

DEPARTMENT OF THE ARMY  
US ARMY MEDICAL DEPARTMENT ACTIVITY  
Fort Huachuca, Arizona 85613-7079

MEDDAC MEMORANDUM  
No. 40-33

6 August 2006

Medical Services  
CREDENTIALING

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1. HISTORY. This issue publishes a revision of this publication.
2. PURPOSE. To define the mechanism and criteria for granting clinical privileges to licensed independent providers (LIP's).
3. SCOPE. This publication is applicable to all LIP's who provide patient care at Raymond W. Bliss Army Health Center, (RWBAHC) either directly, through contract, or through telemedicine. Staff who are physicians (MD or DO), physician assistants (PA), advanced nurse practitioners (NP), Certified Registered Nurse Anesthetists (CRNA), licensed clinical psychologists with degree of PhD, optometrists (OD), physical therapists, clinical social workers, registered dietitians (RD) and pharmacists are required to have privileges as LIP's in order to provide care in the organization.
4. REFERENCES.
  - 4.1 AR 40-68, Clinical Quality Management, current version.
  - 4.2 JCAHO Comprehensive Accreditation Manual for Ambulatory Care, current edition.
  - 4.3 MEDDAC Memorandum 15-1, Committee Structure.

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\*This memorandum supersedes MEDDAC Memo 40-33, dtd 7 Aug 2004

4.4 MEDDAC Memo 40-165 Medical Record and Peer Review.

4.5 AZ Statute 36-445.01.

5. RESPONSIBILITIES.

5.1 The Commander will have final reviewing authority over all clinical privileges granted, revoked, or reinstated.

5.2 The Deputy Commander for Clinical Services (DCCS) will:

5.2.1 Act as Chairman of the Credentials Committee. As such the DCCS will provide oversight of the credentialing process, serve as a liaison to the Commander, and ensure that the actions of the committee follow the standards and rules defined in this memo.

5.2.2 Serve as the organizational proponent for this credentialing memo.

5.2.3 Ensure that the Credentials Committee convenes regularly as needed.

5.2.4 Ensure appropriate individual counseling, group or institutional education is provided as a result of any and all credentials investigations.

5.3 The Credentials Coordinator will:

5.3.1 Serve as the program coordinator of the credentialing program. As such, the credentials coordinator will serve as the organization's subject matter expert and advisor on all credentialing issues.

5.3.2 Maintain individual credentials files for all credentialed providers, including contract personnel, who provide services at the MEDDAC.

5.3.3 Maintain a database of provider profiling aggregate data. Provide an analysis of collected, aggregated data and make recommendations to the Credentials Committee concerning performance improvement of the credentialing process.

5.3.4 Investigate all applications for clinical privileges, validate all data submitted by applicants for clinical privileges, and provide information and recommendations to the Credentials Committee.

- 5.3.5 Maintain the provider activity profile as directed.
- 5.3.6 Notify all providers of their credentials status.
- 5.3.7 Maintain minutes and related documents of the Credentials Committee.
- 5.3.8 Coordinate credentialing actions with the Office of the Staff Judge Advocate as required.
- 5.3.9 Ensure that privileges are available to all clinic staff where the provider works by sending the clinic manager copies of the DA5440A Approval of Clinical Privileges/Staff Appointment and DA5440-series (use form for specific clinic) Delineation of Privileges to the clinic for filing in the provider's training folder. For surgical providers, copies should also be available in the operating room.

5.4 Department/Service Chiefs will:

- 5.4.1 Ensure that all members of the department have submitted timely requests for privileges and forward to the Credentials Coordinator for inclusion in Providers Credentials File (PCF) and for review by Credentials Committee.
- 5.4.2 Conduct evaluations as necessary on all assigned practitioners, forward results to the Credentials Coordinator for inclusion in PCF and review by Credentials Committee.

