

### Performing Credentials File Audits



Kathy Matzka, CPMSM, CPCS

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### Reasons for Audits

- Comply with Requirements
- Negligent Credentialing Issues
- Tool for Performance Evaluation
- Everyone Makes Mistakes!

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### How Audits are Performed

1. Determine process to be audited
2. Select files
3. Reviews file and log results
4. Compiled master report
5. Share results

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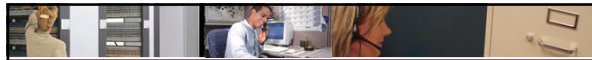
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### Tracking Audited Files

- Keep record of all audits
- Try to audit all files over a period of time
- Continuous monitoring

Figure 7- Tracking Tool for File Audits

Name	Audit Type			Audit Date	Next Audit Due	Comments
	Access	History	Services			

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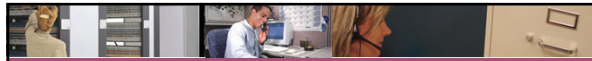
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### Other Audit Tools

- NCQA – Managed Care: Washington Credentialing Audit Tool (WCAT) <http://www.wamss.org/02Tools.html>
- AAAHC – Credentialing Records Worksheet in Standards Manual

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### Reporting Results

- Department Meetings
- Support MSP/MSO Performance Review
- Medical Staff Meetings

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### Follow up Deficiencies

- Discuss the results with staff
- Evaluate and identify potential causes of deficiencies
- Develop plan for addressing causes

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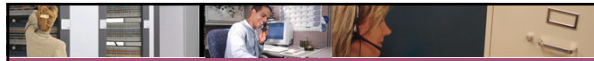
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### Questions



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## BIOGRAPHICAL SKETCH, KATHY MATZKA, CPMSM, CPCS



Kathy Matzka, CPMSM, CPCS is a speaker, consultant, and writer with over 20 years of experience in credentialing, privileging, and medical staff services. She holds certification by the National Association Medical Staff Services (NAMSS) in both Medical Staff Management and Provider Credentialing. Ms. Matzka worked for 13 years as a hospital medical staff coordinator before venturing out on her own as a consultant, writer, and speaker.

Ms. Matzka has authored a number of books related to medical staff services including both the fifth and sixth editions of the *Compliance Guide to Joint Commission Medical Staff Standards*, and *The Medical Staff Meeting Companion Tools and Techniques for Effective Presentations*. For the past eight years, she has been the contributing editor for the credentialing industry's premier credentialing publication, *The Credentials Verification Desk Reference* and, recently, its companion website *The Credentialing and Privileging Desktop Reference*.

She has performed extensive work with NAMSS' Library Team developing and editing educational materials related to the field including *CPCS Certification Exam Preparatory Course*, *NAMSS Core Curriculum*, *PMSM and PCS Professional Development Workshops*, and *Independent Study Programs*. These programs are essential educational tools for both new and seasoned medical services professionals. She also serves as a speaker and instructor for NAMSS.

Ms. Matzka shares her expertise by serving on the editorial advisory boards for three publications - *Briefings on Credentialing*, *Credentialing*, *Peer Review Legal Insider*, and *Advisor for Medical and Professional Staff Services*.

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# Table of Contents

Table of Contents.....	1
Introduction .....	1
How Audits are Performed .....	1
Audits for New Applicants.....	2
Figure 1 - Audit Tool for New Applicants.....	3
Figure 2 - Summary Tool New Applicant Audits.....	4
Audits for Reapplicants.....	6
Figure 3- Audit Tool for Re-Applicants .....	7
Figure 4- Summary Tool Re-Applicant Audits .....	8
Expirables Audits .....	9
Figure 5- Audit Tool for Expirables.....	9
Figure 6 - Summary of Expirables Audit.....	10
Keeping Track of Files that have been Audited.....	11
Figure 7- Tracking Tool for File Audits.....	11



## **Introduction**

Although time consuming, credentialing audits are a good idea. Even the most experienced professionals make mistakes and overlook things – it's part of human nature. In some cases, an element, such as primary source verification of licensure, is completed but the documentation does not get placed in the credentials file. Or perhaps an issue requiring follow-up is identified, but is forgotten when a more urgent issue presents itself. Audits are also helpful in monitoring the work of a new employee.

