

Understanding CMS Requirements for Credentialing and Privileging

UNDERSTANDING CMS REQUIREMENTS FOR CREDENTIALING, RECREDENTIALING, AND PRIVILEGING IN HOSPITALS AND CRITICAL ACCESS HOSPITALS

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What We Will Cover...

Introduction/Overview

Standards Related to Credentialing and Privileging

Surgical Services

Telemedicine

Diet Orders

Orders for Outpatient Services

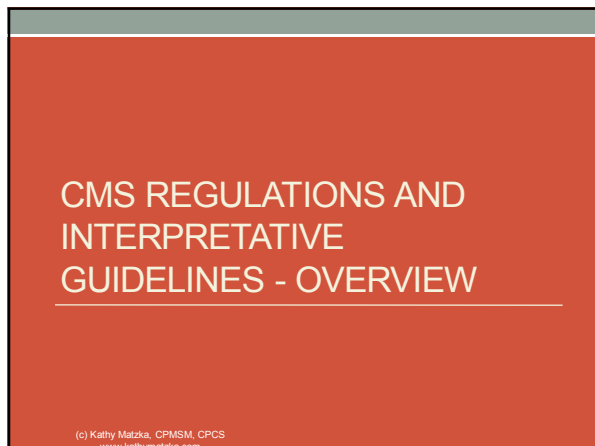
Hospital Deficiency Data

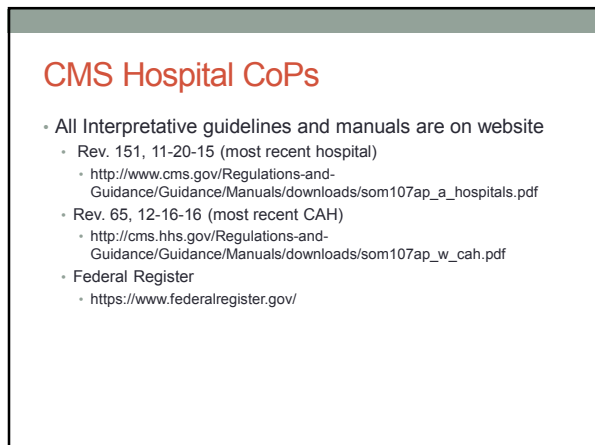
First, a Little History...

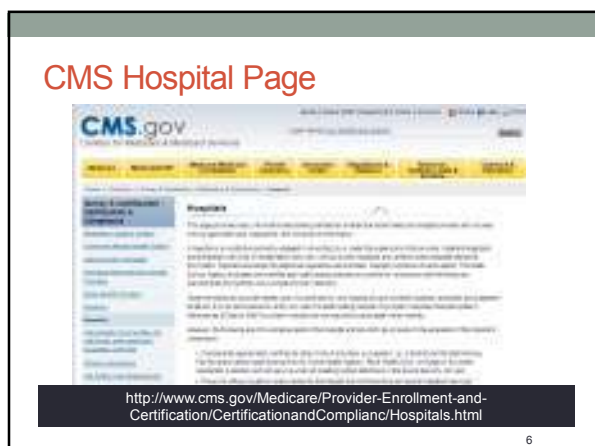
- 1916: American College of Surgeons ("ACS") did a survey of over 2,700 hospitals in the US and Canada to examine the quality of service in these institutions
- The survey and its findings were never published.
 - Survey committee ordered the reports destroyed when the results indicated that only 89 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

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Surveyor & Certification Memos

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

Document Review – Hospital and CAH

- Medical Staff Bylaws, Rules & Regulations
- Credential files to determine if the facility complies with CMS requirements and State law, as well as, follows its own written policies for medical staff privileges and credentialing
- Personnel files to determine if staff members have the appropriate educational requirements, have had the necessary training required, and are licensed, if it is required

CREDENTIALING AND PRIVILEGING

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Medicare CoP Privileging Criteria – Hospital and CAH



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Hospital Sec. 482.22(a) – Medical Staff Composition

- The medical staff must be composed of MDs and DOs
- In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at § 482.12(c)(1) MD/DO/DDs/DMD/DPM/DC/OD) and non-physician practitioners who are determined to be eligible for appointment by the governing body.

