Basic Concepts in Credentialing, Recredentialing and Privileging

Session Code: WE05

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Time: 8:30am - 10:00am

Total CE Credits: 1.5

Presenter(s): Kathy Matzka, CPMSM, CPCS
Credentialing and Privileging Basics

What We Will Cover...

- CMS regulations related to credentialing and privileging
- Applying criteria for membership and privileges
- Primary source verification
- Red flags
- Roles and Responsibilities

Difference Between Credentialing and Privileging

**Credentialing**
- Involves verification of a practitioner’s “credentials”
  - Licensure
  - Education
  - Training
  - Etc.

**Privileging**
- Involves documentation and evaluation of the actual patient care, treatment, or services that will be provided at your facility
- Based evaluation of credentials and performance
Applying Critical Thinking Skills to Avoid Confirmation Bias

Why do we do it?

• To protect patients
• Risk management – negligent credentialing
• Accreditation/Regulatory requirements

CMS REGULATIONS CREDENTIALING & PRIVILEGING

Conditions of Participation

• Minimum requirements providers and suppliers of health services must comply to qualify for Medicare certification and reimbursement
• Title XVIII of the Social Security Act and other regulations that the Secretary of the Department of Health and Human Services find to be necessary and in the interest of the health and safety of individuals who receive services in the institution, as authorized by SSA

Kathy Matzka, CPMSM, CPCS
www.kathymatzka.com
A Little History…

- 1916: American College of Surgeons ("ACS") did a survey of over 2,700 hospitals in the US and Canada to examine the quality of service in these institutions.
  - The survey and its findings were never published.
  - Survey committee ordered the reports destroyed when the results indicated that only 89 of nearly 700 hospitals with more than 100 beds could meet any reasonable healthcare standards.
  - ACS adopts minimum standards to which hospitals could voluntarily commit.
- 1946: Congress passes Hill-Burton Hospital Survey and Construction Act resulting in widespread application of healthcare standards.
  - To receive Hill-Burton funding, states were required to license entities to ensure that hospital facilities adhered to quality of service requirements.
- 1965: Enactment of Medicare and Medicaid.
  - Congress establishes uniform minimum national standards to be met by healthcare entities in order to be certified by state agencies.

A Little History…

- Determination that a particular healthcare organization is in compliance is accomplished by state surveys or accreditating body approved by CMS for hospitals:
  - Joint Commission
  - HFAP (The Accreditation Association for Hospitals and Health Systems)
  - DNV GL Healthcare
  - Center for Improvement in Healthcare Quality

CMS Hospital CoPs

- All interpretative guidelines and manuals are on website.
  - Rev. 151, 11/20/15 (most recent hospital)
  - Rev. 149, 10-09-15 – most recent CAH
CoPs require criteria for determining privileges and for applying the criteria:

- Individual character
- Individual competence
- Individual training
- Individual experience
- Individual judgment
Hospital IG §482.22(a)(2) Medical Staff

- The individual’s credentials to be examined must include at least:
  - A request for clinical privileges
  - Evidence of current licensure
  - Evidence of training and professional education
  - Documented experience
  - Supporting references of competence

Hospital §482.22(a)(2)

- MS must examine the credentials of all eligible candidates for MS membership and make recommendations to the GB on the appointment of these candidates in accordance with State law, including scope-of-practice laws, and MS bylaws, R&R
- A candidate who has been recommended by the MS and who has been appointed by the GB is subject to all MS bylaws, R&R, in addition to the requirements contained in this §482.22

Medicare CoPs Interpretative Guidelines §482.22(a)(2) Medical Staff

It cannot be assumed that every practitioner can perform every task/activity/privilege that is specified for the applicable category of practitioner. The individual practitioner’s ability to perform each task/activity/privilege must be individually assessed.
Surgical Services Hospital and CAH

