

VERIFY & COMPLY

CMS, TJC, ACHC, NCQA, and DNV
Credentialing Standards Compared
and Contrasted

PRESENTED BY

Sally Pelletier, CPMSM, CPCS

Advisory Consultant and Chief Credentialing Officer



Greeley
A CHARTIS GROUP COMPANY

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1



Presenter

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2

Learning Objectives
At the completion of this educational activity, the learner will be able to:

- DEFINE** CMS, TJC, ACHC, DNV, and NCQA credentialing standards
- APPLY** the four-step credentialing approach and identify the responsible parties for each step
- COMPARE AND CONTRAST** each accreditor's credentialing standards for initial appointment and reappointment

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3

Versions of Standards

- CMS CoPs & Interpretive Guidelines for Hospitals
 - ✓ (SOM 02-21-20)
- TJC January 2022 Hospital Standards
- ACHC 2021 Hospital Standards
- DNV 2021 Hospital Standards (Version 20-1)
- NCQA July 2022 Standards (Health Plan)
- NCQA July 2022 Standards (CVO)

4

Let's get acquainted!

- Please use the chat box to list your accrediting organization(s).
- Let us know if you are preparing for your certification exam.

5

Centers for Medicare and Medicaid Services (CMS)

- Regulations – Conditions of Participation (COPs)
- Original document 1966
- Establishes standards for 'deemed status'
 - Six years maximum term of approval
- Initial and validation surveys by State survey agencies

6

Test your knowledge – be 'chatty'

- Share your understanding of “deemed status” and/or “deeming authority”
- Which accrediting organization has been around the longest?

7

The Joint Commission

- Formed in 1951
- 21-member Board of Commissioners
- 1965 Congress granted JCAH unique, continuous 'deeming' authority
- 2008 Congress rescinded; TJC must apply for deeming authority consistent with all other accrediting organizations (AOs)

8

The Joint Commission

- Accredits > 18,000 health care organizations
 - 360 CAH and 3855 Hospitals
- Surveys hospitals at least every 3 years
- New hospital standards are published every year
- Various Certification Programs

9

Accreditation Commission for Health Care
(ACHC)

- Formerly HFAP - Founded in 1945 to conduct an objective review of services provided by osteopathic hospitals
- In 1965, CMS granted AOA deeming authority for Medicare and Medicaid patients
- Surveys every three years
- Standards clearly tied to corresponding COPs
- Merged with ACHC in fall of 2020; ACHC > 20,000 accredited facilities

10

DNV

- Founded in 1864 in Oslo, Norway; operated in the US since 1898 to safeguard life, property and the environment
- In 2008, CMS granted 'deemed status' to DNV and they have since accredited more than 600 hospitals
- NIAHO® Hospital Accreditation includes Acute Care, Critical Access, and Psychiatric
- Annual surveys incorporate ISO 9001 quality management standards
- Accreditation is for three years
- Closely aligned with CMS CoPs

11

National Committee for Quality Assurance
(NCQA)

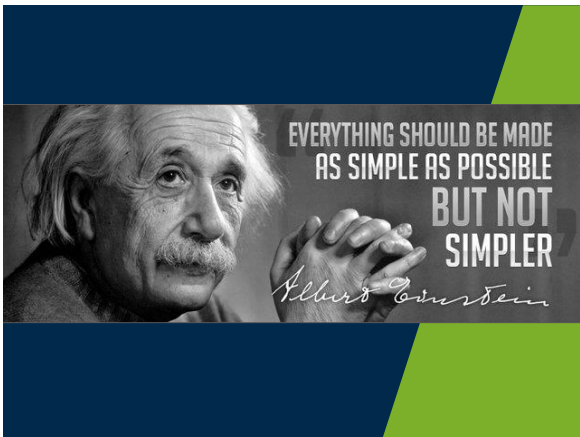
- Founded in 1990
- Focus is on improving healthcare quality through achieving consensus with large employers, policymakers, doctors, patients, and health plans
- Variety of Accreditation, Recognition, and Certification Programs

