



NAMSS Artificial Intelligence (AI) Toolkit

Responsible AI Guidance for Medical Services Professionals

Guiding Principles • Use Policy • Survey Readiness • Implementation Tools

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NAMSS Artificial Intelligence (AI) Toolkit

Opening Note

This NAMSS Artificial Intelligence (AI) Toolkit is intended to support Medical Services Professionals as they explore responsible, ethical, and practical uses of AI in medical staff services, credentialing, privileging, provider enrollment, education, and operations. The guidance, examples, templates, and survey-readiness language included in this document are designed to promote thoughtful discussion, consistent decision-making, and human oversight when AI tools are considered or used.

Important: NAMSS guidance is educational and supplemental in nature. It should not replace an organization’s bylaws, policies, procedures, data privacy and security requirements, accreditation obligations, contractual commitments, or legal guidance. Organizations should consult their own leadership, compliance, privacy, information security, and legal counsel before adopting or implementing AI-related practices.

Table of Contents

AI Policy Guiding Principles	3
NAMSS AI Use Policy	6
AI MSP Appropriate Use & Survey Readiness	11
AI Trend Analysis & Implementation Guide	14
AI Risks, Opportunities and Implications	17
AI Prompt Blueprint	19
AI Prompt Mad Lib	20

Artificial Intelligence (AI) Policy Guiding Principles

NAMSS Guiding Statement

Artificial Intelligence offers an opportunity to enhance the practice of Medical Staff Services when used thoughtfully, ethically, and responsibly—while preserving the human judgment, professionalism, and accountability that define the MSP role.

1. Purpose and Alignment with NAMSS

These principles are intended to guide the responsible, ethical, and professional use of Artificial Intelligence (AI) by members of the National Association Medical Staff Services (NAMSS) in support of Medical Staff Services, Credentialing, and Provider Enrollment functions.

AI tools may be used to enhance efficiency, education, and innovation, while remaining consistent with:

- The NAMSS Code of Ethics
- Professional standards for Medical Services Professionals (MSPs)
- Applicable accreditation, regulatory, and legal requirements

AI is intended to support—not replace—the expertise, judgment, and accountability of MSPs. MSPs should always check their own organization’s policies and governance structure related to AI use. This policy guidance is meant to be supplemental to organizational policies.

2. Appropriate Use of AI by NAMSS Members

NAMSS members may use AI tools for non-clinical, administrative, and educational purposes, including:

- Developing or refining policies, procedures, job aids, and training manuals
- Creating study guides, learning tools, and exam preparation resources
- Summarizing standards, concepts, or best practices for educational use
- Assisting with workflow analysis, process improvement, and operational efficiency
- Supporting professional writing, reporting templates, and communication clarity

All AI-assisted materials must be reviewed and validated by the MSP prior to use, sharing, or publication.

3. Professional Judgment and Accountability

- AI outputs must not be used as a substitute for professional judgment or credentialing authority.
- MSPs remain fully responsible for the accuracy, completeness, and appropriateness of all work products.
- AI should never independently determine credentialing, privileging, peer review, or disciplinary outcomes.

Human oversight is required at all stages of AI-assisted work.

4. Confidentiality, Privacy, and Data Protection

To uphold ethical and legal obligations:

- PHI, PII, NPDB data, peer review materials, and confidential credentialing information must not be entered into public or non-approved AI platforms.
- AI use should be limited to de-identified, fictional, or publicly available information unless expressly permitted by organizational policy.

- All AI use must comply with HIPAA, state privacy laws, and organizational data security requirements.

Maintaining confidentiality is a core ethical responsibility of MSPs.

5. Ethical Use and Bias Awareness

- NAMSS members should remain aware that AI tools may produce biased, incomplete, or inaccurate outputs.
- AI should be used in ways that support fairness, consistency, and equity in Medical Staff Services processes.
- AI must not be used to make judgments about a practitioner's character, competence, or intent without appropriate human review and due process.

6. Intellectual Property and Copyright Considerations

- AI tools must not be used to upload, reproduce, or redistribute copyrighted or proprietary materials, including:
 - NAMSS educational content
 - Accreditation manuals
 - Licensed study guides or exam materials
- AI may be used to create original content or summarize concepts, but not to replicate protected source materials.
- Members are responsible for ensuring compliance with copyright and licensing requirements.

