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**Ascension**

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**Owner:** *Judy Viczian: Dir Medical Staff Srvcs*  
**Policy Area:** *Medical Staff*  
**Reference Tags:** *Medical Staff (Structural Category)*  
**Applicability:** *Affinity Health System  
Affinity Medical Group  
Calumet Medical Center  
Mercy Medical Center  
St. Elizabeth Hospital*

## Credentials Information Collection, Coordination, and Dissemination

### Summary:

The purpose of this policy is to provide guidance to the Affinity Health System Medical Staff Services Department (AHS/MSS) in fulfilling its responsibilities for collecting credentials of all licensed independent practitioners, dependent practitioners, and organizational providers for all AHS facilities. This policy is not intended to supersede or replace any credentialing or recredentialing policies. "AHS facility", for the purpose of this policy, includes: AHS Hospitals and Ambulatory Care facilities.

### PROCEDURE:

#### I. Application Process:

- A. An AHS facility will send a request to the AHS/MSS which will forward an application packet to the applicant within a timely manner. The application packet will include:
  1. Application form.
  2. Privilege sheets, for applicable entity.
  3. Medical Staff Bylaws, AHS Policies and Procedures.
  4. Religious and Ethical Directives.
  5. Criminal Background Check Form.
  6. Medicare, CHAMPUS/TRICARE acknowledgement form (if applicable).
- B. The applicant must sign the application via handwritten or electronic documentation. Electronic signatures must be generated from a secure site. Handwritten signatures will be recorded in black or blue non-erasable, non-water soluble ink. Felt tip markers, fountain pens and signature stamps may not be used and in so doing:
  1. Signifies a willingness to appear for interviews in regard to the application;

2. Authorizes AHS representatives to consult with others who have been associated with the applicant and/or have information bearing on his or her competence and qualifications;
3. Consents to AHS representatives' inspection of all records and documents that may be material to an evaluation of the applicant's:
  - a. Professional qualifications and competence to carry out the clinical privileges requested;
  - b. Physical and mental health status, and
  - c. Professional and ethical qualifications.
4. Releases from any liability all AHS representatives for their acts performed in connection with evaluation of credentials and qualifications;
5. Releases from any liability all individuals and organizations who in good faith and without malice provide information to AHS representatives - including otherwise privileged or confidential information - concerning the applicant's competence, professional ethics, character, physical and mental health, emotional stability and other qualifications for staff appointment and clinical privileges or Network Health Plan participation;
6. Authorizes and consents to AHS representatives providing other hospitals, medical associations, licensing boards, and any organizations concerned with all licensed independent practitioners, dependent practitioners, and organization providers' performance and the quality and efficiency of patient care with any relevant information that the organizations may have, and releases AHS representatives from liability for so doing; and
7. Understands and agrees that credentialing and peer review information related to their professional qualifications, character, and competence will be released and exchanged among Affinity Health System entities. Expressly authorize the sharing of such information within Affinity Health System, both with respect to information that exists today and information obtained or created in the future (until such time as all licensed independent practitioners, dependent practitioners, and organizational providers revoke this consent).
8. Signifies that the applicant agrees to be bound by the current medical staff bylaws, associated manuals and policies and procedures, in regard to the application for appointment to the medical staff and clinical privileges.
9. Attests to the correctness and completion of the application.
10. Application/Processing Fee - At the time of application, an application fee, as shall be set from time to time, must accompany the application.
11. The applicant must provide the following:
  - a. A complete application form. Application will be deemed incomplete if information or documentation requested by the application is not provided, if responses provided require further explanation, if details related to affirmative responses to disclosure questions are not provided, or if any document has expired prior to making the decision to accept or not to accept an applicant.

- b. A signed and dated release/attestation form. Application is incomplete without signature and date.
  - c. If available, a copy of the letter or certificate from the appropriate American Board of Medical Specialties specialty boards documenting board status - certified, recertified, or eligible, if applicable.
  - d. Copy of Federal DEA registration or CDS (Controlled Dangerous Substances) certificate in each state, which is current and effective, if applicant is to prescribe narcotics.
  - e. Information on education, training, work history, hospital affiliations and health status.
  - f. Copy of face sheet of current and valid professional liability insurance in which coverage pertains to area of practice or profession and meets the minimum limit requirement and completion of malpractice history questions on application form.
    - i. For practitioners with federal tort coverage, the practitioner need not maintain the current amount of malpractice insurance coverage. Practitioner may include a copy of the federal tort letter or an attestation from the practitioner of federal tort coverage and completion of the malpractice history questions on the application form.
  - g. Photo.
  - h. Privilege sheets.
  - i. Criminal Background Check Form.
  - j. Medicare, CHAMPUS/TRICARE acknowledgement form.
12. All credential files, reports and any other material used shall be treated in a confidential manner at all times and are stored in a secure area in the AHS/MSS department or on a secure electronic site. Disclosure of such information shall be limited to Affinity facilities for which applicant has requested affiliation. All other requests will require consent for release of information by the applicant.