CAH §485.627(a) Standard: Governing Body/Responsible Individual

- GB/responsible individual must determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff
- Must have advice/recommendation of the MS
- Done in accordance with MS criteria

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Hospital - §482.12(a)(1)

For Information Only - Not Required/Not to Cited

CMS expects that all physician practitioners granted privileges are also appointed as members of the medical staff. However, if State law limits the composition of the hospital's medical staff to certain categories of practitioners, e.g., only MDs or DOs, there is nothing in the CLFy that prohibits hospitals and their medical staffs from establishing certain practice privileges for other categories of physician practitioners excluded from medical staff membership under State law, or from granting those privileges to individual practitioners in those categories, as long as such privileges are recommended by the medical staff, approved by the governing body, and in accordance with State law. (79 FR: 27114 - 27115, May 12, 2014)

For physician practitioners granted privileges only, the hospital's governing body and its medical staff must ensure through, such as through credentialing and competency review, of those other physician practitioners to whom it grants privileges, just as it would for those practitioners appointed to its medical staff.

Survey Procedures

- CAH - Review documentation and verify that the governing body (or responsible individual) has determined and stated the categories of practitioners that are eligible candidates for appointment to the medical staff.
- Hospital - Review documentation and verify that the governing body has determined and stated the categories of physicians **and practitioners that are eligible candidates for appointment to the medical staff or to be granted medical staff privileges.**

Hospital IG §482.12(a)(1)

- Other types of licensed healthcare professionals have a more limited scope of practice and usually are not eligible for hospital medical staff privileges, unless their permitted scope of practice in their State makes them more comparable to the above listed types of non-physician practitioners
- Examples: PT, OT, speech language therapist, clinical pharmacists

Understanding CMS Requirements for Credentialing and Privileging

Hospital IG §482.12(a)(1) – Medical Staff

- If allowed by State law non-physician practitioners may be appointed
 - Physician assistant
 - Nurse practitioner;
 - Clinical nurse specialist
 - Certified registered nurse anesthetist
 - Certified nurse-midwife
 - Clinical social worker
 - Clinical psychologist
 - Anesthesiologist's assistant
 - Registered dietician or nutrition professional

Hospital §482.22(a)(2)

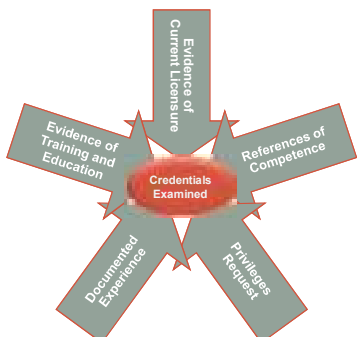
- MS must examine the credentials of all eligible candidates for MS membership and make recommendations to the GB on the appointment of these candidates in accordance with State law, including scope-of-practice laws, and MS bylaws, R&R
- A candidate who has been recommended by the MS and who has been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

Admitting privileges – Hospital and CAH

- Licensed practitioners (e.g., nurse practitioners, midwives, etc.), as allowed by the State may admit patients
- Medicare patients under care of MD, DO, DDS, DPM, OD, DC, PhD (scope of practice as permitted by law)
- If a Medicare patient is admitted by a practitioner not specified, patient is under the care of a MD/DO

Understanding CMS Requirements for Credentialing and Privileging

Hospital IG §482.22(a)(2) Medical Staff



Sample Form Letters/Policies

- Education
- Training programs
- Hospitals and other facilities (experience)
- Licensure
- Peer references

See Pages 1-11

Hospital Interpretative Guidelines §482.22(a)(2) Medical Staff

- Must have a separate credentials file for each individual

SURGICAL SERVICES

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Hospital 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

CAH § 485.639 Surgical services

- If CAH provides surgical services, surgical procedures must be performed in a safe manner by qualified practitioners who have been granted clinical privileges by the GB or responsible individual in accordance with the designation requirements under this section
- CAH designates the practitioners who are allowed to perform surgery for CAH patients, in accordance with its approved policies and procedures, and with State scope of practice laws
- Surgery is performed only by MD, DO, DDS, DMD, or DPM

Understanding CMS Requirements for Credentialing and Privileging

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 (to include whether or not the supervising practitioner is physically present in the same OR, in line of sight of the practitioner being supervised) delineated in that practitioner's surgical privileges and included on the surgical roster

Definition of Surgery - ACS

"Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles...

