Credentialing Resource Center

CESAREAN SECTION

Clinical privilege white paper

Background

Cesarean section (C-section) is the surgical delivery of a baby through incisions in a patient's abdomen and uterus. C-sections may be elective, but more often are performed because of potential health risks to the patient or child. According to the American College of Obstetricians and Gynecologists (ACOG), a C-section may be preferred over a vaginal delivery for the following reasons:

- A multiple pregnancy (a pregnancy with two or more fetuses)
- Failure of labor to progress
- Concerns for the baby, including an abnormal heart rate or compressed umbilical cord
- Problems with the placenta
- A large baby
- Breech presentation (in which the baby's buttocks or feet would be born first)
- Maternal infections, such as HIV or herpes
- Maternal medical conditions, such as diabetes or high blood pressure
- Previous performance of C-section

Increasingly, patients may be eligible for a trial of labor after cesarean (TOLAC), also called vaginal birth after cesarean (VBAC), depending on several factors that must be weighed by the patient and physician. These factors include the number of previous C-sections and the reasons for them, the type of incision (transverse or vertical) the patient previously had, the patient's health, and the type of hospital in which the patient will give birth.

A C-section is considered major abdominal surgery and is typically performed by a physician who is board certified in obstetrics and gynecology (OB-GYN) or by a family physician who has received enhanced training in obstetrics through an extended residency, an obstetrics fellowship, and/or a preceptorship with a physician who has cesarean privileges. Despite lingering inconsistencies regarding the privileging of family medicine physicians for cesarean deliveries, the American Academy of Family Physicians (AAFP) argues that family physicians with sufficient training can bolster services that are already available or provide them in areas that would otherwise have no access to the needed care.

During a C-section, the patient is given general anesthesia, an epidural, or a spinal block to numb the lower half of their body. An IV line provides fluids and medication, including those to prevent infection, and a catheter drains the bladder. Physicians make either a transverse (horizontal) or vertical incision in the wall of the abdomen, separate the abdominal muscles, and make a second incision, either transverse or vertical, in the wall

of the uterus. After the baby is delivered and the umbilical cord cut, the placenta is removed, and the uterine and abdominal incisions are closed.

The ACOG notes that risks associated with C-section include infection; blood loss; blood clots in the legs, pelvic organs, or lungs; injury to the bowel or bladder; and reactions to the medication or the anesthesia used. Typically, patients remain in the hospital for two to four days and must not engage in strenuous activity, including driving, taking stairs, or having sexual intercourse, for the first several weeks after they return home.

For information on general training requirements and certification eligibility criteria for relevant specialties and subspecialties, see the following *Clinical Privilege White Papers*:

- Practice area 134—Family medicine
- Practice area 147—Obstetrics and gynecology

Involved specialties

OB-GYNs, family practitioners

Positions of specialty boards: OB-GYN

ABOG

The American Board of Obstetrics and Gynecology (ABOG) is an independent, nonprofit organization that certifies OB-GYNs in the United States.

To become board certified, candidates must meet the following requirements:

- Hold a valid medical degree (MD or DO)
- Successfully complete an OB-GYN residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) and at least 48 months in length
- Pass the written qualifying exam
- Provide a list of cases reflecting care over the past year (the case list must include cesarean deliveries)
- Pass the oral certifying exam

In order to maintain certification, diplomates must meet the following maintenance of certification requirements over a six-year cycle:

- Professional standing, professionalism, and professional conduct:
  - Maintain an active, full, and unrestricted license in each state in which the diplomate is licensed
  - Maintain unrestricted privileges in obstetrics and gynecology currently and during the past 12 months at each institution, facility, or hospital where the diplomate practices
  - Provide evidence of good moral and ethical character and an untarnished professional reputation

- Lifelong learning and self-assessment:
  - All years: Read 10 articles per year and answer six questions per article (total of 60 questions), with a minimum of 80% average score
  - Scoring 86% or higher, cumulatively, over years 1–5 will allow diplomates to opt out of taking the continuing certification (CC) exam in year 6
- Assessment of knowledge, judgment, and skills:
  - Year 6: Answer 60 knowledge gap questions as part of the Amplified Continuing Education pilot program, in addition to completing the yearly article readings as described above
  - Year 6: Complete the CC exam if not exempt based on criteria described above
- Improving health and healthcare:
  - All years: Start and complete one activity per year

In addition to general certification in obstetrics and gynecology, the ABOG also offers subspecialty certification in complex family planning, gynecological oncology, maternal-fetal medicine, reproductive endocrinology and infertility, and urogynecology and reproductive pelvic surgery.