## II. Verification Process:

- A. Primary verification is obtained from the following:
- B. Current, valid licensure and any disciplinary actions against licensure to be verified by the State of Wisconsin Department of Regulation and Licensing. A report may also be obtained from the Federation of State Medical Boards.
- C. Current, valid Drug Enforcement Agency certificate in each state, if to prescribe narcotics, to be verified by copy of DEA or CDS certificate in each state or by entry into the National Technical Information Service database. State of Wisconsin Optometrist license will indicate TPA or DPA, which meets verification requirements. Controlled Dangerous Substances (CDS) certification is not required in Wisconsin.
- D. Clinical privileges in good standing to be verified, orally or in writing, current and past affiliations, if applicable.
- E. Training will be verified by entry into the AMA profile, AOA profile or from training

institution.

F. Completion of residency:

1. State licensing agency, if the state agency performs primary source verification of completion of residency. At least annually, the organization must obtain written confirmation from the state licensing agency that it performs primary source verification of completion of residency.
2. Residency training program.
3. Appropriate specialty board, if the board performs primary source verification of completion of residency. At least annually, the organization must obtain written confirmation from the specialty board that it performs primary source verification of completion of residency. The organization may use a dated printout of the board's Web site in lieu of a letter or other written notice as long as the site states that the board verifies education and training with primary sources and indicates that this information is current.
4. The Federation Credentials Verification Services (FCVS) for closed residency programs.

G. Board certification, current and expired, are to be verified by:

1. ABMS Certifax for M.D.'s American Board of Medical Specialties or AOA Profile for D.O.'s.
2. American Board of Podiatric Orthopedics or the American Board of Podiatric Surgery for D.P.M.'s.
3. American Board of Oral and Maxillofacial Surgery for D.D.S.'s.
4. Recognition by the National Register for Ph.D.'s.
5. American Nurses Credentialing Center for Nurse Practitioners.
6. American College of Nurse Midwives for Certified Nurse Midwives.
7. National Commission on Certification of Physician Assistants for Physician Assistants.
8. American Council of Nurse Anesthetists for Nurse Anesthetists.
9. Other board certifications indicated by the applicant shall be verified by the specialty board. (Board certification is not applicable for D.C.'s and O.D.'s.)

H. The applicant indicates current malpractice insurance by indicating on application form dates and amounts of current coverage. Current, adequate malpractice insurance to be verified with a copy of the declaration page of the malpractice policy. A history of professional liability claims, including, but not limited to, lawsuits, arbitrations, settlements or judgments in the last five years to be verified by oral or written confirmation from the malpractice carrier or the National Practitioner Data Bank.

- I. Current with funds assessments and history of professional liability claims to be verified with the Wisconsin Patient Compensation Fund (if applicable). Newly licensed independent practitioners and dependent practitioners to the State of Wisconsin who otherwise meet all other credentialing criteria may receive a ninety (90) day grace

period from start date to become current with their Wisconsin Patient Compensation Fund assessments. Failure to become current with the Wisconsin Patient Compensation Fund in time period stated will result in termination. State of Wisconsin employed physicians are exempt from the Wisconsin Patient Compensation Fund.

- J. Response is required from the National Practitioner Data Bank (NPDB) which includes the Health Integrity Protection Data Bank (HIPDB) information.
- K. Work history is obtained regarding practice affiliations.
- L. Medicare/Medicaid sanctions history to be verified by the National Practitioner Data Bank.
- M. Medicare/Medicaid query to insure they have not opted out of the Medicare/Medicaid program.
- N. Wisconsin criminal history background check results on-line at Wisconsin Criminal History Record check web site.
- O. Out of State criminal background check results returned from Moore Information Services, if applicable.
- P. Query Sanction Check web site for licensed independent practitioners, dependent practitioners and organizational providers who have been excluded from the OIG (Office of Inspector General), EPLS (Excluded Parties List System) and/or the GSA's (General Services Administration) list of parties excluded from federal procurement and non-procurement programs.
- Q. Query WI Sex Offender Registry.
- R. Query the Wisconsin Circuit Court Access web site (CCAP).
- S. Query Public Access to Court Electronic Records (PACER).
- T. Professional references with at least one response that identifies licensed independent practitioners and dependent practitioners by photo.
- U. Information and verification to be no more than 120 days old before it is forwarded to the Centralized Credentials Committee.

### III. Documentation Process:

- A. Actual copies of credentialing information are kept within the file or electronically.
- B. The name of the source used, the date of verification, the signature or initials of the person who verified the information and the report date, if applicable are included on a detailed/signed checklist to be kept in the file or electronically.
- C. An electronic signature or unique electronic identifier of staff is used to document verification. The electronic signature or unique identifier can only be entered by the signatory. The system identifies the individual verifying the information, the date of verification, the source and the report date, if applicable.

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## Attachments:

No Attachments

## Approval Signatures

Approver	Date
Ellen Verstegen: Senior Executive Asst	8/24/2017
Judy Viczian: Dir Medical Staff Srvc	8/11/2017

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