

Recredentialing Center Quality Report

This report may only be completed by a center's Medical/Dental/Behavioral Health Director. A center's executive director or CEO may complete the report if the practitioner being evaluated is the center's Medical/Dental/Behavioral Health Director. All questions apply for the period since the practitioner's last credentialing date.

Practitioner Name: _____

Organization Name: _____

In what capacity are you completing this form for the above practitioner? Medical Director Dental Director Behavioral Director
 Executive Director/CEO (**ONLY** in cases where the above-named practitioner is the Medical/Dental/Behavioral Director)

- 1) Have any issues been identified for the listed practitioner in regard to his or her professional performance, judgement, or clinical competence?.....Yes No
- 2) Have any issues been identified for the listed practitioner as a result of peer review?.....Yes No
- 3) Have any issues been identified for the listed practitioner as a result of patient satisfaction surveys?.....Yes No
- 4) Have any patient complaints been submitted in regards to the listed practitioner?.....Yes No
- 5) Have any issues been identified for the listed practitioner for any items not listed above?.....Yes No
- 6) Have any performance improvement activities been conducted by the listed practitioner?.....Yes No
- 7) Is there any information regarding this practitioner not already asked that Cenevia should be aware of?..... Yes No

If you answered "yes" to any of the above questions, please provide an explanation for all identified issues below. When submitting, please attach any and all supplemental documentation to any "yes" answers. (e.g. performance improvement plans, documented patient complaints, etc.)

Print Name: _____ Signature: _____ Date: _____