

PHYSICIAN/**CRNA** CREDENTIALING APPLICATION PACKET:

Each physician applicant to the facility medical staff must complete or submit the following:

- Physician application
- Authorization to Release Information
- Liability Questionnaire
- Privilege Request Form (appropriate to the individual physician specialty)
- Practitioner Information for the National Practitioner Data Bank (NPDB)
- Copy of malpractice binder face sheet
- Request for Staff Appointment
- License and/or certificate as applicable
- Quality Management Peer Review Confidentiality Agreement
- **BLS/ACLS**
- **TB Attestation**

PHYSICIAN CREDENTIALING FILE:

This facility shall maintain a credentialing file for each practitioner, to include the following:
(Instructions follow.)

A. STATISTICS

1. Application
2. Copy of Driver's License
3. Liability Questionnaire
4. Questionnaire Explanations, if applicable
5. Authorization for Release of Information
6. CV (curriculum vitae)

B. LICENSES/CERTIFICATIONS

1. State Medical/**Dental/ Podiatry/CRNA** License
2. State Medical/**Dental/ Podiatry/CRNA** Board Verification of License
3. DEA Permit
4. DEA Permit Verification
5. State Controlled Drug Substance (CDS) Registration, if applicable
6. State CDS Registration Verification, if applicable
7. Malpractice Insurance Face Sheet
8. AMA, **ABPOPPM, ABPS, ABGD, ABPD**, or AOA Profile or Other Primary Source Verification of Education and Training **(for physicians only)**
9. AMA Profile or other source Board Certification Verification **(for physicians only)**
10. National Practitioners Data Bank Response (NPDB)
11. 805 Report **(CA Only)**
12. OIG (Office of Inspector General) Exclusion Report
13. Medicaid State Exclusion Database Report
14. **BLS/ACLS/PALS Certification**

C. VERIFICATION

1. Verification of Hospital Privileges
2. Conflict of Interest Form, if applicable
3. Peer References
4. TB Attestation and Documentation

D. APPROVAL

1. Request for Medical Staff Appointment
2. Privilege Request
3. Review by Outside Physician (for single MD owner)
4. Correspondence
5. Medical Staff Bylaws Acknowledgment

E. EDUCATION

1. Orientation Checklist
2. Education Documentation, if applicable

F. MISCELLANEOUS

1. Other Miscellaneous Documentation
2. Quality Management Peer Review Agreement

Organize the files in 6-face pressboard file folders with fasteners. Each section (A-F) should be placed on a separate face of the folder.

**If a physician is designated by the GB to oversee radiologic services add the following to the appropriate DOP....
"Provide oversight of facility radiologic services in accordance with applicable state regulations and/or CMS regulations"**

INSTRUCTIONS:

A.1., A.3., A.5.

Each practitioner will complete an application, answering each question in total (not referencing another document such as a CV). The practitioner will complete a **Liability Questionnaire** and an **Authorization for Release of Information**.

A.2.

Obtain copy of driver's license from practitioner.

A.4.

Practitioner shall provide an explanation for any **YES** answers to **Liability Questionnaire** questions. All explanations should be signed and dated by the physician.

A.6.

Practitioner shall provide a CV, which includes a five (5) year work history.

B.1., B.2.

Practitioner shall provide a legible copy of his/her current state license. Contact the appropriate state board (State Medical Board, State Board of Dental Examiners, etc.) for verification of license renewal. Print online verification. If the license has expired, request a copy of the renewed license and document verification. If the license has expired and has not been renewed, contact the Clinical Director immediately. **A practitioner may not see patients in the facility without a current license.**

For CRNAs, go to this website (<http://aptify.aana.com/ekPages/CertRecert.aspx>) and print a certification verification in addition to their state RN and CRNA license verifications from the appropriate state Board of Registered Nursing.

B.3., B.4.

Practitioner is to provide a legible copy of his/her current DEA permit. To verify DEA status, go to

<https://www.deadiversion.usdoj.gov/webforms/validateLogin.jsp>

Type in the DEA#, name, SSN, and Tax ID. Print out the verification for the file.

B.5., B.6.

Practitioner shall provide a legible copy of his/her current State Controlled Drug Substance Registration (CDS), if applicable. To find out if this is necessary in your state start by calling your state Board of Pharmacy. If necessary, verify CDS status online and print verification.

B.7.

Practitioner is to provide a copy of his/her current liability insurance declaration. This must include the name of the practitioner, the policy number, the amount of coverage per incident (no less than \$1,000,000) and aggregate (no less than \$3,000,000), expiration date, and name and address of the insurance company.

B.8.

