



The Ideal Credentialing Standards: Best Practice Criteria and Protocol for Hospitals

Credentialing best practices include an evidence-based evaluation that verifies 13 specific criteria from primary sources. Secondary sources such as a credential verification from another facility, copies of a credential verification, or confirmation from a source that verified the credential should only be used if primary source queries are unattainable. All information to support the following 13 criteria should be primary-source verified within 120 days at the time of credentialing review.

Each health facility and system should establish specific qualifications for medical staff membership and clinical privileges that reflect practitioner competency. They should incorporate the 13 criteria that NAMSS has identified as the Ideal Credentialing Standards into its medical staff bylaws, rules and regulations, and other governance documents to ensure that its credentialing process is objective, systematic, and without discrimination or bias.

Just as credentialing assesses an applicant's professional abilities outlined in licensing scopes of practice, it also detects professional incompetence, malevolence, behavioral problems, or other red flags that would deter a health facility and system from employing and credentialing an applicant. Although red flags do not automatically preclude a practitioner from the medical staff, Medical Services Professionals (MSPs) should perform a comprehensive review of a practitioner with any red flags, keeping in mind the relativity among different specialties, patient safety, and likelihood of lawsuits.

Examples of red flags:

- Resignation from a medical staff at any time in an applicant's career.
- Reports of problems in an applicant's professional practice.
- All past or pending state licensing board, medical staff organization, or professional society investigative proceedings.
- Unexplained or unaccounted time gaps.
- No response to a reference inquiry from an applicant's past affiliation.
- Disciplinary actions by medical staff organizations, hospitals, state medical boards, or professional societies.
- Any claims or investigations of fraud, abuse and/or misconduct from professional review organizations, third-party payers, or government entities.
- Little or no verified coverage from a professional liability insurance policy.
- Jury verdicts and settlements for professional liability claims (which should still be individually reviewed).
- Inability to maintain a medical practice within the facility's service jurisdiction for any amount of time.¹

Verifying the following 13 criteria will generate the information necessary to assess an applicant's professional competence and personal decorum as well as help identify red flags or the need for further investigation.

1. Proof of Identity

- Government-issued photo identification
- NPI number
- I-9 documentation listed as List A or List B or C as defined on form
- VISA card or Employment Verification card

A seemingly straightforward step, verifying a practitioner's identity with government-issued documentation and an identifiable photograph ensures that his/her identity is correct – the critical first step to the credentialing process. Valid government-issued photo identification, in addition to any of the following three documents listed above, can be used to verify an applicant's identity.

Primary Sources: Government-issued identification.

2. Education and Training

- Complete list (domestic and foreign) of medical school, internship, residency, and fellowship enrollment and completion dates, as well as clinical degrees and other relevant experience in MM/YY format
- Completion status
- Explanation of any time gaps
- Fifth Pathway certification, if applicable
- ECFMG validation

All listed education and training entities that confirm training or education from medical school and beyond must include start and end dates. Applicants are required to submit a written explanation of any time gap greater than 90 days. Time gaps shed light on details of an applicant's education and training experience that are not explicit in self-reported materials. Explanations of these gaps, or lack thereof, may provide insight into an applicant's past that may be critical to the credentialing decision/recommendation.

Primary Sources: National Student Clearinghouse, AMA, AOA, ECFMG, and applicable professional schools or residency training programs.

3. Military Service

- DD214 if recently discharged; comprehensive list of military experience, including military branch and enlistment dates, if currently serving

Similar to education and training history, verifying an applicant's military experience provides insight into an applicant's training and work history – and overall professional competency. The details derived from the above information provide a thorough overview of an applicant's training history and performance. Enlistment time gaps may not be as straightforward as education and training gaps, but should not be overlooked and may require further investigation, including a written explanation by the applicant.

Primary Sources: DD214, National Personnel Records Center (NPRC), verification from the applicable military branch, and current duty station.

4. Professional Licensure

- Complete list and/or copies of all professional licensure including the issuing state, license type, license number, status, and issue and expiration dates

The applicable state licensing agencies primary source verify the validity, dates, and status of licenses listed on an application. Licenses obtained, held, and/or rescinded shed further light on an applicant's professional competency, performance, experience, and demeanor. Obtained licenses certify an applicant's ability to practice within the scope of each license held. Rescinded licenses provide insight into an applicant's history and may require further investigation such as a written explanation from the applicant.

A practitioner must be licensed in the states in which he/she practices. MSPs should directly investigate surrendered licenses or license sanctions, restrictions, revocations, suspensions, reprimands, or probations that the licensing entity or the National Practitioner Data Bank (NPDB) verifies.

Primary Sources: State licensing boards, FSMB.

5. DEA Registration and State DPS and CDS Certifications

- Complete list and/or copies of DEA, DPS, and/or CDS certificates including issuing state, status, registration number, and issue and expiration dates

The U.S. Drug Enforcement Agency (DEA) confirms an applicant's DEA certification, as well as the states in which the applicant is certified to prescribe, dispense, or administer controlled substances at the time of the credentialing assessment. The listed DEA address must match the state in which the applicant practices. Applicants in states that require a specific license or certificate to dispense, prescribe, or administer controlled substances must obtain Departments of Public Safety (DPS) and/or Controlled Dangerous Substance (CDS) certifications and abide by each state's rules, regulations, and renewal policies.

Primary Sources: DEA, National Technical Information Service, state DPS, state CDS.