The ABOG publishes no formal position or related information on the delineation of privileges for C-section.

AOBOG

The AOBOG certifies osteopathic obstetricians and gynecologists in the United States. Candidates for certification must pass both a written and oral examination.

To be eligible for certification from the AOBOG, candidates must meet the following criteria:

- Be a graduate of a college of osteopathic medicine accredited by the Commission on Osteopathic College Accreditation (COCA) or the Liaison Committee on Medical Education
- Graduate from, or be in the third or fourth year of, an OB-GYN residency program approved by the American Osteopathic Association (AOA) or accredited by the ACGME
- Satisfactorily complete three years of an AOA-approved or ACGME-accredited fellowship program (if pursuing subspecialty certification)
- Hold an active license to practice in a state or territory
- Adhere to the AOA code of ethics

In order to maintain certification, diplomates must participate in the Osteopathic Continuous Certification (OCC) program and meet the following requirements:

- Active licensure:
  - Hold an active license to practice medicine in one of the 50 states or Canada
  - Adhere to the AOA code of ethics

- Lifelong learning/continuing medical education (CME):
  - Time-limited diplomates: 60 CME credits over three years, of which 25 must be specialty-specific CME
  - Non-time-limited diplomates voluntarily participating in OCC: 60 CME credits over three years, of which 25 must be specialty-specific CME
  - Non-time-limited diplomates not participating in OCC: 120 CME credits over three years, of which 50 must be specialty-specific CME
- Cognitive assessment:
  - Pass one or more psychometrically valid and proctored examinations
- Practice performance assessment and improvement:
  - Complete one practice performance assessment module and/or quality improvement activity attestation each three-year certification CME cycle

The AOBOG publishes no formal position or related information on the delineation of privileges for C-section.

Positions of specialty boards: Family medicine

ABFM

The American Board of Family Medicine (ABFM) is an independent, nonprofit organization that certifies family physicians in the United States. To receive ABFM certification, physicians must meet the following requirements:

- Complete three years of training in an ACGME-accredited family medicine residency program after receiving an MD or DO degree from an accredited institution
  - The final two years of the family medicine residency training must be completed in the same accredited program
- Hold a currently valid, unrestricted license to practice medicine in the U.S. or Canada
- Continuously comply with the ABFM's guidelines during training
- Certification activities:
  - Earn a total of 50 certification points by completing ABFM self-assessment and performance improvement activities
    - Complete a minimum of one self-assessment activity
    - Complete a minimum of one performance improvement activity
    - Complete additional self-assessment, performance improvement, or approved self-assessment alternative activities
- Pass the certification exam

In order to maintain certification, diplomates must meet the following continuous certification five-year cycle requirements:

- Certification exam:
  - Answer 25 quarterly exam questions (longitudinal assessment) or opt to take the one-day exam; diplomates who opt for the one-day exam will take it in year 4
- Certification activities:
  - Earn 60 certification points through self-assessment and performance improvement activities
- CME:
  - Earn 200 CME credits
- Professionalism and licensure:
  - Continuously comply with the ABFM guidelines for professionalism, licensure, and personal conduct
  - Maintain active, valid, and full license to practice medicine in the U.S. and Canada
- Pay the annual certification fee

In addition to general certification in family medicine, the ABFM offers added qualifications in adolescent medicine, geriatric medicine, healthcare administration and leadership, hospice and palliative medicine, pain medicine, sleep medicine, and sports medicine. The ABFM publishes no formal position or related information on the delineation of privileges for C-section.