12

National Committee for Quality Assurance (NCQA)

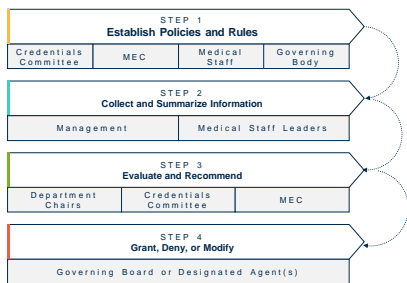
- Similar to CoPs, standards reflect
 - Standard
 - Explanation
 - Examples
- Accredits health plans in all states
- Health Plan standards updated annually / CVO standards updated as needed

13



14

THE Four-Step Credentialing Approach








15

Acronyms

- A: Approve
- AP: Application
- APRN: Advanced practice registered nurse
- GB: Governing body
- LIP: Licensed independent practitioner
- MS: Medical staff
- PA: Physician Assistant
- PSV: Primary source verification
- R: Recommend
- REF: Reference






16

STEP 1 Establish Policies and Rules

	Authorization	Bylaws/Credentialing P&P	Practitioners Covered	Processing Time Limits	Criteria-Based Privileges
	Governing Body	Yes	MD, DO, and GB*	Silent	Yes*
	Governing Body	Yes	LIP, APRN, PA, and GB*	Bylaws	Yes
	Governing Body	Yes	MD, DO, and GB*	Bylaws +*	Yes
	Governing Body	Yes	MD, DO, and GB*	Bylaws	Yes*
	Credentialing Committee	Yes	Plan directed*	Variable by element*	N/A






17

STEP 1 Establish Policies and Rules

	Authorization	Bylaws/Credentialing P&P	
	Governing Body	Yes	<p>WHEN IN DOUBT Apply the Five P's</p> <p>Our policy is to follow our policy. In the absence of a policy, our policy is to create a policy.</p>
	Governing Body	Yes	
	Governing Body	Yes	
	Governing Body	Yes	
	Credentialing Committee	Yes	

18

STEP 1
Establish Policies and Rules

	Practitioners Covered	Special Considerations
	MD, DO, and GB*	May determine other types of practitioners
	LIP, APRN, PA, and GB*	Organized MS must privilege—"medical level of care"
	MD, DO, and GB*	May determine other types of practitioners
	MD, DO, and GB*	May include others as determined by GB, MS, state scope of practice
	Plan directed*	MD, DO, DDS, DMD, DPM, DC, independent APRNs, other nonphysician practitioners who are independent MORE INFO

19

Special Considerations Practitioners Covered



- Categories are plan-directed i.e., policies apply to all LIPs who provide care to members
- Licensed, certified, or registered by the state to practice independently
- Independent relationship with the organization
 - ✓ Plan can direct members to see a specific practitioner or group of practitioners
- This includes telemedicine providers who meet above criteria

[MORE INFO](#)



20

Special Considerations Practitioners Covered



Not necessary to credential:

- Locum tenens
- Inpatient setting exclusively
- Freestanding facilities exclusively and provide care only as a result of being directed to the facility (e.g., mammo center, surgery centers, urgent care, etc.)
- Pharmacists who work for a pharmacy benefits management organization to which the organization delegates UM
- Practitioners who do not provide care in a treatment setting
- Rental network practitioners who provide out of area care only



21

STEP 1
Establish Policies and Rules

	Processing Time Limits	Special Considerations
	Silent	N/A
	Bylaws	NEW – MS.06.01.05, EP 11 Expanded R&R or P&P
	Bylaws +*	Include recommendation made to MEC within 60 days of receipt of completed application
	Bylaws	N/A
	Variable by element*	MORE INFO

22

Special Considerations
Processing Time Limits



180 days for HP and 120 days for CVO:

- Licensure
- Board certification
- Malpractice history
- Sanctions



23

Special Considerations
Processing Time Limits



• 365 days for HP and 305 days for CVOs

- ✓ Work history
- ✓ Attestation statements to confirm application responses are correct and complete
- Prior to credentialing decision (HP)/client reporting (CVO)
 - ✓ Education and training
 - ✓ DEA



24

STEP 1
Establish Policies and Rules

	Criteria-Based Privileges	Special Considerations
	Yes*	*Medical level of care* or performing surgical tasks MORE INFO
	Yes	N/A
	Yes	N/A
	Yes*	Core privileges for general surgery / surgical subspecialties acceptable with core properly defined
	N/A	N/A

25

Special Considerations
CMS Criteria-Based Privileging

§482.51(a)(4) – Surgical privileges **must** be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner

Relies upon ACS definition of surgery

Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues. ... Surgery is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated ...

26

Other Healthcare Disciplines May Also Require Privileging

Determined by State Law

- Licensure defines
- Scope of practice /Medical level of care
- Level of independence (LIP)

Determined by Organization

- Scope of practice /Medical level of care
- Level of independence (LIP)
- Independent/ Collaborative/Supervised




27

STEP 2
Gather Information

	License	Education & Training	Experience	Current Competence	Health Status
	PSV	PSV*	PSV	PSV*	*
	PSV*	PSV*	PSV	PSV*	AP**
	PSV*	PSV*	PSV*	PSV*	REF*
	PSV*	PSV*	PSV	PSV*	*
	PSV*	PSV*	AP*	N/A	AP*

28

STEP 2
Gather Information

	License	Special Considerations
	PSV	N/A
	PSV*	Initial privileging (+ additional privilege request, reprivileging, and expiration) MORE INFO
	PSV*	License history, all current licenses and all applicable license sanctions. Source: PSV & NPDB. Sanction sources: Plus FSMB or FACIS. MORE INFO
	PSV*	Initial appointment, reappointment, and temporary privileges
	PSV*	Expiration date and license in all states where the practitioner provides care for the plan's members. MORE INFO

29

Special Considerations
License



The Joint
Commission

- Challenges to licensure
- ✓ PSV not required
- ✓ Asking the applicant re: any challenges or voluntary or involuntary relinquishment is required

30

Special Considerations
License



- NEW 2020: Nurse Practitioners and Physician Assistants
 - ✓ Evidence of a current collaborative or supervisory agreement as applicable per State regulations
 - ✓ Physician has same privileges as those requested by NP/PA



31

Special Considerations
License



- Sanction status for past 5 years (all states where they provide care to members)
- Sources for sanctions for MD/DO include the following options:
 - ✓ State agencies
 - ✓ FSMB
 - ✓ NPDB



32

Polling

- Do you verify all licenses in all healthcare disciplines at initial appointment?

33

STEP 2
Gather Information

	Education & Training	Special Considerations	
	PSV*	Accepts ECFMG, AMA, and AOA verification	
	PSV*	Accepts ECFMG, AMA, and AOA verification	MORE INFO
	PSV*	Accepts ECFMG, AMA, and AOA verification	
	PSV*	Accepts ECFMG, AMA, and AOA verification	
	PSV*	Accepts ECFMG, AMA, and AOA verification, FCVS for closed residency	MORE INFO

34

Special Considerations Education and Training



FAQ

- Allows for PSV of licensing to suffice if the following are not important:
 - ✓ Location of school
 - ✓ The marketing of educational status
 - ✓ Currency of education and training to clinical privileges

35

Special Considerations Education and Training



- Highest certification or training
 - ✓ Board Certification/Residency/Medical or Professional School
 - ✓ Compliance vs. leading practice
- Annual written confirmation required
 - ✓ State licensing agency, specialty board or registry—education if PSV performed
 - ✓ State licensing agency—residency if PSV performed
- Sealed transcripts
- Directories/marketing consistent with credentialing data obtained, i.e., education, training, certification, and specialty

