

# Terms and Definitions

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A comprehensive guide to Axuall terms and definitions.



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# Key Concepts

## **Workforce Intelligence**

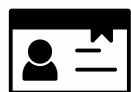
Empowers healthcare leaders to leverage provider data to make better and faster decisions to meet patient demand, improve economic efficiencies, and reduce provider burnout.

## **Reimbursement**

Healthcare facilities receive payment from the health plan/payer for covered services rendered by an enrolled clinician.

## **Axuall Return on Investment (ROI)**

The methodology Axuall uses to demonstrate to clients how the platform supports rapid credentialing for providers, which in turn allows provider organizations to submit claims to payers for reimbursement faster.



# Credentialing

**Note:** Axuall does not perform credentialing services; our services pull primary source documents and deliver them to our clients for review by their credentialing teams and/or consumption by their technologies.

## Adverse Event

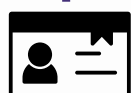
An injury or death that occurs when a patient has received healthcare services from a provider.

## Board Certification

Refers to the certification of a medical doctor (MD) in a specialty or subspecialty. Each specialty has its own board, but they are all members of the American Board of Medical Specialties (ABMS) which grants board certifications.

## Credential

Expresses specific information about an individual's identity and abilities. A credential can be presented in many forms including an image of a passport or driver's license, a state medical license webpage, a PDF of a college transcript, a written document, or other form. At Axuall, a credential is an umbrella term that can be applied to any document used by a provider in the credentialing process.



# Credentialing

## Credentialing

The process of collecting, verifying, and assessing qualifications of a clinician to provide patient care. This process is carried out by a variety of parties including academic institutions, state medical and osteopathic boards, federal healthcare agencies, insurance providers, and individual healthcare facilities, with the same goal: to verify education, training, and experience levels of a healthcare provider with the highest levels of accuracy and integrity.

## CVO

Credentials Verification Organization, an organization that is certified to verify provider credentials.

## CDS/CSR

Some states require their own state-specific Controlled Dangerous Substance (CDS) or Controlled Substance Registration (CDS) number in addition to the federal DEA number.

## DEA

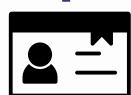
Drug Enforcement Agency (DEA) Registration Numbers are unique 9-character identifiers consisting of 2 letters and 7 digits (example: "AB1234567").

## Delegated

When a healthcare organization gives another healthcare organization the authority to credential its practitioners. For example, payers may delegate specific components of the credentialing process, such as primary source verification, to healthcare facilities.

## Education and Training

To become a medical doctor (MD) an individual must complete an undergraduate degree, medical school from an accredited graduate medical education program or an accredited international program, an internship (post-grad year 1), a residency (specialty), and a fellowship (if applicable for their specialty).



# Credentialing

## **Employment History, Look Back, and Gaps**

The complete history of a clinician's work experience. Clinicians who work for medical staffing agencies often have lengthy employment histories. Each healthcare facility has its own requirement for how far back to review employment history and for how long of an employment gap requires an explanation.

## **Enrollment**

Specific to healthcare insurance companies (payers). Enrollment is the process where a provider applies to be part of a health insurance network; there are two steps, credentialing (as above) and contracting. See also delegated and non-delegated.

## **Healthcare Facility / Organization / Health System**

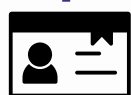
Center that provides health services such as diagnosis of diseases, surgical operations and treatment and recovery of patients. May also conduct research and teaching

## **Identity Verification**

Ensures that the clinician submitting information to Axuall is a real person, is who they claim to be, and holds the credentials in good standing they claim.

## **Locum Tenens**

A physician or advanced practice provider who temporarily fills in for another clinician.



# Credentialing

## **Medical License:**

Is required to practice medicine in the US. Medical licenses are issued to individuals who have successfully completed medical training (see Education and Training). Licenses are issued by the state where the individual intends to practice medicine, must be renewed on a regular basis, and do not transfer from state to state. However, a state license will allow a provider to practice at a Veterans Health Services organization or Indian Health Services organization located in any state.

## **Medical Malpractice**

A negligent act or omission by a clinician which caused an injury, or resulted in death to a patient.

## **Medical Staffing Agency**

Agency that provides vetted, human capital to serve as locum tenens.

## **Medical Staff Office**

The team that assists physicians in fulfilling local, state and federal responsibilities to be credentialed in a hospital

## **Non-Delegated**

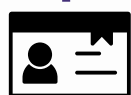
Payer completes the entire credentialing and enrollment process without delegation to another organization.

## **NPI Number**

A National Provider Identifier (NPI) is a unique 10-digit number used to identify a person as a healthcare provider.

