



Certified Provider Credentialing Specialist (CPCS) Certification Preparation Course

Participant Workbook

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Workbook Contents

Week 1: Introduction & Credentialing	4
Week 2: Privileging & Recredentialing	27
Week 3: Verification & Ongoing Monitoring	48
Week 4: Supporting Departmental Operations & Your Study Strategy	61
Practice Exam	75

Program Schedule

Week 1: Introduction & Credentialing

- Online Modules
- Zoom Meeting

Week 2: Privileging & Recredentialing

- Online Module
- Zoom Meeting

Week 3: Verification & Ongoing Monitoring

- Online Module
- Zoom Meeting

Week 4: Supporting Departmental Operations & Your Study Strategy

- Online Module
- Zoom Meeting



Program Resources and Supplemental Materials

These materials can be accessed at any time from the **Resources** link in the upper right of your online courses or by [clicking here](#). These materials include the following:

- Candidate Handbook
- Consolidated Standards - AAAHC, HFAP, NCQA, TJC, URAC and DNV
- Medicare CoP summary
- Healthcare Regulatory Requirements
- Meeting Management Core Curriculum
- Responding to Requests for Information
- Policy and Procedure Development
- NAMSS Certification FAQs
- Key Legal Terms
- Legal Case Summary
- Robert's Rules of Order

NAMSS Comparison Grid

- Access provided in your Online Education Center on the NAMSS website at <https://www.namss.org/Education>
- Password required

Access Purchased
Online Education

9

CPCS Exam Resources

- Candidate Handbook
https://www.namss.org/Portals/0/NAMSS_2021%20Candidate%20Handbook.pdf
- Frequently Asked Questions
<https://www.namss.org/Certification/Exam-Information/Certification-FAQs>

11

Week 1



Credentialing Notes

Credentialing Notes

Week 1 VILT Notes

NCQA Provisional Credentialing

Requirements for consideration of provisional credentialing:

- Current application and signed attestation
- PSV of current, valid license
- PSV of past 5 years of malpractice claims or settlements from the malpractice carrier, or NPDB
- Valid for no more than 60 calendar days
- Medical Director can approve “clean” files; other files go to Credentialing Committee

12

Sample Provisional Credentialing Policy and Procedure for Health Plan

Purpose

The purpose of this policy is to provide a process for expedited credentialing of providers who currently are not contracted and credentialed with the health plan yet need to be provisionally credentialed in order to provide urgently needed service(s) to a member.

Provisional credentialing is acceptable for a period not to exceed 60 days for practitioners who have completed all credentialing requirements for their particular specialty area. Provisional credentialing will be considered if it is determined that the requested medical service is appropriate, and no other contracted provider is available to provide the service in a reasonable period of time. Provisional credentialing is neither a right nor a privilege, and no applicant is automatically entitled to this type of processing.

Procedure

1. A service is requested for a member by a provider who is not contracted or credentialed by the health plan.
2. If it is determined that the requested medical service is appropriate and no other contracted provider is available to provide the service in a reasonable period of time according to access and availability guidelines, the Medical Director can decide whether or not to grant provisional status for the non-contracted provider, assuming minimum criteria are met.
3. If the Medical Director agrees to consider provisional status, this decision is forwarded to the Credentialing Coordinator, who will perform primary verification of the following elements after the provider has completed a credentialing application and signed attestation:
 - medical licensure;
 - DEA;
 - past five years of malpractice claims or settlements;
 - Medicare & Medicaid Sanctions;
 - Hospital privileges where the provider may be requesting to perform a procedure, if applicable.
4. Upon completion of the above information, the application will be processed as follows:
 - If the file meets organizational criteria as a “clean” file (per policy), it will be forward to the Medical Director or designee for approval.
 - If the file does not meet criteria as a “clean” file,” it will be forwarded to the Credentialing Committee for review and decision regarding provisional credentialing.

Instructions: Review the scenarios below and determine whether or not it would be appropriate to allow provisional credentialing based on the criteria as noted in the Sample Policy. List reasons why or why not.

Scenario # 1

Medinet Health Plan (MHP) completes an annual survey of Physician Compensation and Production. The data found that in a “typical” Family Practice environment (without OB services) a provider will manage an average of 4,662 patient encounters per year. The 50 MHP providers included in this survey had 248,291 encounters (medical visits) in 2020. These 248,000+ encounters represent 6% more encounters than the 233,100 total encounters that 50 providers working at capacity would have. As a result, these primary care providers, by this measure, could be considered 6% *over* capacity. In addition, a large medical group, which includes eight family practice physicians and six internists, has given notice that it will not be renewing its contract with MHP after it expires next month.

MHP has received, and is currently processing, applications from six family practice physicians, all of whom have at least five years’ experience in private practice. It is felt that it would be advantageous to expedite the processing of these applications and granting of provisional appointment.

Would it be appropriate to allow provisional credentialing for these providers, provided all credentialing is completed, based on the information above and the requirements in the Sample Policy?

Why or why not?

Scenario #2

Jonestown Lumber Services has contracted with Heartland HMO to provide services to its 247 employees and dependents beginning in three months. Jonestown is a small rural community in an underserved area of the state. At the present time, the community has two obstetricians who are Heartland providers, which is felt to be sufficient based on the number of female patient members in the community. A new partner has agreed to join the practice on completion of her residency in the next month.

Would it be appropriate to allow provisional credentialing for this provider based on the information above and the requirements in the sample policy?

Why or why not?

Membership/Appointment vs. Privileges

Membership/Appt.

The appointment to the medical staff that grants a practitioner specific rights, responsibilities and prerogatives including voting, holding office, committee appointments, and dues.

Is a privilege extended only to professionally competent individuals and is contingent upon compliance with organizational requirements.

Clinical Privileges

A description of the clinical and patient care activities of the practitioner; each privilege or core of privileges has its own criteria based on education, training, experience, and competence.

AKA: Delineation of Privileges (DoPs)

Membership/Appointment vs. Privileges

Differences

- Membership categories
 - Described in medical staff bylaws
 - Rights, responsibilities and prerogatives
- Criteria
 - Same or different
 - Privileges without membership
 - Membership without privileges
- Organizational requirement

16

Membership/Appointment vs. Privileges, con't

Who can provide an example of a practitioner that may hold privilege without membership?

Who can provide an example of a practitioner that may hold membership without privileges?

17

TJC Credentialing Communication

Communication of information regarding approval of privileges:

- Orient practitioner to facility (mandated topics)
- Notify facility representatives
- Access by key personnel of approved privileges (scope of practice)
- No required timeframes

NCQA Credentialing Communication

When information obtained during the credentialing process varies substantially between the source and the practitioner.

Committee decisions must be communicated within 60 calendar days

- All initial credentialing decisions
- Recredentialing adverse decisions

Notification of the following rights:

- Right to correct erroneous information
- Receive status of application upon request
- Right to review information submitted

Credentialing Communication Notes

Activity 2.3: Red Flag

Directions: Review the scenarios below to determine whether or not a “red flag” exists and if it is a problem.

Note that, by itself, the issue may not be a problem, but combined with other “red flags” it may indicate a problem.

Scenario 1

- Fraudulent Practice, Habitual User of Alcohol and Narcotics, Barbiturates, Amphetamines, Hallucinogens, or Other Drugs Having Similar Effect
- Has a Psychiatric Condition that Impairs His/Her Ability to Practice

Is the above a red flag? Why?

What is the appropriate follow up process?

Scenario 2: License Suspended for Failing to File Illinois Income Taxes

Is the above a red flag?

Why?

What is the appropriate follow up process?

Activity 2.3: Red Flag

Scenario 3: License Suspended Due to Delinquent Child Support Payment

Is the above a red flag?

Why?

What is the appropriate follow up process?

Scenario 4:

- Entered into A Sexual Relationship with a Patient
- Prescribed Controlled Substances to the Patient
- Had a Financial Arrangement with the Patient to aid his Psychiatric Practice
- When Patient Attempted to end Relationship, he Struck her in the Head with Channel Lock Pliers 20-30 Times and Left her Bleeding in his Office

Is the above a red flag?

Why?

What is the appropriate follow up process?

Activity 2.3: Red Flag

Scenario 5:

Licensure Reprimanded for Failure to Register Each Place of Practice Where She Distributed Controlled Substances

Is the above a red flag?

Why?

What is the appropriate follow up process?

Activity 2.4: Application Review

Personal Data (Please type or print clearly)

Last Name	<i>Johnson</i>	First Name	<i>Michael</i>	Middle Initial	<i>M.</i>
Primary Office Address			1234 Highwood Ave., Anywhere WA 12345		
Telephone No.			888-555-1234		
Secondary Office Address			<i>None</i>		
Telephone No.					
Residence Address			567 Lotus Lane, Somewhere, WA 12345		
Telephone No.			888-555-5678		

E-mail: MJohnsonMD@hotmail.com

Professional Information

Degree: ☐ MD ☐ DO ☐ DDS ☐ DMD ☐ DPM

Specialty: Cardiovascular Surgery

	YES	NO
Are you Board Certified? If yes, what year? <i>2016</i> Board Name: <i>American Board of Thoracic Surgery</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you ever taken a specialty board exam and failed? If yes, please provide details: <i>I did not pass the thoracic surgery exam in 2008 and 2009.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not certified, have you applied for the examination? <i>N/A</i>		
If no, when do you intend to apply for the examination? <i>N/A</i>		
Have you been accepted to take the certification examination? If yes, what dates are you scheduled to take the exam: <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been recertified? If yes, provide dates of recertification.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If not certified, what month and year does your eligibility to sit for the exam expire? <i>N/A</i>		

Practice Information

1. How do you plan to use the hospital? (*Check all appropriate boxes*)

☒ Primary Hospital ☒ Admit Patients ☒ Provide Consultation ☒ Perform Procedures

2. To what extent do you anticipate using the facilities at Good Samaritan Hospital?

(Please indicate number per month)

Admissions: 15 Outpatient procedures: 0

Activity 2.4: Application Review

Inpatient procedures: 25 Consultations: 25

Percentage of your total practice: 20

Percentage of your total hospital practice: 50

1. Are there any special support services, equipment or personnel you will need?

YES NO
☒ ☐

If yes, explain: Experienced cardiovascular OR and nursing staff. Appropriate equipment.

In chronological order, list all hospitals at which you have held or currently hold clinical privileges. Do not include your internship/residency/fellowship. (If necessary, use the back of the form for additional space).