36

STEP 2
Gather Information

	Experience	Special Considerations
	PSV	N/A
	PSV	N/A
	PSV*	MORE INFO 
	PSV	N/A
	AP*	No requirement for verification MORE INFO 

37

Special Considerations Experience



- Applicant provides work history that includes
 - ✓ Appointment/privileges and hospital employment
- Verification of above (NEW in 2020 emphasis on employment), **plus:**
 - ✓ Pending investigations
 - ✓ Disciplinary actions
 - ✓ Voluntary resignations or relinquishment

38

Special Considerations Experience



Work History






- Applicant documents the most recent 5 years
- < 5 years include beginning & ending month/year for each position
- Gaps of > 6 months need documentation of verbal or written explanation by applicant
- Gaps of > 12 months need written explanation by applicant
- Documented review (signature or initials/date) on application, CV, checklist, or other

39






Polling

- How far back do you verify work history for new applicants?

40

STEP 2 Gather Information		
	Current Competence	Special Considerations Initial Appointment/Privileges
	PSV*	Possess current qualifications and demonstrated competencies; References supporting competence
	PSV*	Professional and clinical performance (six competencies); References (six criteria); Initial FPPE
	PSV*	At least one reference, preferably 3; Procedure logs; Initial FPPE MORE INFO
	PSV*	Current competence; Two peer recommendations; CME
	N/A	N/A

41

STEP 2 Gather Information		
	Current Competence	Special Considerations Reappointment/Privileges
	PSV*	Periodic appraisal, Maintenance of CME
	PSV*	Professional and clinical performance, References, FPPE/OPPE, Six general competencies, CME MORE INFO
	PSV*	References, Procedure logs, FPPE/OPPE, CME MORE INFO
	PSV*	Performance data, CME MORE INFO
	N/A	N/A

42

Special Considerations

Current Competence – Peer References



- Reappointment: Requires professional references only if insufficient clinical activity

43

Special Considerations

Current Competence – Peer References



- References for IA, should include Residency Program Director or a Department Chair
- Reapplicants do not need to provide letters of reference
- Low-volume reapplicants may need to submit procedure logs or evidence of competency from other institutions

44

Special Considerations

Current Competence – Reappraisal

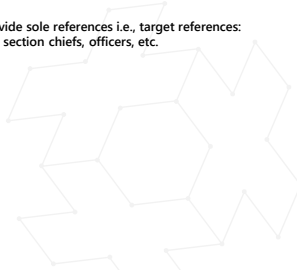


- PSV of clinical competence to include review of performance data (if available) for variation from benchmark data
- Variations
 - ✓ Evaluated through the peer review process
 - ✓ Documented through an action plan, which includes improvement strategies
- Continuing education must include some CE that relates to clinical privileges
- Action taken on applications is withheld until the information is available and verified

45

Peer References

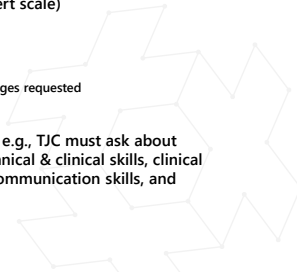
- Have a low threshold to pick up the phone
- Policy-driven
 - Do not allow partners/relatives to provide sole references i.e., target references: program directors, department chairs, section chiefs, officers, etc.
 - Place burden on the applicant



46

Peer Reference Questionnaire

- Establishes relationship to applicant
- Qualitative not quantitative (Likert scale)
- Invites comments
- Attests to:
 - Current clinical competence for privileges requested
 - Ability to perform privileges
- Meets compliance requirements e.g., TJC must ask about medical/clinical knowledge, technical & clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism



47






Peer References for Resigned Staff

- Consider using for evergreen / forevermore references








48

STEP 2
Gather Information

	Health Status	Special Considerations
	-	Surgical privileges section (survey procedures) requires a written assessment of health status
	AP+*	Applicant statement (and confirmation) that no health problems exist that could affect ability to practice; MS evaluates documentation re: requested privileges
	REF*	Requires evaluation of health status through at least one reference commenting on physical & mental abilities to perform the privileges requested
	-	Surgical privileges section (surveyor guidance) requires verification of health status
	AP*	Reasons for inability to perform essential functions of position







49

STEP 2
Gather Information

	NPDB	Liability Insurance Coverage	Malpractice History	Board Certified	Medicine/ Medical/ Sanctions	DEA	Felony
	Silent*	N/A	N/A	Silent	Silent	Silent	Silent
	PSV*	N/A	*	Bylaws*	Silent	AP*	-
	PSV*	AP*	PSV & NPDB*	PSV*	AP+	AP*	AP+
	PSV*	Bylaws*	Bylaws*	Silent	PSV*	PSV*	Silent
	N/A	AP*	PSV or NPDB*	PSV*	PSV*	AP*	AP

50

STEP 2
Gather Information

	NPDB	Special Considerations
	Silent*	No requirement to query NPDB stated. Interpretive guidelines require reporting to appropriate state and federal authorities when privileges are limited, revoked, or in any way constrained. 
	PSV*	Initial privileging, renewal of privileges, and new privilege(s) request(s)
	PSV*	Initial privileging, renewal of privileges, and new privilege(s) request(s)
	PSV*	Initial appointment, reappointment, and temporary privilege(s) request(s)
	N/A	N/A (Listed as a 'may' for malpractice and sanctions)

51






Special Considerations

NPDB

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

52

STEP 2
Gather Information

	Liability Insurance Coverage	Special Considerations
	N/A	N/A
	N/A	N/A
	AP*	Evidence of professional liability insurance coverage e.g., copy of current certificate with amount/dates of coverage.
	Bylaws*	Submission or verification not required. MS bylaws must provide for automatic suspension if required coverage is not maintained.
	AP*	Applicant attests to amount/dates of coverage (even if the amount is zero) or provides copy of insurance face sheet. Coverage must be current at time of credentialing committee decision.

53

Special Considerations






Liability Coverage



- If the practitioner does not have current malpractice coverage, then it is acceptable to include future coverage with the effective and expiration dates.
- Documentation of malpractice insurance coverage may also be a face sheet, a federal tort letter, or employer professional liability policy as an addendum to the application.
- In this case practitioner is not required to attest to malpractice coverage on the application. The document used must include the insurance effective and expiration dates (the future effective date is acceptable).

54

STEP 2
Gather Information

	Malpractice History	Special Considerations
	N/A	N/A
	*	MS evaluates unusual pattern or excessive # of liability actions resulting in a final judgment.
	PSV & NPDB*	Query of NPDB regarding malpractice judgments/settlements. Query of malpractice carrier for 5-year history & NPDB query.
	Bylaws*	Applicant qualifications include involvement in liability action.
	PSV or NPDB*	Query of NPDB regarding malpractice judgments/settlements. Applicant: at least 5-year history of malpractice settlements. Verified from carrier or NPDB query.







55

Polling

1. Do you verify coverage directly with the professional liability carrier?
2. How far back do you verify claims history?

56

STEP 2
Gather Information

	Board Certified	Special Considerations
	Silent	If applicable, internal policy determines method of verification. Hospital can require board certification—as long as certification is not the only factor.
	Bylaws*	PSV, if applicable, from specialty board, ABMS, AOA, or AMA, NCCPA
	PSV*	PSV, if applicable, from specialty board or ABMS or AOA
	Silent	If applicable, internal policy determines method of verification
	PSV*	MORE INFO 

57

Special Considerations

Board Certification



Verified from:

- ABMS, member boards or official Display Agent
 - AOA Official Profile Report
 - AMA Masterfile
 - State licensing body with annual confirmation
 - Non-ABMS/Non-AOA Board*
 - Added NBPAS as an example
 - If specialty board does not provide an expiration date, organization must verify that the board certification is current
- * There is documentation that the board performs annual PSV of education and training in accordance with P&P

58

Polling

- Do you require initial board certification? Y/N
- Do you allow for a certain timeframe to achieve it? (Post timeframe)
- Which boards do you accept? (List any relevant in your response.)
 - ABMS
 - AOA
 - ABPS
 - NCPAS
 - Royal College
 - Other?
- Do you require continuous certification?