AOBFP

The AOBFP offers certification in family medicine and family medicine/osteopathic manipulative treatment (OMT). It requires trainees to complete a three-year, AOA-approved family practice residency.

To receive AOBFP certification in family medicine, physicians must meet the following requirements:

- Complete an AOA-approved family medicine residency within the past six years, or apply for examination during the final year of their AOA- or ACGME-approved training
- Adhere to the AOA code of ethics

Candidates may opt out of the OMT performance exam and become board certified in family medicine only. Those who wish to become certified in family medicine/OMT must meet the following requirements:

- Complete an AOA-approved family medicine residency within the past six years or be in their final year of training in an AOA- or ACGME-approved family medicine residency
- Candidates who are graduates of a non-COCA college must have completed the osteopathic education requirements in an ACGME-accredited family medicine program with Osteopathic Recognition (OR)

- Candidates who are graduates of a non-COCA college and have not completed an OR FM residency need to complete an additional 50 hours of training in osteopathic principles and practice, 70% of which must be hands-on training by an osteopathic physician
- Adhere to the AOA code of ethics

In order to maintain certification in family medicine, diplomates must successfully complete the following OCC requirements:

- Active licensure:
  - Hold a valid, active license to practice medicine in a U.S. state or Canada
  - Adhere to the AOA code of ethics
- Lifelong learning and CME:
  - Earn 120 CME credits per three-year AOA CME cycle
    - 30 credits must be AOA Category 1A
    - 30 credits can be either Category 1A or 1B
    - 60 credits can be Category 1A, 1B, 2A, 2B, or AAFP credits
- Cognitive assessment:
  - Family medicine: Pass the longitudinal assessment
  - OMT: Diplomates are no longer required to take the OMT performance exam
- Practice performance assessment:
  - Diplomates whose certification expires before 2027 must complete four modules before the expiration date
    - One quality improvement attestation may be substituted during each three-year cycle
  - Diplomates whose certification expires in 2027 and later are required to complete one quality improvement attestation during each three-year cycle

The AOBFP publishes no formal position or related information on the delineation of privileges for C-section.

ABPS

The American Board of Physician Specialties (ABPS), the official certifying body for the American Association of Physician Specialists and the third largest national multispecialty certification board in the United States, offers certification in family medicine obstetrics to family physicians who have completed a fellowship track or clinical practice track in obstetrics. In both cases, for surgical qualification, physicians must complete at least 70

C-sections as primary surgeon, at least 10 of which must have been in the past two years. They must also pass a written exam and an oral exam and be deemed surgically competent by peer observers.

The ABPS publishes no formal position or related information on the delineation of privileges for C-section.

Positions of societies, academies, colleges, and associations: OB-GYN

ACGME

The Accreditation Council for Graduate Medical Education (ACGME) accredits OB-GYN residency programs and publishes corresponding requirements.

The ACGME *Program Requirements for Graduate Medical Education in Obstetrics and Gynecology* lists competencies for patient care and procedural skills as:

- Residents must develop and ultimately demonstrate the ability to manage patients:
  - In the medical and surgical care of the female reproductive system and associated disorders, and as the primary physician of women
  - In a variety of roles within health systems, with progressive responsibility to include serving as the direct provider, the leader or member of a multidisciplinary team of providers, a consultant to other physicians, and an educational resource to the patient and other members of the healthcare team
  - In a variety of healthcare settings to include the inpatient unit, labor and delivery, operating room, critical care units, and emergency and ambulatory settings
- Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
  - Residents must develop and ultimately demonstrate proficiency in obstetric and gynecologic procedures essential for specialty board certification

The ACGME also accredits family medicine residency programs, whose corresponding requirements do not mention C-section.

AOA

In July 2015, the AOA and the ACGME began a five-year transition to a single U.S. graduate medical education (GME) accreditation system that concluded in June 2020. During this time, the AOA phased out its accreditation of GME programs while osteopathic institutions and GME programs applied for accreditation through the ACGME.

As of July 1, 2020, the ACGME serves as the sole accreditor for both osteopathic and allopathic residencies and fellowships.

