



**Credentialing and Privileging Training  
January 9, 2015 8:00 a.m.-3:30 p.m.  
Denver Sheraton West – Lakewood, Colorado**

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# Credentialing & Privileging Training



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- 8:00 – 9:00 Breakfast and Check-in
  - 9:00 – 9:30 Introductions, training objectives and schedule
  - 9:30 – 9:50 Acronym activity
  - 9:50 - 10:05 Break
  - 10:05 – 11:40 Policy and Procedure review, best practice, board involvement
  - 11:40 – 12:00 Pathway Activity
  - 12:00 – 1:00 Lunch
  - 1:00 – 2:30 Initial credentialing, 3<sup>rd</sup> party payer, file review, action plan
  - 2:30 – 2:45 Break
  - 2:45 – 3:30 Panel channel, questions & answers
  - 3:30 – 3:45 Wrap-up

(Name of FQHC) is adopting this credentialing and privileging policy that is consistent with the broader requirement of the Federally Supported Health Centers Assistance Act of 1992, effective on this date:

\_\_\_\_\_ by \_\_\_\_\_

*THESE POLICIES & PROCEDURES APPLY TO THE FOLLOWING SPECIALTIES:*

Family Practice Physicians

Internal Medicine Physicians

Pediatricians

Physician Assistants

Dentists

Dental Hygienists

Nurse Practitioners

Nurses

Pharmacists

Pharmacy Technicians

Medical Assistants

(List any others such as Social Workers, Nutritionists, Lab Technicians)



### **Checklist of Required Credentialing Documents**

- Copy of current Curriculum Vitae or resume, please include home address & phone number, as well as your current practice address & phone number and provide in month/year format
- Evidence of Previous Insurance Certificates, which must include effective dates and limits of coverage for professional liability medical malpractice
- Disciplinary and/or Malpractice History; statement of past & current legal or licensing board actions, plus provide any legal documents pertaining to suits, etc.
- Copy of Medical Degree(s)
- Copy of Board Certificate(s)

If you are not Board Certified, are you Board Eligible? \_\_\_\_\_

When are you schedule to take the exam? \_\_\_\_\_ Which Exam? \_\_\_\_\_

- Copy of Internship Certificate, if applicable
- Copy of Residency Certificate if applicable
- Copy of Fellowship Certificate, if applicable
- Copy of State Licenses (all active & inactive)
- Copy of DEA or Controlled Substance Certificate
- Copy of ECFMG, if applicable
- Copy of Fifth Pathway Certificate & Letter, if applicable
- Copy of your Medical License from Country where you graduated Medical School, if applicable
- Copy of Exam Transcripts, i.e., USMLE, FLEX, State Boards, etc. and please indicate the number of attempts for each exam, the city/state you took each exam & the dates you took each exam: \_\_\_\_\_

- Copy of Birth Certificate or Passport (Government Issued Identification)
- Copy of last 2 years CME's
- One passport photo
- Copy of NPI letter from NPPES
- Copy of Life Support Certification BLS, ACLS, PALS
- Copy of Immunization Records and TB/PPD Status

If you have on-line accounts with CAQH, USMLE or FCVS please provide the log-in details.

CAQH \_\_\_\_\_

USMLE \_\_\_\_\_

FCVS \_\_\_\_\_



## Initial Credentialing

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(Name of organization) will assess the credentials of **each licensed or certified health care practitioner** to determine if they meet our Health Center standards. The initial credentialing process will meet the requirement of 42 U.S.C.§233(h)(2) that calls for review and verification of “the professional credentials, references, claims history, fitness, professional review organization findings, and license status of its physicians and other licensed or certified health care practitioners.” The procedures used for credentialing and privileging these practitioners shall follow the requirements of the Joint Commission or other nationally recognized accrediting organizations, and must include the following:

Required Documentation – To be gathered by the credentialing specialist in cooperation with the account executives

- Complete medical staff application
- Current CV/resume
- 3 references
- Written explanation for affirmative answers to malpractice and confidential questions – if applicable
- Proof of work authorization – if applicable
- Criminal background check – if applicable