Today's healthcare market in which over 30 states have recognized the tort of negligent credentialing or have applied broad common law principles of negligence to credentialing issues, is another reason to perform credentials chart audits.

## **How Audits are Performed**

While credentials file audits are typically performed by the department manager or person responsible for oversight of the MSP responsible for credentialing, some medical staff managers like to get everyone in the department involved in an audit committee.

Here is a basic outline of how credentials file audits are performed:

1. A set number of files are identified for review.
2. The auditor reviews each file and completes a checklist
3. The results of the audits are then compiled into a master report.

Results of the audit can be used internally in the medical staff office, shared with hospital administration, and/or reported at the hospital performance improvement committee.

There are different types of audits with individual focuses.

### ***File Selection***

In random sampling, each file has an equal and known chance of being selected. When there is a large medical staffs, it is often difficult to audit every file, so a random sample is selected.

Systematic sampling, also known as "Nth selection" is often used instead of random sampling. After calculating the required sample size, every Nth record is selected. Systematic sampling is frequently used to select a specified number of records from a computer file.

Stratified sampling occurs when you choose a stratum, or a subset, of records that share at least one common characteristic. Examples of strata might be members of a certain specialty or those who were appointed within a certain timeframe.

### ***Audits for New Applicants***

The audit tool in *Figure 1 - Audit Tool for New Applicants* is specifically constructed to focus on initial applicants to the medical staff. It includes an audit of all the information required for initial appointment. This audit form can be used for screening all initial appointments to the medical staff to assure that nothing is being missed.

Final results can be tallied on the tool in *Figure 2 - Summary Tool New Applicant Audits*. Notice in the completed example, there are some problems with documentation in the credentials files of two applicants, both of whom are physician assistants. By highlighting the areas of non-compliance, you can easily see where improvement is needed. *Figure 2* can also be printed and used in place of *Figure 1* if reviews are being conducted by only one person instead of by a committee or group of people.

## Figure 1 - Audit Tool for New Applicants

**Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable**

Element of Review	Score	Comments
Practitioner Name _____		▶ Justin Smothers, MD
Application present, complete, signed	1	
Peer References Received and appropriate	1	
All Hospitals/Clinics Verifications received	1	
NPDB Query	1	
OIG Exclusion Query	1	
Medicare Attestation Signature Page	1	
PSV Medical School	1	
Medical School diploma present	1	
ECFMG verification (if applicable)	N/A	
ECFMG certificate present	N/A	
Fellowship Verification(s)	N/A	
Fellowship certificate(s) present	N/A	
PSV of Residency present	1	
Residency certificate(s) present	1	
PSV of [your] state license	1	
Copy of [your] state license present	1	
PSV of other state License(s)	N/A	
PSV of state controlled substance license	1	
Health Assessment/immunization record present	1	
PSV Board Certification	1	
Current professional liability Insurance face sheet present with acceptable limits/tail/nose	1	
PSV of professional liability Insurance face sheet present with acceptable limits/tail/nose	1	
Current DEA Certificate present	1	
AMA Profile Present	1	
FSMB Query Present	1	
Privilege Form		
Privilege form present and appropriate to specialty	1	
Form signed by applicant	1	
Form completed correctly	1	
Form signed by department chair and completed appropriately	1	