- Must specify the surgical privileges for each practitioner that performs surgical tasks
  - MD/DO, DMD, DDS, DPM, RNFA, NP, surgical PA, surgical technicians, etc.
- If under supervision, the specific tasks/procedures and the degree of supervision are delineated in that practitioner’s surgical privileges and included on the surgical roster
  - include whether or not the supervising practitioner is physically present in the same OR
  - in line of sight of the practitioner being supervised

Hospital and CAH

- Surgical privileges reviewed and updated at least every 2 years
- Current roster and suspension/restriction list in surgical suite and wherever scheduling performed

Applying Criteria for Membership and Privileges
Credentialing Process for Hospitals Established in

- Bylaws
- Rules & Regulations
- Policies & Procedures

CMS Regulations

- §482.12(a)(2) \(\text{[The governing body must:]}\) Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff

Review Of Application

- Each question should be answered legibly
- Signed and dated
- No unexplained time gaps since medical or professional school
What is a COMPLETE Application?

- Needs to be defined in Bylaws or MS Policy
- No blanks, all attachments present
- No gaps
- All verification/information received
- No inconsistencies identified
- Current competency documented

Question Time....

What do you do if the application form is not complete or required documents are missing?

Privileges - History/Background

- Only admitting privileges were granted and only to physicians
- Fewer treatment options were available so most practitioners could competently perform them
History/Background

- In the 1950's, the ACOS recommended the laundry list approach
- Many physicians had not completed residencies, so skills varied
- As technology advanced, hospitals began establishing lists of all procedures that could conceivably be performed

Privileges - Today

- Privileges are granted within area of practice
- They are not a right
- Applicant must prove qualifications through documentation of training, experience, competence
- Must meet criteria for requested privileges
- Criteria for granting/denying privileges must be consistently applied

Remember!

THE BURDEN OF PROOF IS ON THE APPLICANT
Question Time....

What do you do if the applicant does not meet the criteria for privileges?

Primary Source Verification

• Information received directly from the issuing source
  – Written
  – Phone (name of organization, date, person contacted, questions asked, response, the name of the person receiving the response)
  – Fax
  – Approved web site
• Can be internal, centralized, delegated
Designated Equivalent Sources

- Agencies determined to maintain specific item(s) of credential information identical to the information at the primary source
- Primary source may designate another organization as its agent in providing information to verify credentials

Verification of Individual Elements

- Education
- Training

See sample pages 2-6

Verification of Individual Elements

- Experience
- Work History
- Competency

See sample pages 7-8
Closed/Hard to Reach Facilities

- Consider using “secondary sources”:
- Written statement from leader of closed organization or successor organization
- Another hospital that has documented primary source verification of the applicant’s credentials

Verification of Individual Elements

- Licensure
  - State licensure board

Verification of Individual Elements

- Sanctions Disciplinary action
  - Licensure
  - OIG List of Excluded Individuals/Entities
    • exclusions.oig.hhs.gov
  - System for Award Management
    • sam.gov
Applying Critical Thinking Skills to Avoid Confirmation Bias

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Verification of Individual Elements

- Peer Recommendations

See sample letter pages 9 - 10

Verification of Individual Elements - Liability History/Proof of Coverage

- Make sure that the amount of coverage meets your requirements.
- Check dates of coverage
  - In claims made, coverage includes incidents arising on or after the policy retroactive date
  - In occurrence policy, coverage is for incidents arising during the coverage period regardless of when those claims are reported, meaning no tail coverage is needed.
- Policy limits are typically defined according to per occurrence limits and an aggregate limit.
- Look for group sharing the limits.
- Write to the company to add you as a certificate holder so that you get updates automatically.
- Send a copy of the privileges requested or the services to be performed.
- Look for documentation of any additional insured on the face sheet.
Verification of Individual Elements

- Health Status/Ability to Perform Procedures
  - Attestation
  - Physical exam

Verification of Individual Elements

- Board Certification
  - American Board Medical Specialties
    - ABMS.org
  - Certification Matters™ Service for Patients and Families
  - ABMS Solutions Products for Professional Organizations
    - CertiFACTS Online®
    - ABMS Certification Profile Service®
    - Direct Connect® Select

Verification of Individual Elements

Verification Of Identity

Verification Of Identity

Verification Of Identity

Verification Of Identity
Exercise: Which Secondary Sources Are Appropriate?