Hospital IG §482.51(a)(4)

- If the hospital utilizes RNFA, surgical PA, or other non-MD/DO surgical assistants, it must establish criteria, qualifications and a credentialing process to grant specific privileges based compliance with the privileging/credentialing criteria and in accordance with Federal and State laws and regulations
- Includes surgical services tasks conducted by these practitioners while under the supervision of an MD/DO

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CAH §485.639(a)

- MS bylaws include criteria for determining the privileges to be granted and procedure for applying the criteria
- Surgical privileges granted in accordance with the competencies of each practitioner
- MS appraisal procedures must evaluate each individual practitioner's training, education, experience, and demonstrated competence as established by the CAH'S QA program, credentialing process, the practitioner's adherence to CAH policies and procedures, and in accordance with scope of practice and other State laws and regulations

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
- Practitioner and appropriate hospital patient care areas/departments are informed of the privileges granted to the practitioner

See Page 13

Survey Procedures – Hospital and CAH

- Review the hospital's method for reviewing the surgical privileges of practitioners. This method should require a written assessment of the practitioner's training, experience, health status, and performance

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Documenting Recommendations

- Use of forms
- Documentation for minutes



UNDERSTANDING CREDENTIALING OPTIONS FOR TELEMEDICINE

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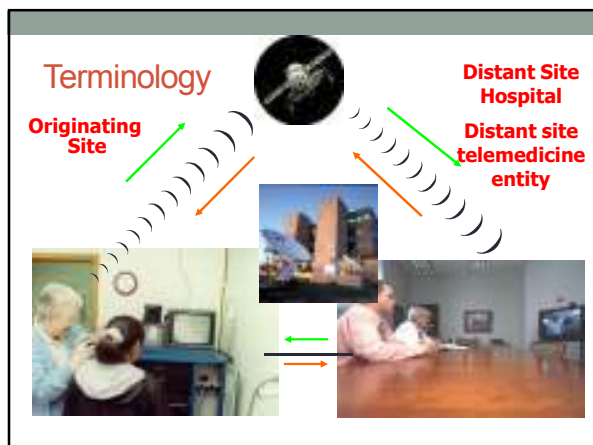


Understanding CMS Requirements for Credentialing and Privileging

What is Telemedicine?

"the provision of clinical services to patients by physicians and practitioners from a distance via electronic communications"

Source: CMS Interpretative Guidelines



CMS – Telemedicine Privileging Choices



Understanding CMS Requirements for Credentialing and Privileging

Requirements

- Written agreement needs specific language as included in regulations
- Need appropriate bylaws language
- The hospital has evidence that it reviews the telemedicine services provided to its patients and provides a written copy of this review to the distant-site telemedicine entity for the latter's use in its periodic appraisal of the physicians and practitioners providing telemedicine services under the agreement. At a minimum, adverse events and complaints

Surveyor Notes....

- Ask to see...Written agreement and the list provided by the distant-site hospital of the telemedicine physicians and practitioners, including their current privileges and pertinent licensure information
- Ask the hospital how it verifies that the telemedicine entity employs a credentialing and privileging process that meets or exceeds what is required for hospitals under the Medicare CoPs

CAH §485.641(b)(4) Quality Assurance

- The quality and appropriateness of the diagnosis and treatment furnished by doctors of medicine or osteopathy at the CAH are evaluated by--
 - (i) One hospital that is a member of the network, when applicable;
 - (ii) One QIO or equivalent entity;
 - (iii) One other appropriate and qualified entity identified in the State rural health care plan;
- Applies to agreements with distant-site telemedicine entity
- Agreements with distant- site hospitals give that hospital responsibility

DIET ORDERS, OUTPATIENT SERVICES

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§482.28 CoP: Food and dietetic services

- Patient diets, including therapeutic diets, must be ordered by one of the following:
 - Practitioner responsible for the care of the patient
 - Qualified dietitian or qualified nutrition professional
 - authorized by the medical staff and
 - in accordance with State law governing dietitians and nutrition professionals

§ 482.54 Condition of participation: Outpatient services

- (c) Standard: Orders for outpatient services. Outpatient services must be ordered by a practitioner who meets the following conditions:
 - (1) Is responsible for the care of the patient.
 - (2) Is licensed in the State where he or she provides care to the patient.
 - (3) Is acting within his or her scope of practice under State law.
 - (4) Is authorized in accordance with policies adopted by the medical staff, and approved by the governing body, to order the applicable outpatient services. This applies to the following:
 - (i) All practitioners who are appointed to the hospital's medical staff and who have been granted privileges to order the applicable outpatient services.
 - (ii) All practitioners not appointed to the medical staff, but who satisfy the above criteria for authorization by the hospital for ordering the applicable outpatient services for their patients.

