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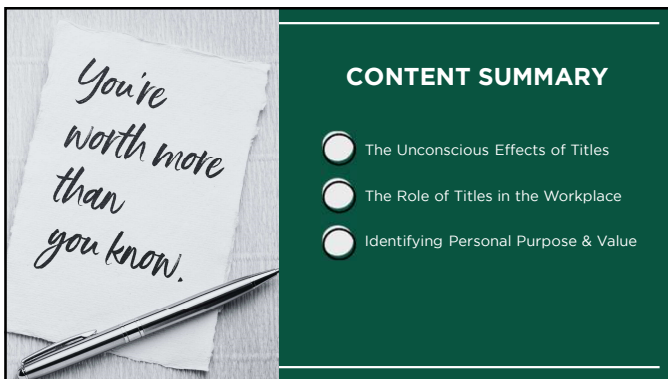
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**self-worth**  
A sense of one's own value as a human being

Achievements  
Career Successes  
Comparison to other  
Failures  
Relationships  
Social Media



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CLIMBING THE LADDER



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Volunteers  
Needed



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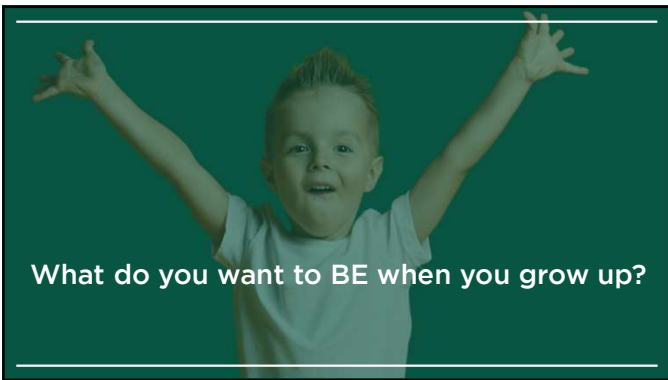
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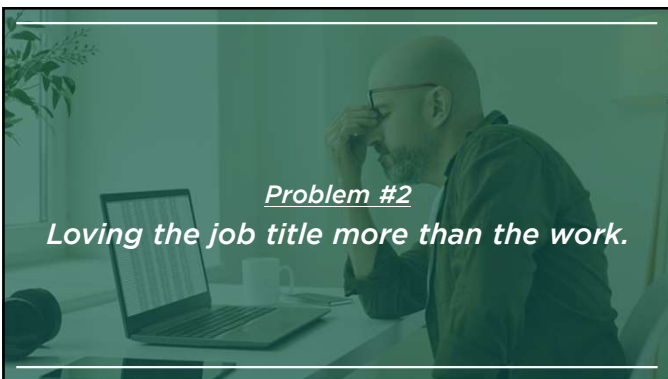
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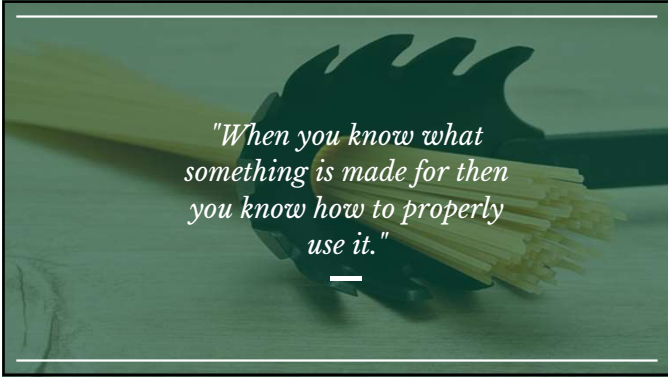
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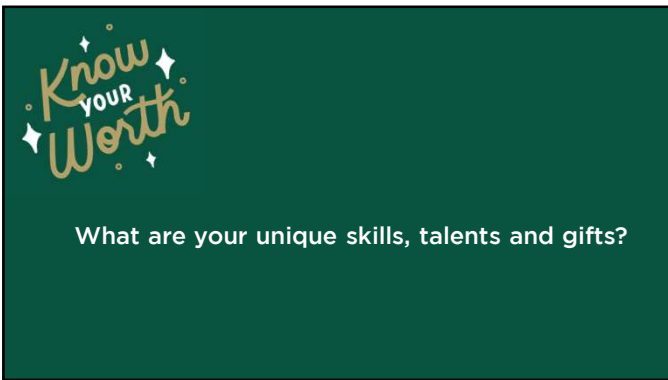
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**Know  
YOUR  
Worth**

What is your area of expertise?  
What problems do you solve?

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Write your personal brand statement

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**Titles represent your present.  
Not your future.**



Oprah Winfrey  
Grocery Store Clerk



Jeff Bezos  
Fry Cook



Your Name  
Your Title

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"Titles simplify our roles, they can not capture the entirety of our experiences, dreams and aspirations."

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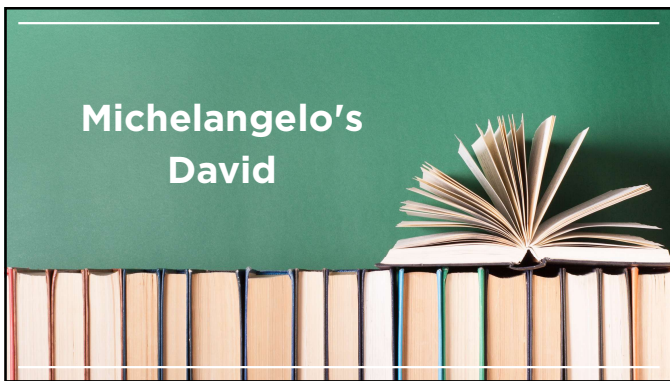
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(1) Labels	(7) Courage	(4) Release Comparison
(6) Seek Feedback	(5) Overcome Negative Self-Talk	(2) Identify Your Strengths & Talents
(3) Practice Self Compassion		

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**Remove the labels and titles  
to discover who YOU were created to BE.**

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*THANK YOU*

GET IN TOUCH

Keesha B. Buteau, MBA, CNC

[keesha@beaconoflightla.com](mailto:keesha@beaconoflightla.com)

[beaconoflightla.com](http://beaconoflightla.com)

BEACON OF LIGHT

COACHING • CONSULTING • PUBLIC SPEAKING

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# TITLES DON'T DETERMINE WORTH

What are your unique talents & gifts?

What is your area of expertise?

What problems do you solve?

Write your personal brand statement:

*Let's find  
your way!*



# ABC's of DOPs: Creating and Maintaining Privileges

Karen Smith, CPCS, CPWSM  
Division Director Medical Staff Services  
Methodist Health System San Antonio

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## Purpose

- ▶ To establish criteria that ensures all providers meet standard education, training and competency requirements in their designated specialty
- ▶ To meet legal and regulatory requirements
  - ▶ Legal requirements established corporate liability
  - ▶ Regulatory requirements established by the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission

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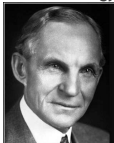
## Objectives

### Standardization:

- ▶ Ensures consistency across the network of qualification criteria
- ▶ Streamlines the approval process by providing the templates
- ▶ Minimizes liability
- ▶ Saves time & removes guesswork

### Review of existing DOPs/creating new service line:

- ▶ Establish a consistent format
- ▶ Identify opportunities to fill gaps
- ▶ Create a policy for new technology/procedures



If you think of standardization as the best that you know today, but which is to be improved tomorrow, you get somewhere.  
— Henry Ford —

ACQUOFER

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### Definition of clinical privileges

Clinical privileges is the process in which the organized medical staff evaluates and recommends an individual practitioner be allowed to provide specific patient care services in their healthcare facility within well defined training criteria for each specialty based on resources, equipment, and need of the community.

The privileges include procedures that an appropriately trained, actively practicing practitioner would be competent to perform.

This includes but is not limited to physicians, podiatrists, dentists, physician assistants and nurse practitioners.

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### CMS Requirements

- ▶ The process (for privileging) must include criteria for determining the privileges that may be granted to individual practitioners and a procedure for applying the criteria to individual practitioners
- ▶ Specific privileges (for each category of practitioner) must clearly and completely list the specific privileges or limitations for that category of practitioner. It cannot be assumed that a practitioner can perform every task/activity/privileges listed/specified for the applicable category of practitioner. The individual practitioner's ability to perform each task/activity/privilege must be assessed and not assumed
- ▶ If the practitioner is not competent to perform one or more task/activity/privilege, the list of privileges is modified for that practitioner. Hospitals must assure that practitioners are competent to perform all granted privileges.

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### Joint Commission

#### Medical Staff (MS) (Critical Access Hospitals / Critical Access Hospitals)

Privileging Process - Core or Bundle - Endorsement  
Does the Joint Commission endorse or recommend the use of the core/bundle privileging format?

Joint Commission's credentialing and privileging standards in all accreditation manuals do not reference the concept of core privileges nor do they suggest or promote a particular format for granting privileges.

