



Policy /Procedure Document	
Manual:	N/A
Origination Date:	11/15/2012
Last Review Date:	07/03/2015
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Policy Owner:	Medical Staff
Required Approvals:	
Committee:	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	CREDENTIALING PROCEDURE FOR MEDICAL/ALLIED HEALTH STAFF
SCOPE:	This policy applies to all Licensed Independent Practitioners (MDs, DO, DDSs, DPMs, Ph.Ds) and Advance Practice Nurses and Physician Assistants prior to appointment to the Memorial Hospital Medical or Allied Health Professional Staff
DOCUMENT TYPE:	N/A
PURPOSE:	To ensure that licensed health care Practitioners meet the minimum credentials and performance standards for Medical or Allied Health Professional Staff membership.
PHILOSOPHY:	N/A
DEFINITIONS:	N/A
PROCEDURE:	

Policy:

It is the policy of Memorial Hospital/Beacon Health System to ensure that licensed health care Practitioners meet the minimum credentials and performance standards for Medical or Allied Health Professional Staff Membership. Credentialing is performed for all Licensed Independent Practitioners (MDs, Dos, DDSs, DPMs, Ph.Ds) and Advance Practice Nurses and Physician Assistants prior to appointment to the Memorial Hospital Medical or Allied Health Professional Staff.

All applications for appointment/reappointment to the Medical/Allied Health Professional Staff, and requests for Clinical Privileges, will be evaluated based on current licensure, education and relevant training, experience, current competence, and ability to perform the Clinical Privileges requested.

Procedure:

The following procedure was developed to establish mechanisms for gathering relevant data that will serve as the basis for decisions regarding appointment/reappointment of Licensed Health Care Practitioners to the Medical and Allied Health Professional Staff and for Clinical Privileges to provide patient care services at Memorial Hospital.

I. APPLICATIONS:

- A. Initial Appointment/Clinical Privileges: Individuals requesting Membership and/or Clinical Privileges will be sent an application packet that will be used to gather appropriate information to perform credentials verification. Practitioners must complete all information requested and attach the requested documentation; they must sign the application, complete and sign the attestation as to the correctness and completeness of the application, and sign the attached authorization for release of information and liability. If additional information is required, or if questions are left blank, the applicant will be contacted and informed. The applicant is responsible for providing the necessary information to satisfy the process. Applications will not be processed until the application has been completed in its entirety.
- B. Reappointment: A reappointment packet will be mailed to Practitioners at least five (5) months prior to the expiration date; the Practitioner is expected to complete and return the application and relevant information within thirty (30) days. The Practitioner must complete, sign and date the application and attestation as to the correctness and completeness of the application, and sign the authorization for release of information and liability. Failure, without good cause, to return the requested information will be deemed a voluntary resignation from the Staff and will result in automatic termination of Membership and/or Privileges at the expiration of the current term, unless otherwise extended by the Credentials Committee, subject to the Board of Trustees approval.

- C. Disclosure Information: The application includes a signed attestation, which includes the following:
- Reasons for any inability to perform the essential functions of the position, with or without accommodation.
 - Lack of present illegal drug use.
 - History of loss of license and felony convictions.
 - History of loss or limitations of privileges or disciplinary activity
 - Current malpractice insurance coverage
 - The correctness and completeness of the application
- D. Timeliness of Information: All documents for application or reappointment must be no more than 180 days old at the time of the Credentials Committee review. Any of the following information which will be 180 days old, or more, at the time the file is presented to the Credentials Committee will be re-verified prior to review by that Committee.
- All on-line verifications
 - Medical/Dental License
 - OIG
 - NPDB (if not enrolled in the Continuous Query)
 - Malpractice insurance coverage and claims history
 - Answers to attestations questions
 - Signature on application and/or release form
- E. Nondiscrimination: Credentialing and reappointment decisions will not be based solely on an applicant's age, gender, religion, race, national origin, ancestry, disability, marital status, sexual orientation, types of procedures, types of patients any practitioner specializes in, or any other characteristic protected by state, federal or local law. Membership shall be considered on the basis of the practitioner's professional ability to provide quality patient care in accordance with the Medical Staff Bylaws.

II. CREDENTIALING/REAPPOINTMENT PROCESS:

The verification process includes (but is not limited to) primary source verification of the following information verified through the American Medical Association (AMA) Physicians Master File, American Osteopathic Association (AOA) Physician Master File, or with the agency of document origin, or with the primary source. Primary source may include verbal verification that will be dated, initialed, and a notation made of the credential being verified. For written verifications, the date of the official document will be used for timeline requirements.

- A. Verification of Graduation from Medical/Professional School and Completion of Residencies and Fellowships.
1. Physicians: Verification of medical school graduation and completion of residency and fellowship training may be obtained from the institution(s) where the training was completed, and/or an agency that is deemed a primary source verification, (such as the AMA or AOA).

Graduates from medical schools located outside the United States, Canada, or Puerto Rico must provide evidence of certification by the Education Commission for Foreign Medical Graduates (ECFMG) or successful completion of a fifth pathway, or successful passing of the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS). Verification from the ECFMG will be considered primary source verification for foreign medical graduates.
 2. Allied Health Providers: Primary source verification from the professional school of the highest level of education will be verified in writing or verbally for Allied Health Providers, or an agency that is deemed a primary source verification, such as the AMA.
- B. Board Certification. Medical Staff applicants must be board certified and or subspecialty certified by a member board of the American Board of Medical Specialties (ABMS), a member board of the American Osteopathic Association Bureau of Osteopathic Specialists (AOABS), the American Board of Oral and

Maxillofacial Surgery, the American Board of Podiatric Orthopedics and Primary Podiatric Medicine, or the American Board of Podiatric Surgery; or an applicant must have within the last five (5) years completed a post-graduate training program which qualifies the applicant to seek certification by one of these certifying organizations. New post-graduate training program graduates are expected to become certified before five years have transpired since the date of completion of their latest residency or fellowship training. (This board certification requirement does not apply to dentists and is applicable only to those individuals who receive initial Staff appointment or initial grant of Privileges on or after 7/1/2008. Those individuals who applied for and received initial Staff appointment prior to 7/1/2008, and who have continuously maintained that appointment and/or those Privileges, will be considered grandfathered under this clause.)

