Verify & Comply:
CMS, TJC, HFAP, DNV GL, & NCQA Credentialing Standards Compared & Contrasted
IAMSS -- April 29, 2016

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

By: Carol Cairns, CPMSM, CPCS
PRO-CON/The Greeley Company

Objectives

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

Choices in Accreditation

Carol Cairns, CPMSM, CPCS
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So many masters

- Centers for Medicare & Medicaid Services (CMS) Medicare Conditions of Participation (CoPs)
- The Joint Commission (TJC)
- Healthcare Facilities Accreditation Program (HFAP)
- DNV GL – Healthcare
- National Committee for Quality Assurance (NCQA)

So many masters

- Center for Improvement in Healthcare Quality (CIHQ)
- Accreditation Association for Ambulatory Health Care (AAAHC)
- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
- URAC
- State licensing bodies

CMS - Centers for Medicare & Medicaid Services

- Regulations established through Conditions of Participation (CoPs)—Original document 1966
- Establishes standards for “deemed status”
  - Serves as base document for all accreditors
- Initial surveys and validation surveys accomplished by individual State Survey Agencies
<table>
<thead>
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<th>The Joint Commission</th>
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<tr>
<td>▪ Formed in 1951</td>
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<tr>
<td>▪ Corporate members: ACP, ACS, ADA, AHA, AMA</td>
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<td>▪ In 1965, Congress granted JCAH unique continuous &quot;deeming&quot; authority for hospitals as a measure of compliance with most of the Medicare CoPs</td>
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<td>▪ In 2008, Congress revisited their decision and now requires TJC to apply for deeming authority as is required of all other accrediting bodies.</td>
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<td>▪ Evaluates and accredits more than 20,000 health care organizations and programs in the United States.</td>
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<td>▪ Currently accredits 4,035 US hospitals (general, children’s, long term acute, psychiatric, rehabilitation and surgical specialty accredited hospitals) and 357 critical access hospitals.</td>
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<td>▪ Surveys hospitals at least every 3 years</td>
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<td>▪ New hospital standards are published every year</td>
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<td>▪ TJC began to survey organizations on the National Patient Safety Goals to improve the safety of patient care in 2003.</td>
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The Joint Commission

- Accreditation Programs include:
  - Ambulatory Health Care
  - Behavioral Health Care
  - Critical Access Hospitals
  - Home Care (+Pharmacy)
  - Hospitals
  - International Accreditation
  - Laboratory Services
  - Nursing Care Center
  - Office-Based Surgery

The Joint Commission

- Certification Programs include:
  - Disease-Specific Care e.g., orthopedic joint replacement, chest pain, spinal surgery, etc.
  - Advanced Disease-Specific Care e.g., chronic kidney disease, heart failure, inpatient diabetes, etc.
  - Advanced Certification for Palliative Care Programs
  - Health Care Staffing Services
  - Integrated Care
  - Primary Care Medical Home
  - Perinatal Care

Healthcare Facilities Accreditation Program

- 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
- In 2009, oversight of HFAP transferred to the American Osteopathic Information Association (AOIA)
- In Oct 2015, HFAP was purchased by AAHHS
  - Accreditation Association for Hospitals and Health Systems
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Healthcare Facilities Accreditation Program
- Accreditation Programs include: hospitals, ambulatory care/office based surgery facilities, ambulatory surgical centers, behavioral health facilities, clinical laboratories, and critical access hospitals.
- Certified Programs include: stroke ready, primary stroke, comprehensive stroke
- Total 450+ accredited organizations. Of these 189 are hospitals. (156 acute care hospitals plus 33 critical access hospitals)

Healthcare Facilities Accreditation Program
- Surveys hospitals at least every 3 years
- Standards are updated as needed rather than annually
- HFAP accreditation standards are clearly tied to the corresponding Medicare Conditions of Participation requirement by citing the specific requirement number