#### Medical Staff (MS) (Critical Access Hospitals / Critical Access Hospitals)

Privileging Process - Core or Bundle - Definition and Implementation  
Are there any specific issues with using the core/bundle privileging format?

Yes. The definition of the activities that are being covered by the core/bundle terminology, and the implementation of an evaluation to determine that the applicant can be granted each of the activities listed the core privileges.

Definition: The core/bundled privilege must be clearly and accurately defined to reflect specific activities/procedures/privileges to be included in the core terminology, and those activities/procedures/privileges that are outside the core. The core/bundled privilege must be clearly and accurately defined to reflect only activities/procedures/privileges actually performed at the organization. The core/bundled privilege must be clearly defined to reflect activities that the organization believes a majority applicants should be able to perform.

Implementation: Before the core/bundle is granted the organization must evaluate each applicant's education, training and current competence to perform each activity listed in the core/bundle, and any that are assigned outside the core/bundle. It cannot be assumed that every applicant can do every activity listed. There needs to be a clearly defined method for the applicant to request deletion of specific activities if they don't wish for them to be granted. If organization's evaluation determines that the applicant is not competent to perform certain activities, then the organization must modify the core/bundle that is granted to the applicant. In accordance with the medical staff standards the applicant and all appropriate internal and/or external persons or entities (as defined by the organization and applicable law) are notified as to the granting decision, i.e., whether the full core/bundle or a modified bundle has been granted. If the core/bundle was modified, the notification must detail the specific modifications.

Note: The expectation for the evaluation of each applicant's education, training, and current competence to perform each specific activity would be the same if the organization were to use a "laundry list" format for the applicant to select activities.

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### Establishing Criteria

Other suggestions:

▶ **ADDITIONAL PRIVILEGES:**

A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel and equipment requirements.

▶ **EMERGENCY:**

In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.

▶ **Grandfather clause:**

If you meet the threshold criteria above, you may apply for those privileges appropriate to your training and current competence. Any practitioners who hold the following privileges prior to the revision date are grandfathered for those privileges; however, all practitioners must meet any new criteria defined for maintaining privileges at reappointment.

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### Additional Criteria for AHPs

▶ **Minimal Formal Training:**

In addition to being an RN, the applicant must demonstrate successful completion of an Nurse Practitioner master's degree nursing accredited program from an accredited institution in the applicant's specialty area or must demonstrate successful completion a formal postgraduate Nurse Practitioner track or program (within the applicant's specialty area) within an accredited school of nursing program granting graduate-level academic credit (e.g., graduate, non-matriculating program). T BON Rules and Regulations, Section 219.1 Accredited Program - A program that has been determined to have met the standards set by a national advanced practice nursing education accrediting body recognized by the Texas Board of Nursing.

▶ **Licensure:**

Current unrestricted licensure as Registered Nurse and an Advance Practice Nurse by the Texas Board of Nursing.

▶ **Certification:**

Current national certification and successfully completion of certified nurse practitioner program in requested specialty area and board certification by the National Commission on American Academy of Nurse Practitioners (AANP) Certification Program or American Nurses Credentialing Center's Certification Program (ANCC).

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### Additional Criteria for AHPs

▶ **Supervising Physician Requirement:**

Degree of Supervision: **Direct or Remote?** The delegating physician is required to provide adequate supervision of the NNP initiating medical aspects of care. The physician will collaborate with the NNP to maintain the standard of patient care by means of ongoing review of the NNP patient records. Supervision may be provided by alternate supervising physicians if the alternate is also an appropriately privileged member of FACILITY NAME Medical Staff and has affirmed in writing that he or she is familiar with the NNP delineation of privileges and is accountable for adequately supervising care provided pursuant to this delineation of privileges by having registered with the TMB as an alternate supervising physician. A physician on the medical staff shall recommend an individual applying for practice prerogatives. The applicant shall participate in the management and care of patients under the general supervision or direction of the Supervising Physician. Supervising Physician is a member in good standing of the FACILITY NAME Medical Staff and currently licensed and in good standing by the Texas Medical Board.

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### Determining Core vs. Non-Core

- ▶ Check resources such as residency curriculums, ACGME & white papers
- ▶ Evaluate the procedure based on the following:
  - ▶ Knowledge
  - ▶ Skill
  - ▶ Judgment
  - ▶ Risk
  - ▶ Ability to manage complications
  - ▶ Technique
  - ▶ Equipment

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### Crossover Privileges

- ▶ Which specialty should perform a procedure
- ▶ Whether the procedure should cross specialties
- ▶ Why it should cross specialties
- ▶ What competency levels are required for individual specialists to perform the procedure

Examples:

- ▶ Colonoscopies - gastroenterologists, general surgeons, colorectal surgeons, internists, family physicians
- ▶ Deliveries - obstetricians, family physicians, certified nurse midwives
- ▶ Robotic-assisted surgery - general surgeons, ob/gyn, urologists

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### Write-in privilege requests

- ▶ The medical staff should adopt a process for addressing privileges that are requested but are outside the core and the specifically identified privileges for a particular discipline.
  - ▶ Is the privilege appropriate to the specialty?
  - ▶ Is it within the scope of services offered by the organization?
  - ▶ What specific criteria should be met to grant the request?
  - ▶ Burden is on the applicant to provide evidence they meet the criteria to be eligible

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**Most Common Pitfalls**  
Vague Criteria or Lack of Criteria

This example separated non-core privileges but didn't include any criteria.

<b>Special Non-Core Privileges</b>	
<b>Hand Surgery Core Privileges</b>	
Admit, evaluate, diagnose, treat, provide consultation and perform surgical procedures for patients of all ages except as specifically excluded from practice presenting with diseases, injuries, and disorders, both congenital and acquired, of the hand, wrist and related structures. The core privileges in this specialty include, but are not limited to, other procedures that are extensions of the same techniques and skills: Arthroplasty of large and small joints, including implants; Bone graft pertaining to the hand; Fasciotomy and fasciectomy; Fracture fixation with compression plates or wires; Lacerations; Nerve graft; Neurorhaphy; Open and closed reductions of fractures; Tendon reconstruction (free graft, staged); Tendon release, repair and fixation, transfers	
<b>Use of Laser</b>	
<b>Advanced Laparoscopic Surgery</b>	
Nissen fundoplication (anti-reflux surgery)	
Colon Surgery	
Solid Organ	
Hernia Surgery	
Concurrent Bile Duct Exploration	

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**Most Common Pitfalls**  
Vague Criteria or Lack of Criteria

There must be a differentiation between core and special procedures which clearly outlines the additional education, training, clinical experience required to request each one listed.

<b>Core Privileges as Follows: Other Procedures</b>	
<b>Requested</b>	<b>Declined</b>
<b>Criteria: Request for this Core indicates compliance with the criteria below</b>	
<ul style="list-style-type: none"> <li>• Peritoneoscopy</li> </ul>	Suction biopsy (per Qs) of <ul style="list-style-type: none"> <li>• small bowel</li> <li>• esophagus</li> <li>• stomach</li> </ul>
<b>Core Privileges as Follows: Laser</b>	
<b>Requested</b>	<b>Declined</b>
<b>Criteria: Request for this Core indicates compliance with the criteria below</b>	
<ul style="list-style-type: none"> <li>• Laser ablations</li> </ul>	<ul style="list-style-type: none"> <li>• Endoscopic laser therapy</li> </ul>

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**Most Common Pitfalls**  
Vague Criteria or Lack of Criteria

The criteria should be included in the same section as the procedure and not separated into another section.  
  
This example makes reference to criteria and a course that wasn't included anywhere on the document.

Gamma Knife Radiosurgery (Refer to Criteria)
Spiral instrumentation
Vain ligation & stripping
Major vascular surgery
Arterial grafts
Carotid endarterectomy
Carotid Stenting Procedure - Refer to Criteria
Microvascular (Endovascular)
<b>Endoscopic Suturing</b>
<b>***Requires Course Completion***</b>
Vasectomy (Refer to Criteria)
<b>***Must meet privilege criteria. Proof of training experience required***</b>

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### Most Common Pitfalls

Privileges not within scope of specialty

Review the privileges thoroughly to identify any questionable procedures that belong under a different specialty!



dacryocystorhinostomy, excision of lacrimal sac mass, probing and irrigation, and balloon dacryoplasty

Oculoplastic/orbit surgery, including removal of the globe and contents of the orbit, exploration by lateral orbitotomy, exenteration, blowouts, rim repairs, and tumor and foreign body removal (determine core or non-core)

Removal of anterior and/or posterior segment foreign body

Retrolbulbar or penitbulbar injections for medical delivery or chemical denervation for pain control

Strabismus surgery

**Brow Lifts (direct and mid-forehead) - Minor surgery such as pterygia, chalazia, biopsies, etc.**

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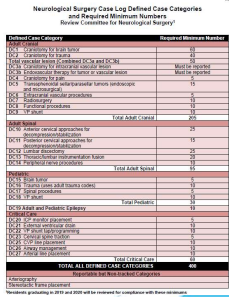
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### Resources

- ▶ Books, White Papers, Position Statements
- ▶ NAMSS
- ▶ Subscription Based Services
- ▶ Certification Boards
- ▶ ACGME
- ▶ State & Local Chapter members
- ▶ Manufacturer Device Representative
- ▶ Residency/Fellowship core curriculums
- ▶ Google (use with caution)



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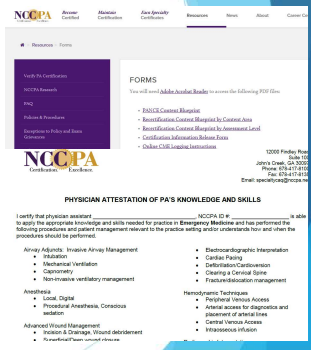
### Resources



American Association of Nurse Anesthetists  
222 South Project Avenue  
Park Ridge, IL 60068  
www.aana.org

#### Guidelines for Core Clinical Privileges for Certified Registered Nurse Anesthetists

Clinical privileging is the process through which individuals are established within institutions to provide specific patient care services. Credentialing may be defined as the recognition of professional and technical competence and well-defined criteria-based mechanisms to verify information and evaluate the applicant requesting privileges. Core privileges define the scope of the procedures and activities within a specialty that each practitioner has the education, experience and competence to perform.



