Attachment V

- Physician Credentialing and Recredentialing File Review

Agency For Health Care Administration
Managed Care Organizations
Physician Credentialing and Recredentialing File Review Tool

Vendor Name:	
Review Period:	
Date of Review:	
Reviewer:	
Participating Vendor Staff Member:	

File Number	1	2	3	4	5	6	7
Physician Initials							
1. An individual credentialing/recredentialing file is maintained for each physician.	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
2. There is a completed credentialing/ recredentialing **application** signed and dated by the physician.	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
3. There is primary source verification to validate that the physician has a valid Florida **medical license** pursuant to s. 641.495, F.S. that has not been revoked or suspended by the Division of Medical Quality Assurance, Department of Health	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
4. There is a **DEA** certificate included in the file, if applicable.	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐
5. There is evidence of primary source verification of the physician' **education and training** (also satisfied by verification of Board Certification).	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
6. There is evidence of primary source verification of the physician's **Board Certification**.	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐
7. There is evidence of primary source verification of an **NPDB** query to validate the physician's professional liability **claims history**.	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
8. There is evidence of primary source verification of the **Medicaid ID Number**, Medicaid	Y ☐	Y ☐	Y ☐	Y ☐	Y ☐	Y ☐	Y ☐

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provider registration number, or proof of submission of Medicaid registration form; or the provider is Medicaid eligible.	N ☐	N ☐	N ☐	N ☐	N ☐	N ☐	N ☐
9. If the physician is not currently enrolled in the Medicaid fee-for-service program: a. There is evidence of a **background check** with the Florida Department of Law Enforcement (FDLE); or b. The individual already was screened within the past 12 months by another FL agency or department. If so, the provider is not required to submit fingerprint cards, but there is documentation of the results of the previous screening in the physician's file.	a. Y ☐ N ☐ N/A ☐ b. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐ b. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐ b. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐ b. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐ b. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐ b. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐ b. Y ☐ N ☐ N/A ☐
10. There is evidence of primary source verification of Medicaid/Medicare/State **sanctions.**	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
11. The file contains a current curriculum vitae with at least 5 years of **work history**.	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
12. **Gaps in work history** of greater than 6 months are explained.	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐
13. In a PCP's file, there is evidence of **hospital privileges** in good standing at the hospital designated as the primary admitting facility by the PCP, or there is evidence of an arrangement with another PCP for hospital coverage.	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐
14. There is an attestation that the total active **patient load** for all populations and all plans is no more than 3,000 patients per PCP. An *active patient* is one that is seen by the physician a minimum of 3 times per year.	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐
15. There is evidence of the physician's disclosure related to ownership and management and business transactions.	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐

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16. For PCPs, there is evidence of the results from an office site visit.	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐
17. The site visit includes an assessment of:	a. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐	a. Y ☐ N ☐ N/A ☐
a. Physical accessibility for persons with disabilities	b. Y ☐ N ☐ N/A ☐	b. Y ☐ N ☐ N/A ☐	b. Y ☐ N ☐ N/A ☐	b. Y ☐ N ☐ N/A ☐	b. Y ☐ N ☐ N/A ☐	b. Y ☐ N ☐ N/A ☐	b. Y ☐ N ☐ N/A ☐
b. Adequate space, supplies, proper sanitation, smoke-free facilities	c. Y ☐ N ☐ N/A ☐	c. Y ☐ N ☐ N/A ☐	c. Y ☐ N ☐ N/A ☐	c. Y ☐ N ☐ N/A ☐	c. Y ☐ N ☐ N/A ☐	c. Y ☐ N ☐ N/A ☐	c. Y ☐ N ☐ N/A ☐
c. Evidence of proper fire and safety procedures	d. Y ☐ N ☐ N/A ☐	d .Y ☐ N ☐ N/A ☐	d. Y ☐ N ☐ N/A ☐	d. Y ☐ N ☐ N/A ☐	d. Y ☐ N ☐ N/A ☐	d. Y ☐ N ☐ N/A ☐	d. Y ☐ N ☐ N/A ☐
d. Medical record keeping practices	e. Y ☐ N ☐ N/A ☐	e. Y ☐ N ☐ N/A ☐	e. Y ☐ N ☐ N/A ☐	e. Y ☐ N ☐ N/A ☐	e. Y ☐ N ☐ N/A ☐	e. Y ☐ N ☐ N/A ☐	e. Y ☐ N ☐ N/A ☐
e. Posting of the Agency's statewide consumer call center telephone number including the hours of operation in the waiting room/ reception area	f. Y ☐ N ☐ N/A ☐	f. Y ☐ N ☐ N/A ☐	f. Y ☐ N ☐ N/A ☐	f. Y ☐ N ☐ N/A ☐	f. Y ☐ N ☐ N/A ☐	f. Y ☐ N ☐ N/A ☐	f. Y ☐ N ☐ N/A ☐
f. Posting of the Agency Summary of Florida's Patient's Bill of Rights and Responsibilities	g. Y ☐ N ☐ N/A ☐	g. Y ☐ N ☐ N/A ☐	g. Y ☐ N ☐ N/A ☐	g. Y ☐ N ☐ N/A ☐	g. Y ☐ N ☐ N/A ☐	g. Y ☐ N ☐ N/A ☐	g. Y ☐ N ☐ N/A ☐
g. The availability of a copy of the Florid a Patient's Bill of Rights and Responsibilities for enrollee's who request a copy of the document.							
18. Verification occurs within 180 days of receipt of credentialing/recredentialing application.	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐

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19. There is a signed and dated attestation statement concerning the correctness and completeness of the application.	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
20. The attestation statement includes:							
a. Physical or mental problems that may impact the ability to provide mental health care;	a. Y ☐ N ☐	a. Y ☐ N ☐	a. Y ☐ N ☐	a. Y ☐ N ☐	a. Y ☐ N ☐	a. Y ☐ N ☐	a. Y ☐ N ☐
b. History of chemical dependency/substance abuse.	b. Y ☐ N ☐	b. Y ☐ N ☐	b. Y ☐ N ☐	b. Y ☐ N ☐	b. Y ☐ N ☐	b. Y ☐ N ☐	b. Y ☐ N ☐
c. History of loss of license and/or felony convictions.	c. Y ☐ N ☐	c. Y ☐ N ☐	c. Y ☐ N ☐	c. Y ☐ N ☐	c. Y ☐ N ☐	c. Y ☐ N ☐	c. Y ☐ N ☐
d. History of loss or restriction of privileges or disciplinary actions.	d. Y ☐ N ☐	d. Y ☐ N ☐	d. Y ☐ N ☐	d. Y ☐ N ☐	d. Y ☐ N ☐	d. Y ☐ N ☐	d. Y ☐ N ☐
21. There is evidence that a Medical Director or other qualified individual reviews and approves "clean" credentialing/recredentialing files.	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐
22. There is evidence that a peer review body reviews and approves/disapproves files not meeting established thresholds.	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐
23. There is evidence that recredentialing occurs at least every 36 months.	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐
24. There is evidence that the recredentialing process includes a review of complaints and results of QI activities.	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐	Y ☐ N ☐ N/A ☐

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Total # Applicable Elements	
Total # Compliant Elements	
Total Percent Compliant	