DEFICIENCY REPORTS
AND DATA

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Statement of Deficiencies



Hospital Deficiency Data

- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals.html>
- Downloads section at bottom of page
- Full Text Statements of Deficiencies Hospital Surveys

Understanding CMS Requirements for Credentialing and Privileging

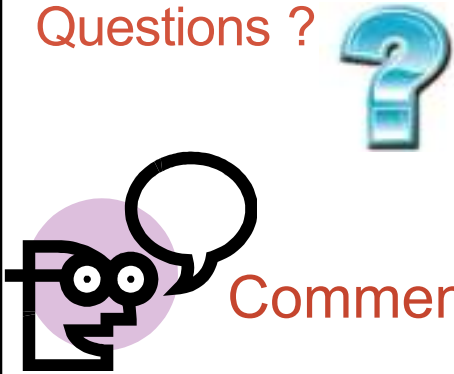
Hospital Deficiency Data



A screenshot of a web browser displaying a table of Hospital Deficiency Data. The table has multiple columns with headers such as 'Hospital Name', 'Deficiency Code', 'Deficiency Description', 'Survey Date', and 'Surveyor'. The data rows are numerous and contain detailed text descriptions of deficiencies.

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals.html>

Questions ?



A stylized graphic featuring a purple circle with a black outline of a face. The face has large, round eyes and a wide, open mouth. A large, blue, 3D question mark is positioned to the right of the face. Below the face, the word 'Comments !' is written in a red, sans-serif font.

Comments !

Understanding CMS Credentialing and Privileging Requirements for Hospitals and Critical Access Hospitals

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BIOGRAPHICAL SKETCH, KATHY MATZKA, CPMSM, CPCS

Kathy Matzka, CPMSM, CPCS, FMSS, is a speaker, consultant, and writer with 30 years of experience in credentialing, privileging, and medical staff services. 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 holds certification by the National Association Medical Staff Services (NAMSS) in both Medical Staff Management and Provider Credentialing. 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 *Medical Staff Standards Crosswalk: A Quick Reference Guide to The Joint Commission, CMS, HFAP, and DVN Standards*, *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 eight years, she was the contributing editor for *The Credentials Verification Desk Reference* and its companion website *The Credentialing and Privileging Desktop Reference*. She is co-author of the HcPro's publication *Verify and Comply: Credentialing and Medical Staff Standards Crosswalk, Sixth & Seventh Editions*. Her latest book is *The Clinician's Quick Guide to Credentialing and Privileging* which is a resource for physicians and other practitioners.

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* and *Study Guides*. She also serves as instructor for NAMSS.

Ms. Matzka shares her expertise by serving on the editorial advisory boards for two publications – *Credentialing Resource Center Journal*, 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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SAMPLE LETTER FOR VERIFICATION OF TRAINING

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.

Cover Letter 1

**CONFIDENTIAL AND PRIVILEGED
PEER REVIEW DOCUMENT**

[Date]

[Residency Program Director]

[Organization]

[Address 1]

[Address 2]

[City, State, Zip]

**Re: [Name of Trainee]
 [DOB or NPI]**

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)

Trainee's Full Name:

DOB:

NPI:

Click here to enter text.

Click here to enter text.

Click here to enter text.

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?

- | | | | |
|-------|--|------------------------------|-----------------------------|
| (i) | Conditions or restrictions beyond those generally associated with the training regimen at your facility; | ☐ Yes | ☐ No |
| (ii) | Involuntary leave of absence; | ☐ Yes | ☐ No |
| (iii) | Suspension; | ☐ Yes | ☐ No |
| (iv) | Non-promotion/non-renewal; or | ☐ Yes | ☐ No |
| (v) | 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.

Section III: Attestation

The information provided on this form is based on review of available training records and evaluations.

