Chubb Healthcare
Credentialing Checklist

CHUBB®

Patient safety and delivering high quality care are top priorities for any healthcare organization.

With the rapidly changing landscape of the healthcare industry and the implementation of healthcare reform, the pressure to improve quality and reduce costs has never been greater.

Maintaining a comprehensive credentialing program is one way healthcare leaders can help provide a safe and secure environment for their patients and employees. As intensive as the credentialing process has been in the past, the increasing scope of services offered, the ever growing number of physician practices integrated into healthcare systems and the increase in credentialing-related lawsuits has made the process more challenging.

To assist risk managers and healthcare leaders with proactively re-assessing their organization's credentialing program, Chubb Healthcare has developed the following self-assessment tool to help identify areas of actual and potential risk and highlight opportunities for improvement. Healthcare organizations that take proactive measures now will likely be better positioned to deliver cost effective quality care while minimizing credentialing-related lawsuits***.

Indicator Reviewed	Yes	No	Pending	Comments
Medical Staff Bylaws, Rules and Regulations				
Do facility bylaws contain a detailed description of all the steps in the credentialing process?				
Do the bylaws define the criteria for core competency assessment?				
Do the bylaws require primary source verification of core application criteria?				
Are exceptions to established criteria (e.g., grandfathering provisions) explicit and well defined?				
Do the bylaws articulate department-specific performance measurements for the initial appointment and reappointment processes?				
Do the bylaws support evidence-based decision-making in the medical staff privileging and re-appointment processes?				
Do the bylaws call for continuous evaluation of practitioner performance?				
Are the bylaws compliant with any state statutes regarding the appointment of credentialed practitioners?				
Do the bylaws address behavior expectations and the conflict management process?				
Have the bylaws been reviewed by legal counsel?				
Do medical staff rules and regulations list the licensure, certification, credentialing and privileging requirements for physician extender types, inclusive of nurse practitioners and physician assistants?				
Do the rules and regulations define data collection methods for performance review?				
Do the rules and regulations stipulate to supervision responsibilities of physicians over physician extender types, including reporting parameters, patient rounding requirements and documentation expectations?				
Disclosure and Attestation Statements				
Are applicants to the medical staff required to complete a standard disclosure statement, inquiring if the applicant:				
• Has ever been diagnosed or treated for alcoholism, narcotic abuse or chemical dependency?				
• Has ever been asked to participate or volunteered to participate in an impaired physician program?				
• Has ever been diagnosed or treated for physical or mental impairment?				
• Has ever had state licensure denied, relinquished, restricted, suspended, revoked or otherwise disciplined?				
• Has had DEA licensure denied, relinquished, restricted, suspended, revoked or otherwise disciplined?				
• Is in good standing with, CMS, Medicare and Medicaid authorities?				
• Has ever had medical staff privileges suspended, revoked, denied, put on probation or restricted?				
• Has ever had medical staff membership denied, non-renewed, suspended or terminated?				

Indicator Reviewed	Yes	No	Pending	Comments
Disclosure and Attestation Statements				
• Has knowledge of any claims, potential claims, lawsuits OR any alleged patient injury arising out of the rendering or failure to render professional services?				
• Has been convicted of a criminal offense?				
Does the disclosure statement language comply with the requirements of the federal Americans with Disability Act?				
Does legal counsel assist in drafting the disclosure statement?				
Is an attestation statement included in a general release and consent, containing the following elements:				
• Acknowledgment that information submitted in an application and any addenda thereto is current, complete, accurate and submitted in good faith?				
• Acknowledgement that a copy of the medical staff bylaws was received and that the applicant agrees to abide by them?				
• Consent to disclose, inspect and copy information and documents relating to credentials and qualifications?				
• Notice that an application will not be processed until it is deemed complete?				
• Consent to disclose, inspect and copy information and documents relating to credentials and qualifications?				
• Types of organizations covered by the general release?				
• Information subject to release, i.e., professional competence, training, experience, conduct and judgment, etc.?				
Verification of Primary Credentials				
Is there a designated credentialing director or coordinator who is trained and knowledgeable about medical staff bylaws, rules and regulations, as well as state and accrediting protocols?				
If a credentials verification organization (CVO) is utilized to gather and organize information in the vetting process, has due diligence been performed to ensure the CVO is licensed and credentialed, and can properly verify and provide reliable credentialing information?				
Does the credentials verification process include:				
• The completion of an application (including a curriculum vitae and recent photograph)?				
• Verification of current medical license?				
• Verification of education and training?				
• Verification of board certification or eligibility?				
• Verification of current DEA license?				
• Verification of professional liability insurance coverage?				
• Verification of malpractice history?				