Hospital Name Complete Address Dates (From – To)

St. Wherever First & Main Streets, Anywhere, WA 12345 1999 – Present

Justice Memorial 2002 Quality Way, Somewhere, WA 12345 2010 – Present

Activity 2.4: Application Review

Please provide a written explanation for any "YES" answers to the following questions.	YES	NO
5. Have you ever applied to this hospital in the past? If yes, provide dates and explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are you applying for staff privileges at other "our health system" facilities? If yes, provide dates and explain: <i>Hospital D</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are you currently associated or in partnership with other physicians? If yes, who are they and what is their specialty? Name: <i>Horace Stevens, MD</i> Specialty: <i>Cardiovascular Surgery</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are you planning to join an existing group practice? If yes, name group:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are there people on our staff who currently refer to you? If yes, who?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Who will provide coverage for your patients when you are not available? (Physician must be on staff at this hospital) <i>Not known at this time.</i>		
11. Do you have, or plan to establish, an office within a reasonable distance of the hospital to allow continuous care for hospitalized patients? If yes, where and when? <i>Not known at this time.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Will you be able to contribute to teaching in an area of interest or skills as part of teaching programs or continuing education programs for the medical staff, nurses or other employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Please describe any special skills, training, expertise or other unique characteristics that you possess that are not usually found in physicians in your specialty. <i>Significant interest in new technology, robotic surgery along with very compassionate, patient- centered care.</i>		
Please provide a written explanation for any "YES" answers to the following questions.	YES	NO
14. Have any disciplinary actions been initiated or are any pending against you by any state licensure board?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has your license to practice in any state ever been (voluntarily or involuntarily) denied, limited, suspended, revoked, or have any conditions been placed on it?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been suspended, sanctioned or otherwise restricted from participating in any private, federal or state health insurance program (for example, HMO, PPO, PHO, Medicare, Medicaid)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Activity 2.4: Application Review

17. Have you ever been the subject of an investigation by any private, federal or state agency concerning your participation in any private, federal or state health insurance program (HMO, PPO, Medicare, Medicaid)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Has your narcotics registration certificate ever been limited, suspended or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Have you ever been named as a defendant in any criminal proceeding (other than minor traffic violations)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Has your employment, medical staff appointment or privileges ever been (voluntarily or involuntarily) suspended, diminished, revoked or refused at any hospital or other health care?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Have you ever withdrawn your application for appointment, reappointment and/or clinical privileges or resigned from the medical staff before a decision by a hospital's or health care facility's governing board was rendered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Have you ever been the subject of disciplinary proceedings at any hospital or health care facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Have you ever been denied membership or renewal thereof, or been subject to disciplinary proceedings in any professional organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Activity 2.4: Application Review

Please attach copies of the following documents with this form:

<input checked="" type="checkbox"/> Curriculum Vitae	<input checked="" type="checkbox"/> Malpractice Insurance Certificate
<input checked="" type="checkbox"/> Illinois State License	<input checked="" type="checkbox"/> Illinois Controlled Substance License
<input checked="" type="checkbox"/> Federal DEA Certificate	<input checked="" type="checkbox"/> ECFMG Certificate (if applicable)
<input checked="" type="checkbox"/> Board Certificates (if applicable)	<input checked="" type="checkbox"/> List of all articles published, papers presented or research projects directed

NPI Number 1234567890 UPIN Number Z98765

I request an application for appointment to the Medical Staff of __ Hospital. I understand that this request in no way obligates the hospital and/or medical staff to send me an application.

I hereby release from liability any representatives of the hospital and its medical staff for their acts in connection with evaluating my request for an application to the medical staff of this hospital, and I hereby release from liability any and all individuals and organizations who provide information to the hospital or its medical staff concerning my professional competence, ethics, character and other qualifications, and I hereby consent to the release of such information.

I agree to abide by the Principles of Medical Ethics of the American Medical Association or Code of Ethics of the American Dental Association.

Michael Johnson, MD

Signature

9/01/2020

Date

Michael Johnson, MD

Print Name

Activity 2.4: Application Review

Hospital A: 200-Bed, Acute Care Hospital

Baseline Standards for Medical Staff Membership:

- Currently have and maintain unrestricted licenses/certificates as follows:
 - Physician/Surgeon, Podiatrist or Dentist license in the State of Illinois
 - Illinois Controlled Substance
 - Federal DEA Registration
- Maintain professional liability insurance in the amounts of \$1 million/\$3 million
- Board Status
 - Board Certified
 - If not board certified, must have satisfactorily completed an ACGME or AOA residency program and actively pursuing board certification and must attain board certification within 6 years of completion of training

Assumptions:

- Licenses are all current and unrestricted
- Insurance is for \$1 million/ \$3 million

Response Sheet for Hospital A

Does this doctor meet the criteria for medical staff appointment/membership?

What issues need to be resolved before a determination can be made?

What critical items should be included in the follow-up communication with the doctor?

Activity 2.4: Application Review

Hospital B: 100-Bed Psychiatric Hospital

Baseline Standards for Medical Staff Membership:

- Currently have and maintain unrestricted licenses/certificates as follows:
 - Physician/Surgeon, Podiatrist or Dentist license in the State of Illinois
 - Illinois Controlled Substance
 - Federal DEA Registration
- Maintain professional liability insurance in the amount of \$1 million/\$3 million.
- Board Status
 - Board certified.
 - If not certified, must attain board certification within 6 years of completion of training

Assumptions:

- Licenses are all current and unrestricted
- Insurance is for \$1 million/\$3 million

Response Sheet for Hospital B

Does this doctor meet the criteria for medical staff appointment/membership?

What issues need to be resolved before a determination can be made?

What critical items should be included in the follow-up communication with the doctor?

Activity 2.4: Application Review

Hospital C – 450-Bed, Teaching Hospital

Baseline Standards for Medical Staff Membership:

- Currently have and maintain unrestricted licenses/certificates as follows:
 - Physician/Surgeon, Podiatrist or Dentist license in the State of Illinois
 - Illinois Controlled Substance
 - Federal DEA Registration
- Maintain professional liability insurance in the amount of \$1 million/\$3 million from an insurer approved by Hospital C
 - Board Status
 - Board certified
 - If not certified, must attain board certification within 6 years of completion of training
 - If you have been unsuccessful in passing your specialty boards twice, you are not eligible for membership
- Have actively practiced specialty at least 18 months out of the last 24, with the exception of physicians completing residency at application time
- Since completion of training have actively practiced in an accredited hospital at least two of the past five years
- Have, or establish, an office in the hospital's primary care area

Assumptions:

- Licenses are all current and unrestricted
- Insurance is for \$1 million/ \$3 million

Response Sheet for Hospital C

Does this doctor meet the criteria for medical staff appointment/membership?

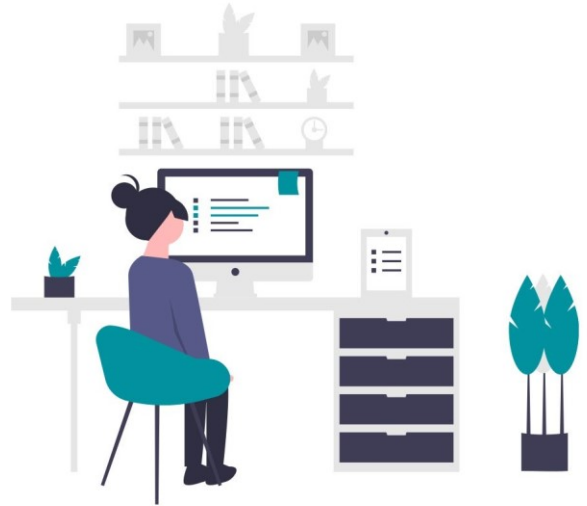
What issues need to be resolved before a determination can be made?

What critical items should be included in the follow-up communication with the doctor?

Week 2

Privileging

- Privileging is granting approval for an individual to perform a specific procedure or specific set of clinical and patient care activities based on documented evidence of competence in the specialty in which privileges are requested.
- Privileges are also referred to as “delineation of clinical privileges” or DoPs.
- In order to determine privileges, you need to have a good knowledge of what procedures are appropriate to what specialty.



Granting Privileges Should Be

- A documented, objective, and evidence-based process.
- Based on defined criteria including training, experience and demonstrated current competence.
- Based on services provided at the facility or location.
- Consistently and uniformly applied for all applicants.



Sample Laundry List

Privileges in a Department of Medicine: Special Procedures

To be eligible to apply for core privileges in internal medicine, the applicant must meet the following criteria:

- Current certification or active participation in the examination process leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine
- Applicants must be able to demonstrate provision of inpatient services to at least 50 patients in the last 12 months

To be eligible to renew core privileges in general internal medicine, the applicant must demonstrate competence and an adequate volume of experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Check the procedures for which privileges are requested.

SPECIAL STUDIES, INVASIVE		
<input type="checkbox"/> Arterial Puncture & Cannulation	<input type="checkbox"/> Cardiac Catheterization	<input type="checkbox"/> Pericardiocentesis
<input type="checkbox"/> Angiography, Cerebral	<input type="checkbox"/> Cardiac pacemaker (Transvenous)	<input type="checkbox"/> Peritoneal Dialysis
<input type="checkbox"/> Arteriography	<input type="checkbox"/> Cholangiography, Percutaneous	<input type="checkbox"/> Phlebography
<input type="checkbox"/> Arthrocentesis	<input type="checkbox"/> Cisternal Tap	<input type="checkbox"/> Pneumoencephalography
<input type="checkbox"/> Bronchial Brushing	<input type="checkbox"/> Hemodialysis	<input type="checkbox"/> Spinal Tap
<input type="checkbox"/> Bronchial Lavage	<input type="checkbox"/> Lymphangiography	<input type="checkbox"/> Subclavian Puncture
<input type="checkbox"/> Bronchograms	<input type="checkbox"/> Myelography	<input type="checkbox"/> Swan-Ganz Catheterization
<input type="checkbox"/> Bone Marrow Aspiration	<input type="checkbox"/> Paracentesis, Abdominal	<input type="checkbox"/> Thoracentesis

BIOPSY AND EXCISION			
Needle Biopsy Of:			
<input type="checkbox"/> Bone Marrow		<input type="checkbox"/> Skin Biopsy	
<input type="checkbox"/> Kidney		<input type="checkbox"/> Small Intestinal Biopsy with Crosby Capsule and Shiner Tube	
<input type="checkbox"/> Liver			
<input type="checkbox"/> Thyroid		<input type="checkbox"/> _____	
<input type="checkbox"/> Pericardial Biopsy (Closed)		(specify)	
<input type="checkbox"/> Peritoneal Biopsy (Closed)		<input type="checkbox"/> _____	
<input type="checkbox"/> Pleural Biopsy (Closed)		(specify)	
Endoscopy	With Biopsy	Endoscopy	With Biopsy
<input type="checkbox"/> Bronchoscopy	<input type="checkbox"/>	<input type="checkbox"/> ERCP	<input type="checkbox"/>
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/> Peritoneoscopy	<input type="checkbox"/>
<input type="checkbox"/> Duodenoscopy	<input type="checkbox"/>	<input type="checkbox"/> Sigmoidoscopy	<input type="checkbox"/>
<input type="checkbox"/> Esophagoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mediastinoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL STUDIES, NON-INVASIVE AND OTHER PROCEDURES			
<input type="checkbox"/> Echocardiography		<input type="checkbox"/> Esophageal Dilatation	
<input type="checkbox"/> ECG Interpretation		<input type="checkbox"/> Hypnosis	
<input type="checkbox"/> Electroconvulsant Therapy		<input type="checkbox"/> Peripheral Vascular Studies (non-invasive)	
INTERNAL MEDICINE CLINICAL		<input type="checkbox"/> Phonocardiography	
<input type="checkbox"/> Electromyography		<input type="checkbox"/> Pulmonary Function Interpretation	
Intubation:		<input type="checkbox"/> Vectorcardiography Interpretation	
<input type="checkbox"/> Endotracheal			

Sample Core Privileges

Internal Medicine Core Privileges

To be eligible to apply for core privileges in internal medicine, the applicant must meet the following criteria:

- Current certification or active participation in the examination process leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine
- Applicants must be able to demonstrate provision of inpatient services to at least 50 patients in the last 12 months

To be eligible to renew core privileges in general internal medicine, the applicant must demonstrate competence and an adequate volume of experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Core privileges include:

Admit, evaluate, diagnose, treat, and provide consultation to patients 15 years of age and older with common and complex illnesses, afflictions, diseases, and functional disorders of the circulatory, respiratory, digestive, endocrine, metabolic, musculoskeletal, hematopoietic, and eliminative systems of the human body. The core privileges in this specialty include the procedures on the list below and such other procedures that are extensions of the same techniques and skills.

- | | |
|-------------------------------------------------------------|-------------------------------------------------------------------|
| • Arthrocentesis | • Placement of anterior and posterior nasal hemostatic packing |
| • I & D abscess | • Perform simple skin biopsy or excision, |
| • I & D hemorrhoids | • Preliminary interpretation of electrocardiograms, own patient |
| • Biopsy of superficial lymph nodes | • Remove non-penetrating corneal foreign body, nasal foreign body |
| • Breast cyst aspiration | • Suprapubic bladder aspiration |
| • Burns, superficial and partial thickness | • Venous cutdown |
| • Excision of skin and subcutaneous lesions | |
| • Excision of cutaneous and subcutaneous tumors and nodules | |
| • Local anesthetic techniques | |
| • Nasogastric tube placement | |

Non-core Privileges: Exercise Testing—Treadmill

Initial privileges: Successful completion of a ACGME accredited residency in internal medicine that included a minimum of four weeks or the equivalent of training in the supervision and interpretation of exercise testing and evidence that the training included participation in at least 50 exercise procedures.