A complete medical staff application is defined as:

- Release & Authorization of the medical staff application must be signed and dated. If the provider has altered the language in the Release & Authorization, the medical director and/or executive officer should be consulted.
- A complete privilege delineation form specific to the provider’s specialty and scope of practice.
- All pages of the application must be signed, initialed and/or dated where necessary.
- Current CV, including work history in month/year format.
- “See CV” on the application is only acceptable when the CV contains work history information in month/year format. If a CV is created contains handwritten updates, it must be signed and dated by the provider.
- The credentialing specialist will check the CV to verify that information on the CV matches information on the application. If there is a discrepancy, a reasonable explanation needs to be noted in the credentialing file.
- Supporting malpractice or other disciplinary documentation must be reviewed within 2 business days by the medical director and/or executive director.
- Malpractice documentation **MUST** contain date of incident, date of claim, claim amount, allegation, the outcome (be it pending, dismissed or settled) and settlement amount.



## Criminal Background Checks (if applicable)

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Optional – if a provider answers any questions on the application in the affirmative related to a criminal background the center will run a criminal background check. If background check results are not received before provider is scheduled to start (what happens)

Criminal background check results are valid for six months. If a Provider has been fully credentialed before the results expire, they will be good until the time of their credentialing expiration date.

If the background check is received with criminal history information that was not disclosed on the provider's application, an explanation by the provider is required.

If a decision is made not to work with a provider based on the criminal background check, the file must be reviewed by the medical director and/or executive director who will take appropriate action as regulated by the Fair Credit Reporting Act.

## Work Authorization (if applicable)

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The credentialing specialist will be sure the question regarding the provider's legal ability to work in the United States is answered. If the provider has a "Green Card" with an expiration date, the credentialing specialist will check that it is current.

Acceptable Work Authorization Forms include:

- US Passport (expired or unexpired)
- Native American Tribal Document
- US Birth Certificate
- Unexpired employment authorization issued by the Department of Homeland Security
- Alien Registration Receipt Card or Permanent Resident Card (USCIS Form I-551)
- Certifications of Birth issued by the US Department of State
- Social Security Card UNLESS it says, "Not Valid for Employment"
- US Citizenship ID Card (USCIS Form I-197)
- ID Card for Resident Citizen in the US (USCIS Form I-179)
- Unexpired Foreign Passport with Temporary I-551 stamp
- Unexpired Foreign Passport with Unexpired Arrival/Departure records, along with USCIS Form I-94 bearing the same name as the passport with an endorsement of nonimmigrant status and work authorization
- Unexpired Employment Authorization Document with Photograph (USCIS Forms I-766, I-688, I-688A, or I-688B)



## Privilege Delineation

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This Health Center will verify that its licensed or certified health care practitioners possess the requisite skills and expertise to manage and treat patients and to perform the medical procedures that are required to provide the authorized services. We will ensure that our Health Center practitioners have met standards of practice and training that enable them to manage and treat patients and/or perform procedures and practices with a level of proficiency which minimizes the risk of causing harm. In addition to obtaining a complete medical staff application and the primary source verifications to prove a provider's education, training, work history and competency, the health center will ask its providers to identify which privileges they would like to perform with regard to their scope of practice by completing a privilege delineation form that is provider and specialty specific. We will then use our reference forms to capture direct, first hand one-on-one documentation by a supervising or colleague clinician who possesses the privilege of the particular procedure or management protocol.

## References

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References collected by the credentialing specialist must fit the following criteria:

- The person giving the reference has had clinical experience with the recruit within the past 18-24 months
- The person can rate provider's clinical, ethical, and interpersonal skills
- The reference must be on a health center specialty-specific verbal reference form
- Two of the three references will be in the provider's same specialty
- Providers completing residency/fellowship programs within the past nine months will have a verbal reference from the director of the training program.
- The preference is to have at least one verbal reference from the provider's most recent place of employment.

