of the CPMSM or CPCS exams:

- Giving or receiving assistance of any kind;
- Using unauthorized references or aids;
- Attempting to take the exam for someone else;
- Failing to follow testing regulations and/or test center instructions;
- Creating disturbances;
- Copying, removing or attempting to remove exam questions and/or scratch paper from the exam room;
- Tampering with testing center computers;
- Leaving the exam room without permission;
- Using electronic communication devices (cell phones, pagers, Blackberrys, etc.).

In the event of misconduct, gathered evidence is submitted to the CCN and CASTLE Worldwide, Inc. for review. Both the CCN and CASTLE Worldwide, Inc. have the right to question the validity of test scores. If there is sufficient cause to question the score, CASTLE Worldwide, Inc. will refer the matter to the CCN, which will make the final decision on whether or not the score is to be cancelled. In the event the CCN determines a test score is invalid and should be cancelled, the CCN will notify the candidate (all applicable examination fees will be forfeited). The CCN, at its sole discretion, may decide to:

- Allow the candidate to retest at an additional cost;
- Prohibit the candidate from ever sitting for the exam and earning the certification; or
- Take other action as deemed appropriate.

SCORING INFORMATION

The pass/fail cut-off score is determined using a criterion-referenced method, which allows the performance of each candidate taking the exam to be judged against a predetermined standard rather than against other candidates. The predetermined standard is set by a committee of subject matter experts working with testing experts to ensure the validity, reliability and legal defensibility of the exam.

Score Validity Review

The CCN and CASTLE Worldwide, Inc. routinely apply a post-exam administrative review of the validity of exam scores. If irregularities are found, candidates will be notified of issues concerning their scores, when appropriate.

Exam Reliability

The statistical analyses performed on the CPMSM and CPCS exams have shown that the exam is highly reliable. This reliability is a direct result of the efforts of the CCN, working with testing experts, to ensure that ambiguity is eliminated from individual exam questions, and that the questions address concepts appropriate for candidates sitting for the exam.

EXAM RESULTS

The Certification Commission of NAMSS (CCN) recently decided to pursue an auto-scoring procedure beginning with the first testing period of 2010. Auto-scoring requires that for each test form there is a known cut-score for that form. By implementing the auto-scoring procedure, candidates will be able to obtain their test results within two weeks after the testing period/window has closed.

To ensure the confidentiality of exam results, actual scores will not be released via telephone, fax, or any other electronic transmission by either the CCN or CASTLE Worldwide, Inc. personnel. Scores will NOT be sent to employers, schools, other individuals, or organizations under any circumstances. Names of candidates who do not pass the examination are confidential and are not revealed under any circumstances, except by legal compulsory process. Any questions concerning test results should be referred to the NAMSS Executive Office at certification@namss.org.

Requests for duplicate score reports should be submitted to:

CASTLE Worldwide, Inc.
900 Perimeter Park Drive, Suite G
Morrisville, NC 27560
ATTN: CCN

APPLICANT/CANDIDATE APPEALS

Decisions by the CCN regarding initial determination of eligibility to take an examination, or continued certification, disruptive examination conditions and verification of an examination score may be appealed to the CCN. The grounds for appeal to the CCN are only those stated in the previous sentence.

An appeal to the CCN must be made in writing by letter, fax or e-mail, with the subject line "appeal" to the following address:

2025 M. Street NW, Suite 800
Washington, DC 20036
ATTN: CCN - Appeal
Fax: (202) 367-2116
E-mail: certification@namss.org

All such appeals must be received by the CCN within 30 days of the date (1) that the CCN mailed the notice denying eligibility to take the examination or (2) the date the CCN mailed the notice

denying continued certification or (3) the date on which a disruptive examination condition or examination occurred. The written appeal must identify the precise factual basis, applicable rules or examination conditions that are the basis for the appeal.

RE-EXAMINATION

Certification exams may be taken only once during a testing period. However, exams may be taken in subsequent testing periods, upon submission of a new application and payment of examination fees. With each new application submission, candidates will be required to meet the eligibility requirements in effect at the time of submission.

ATTAINMENT OF CERTIFICATION

Certification is valid for three years. Candidates who pass the certification examination(s) may use the appropriate designation "CPMSM" or "CPCS." Newly certified individuals will receive a CPMSM and/or CPCS certificate.