7. Accuracy, Validation, and Risk Awareness

- AI-generated content may contain errors, outdated information, or misinterpretations.
- MSPs should verify AI-assisted outputs against authoritative sources, such as:
 - Accreditation organizations (e.g., NCQA, Joint Commission, CMS)
 - NAMSS educational resources
- AI outputs should be treated as draft or assistive content, not authoritative guidance.

8. Transparency and Professional Integrity

- When appropriate, NAMSS members should be transparent about the use of AI in developing educational or operational materials.
- AI use should reflect the professional integrity and ethical standards expected of Medical Services Professionals.

9. Education and Responsible Adoption

- NAMSS encourages members to build AI literacy and understand:
 - Appropriate use cases
 - Data protection obligations
 - Limitations and risks of AI tools
 - Ongoing education and knowledge sharing are encouraged as AI capabilities evolve.

10. Continuous Review and Evolution

- NAMSS recognizes that AI technology is rapidly evolving.
- These principles should be reviewed and updated periodically to reflect changes in:
 - Technology
 - Regulation and accreditation standards
 - Professional practice expectations

NAMSS Artificial Intelligence (AI) Use Policy

Effective Date: June 11, 2026

Approved By: Board of Directors

Policy Owner: NAMSS AI Task Force

Applies To: All individuals acting for or on behalf of NAMSS—including staff (including Smithbucklin employees staffed to the Association), contractors, volunteers, officers, board and committee members, members, certificants, instructors, authors, presenters, education providers and all other users of NAMSS educational or members-only content.

1) Purpose & Guiding Principles

NAMSS may use AI as a component of its activities to advance its mission, improve member services, and work efficiently—with human accountability, transparency, and respect for privacy, intellectual property (IP), safety, and equity. This policy sets minimum controls for responsible AI use and clarifies what is allowed, restricted, or prohibited.

NAMSS partners with Smithbucklin to promote and train for wide, appropriate use of AI while monitoring for excessive environmental/sustainability impact.

2) Scope

This policy governs all AI tools and capabilities used for Association business including generative AI, summarization and transcription tools, classifiers, recommenders, and embedded AI in enterprise software—regardless of who provides the tool (Association, Smithbucklin, vendors, or platforms).

3) Definitions (abbreviated)

- **Generative AI:** A type of AI designed to produce new content—such as text, images, audio, video, or computer code—by learning patterns from existing information and applying those patterns to respond to prompts or questions. These systems can create content in many forms but may contain errors or bias, so all outputs require human review.
- **Zone of Control:** Technical/contractual environment where Association or Smithbucklin retains control over data access, processing, retention, deletion, and training public models on data.

4) Approved & Supported Tools

- Staff employed by Smithbucklin are provided with the following approved tools for prompting within Smithbucklin's ZONE OF CONTROL:
 1. Microsoft Copilot Chat (simple prompting interface)
 2. A Smithbucklin-managed premium version of ChatGPT for an internal bot/solution marketplace to share vetted prompts and workflows.
 3. Fireflies.ai for meeting minute creation
- Using non-approved tools requires a security/legal review and written exception from Smithbucklin IT.

5) Acceptable, Restricted, and Prohibited Uses

Acceptable:

- Drafting agendas, summaries, emails, content outlines; rewriting for tone/clarity.
- Transcription, note-taking with attendee consent, only as sanctioned by NAMSS staff. Volunteers are prohibited from sending their own AI note-takers to NAMSS meetings.

Restricted (requires approvals/safeguards):

- Member surveys, policy statements, clinical abstracts, or standards proposals generated with AI must include human subject-matter review and disclosure where AI assistance informed the output.
- Any processing of personal, sensitive, or regulated data (e.g., health information) without signed vendor terms, data-minimization, and recorded legal basis.