ACOG

Founded in 1951, the ACOG is a nonprofit, professional membership organization dedicated to the improvement of women's health. The ACOG produces committee statements, including *Quality-Improvement Strategies for Safe Reduction of Primary Cesarean Birth*, and opinions, such as *Cesarean Delivery on Maternal Request*. The ACOG does not publish guidelines or position statements on the delineation of privileges for C-section.

ACOOG

The American College of Osteopathic Obstetricians and Gynecologists (ACOOG) is committed to excellence in women's health. The group provides educational and networking opportunities, but does not publish guidelines or position statements on the delineation of privileges for C-section.

Positions of societies, academies, colleges, and associations: Family medicine

AAFP

Representing more than 100,000 family physicians, family medicine residents, and medical students, the AAFP is one of the largest medical organizations in the United States. It was founded in 1947 to "promote and maintain high quality standards for family doctors who are providing continuing comprehensive health care to the public." To that end, the AAFP publishes a range of resources regarding the specialty, including several materials related to cesarean delivery by family physicians.

The ABFM publishes a position paper, *Cesarean Delivery in Family Medicine.* It states that family physicians are an important part of prenatal care in the United States, especially in rural and underserved communities. The ABFM believes that the following indicate the extent to which cesarean delivery is within the current scope of family medicine:

- The joint AAFP/ACOG statement on cooperative practice and hospital privileges affirms that surgical delivery is within the scope of family medicine
- The AAFP's recommended maternity care curriculum guidelines for family medicine residents describe training in advanced obstetric skills, which include the performance of cesarean delivery
  - Some advanced skills may be considered "core" skills in certain family medicine residency programs (e.g., programs that offer advanced obstetrics fellowships)
- In the United States, there are approximately 48 family medicine fellowships in obstetrics, many of which seek to train family physicians to perform cesarean delivery independently
  - Many graduates of these programs practice in rural and/or underserved areas and have cesarean delivery privileges
- The Society of Teachers of Family Medicine (STFM) Group on Hospital Medicine and Procedural Training published a consensus document that lists cesarean delivery among the advanced procedures that are within the scope of family medicine

Positions of accreditation bodies

CMS

Centers for Medicare & Medicaid Services (CMS) has no formal position concerning the delineation of privileges for C-section.

The CMS *Conditions of Participation (CoP)* define a requirement for a criteria-based privileging process in §482.22(c)(6), stating that a hospital's bylaws must include "criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges."

Specific privileges must reflect activities that the majority of practitioners in that category can perform competently and that the hospital can support. Privileges are not granted for tasks, procedures, or activities that are not conducted within the hospital, regardless of the practitioner's ability to perform them.

Each practitioner must be individually evaluated for requested privileges. It cannot be assumed that every practitioner can perform every task, activity, or privilege specific to a specialty, nor can it be assumed that the practitioner should be automatically granted the full range of privileges. The individual practitioner's ability to perform each task, activity, or privilege must be individually assessed.

CMS also requires that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

CoP §482.22(a)(1) states the need for a periodic appraisal of practitioners who have been appointed to the medical staff or granted medical staff privileges. In the absence of a state law that establishes a time frame for the periodic appraisal, CMS recommends that an appraisal be conducted at least every 24 months. The purpose of the periodic appraisal is to determine whether clinical privileges or membership should be continued, discontinued, revised, or otherwise changed.

TJC

TJC has no formal position concerning the delineation of privileges for C-section.

In its *Comprehensive Accreditation Manual for Hospitals*, TJC states, "The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege" (standard MS.06.01.03).

In the introduction for MS.06.01.03, TJC states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

TJC introduces MS.06.01.05 by stating, "The organized medical staff is responsible for planning and implementing a privileging process." MS.06.01.05 states, "The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process."