If all three references cannot judge a specific clinical capability or patient setting (i.e. pediatric inpatient or central line placement) the Credentials Committee will not have a complete assessment, and therefore, may not approve the area, privilege or procedure.

All efforts should be made to obtain three verbal references according to this policy. However, at times it may be impossible to find three references that have had direct clinical and/or supervisory contact with the provider within the past 18-24 months. In this case, the reason for the deviation from this policy must be documented in the credentials file.



## Primary Source Verifications

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The credentialing specialist will be responsible for verifying the following:

- All current licenses at time of application
- DEA registration
- Board certification, if applicable and electronically available
- Education and training, from medical school through residency and/or fellowship, with the applicable institution or equivalent primary source such as AMA/AOA, ECFMG, degreecheck.com or National Student Clearing House
- Federation of State Medical Boards query for physicians and physician assistants
- National Practitioner Data Bank in lieu of a claims history directly from the carrier
- OIG Medicaid/Medicare sanctions query
- Any hospital where the provider has indicated a termination or any other disciplinary action involving his/her professional practice in the last five years must be verified with the primary source, unless it appears on the NPDB query. At the discretion of the Credentials Committee, primary source verification of actions occurring over five years prior may be requested if the nature of the termination or disciplinary actions/sanctions is deemed to raise patient safety concerns
- NPI registration query

The following additional documentation may also be requested and present in the credentials file:

- Education certificates (medical school, internship, residency, fellowship)
- Specialty board certificates
- License copies
- DEA registration copies
- State Controlled Substance permit copies
- Life support cards
- ECFMG (if applicable)
- Military discharge papers (DD 214) (if applicable)
- Immunizations
- Signed provider contract

All files will be reviewed and evaluated and the credentialing specialist who may request additional information. Upon completion of the review, the file is reviewed by the medical director and/or the executive director and then presented to the health center's credentials committee.





## Credentials Committee Files

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This health center has established a credentials committee that consists of: a currently practicing physician who serves as a medical advisor, the President/CEO of the company and the credentialing specialist (who else?). The credentials committee meetings will be documented with minutes and these minutes will be shared with the health center's governing board.

The following issues related to a Credentials Committee review and approval of the provider file will also require governing board approval for the provider to continue working with our health center:

- Change in training program due to performance or capability issues
- Any medical malpractice claim, settlement or judgment regardless of amount or outcome of the patient
- Any claim/suit that is currently pending
- Documentation of gross negligence
- Denial, suspension, or termination of privileges (other than for economic reasons)
- Disciplinary action or investigation by a state licensing board
- Disciplinary actions taken by a state or federal regulatory agency
- Suspended or revoked medical license
- History of substance abuse
- Documentation of allegation regarding health-related condition(s) that may impact the provider's ability to provide medical care
- Criminal history
- Documentation of allegations of poor interpersonal skills
- Gaps in practice history greater than 6 months with explanation pertaining to performance or capability
- FSMB query with negative information or disciplinary action(s)
- NPDB query with negative information, not previously reviewed by the credentials committee
- Discrepancy between credentialing verification information (third party sources) received and Medical Staff Application
- Recent disciplinary action by training program
- Investigation, disciplinary action, and/or termination by a healthcare entity

Note: Any item above that has been previously reviewed and approved by Credentials Committee does not require additional review.

The credentialing specialist will keep track of the date of approval as well as monitor the expiration dates of the primary source verifications, including the renewal dates of licensure, board certifications and professional medical malpractice policy coverage dates add OIG.



## Re-credentialing

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Providers who continue to work through the health center are re-credentialed every two years. A re-credentialing application and CV including work history are reviewed and updated to reflect the previous two-year period.

The “Reappointment Application to Medical Staff” can be used under the following circumstances:

- The Credentialing Expiration Date is not expired at the time the credentialing decision is made.
- The provider has worked or will work for the health center during the 24-month credentialing cycle, and will have future availability to work for the health center during the next 24-months.