DNV GL - Healthcare
- Founded in 1864 in Oslo, Norway; operated in the US since 1898
- In 2008, CMS granted deeming status to DNV
- Merged with Germanischer Lloyd (Germany) to form DNV GL in 2013
- Focus is on enhancement of safety, environment, and business performance
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DNV GL - Healthcare

- Accreditation Programs include:
  - Hospital
  - Critical access hospital
  - Ancillary (partnership with Accreditation Commission for Health Care)
- Certification Programs include:
  - Primary stroke center
  - Comprehensive stroke center
  - Managing infection risk
- 400+ accredited hospitals (includes CAH)

DNV GL - Healthcare

- Accreditation is 3 years but annual surveys are conducted
- Standards are updated as needed rather than annually
- Two part compliance
  - National Integrated Accreditation for Healthcare Organizations (NIAHO) standards
  - International Organization for Standardization (ISO) 9001 quality management system

NCQA - National Committee for Quality Assurance

- Founded in 1990
- Focus is on improving healthcare quality through achieving consensus with large employers, policymakers, doctors, patients, and health plans.
- Granted deeming status by CMS in mid 1990's
## NCQA - National Committee for Quality Assurance

- Similar to CoPs, standards reflect
  - Standard
  - Explanation
  - Examples
- Developed HEDIS (Healthcare Effectiveness Data and Information Set) a quality measurement tool widely used by health plans to measure performance on dimensions of care and service

## NCQA - National Committee for Quality Assurance

- Accredits health plans in all states
  - Covers 109 million members or 70.5% of patients enrolled in a health plan
  - Standards updated annually (July 1)
- CMS ceased granting deeming authority to NCQA and other accreditors, effective immediately for Medicare Advantage

## NCQA - National Committee for Quality Assurance

- Accreditation Programs
  - Health Plan
    - New Health Plan
  - Disease Management
  - Case Management
  - Wellness and Health Promotion
  - Accountable Care Organizations
  - Managed Behavioral Healthcare Organizations
NCQA - National Committee for Quality Assurance

- Certification Programs
  - Credentials Verification Organizations
  - Disease Management
  - Health Information Products
  - Multicultural Health Care
  - Physician and Hospital Quality
  - Patient-Centered Medical Home Content Experts
  - Utilization Management and Credentialing
  - Wellness and Health Promotion
  - Accreditation Users Group

Version of Standards

- Medicare CoPs & Interpretive Guidelines
  - Effective 11/20/15
- TJC 2016 Standards
- HFAP 2015 Standards
- DNV GL – Healthcare 2014 Standards (Version 11)
- NCQA July 2016 Standards (Health Plan)

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

Albert Einstein
The 4 Step Credentialing Approach

- **Step 1: Establish Policies & Rules**
  - CMS, TJC, HFAP, DNV GL, & NCQA
  - Other stakeholders

- **Step 2: Collect & Summarize Information**
  - Management
  - Medical Staff Leaders

- **Step 3: Evaluate & Recommend**
  - Department Chairs
  - Credentials Committee
  - MEC

- **Step 4: Grant, Deny, or Modify**
  - Governing Board or Designated Agent(s)

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### When in Doubt, Apply the 5 P’s

*Our Policy* is to follow our *Policy*. In the absence of a *Policy*, our *Policy* is to create a *Policy.*
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Special Considerations: Policies and Procedures

- CMS
  - Medical staff at a minimum must be MDs and DOs
  - Governing body may determine other types of practitioners to include DDS/DMD, DPM, OD, DC and non-physician practitioners such as APRNs, PAs, CSW, PhD, RD, Anesthesiologist Assistant
  - Membership not required for eligibility for privileges

- TJC
  - Medical staff a minimum must be MDs and DOs
  - Organized MS must privilege all LIPs, APRNs, PAs, and others PRN if providing a “medical level of care”
  - Membership not required for eligibility for privileges

- HFAP
  - Medical staff at a minimum must be MDs and DOs
  - Governing body may determine other types of practitioners to include DDS/DMD, DPM, OD, DC and non-physician practitioners such as APRNs, PAs, CSWs, PhDs, RDs, and Anesthesiologist Assistants
  - Membership not required for eligibility for privileges
Special Considerations: Policies and Procedures

- DNV GL
  - Medical staff at a minimum must be MDs and DOs
  - May include others (DDS/DMD, PhD, PA, APRN) as determined by governing body and medical staff and state scope of practice
  - Membership not required for eligibility for privileges

Therefore...

