

CCN Process Changes Coming this Fall

The MSP profession is not known by many, and even fewer people can understand the acronyms and language they speak. MSPs conduct and participate in the credentialing process. In addition, MSPs are tasked with managing compliance of the requirements and the regulatory standards outlined by the accredited agency for their facilities. With their own state and national associations, MSPs are afforded two certification programs. Just like the facilities where they work, these high-stakes certification programs are accredited by the National Commission for Certifying Agencies (NCCA). The Certification Commissions of National Association Medical Staff Services (CCN) is the body responsible for managing compliance with accreditation and regulatory standards set forth by NCCA.

Similar to provider credentialing, the development and administration of Certified Provider Credentialing Specialist (CPCS) and Certified Professional Medical Services Management (CPMSM) examinations are a lengthy process. One of the

components is the establishment of the passing standard or cut score. Prior to 2010, CCN established the cut score by a procedure called equating. Using this method, scores were not immediately available to the candidates. As the industry changed, CCN was pressured to deliver the results immediately. CCN established the cut score through a process known as standard setting. Using this method, auto scoring (automatic score reporting) took place.

Standard setting requires a standard-setting panel, consisting of experts in the profession, to rate each item's difficulty. Each panelist's judgment is combined to determine the number of questions a candidate needs to answer correctly in order to earn a passing score. However, as new test cycles begin with new items in place, the procedure relies on human judgment to determine if a cycle is harder or easier than the preceding test cycle. While standard setting allows candidates to receive immediate feedback regarding their performance in reference to the standard, the standard set by each subsequent panel may vary.

Beginning with the fall 2017 testing window, CCN will determine cut scores through a statistical equating not only to be in compliance with NCCA standards, but also to promote the comparability that benefited the candidate population.

In comparison to standard setting, equating is a statistical procedure that adjusts test scores to account for these differences. The statistical equating procedure removes the human judgment component; instead, it provides the adjustment based on actual candidate performance. If a test cycle is determined to be more or less difficult than the preceding test cycle based on how candidates responded to test items, the number

of items that candidates need to answer correctly will be adjusted based on that data. Thus, if a test cycle is found to be harder than the previous cycle, candidates will need to answer fewer items correctly in order to achieve a passing score.

Because equating requires data on actual candidate performance in order for this adjustment to be made, scores cannot be released until after candidates take the test. The test data can then be analyzed and compared across cycles. Research within the testing industry has found the statistical equating procedure to be much better than standard setting at maintaining consistency from one cycle to another. Therefore, it leads to increasing comparability and fairness for the candidate population. Realizing the many benefits equating procedures have to offer, statistical equating was added to the NCCA Standards for the Accreditation of Certification Programs in 2016.

Using standard setting to establish the cut score was acceptable practice when CCN employed that method, but testing programs are now expected to conduct equating rather than relying on human judgment. CCN holds itself to the highest standards in the development and administration of its certification programs. CCN is proud to have the CPCS and CPMSM as NCCA accredited programs since May 2008. Therefore, beginning with the fall 2017 testing window, CCN will determine cut scores through a statistical equating not only to be in compliance with NCCA standards, but also to promote the comparability that benefited the candidate population. Exam results will be provided to the candidates four to six weeks after the end of the testing window, not from the date the candidates took the exam. When standards from MSP accredited agencies changed, MSPs had to change the way their daily operations took place. Similarly, the CCN cut score process has taken a journey from equating to standard setting and back to equating, as this mandatory standard will determine the CPCS and CPMSM continues accreditation.



Ropizah Ervin, CPMSM, CPCS, has been in the healthcare industry for over 20 years. She has worked in

the managed care, medical staff services, provider groups, and credentialing verification organization areas. Currently employed as credentialing manager with Novant Health Inc., Ervin is a CCN Test Development Chair and Vice-Chair.



Nadine LeBarron McBride, Ph.D., is a senior psychometrician with Castle Worldwide. She is

responsible for psychometric leadership for a wide variety of organizations in the credentialing industry. Before joining Castle, she served as a psychometrician for the North Carolina Department of Public Instruction in Raleigh. McBride earned her B.S. in psychology from the State University of New York at Albany and her Ph.D. in industrial/organizational psychology at Virginia Polytechnic Institute and State University.



Candidates will receive their scores 4-6 weeks after the testing window ends.



Candidates receive a more fair testing process.