SAMPLE - Medical Staff Credentialing and Initial Appointment Policy

Subject: Medical Staff Credentialing and Initial Appointment
Number: 
Effective Date: 
Supersedes SPP# 
Dated: 
Approved by: (signature)
Distribution: Medical Staff, Credentialing Manual, Medical Staff Office

I. STATEMENT OF PURPOSE:
To ensure that the policy directives of the medical staff bylaws are carried out and that accreditation and regulatory requirements are consistently met

II. STATEMENT OF POLICY:
Written guidelines shall direct processing of all applications for medical staff membership and delineated clinical privileges. All appointments to the medical staff shall be for a period not to exceed two years, with the possible exception of provisional membership and temporary and disaster privileges, as noted in the medical staff bylaws.

III. PROCEDURE:
1. All applicants for medical staff membership/privileges shall be screened by administration or its designee to determine if they meet the preapplication criteria as established by the organization. Examples of preapplication criteria required of applicants include, but are not limited to, the following:
   • Completion of an approved residency program of at least three years duration
   • Currently licensed to practice in this state
   • Maintain professional liability insurance as specified by the governing body
   • Have been engaged in active practice (residency included) at least six of the last 12 months
   • Plan to establish or have established an office or residence within the distance limits specified by the governing body or are joining a group that can provide acceptable evidence of patient coverage
   • Board certified or board admissible (if required by the hospital)
   • Curriculum vitae (CV)

2. Subsequent to administrative approval of the preapplication, the medical staff services office professional will send the following materials to the prospective applicant:
   2.1. Letter detailing the application process (including timelines for applicant response)
   2.2. Application form designated by the medical staff and approved by the governing body that provides, at a minimum, the following:
      • Current [insert state] professional license and lifetime license, registration and certification history (including licenses in the allied disciplines), past and pending challenges, including voluntary/ involuntary relinquishment
      • DEA registration
      • [Insert state] controlled substance license

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• Lifetime medical education/training history (including all medical or osteopathic schools attended and all approved and non-approved residency programs attended)
• Specialty board status (including no status, eligibility to take the exam, taken Part I and/or II, passed or failed, number of times, or certified)
• Clinical experience, including disclosure of past and present membership/privileges at other healthcare facilities
• Most recent 12 months of clinical activity (approximate numbers and types of procedures, location, and type of patients treated)
• Past and pending challenges to medical staff membership/privileges at other healthcare facilities, including voluntary/involuntary relinquishment
• Healthcare-related employment history (including terminations, challenges or decisions pending, and voluntary resignations and relinquishments)
• Professional liability coverage and policy limits (including denial of professional liability coverage and/or policy cancellation or nonrenewal)
• Previous 10-year malpractice history (including claims, suits, notices of intent, and settlements) allegations/outcomes - past and pending
• Health status as related to ability to perform the privileges requested and medical staff duties (self declaration)
• Lifetime criminal history
• OIG sanctions (self declaration)
• Peer professional references who have observed the applicant first hand (at least two)

2.3. Medical staff bylaws, rules and regulations, and department rules (if appropriate)
2.4. Clinical privilege delineation form and criteria for privileges
2.5 Authorization for Release of Information form
2.6 Supplemental information to be submitted with the application including, but not limited to:
• Current state license
• State controlled substance registration
• DEA registration
• Copy of the face sheet of the current professional liability insurance stating the name of the insured, policy term, and policy limits or current certificate of insurance (with policy limits)
• Copies of certificates or letters confirming completion of medical/osteopathic/dental/podiatric school, as applicable, internship and an approved residency training program or other educational curriculum
• Complete explanation and documentation, as available, of any gaps of time in professional activities since graduation from medical/osteopathic/dental/podiatric school
• Complete data from the most recent year of practice to demonstrate current clinical competency to perform the privileges requested on the delineation of privileges form - If the applicant is a recent graduate from residency training, rotation schedules or residency logs are acceptable.
• Payment of nonrefundable application fee
• Required certification of basic cardiac life support (BCLS), advanced cardiac life support (ACLS), advanced trauma life support (ATLS), and Pediatric Advanced Life Support (PALS), as applicable
• Copies of certificates or confirmation letter from approved specialty boards confirming board status

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- DD214 if recently (i.e., within the past 12 months) discharged from the military - If currently serving, comprehensive list of military experience, including military branch and enlistment dates
- ECFMG Certificate (foreign medical school graduates only)
- FMG educational certificate – English translation (foreign medical school graduates only)

NOTE: It is the applicant’s responsibility to provide a complete application.

3. A completed and signed application form shall be accepted by the medical staff services office by mail or in person during regular business hours. The date of receipt shall be stamped on the application form.

4. By signing the application, the individual applicant attests to the following:
   - The accuracy and completeness of all information on the application
   - Willingness to appear for interviews regarding the application, the peer review process, and hospital quality/performance activities
   - Consents to the inspection of all records and documents that might be requested as part of the application/verification process by the hospital and its medical staff representatives
   - Releases from liability, to the fullest extent permitted by law, of any and all hospital representatives for acts or statements made in the evaluation of the applicant’s application, credentials, and requested privileges
   - Releases from liability, to the fullest extent permitted by law, of all individuals and organizations who provide information to the hospital or the medical staff, including the release of confidential and privileged information concerning the applicant’s education, current competency, background, experience, physical and mental health, professional ethics, character, utilization patterns, and any other information, as may be required
   - That a copy of the medical staff bylaws and or other appropriate manuals have been received and read and the applicant agrees to abide by the provisions of such materials
   - The hospital and medical staff representatives are authorized to consult with prior and current peers and associates who may have information related to the applicant’s professional current competence, character, ability to perform the privileges requested, ethical standards, character, ability to work with others, and any other information, as may be required by the organization.
   - To provide updated information on licensure, along with any pending challenges of voluntary or involuntary relinquishment of licensure, involvement in liability claims or license sanctions, involuntary or voluntary relinquishment of membership or privileges at other facilities, criminal background information, and any other information required by the organization
   - Authorizes and consents to the hospital and hospital representatives providing other hospitals, medical staffs and other organizations concerned with practitioner quality and delivery of patient care with any information relevant to such concerns and releases the organization from liability when doing so