AND

Required current experience: Demonstrated current competence and evidence of the performance of at least 25 exercise tests in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of the performance of at least 75 exercise tests in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Source: American College of Cardiology, American Heart Association, American College of Physicians—American Society Internal Medicine task force on clinical competence, May 2000.

Category Privileges for Family Practice

Category I

This category includes privileges for uncomplicated, basic procedures and cognitive skills. Physicians applying for privileges in this category will be graduates of approved medical/osteopathic schools who are properly licensed, and who have demonstrated skills in family medicine.

Category II

Privileges in this category include privileges in Category I as well as privileges for those procedures and cognitive skills involving more serious medical problems, which normally are acquired during successful completion of a family practice residency program. This category may include procedures and cognitive skills also acquired by physicians trained in other specialty residency programs.

Physicians requesting privileges in this category will have completed training in a family practice residency program, be qualified to take the family practice board exam and/or be board certified in family practice by the American Board of Family Practice (ABFP), or the American Osteopathic Board of Family Practice (AOBFP); or will have documented experience, demonstrated abilities and current competence in family medicine.

Category III

Privileges in this category require special skills and knowledge and, therefore, require documentation of such training and experience that may have been acquired in a family practice residency, in a post-residency fellowship program, in a special course, or by practice experience.

Source: American Academy of Family Physicians

These categories would include listings of procedures that can be performed in each category.

ADDITIONAL TYPES OF PRIVILEGES



Telemedicine



Temporary
Privileges



Locum
Tenens



Emergency &
Disaster Privileges

Privileging Notes

Privileging Notes

Week 2 VILT Notes

Activity 2.5 Temporary Privilege Exercise

Sample Bylaws Language for Temporary Privileges

Temporary privileges may be granted by the hospital CEO or designee on recommendation of the medical staff president or designee in the following circumstances:

Patient Care Need– In the case of a circumstance in which privileges are required to fulfill a patient care need, temporary privileges may be granted upon written request of the practitioner. Such privileges shall be limited in duration based on the nature of the care provided and the needs of the patient. Prior to granting of such privileges, documentation of the patient care need, verification of current licensure, current competency, and National Practitioner Data Bank will be obtained.

New Applicants – Upon receipt of a complete application (as described in section II.A) for medical staff appointment, including a request for specific temporary privileges, an applicant may be granted temporary privileges for a period not to exceed 120 days while awaiting approval of the application. In order to be eligible for temporary privileges, there must be no evidence of current or previously successful challenge to licensure or registration, involuntary termination of medical staff membership at another organization, involuntary limitation, reduction, denial, or loss of clinical privileges. Prior to granting temporary privileges, verification of the following must be obtained:

- Current licensure
- Relevant training or experience
- Current competence
- Ability to perform the privileges requested
- Query and evaluation of the NPDB information

Temporary Privileges Exercise

Scenario

You receive a phone call that an ophthalmologist on staff is in the military reserves and is being deployed. You have two other ophthalmologists on staff, but one is currently on maternity leave and will be returning in one month. There is an ophthalmologist in a neighboring town that has applied to your hospital, but the application is not complete. This doctor is willing to cover until the doctor on maternity leave returns.

Are temporary privileges allowed in a situation like this?

Activity 2.5: Temporary Privileges

Activity 2.6 Privileging Terminology Exercise

Match the term in column A with the meaning in column B. Note: there are more definitions than terms!

- | A | B |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. ____ Temporary Privileges | A. This organization requires a process by which an organization reviews and evaluates qualifications of licensed independent practitioners to provide services to its members. |
| 2. ____ Expedited Privileges | B. An example of this would be “admit, evaluate, diagnose, treat, and provide consultation to patients 15 years of age and older with common and complex illnesses”. |
| 3. ____ Locum Tenens | C. This is sometimes referred to as privilege lists or privilege cards, are detailed checklists that itemize the procedures/conditions that applicants can specifically request to perform/treat. |
| 4. ____ Disaster Privileges | D. For this, consider what training/experience is required. Are there any other requirements, such as CME, board certification, training course, or peer recommendations? |
| 5. ____ Addition of New Privilege | E. This is used to fulfill an important patient care, treatment, and service need or when an initial applicant with a complete clean application awaits review and approval of the medical executive committee and the governing body. |
| 6. ____ Scope of Practice | F. Use of medical information exchanged from one site to another via electronic communications |
| 7. ____ NCQA | G. This organization stipulates that bylaws provide for the granting of temporary privileges during review and consideration of application, for care of specific patient(s). for locum tenens, and for times of emergency/disaster. |
| 8. ____ Core Privileges | H. Per TJC, these are only implemented when the hospital activates its emergency operations |
| 9. ____ Laundry Lists | I. For these, consider if the request for an activity is within the hospital’s capability. |
| 10. ____ Telemedicine | J. Allows physicians to perform tasks outside of their existing privileges to save a patient’s life, limb, or organ. |
| 11. ____ HFAP | K. Per TJC, the governing body may delegate the authority to render those decisions to a committee |

of at least two voting members of the governing body.

- | | |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. ____ ACGME Residency Requirements | L. This can serve as a good resource for those who need additional education regarding what procedures are specific to a particular specialty. |
| 13. ____ Develop New Privileging Criteria | M. This organization requires an application that includes disclosure of any physical, mental, or substance abuse problems that could, without reasonable accommodation, impede the practitioner's ability to provide care according to accepted standards of professional performance or pose a threat to the health or safety of patients. |
| 14. ____ Emergency Privileges | N. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of non-physician practitioners (APPs) determined as eligible for appointment by the governing body. |
| 15. ____ AAAHC | O. Terminology used by national and state/provincial licensing boards for various professions that defines the procedures, actions, and processes that are permitted for the licensed individual. |
| 16. ____ URAC | P. An organization that gathers data and verifies the credentials of doctors and other health care practitioners. |
| | Q. A medical practitioner who temporarily takes the place of another. |
| 17. ____ Medicare Conditions of Participation | R. These factors must be considered according to CMS CoPs: character, competence, judgment, experience and training. |
| | S. The organization requires and reviews pertinent information concerning the applicant's current physical, mental health, or chemical dependency problems that would interfere with the ability to provide high-quality patient care or services. |
| 18. ____ CCJET | T. This accrediting body follows NIAHO standards. |
| 19. ____ DNV | U. This organization requires a process for obtaining, verifying, and assessing the qualifications of a health care practitioner who seeks to provide patient care services in or for a hospital. |
| 20. ____ Credentialing Verification Organization (CVO) | V. Conformance with hospital's plan of care would be a good thing to consider when developing these. |

Reappointment Recap – TJC and HFAP

- Timeframe: at least every 2 years
- Submit an application that meets requirements
- Applications must include:
 - Primary source verification
 - CME
 - Competency evaluation (related to privileges)
 - For LIPs: OPPE/quality monitoring
 - Non-LIPs brought to the hospital by LIPs: performance evaluation at same interval as employees in same discipline (TJC)
 - Peer recommendations
- Approval process: same as initial appointment

11

Reappointment Recap – DNV

- Timeframe: 3 years, unless defined by State law
- Submit an application that meets requirements
- Applications must include:
 - Primary source verification
 - Review of involvement in professional liability action
 - Receipt of database profiles from NPDB, OIG Medicare/Medicaid exclusions
 - CME, at least in part related to their clinical privileges
 - Review of individual performance data for variation in benchmark
 - Variation shall go to Peer Review for determination of validity, written explanation of findings and, if appropriate, an action plan to include improvement strategies
- Approval process: same as initial appointment

12

Recredentialing Recap – AAAHC

- Timeframe: 3 years, or as required by State law or organizational policy
- Must submit application that meets specific requirements
- Scope of practitioners recredentialed are defined in policies and procedures
- Applications must include:
 - Updated personal information, completed disclosure questions and dated signature of applicant
 - Primary or secondary source verification
 - Peer references and/or peer review activities and results
- Approval process is same as initial application

13

Recredentialing Recap – NCQA and URAC

- Timeframe: 3 years
- Must submit application that meets specific requirements
- Scope of practitioners recredentialed are defined in policies and procedures
- Primary source verification of non-static credentials
- Approval process is same as initial application

14

Reappointment and Recredentialing Notes

Activity 2.7: Reappointment/Recredentialing Scenarios

Scenario 1

When completing the reappointment profile for your hospital, you found that there was one physician who had only had five patient encounters during the last two years. Discuss options for evaluating competency for low volume practitioners.

Scenario 2

Your health plan is accredited by NCQA. When evaluating reapplication forms, you see that a provider included information regarding a recent licensure disciplinary action. This action did not occur in the state in which the applicant provides services to your members. Discuss appropriate follow-up.

Scenario 3

You are in the process of reappointment for a long-time member of the medical staff. You are aware that there have been some discussions among the nursing staff regarding the doctor not being able to remember things. You have recently received an incident report regarding the physician appearing confused when they called him in the evening for orders concerning a critical patient. Discuss how this should be addressed.

Scenario 4

You are working at an NCQA-accredited Health Plan. During the recredentialing process, you receive documentation from the provider that she forgot to mail in her renewal form for her DEA certificate on time, resulting in her not having a current DEA. What should you do?

Additional Study Worksheet

Test Area: Credentialing and Privileging

Topics for Further Study:

Activity 2.6 Privileging Terminology Exercise Answer Sheet

Temporary Privileges = E

Expedited Privileges = K

Locum Tenens = Q

Disaster Privileges = H

Addition of New Privilege = I

Scope of Practice = O

NCQA = A

Core Privileges = B

Laundry Lists = C

Telemedicine = F

HFAP = G

ACGME Residency Requirements = L

Develop New Privileging Criteria = D

Emergency Privileges = J

AAAHC = S

URAC = M

Medicare Conditions of Participation = N

CCJET = R

DNV = T

Credentials Verification Organization = P

Week 3

Ongoing Monitoring and Compliance

Ongoing Monitoring and Compliance

Ongoing Monitoring and Compliance

Professional Practice Evaluation Credentialing Report

Provider: **Sample**
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 Report Period: **Last 24 months (07/01/2014 - 06/30/2016)**
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Volumes

Volume (Group Volume)	Admit	Attending	Consult	Emergency	Surgeon
Inpatient	193 (1,131)	273 (1,509)	91 (439)	1 (4)	325 (1,617)
Outpatient - Ambulatory Surgeries/Procedures	4 (226)	4 (227)	20 (56)		
Outpatient - Observation	2 (22)	2 (22)			
Emergency - Charge Code	18 (112)	50 (265)	35 (210)	1 (4)	49 (284)

CaseMix/Utilization

	Provider Measure	Provider Cases	Comparison Measure	Comparison Cases
Case Mix Index - Total Inpatient	5.0	273	4.0	1,509
Case Mix Index - Outpatient	0.3	4	0.6	191
% of Discharges with Severity of Illness - Minor	9.2%	273	16.4%	1,508
% of Discharges with Severity of Illness - Moderate	36.3%	273	38.9%	1,508
% of Discharges with Severity of Illness - Major	28.6%	273	24.3%	1,508
% of Discharges with Severity of Illness - Extreme	26.0%	273	20.4%	1,508
Average Inpatient Length of Stay by Severity of Illness - Minor	4.2	25	4.2	248
Average Inpatient Length of Stay by Severity of Illness - Moderate	6.4	99	6.1	587
Average Inpatient Length of Stay by Severity of Illness - Major	8.4	78	8.1	366
Average Inpatient Length of Stay by Severity of Illness - Extreme	15.4	71	18.1	307
Number of Cryoprecipitate units transfused		110		695
The ratio of total number of RBC/WB units crossmatched to the total number of RBC/WB units transfused	2.4	102	3.5	708
Number of fresh frozen plasma units transfused		116		715
Number of platelet units transfused		45		337
Number of red blood cell units transfused		102		708
Number of red blood cells and whole blood units crossmatched		240		2,511
Number of red blood cells and whole blood units transfused		102		708
Number of total blood units transfused		373		2,455
Number of whole blood units transfused		0		0

Note: Arrows appear next to names of measures where provider's performance is statistically compared with their group's performance. "Up" arrows indicate that higher numbers are better, "Down" arrows indicate that lower numbers are better. Flags may appear on those measures to indicate how many Group standard deviations the Provider Measure is from the Group Measure. For example a '+3' flag indicates that the Provider Measure is over three Group standard deviations from the Group Measure (but is within four standard deviations).

