

Common Definitions

Credentialing

The systematic process of verifying and evaluating a provider's qualifications, including education, training, licensure, certification, work history, professional competence, and references, to determine eligibility for medical staff membership or network participation.

Privileging

The process by which a healthcare organization authorizes a provider to perform specific clinical services, procedures, or patient care activities based on verified credentials, demonstrated competence, and organizational need.

Primary Source Verification (PSV)

Verification of a provider's credentials obtained directly from the original issuing source (e.g., medical school, licensing board, certifying board), as required by accreditation and regulatory standards.

Credentialing Verification Organization (CVO)

An external or internal entity responsible for performing primary source verification and compiling credentialing information on behalf of a healthcare organization.

Medical Staff Office (MSO)

The department responsible for coordinating credentialing and privileging activities, ensuring compliance with medical staff bylaws, policies, and accreditation standards.

Department Chair

A medical staff leader responsible for reviewing privilege requests, assessing clinical competence, and making recommendations related to privileging within a specific specialty or department.

Medical Executive Committee (MEC)

A governing medical staff body responsible for oversight of credentialing, privileging, quality, and professional practice, and for making recommendations to the governing board.

Patient Care Committee

A subcommittee of the Centra Board responsible for final review and approval of clinical privileges to ensure patient safety and quality of care.

Recredentialing

The periodic reevaluation of a provider's credentials, performance, and professional standing to ensure continued compliance and competence, typically conducted every three years.

Temporary or Provisional Privileges

Privileges granted for a limited period under defined circumstances while the full credentialing and privileging process is completed, in accordance with medical staff bylaws.



Professional Provide Evaluation Committee (PPEC)

A subcommittee of the MEC responsible for reviewing outcomes and quality of care.

Focused Professional Practice Evaluation (FPPE)

A time-limited, performance-based evaluation conducted to assess a provider's clinical competence when privileges are initially granted, when new privileges are requested, or when there is a concern regarding a provider's performance. FPPE is designed to confirm current competence and may include chart review, direct observation, proctoring, or other monitoring methods in accordance with Centra's Peer Review Policy.

Ongoing Professional Practice Evaluation (OPPE)

A continuous, data-driven process used to evaluate a provider's ongoing professional performance over time. OPPE uses defined performance metrics—such as clinical outcomes, utilization data, and peer review—to identify practice trends, support quality improvement, and determine the need for additional evaluation or intervention in accordance with Centra's Peer Review Policy.

Integrated Professional Staff Services (IPSS): The Hospital employee(s) or contractor responsible for processing applications for Medical Staff appointments, reappointments and requests for Privileges, and for maintaining documents related to the credentialing process, herein referred to and including both the Centralized Verification Office ("CVO") and/or the Medical Staff Services Department.

National Practitioner Data Bank (NPDB): The National Practitioner Data Bank (herein referred to as the NPDB), implemented pursuant to the HCQIA.