**Date of Audit:** 1/6/2010 **Audit Performed by:** Ms. Smith

## Figure 2 - Summary Tool New Applicant Audits

Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable

Element of Review	File 1	File 2	File 3	File 4	File 5	File 6	File 7	File 8	File 9	File 10	Ratio (##/##)
Practitioner Name	Justin Smothers, MD	Tim Jones, MD	Leah Ahmed, MD	Franklin Thomas, MD	Wesley Cook, PA	Peter Collins, MD	Jennifer Cook, MD	A. Kumar, MD	Joseph McGee, MD	Linda Chappel, PA	
Application present, complete, signed	1	1	1	1	1	1	1	1	1	1	10/10
Peer References Received and appropriate	1	1	1	1	1	1	1	1	1	1	10/10
All Hospitals/Clinics Verifications received	1	1	1	1	1	1	1	1	1	1	10/10
NPDB Query	1	1	1	1	0	1	1	1	1	0	8/10
OIG Exclusion Query	1	1	1	1	0	1	1	1	1	0	8/10
Medicare Attestation Signature Page	1	1	1	1	0	1	1	1	1	0	8/10
PSV Medical School	1	1	1	1	1	1	1	1	1	1	10/10
Medical School diploma present	1	1	1	1	1	1	1	1	1	1	10/10
ECFMG verification (if applicable)	N/A	N/A	1	N/A	N/A	N/A	N/A	1	N/A	N/A	10/10
ECFMG certificate present	N/A	N/A	1	N/A	N/A	N/A	N/A	1	N/A	N/A	10/10
Fellowship Verification(s)	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10/10
Fellowship certificate(s) present	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10/10
PSV of Residency present	1	1	1	1	N/A	1	1	1	1	N/A	10/10
Residency certificate(s) present	1	1	1	1	N/A	1	1	1	1	N/A	10/10
PSV of [your] state license	1	1	1	1	1	1	1	1	1	1	10/10
Copy of [your] state license present	1	1	1	1	1	1	1	1	1	0	9/10
PSV of other state License(s)	N/A	1	N/A	N/A	1	N/A	1	N/A	1	0	9/10
PSV of state controlled substance license	1	1	1	1	N/A	1	1	N/A	1	N/A	10/10

## Performing Credentials File Audits

<b>Element of Review</b>	<b>File 1</b>	<b>File 2</b>	<b>File 3</b>	<b>File 4</b>	<b>File 5</b>	<b>File 6</b>	<b>File 7</b>	<b>File 8</b>	<b>File 9</b>	<b>File 10</b>	<b>Ratio (##)</b>
Health Assessment/immunization record present	1	1	1	1	1	1	1	1	1	1	10/10
PSV Board Certification	N/A	1	1	1	1	N/A	1	1	1	1	10/10
Current DEA Certificate present	1	1	1	1	N/A	1	1	1	1	N/A	10/10
AMA Profile Present	1	1	1	1	1	1	1	1	1	1	10/10
FSMB Query Present	1	1	1	1	N/A	1	1	1	1	N/A	10/10
Current professional liability Insurance face sheet with acceptable limits/tail/nose	1	1	1	1	1	1	1	1	1	1	10/10
Privilege Form											
Privilege form present and appropriate to specialty	1	1	1	1	1	1	1	1	1	1	10/10
Form signed by applicant	1	1	1	1	1	1	1	1	1	1	10/10
Form completed correctly	1	1	1	1	1	1	1	1	1	0	9/10
Form signed by department chair and completed appropriately	1	1	1	1	1	1	1	1	1	1	10/10

**Date of Audit:** 1/6/2010 **Audit Performed by:** Ms. Smith

## ***Audits for Reapplicants***

The audit tool in *Figure 3- Audit Tool for Re-Applicants* is specifically constructed to focus on reapplicants to the medical staff. It includes and audit of all the information required for reappointment. It does not include an audit of those areas that would have already been audited on initial appointment. Final results can be tallied on the tool in *Figure 4- Summary Tool Re-Applicant Audits*. These tools are completed the same as those for initial applicants. Highlight those areas that show potential problems.