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### Policy for Developing Privilege Eligibility Criteria for New Technology & Procedures

- ▶ What are the hospital's strategic clinical areas?
- ▶ What does the hospital's current patient population require?
- ▶ What are the financial implications in terms of not just adoption but also reimbursement? (e.g. training staff, purchasing new technology, refitting surgical suites, etc.)
- ▶ How does it impact length of stays?
- ▶ Which physician group will perform the surgery, and will more than one specialty be involved?
- ▶ What are the chances that the procedure will become common as an outpatient procedure and migrate to a surgical center or outpatient facility?
- ▶ What are the safety implications of the new procedure?

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### Sample Policy

**TITLE: REQUEST FOR TECHNOLOGY / DEVICES / PROCEDURE PRIVILEGES NEW TO**  
**ATTACHMENT: TC - 1401.01**

**POLICY**  
All requests from the medical staff to perform a new procedure, new technology or new device that require formal equipment leasing shall be subject to a selective assessment by the appropriate department(s) and the Credentials Committee with recommendations forwarded to the Medical Staff Executive Committee and the governing Board.

**PROCEDURE**

- The requesting party for a new procedure, technology or device to be performed at [redacted] the procedure will obtain the following of advice to support utilization of the procedure. This request will take into consideration the following criteria (complete attachment "C")
  - Name and description of procedure
  - Indication for the need for the procedure, technology or device including:
    - Justification
    - Complications
    - What other medical/surgical specialties may perform this procedure?
      - At what other area facilities is this procedure already being performed?
      - What procedure will this be replaced?
  - Medical/surgical/specialty request requires privileges for one procedure
  - Letters supporting the use of the procedure, technology or device that is new to [redacted] (Note: any one device/procedure may be first optional in the Medical/Procedure Assessment Committee (MPC) for review and approval)
- The procedure will forward to the Department Chair and/or Division Chief the information and supporting documentation required in 1.A.
- Following departmental approval, the requesting practitioner, Department Chair and/or Division Chief will develop policies and procedures items.
  - Departmental approval by the practitioner, staff
  - Letter(s) supporting the recommendation, staff
  - Indication and procedure
  - A new protocol for [redacted] multiple specialties requires the development of a [redacted] privilege must be certified as developed and [redacted]

The policy should include the purpose and the procedure to be followed for submitting and approving new procedures, devices and equipment.

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### Sample Attachment

**APPLICATION TO REQUEST NEW PROCEDURE / DEVICE / TECHNIQUE**

Name of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Name and description of procedure: \_\_\_\_\_

- Indications: \_\_\_\_\_
- Complications: \_\_\_\_\_
- What other medical/surgical specialties may perform this procedure? \_\_\_\_\_
- At what other area facilities is this procedure already being performed? \_\_\_\_\_
- Who performs will this be replacing? \_\_\_\_\_
- What are the elements of the patient informed consent? \_\_\_\_\_
- Who training and/or experience should be required to be eligible to perform this procedure? \_\_\_\_\_
- Are there other medical specialties involved in pre- or post-procedure care? \_\_\_\_\_
- Is there any training required for post-procedure care for hospital personnel? \_\_\_\_\_

**APPLICATION TO REQUEST NEW PROCEDURE / DEVICE / TECHNIQUE**

Name of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Name and description of procedure: \_\_\_\_\_

**ATTACH PERTINENT LITERATURE \*\*\***

Failure to Provide This Information Will Delay Processing Request

- Letter(s) and History of Device
- Procedure Policy
- Medical/Device Recommendations

**TO BE COMPLETED BY THE CREDENTIALS COMMITTEE**

- Not individually addressed from sending practitioner/submitter
- Not addressed to the Credentials Committee
- Requester authorized to submit for procedure
- Requester development of letters to be completed by request of information of complete form
- May be re-submitted, after the Credentials Committee has been notified

Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Negligent Credentialing Cases including privileges**

- ▶ Frigo vs. Silver Cross Hospital (11/2007) - Podiatrist did not meet initial or revised criteria for Level II surgical procedures, but was granted privileges
- ▶ Mount Carmel Health System/Dr. William Husel (1/2019 - 3/2022) - Doctor did not meet education/training criteria for Critical Care



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**Questions?**



Contact Information:  
Karen Smith, CPCS  
Tenet CVO Manager, Quality Data & Privileging  
[Karenr.smith@tenethealth.com](mailto:Karenr.smith@tenethealth.com)  
469-893-6517

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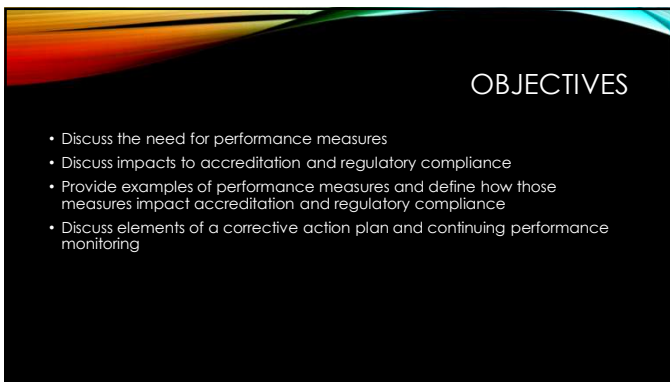
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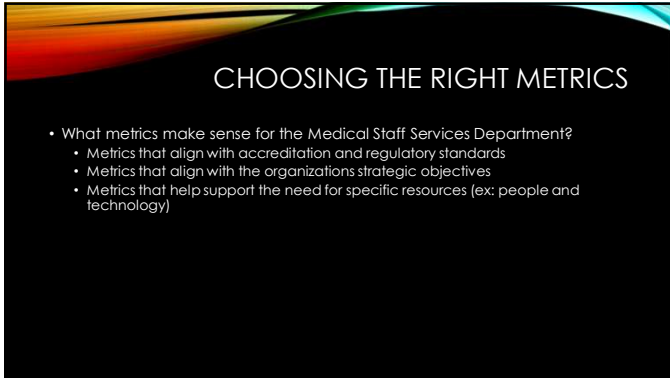
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**CHOOSING THE RIGHT METRICS**

- What metrics make sense for the Medical Staff Services Department?
  - Metrics that align with accreditation and regulatory standards
  - Metrics that align with the organizations strategic objectives
  - Metrics that help support the need for specific resources (ex: people and technology)

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**TELL YOUR STORY**

- Choose performance metrics that you can collect data
- Make your goals measurable
- Be able to demonstrate Medical Staff Services impact on patient safety

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**IMPACTS TO ACCREDITATION & REGULATORY COMPLIANCE**

- Practice without legally required credentials
- Practice without clinical privileges
- Terms of appointment Greater than allowed
  - TJC = 36 months
  - State Regulation = 24 months
  - Bylaws = ?
- Temporary privileges greater than allowed
  - TJC = 120 days or per Bylaws

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IMPACTS TO PRACTITIONER SATISFACTION

- Longer than expected processing times:
  - potentially limit patient access to some specialty care,
  - result in lost allegiance of practitioners who start working sooner at another facility and become more comfortable and familiar with that facility as their "home" facility

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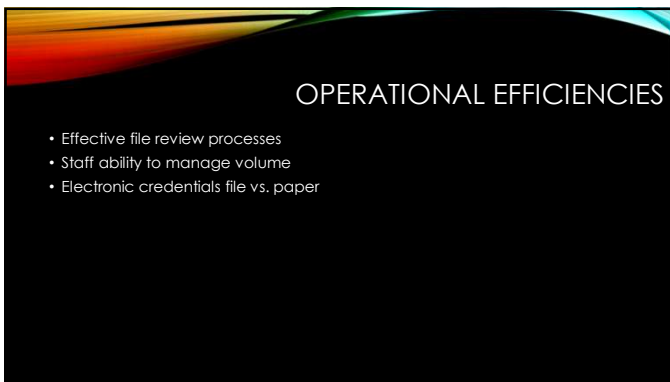
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OPERATIONAL EFFICIENCIES

