

Verifying Credentialing Information Policy – SAMPLE

Subject: Verifying Credentialing Information
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Approved by: _____
(Signature) _____ Date _____
Distribution: Medical Staff, Credentialing Manual, Medical Staff Office

I. STATEMENT OF PURPOSE

1. To provide the medical staff with accurate, provider-specific information that is necessary to make informed decisions regarding recommendations for medical staff appointment and reappointment and the granting of clinical privileges;
2. To ensure compliance with the requirements of The Joint Commission;
3. To support the delivery of quality patient care by reducing the possibility of forged written documents and subsequent legal ramifications.

II. STATEMENT OF POLICY

Primary source verification of, at a minimum, current licensure, specific training/education, experience, OIG sanctions, criminal records, DEA registration, NPDB reports and current competence, as provided by the initial applicant to the medical staff, shall be obtained.

Primary source verification of licensure must also be obtained at the time of reappointment, at time of license expiration, and at time of renewal/revision of privileges.

III. DEFINITIONS

- Primary Source: According to The Joint Commission, primary source means:

The original source or an approved agent of that source of a specific credential that can verify the accuracy of a qualification reported by an individual practitioner. Examples include medical schools, nursing schools, graduate education, state medical boards, federal and state licensing boards, universities, colleges, and community colleges.

A third party that is authorized by the primary source to communicate credentials information (i.e., an “equivalent source”) may also be used to verify certain credentials. Many of these third party primary sources have websites that allow verifications to be obtained via the internet. Following is a list of third party primary sources.

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- American Medical Association (AMA) Masterfile
- American Osteopathic Association (AOA) Physician Masterfile
- Federation of State Medical Boards (FSMB)
- Educational Commission for Foreign Medical Graduates (ECFMG)
- American Board of Medical Specialties (ABMS)
- American Midwifery Certification Board
- National Commission on Certification of Physician Assistants
- National Practitioner Data Bank (NPDB)
- Official state websites for license verification
- Information from credentials verification organizations (CVOs) may also be used and considered primary source verification if the CVO meets the following specific criteria:
 - The CVO advises the user of the data and information it can provide.
 - The CVO describes how its data collection, information development and verification process(es) are performed.
 - The user is provided clear information on database functions, including limitations of information available (such as practitioners not included in the database), the time frame for responses to requests for information, and a summary of the quality control processes related to data integrity, security, transmission accuracy, and technical specifications.
 - The user and CVO agree on the format for transmitting credentials information.
 - Primary source data are easily discernable from data that are not from a primary source.
 - For information transmitted by the agency that is date-sensitive (for example, licensure, board certification), the CVO provides the date the information was last updated from the primary source.
 - The CVO certifies the accuracy of the information it obtains and transmits to the user.
 - If additional primary source data are available, but were not transmitted, the CVO provides the user with information on how it may be obtained.
 - The CVO's quality control processes are available to the user, when necessary, to resolve concerns about transmission errors, inconsistencies or other data issues that may be identified.
 - The user and the CVO have entered into a formal agreement for communicating changes in credentialing information.

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IV. PROCEDURES

- A. The following information is primary source verified.
1. Current licensure – In addition to verifying current licensure in the state of practice, information from states where the applicant previously was licensed is also collected to determine if there have been any past or pending disciplinary actions against the applicant, or any voluntary or involuntary relinquishment of licensure. Licensure may be verified by the state licensing board in writing, by telephone, or through the internet. Telephone and internet verification documentation must include the name of the person who conducted the verification and the date and time it was conducted.
 2. Medical education and training – In addition to contacting the institutions directly to verify the applicant's attendance and completion of the training program, querying the following organizations/systems also meets the requirement for primary source verification of training and education:
 - a. AMA or the AOA profiles (for physicians only)
 - b. The ECFMG
 3. Specialty board status (including no status, eligibility to take the exam, taken part I and/or part II, passed or failed, number of times or certified) – Certification status may be verified directly with the issuing specialty board or with the ABMS. The Centers for Medicare and Medicaid Services (CMS) and accrediting organizations do not specifically require providers to be board certified in order to have medical staff membership and privileges. Rather, they state that the organization must not base their decision to grant privileges solely on the fact that the provider is board certified. Board certification may be verified by the following sources:
 - a. Correspondence or secure electronic verification from specialty board
 - b. Documented phone call with specialty board
 - c. The ABMS or services designed by the ABMS as an Official Display Agent
 - d. AMA Physician Masterfile Report
 - e. AOA Official Osteopathic Physician Profile report
 4. Affiliation with other healthcare organizations and work history – A standard questionnaire is used to verify dates of affiliation/employment and information about any past or pending terminations, challenges to membership or privileges, voluntary or involuntary relinquishment of membership or privileges, and resignations to avoid disciplinary actions.
 5. NPDB report