## **Personal Information**

Basic clinician demographic and contact information.



# Credentialing

## **Primary Source / Primary Source Verification (PSV):**

The issuing body for a credential. For example, each state in the US issues a medical license to individuals who have successfully completed medical training requirements for that state. Primary source verification indicates that the state license has been verified directly with the state's medical board.

## **Privileging Forms**

The forms required by the healthcare facility for a clinician to provide services on behalf of the facility, these are often specific to specialty (e.g. dermatology, radiation oncology, etc.).

## **Privileging**

Process of evaluating a clinician's clinical qualifications related to the specialty or scope of patient care that is being offered.

## **Professional and/or Personal Attestations**

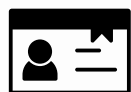
A clinician's claim that they are free from professional sanctions, criminal history, litigation or malpractice claims that would limit their ability to practice medicine.

## **Sanction(s)**

Also known as disciplinary actions. These are the result of an administrative action taken against an individual or entity found to be in violation of an administrative rule, law or criminal offense by a state professional licensure board.

Sanctions are attributed to a restriction placed upon a license and can include a suspension or revocation of the license. These are also called disciplinary actions against the license.





# Credentialing

## **Sanction(s) - Continued**

Sanctions can be imposed for many reasons but are primarily the result of patient abuse, criminal convictions related to diversion of controlled substances or healthcare fraud. Prior to the sanction there has been a due process hearing at the license or disciplinary board and/or the excluding agency. The individual has an opportunity to present his/her case.

CMS defines sanctions as "Administrative remedies and actions (e.g., exclusion, Civil Monetary Penalties, etc) available to OIG to deal with questionable, improper or abusive behaviors of providers under the Medicare, Medicaid or any State health programs".

## **Telehealth Organization**

Organization that provides consultative services primarily online with internet access on your computer, tablet, or smartphone.

# Axuall Technology: General

## Engaged

An engaged provider is one who is invited by their sponsoring organization to claim their wallet and who then completes or verifies their credentials and shares with the sponsoring organization.

## Unengaged

Demographic and professional information of unengaged providers is uploaded by the organization. Providers do not review or complete the information themselves and so their identities are not verified. Some automated credential checking can take place.

## Initial Appointment

The first time a provider's information is input into Axuall. This may coincide with the implementation of Axuall and may not be the provider's initial appointment with their organization.

## Reappointment/Recredentialing

Any subsequent time a provider's information is updated and reconfirmed in Axuall. This is a requirement by authorized accrediting agencies (CMS, TJC, NCQA). The time frame is not to exceed a two year period from the time the clinician's credentials are approved by a healthcare facility or organization. NCQA's time frame is not to exceed a three year period for payer credentialing.

## Continuous Monitoring

The process of continuously checking relevant primary source data for adverse events that may impact a provider's ability to practice medicine, e.g. NPDB, Medicare opt out, etc.

# Axuall Technology: General

## Continuous Query

Monitoring program that is conducted by the NPDB and keeps an organization or entity informed about activity or incidences that occur with individual clinicians who have been enrolled in the program. The organization/entity will be notified via email when a report is submitted to the NPDB.

## Recipe

The specific mix of credentials required by an organization to practice on their behalf. Recipes vary by client.



# Admin Center

## Account

In "Account," users can access account information.

## Actions

**(1)** From the Clinician List: Update Tags, Export, and Download Excel File. **(2)** From Clinician Details: Activity Panel, Tasks, and Facilities.

## Activity Panel

The activity tab includes the clinician's activity log (e.g., when the invitation was sent, what step they are on in the process, etc.)

## Admin Center

The Admin Center is a central platform for users to review clinician information and validate primary source verification artifacts. Users can also invite clinicians to complete their credentialing process and review ongoing reports. The Admin Center makes it simple to manage and keep track of all the information you need.

## Audit Mode

Users can toggle "Audit Mode" on and select any date between the present and when a given clinician's subscription was approved to view what that clinician's profile — including all primary source evidence — looked like at that date.

## Checklist

The Checklist tab includes Identity Verification, Education Verification, Training Verification, Licensure, Life-Support Certification, On-going Monitoring, Work History, Disclosure Questions, and Documents.



# Admin Center

## Clinician Details

Refer to a clinician's profile and can only be viewed by the user when a clinician shares their wallet.

## Clinical ID

National Provider Identifier (NPI).

## Clinician List

Users can access a complete list of clinicians and single clinician details. Also referred to as "clinicians."

## Contact Information

E-mail, phone number, and degree.

## Details

Users can click "Details" to access a single clinician's profile.

## Documents

Contains documents the clinician has uploaded. These documents support their verified credentials, attestations, and other shared information.