6. Board Certification

- Complete list of Board-specialty certifications held including original dates, recertification dates, and expiration dates

The applicable certifying Board is the primary source for this verification. Board-certification verification must adhere to specific state requirements, if applicable. Physicians may be required to be active members of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), or be an active candidate for the applicable board-certification exam.

Primary Sources: ABMS, AOA.

7. Affiliation and Work History

- Chronological, comprehensive list of all facilities in which a practitioner has worked or held clinical privileges (e.g. academic appointments, hospitals, practice groups, surgery centers, etc.), including start date, date on staff, employment or staff status, verification of good standing, and end date
- Explanation of any time gaps

A practitioner's application and resume/CV should be checked against a primary source. A practitioner in good standing should have no adverse professional review action taken by an employer or work affiliation. The Health Care Quality Improvement Act defines "adverse actions" as "reducing, restricting, suspending, revoking, denying, or failing to renew clinical privileges or membership in a health care entity." Good standing asserts that neither the practitioner's staff membership nor clinical privileges have been reduced, restricted, suspended, revoked, denied, or not renewed.²

Applicants must provide a written explanation for any work history time gaps greater than 30 days. Affiliation history should include the start and end months and years (MM/YY-MM/YY). The start and end year is sufficient for applicants affiliated with a specific employer for more than five years (YYYY-YYYY).

Primary Sources: NAMSS PASS or verification from applicable facilities.

8. Criminal Background Disclosure

- Federal, state, and county databases

Background checks include conducting a County Criminal Search and National Criminal Search to check an applicant's criminal activity within at least the past seven years. MSPs must query each County Criminal Search for all counties in which the applicant has resided and worked. Collectively, the County and National Criminal Searches use an array of databases to collect information such as sex-offender data and terrorist activity.

Frequent adverse incidents throughout an applicant's work history, felony convictions, criminal history, and rehabilitation history may require additional, more extensive review. Criminal background checks should occur during initial credentialing and every four years thereafter, or according to state law.

Primary Sources: National, state, and county criminal databases.

9. Sanctions Disclosure

- Federal and state, if applicable

Temporary and permanent sanctions or licensure restrictions are relevant. Explanations should accompany any sanctions from certifying boards, payers, CMS, or licensing agencies. NPDB's Continuous Query issues alerts for new and monthly reports of all CMS sanctions, federal sanctions, state sanctions, and restrictions on licensure, certification, or scope of practice. The Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE) maintains and

provides monthly updates on practitioners currently barred from participating in CMS and/or other federal healthcare programs. The General Services Administration's Excluded Parties List System (EPLS) and System for Award Management (SAM) monitor federal agency debarments, including those from OIG.

Although some of the above reported information may overlap with NPDB, LEIE is the primary database for exclusion screening for current and potential employees and contractors. Unlike the NPDB, which reinstates by revising original reports, LEIE and EPLS reinstatements purge the practitioner's original exclusion record. This may result in query inconsistencies, as an OIG exclusion may show up in the NPDB, but in neither the LEIE nor ELPS.

Primary Sources: NPDB, OIG, EPLS, SAM, FSMB.

10. Health Status

Verifying whether the applicant has, or ever had, any physical or mental condition that would affect his/her ability to exercise the requested clinical privileges.

Primary Sources: Attestation from applicant, application.

11. NPDB

The NPDB provides healthcare-specific information on state and federal criminal convictions and civil judgments, as well as malpractice history and hospital sanctions. The Data Bank should be queried during the initial credentialing process and continuously thereafter through NPDB's Continuous Query Monitory Service. The latter step should be a part of the practitioner's enrollment process with the facility.

Primary Source: NPDB.

12. Malpractice Insurance

- Comprehensive list of insurance carriers, including coverage dates and coverage types
- List of open, pending, settled, closed, and dismissed cases
- Current certificate of insurance

The applicant should provide proof of all current and past malpractice insurance within at least the past five years, including coverage dates, coverage types, and policy numbers. MSPs should query relevant databases to verify the past five years of malpractice history and ascertain the background, status, and nature of any malpractice cases associated with the applicant.

Primary Sources: Self-reported verification, current and past malpractice carriers, NPDB.

13. Professional References

- Professional references noting current competence

Professional authorities who have worked directly with the applicant within the past two years – such as training program directors and department chairs or chiefs – who can authoritatively speak to an applicant’s experience, as well as peer references within the same professional discipline, are ideal references.

The Accreditation Council for Graduate Medical Education (ACGME) recommends six best-practice standards for assessing an applicant’s competencies: patient care, medical knowledge, practice-based learning and improvement, systems-based practice, professionalism, and interpersonal skills and communication.³ Those providing references should consider ACGME’s list when assessing an applicant’s professional competencies.

Primary Sources: Letter signed and dated from the professional reference.

¹ CNA HealthPro. Medical Staff Credentialing: Eight Strategies for Safer Physician and Provider Privileging. Pg. 5. VP O9, Issue 3. 2009. http://www.cna.com/vcm_content/CNA/internet/Static%20File%20for%20Download/Risk%20Control/Medical%20Services/MedStaffCredentialing.pdf

² “Public Law 99-660: Health Care Quality Improvement Act of 1986.” (100 Stat. 3743). Date: 11/14/86.

³ The Accreditation Council for Graduate Medical Education. <https://www.acgme.org/acgmeweb/>