The elements of performance (EP) for standard MS.06.01.05 include several requirements as follows:

- The need for all licensed independent practitioners who provide care, treatment, and services to have a current license, certification, or registration, as required by law and regulation

- Established criteria as recommended by the organized medical staff and approved by the governing body with specific evaluation of current licensure and/or certification, specific relevant training, evidence of physical ability, professional practice review data from the applicant's current organization, peer and/or faculty recommendation, and a review of the practitioner's performance within the hospital (for renewal of privileges)
- Consistent application of criteria
- A clearly defined (documented) procedure for processing clinical privilege requests that is approved by the organized medical staff
- Documentation and confirmation of the applicant's statement that no health problems exist that would affect their ability to perform privileges requested
- A query of the NPDB for initial privileges, renewal of privileges, and when a new privilege is requested
- Written peer recommendations that address the practitioner's current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism
- A list of specific challenges or concerns that the organized medical staff must evaluate prior to recommending privileges (e.g., suspension of license or privilege)
- Information regarding any changes to practitioners' clinical privileges, updated as they occur

MS.06.01.07 states, "The organized medical staff reviews and analyzes information regarding each requesting practitioner's current licensure status, training, experience, current competence, and ability to perform the requested privilege."

In the EPs for standard MS.06.01.07, TJC states that the information review and analysis process must be clearly defined and that the decision process must be timely. The organization, based on recommendations by the organized medical staff and approval by the governing body, must develop criteria that will be considered in the decision to grant, limit, or deny a request for privileges. The criteria must be consistently applied and directly relate to the quality of care, treatment, and services. Ultimately, the governing body or delegated governing body has the final authority for granting, renewing, or denying clinical privileges. Privileges may not be granted for a period beyond three years.

Criteria that determine a practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested are consistently evaluated.

MS.08.01.03 states, "Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal."

In the EPs for MS.08.01.03, TJC says there is a clearly defined process facilitating the evaluation of each practitioner's professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

ACHC

The Accreditation Commission for Health Care (ACHC) has no formal position concerning the delineation of privileges for C-section.

The bylaws must include the criteria for determining the privileges to be granted to the individual practitioners and the procedure for applying the criteria to individuals requesting privileges (03.01.10). Privileges are granted based on the medical staff's review of an individual practitioner's qualifications and its recommendation regarding that individual practitioner to the governing body.

It is also required that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

Privileges must be granted within the capabilities of the facility. For example, if an organization is not capable of performing open-heart surgery, no physician should be granted that privilege.

The bylaws also define the mechanisms by which the clinical departments, if applicable, or the medical staff as a whole establish criteria for specific privilege delineation.

03.01.15 states that each of the following areas must be reviewed for each applicant or reapplicant during the review and approval process:

- Licensure history
- Medical education and postgraduate training
- Malpractice insurance and history
- Specialty board status (if applicable)
- Sanctions or disciplinary actions taken by healthcare facilities, specialty boards, federal or state agencies, and malpractice carriers
- Criminal history (felony convictions/criminal history for 7–10 years for initial applications)
- History of hospital employment and affiliations
- Professional references
- Clinical activity: procedure logs with outcomes to support privilege requests for procedures not attested to in postgraduate references
- Information verified for comparison: comparison of applicant-provided information and verified information
- Meeting attendance (consistent with requirements established in the medical staff bylaws)

Periodic appraisals of the suitability for membership and clinical privileges is required to determine whether the individual practitioner's clinical privileges should be approved, continued, discontinued, revised, or otherwise changed (03.00.02). The appraisals are to be conducted at least every 36 months.

DNV

DNV has no formal position concerning the delineation of privileges for C-section.

MS.6, SR.1 states, "The medical staff bylaws shall describe the qualifications to be met by a candidate in order for the medical staff to recommend that the governing body appoint the candidate. Members of the medical staff, as well as practitioners granted clinical privileges without membership, shall be legally and professionally qualified for the positions to which they are appointed and for the performance of any privileges granted."

MS.4, SR.3 states, "The governing body shall ensure that under no circumstances is medical staff membership or professional privileges in the organization dependent solely upon certification, fellowship, or membership in a specialty body or society."

