

PHYSICIAN REVIEWER APPLICATION

FLORIDA DIVISION

Name		Credentials (MD, DO, MBA, MPH, etc)		SSN
OFFICE		HOME		
Address		Address		
Phone		Phone		
Fax		Fax		
Date available		Email		
Other		Assistant's Name		
Cell Phone		Assistant's Phone Assistant's Email		
Florida License Number				
Other State Licensure:				
State	License Number	State	License Number	
Board Certified? <input type="checkbox"/> Yes List certified specialty(ies) and subspecialty(ies)				
List Any Additional Training:				
Florida Statute 409.9131, requires Physician Peer Reviewer be: Licensed in state of Florida as physician of medicine, osteopathy or dentistry; Located in the state of Florida; In active practice providing care and treatment to patients within the past two years; and Board Certified in the appropriate specialty (ies) for making peer review decisions.				
Primary Practice Setting (two years of active practice required):				
Number of hours per week in clinical primary practice:				
42 CFR476.98 requires Physician Peer Reviewer shall be on staff or have active admitting privileges at one or more hospitals.				
Florida Hospital(s) with active admitting privileges (one or more required):				
1)				
2)				

Do you currently serve as a faculty member of a medical school or teaching hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any membership in professional organizations:		
Do you routinely treat Medicaid recipients? <input type="checkbox"/> Yes <input type="checkbox"/> No	NPI	Medicaid Number
Are you willing to discuss cases with attending physicians? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to participate in criteria development and/or specialty committees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to participate in quality review panels? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>PLEASE READ THE FOLLOWING CAREFULLY: eQHealth Solutions will not contract with a physician to perform peer review services when he/she is subject to any license restrictions, current sanctions and/or fraud and abuse issues as determined and reported by the Florida Agency for Health Care Administration, the Florida Department of Professional Regulation, the Office of the Inspector General (OIG), and/or the Center for Medicare and Medicaid Services.</p> <p>Do any of the above circumstances apply? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>		
<p><i>I hereby certify that all information provided is accurate and true. I have read and understand the above information and give my permission to eQHealth Solutions to contact any of the above hospitals/organizations to verify this information.</i></p>		
Signature:		Date:

<p>Please PROVIDE COPIES of the following documents to support information on this application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CV <input type="checkbox"/> Florida Medical License <input type="checkbox"/> Other State Medical License(s) <input type="checkbox"/> Board Certification(s) <input type="checkbox"/> Hospital Admitting Privileges from at least one or more Florida hospitals (form letter included) 	<p>Please sign, date and attach the following forms included in this packet:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conflict of Interest Attestation <input type="checkbox"/> Physician Peer Reviewer Job Description <input type="checkbox"/> eQHealth Solutions Service Agreement
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Please return completed form with ALL REQUIRED DOCUMENTATION (refer to checklists above). Application cannot be processed, until all documents are received.

Mark the envelope “CONFIDENTIAL” and return your information to:

**eQHealth Solutions – Florida Division
ATTN: Physician Reviewer Application
5802 Benjamin Center Drive, Suite 105
Tampa, FL 33634**



**VERIFICATION OF HOSPITAL ADMITTING PRIVILEGE
FLORIDA DIVISION**

Date	
Physician Name	
Hospital Name	
Address	
Phone / Fax	

Dear Sir or Madam:

eQHealth Solutions conducts prior authorization review, utilization review and peer review services for the Florida Agency for Health Care Administration. As part of our employment / contracting procedure, eQHealth Solutions requires verification of hospital admitting privileges for employed / contracted physician peer reviewers. We are requesting your assistance in this verification process. Please indicate below whether the physician has active admitting privileges at the above referenced hospital. Thank you in advance for your prompt attention to this matter.

Please complete and return via confidential fax to **(855) 440-3747 ATTN: Human Resources**

	<u>Admitting Privilege</u>	<u>Comments</u>
Physician Name: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

Facility Representative:

Please Print Name and Title _____

Signature _____

Date _____

Sincerely,

Chris Mikhail, Manager
Human Resources
eQHealth Solutions – Florida Division

Note: Please copy and complete this form as necessary.

JOB DESCRIPTION

Job Title: Physician Peer Reviewer
Position Reports To: Medical Director / Associate Medical Director

Nature & Scope of Position

Provide physician peer review (second level) medical necessity determination decisions based on sound medical and clinical judgment, with background knowledge of customary practice patterns as well as nationally accepted clinical practice guidelines.

Primary Qualifications

- **Education/Certification** Active, unrestricted license in the state of Florida. Board certified by a specialty board approved by the American Board of Medical Specialties (MD's); or the Advisory Board of Osteopathic Medicine.
- **Experience** Good standing with the Florida Department of Health, Division of Medical Quality Assurance and the Office of the Inspector General (OIG). Maintain an active practice for at least two years, and have admitting privileges at one or more Florida hospitals or healthcare facilities. Meet clinical experience requirements for identified specialties (pediatrician). Maintain CME units as required by licensure or certification. Familiar with Medicaid program, population, provider community, regulations and guidelines.
- **Special Skills** Maintain professional behavior in dealing with colleagues and clinical review staff. Strong verbal and written communication skills. Actively participate in quality improvement activities. Assure availability during scheduled time. Apply sound medical judgment and clinical experience during the service review process. Ability to work well within tight timeframes. Computer literate/ internet skills (web-based systems)
- **Other** Maintain confidential information and compliance with HIPAA regulations. Reside in state of Florida.

Essential Responsibilities

- Provide physician peer review (second level) medical necessity determination decisions based on sound medical and clinical judgment, with background knowledge of customary practice patterns as well as nationally accepted clinical practice guidelines
- Discuss service review requests (via phone) with attending and/or ordering physicians.
- Communicate and maintain contact with identified staff (scheduler) to ensure availability for scheduled service reviews.
- Participate in criteria development activities or committees, as requested.
- Participate in quality improvement studies / activities, as requested.
- Provide expert opinion in administrative fair hearings, as requested.

Print Name: _____

Date: _____

Signature: _____