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Page 1 of 10
 Report Author: [MetaReport](#)

Professional Practice Evaluation Credentialing Report

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Mortality

	Provider Measure	Provider Cases	Comparison Measure	Comparison Cases
Acute Inpatient Mortality ↓	3.7%	273	3.6%	1,509
Total Inpatient Mortality ↓	3.7%	273	3.6%	1,509
Mortality Rate by Risk of Mortality - Minor ↓	0.0%	50	0.0%	524
Mortality Rate by Risk of Mortality - Moderate ↓	0.0%	89	0.5%	414
Mortality Rate by Risk of Mortality - Major ↓	1.5%	66	2.9%	280
Mortality Rate by Risk of Mortality - Extreme ↓	13.2%	68	15.5%	290
% of Discharges with Risk of Mortality - Minor	18.3%	273	34.7%	1,508
% of Discharges with Risk of Mortality - Moderate	32.6%	273	27.5%	1,508
% of Discharges with Risk of Mortality - Major	24.2%	273	18.6%	1,508
% of Discharges with Risk of Mortality - Extreme	24.9%	273	19.2%	1,508

Clinical Quality

	Provider Measure	Provider Cases	Comparison Measure	Comparison Cases
Core Measures Composite	%	295	%	937
All-Cause Inpatient Readmission attributed to the attending of record, within 30 days of discharge date. ↓	11.5% ⁺²	209	9.5%	1,181
All-Cause Inpatient Planned Readmission attributed to the attending of record, within 30 days of discharge date. ↓	100.0%	4	100.0%	7
All-Cause Inpatient Unplanned Readmission attributed to the attending of record, within 30 days of discharge date. ↓	10.2%	206	9.1%	1,177
All-Cause Inpatient Readmission attributed to the primary surgeon of record as defined by case-mix. ↓	10.5%	229	10.2%	1,172
All-Cause Inpatient Planned Readmission attributed to the primary surgeon of record as defined by case-mix. ↓	100.0%	3	100.0%	5
All-Cause Inpatient Unplanned Readmission attributed to the primary surgeon of record as defined by case-mix. ↓	9.7%	227	9.8%	1,169

Acute Myocardial Infarction Core Measures

	Provider Measure	Provider Cases	Comparison Measure	Comparison Cases
AMI-1: Aspirin Given at Arrival ↑	100.0%	1	100.0%	4
AMI-2: Aspirin Prescribed at Discharge ↑	100.0%	10	100.0%	39
AMI-3: ACE Inhibitors for LVSD ↑	100.0%	1	0.0%	0
AMI-5: Beta Blocker Prescribed at Discharge ↑	100.0%	9	100.0%	36
AMI-10: Statin Prescribed at Discharge ↑	100.0%	10	100.0%	38

Note: Arrows appear next to names of measures where provider's performance is statistically compared with their group's performance. "Up" arrows indicate that higher numbers are better, "Down" arrows indicate that lower numbers are better. Flags may appear on those measures to indicate how many Group standard deviations the Provider Measure is from the Group Measure. For example a "+3" flag indicates that the Provider Measure is over three Group standard deviations from the Group Measure (but is within four standard deviations).

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Heart Failure Core Measures

	Provider Measure	Provider Cases	Comparison Measure	Comparison Cases
CHF-1: Discharge Instructions ↑	100.0%	1	100.0%	6
CHF-2: LVF Assessment ↑	100.0%	2	100.0%	8
CHF-3: ACE Inhibitors for LVSD ↑	100.0%	1	100.0%	1

Surgical Care Improvement Core Measures

	Provider Measure	Provider Cases	Comparison Measure	Comparison Cases
SCIP-1a: Prophylactic antibiotic received within one hour prior to surgical incision - overall rate ↑	98.2%	55	94.7%	152
SCIP-2a: Prophylactic antibiotic selection for surgical patients - overall rate ↑	100.0%	55	98.0%	152
SCIP-3a: Prophylactic antibiotics discontinued within 24 hours after surgery end time - overall rate ↑	100.0% +2	52	97.3%	147
SCIP-4: Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Serum Glucose ↑	78.6%	14	86.2%	29
SCIP-6: Surgery Patients with Appropriate Hair Removal ↑	100.0%	65	100.0%	203
SCIP-9: Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day ↑	100.0%	11	100.0%	53

Satisfaction

	Provider Measure	Provider Cases	Comparison Measure	Comparison Cases
How often did the doctor explain things in a way you could understand? (% Always - HCAHPS) ↑	83.3%	54	80.1%	276
How often did the doctor treat you with courtesy and respect (% Always - HCAHPS) ↑	100.0% +4	54	90.6%	276
How often did the doctor listen carefully to you? (% Always - HCAHPS) ↑	94.4% +3	54	87.7%	276

Peer Review

	Provider Measure	Provider Cases	Comparison Measure	Comparison Cases
Peer Review - Total		13		87
Peer Review - Appropriate ↑	100.0%	13	96.6%	87
Peer Review - Inappropriate ↓	0.0%	13	2.3%	87
Peer Review - Controversial ↓	0.0%	13	1.1%	87
Peer Review - Questionable ↓	0.0%	13	0.0%	87

Note: Arrows appear next to names of measures where provider's performance is statistically compared with their group's performance. "Up" arrows indicate that higher numbers are better, "Down" arrows indicate that lower numbers are better. Flags may appear on those measures to indicate how many Group standard deviations the Provider Measure is from the Group Measure. For example a "+3" flag indicates that the Provider Measure is over three Group standard deviations from the Group Measure (but is within four standard deviations).



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Medical Records Compliance

	Provider Measure	Provider Cases	Comparison Measure	Comparison Cases
History and Physical Delinquency		0		0
Post Procedure Dictation		0		0

Facility Specific Measures

	Provider Measure	Provider Cases	Comparison Measure	Comparison Cases
All Cause 30 Day Readmissions	12.9%	263	9.4%	1,416
Blood: CRYO Units Transfused		110		695
Postoperative PE or DVT (Modified AHRQ Outcome Measure)	2.9%	243	0.7%	1,326
Unplanned Readmission Within 30 Days ↓	11.4% 	263	8.9%	1,416
Unplanned Return to OR within 30 Days ↓	2.3% 	307	1.3%	1,668

Note: Arrows appear next to names of measures where provider's performance is statistically compared with their group's performance. "Up" arrows indicate that higher numbers are better. "Down" arrows indicate that lower numbers are better. Flags may appear on those measures to indicate how many Group standard deviations the Provider Measure is from the Group Measure. For example a "+3" flag indicates that the Provider Measure is over three Group standard deviations from the Group Measure (but is within four standard deviations).

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Volumes by APRDRG

APRDRG Code	APRDRG Description	Total	Inpatient	Outpatient
163	Cardiac valve procedures w/o cardiac catheterization	81	81	
165	Coronary bypass w cardiac cath or percutaneous cardiac procedure	49	49	
166	Coronary bypass w/o cardiac cath or percutaneous cardiac procedure	42	42	
162	Cardiac valve procedures w cardiac catheterization	34	34	
167	Other cardiothoracic procedures	15	15	
24	Extracranial vascular procedures	13	13	
710	Infectious & parasitic diseases including hiv w o.r. procedure	6	6	
175	Percutaneous cardiovascular procedures w/o ami	5	5	
143	Other respiratory diagnoses except signs, symptoms & minor diagnoses	4	3	1
169	Major thoracic & abdominal vascular procedures	4	4	
4	Tracheostomy w mv 96+ hours w extensive procedure or ecmo	3	3	
197	Peripheral & other vascular disorders	3	2	1
791	O.r. procedure for other complications of treatment	2	2	
813	Other complications of treatment	2	2	
2	Heart &/or lung transplant	1	1	
120	Major respiratory & chest procedures	1	1	
173	Other vascular procedures	1	1	
180	Other circulatory system procedures	1	1	
191	Cardiac catheterization w circ disord exc ischemic heart disease	1		1
198	Angina pectoris & coronary atherosclerosis	1	1	
200	Cardiac structural & valvular disorders	1	1	
201	Cardiac arrhythmia & conduction disorders	1	1	
206	Malfunction, reaction, complication of cardiac/vasc device or procedure	1		1
346	Connective tissue disorders	1	1	
420	Diabetes	1	1	
711	Post-op, post-trauma, other device infections w o.r. procedure	1	1	
721	Post-operative, post-traumatic, other device infections	1	1	
951	Moderately extensive procedure unrelated to principal diagnosis	1	1	

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Volumes by Procedure Code

Procedure Code	Procedure Description	Total	Inpatient	Outpatient	Emergency
39.61	Extracorporeal circulation auxiliary to open heart surgery	141	141		
5A1221Z	Performance of cardiac output, continuous	93	93		
36.15	Single internal mammary-coronary artery bypass	68	68		
35.21	Opn/nec rep art vlv grft	48	48		
0210029	Bypass coronary artery, one site from left internal mammary, open approach	38	38		
02RF38Z	Replacement of aortic valve with zooplastic tissue, percutaneous approach	36	36		
02RF08Z	Replacement of aortic valve with zooplastic tissue, open approach	30	30		
06BQ4ZZ	Excision of left greater saphenous vein, percutaneous endoscopic approach	28	28		
36.14	Aortocoronary bypass of four or more coronary arteries	22	22		
36.13	Aortocoronary bypass of three coronary arteries	21	21		
89.64	Pulmonary artery wedge monitoring	21	21		
35.23	Opn/nec rep mtr vlv grft	20	20		
021209W	Bypass coronary artery, three sites from aorta with autologous venous tissue, open approach	18	18		
02B702K	Excision of left atrial appendage, open approach	17	17		
36.12	Aortocoronary bypass of two coronary arteries	17	17		
36.11	Aortocoronary bypass of one coronary artery	16	16		
37.36	Exc/des/excl lt art appn	16	16		
35.05	Endvsclr rep aortic valv	12	12		
02RG08Z	Replacement of mitral valve with zooplastic tissue, open approach	11	11		
38.91	Arterial catheterization	11	11		
021109W	Bypass coronary artery, two sites from aorta with autologous venous tissue, open approach	10	10		
38.93	Venous catheterization, not elsewhere classified	10	10		
021309W	Bypass coronary artery, four or more sites from aorta with autologous venous tissue, open approach	9	9		
02HV33Z	Insertion of infusion device into superior vena cava, percutaneous approach	9	9		
35.71	Other and unspecified repair of atrial septal defect	9	9		
37.49	Oth repair heart	9	9		
38.12	Endarterectomy of other vessels of head and neck	9	9		
99.61	Atrial cardioversion	9	9		
00.40	Proc on single vessel	8	8		
06BQ0ZZ	Excision of left greater saphenous vein, open approach	8	8		
4A133B3	Monitoring of arterial pressure, pulmonary, percutaneous approach	8	8		
02HQ32Z	Insertion of monitoring device into right pulmonary artery, percutaneous approach	7	7		
02UG0JZ	Supplement mitral valve with synthetic substitute, open approach	7	7		
34.03	Reopening of recent thoracotomy site	7	7		
35.22	Opn/nec rep aortic valve	7	7		
37.23	Combined right and left heart cardiac catheterization	7	7		
37.33	Exc/des lesion hrt open	7	7		
38.45	Resection of other thoracic vessels with replacement	7	7		
86.28	Nonexcisional debridement of wound, infection, or burn	7	7		
02Q50ZZ	Repair atrial septum, open approach	6	6		
4A023N6	Measurement of cardiac sampling and pressure, right heart, percutaneous	6	6		

