GLOSSARY

ACOs
Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other healthcare providers, who come together voluntarily to give coordinated high quality care to their Medicare patients

Agreement
See “Participation Agreement”

Appeal
A formal request by an applicant or participating provider for review and reconsideration of an entity’s decision

Applicant
A Licensed Independent Practitioner or a Facility that has submitted an application to EMIPA for Credentialing or Recredentialing

Application
The document provided by EMIPA (or its designee) to a LIP or a Facility which, when completed, will contain information for the Credentialing Committee to review as part of its determination whether the Applicant meets the Credentialing Criteria

CMS
Centers for Medicare and Medicaid Services

Credentialing
The process of obtaining, verifying, and assessing the qualifications of a healthcare practitioner to provide patient care services in or for a healthcare organization

Credentialing Criteria
Those found in Section “Minimum Qualifications Criteria for Membership and Credentialing” as applicable, and applicable **attachments** to this Credentialing Policies and Procedures, as they may be amended from time to time

Credentialing Delegation Agreement
A mutually agreed upon contract or other document by which Credentialing Entity delegates specified credentialing responsibilities to a Delegated Entity, and requires the Delegated Entity to meet certain standards related to its credentialing and recredentialing responsibilities

Credentialing Entity
Excelsior Medical IPA, PLLC (“EMIPA”) or its affiliates that adopt this Credentialing Policies and Procedures

Delegated Entity
A hospital, group practice, credentials verification organization (CVO), or other entity to which Credentialing Entity has delegated specific credentialing and recredentialing responsibilities under a Credentialing Delegation Agreement

DO
Doctor of Osteopathy

EMIPA
Excelsior Medical IPA, PLLC

Facility

Includes but is not limited to hospitals and ancillary providers such as home health agencies, skilled nursing facilities, behavioral health centers providing mental health and substance abuse services (inpatient, residential and ambulatory), Federally Qualified Health Centers, Rural Health Centers, free-standing surgical centers, and multispecialty outpatient surgical centers, ACO's, or as otherwise defined by EMIPA

HIPAA

Health Insurance Portability and Accountability Act

HIPDB

Healthcare Integrity and Protection Data Bank

HMO

Health Maintenance Organization

IPA

Independent Physician Association

JCAHO

Joint Commission for Accreditation of Healthcare Organization

Licensed Independent Practitioner

Or "LIP" means any healthcare professional who is permitted by law to practice independently within the scope of the individual's license or certification, and includes but is not limited to medical doctors (MDs) and doctors of osteopathy (DOs)

Material Restriction

A restriction that includes but is not limited to the following: a requirement to obtain a second opinion from another practitioner prior to patient diagnosis or treatment; a limitation on prescription drug writing; a limitation on providing examination, diagnosis or procedure without a second person present or approving the procedure; or restriction, suspension or involuntary termination of hospital staff privileges if the LIP's specialty normally admits patients to a hospital. The restrictions listed above are not exclusive. There may be other restrictions or conditions, not specifically identified in this definition, that rise to the level of a material restriction

MCO

Managed Care Organization

MD

Medical Doctor

MEDICs

Medical Information Computer Systems

Members

Or Participating Providers are Licensed Independent Practitioners who have gone through and successfully completed the application and the credentialing process detailed in these Policies and Procedures and have been approved for membership by EMIPA, and whose Participating Agreement and credentialing status are up-to-date, in effect and in good standing.

NCQA

National Committee for Quality Assurance

NDHCFP

National Division of Healthcare Financing and Policy

NYSDOH

New York State Department of Health

NYSOPMC

New York State Office of Professional Medical Conduct

Notice

Means: (1) depositing correspondence in the United States mail, using first class or certified mail, postage prepaid, addressed to the other party at the last known office address given by the party to the other party; or (2) delivering the correspondence to an overnight courier, delivery to the other party prepaid, addressed to the other party at the last known office address given by the other party; or (3) sending a facsimile transmission to the other party at the last known office facsimile number given by the party to the other party, or (4) personally hand-delivering written notice to the other party

OPM

Office of Personnel Management

OIG

Office of the Inspector General

Participation Agreement

A direct or indirect agreement between the Credentialing Entity and a LIP or a Facility that sets forth the terms and conditions under which the LIP or a Facility participates in the Credentialing Entity's Network

PA

Physician's Assistant

PCP

Primary Care Providers, which includes: General Practitioners, Family Practitioners, Internists, Pediatricians, Gynecologists, Geriatricians, Nurse Practitioners and Physicians Assistants

PHI

Protected Health Information has the same meaning it has under the Health Insurance Portability and Accountability Act (HIPAA) and its implementing and interpretative regulations

Primary Source Verification

Process through which an organization validates credentialing information from the organization that originally conferred or issued the credentialing element to the practitioner

PHO

Physician-Hospital Organization

Secondary Sources Verification

Methods of verifying a credential that are not considered acceptable forms of primary source verification. These methods may be used when primary source verification is not required. Examples of secondary source verification methods include, but are not limited to, the original credential or a copy of the credential

TJC

The Joint Commission (formerly JCAHO)