59

STEP 2
Gather Information

	Medicare/Medicaid Sanctions	Special Considerations
	Silent	Medicare regulations—no payment if practitioner is sanctioned
	Silent	Expectation to adhere to all regulations (local, state, federal); required NPDB query contains information on sanctions
	AP+	NPDB query & FSMB or FACIS query on applicant's reported Medicare/Medicaid (taken/pending) disciplinary actions
	PSV*	Query of OIG Medicare/Medicaid Exclusions List is required for appointment, reappointment, and temporary privileges
	PSV*	

60

Special Considerations

Medicaid and Medicare Sanctions



Verified from:

- NPDB (CQ)
- FSMB
- Medicare Exclusion Database
- State Intermediary
- AMA Master File
- OIG:
 - ✓ List of Excluded Individuals and Entities
 - ✓ Federal Employees Health Benefits Plan



61

STEP 2
Gather Information

	DEA	Special Considerations
	Silent	N/A
	AP*	MS to evaluate challenges to registration
	AP*	Application requests information regarding actions against DEA and CDS
	PSV*	A current DEA is included in qualifications to be met by applicant & reapplicant.
	AP*	MORE INFO

62

Special Considerations

DEA (or CDS)



Practitioners who prescribe medications:

- Copy or documented visual of current certificate, or PSV (state or national), **NTIS** AMA, AOA, CDS state agency if applicable
- Pending a DEA or CDS, the organization must have a process (documented) to require an explanation and to provide arrangements for that practitioner's patients who need a prescription requiring a DEA (also documented)



63

STEP 2
Gather Information

	Felony	Special Considerations
	Silent	N/A
	-	HR standards require criminal background check be addressed for employees—e.g. physicians, APRNs/PAs
	AP+	
	Silent	N/A
	AP	The applicant documents history of felony conviction

64

Special Considerations

Felony








65

Miscellaneous Gather Information

- Verification of Identity – TJC
- NCQA: Correctness and completeness of the application
- Use of CVO is acceptable to all
- ACHC
 - ✓ Credentialing professional reviews, evaluates, and summarizes verified information

66

STEP 3 & 4
Recommend & Approve

	Department Chair	Credentials Committee	Special Considerations: Credentials Committee
	Med Staff	Med Staff	N/A
	R-If Departments	N/A	N/A
	Bylaws R-If Departments	R*	Requires a credentials committee and/or function that makes recommendations to MEC
	Med Staff	Med Staff	N/A
	N/A	A*	Requires a credentialing committee

67

Credentialing Committee

- NCQA: P&Ps outline the process for:
 - ✓ Participation and responsibility of medical director in credentialing program
 - ✓ Managing credentialing files that meet established criteria
 - ✓ Process for determining and approving "clean" files
 - ✓ Effective date
 - ✓ Notifying practitioners of the credentialing decision within 60 calendar days



68

Credentialing Committee








- Real-time virtual meetings allowed
- Email "meetings" not allowed
- Committee's discussion must be documented in its meeting minutes*



69

STEP 3 & 4
Recommend & Approve

	Department Chair	Credentials Committee	MEC	Governing Board
	Med Staff	Med Staff	Med Staff	A
	R-If Departments	N/A	R	A
	Bylaws R-If Departments	R*	R	A
	Med Staff	Med Staff	R	A
	N/A	A*	N/A	N/A