- See Page 13
- Review credentialing aspect and determine if it is an acceptable secondary source of information

Red Flags

Evaluate “Red Flags” on an individual basis. Don’t be afraid to ask for additional information!!
Applying Critical Thinking Skills to Avoid Confirmation Bias

Red Flags

- Loss of licensure /DEA
- Loss of appointment or privileges
- Frequent moves (excluding military)
- Excessive professional liability judgments or settlements

John Anderson King, DO aka Christopher Wallace Martin

- 8/84 – 6/85 – Internship Cuyahoga Falls General Hosp
- 7/85 - 10/85 – Anesthesia residency Med College Georgia
- 1/85 - 6/85 – Anesthesia residency Monmouth Med Center NJ
- 7/85 - 1/87 – Anesthesia residency Western Reserve OH
- 1989 – Resigns from Walker Regional MC, Jasper, AL after privileges suspended
- 11/90 – 2/92 – OB/GYN residency Albert Einstein, Philadelphia (not completed)
- 5/93 – 5/95 – Ortho residency Hillcrest HC, OK City, OK (not completed)
- 1995 – 1997 – Ortho residency Lincoln Mental Health Center, Bronx, NY
- 1997 – 1999 – Jackson Hospital, Marianna, FL
- 2000 – 2002 – Doctors Hospital, Groves, TX
NY Medical Board – Dr. King

- The Hearing Committee sustained the charge finding the physician guilty of having been disciplined by the Alabama State Board of Medical Examiners for unprofessional conduct: endangering the health of patients; gross or repeated malpractice or gross negligence, and being unable to practice medicine with reasonable skill and safety due to lack of basic medical knowledge or clinical competency.

Actual Disciplinary Actions

- License to practice medicine in the state of LA was placed on probation for a period of three (3) years.
- Dr. is prohibited from prescribing controlled substances for the treatment of non-cancer related chronic pain or obesity nor shall he receive remuneration from, have ownership interest in or association with any clinic or practice setting or arrangement that advertises or holds itself out to the public as a clinic or practice for the care and/or treatment of patients for the management of chronic pain or obesity.
- Dr. shall not enter into or continue in a collaborative or supervisory practice agreement with a mid-level provider, e.g., nurse practitioner or physician assistant.
- Dr. shall provide a copy of the Order to each hospital, clinic, facility or other employer or prospective employer at which or for whom he provides services as a physician in this state.

Actual Disciplinary Actions

By Order Terminating Probation dated and effective January 5, 2014, the license of REB, PA, to practice as a physician assistant in this state was reinstated without probation; conditioned upon his continued compliance with respect to on-going monitoring and maintenance of abstinence.
Actual Disciplinary Actions

- Inappropriately and unnecessarily performing breast exams
- Engaged in a sexual relationship with a patient for approximately thirty (30) days in 2005
- License on probation for 10 years

Actual Disciplinary Actions

- Licensee failed to notify the Board of a change in work address, and practiced for a period of time without a valid license.
- License publicly reprimanded

Actual Disciplinary Actions

- Failure to appropriately account for federally-funded vaccines provided free of charge to indigent children
- While participating in the federal program, Licensee administered the free vaccines to private patients and billed patients or their insurance companies for the vaccines
- Board Action: License is Publicly Reprimanded.
- Licensee must take and complete a Board-approved course in medical ethics
Applying Critical Thinking Skills to Avoid Confirmation Bias

Actual Disciplinary Actions

- Failure to register each place of practice where she distributed controlled sub.
- Licensure reprimanded