RE-CERTIFICATION

Recertification is designed to assure a level of continued competence through the ongoing enhancement of knowledge and skills in the field of medical services management and provider credentialing. Certificants holding dual certification will be required to recertify only once every three years, at the time of the expiration of the first certification. Certificants, whether holding single or dual certification, must meet one of the following continuing education requirements every three years in order to maintain their certification.

- Single certification: Submit 30 hours of continuing education credits, at least 15 hours of which must be NAMSS-approved coursework; or
- Dual certification: Submit 45 hours of continuing education credits, at least 25 hours of which must be NAMSS-approved coursework; or
- Sit for and pass the certification examination (or the CPMSM exam if dually certified) under the eligibility requirements in effect at the time application for recertification is made.

Please visit www.namss.org/certification/tabid/59/default.aspx for the complete recertification policy.

CODE OF ETHICS FOR NAMSS CERTIFICANTS

NAMSS Certificants shall abide by the ethical principles developed to safeguard the public and to promote quality patient care through the support of the healthcare organization and its functions.

NAMSS Certificants shall share knowledge, foster educational opportunities, and encourage personal and professional growth through continued self-improvement and application of current advancements in the profession and agree to follow the Ethics Policy of the CCN.

NAMSS Certificants shall refrain from conduct deemed harmful to the public or inappropriate to the profession.

Any such violation of the Code of Ethics for a NAMSS Certificant may result in suspension or revocation of certification. For a copy of the Code of Ethics policy, please visit www.namss.org/certification/tabid/59/default.aspx.

EXAM PREPARATION

Exam questions relate to the standards at the time of the test. If you take the test at the end of the year, remember the standards being addressed are those still in effect, not those effective the following January.

With the exception of the practice exams, the CCN does not develop, administer, sponsor, endorse, or financially benefit from any type of exam review, preparatory course or published materials related to the content of the certification examinations.

Below are three comprehensive references you may find helpful while studying. Again, the CCN does not endorse any specific item, as there are many helpful publications available.

- *The Credentialing Coordinator's Handbook* (published by HCPro)
- *Verify and Comply* by Carol Cairns (published by HCPro)
- *Robert's Rules of Order* (10th Edition) (Brief)

Exam questions are based on a wide variety of publications, regulations, and resources in the field. Suggested preparation for the examination should include, but not be limited to, the following resources. To assist in study preparation, Web site links are provided for those publications that are available at no charge:

- AAAHC
- CMC Hospital Conditions of Participation
www.access.gpo.gov/nara/cfr/waisidx_04/42cfr482_04.html
- EMTALA
www.cms.hhs.gov/GuidanceforLawsAndRegulations/downloads/emtala.pdf
- Health Care Quality Improvement Act of 1986 (HCQIA)
www.npdb-hipdb.com/legislation.html
- HFAP
- Joint Commission Accreditation Standards
- NCQA Accreditation Standards
- NPDB/HIPDB Guidebook
www.npdb-hipdb.com/npdbuidebook.html
www.npdb-hipdb.com/hipdbuidebook.html
- URAC
www.npdb-hipdb.com/npdbuidebook.html
www.npdb-hipdb.com/hipdbuidebook.html

PRACTICE EXAM NOW AVAILABLE

The Certification Commission of NAMSS offers an online practice exam with sample questions similar to those that will be found on the actual examination. The practice exam was designed using the same specifications as the full exam. The CPMSM Practice Examination is composed of 50 multiple-choice questions and is intended to provide individuals with a sample of the type of questions that will be asked. These practice questions do not appear on the certification examination. Success on the practice exam does not guarantee positive results on the certification exam. The CPMSM and the CPCS are available in 2010.

ACRONYMS

The following acronyms are provided to aid in your exam preparation. You should be familiar with these acronyms as well as the organizations they represent.