Indicator Reviewed	Yes	No	Pending	Comments
Verification of Primary Credentials				
• Verification of compliance with state specific continuing education requirements?				
• Professional/personal reference checks?				
• Query of the National Practitioner Data Bank?				
• Query of the Healthcare Integrity and Protection Data Bank?				
Do references, peer recommendations and/or letters from authoritative sources address applicants' capabilities in the following defined areas:				
• Medical and clinical knowledge?				
• Technical and clinical skills?				
• Clinical judgment?				
• Interpersonal and communication skills?				
Are documentation and verification criteria consistently applied for all applicants seeking appointment or reappointment?				
Competence Assessment				
Are skill/clinical competency and performance evaluated upon hire and continuously thereafter?				
Are core competency assessment criteria well defined, encompassing:				
• Quality-of-care indicators?				
• Medical and clinical knowledge requirements?				
• Practicum-based learning and improvement?				
• Communication and conflict management skills?				
• Parameters of professional behavior?				
• Knowledge of accountable care methodologies?				
Are recognized methods used when evaluating core competencies, encompassing:				
• 360-degree evaluations, including the medical director of each clinical service?				
• Review of patient care case logs?				
• Surveys of patients and peers?				
• Health care record audits?				
• Practicum examinations?				
Are competency evaluations formally documented?				
Does the organization conduct a privilege-specific evaluation whenever a practitioner initially applies for privileges or lacks documented evidence of competence in a new procedure?				
Do the medical staff bylaws provide an actionable track when directors have concerns regarding a provider's clinical practice or level of competence?				

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Verification of Primary Credentials				
Is an objective, evidence-based process used to make the decision to grant or deny privileges, or to renew existing privileges?				
Is there a process to determine whether sufficient clinical performance data are available to make a privileging decision?				
Is the scope of a provider's privileges described in his or her job description or as part of his/her employment contract?				
If a provider is privileged to provide services outside of the permitted scope of services, does the health care organization obtain professional liability coverage for the provider with respect to the service?				
Are decisions to grant, renew or restrict privileges justified by the practitioner's documented performance record?				
Do privileging decisions have a clear expiration date, no greater than every two years?				
Is there a position in place to identify provider credentials that are ready to expire in 30 days?				
Ongoing Performance Review				
Is information gathered from ongoing professional practice evaluations (OPPE) into the decision to maintain, revise or restrict existing privileges?				
Do OPPE evaluation processes include the following elements of review:				
• Periodic chart audit?				
• Direct observation?				
• Monitoring of diagnostic and treatment techniques?				
• Communication and conflict management skills?				
• Analysis of number and outcomes of surgical and other clinical procedures?				
• Blood and drug usage?				
• Requests for tests and procedures?				
• Length of stay patterns?				
• Morbidity and mortality data?				
• Use of consultants?				
• Peer consultations?				
• Examination of national and regional data registries?				
Are the methods employed to resolve performance issues clearly defined and consistently implemented?				
Is a focused professional evaluation performed when a member of the medical staff demonstrates signs of being unable to provide safe, quality patient care, as indicated by the following occurrences:				
• Involvement in sentinel events?				
• High-frequency complaints by patients, staff and/or peers regarding quality of care?				
• Above average infection rates?				
• Above average inpatient stays?				

Indicator Reviewed	Yes	No	Pending	Comments
Ongoing Performance Review				
• Unexpected returns to surgery?				
• Frequent readmissions?				
• Unnecessary diagnostic testing/treatments?				
• Repeated noncompliance with approved clinical practice guidelines?				
File Maintenance, Confidentiality and Data Analysis				
Do individual provider credentialing files contain:				
Completed application and resume?				
• Documentation of background checks?				

• Verification of:
  - No criminal charges - federal and all states of residence?
  - No sexual abuse/misconduct?
  - Unrestricted medical license?
  - Education?
  - Board certification (if applicable)?
  - Applicant's malpractice history?
  - Applicant's current DEA license history?				

Are there confidentiality policies applicable to the credentialing and privileging processes that prohibit disclosures to third parties (not including mandatory reports to practitioner data banks, malpractice insurers and law enforcement agencies for previously unreported criminal actions)?				
Does the health care organization collect and analyze provider performance data on a quarterly basis under the protected auspices of quality and performance improvement?				
Are reports produced for executive leadership and governing board members that focus on:				
• Patient outcomes by diagnosis, procedure and department?				
• Patterns of readmissions, mortality, complications, and blood/drug usage?				
• Root cause and failure mode and effects analyses?				
• Departmental-specific trends?				

Contact Us

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