- Effective file review processes
- Staff ability to manage volume
- Electronic credentials file vs. paper

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IDENTIFYING OPPORTUNITIES FOR IMPROVEMENT

- Expirables Management
- Timeliness
- Compliance Reviews

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### PERFORMANCE MEASURE EXAMPLES

Performance Measure	Description	Why This is Important
"Reportable Issues" due to an expired legally-required credential of a privileged practitioner who was allowed to continue to practice.	Practitioner lets a legally-required credential lapse (i.e., license, DEA, etc.) but continues to practice without it.	A practitioner continuing to practice without a legally-required credential is a serious breakdown of the ongoing credentialing process and requires root cause analysis and corrective actions. Consequences include repayment and possible regulatory and/or accreditation agency sanctions.
"Reportable Issues" due to an providing care or services without approved privileges.	When a practitioner provides patient care or services without approved clinical privileges, but practice without them.	A practitioner that performs care/services without approval is a serious breakdown of the credentialing and privileging process and requires root cause analysis and corrective actions. Consequences include repayment and possible regulatory and/or accreditation agency sanctions. In particular, there are regulations that require certain aspects of care to be ordered only by practitioners with privileges, for example, the CMS Two Midnight Rule and the requirement that inpatient admissions shall be ordered only by a practitioner with "admitting privileges."

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### PERFORMANCE METRICS EXAMPLES

Performance Measure	Description	Why This is Important
Number of practitioners without current in-state license and still active (the practitioners are not suspended).	Databases allow a facility to manage suspensions, which when utilized, should provide warnings and stopgaps that will prevent a suspended practitioner from practicing in the facility.	If a practitioner is not suspended when there is a lapse in licensure, the facility risks having regulatory non-compliance and rebilling consequences. If a suspension is not documented in the database at the time of suspension, the facility loses the functionality of providing warnings and stopgaps.
Number of practitioners without current in-state DEA and still active (the practitioners prescriptive authority has not been suspended)	Databases allow a facility to manage suspensions of prescriptive authority, which when utilized, should provide warnings and stopgaps that will prevent a practitioner with an expired DEA registration from ordering or administering controlled substances in the facility.	If a practitioner is not suspended when there is a lapse of prescriptive authority, the facility risks regulatory non-compliance and rebilling consequences. If a suspension is not documented in the database at the time of the expiration, the facility loses the functionality in providing warnings and stopgaps.

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### PERFORMANCE METRICS EXAMPLES

Performance Measure	Description	Why This is Important
Number of practitioners with expired or missing terms of appointment and still active (Total number of instances include number of days provider exceeds term).	Databases allow a facility to manage terms of appointment through the "From" and "To" date fields, which when updated appropriately, should provide safe guards that prevent the practitioner from practicing in the facility.	Accreditation and regulatory agencies, such as The Joint Commission, require that a term of appointment or privileges can be no greater than 24 months. Failure to reappoint or suspend/terminate privileges can result in accreditation or regulatory deficiencies and has rebilling/repayment implications. Missing appointment term "to" dates may result in practitioners not populating an reappointment reports/ failure to send reappointment packets.
Number of practitioners with temporary privileges granted for a period greater than 120 days.	Databases allow a facility to manage terms of appointment or privileges through the "From" and "To" date fields, which when utilized, should provide safe guards that prevent the practitioner from practicing in the facility. Temporary privileges cannot be granted or exercised by the practitioner for greater than 120 days.	Accreditation and regulatory agencies, such as The Joint Commission, require that a term of temporary privileges can be no greater than 120 days. Failure to limit and monitor a term of temporary privileges to no more than 120 day can result in accreditation or regulatory noncompliance.

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### DASHBOARD EXAMPLES - KPI

<p><b>Operational Comparison</b></p> <p>CVI trending closed by the CIC broken out by prior year, current year to date, and CVI type. Lower graph is broken out by month and % of CVIs that meet the MSD Data Data.</p>	<p><b>File Management &amp; Data Integrity (DI)</b></p> <p>Data integrity opportunities and CVI file management detail for the MSD to take action.</p>	<p><b>Open &amp; Closed Flags</b></p> <p>Red and yellow flags closed and open during the prior month.</p>	<p><b>Top Longest TAT</b></p> <p>A dynamic dashboard table to pull initial CVIs by longest CIC turnaround time.</p>
<p><b>Adjusted Release</b></p> <p>CVIs with adjusted release broken out by CIC Division, and Entity for comparison purposes.</p>	<p><b>Missing EA Elements</b></p> <p>MSD opportunity to add missing primary specialty and primary address to their entity.</p>	<p><b>RPIR Analysis</b></p> <p>RPIR Analysis: Etiology, Status, Denial and Recurrence analysis on RPIR usage.</p>	<p><b>CVI &amp; Flagging Analysis</b></p> <p>Trending of Red and Yellow Flags during initial credentialing. Includes CVIs with no flags for comparison. Breakout of flags applied pre and post release to the facility.</p>

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### CORRECTIVE ACTION PLANNING

- What is the root cause of performance fallout?
- What actions have been taken?
- What education has been provided?
- What is the process for monitoring compliance?

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### PERFORMANCE MONITORING

Monthly monitoring will be conducted within 10 business days following the Board of Trustees meeting with results documented as follows:

**Initial Monitoring**

- 30% sample size, to be performed monthly or with each credentialing report to the Board until 100% results are achieved for 3 months/credentialing reports.

**Monitoring to Stabilize Process**

- 10% sample size, to be performed monthly or with each credentialing report to the Board for 3 months/credentialing reports.
- If monitoring to stabilize process is less than 100%, then return to initial monitoring until 100% performance is achieved once.

**Discontinuing Monitoring**

- Formal monitoring may be discontinued with continuous/ sustained compliance of 100% for at least 6 months/credentialing reports.

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**Inside Houston’s Healthcare Powerhouses: *Credentialing Insights to Empower & Evolve the MSP.***

**Panel Discussion- Snapshot Comparison Grid**

*Quick-glance comparison to support the panel discussion & questions.*

Organization	Provider Volume & Cycle	Facilities	Software	Special/Oversight Committees for Credentialing	Timeline	Provider Enrollment Ownership	Peer Review Oversight
<b>Memorial Hermann Health System</b>	9700 system-wide, 3-year reappointment	40	MSOW	CPC’s assist in development of delineations/privilege forms  APP Council	60 - 90 days	Medicare/Medicaid/CAQH for employed providers is owned by Enrollment  Payor Add/Term/Changes is owned by MBMD Network	Peer review is conducted by the individual facilities
<b>UT MD Anderson Cancer Center</b>	3000, 2-year reappointment	MD Anderson Cancer Center	ECHO	APRN & PA Credentials Committee, Sedation & Procedures Committee, Laser Safety Committee, MINTOS Advisory Group, Psychologists Credentials Committee.	37 days	Separate department that works closely with Medical Staff & Credentialing Services	Because we are a closed medical staff/employed model, the peer review takes place within the departments by the Patient Safety Quality Officer (PSQO)
<b>Houston Methodist Hospital - TMC</b>	7,000 system-wide, 3-year reappointment	9 Hospitals	HealthStream Echo Credentialing	Credentials Committee, Practitioner Health, Executive Committee, APP Oversight, Med Staff Quality Mgt, and System MSO Council	101 days	Separate from credentialing department; Physician Organization; Centralized Enrollment/Managed Care Department	Peer review is overseen by the Medical Staff Quality Management Peer Review Steering Committee, with ultimate accountability to the MEC
<b>HCA Houston Healthcare - Gulf Coast Division</b>	20,000 total credentialed at all facilities; 7,400 unique providers, 2-year reappointment	16 Hospital	Cactus	Physician Leadership Council	55-65 days	Physician Services Group (PSG) that manages our employed providers	Quality Department manages Peer Review

Shared challenges across organizations (at-a-glance)

- Timeliness & completion delays (missing documentation)
- High workload volume and growing complexity with limited resources and competing priorities
- Balancing compliance and efficiency
- Credentialing software & technology limitations; manual processes
- Provider engagement & communication

MSP  
Speed  
Networking

Presented by: GHSMSS 2025  
BOARD  
Hosted by: Tierra Dykes-Johnson



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**THE DATING GAME**

**LOVE CONNECTION**

Inspired  
by  
The Love of being an **MSP**

**MARRIED AT FIRST SIGHT**

**LOVE IS BLIND**

**The BACHELOR**

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Temperature Check  
Session Objectives



Who is considered an MSP within the evolving healthcare landscape?

Where does this role start ?

Have you developed a personal career pathway?