70

NCQA CVO STANDARDS

71

NCQA – CVO Standards

- **CVO 1:** Written P&Ps for verification, frequency of reporting and management of credentials data

72

NCQA – CVO Standards

• **CVO 1 Continued:**

- **Element A** requires P&Ps include:
 - ↳ Scope of verification activities
 - ↳ Processes to ensure time-sensitive info is no more than 120/305 days old when reported
 - ↳ Staff responsibilities
 - ↳ Methods and sources used to access and verify credentials
 - ↳ Processes for compiling and reporting to the client
 - ↳ Processes for review, updating, and approving P&Ps

73

NCQA – CVO Standards

• **CVO 1 Continued:**

- **Element A:** Appropriate documentation methods, include:
 - ↳ Credentialing documents signed (or initialed) and dated by the verifier
 - ↳ Checklists
 - Signed or/initialed and dated(each verification)
 - Signed and dated (all verifications)
 - Source used
 - Report date, if applicable
 - ↳ Automated credentialing system (additional requirements apply)
 - ↳ Use of web crawlers (additional requirements apply)

74

NCQA – CVO Standards

• **CVO 1 Continued:**

- **Element B** requires P&Ps to be reviewed and approved by the governing body or designee with evidence of approval

75

NCQA – CVO Standards

- **CVO 2:** Internal CQI processes to maintain accuracy and completeness of credentials reports/files to continue to meet managed care clients' needs
 - **Element A:** Written QI plan or P&Ps defining:
 - ↳ Scope of activities
 - ↳ Goals & objectives
 - ↳ Process for performance assessment

NCQA – CVO Standards

- **CVO 2 Continued:**
 - **Element B:** Client complaint process includes:
 - ↳ Written procedures for timely resolution of client complaints
 - ↳ Documentation of the substance of complaints and actions taken

NCQA – CVO Standards

- **CVO 2 Continued:**
 - **Element C:** Organization conducts an annual analysis of quality activities and client complaints to include:
 - ↳ Aggregate data/trends
 - ↳ Opportunities for improvement
 - ↳ Barriers to improvement
 - ↳ Performance assessment

NCQA – CVO Standards

● **CVO 2 Continued:**

- **Element C:** Internal quality assessment of credentials files or reports via statistically sound sampling methodology
 - ↳ Internal audits of aggregate source use
 - ↳ Individual queries to primary sources
- Analysis used to identify opportunities to improve accuracy and completeness and identify barriers
- Results are used to measure performance against goals and objectives

79

NCQA – CVO Standards

● **CVO 2 Continued:**

- **Element D:** Organization shows evidence of follow-up of identified opportunities

80

NCQA – CVO Standards

- **CVO 3:** Organization protects the confidentiality and integrity of credentials files; especially all information from monitoring organizations not publicly available

81

NCQA – CVO Standards

• **CVO 3 Continued:**

- **Element A:** Confidentiality - Written P&Ps defining:
 - ↳ Confidentiality statements
 - ↳ Release of credentials information to third parties
 - ↳ Provisions for paper and electronic information
 - ↳ Employee orientation and confidentiality agreements
 - ↳ Disposal of confidential credentials information

82

NCQA – CVO Standards

• **CVO 3 Continued:**

- **Element B:** Credentialing System Controls - Written P&Ps defining:
 - ↳ How PSV is received, dated, stored
 - ↳ How modifications are tracked and dated
 - ↳ Staff titles or roles for authorization to review, modify, and delete information and defined circumstances
 - ↳ Security to protect from unauthorized modification and physical access
 - ↳ Monitoring of compliance with action steps

83

NCQA – CVO Standards

• **CVO 3 Continued:**

- **Element C:** Personnel management procedures require new employees:
 - ↳ Be oriented to the details of credentials security
 - ↳ Sign confidentiality agreements