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6. The applicant's health status related to their ability to perform the privileges requested:
 - a. The applicant indicates on the application form that they have the physical and mental ability to safely perform the privileges requested.
 - b. The applicant's health status is, "confirmed by the director of a training program, the chief of services, or the chief of staff at another hospital where the applicant holds privileges, or by a currently licensed doctor of medicine or osteopathy approved by the organized medical staff."
 7. Office of Inspector General (OIG) sanctions which prohibit the provider from participating in the Medicare/Medicaid program – Sanctions or the lack of sanctions against the applicant may be verified by OIG sanctions list, the applicant's NPDB report, or the AMA Physician Masterfile.
 8. Criminal background checks – Although criminal background checks prior to granting medical staff membership or privileges is not an accreditation requirement, this hospital conducts background checks.
 9. Malpractice coverage and policy limits that meet the requirements set forth in the bylaws.
 10. Previous 10-year malpractice history (including claims, suits, notices of intent, and settlements) allegations/outcomes – past and pending.
 11. The applicant's identity – Identity may be confirmed by viewing a valid picture ID issued by a state or federal agency (e.g., driver's license or passport) or by viewing a current picture hospital ID. A copy of the ID is created and stored in the credentials file to document the verification and for future reference.
 12. Drug Enforcement Administration (DEA) registration, as applicable.
- B. The following additional information is collected and compiled for review:
1. The most recent 12 months of clinical activity (approximate numbers and types of procedures, location and types of patients treated) - Residency logs (if available) qualify for new graduates.
 2. Professional review data from an organization that currently privileges the applicant
 3. Minimum of two peer references – According to The Joint Commission, peer recommendations are to be obtained from practitioners "in the same professional discipline as the applicant with personal knowledge of the applicant's ability to practice." Peer references should be collected not only from those designated by the applicant, but from those designated by the institution, addressing, but not limited to, the following:
 - a. Medical/clinical knowledge

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- b. Technical and clinical skills
 - c. Clinical judgment
 - d. Clinical competence
 - e. Interpersonal skills/ability to relate to others
 - f. Relevant training and experience as related to requested privileges
 - g. Professionalism
 - h. Communication skills
 - i. Adherence to rules/bylaws of organization
- C. Time frame for peer references:
1. If no response is received within 30 days, a second request shall be sent, along with a copy to the applicant.
 2. If no response is received within 60 days, a third request shall be sent, with a copy to the applicant, indicating that application cannot proceed without complete information.
 3. If no response is received within 90 days, the matter is discussed with the chief executive officer (CEO) and/or the chairperson of the credentials committee. Alternative methods of verification are determined (as applicable). If necessary, a final request for information is sent and the applicant is reminded of his/her responsibility to supply the required information. The correspondence shall indicate that the consequence of incomplete information is voluntary withdrawal from the application process.
 4. If the verification process is still incomplete at 120 days, a Voluntary Withdrawal of Application letter is sent to the applicant.
- D. All verifications will be documented in the applicant's credentialing file. Documentation will include the date and time the verification was received. For verbal verifications, the names of the individuals providing the verification and receiving the verification are also documented.
- E. The medical staff services office professional will bring any discrepancies or questionable responses to requests for verification to the attention of the department chairperson.

References:

Coverys Risk Management, Healthcare Facility Manual; Credentialing and Privileging

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