Prohibited:

- Uploading Confidential/Restricted data to consumer tools or any tool that trains on our inputs.
- Uploading, inputting, or otherwise providing NAMSS-owned education materials to any artificial intelligence (AI) platform, model, or tool for the purpose of creating, training, generating, or enhancing new tools, products, or derivative works. This prohibition applies to all NAMSS educational resources, including but not limited to:
 - Printed and digital course materials
 - Online modules and e-learning content
 - Certification preparation content
 - Webinars, presentations, and slide decks
 - Case studies, assessments, and exam questions
 - Member-only documents, tools, and templates
- Misleading uses (deepfakes, undisclosed ghostwriting, undisclosed synthetic media in advocacy).
- Automated decisions that materially affect safety, employment, credentialing, eligibility, or legal rights without required human oversight and due process.
- Using AI to provide medical, legal, or financial advice to the public without proper licensure, disclaimers, and approvals.

6) Data Classification & Handling

- Restricted: PHI/PII, sensitive member data—do not use in generative AI unless approved terms and controls are in place.
- Confidential: Internal documents—use only in approved tools.
- Internal/Public: Review for accuracy and IP before use.

7) Meetings, Recording & Transcription

- Notification is required: Hosts must notify attendees of AI note-taking or transcription pursuant to a documented standing approval already in place for the group or meeting type [See Annex B].

- Retention: Transcripts/recordings facilitated by Association staff are permanently deleted upon approval of meeting minutes.
- Controls: Use only approved tools; enable participant controls (pause/stop); store within the ZONE OF CONTROL.
- Attendees: Must not use AI for personal notetaking.

8) Transparency & Human Oversight

- Disclose AI use in external content per guidelines in Annex C.
- Human review is mandatory before dissemination of AI generated or AI assisted content.

9) Accuracy, Bias & Safety Controls

- Validate factual accuracy
- Check for bias by reviewing outputs to identify and address unfair or prejudiced treatment of individuals or groups based on attributes such as race, gender, age, or other protected characteristics, and take steps to correct or reduce any such issues before using or sharing the content

10) Intellectual Property

- Ownership: AI-assisted works created by staff within scope of duties are Association works (or “work-made-for-hire,” as applicable). Any fully/mostly AI-generated work cannot be Association works, they are public domain.
- Third-party content: Do not paste proprietary text or datasets into tools without authorization.
- Training data: Vendors must warrant that our inputs are not used to train foundation models and that outputs do not knowingly infringe third-party IP.

11) Privacy, Security & Vendor Requirements

- Vendors and platforms must provide:
 - No training on our data; segregation of customer data; data residency as needed.
 - Shall implement and maintain cybersecurity protections that meet or exceed industry standards and are reasonably expected of any vendor entrusted with handling Association data
 - For health data: compliance with HIPAA and, where applicable, BAAs.

12) Resolving Compliance Overlaps

- Where Association bylaws, committee rules, accreditation requirements, grant terms, law, sector-specific regulatory compliance requirements, or Smithbucklin policies including but not limited to Data Privacy and Protection Policy, Information Security Policy, and Records Retention Policy conflict with this policy, the stricter rule applies. The Policy Owner coordinates with Legal to document the controlling requirement and communicate the decision.

13) Training & Enablement

- Smithbucklin will provide onboarding and periodic refreshers on safe prompting, data handling, disclosure, and sector-specific risks to employed staff.

14) Incidents, Reporting & Enforcement

- The Association's Board of Directors reserves the right to suspend access to generative AI tools and to mandate corrective actions in the event of a suspected incident, such suspension and corrective measures to remain in effect pending the outcome of an investigation.
- Injunctive relief: Nothing in this policy limits the Association's rights to seek injunctive relief or remedies available under law, contracts, or bylaws [insert link/reference].

15) Exceptions

- Exception requests must be submitted in writing (purpose, data, tool, controls, duration).
- Policy Owner, with Legal/Security, may grant time-bound exceptions with compensating controls.

16) Review Cycle

- This policy will be reviewed at least annually and updated to reflect changes in AI technology, law, standards, and organizational needs.

Annex A — Sector Addenda

- No PHI in generative tools unless the environment and contracts explicitly support HIPAA compliance; de-identify by default. [HHS.gov](https://www.hhs.gov)
- AI outputs must not replace clinical judgment; treat as decision support with documented human validation.
- CME/CE materials: disclose AI involvement; perform bias/accuracy review by credentialed SMEs.
- Require reproducible references, test vectors, and transparency about any AI-generated artifacts entering balloting.