Signature: [Click here to enter text.](#)

Printed Name: [Click here to enter text.](#)

GME Title: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Date Form Completed: [Click here to enter text.](#)

In an effort to improve and streamline the credentialing process, the Accreditation Council for Graduate Medical Education (ACGME), American Hospital Association (AHA), National Association Medical Staff Services (NAMSS), and Organization of Program Directors Associations (OPDA) have collaborated to create a standardized "Verification of Graduate Medical Education Training (VGMET)" form designed to be completed once at the completion of training (or at the first opportunity thereafter when the program is asked to complete a verification/credentialing form). 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. This VGMET is then time-stamped and inserted in the trainee's file. This time-stamped form, along with a cover letter from the current program director or institutional official, serves as the program's verification of training. The form will not include detailed lists of current procedural or technical competencies.

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. Procedural skills are adequate and reflect those of a graduate of an accredited training program.
- **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.

•

	Excellent	Good	Fair	Poor	Unable to evaluate
Patient care/Procedural skills					
Medical knowledge					
Practice-based learning and improvement					
Interpersonal and communication skills					
Professionalism					
Systems-based practice					

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

	Excellent	Good	Fair	Poor	Unable to evaluate
Medical knowledge - 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, inservice training, and continuing education.					
Technical and clinical skills - Skill involves the capacity to perform specific privileges/procedures. It is based on both knowledge and the ability to apply the knowledge.					
Clinical judgment - 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.					
Communication skills - 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					
Interpersonal skills - 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.					
Professionalism - 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.					

CONFIDENTIAL Professional Peer Reference & Competency Validation
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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

Please return this form within 2 weeks. Failure to receive the form will delay consideration of the applicant's request for privileges.

NOTIFICATION OF INTERNAL AND EXTERNAL PARTIES REGARDING PRACTITIONER PRIVILEGES

Policy:

Key external and internal persons and organizations must be notified whenever a change occurs in a practitioner's privileges or when a new practitioner is granted privileges or appointment. Some internal sources require information regarding clinical privileges granted, while others require only a general notification.

Procedure:

Internal Sources:

General Notification of New Practitioner:

When a new practitioner is granted medical staff appointment or clinical privileges, a general notification should be distributed via email or memo to all hospital departments. The following information should be included:

Full name, credential, address, phone, fax, pager/paging service number, partners, alternates, effective date, picture, sponsoring physician (if AHP).

General Notification Practitioner Leaving Staff:

When a practitioner leaves the staff, a general notification should be distributed via email or memo to all hospital departments. The following information should be included:

Full name, credential, forwarding address (if applicable), and effective date.

Notification of Privileges

When new privileges are granted either to a new applicant or an existing medical staff member or allied health professional; or when there is a modification (addition, deletion, termination, proctorship, etc.) to current privileges; the following internal personnel should be notified via email or memo and a copy of the privileges (or modification to privileges) should be included with the notification. (*Note: Will need to modify this language to reference privileges that are posted via intranet or other electronic means*).

[Name]	Admitting Department
[Name]	Operating Room
[Name]	Nursing Administration (for distribution to all nursing units)
[Name]	Administration
[Name]	Emergency Department
[Name]	Outpatient/Ambulatory Clinic(s)
[Name]	Quality Management
[Name]	<i>(Include others, as appropriate)</i>

Notification of Internal and External Parties Regarding Practitioner Privileges – Continued

External Sources

National Practitioner Data Bank and State Licensing Boards

The Health Care Quality Improvement Act of 1986 includes a requirement for reporting of certain adverse actions to the National Practitioner Data Bank.

Hospitals must report:

- (1) a professional review action which adversely affects a physician's or dentist's clinical privileges for more than 30 days and is based upon the physician's or dentist's professional competence or professional conduct; and
- (2) the voluntary surrender of clinical privileges by a physician or dentist who is under investigation relating to questions of professional competence or conduct, or in return for no investigation or professional review action being conducted.

A professional review action includes denying, reducing, restricting, revoking and suspending privileges, and also includes a decision not to renew clinical privileges if that action is based on the physician's or dentist's professional competence or conduct.

Hospitals must submit adverse action reports to the appropriate state licensing board within 15 days of final Board action in the case of an adverse action or within 15 days of the date the physician surrenders his or her clinical privileges. These reports must be submitted electronically to the National Practitioner Data Bank as an Adverse Action Report. Within 15 days, a printed copy of the electronic report must be forwarded to the state medical licensing board.

Revisions to previously reported adverse actions must also be reported. For example, if a physician's clinical privileges are reinstated after a 45 day suspension, both the suspension and the reinstatement must be reported.

Note: All reports to state licensing boards and the NPDB should be coordinated with the Legal Department.