Commonly Used Terms

Accreditation Association for Ambulatory Health Care (AAAHC): AAAHC accredits a wide range of outpatient settings including ambulatory surgery centers and office based-surgery facilities.

Ambulatory Surgery Center (ASC): Healthcare facility where surgical procedures not requiring overnight hospital stays are performed.

Bylaws: A medical staff document approved by the Governing Body that establishes the requirements for the members of the medical staff and allied health professionals to perform their duties, and the standards for the performance of those duties.

CAQH: An online repository that stores practitioner information. The practitioners grant access to their information to insurances companies for re/credentialing purposes.

Certificate of Insurance: A document that provides information on a practitioner's specific insurance coverage, including coverage limits, policy number, and policy coverage periods.

Clinical Privileges: Authorization granted by the appropriate authority (e.g. governing body) to a practitioner to provide specific care, treatment, and services in an organization within well-defined limits, based on the following factors, as applicable; license, education, training, experience, competence, health status, and judgment.

Continuing Medical Education (CME): Educational activities which serve to maintain, develop, or increase the knowledge, skills, professional performance and relationships that a physician uses to maintain competence in the medical field.

Credentialing: The process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services in or for a healthcare organization. Credentials are documented evidence of licensure, education, training, experience, or other qualifications.

Credentials Verification Organization (CVO): The CVO centralizes the credentialing services required by hospitals, ambulatory surgery centers, and health plans. The CVO's primary purpose is to increase efficiency by reducing the number of duplicative tasks performed.

DEA Certificate: The DEA certificate contains a unique identifier assigned to a healthcare practitioner by the US Drug Enforcement Agency allowing them to write prescriptions for controlled substances. A valid DEA consists of: 2 letters, 6 numbers, and 1 check digit.

Locum Tenens: A locum tenens physician works in place of a regular physician when that physician is absent or when a hospital or practice is short staffed.

Malpractice: Professional misconduct, improper discharge of professional duties, or failure to meet the standard of care of a professional (physician, nurse) that results in the harm of another.

National Practitioner Data Bank (NPBD): A web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers.

National Provider Identifier (NPI): The NPI is a unique identification number for health care providers and organizations. Providers have Type 1 NPI and Organizations have a Type 2 NPI.

Payer Enrollment / Provider Enrollment: The process of applying to health insurance networks for inclusion in their provider panels.

PECOS: An online Medicare enrollment system where providers and suppliers submit Medicare enrollment applications.

Peer Reference: Are used to evaluate the provider's current competence during the application process. The number of peer references required is based on each facility's Medical Staff Bylaws.

Primary Source Verification (PSV): PSV is the verification from the original source of a specific credential (education, licensure, training) to determine the accuracy of the qualifications of an individual healthcare practitioner.

Privileging: The process in which clinical privileges are authorized for a healthcare practitioner by a healthcare organization based on evaluation of the practitioner's credentials, competence, and performance.

Reappointment: The process of determining whether an applicant for reappointment to the Medical Staff is qualified for membership and the specific clinical privileges based on established professional criteria.

Recredentialing: The process of periodically re-reviewing and re-verifying the practitioner or organizations information.

The Joint Commission (TJC): An independent accrediting organization dedicated to improving the quality of care in healthcare settings.