**Figure 3- Audit Tool for Re-Applicants**

**Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable**

Element of Review	Score	COMMENTS
Practitioner Name		▶ Jesse Wagner, PA
Reapplication present, complete, signed	1	
Peer References Received and appropriate	0	One peer recommendation is not in same discipline
All Hospitals/Clinics Verifications received	1	
NPDB Query	1	
PSV of [your] state license	1	
Copy of [your] state license present	1	
PSV of other state License(s)	N/A	
PSV of state controlled substance license	1	
Health Assessment/immunization record present	1	
PSV Board Certification	1	
Current professional liability insurance face sheet with acceptable limits/tail/nose	1	
PSV of professional liability insurance face sheet with acceptable limits/tail/nose	1	
Current DEA Certificate present	N/A	
FSMB Query Present	N/A	
<b>Privilege Form</b>		
Privilege form present and appropriate to specialty	1	
Form signed by applicant	1	
Form completed correctly	1	
Form signed by department chair and completed appropriately	1	
<b>OPPE/PI Profile</b>		
PI Profile Present	1	
Profile Reviewed by Dept Chair	1	
Department chair recommendation present	1	
<b>Date of initial appointment or reappointment &lt;= 2 years from date of reappointment</b>	1	

**Date of Audit:** 1/6/2010 **Audit Performed by:** Ms. Smith

### Figure 4- Summary Tool Re-Applicant Audits

Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable

Element of Review	File 1	File 2	File 3	File 4	File 5	File 6	File 7	File 8	File 9	File 10	Ratio (#/#)
Practitioner Name											
Reapplication present, complete, signed											
Peer References Received and appropriate											
All Hospitals/Clinics Verifications received											
NPDB Query											
PSV of [your] state license											
Copy of [your] state license present											
PSV of other state License(s)											
PSV of state controlled substance license											
Health Assessment/immunization record present											
PSV Board Certification											
Current DEA Certificate present											
FSMB Query Present											
Current professional liability Insurance face sheet with acceptable limits/tail/nose											
Privilege Form											
Privilege form present and appropriate to specialty											
Form signed by applicant											
Form completed correctly											
Form signed by department chair and completed appropriately											
<b>OPPE/PI Profile</b>											
PI Profile Present											
Profile Reviewed by Dept Chair											
Department chair recommendation present											
<b>Date of initial appointment or reappointment &lt;= 2 years from date of reappointment</b>											

Date of Audit: 3/4/2009

Audit Performed by: Ms. Smith



## ***Expirables Audits***

Expirable audits focus on documentation that is subject to expiration, such as current professional liability coverage face sheet, current licensure, current OIG Exclusion Query, current DEA, current privilege form, compliance with inservice educational requirements, immunizations, etc., such as the one in *Figure 9.5- Audit Tool for Expirables*. Final results can be tallied on the tool in *Figure 9.6 - Summary of Expirables Audit*.

### **Figure 5- Audit Tool for Expirables**

**Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable**

<b>Element of Review</b>	<b>Score</b>	<b>Comments</b>
Practitioner Name		▶ Timothy Reeves, MD
NPDB Query within 2 years	1	
PSV of current [your] state license	1	
Copy of current [your] state license present	1	
PSV of current state controlled substance license	1	
Copy of current state controlled substance license	1	
Health Assessment/immunization record present	1	
PSV current Board Certification	1	
Current professional liability Insurance face sheet present with acceptable limits/tail/nose	1	
PSV of professional liability Insurance	1	
Current DEA Certificate present	1	

Date of Audit:   3/4/2010   Audit Performed by:   Ms. Smith

**Figure 6 - Summary of Expirables Audit**

**Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable**

	File 1	File 2	File 3	File 4	File 5	File 6	File 7	File 8	File 9	File 10	Ratio (#/#)
Practitioner Name											
NPDB Query within two years											
PSV of [your] current state license											
Copy of [your] state license present											
Copy of current state controlled substance license											
PSV of current state controlled substance license											
Health Assessment/immunization record present											
PSV current Board Certification											
Current professional liability Insurance face sheet with acceptable limits/tail/nose											
PSV professional liability coverage											
Current DEA Certificate present											

Date of Audit: \_\_\_\_\_ Audit Performed by: \_\_\_\_\_



## **Follow up Deficiencies**

Be sure to develop a follow-up plan to address any insufficiencies found during audit.