Engage in Mentorship and Professional Networking

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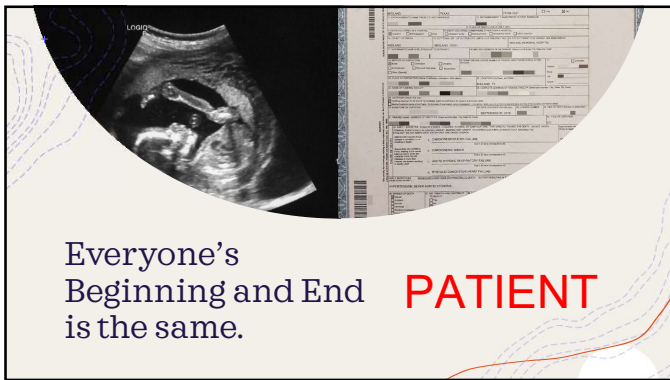
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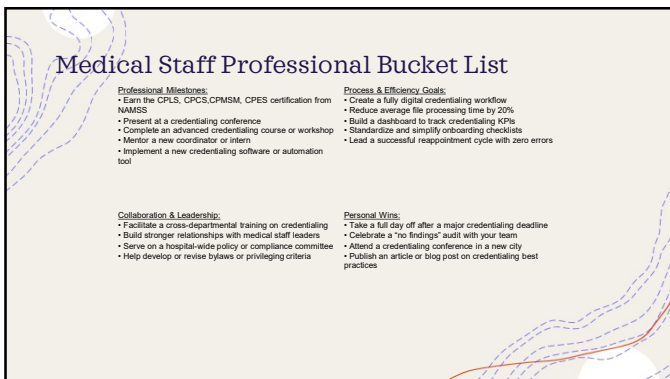
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# How Intentional Conversation Enhances Learning

- 1. Builds Cognitive Connections**  
Purposeful dialogue helps students link prior knowledge to new concepts, strengthening memory and understanding. Educators use intentional prompts to guide learners in articulating their thoughts and integrating ideas.
- 2. Promotes Oracy and Critical Thinking**  
Intentional conversation develops oracy—the ability to express ideas clearly and listen actively. This skill is foundational for reasoning, collaboration, and academic success.
- 3. Sparks Curiosity and Engagement**  
When students are invited into meaningful discussions, they become active participants rather than passive recipients. This shift increases motivation and deepens comprehension.
- 4. Encourages Emotional and Social Growth**  
Conversations that are reciprocal and supportive foster confidence, empathy, and a sense of belonging. These emotional benefits reinforce learning and classroom cohesion.
- 5. Supports Intentional Learning Goals**  
Intentional conversation aligns with deliberate learning, where the goal is not just to absorb information but to understand, reflect, and apply it. This approach is especially powerful in professional development and peer learning settings.

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# Meet Your Board Members

**Ebony Smith**, CPCS, CPMSM, Memorial Hermann  
**Janice Butler**, CPCS HCA Houston Healthcare  
**Kimberly Schuetzeberg**, CPCS, Memorial Hermann  
**Tierra Dykes-Johnson**, CPLS, The University of Texas MD Anderson  
**Jennifer Rafuse**, AAS, The University of Texas MD Anderson  
**Katia Bealer**, CPCS, CPMSM Memorial Hermann  
**Melissa Aguilar**, Houston Methodist  
**Margret Forman**, CPCS, CPMS The University of Texas MD Anderson

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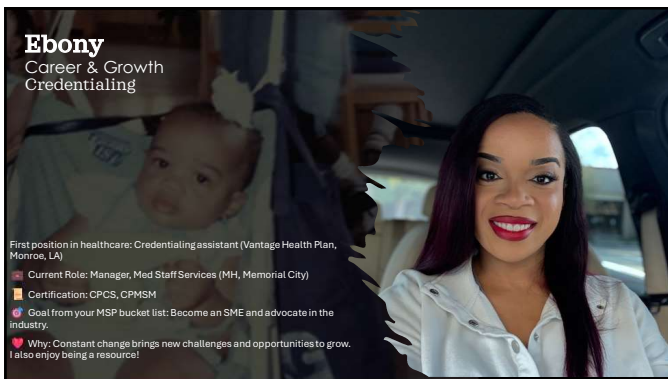
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## Ebony Career & Growth Credentialing



First position in healthcare: Credentialing assistant (Vantage Health Plan, Monroe, LA)

- Current Role: Manager, Med Staff Services (MH, Memorial City)
- Certification: CPCS, CPMSM
- Goal from your MSP bucket list: Become an SME and advocate in the industry.
- Why: Constant change brings new challenges and opportunities to grow. I also enjoy being a resource!

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**Janice**  
Operations & Strategy  
Privileging

- First position in healthcare - Patient Escort
- Your current role - Director, Medical Staff Services
- Certifications you hold - CPCS
- A goal from your MSP bucket list - Retirement
- Your "why" - what keeps you committed to this field - Safeguarding patient care

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**Kimberly**  
Communication & Leadership  
Credentialing



- First position in healthcare - HIM Medical Records Lead - St. David's Austin, TX 2000
- Your current role - Manager Credentialing, MHMD Memorial Hermann
- Certifications you hold - Biostatistics, Health Informatics, CPCS
- A goal from your MSP bucket list - Take CPMSM
- Your "why" - what keeps you committed to this field - I love what I do and the teams I work with. 22 years and still love it.

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**Tierra**  
Project & Change Management  
Compliance & Licensing



- First position in healthcare - Equipment / Customer Service Coordinator - Universal Health Service
- Your current role - Credentialing Coordinator Department of Licensure Strategy, University of Texas MD Anderson Cancer Center
- Certifications you hold - CPLS
- A goal from your MSP bucket list - To be apart of the NAMSS Tomorrow's Leader Program
- Your "why" - I know what it feels like to be the scared patient, and I've stood beside loved ones as a worried caregiver. That experience lives in me, and as I work with the pros of a credentialing professional, my heart hasn't changed - it's still rooted in compassion, empathy, and the belief that every patient deserves to feel safe and cared for. Our diligence isn't just a task to me - it's a promise. A promise to honor the trust placed in us. That's why I'm committed to paying it forward, using what I know to make the journey smoother for others.

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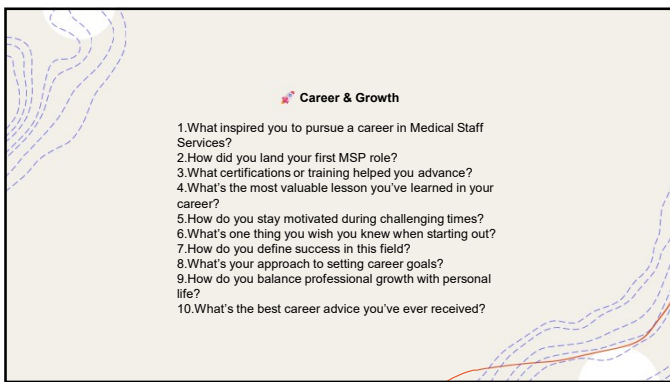
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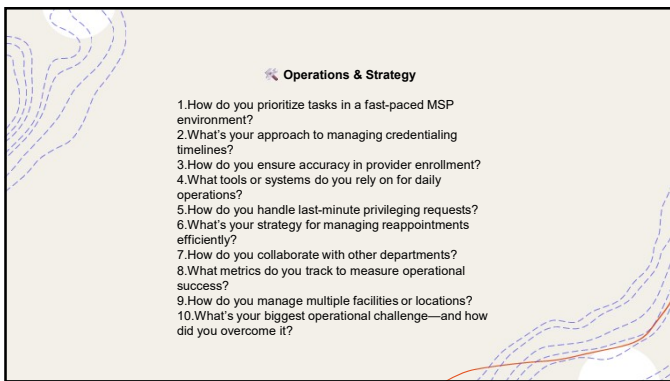
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**Project & Change Management**

1. How do you lead a credentialing system implementation?
2. What's your process for managing large-scale MSP projects?
3. How do you handle resistance to change?
4. What project management tools do you use?
5. How do you communicate project updates to stakeholders?
6. What's your approach to setting realistic project timelines?
7. How do you manage cross-functional teams?
8. What's a recent project you're proud of?
9. How do you evaluate project success?
10. What's your advice for someone managing their first MSP project?

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**Communication & Leadership**

1. How do you build trust with medical staff and executives?
2. What's your approach to mentoring junior MSPs?
3. How do you handle difficult conversations with providers?
4. What communication style works best in your role?
5. How do you advocate for your team's needs?
6. What's your strategy for managing conflict?
7. How do you lead through uncertainty or change?
8. What's your approach to giving feedback?
9. How do you foster collaboration across departments?
10. What's the key to being an effective MSP leader?

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**Compliance & Licensing**

1. How do you stay current with state and federal regulations?
2. What's your process for tracking provider licenses?
3. How do you handle expired or missing credentials?
4. What's your approach to internal audits?
5. How do you prepare for external accreditation surveys?
6. What's the most common compliance mistake you see?
7. How do you manage multi-state licensure?
8. What's your strategy for ensuring privileging compliance?
9. How do you educate staff on regulatory changes?
10. What resources do you recommend for staying informed?