84

NCQA – CVO Standards

• **CVO 3 Continued:**

- **Element D:** Data Recovery and Back-Up
 - ↳ Predetermined periodic back-ups of data
 - ↳ Controls are in place to ensure successful completion of back-ups along
 - ↳ Data are archived in a secured location

85

NCQA – CVO Standards

- **CVO 4:** Collects and reports licensure from the state licensing agency
- **CVO 5:** Collects and reports DEA & CDS certification from primary or NCQA-approved sources
- **CVO 6:** Collects and reports education & training from primary or NCQA approved sources
- **CVO 7:** Collects and reports board certification status from primary or NCQA-approved sources

Covered previously in standards comparison section of program

86

NCQA – CVO Standards

- **CVO 8:** Collects and reports work history through application or CV
- **CVO 9:** Collects and reports malpractice claims history from primary or NCQA-approved sources
- **CVO 10:** Collects and reports state licensing board sanctions from primary or NCQA-approved sources
- **CVO 11:** Collects and reports Medicare/Medicaid sanctions from primary or NCQA-approved sources

Covered previously in standards comparison section of program

87

NCQA – CVO Standards

- **CVO 12 & 13:** Processing and content of application and signed attestation that includes:
 - Reasons for inability to perform the essential functions of position
 - Lack of present illegal drug use
 - Hx of loss of license and felony convictions
 - Hx of loss/limitation of privileges or disciplinary activity
 - Current malpractice insurance coverage
 - Affirmative attestation *by practitioner* re: correctness and completeness of the application (current and signed)

88

NCQA – CVO Standards

- **CVO 14:** Ongoing monitoring of sanctions between recredentialing cycles*
 - **Element A:** P&Ps define types of disciplinary information reported and processes for discovering and reporting this information
 - **Element B:** Monitoring includes collecting and reporting information on Medicare/Medicaid sanctions and state licensing sanctions or limitations

*This standard also covered previously in standards comparison section of program

89

NCQA – CVO Standards

- **CVO 15:** Oversight of any delegation of NCQA-required credentialing activities is documented
 - **Element A:** Written delegation agreement includes:
 - ↳ Mutual agreement
 - ↳ Description of delegated activities and responsibilities of both parties
 - ↳ Semiannual reporting, at a minimum
 - ↳ Process for evaluation of the delegated entity and available remedies for non-compliance including revocation

90

NCQA – CVO Standards

- **CVO 15** Continued:
- **Element B:** Predelegation evaluation must occur prior to commencing delegation
 - Automatic credit for any NCQA-accredited or –certified elements, as applicable
 - Must occur within 12 months prior to delegation start date or conduct another evaluation; additional credentialing activities added within 12 months requires another evaluation of those activities
 - Evaluation may be performed in person, via phone and/or virtually

91

NCQA – CVO Standards

- **CVO 15** Continued:
- **Element C:** Reviews are conducted of all delegated arrangements in effect 12 months or more, including
 - Annual review of credentialing P&Ps and annual monitoring of CR security controls
 - Annual credentialing and recredentialing file audit
 - ↳ 5% or 50 files, whichever is less; minimum 10 credentialing and 10 recredentialing files
 - ↳ 8/30 methodology may be used
 - Annual review of delegate performance against NCQA standards
 - Semiannual evaluation of regular reports

92

NCQA – CVO Standards

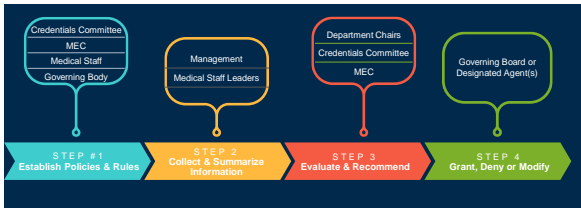
- **CVO 15** Continued:
- **Element D:** Opportunities for improvement are identified and followed up on at least once in each of the past two years for those arrangements in place more than 12 months

93



94

THE
Four-Step Credentialing Approach



95