Annex B — Meeting Transcription Consent (Template)

Single Meeting Consent Version: "This meeting may use AI transcription/notetaking to aid accuracy and action tracking. By remaining in the meeting, you consent to transcription. The transcript will be stored securely to be used by AI to create the minutes and then deleted once the minutes are approved. You may request transcription be paused or stopped at any time."

Standing Consent Version: "By participating in meetings of this group, all members and attendees hereby provide standing consent to the ongoing use of AI transcription/notetaking for the purposes of creating accurate records and tracking action items. Transcripts will be stored in [system] for [retention period] and shared with [audience]. This standing consent shall remain in effect until revoked in writing by the Association's Board of Directors.

Annex C — Disclosure Examples

- Co-Created with AI, Human Approved
Content created through human-AI collaboration, with human review and approval.

- AI Generated, Human Approved
AI-generated content with human review before publication. Human accountability is not removed.
- AI Generated
Automated AI responses for low-risk scenarios, such as guided chatbots built with specific data.

Artificial Intelligence (AI) MSP Appropriate Use & Survey Readiness

Artificial Intelligence (AI) tools may support administrative efficiency in credentialing and medical staff services when used responsibly, transparently, and with human oversight. AI does not replace professional judgment, primary source verification, or regulatory accountability.

Appropriate Use of AI in Credentialing

AI tools may be used to support nonclinical, administrative functions, including:

- Drafting internal communications, emails, and training materials
- Creating checklists, workflows, or timelines for credentialing processes
- Summarizing policies, bylaws, or regulatory guidance for internal understanding
- Assisting with document formatting, templates, and tracking tools
- Brainstorming process improvement ideas (final decisions remain human led)

All AI generated outputs must be reviewed and validated by credentialing professionals before use.

Prohibited Uses of AI in Credentialing

AI tools may NOT be used for:

- Making credentialing, privileging, or appointment decisions
- Interpreting licensure status, sanctions, malpractice history, or NPDB data
- Determining eligibility, compliance, or regulatory standing
- Entering or analyzing PHI, provider identifiable data, or confidential business information in public AI tools
- Replacing primary source verification or required attestations

AI outputs must never be treated as an authoritative source.

Privacy, Security & Compliance Expectations

Credentialing staff must ensure:

- No PHI or provider identifiable information is entered into public AI platforms
- No proprietary information is shared with public AI tools
- AI is used only in alignment with the organization's privacy, security, and AI governance policies
- Outputs are reviewed for accuracy, bias, and completeness

Use of unapproved AI platforms or prohibited tools is not allowed.

Human Oversight is Required

Credentialing decisions require:

- Professional judgment
- Regulatory interpretation
- Verification against authoritative sources

AI may support the process, but accountability remains with Medical Services professionals.

Survey Readiness

Artificial intelligence tools may be used to support administrative efficiency in credentialing activities. AI does not replace professional judgment, primary source verification, or medical staff and governing body decision making as required by Accreditation standards. All AI generated content must be reviewed, validated, and approved by qualified credentialing professionals prior to use.

Surveyor Ready Explanation

AI does not make credentialing or privileging decisions. All decisions remain with the Credentials Committee, MEC, and Governing Body, consistent with Joint Commission medical staff standards.

AI may be used for drafting communications, checklists, workflows, and training materials.

Surveyor Ready Explanation

AI is used only for administrative support functions, such as drafting internal materials. These are not source documents and are always reviewed by staff before use.

AI may not be used for credentialing, privileging, or reappointment decisions.

Surveyor Ready Explanation

AI is not solely used in evaluating competence, eligibility, or privilege eligibility. Those determinations are made exclusively by medical staff leadership and approved by the governing body.

AI may not perform or replace primary source verification.

Surveyor Ready Explanation

Primary source verification is always completed through authoritative sources. AI outputs are never treated as verification.

AI outputs must be reviewed, validated, and approved by credentialing professionals.

Surveyor Ready Explanation

Any AI assisted material is treated as a draft. A credentialing professional validates accuracy before it is used or retained.

AI outputs may not be filed as source documentation.

Surveyor Ready Explanation

AI generated content is not considered source documentation and is not filed in credentialing records.

No PHI, provider identifiable data, or confidential information may be entered into public AI tools.

Surveyor Ready Explanation

We follow enterprise privacy and security controls. Public AI tools are not used with identifiable provider or patient information.