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**Credentialing**

- 1.What's your step-by-step process for initial credentialing?
- 2.How do you handle incomplete or delayed provider documentation?
- 3.What tools or software do you use to manage credentialing workflows?
- 4.How do you ensure accuracy and compliance during primary source verification?
- 5.What's your strategy for managing credentialing across multiple facilities or states?
- 6.How do you prepare for credentialing audits or accreditation surveys?
- 7.What's the most common credentialing error you see—and how do you prevent it?
- 8.How do you communicate credentialing timelines and expectations to providers?
- 9.What's your approach to tracking expiring credentials and reappointments?
- 10.Can you share a credentialing challenge you overcame and what you learned from it?

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**Privileging**

1. What's your process for developing and maintaining privilege forms?
- 2.How do you ensure privilege criteria align with current clinical standards and regulations?
- 3.What role does the medical staff play in approving privilege requests?
- 4.How do you handle requests for new or modified privileges from providers?
- 5.What's your strategy for managing privileges across multiple facilities or service lines?
- 6.How do you track and document privilege approvals and denials?
- 7.What challenges have you faced with privileging telemedicine or remote providers?
- 8.How do you prepare for privileging audits or accreditation reviews?
- 9.What's your approach to educating providers about their approved privileges?
- 10.Can you share a privileging success story or a lesson learned from a difficult case?

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**Provider Enrollment**

- 1.What's your process for verifying provider information before enrollment begins?
- 2.How do you handle enrollment for providers with multiple state licenses or practice locations?
- 3.What are the most common delays you encounter during enrollment—and how do you avoid them?
- 4.Which payers or networks have the most complex enrollment requirements?
- 5.How do you track enrollment status across multiple providers and payers?
- 6.What tools or software do you recommend for managing enrollment workflows?
- 7.How do you communicate enrollment timelines and expectations to providers and leadership?
- 8.What's your strategy for re-enrollment or revalidation with Medicare and Medicaid?
- 9.How do you stay current with changing payer requirements and regulations?
- 10.What's one enrollment success story or challenge that taught you something valuable?

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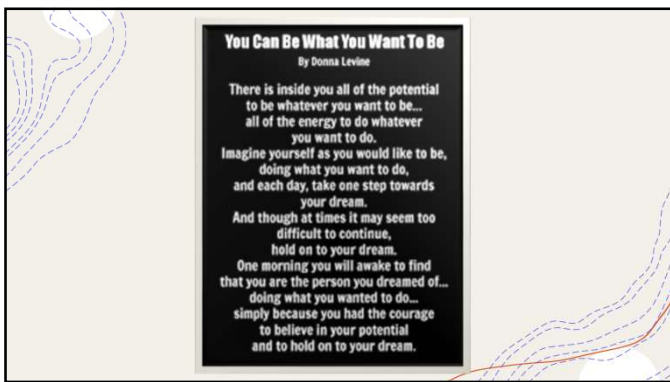
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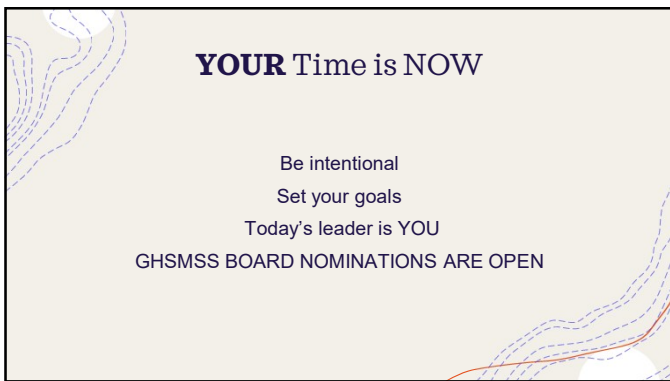
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## Greater Houston Society of Medical Staff Services Conference

Topics for Friday, November 7, 2025

Presented by Amanda Pierce, CPMSM, CPCS

### **Achieving the Credentialing Trifecta: Real results in alignment between credentialing, provider enrollment and delegation**

This session looks at the Mega Process of credentialing in today's integrated healthcare environment and the instrumental role the MSP can play in maximizing their organization's financial position. Participants will gain understanding of how inefficient credentialing has a direct impact on the revenue cycle and how effective alignment between these three areas can benefit their organization.

#### **Learning Objectives:**

- Identify strategies for physicians to hold their peers accountable while helping them improve performance
- Adopt effective ways to align credentialing, provider enrollment, and delegation
- State the role the medical services professional plays in maximizing their organization's financial success
- Identify the impact the credentialing process has on revenue



A CHARTIS COMPANY



## Amanda Pierce, MBA, CPCS, CPMSM, PESC

### Senior Consultant

*Amanda Pierce, MBA, CPCS, CPMSM, PESC, is a Senior Consultant with Greeley. She brings more than 16 years of experience to the firm, particularly in the areas of accreditation, regulatory compliance, credentialing and privileging, medical staff services, NCQA, provider enrollment, delegated credentialing, leadership, culture management, and process improvement.*

*Amanda is a highly accomplished Medical Staff Professional with a proven track record of designing and implementing effective policies and procedures, ensuring compliance with all facility, state, and federal regulatory requirements. She excels in high-volume credentialing and is adept at managing and adapting to changing business needs. With a dynamic and driven leadership style, Amanda continuously seeks to enhance the efficiency and effectiveness of medical staff services, contributing to the overall success and positive impact of the organizations she serves.*

*Prior to joining Greeley, Amanda held the role of Director of Provider Enrollment at a leading national medical group where she developed and executed enrollment strategies and led process improvement initiatives. She also served as the Director of Medical Staff Services at two of the largest health care systems in Texas overseeing the strategic direction and operational accountability of Medical Staff Services.*

*In addition, Amanda serves as a Director at Large for the Texas Society for Medical Services Specialists and is a member of the Membership Committee for the National Association Medical Staff Services.*

*She was recently honored with the Culture Champion award for her exceptional leadership, dedication to fostering a positive work environment, and her innovative contributions to improving credentialing processes and medical staff service operations. Amanda was also the 2024 recipient of the NAMSS Joan Covell-Carpenter Award.*

*Amanda has delivered numerous presentations at national, state, and local chapter events, sharing her expertise in provider enrollment, leadership, process improvement, and medical staff services.*

*Amanda received her Master of Business Administration from Texas A&M Corpus Christi, and her Bachelor of Health Care Administration from Ashford University*

Providing specialized knowledge in the areas of accreditation, regulatory compliance, credentialing and privileging, medical staff services, NCQA, provider enrollment, delegated credentialing, leadership, culture management, and process improvement.



[apierce@greeley.com](mailto:apierce@greeley.com)

# Achieving the Credentialing Trifecta



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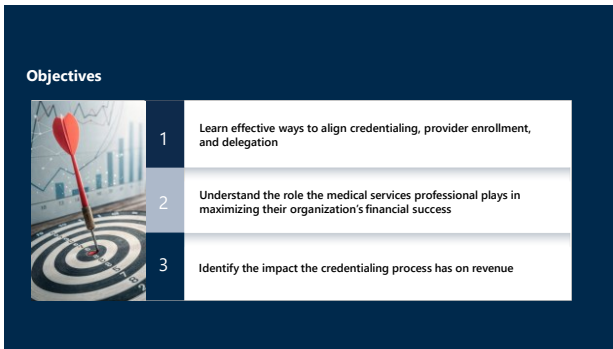
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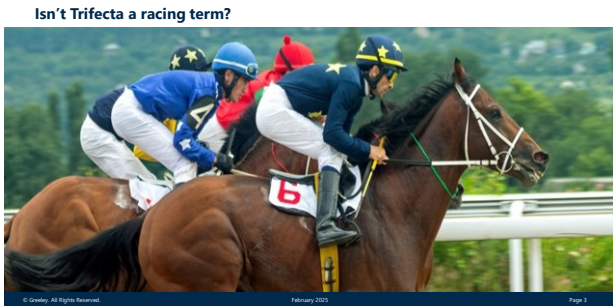
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# Achieving the Credentialing Trifecta

What is the credentialing trifecta?

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Overview of today's healthcare environment

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CASE STUDY  
Incomplete integration

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# Achieving the Credentialing Trifecta

## Case study

- A multi-hospital health system with a large employed medical group transitioned to a centralized credentialing function but without integration of provider enrollment or delegation, involving the management of multiple departments, separate databases, and additional credentialing processes.
- The CFO just reported a large volume of accounts receivable write-offs and claim holds for many of the practitioners hired in 2024.