AAAHC	Accreditation Association for Ambulatory Health Care
AANA	American Association of Nurse Anesthetists
ABMS	American Board of Medical Specialties
ACCME	Accreditation Council for Continuing Medical Education
ACGME	American College of Graduate Medical Education
ACLS	Advanced Cardiac Life Support
ADA	Americans with Disabilities Act
AHP	Allied Health Practitioner
AMA	American Medical Association
ANCC	American Nurses Credentialing Center
AOA	American Osteopathic Association
APIC	Association of Professionals in Infection Control and Epidemiology
BLS	Basic Life Support
CAMH	Comprehensive Accreditation Manual for Hospitals
CAQH	Council for affordable Quality Healthcare
CDC	Centers for Disease Control and Prevention
CDS	Controlled Drugs and Substances
CEO	Chief Executive Officer
CME	Continuing Medical Education
CMS	Centers for Medicare & Medicaid Services
COO	Chief Operating Officer
COP	Conditions of Participation
CRNA	Certified Registered Nurse Anesthetist
CVO	Credentials Verification Organization
DEA	Drug Enforcement Administration
DHHS	Department of Health and Human Services
DO	Doctor of Osteopathy
DPM	Doctor of Podiatric Medicine
ECFMG	Education Council for Foreign Medical Graduates
EMTALA	Emergency Medical Treatment and Active Labor Act
FACIS	Fraud and Abuse Control Information System
FCVS	Federal Credentials Verification Service
FDA	Food and Drug Administration
FMLA	Family and Medical Leave Act
FPPE	Focus Professional Practice Evaluation

FSMB	Federation of State Medical Boards
FTE	Full Time Equivalent
GME	Graduate Medical Education
GSA	General Services Administration
HCQIA	Health Care Quality Improvement Act
HEDIS	Healthcare Employers Data Information Set
HFAP	Healthcare Facilities Accreditation Program – the accrediting organization for AOA
HIPAA	Health Insurance Portability and Accountability Act
HIPDB	Healthcare Integrity & Protection Data Bank
HMO	Health Maintenance Organization
LIP	Licensed Independent Practitioner
MCO	Managed Care Organization
MD	Medical Doctor
MEC	Medical Executive Committee
MSP	Medical Services Professional
NCQA	National Committee for Quality Assurance
NP	Nurse Practitioner
NPI	National Practitioner Identifier
NPDB	National Practitioner Data Bank
NTIS	National Technical Information Services
OIG	Office of Inspector General
OSHA	Occupational Safety and Health Administration
PA	Physician Assistant
RN	Registered Nurse
UPIN	Unique Physician Identification Number
URAC	Utilization Review Accreditation Commission
USMLE	United States Medical Licensing Exam

2010 CPMSM EXAM CONTENT OUTLINE

The CPMSM exam addresses the following content. Candidates are required to demonstrate proficiency by answering exam questions that evaluate their knowledge of facts, concepts and processes required to complete the tasks described below.

Accreditation and Regulatory Compliance (23%)

- Serve as the organization's expert regarding relevant accreditation and regulatory requirements by applying current knowledge of published standards in order to ensure ongoing compliance.
- Develop governance documents (e.g., bylaws, policies, procedures) consistent with current accreditation and regulatory standards in order to ensure quality patient care.
- Implement a periodic review process for bylaws, policies, and procedures consistent with organizational policy in order to ensure ongoing compliance with accreditation and regulatory requirements.

Management of Credentialing Processes (23%)

- Develop organizational credentialing policies in accordance with regulatory and accreditation standards in order to provide a comprehensive and fair process.

- Apply the credentialing process uniformly to all practitioners/providers in accordance with organizational policies in order to address all stakeholder interests.
- Compile data required for the uniform assessment of practitioners/providers as determined by organizational policy in order to support the evaluation of current competency.
- Verify the status of all practitioner/provider expirables (e.g., licenses, certifications, insurances) by querying primary sources in order to validate currency and to ensure ongoing eligibility with the organization.
- Verify the absence of sanctions and complaints for all practitioners/providers by researching appropriate sources in order to ensure ongoing eligibility with the organization.
- Report adverse actions taken against a practitioner/provider by notifying the appropriate authorized agency in accordance with applicable law in order to protect the public.

Privileging (23%)

- Develop clinical privilege criteria based on established standards of practice (e.g., specialty boards, societies, organizations) and community standards of care through consultation with appropriately qualified individuals in order to ensure quality of care.
- Review requested privileges uniformly for all applicants using established criteria based on education, training, and experience in order to ensure current competency.
- Assess the applicability and appropriateness of clinical privileges for each specialty through periodic review in order to ensure currency, relevance to the facility, and accepted standards of care.