Credentialing accountability remains with Medical Staff leadership, MEC, and Governing Body.

Surveyor Ready Explanation

AI does not change accountability. All credentialing authority remains exactly as defined in our bylaws and Joint Commission standards.

Survey Ready Summary Statement (Highly Recommended)

You can train staff to say this verbatim:

“Artificial intelligence is used only as an administrative support tool. It does not replace primary source verification, medical staff evaluation, or governing body approval. All credentialing and privileging decisions comply with accreditation standards.”

Artificial Intelligence (AI) Trend Analysis & Implementation Guide

1. Core AI Categories and Value Drivers

AI Implementation in this sector focuses on switching from manual data entry to intelligent, automated systems.

AI Category	Practical Examples	Key Benefits
Generative AI	Data summaries, email drafts, meeting minutes, policy drafts	Time savings and clarity
Predictive AI	Risk scoring for privileges, payer application denial predictions, trend-based provider flagging	Better prioritization and risk insight
Cognitive AI (OCR/NLP)	Data extraction from credentials, ID verification, and flagging inconsistencies	Automates manual validation and data entry
Knowledge Graph AI	Relationship modeling (e.g., privileges vs. facilities), audit trails, and conflict detection	Auditability and interoperability
Autonomous Monitoring	Continuous sanctions/license checks, API sync with payer directories	Real-time safety and compliance
Intelligent Rules Engine	Eligibility logic, workflow routing, and automated expiration alerts	Compliance and error reduction
Agentic AI	Assembled reappointment packets, completing enrollment steps	Acts, handling multi-step tasks across systems

2. Industry-Specific Use Cases

Practical applications of these technologies are divided into primary operational sectors:

Provider Credentialing & Primary Source Verification (PSV)

- Document Processing: AI can extract unstructured and semi-structured data from CVs, diplomas, transcripts, and certificates, reducing manual entry. EX. AI can identify a gap in training/education/work history.
- Automated Primary Source Verification (PSV): Establishing direct links with licensing boards and educational institutions.
- Renewal Management: AI continuously monitors state medical boards, OIG, NPDB, and other databases for disciplinary actions or license expirations.
- Data Quality: Detecting duplicates and outdated information in provider databases.
- Credentialing Packet Review: AI may be able to flag missing documents, inconsistencies, or outdated information in submitted credentialing packets.
- Credentialing Status Tracking: AI-driven dashboards provide real-time updates on application status, flagging delays or bottlenecks.

- Risk scoring: AI assigns risk scores based on credentialing history, malpractice claims or gaps in practice.

Provider Enrollment & Privileging

- Automated Enrollment: Comparing provider data against payer requirements to flag discrepancies.
- Contract Management: Generating and comparing payer matrices and contracts.
- Eligibility Determination: Using AI to confirm if a provider meets criteria before the application process begins.
- Automated Privilege Matching, Assessment and Eligibility: AI matches provider qualifications with appropriate clinical privileges based on training, experience, and scope of practice. AI can analyze procedure logs and data submissions in support of privilege requests. AI can review data submitted for match eligibility requirements.
- Privileging Policy Compliance: AI can aid in ensuring privileging decisions align with hospital bylaws, CMS, and Joint Commission standards.
- Privilege Form Creation: AI can assist with privilege form builds by obtaining and analyzing data.

Meeting & Policy Management

- Meeting Assistants: Real-time transcription, generation of SOAP notes, and tracking action items.
- Policy Governance: Drafting bylaws, updating operational policies, and tracking adherence to internal and external regulations.

Professional Leadership

- Administrative Efficiency: Writing or re-wording emails and developing SMART goals.
- Employee Development: Building educational modules and writing performance evaluations.

3. Best Practices for Implementation

Provider Credentialing

- Centralize provider data in a single repository.
- Use AI tools with high verification accuracy
- Ensure compliance with NCQA, CMS, and Joint Commission standards.
- Monitor and audit all AI outputs for bias and accuracy.

Provider Enrollment & Privileging

- Integrate AI with EHR and credentialing systems.
- Use AI to track enrollment bottlenecks and reduce delays.
- Ensure AI tools support compliance with hospital bylaws and regulatory standards

Meeting & Policy Management

- Choose HIPAA-compliant AI tools with real-time transcription and EHR integration.
- Use ambient AI for unobtrusive documentation.
- Ensure multilingual support for diverse teams

- Follow structured governance models
- Include ethical, equity, and transparency considerations in AI policies.
- Regularly update policies to reflect evolving AI capabilities and legal standards.