Discuss the results with staff. Evaluate and identify potential causes of deficiencies and develop plan for addressing these issues.

Information and forms contained in this resource are excerpted from the Medical Staff Meeting Companion: Tools and techniques for effective presentations, by Kathy Matzka, CPMSM, CPCS; an HCPPro publication. For more information, visit [www.HCPro.com](http://www.HCPro.com).

# **Credentials File Audits: Tools and Techniques for Credentialing Compliance**

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## **BIOGRAPHICAL SKETCH, KATHY MATZKA, CPMSM, CPCS**



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# Table of Contents

Table of Contents.....	1
Introduction .....	1
How Audits are Performed .....	1
File Selection .....	1
Audits for New Applicants.....	2
Figure 1 - Audit Tool for New Applicants.....	3
Figure 2 - Summary Tool New Applicant Audits.....	4
Audits for Reapplicants.....	6
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Follow up Deficiencies.....	12

## Introduction

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While credentials file audits are typically performed by the department manager or person responsible for oversight of the MSP responsible for credentialing, some medical staff managers like to get everyone in the department involved in an audit committee.

Here is a basic outline of how credentials file audits are performed:

1. A set number of files are identified for review.
2. The auditor reviews each file and completes a checklist
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Final results can be tallied on the tool in *Figure 2 - Summary Tool New Applicant Audits*. Notice in the completed example, there are some problems with documentation in the credentials files of two applicants, both of whom are physician assistants. By highlighting the areas of non-compliance, you can easily see where improvement is needed. *Figure 2* can also be printed and used in place of *Figure 1* if reviews are being conducted by only one person instead of by a committee or group of people.

## Figure 1 - Audit Tool for New Applicants

**Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable**

Element of Review	Score	Comments
Practitioner Name _____		Justin Smothers, MD
Application present, complete, signed	1	
Peer References Received and appropriate	1	
All Hospitals/Clinics Verifications received	1	
NPDB Query	1	
OIG Exclusion Query	1	
Medicare Attestation Signature Page	1	
PSV Medical School	1	
Medical School diploma present	1	
ECFMG verification (if applicable)	N/A	
ECFMG certificate present	N/A	
Fellowship Verification(s)	N/A	
Fellowship certificate(s) present	N/A	
PSV of Residency present	1	
Residency certificate(s) present	1	
PSV of [your] state license	1	
Copy of [your] state license present	1	
PSV of other state License(s)	N/A	
PSV of state controlled substance license	1	
Health Assessment/immunization record present	1	
PSV Board Certification	1	
Current professional liability Insurance face sheet present with acceptable limits/tail/nose	1	
PSV of professional liability Insurance face sheet present with acceptable limits/tail/nose	1	
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AMA Profile Present	1	
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Privilege form present and appropriate to specialty	1	
Form signed by applicant	1	
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**Date of Audit:** 1/6/2010 **Audit Performed by:** Ms. Smith