The credentialing specialist will review the initial malpractice documentation (if applicable) and request updates for any previous pending claims/lawsuits or additional medical malpractice claims that have occurred within the last 2 years.

The reappointment application must contain:

- Explanation of any “yes” answers on the re-credentialing application.
- 2 performance references (same specialty) from MD’s or DO’s who have had clinical contact in the past 2 years and can rate the provider in clinical competence, ethics and interpersonal skills
- All efforts should be made to obtain two references according to this policy. However, at times it may be impossible to find two references that have had direct clinical and/or supervisory contact with the provider within the past 18-24 months. In this case, the reason for the deviation from this policy must be documented in the credentials file.

For re-credentialing, primary source verifications must be obtained for all credentialing elements as listed under the initial credentialing process. However, primary source verification of education/training is not required for re-credentialing unless the provider’s primary specialty has changed or the provider has completed additional education/training within the last two years.

**Note:** If a provider’s credentials file expires, the file will be considered an initial credential and must follow that process.



## National Practitioner Data Bank (NPDB) Fair Hearing Process

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If there is ever a time where our health center decides to no longer work with a provider due to quality of care or patient safety concerns that occur while under our employment, this health center will act accordingly and follow these steps:

1. Send a certified letter to the practitioner informing him/her of the decision to no longer work with the provider, and if required, indicate a report to NPDB is being initiated citing specific quality of care concerns and informing the provider of his/her right to appeal.
2. The health center's governing board will host an appeal otherwise known as a fair hearing, in person or via teleconference, for the practitioner to present his/her appeal to the credentials committee whose made the decision to report.
3. The health center will mediate as necessary, considering any/all further evidence that the practitioner provides during the appeal.
4. The health center will report the provider if the governing board doesn't receive any reversible evidence from the fair hearing; if the decision has been reversed then the health center will send a certified letter to the provider informing him/her that we will not be reporting his removal from the medical staff to the NPDB.

Note: A decision to not report a provider to the NPDB after the fair hearing process may not reverse the decision to discontinue working with the provider, and not all decisions to discontinue working with providers will warrant a fair hearing process.



**Health Center Name**  
**Primary Source Verifications Checklist**  
**To Be Completed Within 120 Days of Receiving a Complete**  
**Initial or Reappointment Medical Staff Application**

- Review current Resume or Curriculum Vitae (CV) along with application, and account that all dates are in month/year format from completion of training to present. Red flag any gaps according to P & P
- Review and red flag any disciplinary and/or malpractice History for the Credentialing Committee Chair's review; to include provider statements explaining past & current actions, plus provide any legal documents pertaining to malpractice suits
- Verify Medical Degree(s) or Training Program(s) as applicable or if not previously verified
- Verify ECFMG, if applicable or not previously verified
- Verify Fifth Pathway, if applicable or not previously verified
- Verify of Board Certification(s) as applicable and according to P & P
- Verify Utah State License is Current and in Good Standing – red flag if not
- Verify DEA and/or Utah Controlled Substance Certificate, if applicable
- Verify Provider's Not Sanctioned by OIG – red flag if listed
- Produce NPDB – red flag if there are reports
- Produce FSMB for Physicians and Physicians Assistants only
- Produce Criminal Background Check According to P & P
- Verify relevant work history affiliations according to P & P
- Verify references according to P & P
- Highlight any privileges or clinical area of expertise for which there's no reference for Credentialing Committee Chair and/or Medical Director's review

Comments Including Date of Application (or Due Date Reappointment)

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Date Medical Director and/or Credentialing Committee Designee Approval Obtained:

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Date Reviewed and Approved by Board Meeting:

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<i>Websites Visited for Primary Source Verification</i>	<i>ID</i>	<i>Password</i>
<b>OIG</b> <a href="http://exclusions.oig.hhs.gov/">http://exclusions.oig.hhs.gov/</a>		
<b>EPLS/SAM</b> <a href="https://www.sam.gov/">https://www.sam.gov/</a>		
<b>ACGME</b> <a href="https://www.acgme.org/ads/public">https://www.acgme.org/ads/public</a>		
<b>FCVS</b> <a href="http://www.fsmb.org/login.html">http://www.fsmb.org/login.html</a>		
<b>AMA Provider Profiles for Physicians &amp; PA's</b> <a href="https://profiles.ama-assn.org/amaprofiles/">https://profiles.ama-assn.org/amaprofiles/</a>		
<b>AOA Profiles</b> <a href="http://www.docprofiles.org">www.docprofiles.org</a>		
<b>FSMB PROFILES</b> <a href="http://www.fsmb.org/">http://www.fsmb.org/</a>		
<b>NPDB REPORTS</b> <a href="http://www.npdb-hipdb.hrsa.gov/">http://www.npdb-hipdb.hrsa.gov/</a>		
<b>DEA VERIFICATIONS</b> <a href="http://www.deanumber.com/Default.asp">http://www.deanumber.com/Default.asp</a>		
<b>ECFMG REPORTS</b> <a href="https://cvsonline2.ecfm.org/ContactLogin.asp">https://cvsonline2.ecfm.org/ContactLogin.asp</a>		
<b>NATIONAL STUDENT CLEARING HOUSE</b> <a href="http://www.studentclearinghouse.org/">http://www.studentclearinghouse.org/</a>		
<b>AMERICAN BOARD OF FAMILY MEDICINE</b> <a href="https://www.theabfm.org/diplomate/verify.aspx">https://www.theabfm.org/diplomate/verify.aspx</a>		
<b>AMERICAN BOARD OF INTERNAL MEDICINE</b> <a href="http://www.abim.org/services/verify-a-physician.aspx">http://www.abim.org/services/verify-a-physician.aspx</a>		
<b>PHYSICIAN ASSISTANT BOARD CERTIFICATION</b> <a href="http://www.abim.org/services/verify-a-physician.aspx">http://www.abim.org/services/verify-a-physician.aspx</a>		
<b>ADVANCED NURSE PRACTITIONER CERTIFICATION</b> <a href="http://www.nursecredentialing.org/Certification/VerifyCertification">http://www.nursecredentialing.org/Certification/VerifyCertification</a>		

PHYSICIAN CLINICAL PERFORMANCE REVIEW & RECOMMENDATION

EMPLOYEE INFORMATION

Name Of Physician Being Reviewed: \_\_\_\_\_ Your Name & Title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Months/Years Known: From \_\_\_\_\_ to \_\_\_\_\_

REVIEW GUIDELINES

Complete this review, using the following scale:

NA = Not Applicable  
 1 = Unable to Rate  
 2 = Needs Improvement  
 3 = Meets Requirements  
 4 = Exceeds Requirements  
 5 = Exceptional

EVALUATION

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Needs Improvement	(1) = Unable to Rate
Demonstrates Required Medical Skills, Knowledge & Performs the Appropriate Diagnostic Exams for					
Adult Inpatient Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Outpatient Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Inpatient Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Outpatient Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency/Urgent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBGYN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriptive Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates with Patients In A Culturally Competent Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Medical & Legal Requirements & Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses the Electronic Medical Record in a Meaningful Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes Community Resources & Advocates for Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands Principles of Infection & Quality Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Health Center Policies & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

ALLIED HEALTH MID LEVEL PRACTITIONER  
 CLINICAL PERFORMANCE REVIEW & RECOMMENDATION

EMPLOYEE INFORMATION

Name Of Employee Being Reviewed: \_\_\_\_\_ Your Name & Title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Months/Years Known: From \_\_\_\_\_ to \_\_\_\_\_

REVIEW GUIDELINES

Complete this review, using the following scale: NA = Not Applicable  
 1 = Unable to Rate  
 2 = Needs Improvement  
 3 = Meets Requirements  
 4 = Exceeds Requirements  
 5 = Exceptional