Actual Disciplinary Actions

- Physician entered into a romantic and sexual relationship with a patient
- Prescribed controlled substances to the patient during the relationship
- Entered into a financial arrangement with the patient to aid his psychiatric practice, when the patient attempted to end relationship, he struck her in the head with channel lock pliers twenty to thirty times and left her bleeding in his office

Roles and Responsibilities
Typical Review and Approval Process – Roles and Responsibilities

- **Step 1**: Credentialing expert - Verification of credentials
- **Step 2**: Department chair or service chief review and recommendation
- **Step 3**: Credentials committee review and recommendation
- **Step 4**: Medical executive committee review and recommendation
- **Step 5**: Governing body review and final decision

Exercise: Whose job is it?

- See page 15
- Review task and determine who has responsibility
- Medical Services Professional, Department Chair, Medical Executive Committee, Governing Body/Board
- More than one may have some responsibility

Questions?

Comments!
Credentialing, Recredentialing, and Privileging Basics
Kathy Matzka, CPMSM, CPCS is a speaker, consultant, and writer with 30 years of experience in credentialing, privileging, and medical staff services. She holds certification by the National Association Medical Staff Services (NAMSS) in both Medical Staff Management and Provider Credentialing. Ms. Matzka worked for 13 years as a hospital medical staff coordinator before venturing out on her own as a consultant, writer, and speaker. She is one of the first recipients of the NAMSS Fellow Designation. The Fellow Designation is the pinnacle of achievement and acknowledgment for the Medical Services Professional (MSP), recognizing a career MSP who has made outstanding contributions to the profession through service as a leader, mentor, and educator.

Ms. Matzka has authored a number of books related to medical staff services including Chapter Leader’s Guide to Medical Staff: Practical Insight on Joint Commission Standards, Compliance Guide to Joint Commission Medical Staff Standards, and The Medical Staff Meeting Companion Tools and Techniques for Effective Presentations. For the past eight years, she has been the contributing editor for The Credentials Verification Desk Reference and its companion website The Credentialing and Privileging Desktop Reference. She is coauthor of Verify and Comply: Credentialing and Medical Staff Standards Crosswalk, Sixth Edition published by HcPro. She is co-author of the HcPro’s publication Verify and Comply: Credentialing and Medical Staff Standards Crosswalk, Sixth Edition.

She has performed extensive work with NAMSS’ Education Committee developing and editing educational materials related to the field including CPCS and CPMSM Certification Exam Preparatory Courses, CPMSM and CPCS Professional Development Workshops, and NAMSS Core Curriculum. These programs are essential educational tools for both new and seasoned medical services professionals. She also serves as instructor for NAMSS.

Ms. Matzka shares her expertise by serving on the editorial advisory boards for two publications - Briefings on Credentialing, and Credentialing & Peer Review Legal Insider.

Ms. Matzka is a highly-regarded industry speaker, and in this role has developed and presented numerous programs for professional associations, hospitals, and hospital associations on a wide range of topics including provider credentialing and privileging, medical staff meeting management, peer review, negligent credentialing, provider competency, and accreditation standards.

In her spare time, Ms. Matzka takes pleasure in spending time with her family, listening to music, traveling, hiking, fishing, and other outdoor activities.
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NAMSS, AHA, ACGME Training Verification Template Letters

**Background and Instructions**

In an effort to improve and streamline the credentialing process, the Accreditation Council for Graduate Medical Education (ACGME), American Hospital Association (AHA), National Association of Medical Staff Services (NAMSS), and Organization of Program Directors Associations (OPDA) have collaborated to create a standardized “Verification of Graduate Medical Education Training” (VGMET). This group has also been working with the Federation of State Medical Boards (FSMB) to address the needs for licensure within the form and will continue that work.

The VGMET form has three sections:

1. **Section One**: Verification of graduate medical education training. Completed for all.
2. **Section Two**: Additional comments as needed.
3. **Section Three**: Attestation.