Medical Services Administration (12%)

- Facilitate meetings through agenda development, maintenance of a complete and accurate record of discussions and actions, and appropriate follow up in order to ensure compliance with accreditation, regulatory, and organizational requirements.
- Facilitate Continuing Medical Education programs by offering current clinical topics for practitioners/providers in order to comply with regulatory guidelines.
- Administer management responsibilities as they pertain to medical services in accordance with the organization's policy in order to evaluate productivity, performance, staffing, budget, and planning needs.
- Provide an introduction to the organization through orientation and leadership education for practitioners/providers, medical services staff, and other stakeholders in order to comply with regulatory requirements, provide smooth transitions, and ensure succession planning.
- Participate in organizational initiatives by serving on committees, providing expertise on medical services topics, and advising on accreditation and regulatory issues in order to maintain compliance.

- Support organizational goals by planning for future recruitment and provider relation needs in order to fulfill the organization's healthcare mission.

Risk Management (10%)

- Align medical service processes with applicable case law and changes in the regulatory environment in order to protect the organization, practitioners/providers, and the public.
- Monitor practitioner/provider performance continuously by developing and implementing policies that include the use of peer review data and processes in order to ensure uniformity, fairness, and quality of patient care.
- Facilitate due process in accordance with the organization's fair hearing and appeals policy as well as legal and regulatory requirements in order to ensure uniformity and fairness.

Information Management (9%)

- Establish policy governing the management and distribution of information in accordance with accreditation, regulatory, and organizational requirements in order to serve the needs of stakeholders.
- Participate in the assessment, procurement, implementation, and maintenance of practitioner/provider information systems by communicating the needs of medical service functions in order to manage data with efficiency and integrity.
- Manage information as it pertains to medical services in accordance with confidentiality requirements in order to facilitate communication and protect stakeholders.

2010 CPCS EXAM CONTENT OUTLINE

Credentialing and Privileging – Conduct, participate in, and maintain credentialing and privileging (41%)

- Determine applicant's eligibility for membership/participation to ensure compliance with accreditation and regulatory standards.
- Analyze application and supporting documents for completeness according to accreditation and regulatory standards, and inform the practitioner of the application status, including the need for any additional information.
- Perform initial or reappointment/re-credentialing for eligible practitioners to ensure compliance with accreditation and regulatory standards.
- Compile, evaluate, and present the practitioner-specific data collected and assembled during the verification process for review by one or more decision-making bodies to ensure compliance with accreditation and regulatory standards.
- Process requests for privileges to ensure compliance with accreditation and regulatory standards.

Primary Source Verification – Conduct, participate in, and maintain primary source verification (26%)

- Obtain and evaluate information from primary sources to ensure compliance with accreditation and regulatory standards in order to validate the accuracy of applications for one or more decision-making bodies.
- Recognize, investigate, and validate discrepancies and adverse information obtained from the application, primary source verifications, or other sources to ensure that review and approval bodies have the information needed to make informed credentialing decisions.
- Verify and document expirables using acceptable verification sources to ensure compliance with accreditation and regulatory standards.
- Provide a response to queries from other entities to assist them in completing their credentialing process.

Compliance - Comply with accreditation and regulatory standards (23%)

- Participate in the development, implementation, and ongoing assessment of bylaws, rules and regulations, and policies and procedures to ensure continuous compliance with accreditation and regulatory standards.
- Conduct and participate in audits of delegated credentialing entities to ensure compliance with accreditation and regulatory standards.
- Obtain and evaluate practitioner sanctions, complaints, and adverse data to ensure compliance with accreditation and regulatory standards.
- Conduct a review of practitioner's site to ensure compliance with accreditation and regulatory standards.

Operations – Support departmental operations (10%)

- Inform practitioners and stakeholders, in a timely manner, of credentialing decisions using letters, reports, and system updates.
- Perform and coordinate meeting logistics, documentation preparation, and follow-up consistent with assigned duties for practitioner-related activities.
- Update the practitioner database continuously and consistently to ensure that accurate and current information is available to all stakeholders.

SAMPLE EXAM QUESTIONS

1. Which hospital department would supply a weekly delinquency report for patient records?
 - a. Administration
 - b. Medical Records
 - c. Inpatient Services
 - d. Medical Staff Services

2. Which BEST describes the process of delegated credentialing?
 - a. One accredited organization allows another accredited organization to perform primary source verification on its behalf.
 - b. A HMO allows a CVO to assume final responsibility for credentialing/recredentialing decision-making.
 - c. An organization grants, by mutual agreement, responsibility to another organization to perform a specified scope of credentialing/recredentialing activities.
 - d. A HMO allows a Joint Commission accredited hospital's medical executive committee and governing body/board to assume full responsibility for primary source verification, decision-making, and oversight functions on behalf of the HMO.