(Insert additional criteria as may be required by facility)

5. The submitted application and supplemental material are reviewed for completeness. Any identified deficiencies, such as blank spaces, time gaps, lack of signature, unanswered questions, and missing documents, are flagged.

6. The hospital verifies that the practitioner requesting appointment/privileges is the same practitioner identified in the credentialing documents by viewing any of the following:
   - A current picture hospital ID card
   - A valid picture ID issued by a state or federal agency (e.g., driver’s license or passport)

7. If the application form is complete, the applicant is notified that the application has been received and contains sufficient information to begin the verification process.

8. If the application form is incomplete or there are deficiencies, the administration and/or the Credentialing Committee chairperson shall be requested to conduct a review. The date and results of this review are documented.

8.1. If this review results in a determination that the application form is complete, the applicant is notified, as above.

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8.2. If the review results in a determination that the application form is deficient, additional information shall be requested by phone call or by certified letter to the applicant, specifying the information needed and the time frame for response. The applicant is notified if their response is acceptable. If the applicant's response is unsatisfactory, additional clarification shall be requested.

9. If application packet or requested additional information is not received in 30 days, the applicant shall be notified that the hospital will terminate the application process. If no response is received after 15 days following that 30-day notice period, the applicant shall be notified that the application process has been terminated. All notifications shall be sent via certified mail.

10. Once the application form is complete, the medical staff services professional shall create a credentialing file for each individual applicant to contain all correspondence and submitted material. Quality/peer review materials shall be housed in a separate file marked “Confidential” and stamped with the citations for the appropriate state peer review statutes.

11. Information received shall be verified as set forth in [insert name of applicable policy]. The dates of all requests and receipt of information shall be dated. All responses and completed forms shall be placed in the credentialing file. The applicant has the final burden of producing, in writing, adequate information and resolving any doubts about the verified data.

12. An application shall be considered complete when the applicant has provided all necessary information and required supplemental information has been received and verified. The applicant shall be notified that the verification process is complete and be provided with the estimated time frame for completion of the evaluation process.

13. It is the hospital's policy that each applicant for medical staff membership and clinical privileges shall be interviewed by the department chairperson, chief of staff, or Credentialing Committee chair/member. A permanent record of the interview shall include the general nature of the questions asked of the applicant, the adequacy of the responses, and the conclusions reached by the interviewer regarding the qualifications of the applicant as related to medical staff membership and clinical privileges. Additional supplemental information may be requested of the applicant. Generally, no applicant will be recommended for medical staff membership and/or clinical privileges without first participating in a personal interview.

14. An interview with the applicant shall be scheduled by the medical staff services professional or department chairperson's office and shall include the following steps:
   14.1 The applicant is introduced to all attendees at the interview.
   14.2 Questions are asked about the applicant's background, mental and physical status, clinical and interpersonal skills, practice plans as related to potential added value to the organization, and details in the credentialing file.
   14.3 The applicant is invited to ask questions of the attendees.
   14.4 The applicant's demeanor and appearance is observed.
   14.5 The applicant is excused.

15. The department chairperson/chief of staff has 15 days to forward his/her report to the Credentialing Committee and may not defer consideration of an applicant. If the department chairperson/chief of staff is unable to complete the necessary interview and paperwork within the established time frame, the Credentialing Committee must be notified.

16. Members of the Credentialing Committee shall review the completed application and the recommendations of the appropriate department chairperson/chief of staff. If warranted, the Credentialing Committee will discuss with the appropriate department/chief of staff his/her recommendations concerning the requested privileges.

17. The Credentialing Committee shall discuss the applicant and prepare recommendations regarding membership, staff category, department assignment and clinical privileges. Recommendations shall be recorded in committee meeting minutes.

18. Recommendations regarding membership, staff category, department assignment and clinical privileges shall be submitted in report form to the Medical Staff Executive Committee (MEC) at its next regularly scheduled meeting.
19. The MEC, at its next meeting, shall consider the recommendations of the Credentialing Committee and determine whether or not to recommend appointment and clinical privileges.

20. If the MEC is unable to make a recommendation based on a need for additional supplemental information, the application will be tabled until the next meeting, at which time the additional information will be presented. If the information is not obtained and a recommendation cannot be made by the MEC, no denial/fair hearing is necessary.

21. When the recommendation of the MEC is adverse to the practitioner (appointment or clinical privileges), the chief executive officer (CEO) shall inform the applicant in writing, referencing his/her right to due process as outlined by medical staff bylaws. Final action by the governing body shall be deferred until all hearings/proceedings have been afforded to or declined by the applicant.

22. Favorable action by the governing body is considered its final decision.

23. The CEO shall notify the MEC and the department chairperson/chief of staff of the governing body’s decision. The applicant shall receive written notice of the governing body’s action. The governing body’s decision includes:
   23.1 Staff category
   23.2 Department assignment
   23.3 Clinical privileges
   23.4 Any special conditions attached to the appointment