**For 2016 and future graduates:**
The form would be completed once by the program director at the time of completion of the internship, residency or fellowship (separate form for each training program completed).

The signed form would be placed in the trainee’s file. The form would be photocopied and sent with Cover Letter 2 (see below) to hospitals or other organizations requesting verification of training.

**For pre-2016 graduates:**
The form would be completed once – if and when a program receives a request for verification of training.

The current program director (often not the PD at the time of graduation) would review the file and complete the form based on information contained therein. He/she would sign and date the form and send to the requesting hospital with Cover Letter 2 (see below).

Thereafter, that form would be used in response to all requests for training verification – a photocopy of the form, and a signed dated cover letter attesting that the form accurately reflects information about the trainee in the file.
Dear Dr. [Residency Program Director Name]:

The above-referenced individual has applied for medical staff appointment and/or clinical privileges at [name of requesting entity]. This individual has indicated that he/she received training at your institution.

Your assistance in completing the enclosed form is greatly appreciated. Please fax or e-mail the completed form to [name of requesting department] at [facsimile #] and [e-mail address of requesting entity]. The individual named above has signed the enclosed authorization and release form that authorizes you to provide this information.

Should you have any questions, please contact this department at [requesting department phone number]. Thank you in advance for your immediate attention to this request.

Sincerely,

[Name]

[Title]

Enclosures:   (i) Verification of Graduate Medical Education Training Form  
              (ii) Authorization and Release Form
Cover Letter 2

VERIFICATION OF GRADUATE MEDICAL EDUCATION & TRAINING
CONFIDENTIAL AND PRIVILEGED
PEER REVIEW DOCUMENT

[Date]

Re:
[Name of Trainee]
[DOB or NPI]
[Residency or fellowship program]
[Training Dates 1]
[Training Dates 2 (if applicable)]

[Hospital or credentialing organization]
[Department/Program]
[Organization]
[Address 1]
[Address 2]
[City, State, Zip]

Dear [Hospital or credentialing organization]:

The above-referenced physician trained at this institution in this program and during the dates referenced above. The enclosed Verification of Graduate Medical Education Training Form summarizes this individual’s performance during that period of training.

This form:
_____ was completed at the time the trainee left the program,
or
_____ was completed by the current program director, based on a review of the trainee’s file, after the trainee had left the program, and is sent to you upon receipt of a signed authorization and release form by the former trainee.

This cover letter attests that the enclosed information contains a complete and accurate summary of the trainee’s performance in this program. We are unable to provide information about training or practice after completion of this program, and trust that you will obtain that information from the appropriate programs/institutions.

Sincerely,

[Program Director or Institutional Official]
[Title]
[Organization]
[Address 1]
[Address 2]
[City, State, Zip]

Enclosures: (i) Verification of Graduate Medical Education & Training Form
## Verification Of Graduate Medical Education & Training

### Section I: Verification of training and performance during training

*(To be completed for EACH trainee)*

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<th>NPI:</th>
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</tbody>
</table>

**Program Specialty or Subspecialty:**

- [ ] Preliminary Program: Click here to enter text. Date From/To: Click here to enter text.
- [ ] Core Residency Program: Click here to enter text. Date From/To: Click here to enter text.
- [ ] Fellowship Program: Click here to enter text. Date From/To: Click here to enter text.

**Training Program Accreditation:**

- [ ] ACGME
- [ ] AOA
- [ ] Other

If marked “other,” please indicate accreditation type or list “none”: Click here to enter text.

**Program ID #:** Click here to enter text.

**Did the above-named trainee successfully complete the training program which she/he entered?**

- [ ] Yes
- [ ] No

In addition to completion of full specialty training, completion of a transitional year or a planned preliminary year(s) would constitute completion of a program.