Under MS.6, SR.11, DNV requires specific provisions within the medical staff bylaws for automatic suspension of clinical privileges in the following circumstances: revocation/restriction of licensure; revocation, suspension, or probation of a DEA license; termination or revocation of the practitioner's Medicare or Medicaid status; failure to maintain professional liability insurance as specified; and noncompliance with written medical record delinquency/deficiency requirements. MS.6, SR.12 states that the medical staff bylaws must contain provisions for fair hearing and appeal regarding any practitioner's appointment/reappointment to the medical staff or regarding a practitioner's suspension or revocation of privileges.

MS.6, SR.8 requires a mechanism (outlined in the bylaws) to ensure that all individuals provide services only within the scope of privileges granted.

MS.6, SR.10 states that clinical privileges (and appointments or reappointments) are for a period as defined by state law or, if permitted by state law, not to exceed three years.

Finally, MS.8 states that individual practitioner performance data must be measured, utilized, and evaluated as a part of the decision-making for appointment and reappointment.

CRC draft criteria

The following draft criteria are intended to serve solely as a starting point for the development of an institution's policy regarding C-section.

Minimum threshold criteria for requesting core privileges to perform C-section

Basic education: MD or DO.

Minimum formal training: Successful completion of an ACGME- or AOA-accredited residency in OB-GYN. Alternatively, if the applicant has completed a residency program in family medicine, the applicant must be able to demonstrate the successful completion of a 12-month, full-time obstetrics or maternal and child care fellowship.

Required current experience: Demonstrated current competence in at least [n] procedures during the past 12 months or demonstrated completion of training within the past 12 months.

References

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism. To be eligible to renew privileges in C-section, the applicant must demonstrate current competence and an adequate volume of experience ([n] procedures) with acceptable results for the past [n] months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

[Maintenance of certification is required.]

In addition, continuing education related to C-section should be required.

For more information

Accreditation Commission for Health Care
139 Weston Oaks Court
Cary, NC 27513
Telephone: 855-937-2242
Fax: 919-785-3011
Website: *www.achc.org*

Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611
Telephone: 312-755-5000
Fax: 312-755-7498
Website: *www.acgme.org*

American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680
Telephone: 913-906-6000
Fax: 913-906-6075
Website: *www.aafp.org*

American Board of Family Medicine
1648 McGrathiana Parkway, Suite 550
Lexington, KY 40511-1247
Telephone: 877-223-7437
Fax: 859-335-7516
Website: *www.theabfm.org*

American Board of Obstetrics & Gynecology
PMB #809
2807 Allen Street
Dallas, TX 75204
Telephone: 214-871-1619
Fax: 214-871-1943
Website: *www.abog.org*

American Board of Physician Specialties
5550 West Executive Drive, Suite 400
Tampa, FL 33609
Telephone: 813-433-2277
Fax: 813-830-6599
Website: *www.abpsus.org*

American College of Obstetricians and Gynecologists
409 12th Street SW
Washington, DC 20024-2188
Telephone: 800-673-8444
Website: *www.acog.org*

American Osteopathic Association
142 East Ontario Street
Chicago, IL 60611-2864
Telephone: 312-202-8000
Website: *www.osteopathic.org*

American Osteopathic Board of Family Physicians
142 East Ontario Street, 4th Floor
Chicago, IL 60611-2864
Telephone: 312-202-8477
Website: *https://certification.osteopathic.org/family-physicians/*

American Osteopathic Board of Obstetrics and Gynecology
142 East Ontario Street
Chicago, IL 60611-2864
Telephone: 312-202-8271
Fax: 312-202-8482
Website: *https://certification.osteopathic.org/obstetrics-gynecology/*

American Osteopathic College of Obstetricians and Gynecologists
P.O. Box 17598
Fort Worth, TX 76102
Telephone: 817-377-0421
Website: *www.acoog.org*

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
Telephone: 877-267-2323
Website: *www.cms.gov*

DNV Healthcare, Inc.
1400 Ravello Drive
Katy, TX 77449
Telephone: 281-396-1000
Website: *www.dnv.us*

The Joint Commission
1 Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone: 888-527-9255
Website: *www.jointcommission.org*