5.5 The Licensed Independent Practitioner (LIP) will:

- 5.5.1 Provide all documentation of additional training/certification pertinent to the credentialing process in a timely fashion. Submit timely documentation of Continuing Medical Education.
- 5.5.2 Alert the DCCS of impending change of station, separation, retirement, or resignation from service or contract with the Army Medical Department (AMEDD).
- 5.5.3 IAW Rules and Regulations of the Medical Staff, all LIPs are also members of the organized medical staff.

6. STANDARDS, RULES, AND PRINCIPLES.

- 6.1 Types of privileges: Privileges may be granted as regular, temporary, supervised, or emergency/disaster.

**6.1.1** Regular privileges grant permission for independent procedures specific to the providers, training experience, current competence and ability to perform.

**6.1.2** Temporary privileges grant permission to provide patient care in circumstances involving urgent patient care needs where insufficient time exists to grant privileges using the standard credentialing mechanism defined in this memo.

**6.1.3** Supervised privileges are granted to providers who do not have a license. All providers in this status will have a written supervisory plan by a provider licensed in the same or similar discipline.

**6.1.4** Emergency or disaster situations. Scope of practice limitations as defined by the clinical privileges granted by the Military Treatment Facility (MTF) may be ignored only in bona fide emergency circumstances (see glossary, AR 40-68) or disaster situations. In such cases, providers are expected to intervene and to do everything possible to save the patient's life or to prevent injury, or to effectively respond to a significant increase in demand for medical treatment. This includes requesting consultation with available medical resources and coordinating care and services as appropriate.

**6.2** Appointment status: The appointment status reflects the provider's relationship to the medical staff.

**6.2.1** An initial category appointment is granted to first-time employees or to those with a lapse of more than 180 days, specifically requires review of staff member's performance, under enhanced supervision.

**6.2.2** An active appointment is granted to providers meeting all qualifications for full membership on the medical staff.

**6.2.3** An affiliate appointment is granted to those who due to conditions of employment are not assigned to organizational responsibilities of the medical staff. These staff members must have successfully completed an initial appointment.

**6.2.4** The duration of initial privileges is one year. The duration of renewal privileges is not to exceed two years.

**6.2.5** The delineation of privileges defines the specific scope of an LIP's practice.

**6.3** A department chief or peer, preferably in the same discipline, may recommend a candidate for privileges.

**6.4** The burden and responsibility for demonstrating competence rests on the individual applying for initial or renewal of privileges.

**6.5** The credentialing of an individual requires a majority vote of the credentials committee as well as an endorsement from the department/service chief and the DCCS. The Commander is the approval authority for all credentialing actions.

**6.6** Rules concerning initial privileges:

**6.6.1** The credentials coordinator - using valid background checks - must provide proof that the individual applying for initial privileges is the same individual identified on the documents submitted to the credentials committee.

**6.6.2** Individuals applying for initial privileges must possess:

**6.6.2.1** A current Basic Cardiac Support (BLS) certification

**6.6.2.2** A current, valid, unrestricted state or national license to practice in their field of medicine.

**6.6.3** Individuals applying for initial privileges must provide:

**6.6.3.1** A statement of physical and mental health

**6.6.3.2** Evidence of competence as demonstrated by at least two peer recommendations

**6.6.3.3** Evidence that the individual has an adequate knowledge base, as demonstrated by primary source verification of adequate education and training. When primary source verification of credentialing information is not possible, secondary source verification may be used. Rules concerning secondary verification are covered in AR 40-68, Clinical Quality Management.

**6.6.3.4** Evidence of adequate experience obtained in training or previous clinical practice to safely perform the requested privileges.

**6.6.3.5** Documentation of the approximate number and scope of patients managed should be submitted for medical specialties.

**6.6.3.6** Documentation of type and number of major operative cases an individual has performed should be submitted for surgical specialties.

**6.6.3.7** Documentation of number and scope of major anesthetic cases should be submitted for anesthesia.

**6.6.3.8** Documentation of type and number of radiological interpretations an individual has performed should be submitted for radiology.

**6.7** Rules concerning the renewal of privileges:

**6.7.1** A recommendation for renewal of clinical privileges will be based on all the criteria needed for the recommendation of initial privileges.