All Medical Staff Members and Privilege holders who are required to attain board certification and/or subspecialty certification must also continuously maintain at least one board certification and/or subspecialty certification. The "continuous" aspect of this maintenance requirement may be temporarily waived for periods of up to thirty (30) months by individual application to the MEC which may act in its sole discretion. (This board certification maintenance requirement does not apply to dentists and is applicable only to those individuals who receive initial Staff appointment or initial grant of Privileges on or after 7/1/2011. Those individuals who applied for and received initial Staff appointment or initial grant of privileges prior to 7/1/2011, and who have continuously maintained that appointment and/or those Privileges, will be considered grandfathered under this clause.)

Board certification will be verified at initial appointment and at reappointment either by entry in the ABMS Compendium, entry in the AOA Directory of Osteopathic Physicians, confirmation from the appropriate specialty board, entry in the AMA or AOA Physician Master File, or confirmation from the state licensing agency (if the agency provides).

- C. Professional License. Verification of current, unrestricted license information will be obtained through the Indiana Professional Licensing Agency (IPLA).
- D. DEA/CSC Certification. A photocopy of the current DEA certificate and Indiana Controlled Substance certificate will meet verification requirements. Confirmation of the State CSR through the Indiana Professional Licensing Agency (IPLA) will also meet requirements, as well as confirmation of the Federal DEA through the AMA Physician Master File.
- E. Malpractice Insurance Coverage. A copy of the current malpractice face sheet or verbal confirmation from the Underwriter is required at the time of credentialing. Professional liability coverage must be at or above the State mandated requirement and the provider must qualify as a health care provider under the Indiana Medical Malpractice Act.
- F. Malpractice Claims History. Professional liability claims history is verified through the insurance carrier or the National Practitioner Data Bank (NPDB) and reviewed for the number, specifics and patterns of claims. The Indiana Patient's Compensation Fund may also be queried for malpractice claims filed in the State of Indiana.
- G. Background Checks. Memorial Hospital engages in background checks as a verification element within the credentialing process.
- H. Identity: Verification that the practitioner requesting appointment or clinical privileges is the same practitioner identified in the documents will be made by viewing a current photo hospital ID card or a valid photo ID issued by a state or federal agency, (e.g., driver's license or passport).
- I. Verification of Hospital Affiliations and Work History. A practitioner must report a clinical work history from hospitals or other health care affiliations which, at a minimum, outlines the five (5) years immediately preceding the current date. This information must be reported on the application, curriculum vitae or resume. Any gap greater than six (6) months must be explained in writing.
- J. Clinical Privileges: Current clinical privileges in good standing at hospitals designated by the practitioner

will be verified in writing or verbally and include the dates of appointment, scope of privileges, restrictions and recommendations.

- K. National Practitioner Data Bank (NPDB). All licensed independent practitioners will be enrolled in the National Practitioner Data Bank Continuous Query. This report includes previous Medicare and Medicaid sanctions, licensure restrictions, medical malpractice claim payment history, and record of any clinical privilege restrictions.
- L. Sanctions and Ongoing Monitoring. Medicare and Medicaid sanctions are monitored via query of the AMA/AOA, NPDB and/or the Office of the Inspector General (OIG) as part of primary source verification during credentialing and reappointment.
- M. Ongoing Monitoring. All practitioners are monitored for quality issues at the time of credentialing, reappointment, and between credentialing cycles. Provider Medicare and Medicaid sanctions are monitored via query of the AMA/AOA, the National Practitioner Data Bank (NPDB), and Office of Inspector General (OIG). The Indiana Professional Licensing Agency (IPLA) is queried at initial appointment, reappointment, revision of privileges, and license expiration. Quality Management monitors on an on-going basis, patient complaints, sentinel events or quality deficiencies.
- N. Professional References. Three professional references are requested for initial applicants and are required before an application is deemed to be complete. For reappointments, the Department Chief may serve as the peer reference. In cases of low volume/activity at the Hospital, an additional reference is required. These references must be from individuals who have recently worked with the applicant, have directly observed his/her professional performance over a reasonable period of time, and who can and will provide reliable information regarding current clinical ability, health status, ethical character, and ability to work with others.
- O. Reappointment Performance Improvement Data.
In addition to verifying credentials, a practitioner's quality file is compiled for the reappointment evaluation process. Information from the following areas may be included for consideration. Information is gathered on an ongoing basis and assembled and reviewed at the time of reappointment:
 - Adverse Drug Reactions
 - Blood Usage
 - Medical Record Audits (as required)
 - Medication Management
 - Patient Complaints/Patient Satisfaction Surveys
 - Peer Review/Quality Review Results
 - Quality Indicators
 - Suspensions
 - Operative and Procedure Review
 - Tissue Review
 - Utilization Management
- P. Additional information. Other information as deemed necessary may also be collected and considered.

Document Revision History:			
Reviewed Date:	Revision Date	Reviewed/Revised By	Summary of Changes:
11/15/2012			Original Document
		Michael Blakesley, MD	No changes were made