



Telemedicine Credentialing Form – SAMPLE

Statement of Primary Source Credentialing Activities

TO: (Name of Originating Site)

RE: Statement of Primary Source Credentialing Activities for (Name of Physician)

(Name of Hospital), a Medicare participating hospital, verifies that the named physician has undergone primary source credentialing in accordance with the Medicare Conditions of Participation (CoPs).

The above facility verifies that this physician has undergone appropriate reference checks, possesses the necessary skills and expertise to justify granting clinical privileges, and has no quality of care concerns related to his/her privileges which have been granted at the above-named Medicare participating hospital.

Primary verification credentialing activities include:

- Primary source verification of current unrestricted medical license in the state in which the physician primarily practices.
- Primary source verification of completion of medical school, internship, and residency as well as board certifications.
- Verification of current competence via peer recommendations - These recommendations will be given by individuals personally acquainted with the applicant's professional and clinical performance in this or other hospitals, and must contain informed opinions on the applicant's scope and level of performance, the applicant's actual clinical performance in general terms, the applicant's satisfactory discharge of his/her professional obligations as a medical staff member, and the applicant's ethical performance.
- The appraisal includes the applicant's clinical judgment and technical skills, as well as outcomes of medical management pertaining to specified telemedicine practice privileges, documented in the form of performance measurement data that include morbidity and mortality information, when available. Reappraisals include performance measures and activities, peer review recommendations, and clinical service recommendations.
- A list of privileges granted to the physician, and any privileges lost.
- A confirmed verification that the applicant has no health problems that could affect his/her ability to perform the privileges requested.
- Other information included in the credentialing process includes previously successful or currently pending challenges to any licensure or registration or the voluntary relinquishment of such licensure or registration; voluntary or involuntary termination of medical staff membership, including pending action or voluntary or involuntary limitation reduction or loss of clinical privileges, including pending actions at other healthcare organizations; evidence of current professional liability insurance; final judgments or settlements involving the applicant; and CME credits obtained.

It is also known that this physician has received appropriate documented training in the utilization of equipment, which includes education and training on equipment interruption, reporting medical equipment failures, and the use of equipment during emergency situations.

Sincerely,
Credentialing Coordinator
Medical Staff Services Office
(Name of Hospital)

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