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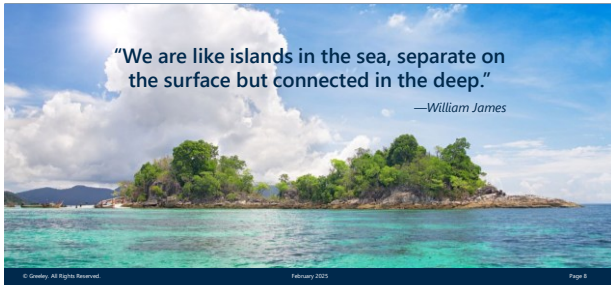
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## The value of "systemness"



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## Symptoms of incomplete credentialing integration



- Process challenges
  - Duplicate credentialing information collected from employed practitioners
  - Multiple practitioner contacts by different areas within same parent organization
  - Onerous enrollment processes with payers
  - Employed practitioner data in multiple systems
  - Conflict between credentialing and provider enrollment teams
- Pressure from organizational leadership

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# Achieving the Credentialing Trifecta

## Symptoms of incomplete credentialing integration (cont.)

- Revenue challenges resulting from:
  - Increased costs
    - ↳ Duplication of work ↑ staffing ↑ resources
    - ↳ Multiple subscriptions / software licenses
  - Excessive delays in credentialing
    - ↳ \$5 lost from revenue-generating specialties
  - Potential decreased ability to obtain delegated credentialing
  - Delays in provider enrollment causing reimbursement to be delayed or written off



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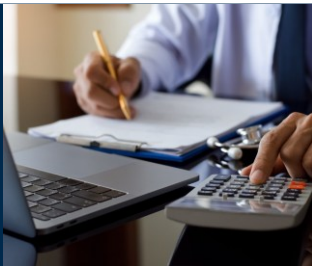
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## Weekly net inpatient/outpatient revenue

- Orthopedic Surgery – \$63,207
- Cardiology (Invasive) – \$67,007
- General Surgery – \$52,064

Source: Merritt Hawkins 2019 Physician Inpatient Outpatient Revenue Survey  
[www.merrithawkins.com/uploads/Files/MerrittHawkins\\_Surveys](http://www.merrithawkins.com/uploads/Files/MerrittHawkins_Surveys)



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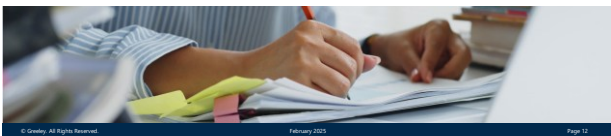
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## Symptoms of incomplete credentialing integration (cont.)

- Employed practitioner dissatisfaction with:
  - Redundancy of credentialing paperwork
  - Multiple requests for same or similar information
  - Delays in credentialing process
  - Inability to provide healthcare services upon start date (or changes in start date)



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# Achieving the Credentialing Trifecta

**The credentialing mega process done poorly**

Cost Quality

Resources and cost

Efficiency and quality

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## Overview of Credentialing, Provider Enrollment and Delegation

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**Credentialing**

- Credentialing is a process to ensure that healthcare practitioners meet all of the necessary requirements and are appropriately qualified to perform privileges requested or provide medical services to members
  - Performed in multiple organizations
    - ↳ Hospitals
    - ↳ CVOs
    - ↳ Payers
    - ↳ Surgery centers
    - ↳ Medical groups
  - Requirements are specific to each

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# Achieving the Credentialing Trifecta

## Credentialing challenges



- Suboptimal use of technology
- Timeliness: Excessive turnaround times
- Applications: Multiple forms
- Requirements: Criteria may vary among entities
- Communication: Between recruiter, MSP/credentialing specialist, practitioner
- Lack of sufficient resources

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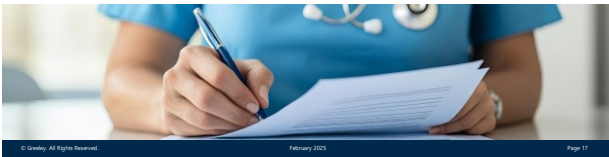
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## Provider enrollment

- Provider enrollment is the process of collecting and submitting required documentation to third party payers to enroll practitioners into payer networks and allow the provider to bill for services rendered
- Provider enrollment is not credentialing, but some similar tasks are performed in collecting and reviewing application data



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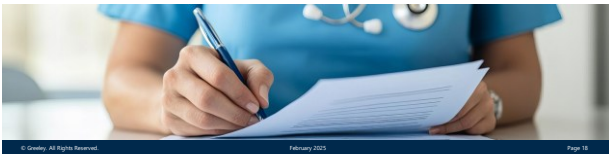
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## Provider enrollment (cont.)

- Understanding the requirements of the payer can facilitate an effective enrollment process
- Medicare provides PECOS for electronic enrollment and revalidations
- Commercial payers primarily use CAQH ProView for application data
- State Medicaid plans have varying processes
- Unique participation requirements



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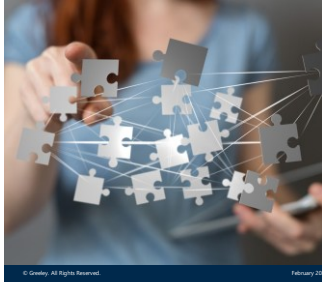
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# Achieving the Credentialing Trifecta

## Provider enrollment challenges



- Volume – each practitioner can participate in 10-20+ payers
- Applications – multiple forms, CAQH
- Requirements – criteria vary among payers
- Timeliness – payers may take additional 30-180 days to credential a provider
- Communication – between payer, provider and MSP

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## Delegation

- Merriam Webster Dictionary: To give (control, responsibility, authority, etc.) to someone; to trust someone with (a job, duty, etc.)
- NCOA: delegation occurs when an organization gives another entity the authority to carry out a function that it would otherwise perform
- Payers vary in the amount of delegated activities that occur, if any



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## Delegation steps



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## Why delegate?

- Payer's Perspective
  - Reduces turnaround time for network participation
  - Helps manage significant volume of providers
  - Reduces resources (staff, budget, time)
  - Accommodates network growth
  - Supports contracting efforts
  - Increases practitioner satisfaction

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## Why become delegated?

- Entity's Perspective
  - Reduces turnaround time for network participation
  - Timelier reimbursement from payers
  - Reduces resources for provider enrollment
    - ↳ Depends on terms of agreement
    - ↳ May still have other non-delegated payers, i.e. CMS
    - ↳ Further reduction if integrated with MSSD
  - May provide contracting leverage
  - Increases practitioner satisfaction

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## Delegation challenges



- Payer
  - Loss of control
  - Resources to perform oversight audits
  - Potential impact to accreditation survey results
- Delegated entity
  - Additional responsibilities based on health plan requirements
  - Resources to support oversight audits
  - Does not fully eliminate provider enrollment activities

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Methods to achieve successful alignment

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**Integrated credentialing**

A healthcare network working **together** using proven **standardized** credentialing policies and procedures to **improve** patient care and practitioner satisfaction, **decrease** cost and turnaround time, and **eliminate** duplication and lost revenue, while **demonstrating** value in the onboarding process

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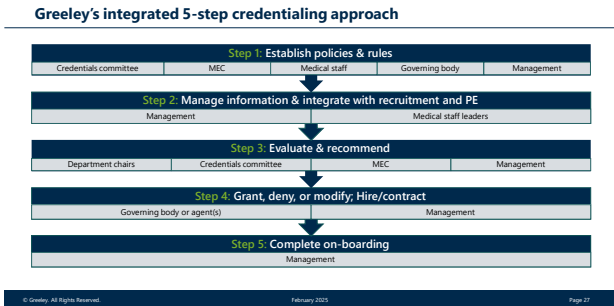
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# Achieving the Credentialing Trifecta

**STEP 1**

## Establish policies and rules

- Medical Staff Bylaws/ Contract language
  - Eligibility criteria for membership and privileges / qualifications for hire
  - Co Terminus
  - Bifurcated quorum for MEC (more on this later)
- Credentialing Policies that meet hospital and payer needs
- Negotiate delegated agreements with payers
- Reference forms that meet recruitment and credentialing needs
- Shared information agreements and provisions
- Consolidate Applications
- Database policies

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**STEP 2**

## Manage information and integrate with Recruitment and Provider Enrollment

- Recruitment
  - Qualifications / eligibility criteria
  - References
  - One background check
  - Interviews that include medical staff leaders
    - ↳ Work questioning of "adverse events" into your up-front process
  - Burden on the applicant
    - ↳ Early discovery by requesting a NPDB self-query and OPPE reports
- Send out medical staff application early with letter of intent or draft contract and require it be returned within 30 days, or at the latest with the signed contract
- Allow 30 days to execute the contract (time to acquire data)
- Maintenance of data integrity
  - Establish a single database as the "one source of truth"
- Use knowledgeable physician liaisons or navigators – point of contact
- Cross train staff within an integrated department

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**STEP 3**

## Evaluate and recommend

- Utilize Category 1 and Category 2 methodology
- Succinctly summarize for the credentials committee
- Define quorum for MEC
- Consider the complexity of hospital / healthcare system governance structure
  - Eliminate departments
  - Centralized credentialing committee
  - Unified medical staff
- Avoid disparate decision making through appropriate use of shared information