3. How is a practitioner's quality of care assessed during the reappointment process?
 - a. Analysis of financial costs associated with performed procedures
 - b. Analysis of medically complex cases managed and treated by the practitioner
 - c. Oral testimony from the Credentialing Committee regarding their observations
 - d. Review of aggregate data, information, and clinical performance evaluations

CORRECT ANSWERS TO SAMPLE QUESTIONS

1. – B
2. – C
3. – D

2010 Certification Commission of NAMSS

June Hogg, CPMSM, CPCS, Chair
Rachelle Silva, CPMSM, CPCS, Vice-Chair
Kathy Metry, CPMSM, CPCS, Immediate Past Chair
Philip Brown, MD
Eve Donovan, CPMSM, CPCS
Julie Hatley, BS, CPCS, CPMSM, Test Development Chair
Terrie Sontag, CPCS, CPMSM, Ethics Committee Chair
Heidi Thompson, CPCS, CPMSM
Sandra Wilson, MHA, CPMSM, CPCS

Application for

Certified Professional in Medical Services Management Examination

Please read the directions in the Candidate Handbook carefully before completing this application.

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →



Candidate Information										Please provide preferred mailing address: <input type="radio"/> HOME <input type="radio"/> FACILITY									
Print your LAST NAME then FIRST NAME then MIDDLE INITIAL																			
Company Name																			
Number and Street															Apartment Number				
City												State/Province				Zip/Postal Code			
Daytime Phone						Evening Phone													
E-mail Address																			

Eligibility and Background Information	
<i>Darken only one choice for each question unless otherwise directed.</i>	
<p>A. HIGHEST ACADEMIC LEVEL:</p> <p><input type="radio"/> High School Graduate <input type="radio"/> Bachelor's Degree <input type="radio"/> Some College <input type="radio"/> Master's Degree <input type="radio"/> Associate Degree <input type="radio"/> Other</p> <p>B. YEARS OF EXPERIENCE IN CREDENTIALING OR MEDICAL SERVICES MANAGEMENT:</p> <p><input type="radio"/> 2 years <input type="radio"/> 4 to 10 years <input type="radio"/> 3 years <input type="radio"/> More than 10 years</p> <p>C. PRESENT EMPLOYMENT:</p> <p><input type="radio"/> Hospital <input type="radio"/> VA Medical Center <input type="radio"/> Managed Care Organization <input type="radio"/> Physician/Hospital Organization <input type="radio"/> Credentials Verification Organization <input type="radio"/> Other (please specify) _____</p> <p>D. NUMBER OF PROVIDERS</p> <p><input type="radio"/> Less than 100 <input type="radio"/> 501 - 1,000 <input type="radio"/> 100 - 250 <input type="radio"/> More than 1,000 <input type="radio"/> 251 - 500 <input type="radio"/> Not applicable</p> <p>E. WHEN DO YOU WISH TO TAKE THE EXAM?</p> <p><input type="radio"/> Spring <input type="radio"/> Summer <input type="radio"/> Fall</p>	<p>F. HAVE YOU TAKEN THIS EXAMINATION BEFORE?</p> <p><input type="radio"/> No <input type="radio"/> Yes <i>If yes, indicate month, year and name under which the examination was taken.</i> Date (month/year): _____ Name: _____</p> <p>G. ARE YOU CURRENTLY CERTIFIED AS A CERTIFIED PROVIDER CREDENTIALING SPECIALIST (CPCS) BY THE CERTIFICATION COMMISSION OF NAMSS?</p> <p><input type="radio"/> No <input type="radio"/> Yes <i>If yes, indicate month and year of certification.</i> Date (month/year): _____</p> <p>H. ARE YOU A CURRENT MEMBER OF NAMSS?</p> <p><input type="radio"/> No, I am not a member of NAMSS <input type="radio"/> Yes, I am a member of NAMSS <i>Note: Membership will be verified. Membership in NAMSS is not a requirement for certification.</i></p> <p>I. ARE YOU CERTIFIED REGISTERED, OR LICENSED BY ANY OTHER ORGANIZATION?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>IF YES, WHICH CREDENTIALS DO YOU HOLD?</p> <p><i>(Darken all that apply)</i></p> <p><input type="radio"/> CPHQ <input type="radio"/> RHIA <input type="radio"/> RN <input type="radio"/> CPS <input type="radio"/> RHIT <input type="radio"/> Other (specify) _____</p> <p><i>(Complete Page 2)</i></p>