## Figure 2 - Summary Tool New Applicant Audits

Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable

Element of Review	File 1	File 2	File 3	File 4	File 5	File 6	File 7	File 8	File 9	File 10	Ratio (##/##)
Practitioner Name	Justin Smothers, MD	Tim Jones, MD	Leah Ahmed, MD	Franklin Thomas, MD	Wesley Cook, PA	Peter Collins, MD	Jennifer Cook, MD	A. Kumar, MD	Joseph McGee, MD	Linda Chappel, PA	
Application present, complete, signed	1	1	1	1	1	1	1	1	1	1	10/10
Peer References Received and appropriate	1	1	1	1	1	1	1	1	1	1	10/10
All Hospitals/Clinics Verifications received	1	1	1	1	1	1	1	1	1	1	10/10
NPDB Query	1	1	1	1	0	1	1	1	1	0	8/10
OIG Exclusion Query	1	1	1	1	0	1	1	1	1	0	8/10
Medicare Attestation Signature Page	1	1	1	1	0	1	1	1	1	0	8/10
PSV Medical School	1	1	1	1	1	1	1	1	1	1	10/10
Medical School diploma present	1	1	1	1	1	1	1	1	1	1	10/10
ECFMG verification (if applicable)	N/A	N/A	1	N/A	N/A	N/A	N/A	1	N/A	N/A	10/10
ECFMG certificate present	N/A	N/A	1	N/A	N/A	N/A	N/A	1	N/A	N/A	10/10
Fellowship Verification(s)	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10/10
Fellowship certificate(s) present	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10/10
PSV of Residency present	1	1	1	1	N/A	1	1	1	1	N/A	10/10
Residency certificate(s) present	1	1	1	1	N/A	1	1	1	1	N/A	10/10
PSV of [your] state license	1	1	1	1	1	1	1	1	1	1	10/10
Copy of [your] state license present	1	1	1	1	1	1	1	1	1	0	9/10
PSV of other state License(s)	N/A	1	N/A	N/A	1	N/A	1	N/A	1	0	9/10
PSV of state controlled substance license	1	1	1	1	N/A	1	1	N/A	1	N/A	10/10

<b>Element of Review</b>	<b>File 1</b>	<b>File 2</b>	<b>File 3</b>	<b>File 4</b>	<b>File 5</b>	<b>File 6</b>	<b>File 7</b>	<b>File 8</b>	<b>File 9</b>	<b>File 10</b>	<b>Ratio (##)</b>
Health Assessment/immunization record present	1	1	1	1	1	1	1	1	1	1	10/10
PSV Board Certification	N/A	1	1	1	1	N/A	1	1	1	1	10/10
Current DEA Certificate present	1	1	1	1	N/A	1	1	1	1	N/A	10/10
AMA Profile Present	1	1	1	1	1	1	1	1	1	1	10/10
FSMB Query Present	1	1	1	1	N/A	1	1	1	1	N/A	10/10
Current professional liability Insurance face sheet with acceptable limits/tail/nose	1	1	1	1	1	1	1	1	1	1	10/10
Privilege Form											
Privilege form present and appropriate to specialty	1	1	1	1	1	1	1	1	1	1	10/10
Form signed by applicant	1	1	1	1	1	1	1	1	1	1	10/10
Form completed correctly	1	1	1	1	1	1	1	1	1	0	9/10
Form signed by department chair and completed appropriately	1	1	1	1	1	1	1	1	1	1	10/10

**Date of Audit:** 1/6/2010 **Audit Performed by:** Ms. Smith

## ***Audits for Reapplicants***

The audit tool in *Figure 3- Audit Tool for Re-Applicants* is specifically constructed to focus on reapplicants to the medical staff. It includes and audit of all the information required for reappointment. It does not include an audit of those areas that would have already been audited on initial appointment. Final results can be tallied on the tool in *Figure 4- Summary Tool Re-Applicant Audits*. These tools are completed the same as those for initial applicants. Highlight those areas that show potential problems.

### Figure 3- Audit Tool for Re-Applicants

Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable

Element of Review	Score	COMMENTS
Practitioner Name _____		→ Jesse Wagner, PA
Reapplication present, complete, signed	1	
Peer References Received and appropriate	0	One peer recommendation is not in same discipline
All Hospitals/Clinics Verifications received	1	
NPDB Query	1	
PSV of [your] state license	1	
Copy of [your] state license present	1	
PSV of other state License(s)	N/A	
PSV of state controlled substance license	1	
Health Assessment/immunization record present	1	
PSV Board Certification	1	
Current professional liability insurance face sheet with acceptable limits/tail/nose	1	
PSV of professional liability insurance face sheet with acceptable limits/tail/nose	1	
Current DEA Certificate present	N/A	
FSMB Query Present	N/A	
<b>Privilege Form</b>		
Privilege form present and appropriate to specialty	1	
Form signed by applicant	1	
Form completed correctly	1	
Form signed by department chair and completed appropriately	1	
<b>OPPE/PI Profile</b>		
PI Profile Present	1	
Profile Reviewed by Dept Chair	1	
Department chair recommendation present	1	
<b>Date of initial appointment or reappointment &lt;= 2 years from date of reappointment</b>	1	