Professional Leadership

- Do not rely on AI to generate ratings or conclusions. Use AI only for structuring evaluations and drafting language for clarity and tone
- Independently confirm performance data and examples and outcomes
- Review for biased or inconsistent language and overgeneralizations or unsupported claim
- Never paste sensitive or identifiable information into AI tools unless the tool is approved by your organization and data protections are confirmed
- Always review for accuracy and tone
- Avoid over-formal or impersonal language
- Ensure communications reflect organizational voice

4. Current Toolsets

Common tools currently utilized in these processes include:

- **General Assistants:** ChatGPT, CoPilot, Gemini, Claude
- **Technical Infrastructure:** APIs, Integrations, and Data Analytics Platforms.
- **Specialized Software:** Credentialing platforms and OCR/NLP engines.

Artificial Intelligence (AI) Risks, Opportunities and Implications

Artificial Intelligence in the Medical Services Profession

Artificial intelligence is rapidly reshaping the medical services profession, creating new opportunities to improve efficiency, accuracy, compliance, provider experience, and patient access while also introducing important risks that require careful oversight. This document outlines key AI-related risks, opportunities, and implications for MSPs, emphasizing the need for human judgment, strong governance, data integrity, ethical use, and thoughtful workforce preparation as organizations consider how to integrate AI into credentialing, privileging, enrollment, and related medical staff services functions.

AI Risks

1. **Data Privacy Breaches** – Mishandling of sensitive provider data. Maintain HIPAA data handling protections just like any other sensitive data.
2. **Lack of Verification of data** - Regulatory Non-Compliance – Misalignment with CMS, NCQA, or Joint Commission standards. Ex. Not verifying AI data results.
3. **Overreliance on Automation** – Overestimating the accuracy of AI data. Reducing MSP intervention/interpretation of data may lead to inaccurate data and missed red flags. Ex. Not verifying data, assuming all AI data is accurate.
4. **Inaccurate Credentialing Decisions** – Errors in data interpretation could lead to privileging unqualified providers. Ex. Solely using AI to interpret privilege eligibility qualifications.
5. **Staffing Reductions** – Misalignment between leadership expectations and the realistic capabilities of AI in Medical Staff Services and Provider Enrollment, creating uncertainty about the future role of MSPs.
6. **Integration Challenges** – Difficulty aligning AI tools with existing software.
7. **Increasing Legal Risk** – Relying on inaccurate, automated data without verification may increase the risk of negligence.
8. **Resistance to Change** – MSPs may be hesitant to trust or adopt AI tools or be unwilling or unable to learn how to use AI appropriately.
9. **Ethical Concerns** – Use of AI in decision-making without MSP intervention. If a human has not reviewed it, it is not complete.
10. **Scope Creep** – Expanding AI use beyond its intended purpose without proper oversight.

AI Opportunities

1. **Faster Credentialing & Enrollment** – Improved efficiency, automating primary source verification and data collection. Automating form completion. Ex. Continuous license and sanction monitoring, Identifying potential red flags or high-risk providers early. Automating completion of enrollment applications.
2. **Improved Accuracy** – Reducing human error in data entry and verification.
3. **Enhanced Compliance** – Automated tracking of regulatory requirements. Ex. reviewing policies and procedures for compliance with regulatory standards.
4. **Improved Provider Experience** – Reducing administrative burden Ex. Using AI to pre-populate provider applications prior to submission for credentialing/privileging/enrollment/professional liability coverage.

5. **Data-Driven Insights** – Identifying trends in credentialing or enrollment delays.
6. **Natural Language Processing (NLP)** – Extracting relevant data from unstructured documents. Ex. Using AI as administrative support, starting template drafts, high level documents, policies and procedures.
7. **Cost Savings** – Potential long-term reduction in labor costs and human errors.
8. **Enhanced Communication** – AI chatbots for provider inquiries. EX. Chatbots for IT assistance, policy and procedure searches, bylaws review, revising emails, CVs.
9. **Scenario Modeling** – Forecasting staffing needs based on credentialing and enrollment trends and data. Ex Using AI to compare standard staff and workload reports.
10. **Improved Patient Access** – Supporting more efficient credentialing and enrollment processes to onboard faster and improve patient access.