Verification of Experience

For candidate applying for the

Certified Professional in Medical Services Management Examination

This certification examination is designed to test knowledge, skills and abilities of those professionals employed or contracted by a healthcare organization including, but not limited to, hospitals (health systems), health plans, group practices or credentialing verification organizations. The CPMSM may also be responsible for overall management of medical services functions (i.e., staffing, budgets, medical staff information systems), continuing medical education and practitioner/provider recruitment and relations. The applicant must be currently employed in the medical services profession for the past twelve (12) consecutive months and a total of five (5) years in the most recent eight (8) year period or, be a Certified Provider Credentialing Specialist in good standing and have been employed in the medical services profession for the past twelve (12) consecutive months.

SECTION 1 - To be completed by applicant.

NAME: _____

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

NAME/TITLE/PHONE NO: _____

If applicable, provide name of NAMSS certificant who referred you to apply for exam:

CERTIFICANT REFERRAL NAME: _____

If less than three years with current employer, please list previous employer for applicable experience:

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

CONTACT NAME: _____ PHONE NO: _____

SECTION 2 - To be completed by applicant's immediate supervisor, director of human resources, or organization personnel who has contracted services from the applicant.

Duties performed *(Check all that apply)*

- Maintains compliance with regulatory and accrediting bodies
- Develops and implements credentialing and privileging processes and procedures
- Develops and implements provider enrollment processes and procedures
- Oversees development of and adherence to governance bylaws
- Oversees development of and adherence to department rules and regulations
- Oversees development of and adherence to policies pertaining to medical staff, practitioner/provider, and the organization

By my signature below, I attest and verify that the above-named applicant for the Certified Professional in Medical Services Management (CPMSM) examination has been employed during the timeframe documented and has performed the duties and functions indicated above.

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

CONTACT PHONE NO: _____

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND
ACKNOWLEDGEMENT OF OBLIGATIONS**

I authorize the Certification Commission of NAMSS (CCN) to make whatever inquiries and investigations that it deems necessary or appropriate to verify my credentials and professional standing in order for me to qualify to sit for the certification exam for which I am applying. Further, I understand that the CCN will treat the contents of this application as well as all documents relating to certification as confidential, except as necessary to administer the certification program. If I successfully pass the certification examination and attain the CPMSM or CPCS designation, I authorize the CCN to release my name, mailing address, e-mail address, and other contact information to the National Association Medical Staff Services (NAMSS) for the purpose of providing Association information.

I understand that after earning the credential(s), I am responsible for complying with all obligations for maintaining the credential, including obtaining the required continuing education credits within the specified time period and for making application for renewal of my certification. I further understand that it is my responsibility to inform NAMSS Executive Office of any changes in my mailing address.

Content of the exam (exam questions and answer choices) is considered confidential information. As a candidate for the exam, I attest that I will not disclose any confidential information regarding the content of the exam in any form, e.g. written, electronic, oral, overheard, or observed. I understand that signing this attestation and complying with its terms is required. Furthermore, I acknowledge that I am bound by the Code of Ethics for NAMSS Certificants and any other rules of conduct that NAMSS or the CCN may adopt and that violation of any of these may result in disciplinary action, including suspension or revocation of the credential. I agree to cooperate fully in any CCN or NAMSS investigation or proceeding involving alleged misconduct.

I certify that all information provided to satisfy my eligibility to sit for the exam is true, correct, and complete. I fully understand that any significant misstatements or omissions may cause me to be ineligible to sit for the exam. I understand and agree that any misrepresentation, misstatement, or omission from this application, if discovered after certification has been awarded to me, may lead to revocation of the credential.

I have read and understand the information provided in the 2010 Candidate Handbook and will abide by the same. I declare that all information provided on my application is true. I understand that false information may be cause for denial or loss of the credential. I understand that I can be disqualified from taking or continuing to sit for an examination or from receiving examination scores, or I may have my examination scores disqualified, if the CCN, in its sole judgment, determines through either proctor observation or statistical analysis that I engaged in collaborative, disruptive, or other inappropriate behavior related to administration of the examination.