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# Achieving the Credentialing Trifecta

**STEP 4**

## Grant, deny, or modify/hire, contract

- One governing board or a sub-committee of the board
- Expedited governing body approval process for credentialing
- Use of medical staff credentials committee for delegated credentialing decisions
- Contract effective/start date based on attaining key payer enrollment approval

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**STEP 5**

## Complete onboarding

- Create an onboarding team
  - Tracking, reporting, and sharing data
  - Team approach to solving any backlog/delays
  - Collaboration of key stakeholders to create an optimal practitioner experience

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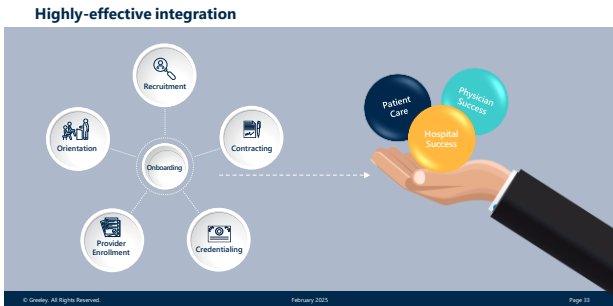
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# Achieving the Credentialing Trifecta

## What skills do MSPs bring to this set of challenges?

- Project management
- Organizational skills
- Social capital
- Information management and database skills
- Leadership skills
  - Ability to develop, vet, and cultivate buy-in to standardized and integrated policies and procedures, shared information, and the operational design
- Communication skills

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Can you achieve the credentialing trifecta?

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*Thank you* for being with us today!

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Jamila Johnson, AAS  
Presenter

## Embracing AI, Not Replacing You and I

Highlighting the Unique Value of Human Experience in Medical Staff Services and Credentialing



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## Goals

1. Identify medical staff services / credentialing responsibilities where human expertise is essential.
2. Distinguish between tasks that can be supported by AI and those that cannot.
3. Improve efficiency without losing human connections.
4. Advocate for MSP professionals in an AI-integrated environment.

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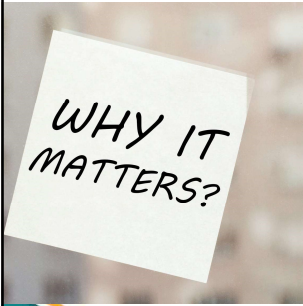
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- AI is reshaping administrative tasks.
- Some fear automation can replace roles in Medical Staff Services (MSS).
- Automation doesn't have to be an all or nothing approach.

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## What Can AI Support?

1. Auto-verify licenses, board certifications, and sanctions.
2. Generate template-based letters and reminders.
3. Send reappointment alerts and expiration notices.
4. Cross-check credential data across systems.
5. Useful support – but not replacement.

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## What Can AI Support?

Task	AI-Supported?	Human Judgment Needed?
License verification	✔	✘
Peer review interpretation	✘	✔
Credentialing file review	⚠ Partial	✔
Bylaws interpretation	✘	✔

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## Minimize Inefficiencies / Leverage Resources

Inefficiency	What It Looks Like	Reference
<b>Lengthy timelines / Delayed onboarding</b>	It may take 60-120+ days to fully credential a provider (licensure, payer panels, insurance verification, hospital privileges).	<a href="#">Deloitte: Healthcare Credentialing &amp; Health Services</a>
<b>Repetitive / redundant documentation</b>	Providers submitting the same documents (licenses, CVs, etc.) to multiple payers, hospitals, boards. Multiple verifications of the same information.	<a href="#">Veeva Health Services</a>
<b>High error / rejection rates</b>	Missing signatures, inconsistent data, incorrect forms cause applications to be rejected, which then must be redone.	<a href="#">Ponemon</a>
<b>Insufficient staffing or resource constraints</b>	Credentialing responsibilities may be added onto other roles. Lack of dedicated staff or expertise causes bottlenecks.	<a href="#">Ponemon</a>

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### Financial Implications of Inefficiencies

- **Physician losses during credentialing delays:** One article estimates that a physician might lose around \$122,144 over a 120-day credentialing delay.
- **Cost per credentialing application:** Often between \$3,000-7,000 when all associated expenses are included (staff time, verification, follow-ups, etc.)
- **Annual entity credentialing costs:** A 300-bed hospital might spend \$350,000-500,000/year on credentialing-related activity. Larger systems can have costs in the millions.

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### Financial Benefits of AI in Credentialing

- **Shorter onboarding timelines:** Reducing credentialing from 90-120 days down to 30-45 can save **\$80k-120k per provider** in lost revenue.
- **Labor cost savings:** Automation can reduce administrative FTE workload by **25-40%**, saving hospitals **hundreds of thousands annually**.
- **Compliance protection:** Automated monitoring minimizes malpractice risk and fines (which can reach **\$50k-100k per violation**).

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### What's Next?

**As AI gets better at AI-ing,  
we MUST get better at Human BEING**

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**The Unique Value of Human Experience**

- 1. **Creativity & Innovation** – Humans generate novel ideas beyond algorithmic limits.
- 2. **Empathy & Emotional Intelligence** – Building trust, resolving conflicts, and supporting well-being.
- 3. **Ethical Judgment** – Ensuring fairness, transparency, and accountability in AI-driven decisions.
- 4. **Adaptability** – Responding to uncertainty and unexpected challenges.

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**Essential Responsibilities of Ethical Human Professionals (What AI Cannot Do)**

- 1. Interpretation of Complex Regulations
- 2. Physician & Provider Interpersonal Communication
- 3. Committee Support & Guidance
- 4. Collaboration With Leadership
- 5. Ethical and Legal Judgments
- 6. Red Flag and File Analysis
- 7. Policy Development
- 8. Crisis & Temporary Privileges
- 9. Sensitive File Reviews

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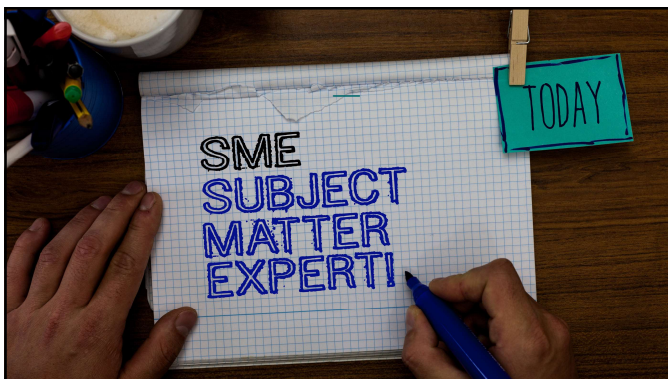
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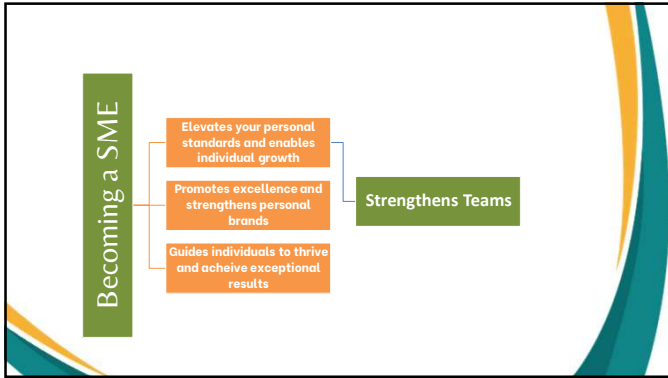
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## Goals Key Takeaways

<p>Identify MSP / credentialing responsibilities where human expertise is essential</p> <ul style="list-style-type: none"> <li>• Judgement</li> <li>• Analyzing</li> <li>• Interpretation</li> <li>• Collaboration</li> <li>• Supporting</li> </ul>	<p>Improve efficiency without losing human connections.</p> <ul style="list-style-type: none"> <li>• Minimize credentialing delays</li> <li>• Reduce redundancy in documentation</li> <li>• Staff work load reduction</li> </ul>
<p>Distinguish between tasks that can be supported by AI and those that cannot</p> <ul style="list-style-type: none"> <li>• License verification</li> <li>• Automating alerts</li> <li>• Generating letters</li> <li>• Data integrity</li> </ul>	<p>Advocate for MSP professionals in an AI-integrated environment.</p> <ul style="list-style-type: none"> <li>• Cost saving and revenue generating</li> <li>• Subject Matter Experts</li> <li>• Regulatory and Compliance</li> <li>• Readiness Agent</li> <li>• Risk Management</li> </ul>

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## Advocate for Your Role with Clarity



Credentialing Professionals are responsible for vetting practitioners to ensure that they are competent to provide quality and safe patient care.

Medical Staff Services Professionals have an impact on healthcare cost savings, revenue generation and compliance/regulatory standards through policies, processes and best practices we stand behind.

We provide a humanizing experience, supported by technology, that moves healthcare forward efficiently, effectively and as safe as possible.

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