*(If NO, please provide an explanation in the “Additional Comments” section below or enclose a separate document.)*

**Was the trainee subject to any of the following during training?**

1. Conditions or restrictions beyond those generally associated with the training regimen at your facility;
   - [ ] Yes
   - [ ] No

2. Involuntary leave of absence;
   - [ ] Yes
   - [ ] No

3. Suspension;
   - [ ] Yes
   - [ ] No

4. Non-promotion/non-renewal; or
   - [ ] Yes
   - [ ] No

5. Dismissal.
   - [ ] Yes
   - [ ] No

Upon completion of the training program, the individual was deemed to have demonstrated sufficient competence in the specialty/subspecialty to enter practice without direct supervision.

- [ ] Yes
- [ ] No
- [ ] N/A

*(If NO, please provide an explanation in the “Additional Comments” section below or enclose a separate document.)*

**Did the program endorse this trainee as meeting the qualifications necessary for admission to the specialty’s board certification examination?**

- [ ] Yes
- [ ] No
- [ ] N/A
If NO, indicate the reason(s):

☐ This trainee was a preliminary resident.

☐ Trainee was not eligible for certification.

☐ Trainee involuntarily or voluntarily left this program before completion.*

☐ No certification is available for this subspecialty.

☐ Other.*

*Please provide an explanation in the “Additional Comments” section below or enclose a separate document.

Section II: Additional Comments

Please utilize this comment area to provide additional information in response to any of the questions noted above on this form. (If additional space is needed, please enclose a separate document.)

Click here to enter text.
Sample Letter: Facility Privileges and Competency Validation

Date

Facility Name
Facility Address

Regarding applicant: John Doe, M.D.
Specialty: General Surgery

Dear Medical Services Professional:

We have received an application from the above-named provider for medical staff appointment and privileges. A copy of the privileges requested is attached. The applicant noted that s/he currently, or has in the past, held privileges at your facility. In order to process the application we require documentation experience, ability, and current competence on the six areas of “General Competencies” adopted from the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) joint initiative. These competencies include assessment of patient care, interpersonal and communication skills, professionalism, medical knowledge, practice-based learning and improvement, and systems-based practice.

Our policies require completion of the enclosed form. Failure to receive this form will delay consideration of the applicant’s request for privileges. Also, our policies require the physician to document competency in performing specific procedures by allowing our organization to obtain a copy of his/her privilege form from your hospital as well as a list of the actual procedures performed in the past 12 months and the outcomes for those procedures. The applicant has authorized you to provide this information to our organization via signature on the attached Authorization and Release Form.

Sincerely,

Medical Staff Coordinator
CONFIDENTIAL Evaluation of Privileges and Competency Validation

Name of Facility Providing Information: ____________________________________________________________

Name of Practitioner for which Information is Provided: ____________________________________________

Dates on Staff: From ________________________________ To ________________________________

Has the practitioner been subject to any disciplinary action, restrictions, modifications, or loss of privileges or medical staff appointment either voluntary or involuntary at your facility?  □ Yes  □ No

Are you aware of any restrictions, modifications, or loss of privileges or medical staff appointment, either voluntary or involuntary, at any another facility?  □ Yes  □ No

Are you aware of any physical or mental condition that could affect this practitioner’s ability to exercise clinical privileges as requested, or would require accommodation to perform privileges safely and competently?  □ Yes  □ No

If the answer to any of the above questions is “YES”, please explain:
_________________________________________________________________________
_________________________________________________________________________

Evaluation: Please rate the practitioner in the following areas.

- **Patient Care** is compassionate, appropriate, and effective for the treatment of health problems and promotion of health
- **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
- **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

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<th>Fair</th>
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Signature ___________________________  Date ___________________________

Name, Position/Title (Please Print) ___________________________  Phone Number ___________________________

*Please return this form within 2 weeks along with a copy of the applicant’s privilege list for your hospital and a list of the actual procedures performed in the past 12 months and the outcomes for those procedures.*
Sample Peer Recommendation Letter

Date

Facility Name
Facility Address

Regarding applicant: John Doe, M.D.
Specialty: General Surgery

Dear ____________:

We have received an application from the above-named provider for medical staff appointment and privileges. A copy of the privileges requested is attached. The applicant has listed you as a peer who will be willing to provide a recommendation. In order to process the application we require your evaluation of the applicant’s experience, ability, and current competence in the areas of medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism.