- According to CMS Interpretative Guidelines, if an individual is providing a medical level of care or performing surgical tasks, they must be privileged
- All others are managed through a different authorization process e.g., human resources or contract

Special Considerations: Policies and Procedures

- NCQA
  - Provider categories are plan directed
  - Nurse practitioners who are licensed, certified or registered by the state to practice independently
  - Credentialing P&Ps required for additional practitioner disciplines who provide a medical level of care
  - Telemedicine e.g., primary care, behavioral health
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Special Considerations: Policies and Procedures

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

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Special Considerations: Processing Time Limits

- HFAP
  - Bylaws define process and timeframes to include a recommendation be made to the MEC within 60 days of receipt of completed application
Special Considerations: Processing Time Limits

- NCQA
  - Essentially non-static elements are required to be verified within 180 days for HP/MBHO and 120 days for CVOs. Attestation statements may be 365 days for HP/MBHO and 305 for CVOs*. See individual elements for specific details.

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Special Considerations: Criteria-Based Privileging

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

- **TJC**
  - PSV at initial privileging (includes additional privilege request), re-privileging, and at expiration
  - Information to be evaluated on challenges to licensure – voluntary or involuntary relinquishment (PSV not required)
**Special Considerations: License**

- **HFAP**
  - Requires documentation of license history as well as all current licenses and all applicable license sanctions
  - Licensing sources: PSV and NPDB query
  - Sanction sources: As above and FSMB or FACIS (Fraud & Abuse Control Information System)

- **DNV GL**
  - PSV at initial appointment, reappointment, and for temporary privileges
  - Requires mechanism in bylaws for suspension, for revocation, or restriction of license

- **NCQA**
  - Requires documentation of expiration date and verification of license for all states where the practitioner provides care for the plan’s members 180/120 days
  - Requires verification of sanction status for past 5 years, all states where they worked — 180/120 days.
  - Sources for sanctions: State licensing body, NPDB, or FSMB
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### Special Considerations: Education and Training

- PSV is preferred
- CMS, TJC, HFAP, NCQA accept ECFMG, AMA, and AOA verification
- DNV GL accepts ECFMG and AMA verification
- NCQA accepts FCVS for closed residency programs

*Static information verified once

### Special Considerations: Education and Training

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

DNV GL
- Allow for use of AMA and AOA Master Profile for PSV of education for temporary privileges but only list the AMA Master Profile as acceptable PSV for appointment and reappointment.

Special Considerations: Education and Training

NCQA
- Time Limit – None
- Verification of highest certification or training is adequate
- Credentialing P & Ps ensure practitioner directories/marketing materials are consistent with credentialing data obtained, including education, training, certification, and specialty

Special Considerations: Education and Training

NCQA (Annual written confirmation required)
- Association of schools of health professions if PSV performed from medical school
- State licensing agency – education if PSV performed
- State licensing agency – residency if PSV performed
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### Special Considerations: Experience

- **HFAP**
  - Requires applicant provide information regarding previous history of appointment, privileges, &/or employment
  - Requires verification of above as well as pending investigations, disciplinary actions, voluntary resignations or relinquishment, etc.