EVALUATION

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Needs Improvement	(1) = Unable to Rate
Demonstrates Required Medical Skills, Knowledge & Performs the Appropriate Diagnostic Exams for					
Primary Care for Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Primary Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriptive Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBGYN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency/Urgent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates with Patients In A Culturally Competent Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Medical & Legal Requirements & Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens To Direction From Supervising Medical Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses the Electronic Medical Record in a Meaningful Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes Community Resources & Advocates for Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands Principles of Infection & Quality Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Health Center Policies & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:



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<i>Verification/Document in File</i>	<i>Expiration Date</i>	<i>Re-verify Date</i>
<i>ACLS</i>		
<i>BLS</i>		
<i>Board Certification(s)</i>		
<i>Controlled Substance Permit(s)</i>		
<i>DEA</i>		
<i>Driver License</i>		
<i>Hospital Privileges Appointment Date</i>		
<i>Medical License(s)</i>		
<i>National Practitioner Data Bank</i>		
<i>OIG</i>		
<i>PALS</i>		
<i>References</i>		
<i>TB Test</i>		
<i>Other - Define</i>		

Comments Including Date of Application (or Due Date Reappointment)

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Date Medical Director and/or Credentialing Committee Designee Approval Obtained:

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Date Reviewed and Approved by Executive Board Meeting:

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<i>Name of Payer – Contact Information</i>	<i>Application Sent</i>	<i>Application Approved</i>	<i>Re-Cred Due</i>
<b>Medicare</b>			
<b>Medicaid</b>			
<b>Blue Cross Blue Shield</b>			
<b>Tri-Care</b>			

Name of Provider

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Health Center Dates of Appointment:

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1. What is a critical C&P item that you intend to implement?
2. How will you measure your progress in implementing this item?
3. What barriers do you expect to encounter by implementing this item?
4. How will you avoid or negate these barriers?
5. When do you intend to start?
6. When do you think you will finish?
7. What resources (people, equipment or extra skills) will you need to complete the implementation?
8. What benefits do you hope will result from doing this?
9. When will you and your supervisor (medical director or board) meet to discuss this action plan?
10. When will you and your supervisor (medical director or board) meet to review progress of this action plan?

You can complete a sheet for any additional items you think should be included in your action plan.



1. What is a critical C&P item that you intend to implement?
2. How will you measure your progress in implementing this item?
3. What barriers do you expect to encounter by implementing this item?
4. How will you avoid or negate these barriers?
5. When do you intend to start?
6. When do you think you will finish?
7. What resources (people, equipment or extra skills) will you need to complete the implementation?
8. What benefits do you hope will result from doing this?
9. When will you and your supervisor (medical director or board) meet to discuss this action plan?
10. When will you and your supervisor (medical director or board) meet to review progress of this action plan?

You can complete a sheet for any additional items you think should be included in your action plan.





## **Additional Credentialing and Privileging Resources**

[ECRI – Credentialing and Privileging Resources](http://www.ecri.org) www.ecri.org

- ECRI offers over 200 different resources related to credentialing and privileging. They also recently updated their training website for easier more streamlined access.
- To access ECRI's resources email [Clinical\\_RM\\_Program@ecri.org](mailto:Clinical_RM_Program@ecri.org) with your contact information. All CHC staff have free access to these resources.

[National Association Medical Staff Services \(NAMSS\)](http://www.namss.org) www.namss.org

- NAMSS is the national association representing professionals in the medical staff and credentialing services field. Through their website staff can learn about the Certified Provider Credentialing Specialist CPCS exam and application as well as the Certified Professional Medical Services Management (CPMSM) exam.
- Additionally, NAMSS offers a wide selection of education courses and opportunities as well as resources to assist staff prepare for certification exams.

[Colorado Association Medical Staff Services \(CAMSS\)](#)

- CAMSS is the Colorado chapter of NAMSS. Through a membership with CAMSS staff can expect a diverse list of benefits including networking opportunities, scholarships and continuing education credits through attendance at CAMSS education forums.
- [Save the Date: CAMSS 2015 Spring Conference in Vail on May 15-16, 2015](#). This will be a great opportunity to obtain valuable technical education and networking among medical staff and credentialing service professionals.

