

Guide for Preparing Credentialing Files

The health center or free clinic should keep a credentialing file for each professional and include all documents related to credentialing and privileging in that file. Each file should be complete and organized. As a best practice, the health center or free clinic may want to designate an individual who is responsible for reviewing each file once every year to identify any items that might be missing or expired.

Health centers and free clinics can use the following guide to ensure that files are organized.

Credentialing and Privileging Files

- File contents should be available in an organized manner
 - **Section I.** Application (signed and date-stamped) (see [Credentialing Application Packet](#) for a sample)
 - **Section II.** Clinical privileges
 - **Section III.** Education and certification
 - Certificates/diplomas from all educational degrees and post-graduate training
 - Continuing medical education (CME) credits
 - Educational Commission for Foreign Medical Graduates (ECFMG) (if applicable)
 - Board certification or board eligibility verification
 - Specialty verification
 - **Section IV.** Licenses
 - State licenses
 - Life support training (BLS, ACLS, ATLS, PALS, APLS)
 - Drug Enforcement Administration (DEA) license
 - **Section V.** Professional experience/profile
 - NPDB/HIPDB reports
 - AMA or AOA profile
 - OIG query
 - Federation of State Medical Board of Trustees (FSMB) query
 - **Section VI.** Miscellaneous information and correspondence
 - Peer reference letters
 - Health fitness attestation statement
 - Professional liability insurance
- Ensure information is updated as appropriate and consistently with the health center's or clinic's policies (at least every two years). For example, if practitioners are recredentialed every two years, documentation in the file should indicate that the process took place every two years
- Include proof that licenses and certifications were renewed before they expired
- Include proof of the board's decision related to credentialing and privileging (i.e., written document signed by the board or by an individual delegated by the board)

Health Centers or Clinics that Utilize a CVO

Any organization may use the services of a credentials verification organization (CVO). While using such agencies may relieve the organization from the process of gathering the information, it does not relieve the organization from the responsibility of having complete and accurate information. An organization that bases its decisions in part on information obtained from a CVO should achieve a level of confidence in the information provided by the CVO by evaluating the following:

- The CVO makes known to the user what data and information it can provide.
- The CVO provides documentation to the user describing how its data collection, information development, and verification process(es) are performed.
- The user is provided with sufficient, clear information on database functions that includes any limitations on information available from the CVO (for example, practitioners not included in the database), the timeframe for CVO responses to requests for information, and a summary overview of quality control processes related to data integrity, security, transmission accuracy, and technical specifications.
- The user and CVO agree on the format for the transmission of credentials information about an individual from the CVO.
- The user can easily discern which information transmitted by the CVO is from a primary source and which information is not from a primary source.
- For information transmitted by the CVO that can expire (e.g., licensure, board certification), the date the information was last updated from the primary source is provided by the CVO.
- The CVO certifies the information transmitted to the user accurately presents the information obtained by it.
- The user can discern whether the information transmitted by the CVO from a primary source is all the primary source information in the CVO's possession pertinent to a given item or, if not, where additional information can be obtained.
- The user can engage the quality control processes of the CVO when necessary to resolve concerns about transmission errors, inconsistencies, or other data issues that may be identified from time to time.

Additionally, the health center or free clinic should ensure the following:

- The health center contacts the CVO, if applicable, before the FTCA site visit to ensure that all documents in the CVO's possession are available for HRSA review.
- The contract with the CVO ensures that the requirements in Policy Information Notice (PIN) 2002-22 are met.
- The health center has the ability to conduct a random audit of the CVO files.
- The health center may be granted access to the physical files and electronic databases.

Other Recommendations

Other documents that should be available for review during an FTCA site visit include the following:

- Credentialing and privileging policy and procedure.
- Board minutes that reflect approval of the credentialing and privileging policy and procedure.
- Board minutes that reflect approval of licensed independent practitioners presented for credentialing and privileging.

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