Primary or secondary source verification of education, training and experience is required. This can be obtained in one of three ways:

- Refer to PSS Client Resources for a list of NCQA approved Credentialing Verification Organizations (CVOs).
- Original documents from the educational institutions, which provided education, internship and residency, verifying program completion and dates of attendance. There must be original documents, not copies.
- America Osteopathic Association (AOA) profile for each doctor. To obtain AOA physician profiles, go to this website: <https://www.doprofiles.org/index.cfm>
- American Medical Association (AMA) physician profile for medical doctors. **This is not available for DPM or DDS.** To obtain AMA physician profiles, either call the AMA credentialing department at (800) 665-2882 or go to their website at:

<https://profiles.ama-assn.org/amaprofiles/>

and click on “new customer registration”.

They are located in Chicago, IL. Follow instructions to register your facility to order AMA physician profiles. You will need a credit card.

There is no similar profile service for dentists; therefore, primary source verification must be done with each dental school, internship, and residency program, as applicable. Sample letters to request such verification are included in this guide.

DPM

- Education: National Student Clearing House <http://www.studentclearinghouse.org/>, written request for podiatric college if American Podiatric Medical Association (APMA) member, or written request to institution
- Residency: Written request to Council on Podiatric Medical Education (CPME)
- Board Certification: Written request to American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) OR American Board of Podiatric Surgery

DDS

- Education: National Student Clearing House <http://www.studentclearinghouse.org/> or written request to the institution
- Residency: Written request to Institution
- Board Certification: Written request to the American Board of General Dentistry or American Board of Pediatric Dentistry. NOTE: A dentist must successfully complete a two (2) year program in pediatric dentistry to be considered a pediatric dentist

For medical staff of less than ten (10) members, secondary source verification using the AMA or AOA profile is recommended. These reports meet NCQA standards for verification of education, residency and board certification.

NOTE: THE PROFILES MUST BE CURRENT (WITHIN 120 DAYS) AT THE TIME OF REVIEW FOR MEDICAL STAFF APPOINTMENT.

B.9. Verification of MD Board Certification may be obtained via the AMA, **ABPOPPM, ABPS, ABGD, ABPD**, or AOA report **AND** (not or) a copy of the Board Certification Certificate provided by the physician.

B.10. Register the facility as an **ORGANIZATION** of the National Practitioner Data Bank-Healthcare Integrity Data Bank at

<http://www.npdb-hipdb.hrsa.gov/hcorg/register.jsp>

On this page you will find detailed instructions at the link “[how to get started](#)” and “[registration process](#)”. You will need to print 2 copies of the registration form, and complete them with a notary and then mail them to the NPDB in Virginia. Once you are registered and receive your entity registration with DCN and log in you must query each practitioner applicant. To submit a query, follow the instructions at this link:

<http://www.npdb-hipdb.hrsa.gov/hcorg/howToSubmitAQuery.jsp>

Use the **Practitioner Data Collection For Online Queries** form. This is a tool for the credentialing coordinator. You can use these completed forms to input the data for the NPDB queries without having to go through every credentialing file to locate the required information. You will need a credit card.

When submitting the queries be sure to:

- Save your query to your subject database, and
- Request email notification when queries responses are ready.

Print the Temporary Record of Submission for your records. You can shred this document once you download and print the query response. Place the query response in the credentialing file.

NOTE: THE NPDB QUERY REPORT MUST BE CURRENT (WITHIN 120 DAYS) AT THE TIME OF REVIEW FOR MEDICAL STAFF APPOINTMENT.

B.11. **Need to register facility with the License Verification System.** Go to the following website for directions:

<http://www.mbc.ca.gov/LVS/Subscription.aspx>. Forms need to be mailed into the Medical Board of California. Once the facility is registered, go to the following website to see if there are any 805 reports filed on the applicant: <https://www2.mbc.ca.gov/MBCLVS/>. If the licensee’s name is not on the table downloaded, then no reports have been filed with the Medical Board. If the licensee’s name is found, the table will reflect this. Then you will need to use the standard protocol to request a copy of the report(s) by completing the “Request For Copy of 805 Report” form found here: http://www.mbc.ca.gov/Forms/LVS/805_request.pdf.

B.12.

Verification of exclusion from the Medicare/Medicaid program can be obtained by clicking on the OIG website at:

<http://exclusions.oig.hhs.gov/>. Print out a copy of the report after submitting the name of the Physician. Bases for exclusion include convictions for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance Loans.

B.13.

Verification of exclusion as a **MediCaid** provider can be obtained by going to the following website: [http://files.medi-](http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp)

[cal.ca.gov/pubsdoco/SandILanding.asp](http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp). Print out a copy of the report after submitting the name of the physician. Bases for exclusion include felony and misdemeanor convictions, suspension from federal Medicare or Medicaid programs, lost or surrendered license, breached a contractual agreement with the Department. **Need to find website and State insurance for indigent for State.**

B.14.

The Practitioner shall provide a copy of any certifications they have, i.e., BLS, ACLS, PALS.

B.1., B.2., B.3., B.4., B.5., B.6., B.7., B.14.

A tickler system should be maintained to anticipate the expiration of license, DEA and liability insurance documents for all members of the Medical Staff. Expired documents are never discarded. They remain in the credentialing file. Most current documents are placed on top of expired documents.