Our policies require completion of the enclosed form. Failure to receive this form will delay consideration of the applicant’s request for privileges. You may supplement the form with additional information, if you so desire. The applicant has authorized you to provide this information to our organization via signature on the attached Authorization and Release Form.

Sincerely,

Medical Staff Coordinator
Sample Peer Recommendation Form
CONFIDENTIAL Professional Peer Reference & Competency Validation
Page 1 of 2

Name of Applicant:________________________________________________________________________________

Name of Evaluator:____________________________________ Relationship to Applicant:________________________

How well do you know the applicant?  □ not well  □ casual personal acquaintance  □ professional acquaintance  □ very well

Do you refer your patients to the applicant?  □ yes  □ no.  If no, list reason(s) why not__________________________________________

Please rate the practitioner in the following areas

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<th>Area</th>
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<th>Fair</th>
<th>Poor</th>
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<td>Practitioner should have a good knowledge of established and evolving biomedical, clinical, and cognate sciences, and how to apply this knowledge to patient care. This is evidenced by completion of educational and training requirements as well as on-the-job experience, in-service training, and continuing education.</td>
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<tr>
<td><strong>Technical and clinical skills</strong></td>
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<td>Skill involves the capacity to perform specific privileges/procedures. It is based on both knowledge and the ability to apply the knowledge.</td>
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<td><strong>Clinical judgment</strong></td>
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<td>Clinical judgment refers to the observations, perceptions, impressions, recollections, intuitions, beliefs, feelings, inferences of providers. These clinical judgments are used to reach decisions, individually and/or collectively with other providers, about a patient's diagnosis and treatment.</td>
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<tr>
<td><strong>Communication skills</strong></td>
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<td>The provider should create and sustain a therapeutic and ethically sound relationship with other care givers, patients, and their families. He/she should be able to communicate effectively and demonstrates caring, compassionate, and respectful behavior. This also includes effective listening skills, effective nonverbal communication, eliciting/providing information, and good writing skills</td>
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<tr>
<td><strong>Interpersonal skills</strong></td>
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<td>Areas of evaluation include how the provider works effectively with other professional associates, including those from other disciplines, to provide patient-focused care as a member of a healthcare team.</td>
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<td><strong>Professionalism</strong></td>
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<td>Professionalism is demonstrated by respect, compassion, and integrity. It means being responsive and accountable to the needs of the patient, society, and the profession. It means being committed to providing high-quality patient care and continuous professional development as well as being ethical in issues related to clinical care, patient confidentiality, informed consent, and business practices.</td>
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CONFIDENTIAL Professional Peer Reference & Competency Validation

Page 2 of 2

Name of Applicant:___________________________________________________________

Name of Evaluator:__________________________________________________________

**Relevant training and experience** – In reviewing the attached request for privileges, do you feel that the applicant’s training and experience are adequate to carry out these procedures?

☐ No - If no, please provide an explanation__________________________________________

☐ Yes

☐ Unable to evaluate

**Current competence** – In reviewing the attached request for privileges, do you feel that the applicant is currently competent to carry out these procedures?

☐ No - If no, please provide an explanation__________________________________________

☐ Yes

☐ Unable to evaluate

**Health Status** - Are you aware of any physical or mental condition that could affect this practitioner’s ability to exercise clinical privileges in his/her specialty area, or would require an accommodation to exercise those privileges safely and competently?

☐ No

☐ Yes - If yes, please provide an explanation________________________________________

☐ Unable to evaluate

---

**Overall Recommendation (check ONE):**

☐ I recommend privileges as requested without reservation.

