

WAMSS Responses to:

If a new CMO (Chief Medical Officer) coming into our organization is going to be administrative only – as opposed to our previous CMO who did some coverage – do they still get credentialed the same as the other medical staff who see patients?

This being a fairly new position, our bylaws do not have language around this.

I hope you will share responses with the group.
My thoughts are that the CMO is supervising and making decisions for the Staff therefore should be held to the same review requirements as those he/she oversees; however OPPE wouldn't apply (if you're TJC accredited) because they don't see patients. Our CMO does do patient care so he is credentialed and our bylaws do not address this situation either.

Thank you and good luck!

Tracy Chapman
Manager, Medical Staff Office
Ventura County Medical Center

Ului:

You should check your Bylaws to see if they provide any guidance. Our Medical Staff Bylaws say they must be credentialed in the same manner as other medical staff. They have membership without privileges.

Georganna

Georganna Biggins, CPMSM, CPCS
Director | Medical Staff Services
Seattle Children's

Hi Ului,

I wouldn't think they need to be credentialed at all if there are not doing any patient care.

Trudi
(Virginia Mason)

CMOs normally get credentialed as a member of the medical staff without privileges. The CMOs normally have an ex-officio status. They are privy to med staff issues/concerns but do not have a vote. Your bylaws should express the CMO position.

Jeannie Dominguez-Burton, CPMSM, CPCS, RHIT
Manager, Medical Staff Services
UW Medicine Valley Medical Center

Ului,

We are a health plan who credentials our CMO and Medical Directors even though they don't actually see/treat our members.

Thanks,

Kristen Pilkington, CPCS
Credentialing Specialist
Community Health Plan of Washington

Hi Ului,

We credential our CMO just like all the other Medical Staff members, but he receives courtesy privileges only which means he cannot treat patients in a Harrison facility, but he has access to the electronic medical records.

Gisela Mejia, CPCS, CPMSM

Supervisor, Medical Staff Services
Harrison Medical Center

I would look at his job description. If it says he must have a license, then you should do the same credentialing you would for any employee that has a license. He'd probably just go through your HR process. But, it depends on what he may need to do for his job.

Our Medical Director or CMO keeps his credentialing and privileging just in case he ever needs to see patients if we're in a bind for coverage.

If you credential and privilege him then you'd never have any cases for OPPE/FPPE, peer review or to show competence. It would just be easier to do the HR process.

Cheryle Whisenhunt, CPCS
Columbia Valley Community Health

If your bylaws are written as most are, you should have the option of appointing the doctor to the Medical Staff without any clinical privileges. The primary source verification process is the same and they should go through the same due diligence review.

The Minutes of the Credentials Committee, MEC and Board meetings could state: Dr. XYZ was recommended for appointment to the Associate Medical Staff for a time period of 8/1/2014 through 7/31/2016, with privileges for administrative duties only.

I hope others will share this same interpretation. Please let me know if others agree.

Irene
(Team Health)

We do credential them, but our bylaws state they are to be credentialed as medico-administrative.

Bev
Beverly A. Osborne, CPMSM
Director, Medical Staff Services
Providence Sacred Heart Medical Center