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Procedure Code	Procedure Description	Total	Inpatient	Outpatient	Emergency
	approach				
4A023N8	Measurement of cardiac sampling and pressure, bilateral, percutaneous approach	6	6		
025S02Z	Destruction of right pulmonary vein, open approach	5	5		
35.33	Annuloplasty	5	5		
5A1955Z	Respiratory ventilation, greater than 96 consecutive hours	5	5		
96.71	Continuous mechanical ventilation for less than 96 consecutive hours	5	5		
B21112Z	Fluoroscopy of multiple coronary arteries using low osmolar contrast	5	5		
B24B224	Ultrasonography of heart with aorta, transesophageal	5	5		
021009W	Bypass coronary artery, one site from aorta with autologous venous tissue, open approach	4	4		
02100A9	Bypass coronary artery, one site from left internal mammary with autologous arterial tissue, open approach	4	4		
02BG02Z	Excision of mitral valve, open approach	4	4		
02RF3JZ	Replacement of aortic valve with synthetic substitute, percutaneous approach	4	4		
02RG38Z	Replacement of mitral valve with zooplastic tissue, percutaneous approach	4	4		
02RJ08Z	Replacement of tricuspid valve with zooplastic tissue, open approach	4	4		
35.06	Transcath rep aortic valve	4	4		
35.12	Open heart valvuloplasty of mitral valve without replacement	4	4		
35.24	Open/nec rep mitral valve	4	4		
39.31	Suture of artery	4	4		
5A1945Z	Respiratory ventilation, 24-96 consecutive hours	4	4		
99.62	Other electric countershock of heart	4	4		
00.96	Nfsc 4fctr prthmb cmplx	3	3		
0212093	Bypass coronary artery, three sites from coronary artery with autologous venous tissue, open approach	3	3		
025T02Z	Destruction of left pulmonary vein, open approach	3	3		
02RW0JZ	Replacement of thoracic aorta with synthetic substitute, open approach	3	3		
03PT0PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, open approach	3	3		
34.01	Incision of chest wall	3	3		
34.1	Incision of mediastinum	3	3		
36.99	Other operations on vessels of heart	3	3		
37.11	Cardiotomy	3	3		
88.72	Diagnostic ultrasound of heart	3	3		
96.72	Continuous mechanical ventilation fro 96 consecutive hours or more	3	3		
025802Z	Destruction of conduction mechanism, open approach	2	2		
027034Z	Dilation of coronary artery, one site with drug-eluting intraluminal device, percutaneous approach	2	2		
02BM02Z	Excision of ventricular septum, open approach	2	2		
02C002Z	Extirpation of matter from coronary artery, one site, open approach	2	2		
02RF0JZ	Replacement of aortic valve with synthetic substitute, open approach	2	2		
02RF38H	Replacement of aortic valve with zooplastic tissue, transapical, percutaneous approach	2	2		
02U00JZ	Supplement tricuspid valve with synthetic substitute, open approach	2	2		
02YA020	Transplantation of heart, allogeneic, open approach	2	2		
03C302Z	Extirpation of matter from left common carotid artery, open approach	2	2		
03CK02Z	Extirpation of matter from right internal carotid artery, open approach	2	2		

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Procedure Code	Procedure Description	Total	Inpatient	Outpatient	Emergency
03HB33Z	Insertion of infusion device into right radial artery, percutaneous approach	2	2		
05HM33Z	Insertion of infusion device into right internal jugular vein, percutaneous approach	2	2		
06BQ32Z	Excision of left greater saphenous vein, percutaneous approach	2	2		
0HDSX2Z	Extraction of chest skin, external approach	2	2		
039602Z	Drainage of chest subcutaneous tissue and fascia, open approach	2	2		
0P8002Z	Division of sternum, open approach	2	2		
0W3C02Z	Control bleeding in mediastinum, open approach	2	2		
34.09	Other incision of pleura	2	2		
35.72	Other and unspecified repair of ventricular septal defect	2	2		
37.12	Pericardiotomy	2	2		
37.31	Pericardiectomy	2	2		
37.34	Endovasc exc/des tis hrt	2	2		
37.61	Implant of pulsation balloon	2	2		
39.57	Repair of blood vessel with synthetic patch graft	2	2		
39.65	Extracorporeal membrane oxygenation (ecmo)	2	2		
4A023N7	Measurement of cardiac sampling and pressure, left heart, percutaneous approach	2	2		
5A1223Z	Performance of cardiac pacing, continuous	2	2		
86.04	Other incision with drainage of skin and subcutaneous tissue	2	2		
88.56	Coronary arteriography using two catheters	2	2		
89.68	Monitoring cardiac output by other technique	2	2		
96.04	Insertion of endotracheal tube	2	2		
B2462Z4	Ultrasonography of right and left heart, transesophageal	2	2		
00.41	Proc on 2 vessels	1	1		
00.46	Insrt 2 vasc stents	1	1		
00.66	Prq trnsf cor angioplasty	1	1		
0210099	Bypass coronary artery, one site from left internal mammary with autologous venous tissue, open approach	1	1		
0210028	Bypass coronary artery, one site from right internal mammary, open approach	1	1		
0210429	Bypass coronary artery, one site from left internal mammary, percutaneous endoscopic approach	1	1		
0211093	Bypass coronary artery, two sites from coronary artery with autologous venous tissue, open approach	1	1		
0211029	Bypass coronary artery, two sites from left internal mammary, open approach	1	1		
021149W	Bypass coronary artery, two sites from aorta with autologous venous tissue, percutaneous endoscopic approach	1	1		
0213093	Bypass coronary artery, four or more sites from coronary artery with autologous venous tissue, open approach	1	1		
0213029	Bypass coronary artery, four or more sites from left internal mammary, open approach	1	1		
025602Z	Destruction of right atrium, open approach	1	1		
025702Z	Destruction of left atrium, open approach	1	1		
025842Z	Destruction of conduction mechanism, percutaneous endoscopic approach	1	1		
02CQ02Z	Extirpation of matter from right pulmonary artery, open approach	1	1		
02CR02Z	Extirpation of matter from left pulmonary artery, open approach	1	1		
02HK33Z	Insertion of pacemaker lead into right ventricle, percutaneous approach	1	1		
02JA02Z	Inspection of heart, open approach	1	1		

Week 3 VILT Notes – CPCS Hollywood Squares PSV Game

Additional Study Worksheet

Test Area: Ongoing Monitoring and Compliance

Topics for Further Study:

Week 4

FILE AUDITS

- Help verify compliance with the requirements of bylaws, policies, accrediting agencies, and state and federal regulations.
- Tools should include necessary documentation and completion within the required timeframe.

Remember that:

- Audit tools vary depending on the processes being audited.
- You need to always be in compliance with the current accreditation standards.
- Where time frames are required, you need to identify this and audit for compliance with the timeframe.



Audit Notes

Audit Notes

Credentials File Audit Form for New Applicant

Name					
Item	Present	Completed in Required Timeframe?		Not Present	Comments
		Y	N		
Completed application					
Signed and dated attestation statement 365 days					
Verification of identity					
Malpractice insurance coversheet or date and amount of coverage on application					
Verification of medical/dental school					
Medicare/Medicaid sanction check 180 days					
Verification of board certification(s) 180 days					
Verification of residency(ies)					
Verification of fellowship(s)					
Verification of state license(s) 180 days					
Verification of state licensure sanctions 180 days					
CDS copy/Documented visual inspection of the original certificate					
DEA copy/Documented visual inspection of the original certificate					
ECFMG verification (if applicable)					
NPDB					
Completed clinical privilege request form(s)					
Peer recommendations					
Professional liability claims history 180 days					
5 year's work history on application or CV – 365 days. Signature or initials of staff who reviewed work history and the date of review present. Gaps exceeding six months must be clarified. CV or application includes the beginning and ending month and year for each position in the practitioner's employment experience.					

Credentials File Audit Form for Reapplicant

Name					
Item	Present	Completed in Required Timeframe?		Not Present	Comments
		Y	N		
Completed application					
Signed and dated attestation statement 365 days					
Malpractice insurance coversheet or date and amount of coverage on application					
Medicare/Medicaid sanction check 180 days					
Verification of board certification(s) 180 days					
Verification of state license(s) 180 days					
Verification of state licensure sanctions 180 days					
CDS copy/Documented visual inspection of the original certificate					
DEA copy/Documented visual inspection of the original certificate					
NPDB					
Completed clinical privilege request form(s)					
Peer recommendations if there are insufficient practitioner-specific data available					
Professional liability claims history 180 days					
5 year's work history on application or CV – 365 days. Signature or initials of staff who reviewed work history and the date of review present. Gaps exceeding six months must be clarified. CV or application includes the beginning and ending month and year for each position in the practitioner's employment experience.					
Documentation of CME					
Appointment does not exceed 2 years					

Delegated Credentialing Notes

MEETING MANAGEMENT

You can support committees by:

- Performing and coordinating meeting logistics
- Documentation preparation such as agenda or committee reports
- Follow-up



Meeting Management Notes

Activity 4.1: Parliamentary Puzzler

Using the grid below review the action or desired activity and statement then determine:

- Is a Second to the Motion Required? Enter Yes or No in the space provided;
- May the Motion be Debated? Enter Yes or No in the space provided;
- What Vote is Required? Enter Majority, No Vote, or 2/3 Vote in the space provided

Action or Desired Activity	Statement	Is Second to the Motion Required?	May the Motion be Debated?	What Vote is Required?
Adjourn the meeting (takes precedence over	"I move that we adjourn"			
Amend	"I move that we add/strike out/change _____ and that this motion be amended			
Call to Order	"I call the meeting to order"			
Consider an item out of its scheduled order	"I move that we suspend the rules and consider ..."			
End debate or discussion	"I move the previous question"			
Introduce business	"I move that..."			
Limit debate	"I move that we limit the (number or length) of ..."			
Object to proposal	"Point of order"			
Recess the meeting	"I move that we recess until..."			
Reconsider a matter already closed	"I move to reconsider our action relative to..."			

Parliamentary Procedure Definitions

	Term	Definition
1	Precedence	This concept is based on the principle that a meeting can deal with only one question at a time. Once a motion is before a meeting, it must be adopted or rejected by a vote, or the meeting must dispose of the question in some other way. Each motion is given a particular rank. The main motion—which does not take precedence over anything—ranks
2	Yielding to	What motions may be made and considered while a motion is pending.
3	Accepting	Adopting
4	Chair	The presiding officer, whether temporary or permanent
5	Meeting	An assembling of the members of a deliberative body for any length of time during which they do not separate for longer than a few minutes.
6	Pending and Immediately Pending	These terms describe when a question has been stated by the chair and has not yet been disposed of either permanently or temporarily
7	Motion	Used to bring before the assembly any particular subject.
8	Subsidiary motion	Used to modify, delay, or otherwise dispose of a motion.
9	Privileged motions	While having no relation to the pending question, these motions are of such urgency or importance as to require them to take precedence over all other motions.
10	Incidental motion	A motion that arises out of another question which is pending or has just been pending, and must be decided before the pending question, or before other business is taken up.
11	Previous Question	The name given to the motion to close debate and at once to take the vote on the immediately pending question and such other questions as are specified in the motion.
12	Substitute	An amendment where an entire resolution, or section, or one or more paragraphs, is struck out and another resolution, or section, or one or more paragraphs, is inserted in its place.
13	Majority	When, in an election a candidate has more than half the votes cast, ignoring blanks.
14	Plurality	When, in an election a candidate has a larger vote than any other

Activity 4.1 Parliamentary Puzzler Answers

Action or Desired Activity	Statement	Is Second to the Motion Required?	May the Motion be Debated?	What Vote is Required?
Adjourn the meeting (takes precedence over Amend)	"I move that we adjourn"	Yes	No	Majority
	"I move that we add/strike out/change _____ and that this motion be amended"	Yes	Yes	Majority
Call to Order	"I call the meeting to order"	No	No	No Vote
Consider an item out of its scheduled order	"I move that we suspend the rules and consider ..."	Yes	No	2/3 Vote
End debate or discussion	"I move the previous question"	Yes	No	2/3 Vote
Introduce business	"I move that..."	Yes	Yes	Majority
Limit debate	"I move that we limit the (number or length) of ..."	Yes	No	2/3 Vote
Object to proposal	"Point of order"	Yes	No	Majority
Recess the meeting	"I move that we recess until..."	Yes	No	Majority
Reconsider a matter already closed	"I move to reconsider our action relative to..."	Yes	Yes	Majority

Additional Study Worksheet

Test Area: Supporting Departmental Operations

Topics for Further Study:

Week 4 VILT

Study Plan Worksheet

What areas of the exam do you need to focus on?