**6.7.2** Evidence that the individual reapplying for privileges has maintained an adequate knowledge base, by obtaining the minimal number of continuing medical education (CME) hours required for licensing.

**6.7.3** Evidence that the individual reapplying for privileges has had adequate experience to maintain competence over the prior credentialing period to safely continue to perform the requested privileges. Evidence of current competence includes, but is not limited to:

**6.7.3.1** Satisfactory peer review evaluations derived from the periodic review of a representative sample of medical records IAW MEDDAC Memo 40-165 Medical Record and Peer Review.

**6.7.3.2** At least one peer recommendation by an individual in the same discipline who has knowledge of the competence of the clinician requesting privileges.

**6.8** Privileging of contract long distance and telemedicine providers:

**6.8.1** Contract radiology: RWBAHC uses long distance contract radiologists, International Radiology Group (IRG) based at other medical treatment facilities (MTF) to assist in the interpretation of radiographic studies performed locally. These individuals do not treat our patients. This organization grants these individuals local affiliate privileges, using credentialing information obtained from their remote MTF. All participating MTFs are JCAHO accredited facilities.

**6.8.2** Contract pathology: RWBAHC uses long distance contract pathologists based at other medical treatment facilities (MTF) to serve as consultants in clinical chemistry - and to assist in the interpretation of pathologic tissue specimens collected locally. These individuals do not render patient treatment. All participating MTFs are JCAHO and College of American Pathologist (CAP) accredited facilities.

**6.8.3** Teledermatology: RWBAHC uses long distance contract dermatologists based at other medical treatment facilities (MTF) to assist in the interpretation of dermatologic photographs taken locally. These individuals do not treat our patients, but do serve as consultants to the referring provider and may recommend treatment options to these providers. This organization grants these individuals local affiliate privileges, using credentialing information obtained from their remote MTF. All participating MTFs are JCAHO accredited facilities.

**6.9** USAR/ARNG Component Practitioners. (Follow procedures outlined in para 9-8, AR 40-68).

**6.9.1** Will follow procedures outlined in this memorandum for defined privileges when a PCF has not been previously established. When a true copy of the Provider Credential File (PCF) is on file at the facility, the Reserve Component (RC) personnel may request privileges when the following documents have been provided:

**6.9.1.1** The RC Commander provides evidence of current licensure and current competency.

**6.9.1.2** Evidence of periodic evaluation of clinical privileges is in the PCF.

**6.9.1.3** These forms will be forwarded, by the unit to the credentials office, at least 45 days in advance of the service members' arrival at this facility for duty.

**6.10** Evaluation of Clinical Privileges. DA Form 5441-R, Evaluation of Privileges; DA Form 5374-R, Performance Assessment; and supporting documents will be completed at least every 2 years to reflect competence. This should address demonstrated medical knowledge, technical skills, clinical judgment, patient management performance, administrative competence, health and fitness, maturity and emotional stability, rapport with patients, peers and subordinates, and sense of responsibility/leadership.

**6.11** Performance Review. The review of clinical privileges will be continuous through Performance Improvement (PI) functions and through other reasonable indicators of continuing qualifications. A provider activity profile will be maintained in the credentials file for each practitioner.

**6.12** Aggregate data/provider profiling: Data measuring important aspects of performance are considered by the credentials committee in the privileging of providers. These data include - but are not limited to measurements of: quality documentation of the provision of care through the peer review process, productivity, resource utilization, and patient satisfaction. Surgical cases identified by the Surgical Case Review Committee will be added to the profile. This will include inappropriate indication or inadequate performance of procedure.

**7.** The Practitioner Activity File (PAF). The PAF is maintained in the Quality Management (QM) Division and is available for review by the provider at any time. The PAF includes all credentialing information, the originals of current and past privileges. Additional information includes - but is not limited to - documentation involving malpractice actions; validated occurrences of a provider's failure to provide adequate care through an act of omission or acts of commission which are identified by peer review; deaths in which provider failures are identified will be listed on the profile.