☐ I recommend privileges as requested with the following reservation(s) (use back of form, if necessary)

______________________________________________________________________________

______________________________________________________________________________

☐ I do not recommend this applicant for the following reason(s) ____________________________

______________________________________________________________________________

______________________________________________________________________________

Signature ___________________________ Date ___________________________

Name, Position/Title (Please Print) ___________________________ Phone Number ___________________________
Sample Policy and Procedure for Verification of Identity

Policy:

It is the policy of ___________ Hospital to verify the identity of all licensed independent practitioners (LIPs) who apply for medical staff appointment and privileges prior to the practitioner providing any patient care, treatment, or services. This is done to determine that these practitioners are the same practitioners identified in the credentialing documents.

Verification of identity can be accomplished by viewing any of the following:

Military ID, State ID, Customs Passport, State Drivers License

Procedure:

Verification can be done during any of the following processes:

- During provider orientation
- During the process of obtaining hospital picture ID
- Any time the practitioner presents in person to the Medical Staff Office

After presentation of a valid Military ID, state drivers license/ID, or customs passport that includes a picture, the person verifying completes the Verification of Identity Documentation Form (Attachment A). The completed form is forwarded to the Medical Staff Office for inclusion in the practitioner’s credentials file.

Reference: Joint Commission Hospital Standard MS.06.01.03

Attachment A

Verification of Identity Documentation Form

Practitioner Name: ____________________________________________________

I have reviewed the following identification for the above-named practitioner:

☐ Military ID
☐ Passport
☐ State Driver’s license or ID ______________________________________ [list issuing state]

Signature of person verifying ___________________________ Date __________

Printed name of person verifying ___________________________
Exercise: Which Secondary Sources are Appropriate?

Answer “Yes” or “No” – Is the source listed an appropriate source for verification of credentials?

<table>
<thead>
<tr>
<th>Credentialing Aspect</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>American Medical Association Physician Profile for verification of medical licensure actions</td>
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<tr>
<td>NPDB for verification of OIG sanctions</td>
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<tr>
<td>American Medical Association Physician Profile for verification of board certification</td>
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<tr>
<td>American Osteopathic Association Master Profile for verification of DO medical school and training</td>
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<tr>
<td>American Board of Medical Specialties for verification of physician assistant board certification</td>
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<tr>
<td>American Medical Association Physician Profile for verification of medical school</td>
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<tr>
<td>NPDB for medical licensure sanctions</td>
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<tr>
<td>American Medical Association Physician Profile for verification of ACGME-approved residency and fellowship</td>
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<tr>
<td>ECFMG for completion of foreign medical school</td>
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<tr>
<td>American Board of Medical Specialties for verification of physician board certification</td>
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<tr>
<td>American Osteopathic Association Master Profile for verification of DO licensure</td>
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<tr>
<td>National Student Clearinghouse for verification of advanced practice nurse professional school</td>
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<tr>
<td>National Technical Information Service for verification of medical licensure for physician assistant</td>
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</tbody>
</table>
Roles and Responsibilities Exercise: Whose Job is it?

Check Medical Services Professional, Department Chair, Medical Executive Committee, Governing Body/Board (may be more than one)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>MSP</th>
<th>Dept. Chair</th>
<th>MEC</th>
<th>GB/Board</th>
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<tbody>
<tr>
<td>Perform verification of credentials</td>
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<tr>
<td>Review credentials file and make recommendation to governing body for appointment and privileges</td>
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<td>Approve application for appointment to medical staff</td>
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<td>Develop privileging criteria</td>
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<td>Approve request for privileges</td>
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<td>Review credentials file for completeness</td>
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<td>Identify red flags</td>
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<tr>
<td>Review credentials file and privilege form and make recommendation to medical executive committee</td>
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<td>Approve clinical privileges</td>
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