Where will you do most of your studying? How does this location support your learning style preferences?

What learning strategies will you use effectively to support your learning style preferences?

What is the date of your exam?

Study Plan Worksheet

For each week, between now and your exam, which topics and strategies will you use to prepare? (You may need to finish this section after class.)

Week	Topic	Strategy

Sample Test Questions

Test Question Answer Sheet

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Sample Test Questions

1. Why it is important to check that the practitioner is not currently excluded, suspended, debarred, or ineligible to participate in Federal health care programs?
 - a. A facility could lose its accreditation if it does not do so.
 - b. It is required by Medicare Conditions of Participation.
 - c. The facility won't get paid for treating patients unless service is provided by authorized provider.
2. Which of the following credentials must be tracked on an ongoing basis?
 - a. Medical school completion
 - b. Closed medical malpractice claims
 - c. Licensure
3. According to NCQA standards, an organization that discovers sanction information, complaints, or adverse events regarding a practitioner must take what action?
 - a. Determine if there is evidence of poor quality that could affect the health and safety of its members.
 - b. Immediately take action to remove the provider from its panel.
 - c. Initiate Ongoing Professional Practice Evaluation.
4. What is the name of the entity that was established through the Health Care Quality Improvement Act of 1986 to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from state to state without disclosure or discovery of previous medical malpractice payment and adverse action history?
 - a. Emergency Medical Treatment and Active Labor Act
 - b. The National Practitioner Data Bank
 - c. The Patient Safety and Quality Improvement Act
5. When developing clinical privileging criteria, which of the following is important to evaluate?
 - a. How many providers are in that specialty.
 - b. Established standards of practice such as, specialty board recommendations.
 - c. Whether or not the quality department can support the FPPE process.
6. What is the main reason for periodically assessing appropriateness of clinical privileges for each specialty?
 - a. It's required by accreditation standards.
 - b. It is required by the Medicare Conditions of Participation.
 - c. To protect patient safety by ensuring current competency, relevance to the facility, and accepted standards of care.
7. Which of the following specialists is most likely to perform a PTCA?
 - a. General surgeon
 - b. OB/GYN
 - c. Interventional Cardiologist

Sample Test Questions

8. The Joint Commission hospital standards require that clinical privileges are hospital specific and
 - a. Based on the individual's demonstrated current competence and the procedures the hospital can support.
 - b. Based on board certification.
 - c. Based on the privileges the individual is currently approved to perform at other hospitals.
9. Which of the following would be routinely performed by a cardiologist?
 - a. Hysterectomy
 - b. Transesophageal Echocardiography
 - c. Urethral dilation
10. Which NCQA-required committee makes recommendations regarding credentialing decisions?
 - a. Medical Executive Committee
 - b. Quality Care Committee
 - c. Credentialing Committee
11. HFAP standards require two medical staff committees to be delineated in the medical staff structure. One of them is the Medical Executive Committee. What is the other required medical staff committee?
 - a. Credentials Committee
 - b. Investigational Review Board
 - c. Utilization Review Committee
12. If you needed to find out about what the Federal Government requires in regards to anti-trust issues, what law would you consult?
 - a. Healthcare Quality Improvement Act
 - b. Patient Safety and Quality Improvement Act
 - c. Sherman Anti-trust Act
13. Peer references should be obtained from:
 - a. Practitioners who have referred patients to the provider
 - b. Family, friends and neighbors
 - c. Practitioners in the same professional discipline as the applicant
14. Patrick v. Burgett is an important case because it:
 - a. Showed that a hospital can assert that peer review is performed at the state's request.
 - b. Illustrates that the governing body is the ultimate authority.
 - c. Illustrates the potential for antitrust liability arising out of peer review activities.

Sample Test Questions

15. If a medical staff member has privileges and/or medical staff appointment revoked, he/she must be:
- Granted temporary privileges.
 - Provided due process.
 - Reported immediately to the national practitioner data bank.
16. Access to credentials files should be:
- Available to all members of the organization's staff.
 - Described fully in an access policy.
 - Available to the organization's patients and potential patients.
16. Which of the following bodies approves clinical privileges?
- Credentials Committee
 - Peer Review Committee
 - Governing Body or Board
18. What primary source verification is required by NCQA prior to provisional credentialing?
- Current competence
 - Licensure and 5 year malpractice history or NPDB
 - Education and Training
19. According to The Joint Commission standards, initial appointments to the medical staff are made for a period of:
- Two years
 - Three years
 - Not to exceed two years
20. According to The Joint Commission standards, temporary privileges may be granted by:
- The department chair
 - The CEO
 - The CEO on the recommendation of the medical staff president or authorized designee
21. According to The Joint Commission Standards, which of the following items must be verified with a primary source?
- Medicare/Medicaid Sanctions
 - Proof of professional liability insurance
 - Licensure, training, experience, and competence
22. According to NCQA standards, a copy of which of the following is acceptable verification of the document?
- DEA certificate
 - Licensure
 - Board certification

Sample Test Questions

23. According to NCQA standards, which is an acceptable source for primary source verification of Medicare and Medicaid sanction activity against physicians?
- a. Federation of State Medical Boards
 - b. American Board of Medical Specialties
 - c. Education Commission on Foreign Medical Graduates Profile
24. According to The Joint Commission standards, which of following is considered a designated equivalent source for verification of board certification?
- a. The American Board of Medical Specialties
 - b. Education Commission on Foreign Medical Graduates Profile
 - c. Federation of State Medical Boards
25. Which of the following organizations have been recognized by The Joint Commission and NCQA to provide primary source verification of medical school graduation and residency training for U.S. graduates?
- a. American Medical Association Masterfile
 - b. National Practitioner Data Bank
 - c. Federation of State Medical Boards
26. According to NCQA standards, the application attestation statement must affirm that the application
- a. Is correct and complete.
 - b. Was actually completed by the provider.
 - c. Was signed in the presence of a notary public.
27. According to The Joint Commission standards, medical staff bylaws should define
- a. The structure of the medical staff.
 - b. Mechanism for appointment/reappointment of physician employed non-independent practitioners.
 - c. A requirement that departments meet on at least a quarterly basis.
28. According to The Joint Commission hospital standards, professional criteria for the granting of clinical privileges must include at least
- a. Relevant training or experience, ability to perform privileges requested, current licensure, and competence.
 - b. Verification of all current and prior malpractice suits filed and settlements made.
 - c. Letters of reference from the Chief Executive Officer of all current and prior hospital affiliations.
29. The Joint Commission hospital standards require medical staff bylaws to include
- a. A mechanism for selection and removal of officers.
 - b. A requirement that all quality of care information be reviewed by the medical staff president.
 - c. A mechanism for removal of the hospital's chief executive officer.

Sample Test Questions

30. According to NCQA standards, which of the following is an approved source for verification of board certification?
- a. National Practitioner Data Bank
 - b. State licensing agency if state agency conducts primary verification of board status
 - c. Viewing of the original board certificate
31. According to The Joint Commission hospital standards, which of the following is a required component of the reappointment process?
- a. Documentation of the applicant's health status
 - b. Verification of residency training
 - c. Medicare/Medicaid sanctions query
32. According to URAC's health network standards, each applicant within the scope of the credentialing program submits an application that includes at least which of the following:
- a. State licensure information, including current license(s) and history of licensure in all jurisdictions
 - b. A listing of all current and past hospital affiliations
 - c. A NPDB self-query
33. According to AAAHC, which must be monitored on an ongoing basis?
- a. Current licensure
 - b. Medical malpractice liability coverage
 - c. Health status
34. According to The Joint Commission, a nurse practitioner functioning independently and providing a medical level of care must:
- a. Have a job description.
 - b. Be granted delineated clinical privileges.
 - c. Be directly supervised by an active physician staff member.
35. According to The Joint Commission, which of the following is an acceptable source for verification for medical education of an international graduate?
- a. Board certification
 - b. Federation of State Medical Boards
 - c. Education Commission for Foreign Medical Graduates
36. When evaluating compliance with the required time-frame for recredentialing, NCQA counts the recredentialing period to the:
- a. Day
 - b. Week
 - c. Month

Sample Test Questions

37. NCQA standards require the organization to verify board certification at recredentialing:
- If a practitioner has received Medicare/Medicaid sanctions.
 - If a practitioner is requesting a change in status.
 - In all cases.
38. To whom does the AAAHC give the responsibility for approving and ensuring compliance with policies and procedures related to credentialing, quality improvement, and risk management?
- Medical staff
 - Credentials committee
 - Governing body
39. In order for a healthcare facility to participate in the Medicare and Medicaid programs it must comply with the
- Medicare Conditions of Participation
 - The Joint Commission of Accreditation of Healthcare Organizations standards
 - National Committee for Quality Assurance (NCQA) standards
40. According to The Joint Commission hospital standards, which of the following is an element of a self-governing medical staff?
- The medical staff determines the mechanism for establishing and enforcing criteria for assigning oversight responsibilities to practitioners with independent privileges.
 - There can be any number of organized medical staffs as long as they are approved by the governing body.
 - The hospital's board of directors determines the criteria for granting medical staff privileges.
41. Robert's Rules of Order is an example of
- executive privilege.
 - Parliamentary procedure.
 - a code of conduct.
42. The medical staff application should provide a chronological history of
- The applicant's education, training, and work history.
 - CME activities and completion of residency.
 - Marriages since medical school.
43. In order to participate in a managed care plan, a provider must be accepted to the plan's
- Provider panel
 - Medical staff
 - Medical team

Sample Test Questions

44. In order for a physician to practice medicine in any state in the United States, he/she must possess
- Malpractice insurance with limits of at least \$1 million per occurrence and \$3 million annual aggregate.
 - Membership on the provider panel of the majority of the state's major managed care plans.
 - Current state licensure.
45. Which of the following is considered post-graduate education?
- Medical school
 - College
 - Residency training
46. Which of the following elements may not be used to evaluate credentials of applicants?
- Gender
 - Licensure
 - Post-graduate training
47. The release of liability statement signed by the applicant for medical staff appointment should include:
- The name of the department chairman for all past hospital appointments.
 - A statement providing immunity to those who respond in good faith to requests for information.
 - A statement of the correctness of the information provided.
48. Primary source verification is:
- Receiving information directly from the issuing source.
 - Required by the health care quality improvement act.
 - Considered economic credentialing.
49. Unexplained delays between graduation and medical school, incomplete training, and unexplained lapses in professional practice are examples of:
- Red flags.
 - Medicare sanctions.
 - Events reportable to the National Practitioner Data Bank.
50. When documenting a telephone conversation regarding primary source verification what should be documented?
- The date and time of the call only.
 - Who answered the call.
 - Name of person and organization contacted, date of call, what was discussed and who conducted the interview.

