

INLAND EMPIRE HEALTH PLAN
IPA Medical Management Audit Tool 2010
 Recredentialing File Audit Tool

IPA Name: _____

	File No.	Name	Specialty	License Type	Current Decision Date	CR 3.A.1		CR 7.B.1	CR 7.B.2		CR 7.B.3	CR 7.B.4	CR 7.C.1	CR 7.C.2	CR 7.C.3	CR 7.C.4	CR 7.C.5	CR 7.C.6	CR 7.D.1	CR 7.D.2	CR 8.A.1	Comments
						License to Practice	Hospital Privileges	DEA/CDS Certificate	Board Certification	Malpractice History	Reasons for In-ability to Perform	Lack of Drug Use	Loss of License	Loss or Limitation of Privileges	Malpractice Coverage	Attestation	State sanctions, Restrictions on licensure/practice	Medicare/Medicaid Sanctions	Date of Previous Credentialing Decision			
5						Present?	Current?		Present?	Current?												
		<i>Verification Date</i>																				
6						Present?	Current?		Present?	Current?												
		<i>Verification Date</i>																				
7						Present?	Current?		Present?	Current?												
		<i>Verification Date</i>																				
8						Present?	Current?		Present?	Current?												
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9						Present?	Current?		Present?	Current?												
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10						Present?	Current?		Present?	Current?												
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15						Present?	Current?		Present?	Current?												
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17						Present?	Current?		Present?	Current?												
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18						Present?	Current?		Present?	Current?												
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19						Present?	Current?		Present?	Current?												
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