**8.** Adverse credentialing actions: Significant untoward outcomes may warrant summary action by the Credentials Committee (see Chapter 10, AR 40-68). Other untoward outcomes will be reviewed

to determine if Credentials Committee action is required. If warranted, the provider's privileges will be placed in abeyance until an investigation is completed.

**8.1** A summary action will be taken promptly to withdraw clinical privileges when there is reasonable cause to doubt the practitioner's competency or when there may be concern for patient safety.

**8.2** The practitioner's clinical privileges will be placed in abeyance until an investigation of the situation has been conducted. Time limits and method of investigation as outlined in Chap 10, AR 40-68.

**8.3** Significant practitioner unprofessional conduct (as outlined by Para 10-2b, AR 40-68) may warrant either summary or routine credentialing action.

**8.4** Provider hearing rights. As described in Para 10-7, AR 40-68.

**8.5** Appeals Process. The Appeals Process is outlined in Para 10-10, AR 40-68. All credentialing decisions are made in good faith with concern for due process.

**8.6** Review of Privileges. Clinical privileges, while subject to review biennially, may be reviewed at any time and are monitored through the QM Division.

**8.6.1** Supervisors (or other medical staff members) may request a review by the Credentials Committee of the privileges of a health care provider by submitting in writing the results of an audit, the report of an incident, or other evidence of practices which do not meet credentialing status, i.e., limiting, curtailing, or suspending, will be made only in accordance with procedures specified in AR 40-68, Chapter 10.

**8.6.2** IAW AR 40-68, Chapter 10, each affected member will be afforded the opportunity to appear before the Credentials Committee or submit in writing any information felt pertinent to the defense of his/her credentials.

**9.** Confidentiality. All proceedings, records, and materials prepared in connection with peer review or credentialing actions

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shall be confidential and not subject to discovery by law, except by the Board of Medical Examiners or by an individual healthcare provider in actions against the MEDDAC. No member of the staff participating in credentialing or peer review activities may be subpoenaed to testify in a judicial or quasi-judicial proceeding if such subpoena is based solely on such activities, nor is any member liable for civil action for decisions made in good faith.

The proponent of this publication is Quality Management Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to Quality Management Division, ATTN: MCXJ-QM, Fort Huachuca, AZ 85613.

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APPENDIX A  
PROCEDURES FOR THE INITIAL APPLICATION FOR CLINICAL PRIVILEGES

Individuals applying for privileges will fill out DA Form 4691-R, Initial Application for Clinical Privileges, upon entry into the AMEDD at the Medical Treatment Facility (MTF) of initial appointment. Practitioners must validate the information given on this form, such as proof of licensure, certification, documentation from medical school, etc. Applicants must also present a DA Form 5440-series Delineation of Clinical Privileges, indicating privileges requested; DA Form 5440A, Approval of Clinical Privileges/Staff Appointment; DA Form 5754-R, Malpractice History and Clinical Privileges Questionnaire; MEDDAC Professional Biography; and Health Care Provider Statement of Health. Civilian practitioners must also supply documentation on their performance. This includes privileges granted in the most recent employment. Prepare a DA Form 4691-R, Initial Application for Clinical Privileges, and a DA Form 5440A-R, Delineation of Privileges. If a DA Form 4691-R is on file, prepare a DA Form 5440A-R along with forms outlined in para 6. LIPs need to prepare written requests for expanded privileges based on training/experience, proper licensure, or documented competency and submit to the Credentials Committee.

The Credentials Coordinator, acting for the Deputy Commander for Clinical Services (DCCS) will:

Collect and verify all information submitted by the applicant

Query the National Practitioners Data Bank (NPDB) on all physicians.

Query the ECFMG office as needed

Contact references who are knowledgeable concerning applicant's competence and ethical character.

Verify licensure, certification and registration status.

Request for clinical privileges for the Commander will be forwarded through the appropriate departments to the Regional Medical Command for approval.