Sample Test Questions

51. According to HFAP standards, when confirming malpractice coverage the organization must:
- a. Query the NPDB
 - b. Obtain the claim history with each carrier over the last five years
 - c. Have evidence of professional liability insurance, which includes certificate showing amounts of coverage
52. Which of the following providers is considered a primary care physician (PCP)?
- a. General surgeon
 - b. Gastroenterologist
 - c. Family medicine practitioner
53. Which body has the obligation to the community to assure that only appropriately educated, trained and currently competent practitioners are granted medical staff membership and clinical privileges?
- a. Medical Staff
 - b. Governing Body
 - c. The Joint Commission
54. When credentialing and privileging practitioners it is appropriate to:
- a. Handle each applicant on a case-by-case basis.
 - b. Follow a routine process for each applicant.
 - c. Give preferential treatment to those providers whose specialty is primary care.
55. Medical liability insurance should be held in what limits?
- a. \$500,000 per occurrence and \$1,000,000 annual aggregate
 - b. \$1,000,000 per occurrence and \$3,000,000 annual aggregate
 - c. As specified by the medical staff and board of directors
56. Which of the following would be an appropriate question to ask an applicant for medical staff?
- a. How many children to you have?
 - b. Are you married?
 - c. Do you have any medical conditions, treated or untreated, that would negatively affect your ability to provide the services or perform the privileges you are requesting?
57. The governing body delegates the task of credentialing, recredentialing, and privileging to
- a. The hospital administrator
 - b. The medical staff office
 - c. The medical staff

Sample Test Questions

58. Who should have access to medical staff meeting minutes?
- Medical Staff President
 - Governing Body members
 - Personnel as documented in a records access policy and procedure
59. In addition to conclusions, recommendations made, and actions taken, which of the following should always be documented in meeting minutes:
- Names and professional titles of all in attendance
 - Date and location of next scheduled meeting
 - Any required follow-up to occur
60. Active, Associate, Courtesy, Honorary, Consulting are all examples of:
- Committees
 - Medical staff officers
 - Membership categories
61. Changes in medical staff bylaws are not final until formally approved by the:
- Medical staff
 - Medical staff president
 - Governing body
62. What is the only hospital medical staff committee required by The Joint Commission hospital standards?
- Credentials committee
 - Medical executive committee
 - Pharmacy and therapeutics committee
63. The Healthcare Quality Improvement Act:
- Provides immunity for health care entities that do not report information to the National Practitioner Data Bank.
 - Keeps hospitals and physicians who perform peer review from being sued.
 - Provides qualified immunity from antitrust liability arising out of peer review activities that are conducted in good faith.
64. If you have a question regarding whether or not information regarding a practitioner should be released to a third party, which of the following would be the best person to ask?
- Director of Medical Records
 - Chief of Staff
 - Organization's attorney
65. Prior to releasing information to a third party regarding a practitioner, the organization should acquire
- A picture ID of the provider
 - A signed consent and release form
 - Approval from the organization's attorney

Sample Test Questions

66. You are working at an AAAHC accredited facility and you want to introduce the concept of utilizing a credentials verification organization. If the CVO is not accredited by a nationally recognized organization, you must:
- Perform an initial on-site visit of the CVO to assess their capabilities and quality of work
 - Perform an assessment of the capability and quality of the CVO's work
 - Perform an assessment of their turn-around times
67. What are the three major sources of authority in the traditional structure of the hospital organization?
- Chief executive officer, governing body, and medical staff
 - Chief executive officer, hospital vice-president, medical director
 - Medical staff president, vice-president, and secretary-treasurer
68. How does the governing body of a hospital set the organization policy that supports quality patient care?
- By assigning these responsibilities to the chief executive officer
 - By seeking medical staff input in the hiring of key personnel
 - By developing the mission, vision, policies, and bylaws that govern the hospital's operations
69. Governing boards may be generally classed into which two types?
- For-profit or not-for-profit
 - Philanthropic or corporate
 - General or specialty
70. Which of the following is a major responsibility of the CEO?
- Directly observing nursing care to assure that patients receive proper care and treatment
 - Keeping the medical staff informed about the hospital's plans, organizational changes, board policies, and decisions affecting providers and their patients.
 - Overseeing the patient accounts department to assure accurate billing practices
71. To whom is the medical staff organization accountable for the quality of the professional services provided by individuals with clinical privileges?
- The Joint Commission
 - Hospital chief executive officer
 - Governing body
72. Which term describes a physician employed or contracted by the hospital as a top-level management employee to act as a liaison between the medical staff and hospital administration?
- Medical director
 - Chief financial officer
 - Medical staff president

Sample Test Questions

73. Which of the following are included in the functions of the medical staff?
- a. Contracting for Medicare assignment
 - b. Training of nursing staff
 - c. Providing and evaluating patient care
74. Which of the following describes a committee that is assembled or appointed to perform a specific task or duty, works independently and reports back to larger committee and typically disbands after the assigned task or duty is performed or completed?
- a. Standing committee
 - b. Ad hoc committee
 - c. Task force
75. When developing bylaws language for a committee, consideration should be given to which of the following?
- a. The mission statement of the hospital
 - b. Medical staff restructuring
 - c. Composition, duties, and frequency of meetings
76. The credentials committee needs guidance regarding which physicians will be allowed to perform a new procedure in the hospital. It has recommended that a committee be appointed to evaluate this issue and report back to the credentials committee. What kind of committee would be appointed?
- a. Standing committee
 - b. Ad hoc committee
 - c. Utilization review committee
77. Which term describes a physician who provides the general medical care of hospitalized patients only and turns over the care of the patient to the primary care physician after discharge?
- a. Internist
 - b. Hospitalist
 - c. Primary care provider
78. Which term describes a category of medical staff appointment that provides a basic framework within which physicians and other health care providers carry out their duties and responsibilities?
- a. Staff status
 - b. Privileges
 - c. Committee appointment
79. Which term describes interns and residents in medical education programs of a teaching hospital?
- a. Affiliate staff
 - b. Allied health professionals
 - c. House staff

Sample Test Questions

80. Which term describes a special classification used to reflect honor and respect for selected distinguished members of the medical community?
- a. Consulting staff
 - b. Active staff
 - c. Honorary or emeritus staff
81. Which term describes privileges granted for a specific period of time to a practitioner while hospital board approval is pending?
- a. Temporary privileges
 - b. Provisional staff
 - c. Interim appointment
82. Which document describes the organizational structure of the medical staff and defines the framework within which medical staff appointees act and interact in hospital-related activities?
- a. Fair hearing plan
 - b. Joint Commission Comprehensive Accreditation Manual
 - c. Medical staff bylaws
83. Bylaws changes are not effective until final approval by which body?
- a. medical staff executive committee
 - b. bylaws committee
 - c. governing body
84. Which term describes the mechanism by which an aggrieved practitioner, one who has been the recipient of disciplinary action, is entitled to be heard and to appeal an adverse decision?
- a. medical staff executive committee
 - b. procedural rights or fair hearing
 - c. corrective action
85. What the landmark case set aside the Charitable Immunity Doctrine and established the corporate negligence doctrine, also known as negligent credentialing?
- a. Patrick vs. Burgett
 - b. Miller vs. Eisenhower General Hospital
 - c. Darling vs. Charleston Memorial Community Hospital
86. What is the name of the act, known as the Federal “anti-dumping” law, which was enacted to stop hospitals transferring, discharging, or refusing to treat indigent patients coming to the emergency department because of cost factors?
- a. Emergency Medical Treatment and Active Labor Act (EMTALA)
 - b. Transfer of Indigent Patients Act
 - c. Sherman Act

Sample Test Questions

87. In a hospital setting, the need for informed consent, explaining the risks and benefits of a particular course of treatment, allowing the patient to participate in decisions regarding treatment options, and confidentiality are all examples of what?
- a. peer review
 - b. ethical issues
 - c. credentialing
88. Which act mandates regulations that prohibit disclosure of health information except as authorized by the patient or specifically permitted by the regulation?
- a. Hospital Licensing Act (HLA)
 - b. Health Insurance Portability and Accountability Act of 1996 (HIPAA)
 - c. Emergency Medical Treatment and Active Labor Act (EMTALA)
89. Which act defines the elements of due process that must be followed in order for an organization to have peer review protection?
- a. Health Insurance Portability and Accountability Act of 1996 (HIPAA)
 - b. Emergency Medical Treatment and Active Labor Act (EMTALA)
 - c. Healthcare Quality Improvement Act (HCQIA)
90. The Code of Ethics for which organization includes the language, “shall share knowledge, foster educational opportunities, and encourage personal and professional growth through continued self-improvement and applications of current advancements in the profession”?
- a. American Medical Association
 - b. American Hospital Association
 - c. NAMSS Certification Commission
91. What term is used to describe the evaluation or review of the performance of colleagues by professionals with similar types and degrees of clinical expertise?
- a. Reappointment
 - b. Conditional period of appointment
 - c. Peer review
92. Which medical staff officer is responsible for enforcing the medical staff bylaws, rules, and regulations, and procedural guidelines of the medical staff including imposing sanctions for noncompliance?
- a. Credentials committee chairman
 - b. Medical staff president or chief of staff
 - c. Utilization Review Committee chairman

Sample Test Questions

93. Which term defines a functional unit of the hospital, so designated because of the clinical service it performs?
- a. Department
 - b. Credentials committee
 - c. Peer review committee
94. Which of the following is a responsibility of the department chairman?
- a. Recommending criteria for clinical privileges in the department
 - b. Recommending amount of dues to be paid annually
 - c. Recommending to the medical executive committee the number of applicants to be allowed in the department
95. Which of the following is a Joint Commission requirement element for the process for managing LIP health?
- a. Participation in AAA meetings.
 - b. Notification of patients regarding practitioner's participation in program
 - c. Education of LIP and organization staff regarding recognizing illness and impairment issues specific to LIPs
96. In the case of Frigo vs. Silver Cross Hospital, the podiatrist who performed surgery on Ms. Frigo did not meet initial criteria or revised criteria for Level II surgical privileges, but was granted privileges regardless. What was the legal concept under which the jury found Silver Cross Hospital to be negligent?
- a. Breach of duty/Corporate Negligence
 - b. Respondeat superior
 - c. Antitrust
97. Which term below describes the achievement of the organization's objectives through and with people and other resources?
- a. Planning
 - b. Staffing
 - c. Management
98. Which continuing medical education system has become the CME standard for licensing boards and specialty organizations nationwide and is recognized by U.S. jurisdictions?
- a. The AMA's PRA Category 1 Credit™ system
 - b. The ACGME's CME program
 - c. FSMB's Profile Report
99. If you needed to find out about what the Federal Government requires in regards to anti-trust issues, what law would you consult?
- a. Healthcare Quality Improvement Act
 - b. Patient Safety and Quality Improvement Act
 - c. Sherman Anti-trust Act

Sample Test Questions

100. Average Length of Stay (ALOS) figures are used for which of the following purposes?
- a. One measure of hospital utilization review
 - b. To calculate drug doses
 - c. Part of the calculation to determine reimbursement
101. Expenses that may vary directly with the quantity of work being performed are _____ costs.
- a. Fixed
 - b. Semi-variable
 - c. Variable
102. In a Joint Commission accredited hospital, applications for initial appointment to the medical staff must be acted on:
- a. within 90 days after the medical staff office receives the application
 - b. as specified in the medical staff bylaws
 - c. within 30 days of receipt of a completed application
103. Joint Commission standards require hospital-sponsored educational activities to be prioritized and that, when developing these programs, they relate to
- a. the structure of the medical staff.
 - b. the mission statement of the hospital.
 - c. the type and nature of care, treatment, and services offered by the hospital
104. According to CMS's CoPs for hospitals, when utilizing telemedicine, the hospital must have evidence of an internal review of the distant-site physician's or practitioner's performance of these privileges and must send the distant-site hospital such performance information for use in the periodic appraisal of the distant-site physician or practitioner. At a minimum, this information must include
- a. results of all quality assessment activities conducted by the distant site that pertain to telemedicine services.
 - b. the entire credentials file of the telemedicine provider.
 - c. all adverse events that result from the telemedicine services provided by the distant-site physician or practitioner to the hospital's patients and all complaints the hospital has received about the distant-site physician or practitioner.
105. According to Joint Commission Standards, who must inform the patient about unanticipated outcomes of care, treatment, and services related to sentinel events?
- a. Medical staff executive committee
 - b. Risk manager
 - c. Responsible licensed independent practitioner or his or her designee