AI Implications

1. **Redefinition of Roles** – Shift from quantitative tasks to qualitative work. Ex. Changing from verification coordinator to application auditor.
2. **Need for New Skills** – Upskilling in data analytics, AI literacy, and tech management. Ex. Mandated staffing training in AI
3. **Policy & Procedure Revisions** – Updating all P&Ps to reflect AI integration and documentation of sources.
4. **Governance Structures** – Establishing AI oversight committees and guiding documents.
5. **Ethical Frameworks** – Ensuring fairness, accountability, and transparency of how and when AI is used vs human intervention.
6. **Cross-Department Collaboration** – Expanded use of AI may require work with IT, compliance, and legal departments. Ex. Compliance may not allow use of AI in work setting. Legal may require review of AI data source and IT licensing.
7. **Audit Management** – Ensuring AI decisions are documented, traceable and explainable. Ex. Compliance with NCQA information integrity and reporting standards.
8. **Cultural Shift** – Moving from manual to digital-first mindset-process improvement. Staffing impact- MSPs unwilling to shift their role, may leave the profession.
9. **Budget Implications** – Investing in AI tools and staff training.
10. **Data Governance** – May need to develop stronger controls over data quality and access.

AI Prompt Blueprint

A quick guide for writing clearer prompts and getting better AI-generated results

How to use this handout: Use these steps as a quick checklist. You do not need every element in every prompt. Choose what will help the AI tool create the most useful response.

1. Assign a Role	Tell the AI what perspective to use, such as an educator, consultant, executive, or medical staff services leader. Example: “Act as a medical staff services director explaining AI-assisted credentialing.”
2. Be Specific About the Goal	State the topic, audience, length, and desired output. Try: “Summarize AI in healthcare in 5 bullets for a non-technical audience.”
3. Add Context and Scope	Provide background, audience, limits, and key details so the response fits your situation. Example: “Explain 3 AI trends in credentialing for hospital executives in plain language.”
4. Define the Format	Ask for bullets, a table, numbered list, email draft, agenda, script, or summary. Example: “Create a table with 3 use cases, benefits, and risks.”
5. Set the Tone	Describe how it should sound: professional and concise, conversational and warm, persuasive, executive-level, or beginner-friendly.
6. Say What to Avoid	Name any pitfalls, such as “avoid jargon,” “do not use acronyms without defining them,” or “keep it under 200 words.”
7. Refine the Output	Start with a draft, then ask the AI to revise, shorten, simplify, reorganize, or add examples. Example: “Good start — make it more visually scannable and add one example per bullet.”

Complete Prompt Example

Act as an experienced Medical Services leader. Draft a one-page summary for Medical Services Professionals explaining how AI can support credentialing, privileging and provider enrollment workflows. Write for a non-technical audience. Include three practical examples, such as summarizing application documents, identifying missing information, and drafting committee-ready summaries. Include two cautions about validation, privacy, and human review. Use clear bullet points, a professional and approachable tone, and avoid technical jargon.

AI Prompt

MAD⊕LIB

Fill in each blank to create a complete AI prompt. Be specific—the more context, audience detail, and format guidance you provide, the better the result.

You are a _____. Your task is to _____.
(Role/Perspective) (Goal)

Write for _____ and include _____.
(Audience) (key details or requirements)

Use this background or context: _____.
(Background / Context)

Present the information in _____. Use _____ tone,
(Format) (Tone)

and _____. Do not include _____.
(Style) (Constraints)

Keep the length to _____.
(Length)

Quick Check:

Did you include the role, task, audience, context, format, tone, constraints, and desired length?

Filled-Out Example Prompt:

You are a credentialing education expert. Your task is to explain delegated credentialing to new Medical Staff Professionals. Write for beginners and include what delegated credentialing means, why it matters, and three common examples. Use this background or context: the audience works in hospital medical staff services and may be unfamiliar with payer enrollment. Present the information in bullet points. Use a friendly, professional tone and simple, non-technical language. Do not include legal advice or payer-specific policy details. Keep the length to one page.