C.1.

Using the Verification of Privileges form, obtain verification of hospital privileges for the practitioner's primary hospital affiliation as stated on the application. Call the medical staff office of the hospital to inquire about a charge for privilege verification. Some hospitals charge up to twenty-five dollars (\$25). If there is a charge, and it is not included with the request, it will delay the response from the hospital. Attach a photocopy of the physician's Authorization to Release Information form to the request prior to mailing. Include a self-addressed envelope to expedite the return. Mailing should be done early as some hospitals take three (3) to five (5) weeks to respond. Request should be addressed: **Hospital Name; ATTN: Medical Staff Office; Street Address; City; State; Zip code.**

C.2.

If a conflict of interest cannot be avoided, it must be disclosed to the compliance officer. A waiver of a conflict will be considered only when full written disclosures and appropriate reviews have been approved by the Governing Body. See Compliance Program in Administration section 4.

C.3.

Reference verifications should be sent to those listed as references on the application. A self-addressed envelope should be included to assist in the return. You should obtain at least 3 for each applicant.

C.4. Documentation of current TB testing (PPD skin test or chest X-ray) may be provided by the applicant. If the applicant cannot produce such evidence, the facility may administer the test.

NOTE: THE VERIFICATIONS MUST BE CURRENT (WITHIN 120 DAYS) AT THE TIME OF REVIEW FOR MEDICAL STAFF APPOINTMENT.

D.1., D.2. Approval signatures must be documented on **Request for Medical Staff Appointment** and **Privilege Request**. It is helpful to flag the pages that require signatures in preparation for the committee review process.

D.3. If the facility is a solo practitioner in the surgery center, his/her credentialing application must be reviewed by an outside physician. This physician should write a letter of recommendation for medical staff approval. The letter should be kept in the credentialing file.

D.4. Correspondence may be filed in chronological order in this section with most recent on top. Once appointed, a letter of notification of appointment, with effective date should be sent to the medical staff member and a copy of the letter filed in the credentialing file.

D.5. Medical Staff members must receive and read the medical staff bylaws and agree to abide by them. This acknowledgement can be signed once appointment is approved by the Governing Body.

E.1. Medical Staff members must have a general orientation to the facility. See Human Resources section 1.

E.2. If additional training is necessary (i.e. a new laser), place documentation in file. Education must be verified at the education institution(s) for DMDs. The AMA and AOA reports meet NCQA standards for verification of medical education.

F.1. Other miscellaneous document may be filed in chronological order in this section with the signed **QAPI/Peer Review Confidentiality Agreement** on top.

GENERAL INFORMATION:

- Expired documents will be kept in practitioners' credential file. As expired documents are renewed, the current documents should be in the appropriate place in the file as outlined in this guide. The expired documents may be accumulated behind a colored piece of paper, behind current documents.
- Use the Expiration Table to track all documents, which expire. This may include but not be limited to:
 - State license
 - DEA certificate
 - CDS registration
 - Malpractice insurance face sheet
 - BLS/ACLS certification
 - TB testing

Create a legend to indicate each document and write the year of expiration in the appropriate month on the table after each applicant name. Check the table once a month, in advance and send a notification letter of expiring documents.

- Letters requesting documentation such as a renewal license or insurance face sheet may be discarded after the item requested is received.
- Highlight items on reports, such as the AMA, for quick recognition. Items might include provider name, school, board certification, date of report.
- All licenses must be current; insurance must be current; documents may be no more than 120 days old.
- The completed file will be presented to the Governing Body. The Request for Staff Appointment and Privilege Request forms will be signed by the Medical Advisory Committee and Governing Body when privileges are approved.
- Correspondence – Once appointed, a letter of notification of appointment, with effective date should be sent to the medical staff member and a copy of the letter filed in the credentialing file.

RE-CREDENTIALING:

- Forty-five (45) days prior to re-credentialing, this facility will review the file checking for current licensing and other documentation. At this time, a:
 - ***Request for Staff Reappointment***
 - ***Authorization to Release Information***

will be sent to the provider, along with a request for any licenses or needed supporting documentation, and indicating a return date of no more than ten (10) working days (for your convenience).

- License, DEA, CDS Registration and Malpractice Insurance should be current on a monthly basis. However, verify that these items will not expire prior to Credentialing Committee Review. **It is a good idea to schedule Recredentialing at a time several months away from document / license expiration. Again, remember that supporting documentation, i.e., NPDB, application, etc., must be no more than 120 days old at the time of Committee Review.**
- Upon receipt of the completed recredentialing documents, this facility will obtain the following:
 - Verification of hospital privileges
 - NPDB
 - State Medical / **Dental** / **Podiatry** / **CRNA** Board verification of current license
 - Medicare and Medicaid sanctions will be reviewed after verification of exclusions from OIG
- The facility will complete the **Physician Reappointment Profile** in preparation for the Credentialing Committee meeting.