- **NCQA**
  - Requires applicant document the most recent 5 year relevant work history to include beginning & ending month/year for each position if less than 5 years. There is no requirement for verification.
  - Documented review of work history by reviewer (signature/initials and date) on application, CV, or checklist
  - Gaps of >6 months need explanation by applicant with documentation
  - Gaps of >12 months need written explanation by applicant
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Special Considerations: Current Competence

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

Special Considerations: Current Competence – Peer References

- **CMS**: Supporting references for competence
- **TJC**: PSV of professional and clinical performance
  - Initial appointment must include peer references
  - Reappointment only if insufficient clinical activity
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Special Considerations: Current Competence – Peer References

- DNV GL:
  - Initial appointment must include 2 peer recommendations
  - Reappointment only if insufficient clinical activity
- HFAP:
  - Initial appointment must include professional references regarding current competence and ability to perform
  - Reappointment only if insufficient clinical activity

Special Considerations: Current Competence – Reappraisal of Privileges

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

Special Considerations: Current Competence – Reappraisal of Privileges

- DNV GL: Requires PSV of clinical competence to include review of performance data (if available) for variation from benchmark data.
  - Variations are to be evaluated through the peer review process and documented through an action plan which includes improvement strategies
Step 2: Gather Information

<table>
<thead>
<tr>
<th>License</th>
<th>Education &amp; training</th>
<th>Experience</th>
<th>Current competence</th>
<th>Health status</th>
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Special Considerations: Health Status

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

Special Considerations: Health Status

- TJC
  - Requires applicant to submit a statement that no health problems exist that could affect ability to perform the privileges requested
  - MS evaluates...documentation of evidence of physical ability to perform requested privilege
<table>
<thead>
<tr>
<th>Special Considerations: Health Status</th>
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<tbody>
<tr>
<td>HFAP</td>
</tr>
<tr>
<td>Requires evaluation of health status through at least one professional reference that comments upon the applicant’s physical and mental abilities to perform the privileges requested</td>
</tr>
<tr>
<td>DNV GL</td>
</tr>
<tr>
<td>Medical staff section is silent on evaluation of health status. However, the surgical privileges section under survey procedures requires verification of the practitioner’s health status.</td>
</tr>
<tr>
<td>NCQA</td>
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<tr>
<td>Reasons for inability to perform the essential functions of the position</td>
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Step 2: Gather Information

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Special Considerations: NPDB

- CMS
  - Interpretive guidelines require reporting to appropriate State and Federal authorities (to include NPDB) when privileges are limited, revoked, or in any way constrained
Verify & Comply:
CMS, TJC, HFAP, DNV GL, & NCQA Credentialing Standards
Compared & Contrasted
IAMSS -- April 29, 2016

Special Considerations: NPDB

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

Special Considerations: NPDB

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

Step 2: Gather Information

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PRO-CON/The Greeley Company
Special Considerations: Liability Insurance Coverage

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

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

- NCQA
  - Applicant attests to the amount and dates of coverage even if the amount is zero or provides a copy of insurance face sheet
  - Coverage must be current at time of credentialing committee decision
  - Time limit: 365 days HP/MBHO / 305 days CVO
### Step 2: Gather Information

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### Special Considerations: Malpractice History

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

- **HFAP** - Requires organizations to:
  - Query the malpractice carrier for a 5 year litigation history, and
  - Query the NPDB
**Verify & Comply:**
CMS, TJC, HFAP, DNV GL, & NCQA Credentialing Standards
Compared & Contrasted
IAMSS -- April 29, 2016

**Special Considerations: Malpractice History**

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

**Special Considerations: Malpractice History**

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

**Step 2: Gather Information**

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

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

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

* In accordance with P&P
**Verify & Comply:**
CMS, TJC, HFAP, DNV GL, & NCQA Credentialing Standards Compared & Contrasted
IAMSS -- April 29, 2016

**Special Considerations: Board Certification**

- **NCQA**
  - Verification within 180 days/120 days
  - If specialty board does not provide an expiration date, the organization must verify that the board certification is current

**Step 2: Gather Information**

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**Special Considerations: Medicare and Medicaid Sanctions**