I further authorize NAMSS to release my current certification status at any time post-certification upon request (either written or verbal). I acknowledge that it is the policy of NAMSS not to release information regarding the scores obtained on the exams or to release information regarding the number of times a candidate has sat for the exams.

Candidate's Signature

Date

Candidate's Printed Name

Verification of Experience

For candidate applying for the

Certified Provider Credentialing Specialist Examination

This certification examination is designed to test knowledge, skills, and abilities of those professionals employed in the hospital/medical center and/or managed care environment with at least three (3) years of appropriate work experience. The applicant must be currently employed in the medical services profession for at least the past twelve (12) consecutive months and have a total of three (3) years of experience within the past five (5) years, or be a CPMSM in good standing and be employed for at least the past twelve (12) consecutive months in the medical services profession.

SECTION 1 - To be completed by applicant.

NAME: _____

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

NAME/TITLE/PHONE NO: _____

If applicable, provide name of NAMSS certificant who referred you to apply for exam:

CERTIFICANT REFERRAL NAME: _____

If less than three years with current employer, please list previous employer for applicable experience:

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

CONTACT NAME: _____ PHONE NO: _____

SECTION 2 - To be completed by applicant's immediate supervisor, director of human resources, or organization personnel who has contracted services from the applicant.

Duties performed *(Check all that apply)*

- Maintains compliance with regulatory and accrediting bodies
- Maintains an accurate practitioner database and collects and analyzes verification information
- Participates in the development of adherence to governance bylaws and department regulations
- Participates in the development and implementation of credentialing processes and procedures
- Participates in the development of the policies pertaining to medical staff, practitioner/provider and the organization
- Participates in the development and adherence to department rules and regulations

By my signature below, I attest and verify that the above-named applicant for the Certified Provider Credentialing Specialist (CPCS) examination has been employed during the timeframe documented and has performed the duties and functions indicated above.

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

CONTACT PHONE NO: _____

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND
ACKNOWLEDGEMENT OF OBLIGATIONS**

I authorize the Certification Commission of NAMSS (CCN) to make whatever inquiries and investigations that it deems necessary or appropriate to verify my credentials and professional standing in order for me to qualify to sit for the certification exam for which I am applying. Further, I understand that the CCN will treat the contents of this application as well as all documents relating to certification as confidential, except as necessary to administer the certification program. If I successfully pass the certification examination and attain the CPMSM or CPCS designation, I authorize the CCN to release my name, mailing address, e-mail address, and other contact information to the National Association Medical Staff Services (NAMSS) for the purpose of providing Association information.

I understand that after earning the credential(s), I am responsible for complying with all obligations for maintaining the credential, including obtaining the required continuing education credits within the specified time period and for making application for renewal of my certification. I further understand that it is my responsibility to inform NAMSS Executive Office of any changes in my mailing address.

Content of the exam (exam questions and answer choices) is considered confidential information. As a candidate for the exam, I attest that I will not disclose any confidential information regarding the content of the exam in any form, e.g. written, electronic, oral, overheard, or observed. I understand that signing this attestation and complying with its terms is required. Furthermore, I acknowledge that I am bound by the Code of Ethics for NAMSS Certificants and any other rules of conduct that NAMSS or the CCN may adopt and that violation of any of these may result in disciplinary action, including suspension or revocation of the credential. I agree to cooperate fully in any CCN or NAMSS investigation or proceeding involving alleged misconduct.

I certify that all information provided to satisfy my eligibility to sit for the exam is true, correct, and complete. I fully understand that any significant misstatements or omissions may cause me to be ineligible to sit for the exam. I understand and agree that any misrepresentation, misstatement, or omission from this application, if discovered after certification has been awarded to me, may lead to revocation of the credential.

I have read and understand the information provided in the 2010 Candidate Handbook and will abide by the same. I declare that all information provided on my application is true. I understand that false information may be cause for denial or loss of the credential. I understand that I can be disqualified from taking or continuing to sit for an examination or from receiving examination scores, or I may have my examination scores disqualified, if the CCN, in its sole judgment, determines through either proctor observation or statistical analysis that I engaged in collaborative, disruptive, or other inappropriate behavior related to administration of the examination.

I further authorize NAMSS to release my current certification status at any time post-certification upon request (either written or verbal). I acknowledge that it is the policy of NAMSS not to release information regarding the scores obtained on the exams or to release information regarding the number of times a candidate has sat for the exams.

Candidate's Signature

Date

Candidate's Printed Name