## Export

Users can export a single clinician file or multiple clinician files at once.

## Facility

Users can refine their search by facility. Specific to each user.

## Filters

Users can filter clinicians by Clinician Type, Specialty, State, or Review Status.

## Help

Users can access web shortcuts.



# Admin Center

## Medical Staff Professional (MSP)

Deeply involved in credentialing; they need to see all the artifacts and intimate details of the gathered and verified information. This team member is so specialized and focused on the credential verification process that they do not play a role in initiating the process with the clinician.

## Operations

Similar to the Recruiter role in that it is someone who does not perform credential verification but wants to stay informed about the clinician's progress through credentialing. The difference is that they are more involved and may interact with clinicians to invite them to the credentialing process.

## Quick Search

Users can search for a clinician by Clinician Name, NPI, DEA, or State License Number.

## Progress Bar

Users can check a clinician's progress bar at the top of the clinician profile.

## Recruiter

Designed to encompass a member of an organization who is not directly involved in the credentialing process but wants to stay informed about the clinician's progress. This role is view-only regarding the content in the Admin Center.

## Reports

Users can access clinician export reports and ongoing-monitoring reports. Users can download singular or bulk file reports. Bulk file reports can be refined based on desired filters/tags.

## Settings

Users can access the Task Set Builder.



# Admin Center

## Status

Users can refine their search by Status: Invitation sent, Invite bounced, Invited canceled, In process, Application submitted, Account shared,\* and Account created.

## Tags

Users can refine their clinician search by tag: Continuous Monitoring, Initial Appointment, and Re-Appointment.\* Tags can be custom created. E.g., reappointments ('Reappt May 2023'). If you would like to create a custom tag contact the Axuall point of contact at your organization.

## Tasks

Includes active, completed, and canceled tasks. Users can also assign tasks to a clinician.



# Axuall Technology: Wallet

## **Alias**

Any names (maiden/name change/middle name) used during clinical work history. This is key demographic information that will be used as input for ongoing monitoring verifications.

## **ECFMG Number**

Certifies that the education you received abroad meets or exceeds the standards of the United States Medical Education System.

## **Invite/Invitation**

E-mail from the organization asking the clinician to complete the credentialing process with Axuall.

## **Onfido QR Code**

Clinicians can scan an image with their phone camera to access the Onfido remote identity verification.

## **Share**

When a clinician shares the wallet, they are passing it over to the healthcare organization.

## **Verification Code**

The text message sent to a client's mobile phone as part of the ID verification.

## **Wallet**

Powered by Axuall technology, is the digitally collected record of a clinician's education, training, certifications, work experience and other key experience details which are automatically gathered and stored in the Axuall digital wallet. Wallets require a one-time set-up and then provide the clinician and provider organization with automatically updated verifications.





# Third Parties

## **Docusign**

Form software used to map and prefill data and to capture signatures

## **Equifax**

Background check company used to populate previous employment information



# Acronyms

**AMA:** American Medical Association

**APRN:** Advanced Practice Registered Nurse

**CAQH:** Council for Affordable Quality Healthcare

**CMS:** Centers for Medicare and Medicaid Services

**CDS or CSR:** Controlled Dangerous Substance or Controlled Substances Registration (state)

**CE or CME:** Continuing Education

**CRNA:** Certified Registered Nurse Anesthetists

**CNS:** Certified Nurse Specialist

**CNM:** Certified Nurse Midwife

**CVO:** Credentials Verification Organization, an organization that is certified to verify provider credentials.

**COI:** Certificate of Insurance

**DEA:** Drug Enforcement Administration (federal)

**DO:** Osteopathic physician of medicine

**FSMB:** Federation of State Medical Boards, holds state medical license information for all states.

**TJC:** The Joint Commission, an independent organization that accredits hospitals and other healthcare organizations on behalf of CMS to allow for federal reimbursements and is a reflection of quality with achieving performance standards. not staffing agencies or telehealth organizations

**MSP:** Managed Service Provider, manages an organization's temporary workforce

**MD:** Allopathic physician of medicine

**MSO:** Medical Staff Office the team that assists physicians in fulfilling local, state and federal responsibilities to be credentialed in a hospital

**MSP:** Medical Staffing Professional A certified individual in the field of credentialing

**NAMSS:** National Association of Medical Staff and Services

**NCQA:** National Committee for Quality Assurance

**NP:** Nurse Practitioner

**NPDB:** National Practitioner Data Bank

**NPI:** National Provider Identifier

**NPES:** National Plan and Provider Enumeration System (supplies the NPI)



# Resources

1. [Axuall Homepage](#)
2. [NAMSS](#)