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

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.30
Verify & Comply:
CMS, TJC, HFAP, DNV GL, & NCQA Credentialing Standards
Compared & Contrasted
IAMSS -- April 29, 2016

Special Considerations: Medicare and Medicaid Sanctions

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

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

- DNV GL
  - Query of the OIG Medicare/Medicaid Exclusions List is required when granting initial appointment, reappointment, temporary privileges
  - MS bylaws contain language for suspension in event of termination of Medicare/Medicaid status
Verify & Comply:
CMS, TJC, HFAP, DNV GL, & NCQA Credentialing Standards
Compared & Contrasted
IAMSS -- April 29, 2016

Special Considerations: Medicare and Medicaid Sanctions

- NCQA - Verification (w/in 180/120 days) from:
  - NPDB (CQ)
  - FSMB
  - Medicare Exclusion Database
  - State intermediary
  - OIG
  - List of Excluded Individuals and Entities
  - Federal Employees Health Benefits Plan

Special Considerations: DEA

- DEA reports to NPDB
- TJC: Requires MS to evaluate challenges to registration
- HFAP: Application requests information regarding actions against DEA and CDS
- DNV GL: A current DEA is included in qualifications to be met by the applicant and reapplicant
Verify & Comply:
CMS, TJC, HFAP, DNV GL, & NCQA Credentialing Standards
Compared & Contrasted
IAMSS -- April 29, 2016

Special Considerations: DEA

- NCQA: Practitioners who prescribe medications
  - Copy or documented visual of current certificate, or PSV (state or national), NTIS, AMA, AOA
  - Time limit: None
  - Pending a DEA or CDS, the organization must have a process (documented) to require an explanation and to provide arrangements for that practitioner’s patients who need a prescription requiring a DEA

Step 2: Gather Information

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Special Considerations: Felony

- TJC
  - HR standards require criminal background check be addressed by policy for employees (e.g., Physicians/APRNs/PAs)
- HFAP
  - Application requests information on criminal history (7 to 10 years)
  - Reapplication may request information since last reappointment cycle
  - Information is verified according to state or federal regulation and/or based on information provided
Verify & Comply:
CMS, TJC, HFAP, DNV GL, & NCQA Credentialing Standards
Compared & Contrasted
IAMSS -- April 29, 2016

**Miscellaneous – Gather Information: Verification of Identity**

- CMS, HFAP, DNV GL, NCQA: Not addressed
- TJC: Viewed and documented
  - Current government issued photo ID.
  - Or
  - Current hospital picture ID

**Miscellaneous - NCQA update**

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

**Miscellaneous – Use of CVO**

- CMS, DNV GL – CVO’s are not addressed in the standards but are acceptable in practice
- TJC – Requires adherence to 10 principles for CVOs
- HFAP – Standards address the use of a CVO for PSV in accordance with the requirements for each element
- NCQA – Requires a delegated agreement with oversight. Oversight requirement is removed if CVO is certified by NCQA
Verify & Comply:
CMS, TJC, HFAP, DNV GL, & NCQA Credentialing Standards
Compared & Contrasted
IAMSS -- April 29, 2016

**Miscellaneous – Use of CVO**

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

**Miscellaneous – Use of CVO**

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

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

- HFAP
  - Application/Reapplication: Verified information is reviewed, evaluated, and summarized by a credentialing professional. The summary is a clear report of the review.
### Verify & Comply:
CMS, TJC, HFAP, DNV GL, & NCQA Credentialing Standards Compared & Contrasted
IAMSS -- April 29, 2016

#### Credentialing errors

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

#### Steps 3 & 4: Recommend & Approve

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## Credentials Committee

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

## 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
Verify & Comply:
CMS, TJC, HFAP, DNV GL, & NCQA Credentialing Standards
Compared & Contrasted
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Credentialing Committee

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

*Evidence of thoughtful consideration

Steps 3 & 4: Recommend & Approve

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Steps 3 & 4: Recommend & Approve

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Questions?