Sample Test Questions

106. Which document contains a listing of drugs and pharmaceuticals maintained for use in the hospital?
- a. pharmacy procedure manual
 - b. formulary
 - c. prescription index
107. According to Joint Commission standards, the qualifications and competence of a non-employee individual, other than a PA or APRN, who is brought into the hospital by an LIP to provide care, treatment, must be assessed by
- a. the hospital.
 - b. the department chairperson.
 - c. the medical staff executive committee.
108. According to NCQA, the health plan must notify an initial applicant of the Credentialing Committee's decision within:
- a. 30 days.
 - b. 60 days.
 - c. 180 days.
109. NCQA requires that an organizations policies and procedures describe specific credentialing system controls, including which of the following?
- a. confidentiality agreements signed by credentialing staff
 - b. electronic signature for Medical Director review and approval of clean files
 - c. unique user IDs and passwords
110. NCQA requires that recredentialing of practitioners and providers occur:
- a. every two years
 - b. annually
 - c. at least every three years
111. Under NCQA standards, when credentialing activities are delegated by a health plan, the right to approve, terminate or suspend individual practitioners or providers is retained by:
- a. NCQA
 - b. the delegate
 - c. the health plan
112. You are working at a AAAHC-accredited facility and are credentialing a new applicant. In addition to verifying licensure, DEA, education, training and malpractice insurance, what other credentials are required to be primary or secondary source verified according to AAAHC standards?
- a. Malpractice history and peer references
 - b. Peer references and NPDB
 - c. Board certification, malpractice history and peer references

Sample Test Questions

113. According to URAC's health network standards, each applicant within the scope of the credentialing program submits an application that includes at least which of the following:
- a. State licensure information, including current license(s) and history of licensure in all jurisdictions
 - b. A listing of all current and past hospital affiliations
 - c. A NPDB self-query
114. Before granting of initial privileges Joint Commission standards require the organization to verify current licensure, certification, or registration and training with the primary source. Which of the following is an additional Joint Commission requirement for new applicants?
- a. Verifying that the applicant has not been excluded from Medicare, Medicaid, or other Federal programs.
 - b. Verification of professional liability (medical malpractice) insurance coverage.
 - c. The applicant must attest that he or she has no health problems that could affect his or her ability to perform the requested privileges.
115. You are working at a Joint Commission accredited hospital. You are processing a reappointment for medical staff membership and you find that the practitioner has not performed any procedures at your facility since her last reappointment. The appointment is due to expire in one month. What should you do?
- a. As long as there is no negative information received, process the application according to the approved process.
 - b. Inform the applicant that she is not eligible for appointment due to not having provided services at your facility.
 - c. Ask the applicant to provide the names of other facilities where she is practicing, then write to those facilities to obtain documentation of procedures performed and outcome data, if available.
116. According to HFAP standards, in addition to direct contact with program, which of the following is/are approved designated source(s) for verification of residency training?
- a. AMA Physicians Profile for MDs and AOA Official Osteopathic Physician Profile for DOs
 - b. The state licensing boards if the organization confirms that the state board does verify residency
 - c. Confirmation from an association of schools of the health
117. AAAHC standards require appointments to be for no longer than
- a. One year
 - b. Two years
 - c. Three years
118. Substantive and procedural are two distinct elements of
- a. medical staff appointment.
 - b. due process.
 - c. privileging.

Sample Test Questions

119. Which of the following is a requirement of the Joint Commission for the medical staff?
- a. Participation in the Maryland Quality Indicator Project
 - b. Reporting to the National Practitioner Data bank and state licensing board those individuals who have had privileges suspended or revoked based on quality of care concerns
 - c. Define circumstances requiring focused review of a practitioner's performance
120. Which Federal agency has been delegated the responsibility for conducting the Medicare Program?
- a. Centers for Medicare and Medicaid Services
 - b. Civilian Health and Medical Program
 - c. Federal Employee Health Benefits Program
121. What term best describes the examination and evaluation of the appropriateness of use of an organization's resources to determine medical necessity and cost effectiveness of services provided?
- a. Peer review
 - b. Resource based value system
 - c. Utilization review or utilization management
122. Which is the term applied to initial appointment to the medical staff to permit observation for monitoring and evaluation of physician performance?
- a. Temporary
 - b. Locum tenens
 - c. Provisional appointment
123. Which term applies to a practitioner filling in or working in place of another practitioner?
- a. Temporary staff
 - b. Locum tenens
 - c. Provisional member
124. Which term is used to describe the use of criteria unrelated to quality of care or professional competency in determining an individual's qualifications for initial or continuing hospital medical staff appointment or privileges or continued participation in a provider panel of a managed care plan?
- a. Credentialing criteria
 - b. Case management
 - c. Economic credentialing
125. New amendments to the Medicare Conditions of Participation are officially published in the
- a. Journal of the American Hospital Association.
 - b. Joint Commission of Accreditation of Healthcare Organizations Manual for Hospitals.
 - c. Federal Register.

Sample Test Questions

126. Which type of hospital board consists of non-paid individuals who contribute their time and expertise in the interest of service to the facility or to the community?
- a. Philanthropic
 - b. Corporate
 - c. Board-in-residence
127. Mind-body interventions, biologically-based treatments, manipulative and body-based methods, and energy therapies are all examples of
- a. conventional medicine.
 - b. alternative or complimentary medicine.
 - c. physician privileging categories.
128. Which term describes skilled and intermediate nursing facilities, hospice programs, community mental health centers, and home health care systems are designed to provide needed services in manner that is more cost effective than in a hospital?
- a. Alternative delivery systems
 - b. Skilled care systems
 - c. Managed care
129. Which term describes an organization which reviews services provided under the Medicare program to determine whether a hospital has misrepresented admission or discharge information or has taken an action that results in the unnecessary admission of an individual entitled to benefits under Medicare Part A?
- a. National Committee on Quality Assurance
 - b. Joint Commission on Accreditation of Healthcare Organizations
 - c. Peer Review Organization
130. Which term describes programs providing palliative care and emotional and physical support to terminally ill patients and their families, generally during the last six months of the patient's life in the patient's home?
- a. Health maintenance organization
 - b. Long term care facility
 - c. Hospice
131. Which body acts for the medical staff as a whole, and makes recommendations to the governing body with regard to medical staff issues?
- a. Medical staff peer review committee
 - b. Governing body
 - c. Medical executive committee
132. You go to the file cabinet and pick out 20 files for audit. This type of sample is called
- a. a cluster sample.
 - b. a self-selected sample.
 - c. a simple random sample.

Sample Test Questions

133. What is the name of the data collection developed by the Centers for Medicare & Medicaid Services to improve outcomes of patient care and to ensure that they receive the best health care available?
- a. Core Measures
 - b. Uniform Patient Discharge Data Set
 - c. Medicare/Medicaid Patient Discharge Data Set
134. When a proctor visits a hospital nursing station to review inpatient health records, this is called
- a. retrospective review
 - b. concurrent review
 - c. discharge analysis
135. In any computerized data collection system
- a. there is too much data collected to provide accurate reporting mechanisms.
 - b. computerized information processing requires quality control checks to be performed.
 - c. there is never enough data collected to provide optimal reliability in computations.
136. Which graphical presentation type always depicts percentages?
- a. bar graph
 - b. pie chart
 - c. histogram
137. A person against whom an action is brought in a lawsuit is the
- a. appellee
 - b. plaintiff
 - c. defendant
138. What a reasonably prudent person would have done under similar circumstances is termed the
- a. duty of the provider
 - b. standard of care
 - c. patient-physician privilege
139. The party who commences a lawsuit is the
- a. defendant
 - b. appellant
 - c. plaintiff
140. In order to verify HIPPA security provisions are met, an organization should have a
- a. Chain-of-Trust Partner Agreement
 - b. Business Continuity Plan
 - c. Information Access Control Plan

Sample Test Questions

141. According to the Medicare Conditions of Participation for Hospitals, criteria for selection to the medical staff must include individual competence, training, experience, judgment and
- character.
 - ability to perform the procedures requested.
 - board certification.
142. Which statement is characteristic of a group practice?
- It consists of a single specialty or multi-specialty and provides comprehensive care.
 - It has management responsibility for providing comprehensive prepaid patient care.
 - It is an organized outpatient department physically separate from the hospital.
143. Which is an example of what would be include in a medical staff rule and regulation?
- Description of the medical staff organization including leadership
 - Description of how members are appointed to the emergency room call schedule
 - Qualifications for medical staff membership
144. Compliance by a hospital with which of the following would be considered voluntary?
- HFAP standards
 - Medicare Conditions of Participation
 - State hospital licensing regulations
145. According to the DNV, a History and Physical completed within 30 days prior to admission or registration shall include an entry in the medical record which documents an examination for any change in the patient's current medical condition and placed in the patient's medical record within what time frame?
- Within 48 hours prior to the admission or registration
 - Immediately upon admission or registration, but prior to surgery or high-risk procedures
 - Within 24 hours after admission or registration, and prior to surgery, or procedures requiring anesthesia services
146. A departmentalized medical staff is organized according to service. What is the title of the medical staff leader who is responsible for directing the functions of each service?
- chairperson
 - supervisor
 - coordinator
147. Automatic Suspension of clinical privileges may be considered at a DNV accredited hospital for the following instances:
- Providing an incomplete application; not disclosing three professional references
 - Revocation/restriction of professional license; non-compliance with completing medical records
 - Revocation/restriction of professional license; non-compliance in attending all medical staff meetings; and not utilizing all clinical privileges granted

Sample Test Questions

148. In selecting a new information system, the primary consideration should be the
- cost of the system
 - requirements of the user
 - available technology
149. According to the DNV, if the medical staff has an executive committee, who must attend the meetings?
- Medical Staff Members and CEO
 - Medical Staff Members only
 - Medical Staff Members, CEO and CNO (or designee) on an ex-officio basis
150. Information is
- less complex than data.
 - part of data.
 - compiled from data.
151. In addition to the Chief Executive Officer, what medical staff authority is required for granting temporary privileges.
- Medical Executive Committee
 - Member of the Executive Committee, President of the Medical Staff, or Medical Director
 - President of the Medical Staff
152. A system that shows who has accessed what information in a computer system, such as a patient registration database, is called a(an)
- audit trail
 - smart card
 - access point
153. Which term most accurately defines programs designed to control liability for human errors and equipment failures?
- utilization review/management programs
 - quality management programs
 - risk management programs
154. According to Joint Commission standard, relevant findings from quality management activities must be considered as part of the
- reappointment of clinical privileges of medical staff members.
 - selection or election of medical staff officers.
 - renewal of contracts with physicians.

Sample Test Question Answers

1.	C
2.	C
3.	A
4.	B
5.	B
6.	C
7.	C
8.	A
9.	B
10.	C
11.	C
12.	C
13.	C
14.	C
15.	B
16.	B
17.	C
18.	B
19.	C
20.	C
21.	C
22.	A
23.	A
24.	A
25.	A
26.	A
27.	A
28.	A
29.	A
30.	B
31.	A
32.	A
33.	A
34.	B
35.	C
36.	C
37.	C
38.	C
39.	A

40.	A
41.	B
42.	A
43.	A
44.	C
45.	C
46.	A
47.	B
48.	A
49.	A
50.	C
51.	C
52.	C
53.	B
54.	B
55.	C
56.	C
57.	C
58.	C
59.	C
60.	C
61.	C
62.	B
63.	C
64.	C
65.	B
66.	B
67.	A
68.	C
69.	B
70.	B
71.	C
72.	A
73.	C
74.	B
75.	C
76.	B
77.	B
78.	A

79.	C
80.	C
81.	A
82.	C
83.	C
84.	B
85.	C
86.	A
87.	B
88.	B
89.	C
90.	C
91.	C
92.	B
93.	A
94.	A
95.	C
96.	A
97.	C
98.	A
99.	C
100.	A
101.	C
102.	B
103.	C
104.	C
105.	C
106.	B
107.	A
108.	B
109.	C
110.	C
111.	C
112.	B
113.	A
114.	C
115.	C
116.	A
117.	C

118.	B
119.	C
120.	A
121.	C
122.	C
123.	B
124.	C
125.	C
126.	A
127.	B
128.	A
129.	C
130.	C
131.	C
132.	C
133.	A
134.	B
135.	B
136.	B
137.	C
138.	B
139.	C
140.	C
141.	A
142.	A
143.	B
144.	A
145.	C
146.	A
147.	B
148.	C
149.	C
150.	A
151.	B
152.	A
153.	C
154.	A