Date of Audit: 1/6/2010 Audit Performed by: Ms. Smith

### Figure 4- Summary Tool Re-Applicant Audits

Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable

Element of Review	File 1	File 2	File 3	File 4	File 5	File 6	File 7	File 8	File 9	File 10	Ratio (#/#)
Practitioner Name											
Reapplication present, complete, signed											
Peer References Received and appropriate											
All Hospitals/Clinics Verifications received											
NPDB Query											
PSV of [your] state license											
Copy of [your] state license present											
PSV of other state License(s)											
PSV of state controlled substance license											
Health Assessment/immunization record present											
PSV Board Certification											
Current DEA Certificate present											
FSMB Query Present											
Current professional liability Insurance face sheet with acceptable limits/tail/nose											
Privilege Form											
Privilege form present and appropriate to specialty											
Form signed by applicant											
Form completed correctly											
Form signed by department chair and completed appropriately											
<b>OPPE/PI Profile</b>											
PI Profile Present											
Profile Reviewed by Dept Chair											
Department chair recommendation present											
<b>Date of initial appointment or reappointment &lt;= 2 years from date of reappointment</b>											

Date of Audit: 3/4/2009

Audit Performed by: Ms. Smith

## ***Expirables Audits***

Expirable audits focus on documentation that is subject to expiration, such as current professional liability coverage face sheet, current licensure, current OIG Exclusion Query, current DEA, current privilege form, compliance with inservice educational requirements, immunizations, etc., such as the one in *Figure 9.5- Audit Tool for Expirables*. Final results can be tallied on the tool in *Figure 9.6 - Summary of Expirables Audit*.

### **Figure 5- Audit Tool for Expirables**

**Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable**

<b>Element of Review</b>	<b>Score</b>	<b>Comments</b>
Practitioner Name		→ Timothy Reeves, MD
NPDB Query within 2 years	1	
PSV of current [your] state license	1	
Copy of current [your] state license present	1	
PSV of current state controlled substance license	1	
Copy of current state controlled substance license	1	
Health Assessment/immunization record present	1	
PSV current Board Certification	1	
Current professional liability Insurance face sheet present with acceptable limits/tail/nose	1	
PSV of professional liability Insurance	1	
Current DEA Certificate present	1	

Date of Audit:   3/4/2010   Audit Performed by:   Ms. Smith



**Figure 6 - Summary of Expirables Audit**

**Scoring: 1 = Element is present and in compliance, 0 = Element is not present or is not in compliance, N/A = not applicable**

	File 1	File 2	File 3	File 4	File 5	File 6	File 7	File 8	File 9	File 10	Ratio (#/#)
Practitioner Name											
NPDB Query within two years											
PSV of [your] current state license											
Copy of [your] state license present											
Copy of current state controlled substance license											
PSV of current state controlled substance license											
Health Assessment/immunization record present											
PSV current Board Certification											
Current professional liability Insurance face sheet with acceptable limits/tail/nose											
PSV professional liability coverage											
Current DEA Certificate present											

Date of Audit: \_\_\_\_\_ Audit Performed by: \_\_\_\_\_



## Follow up Deficiencies

Be sure to develop a follow-up plan to address any insufficiencies found during audit.

Discuss the results with staff. Evaluate and identify potential causes of deficiencies and develop plan for addressing these issues.

Information and forms contained in this resource are excerpted from the Medical Staff Meeting Companion: Tools and techniques for effective presentations, by Kathy Matzka, CPMSM, CPCS; an HCPro publication. For more information, visit [www.HCPro.com](http://www.HCPro.com).