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Owner: *Judy Viczian: Dir Medical Staff Srvcs*
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Applicability: *Affinity Health System
Affinity Medical Group
Mercy Medical Center
St. Elizabeth Hospital*

Recredentialing 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 reappointment credentials of all licensed independent practitioners, dependent practitioners and health care practitioners for all AHS facilities. This policy is not intended to supersede or replace any recredentialing policies. "AHS facility", for the purpose of this policy, includes: AHS Hospitals and Ambulatory Care facilities.

PROCEDURE: Reappointment Application Process:

- I. The AHS/MSS formally conducts data collection and primary source verification for reappointment of all AHS licensed independent practitioners, dependent practitioners, and organizational provider practitioners at least every two years. The AHS/MSS reverifies the credentialing information that is subject to change over time. Static historical elements such as medical education and training do not need to be reverified.
- II. The AHS/MSS will forward a reappointment application packet to the reappointee 180 days before the expiration of current membership privileges. The application packet will include:
 - A. Reappointment Application form
 - B. Current privilege sheets, for applicable entity
 - C. Criminal Background Check Form
 - D. CME information (if available)
- III. The reappointee must sign the reappointment 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. In doing so:
 - A. Attests to the correctness and completion of the application.

- B. Authorizes AHS representatives to consult with others who have been associated with the reappointee and/or have information bearing on his or her competence and qualifications.
 - C. Consents to AHS representatives' inspection of all records and documents that may be material to an evaluation of the reappointee's
 - 1. Professional qualifications and competence to carry out the clinical privileges requested;
 - 2. Physical and mental health status; and
 - 3. Professional and ethical qualifications.
 - D. Releases from any liability all AHS representatives for their acts performed in connection with evaluation of reappointment credentials and qualifications.
 - E. 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 reappointee's competence, professional ethics, character, physical and mental health, emotional stability and other qualifications for staff appointment and clinical privileges.
 - F. 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 organizational providers performance and the quality and efficiency of patient care with any relevant information that the organization may have, and releases AHS representatives from liability for so doing.
 - G. 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 provider practitioners revoke this consent).
 - H. Signifies that the reappointee agrees to be bound by the current medical staff bylaws and AHS policies and procedures, in regard to the application for reappointment to the medical staff.
 - I. Attest to the correctness and completion of the reappointment application form.
- IV. Reapplication Late Processing Fee: At the time of reapplication, any reappointee failing to complete and return the reapplication form in a timely manner will be assessed a \$50 late processing fee. Failure to comply could result in a lapse of membership and privileges with AHS facilities.
- A. The reappointee must provide the following:
 - 1. A complete reappointment application form. Reappointment application will be deemed incomplete if information or documentation requested by the reappointment 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 the reappointee.

2. A signed and dated release/attestation form. Reappointment application is incomplete without signature and date.
3. If available, a copy of the letter or certificate from the appropriate American Board of Medical Specialties specialty boards documenting change in board status - certified, recertified, or eligible, if applicable.
4. Copy of Federal DEA registration or CDS (Controlled Dangerous Substances) certificate in each state, which is current and effective, if reappointee is to prescribe narcotics.
5. Information on, hospital affiliations and health status.
6. 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 reappointment application form.
 - For practitioners with federal tort coverage, the practitioner need not contain 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.
7. Privilege sheets to include documentation of additional training for any requests for additional privileges
8. Criminal Background Check Form (every four years).

B. All reappointment credential files, reports and any other material used shall be treated in a confidential manner at all times and stored in a secure area in the AHS/MSS. Disclosure of such information shall be limited to Affinity facilities for which applicant has requested affiliation. All other requests will require a consent for release of information by the reappointee.

V. Verification Process: Primary verification is obtained from the following:

- A. Current, valid licensure and any disciplinary actions against licensure to be verified by the State of Wisconsin Department of Safety and Professional Services. A report may also be obtained from the Federation of State Medical Boards.
- B. 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.
- C. Clinical privileges in good standing to be verified, orally or in writing, from current affiliations, if applicable.
- D. Board certification, current and expired, are to be verified via 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.

1. ABMS Certi-Fax Services or the Specialty Board for M.D.'s.
 2. American Osteopathic Association (AOA) for D.O.'s.
 3. American Board of Podiatric Orthopedics or the American Board of Podiatric Surgery for D.P.M.'s.
 4. American Board of Oral and Maxillofacial Surgery for D.D.S.'s.
 5. Recognition by the National Register for Ph.D.'s.
 6. American Nurses Credentialing Center for Nurse Practitioners.
 7. American College of Nurse Midwives for Certified Nurse Midwives.
 8. American Association of Nurse Anesthetists for Nurse Anesthetists.
 9. National Commission on Certification of Physician Assistants for Physician Assistants.
 10. Other board certifications indicated by the reappointee shall be verified by the specialty boards. (**Board certification is not applicable for D.C.'s and O.D.'s**.)
- E. Current, adequate malpractice insurance to be verified with a copy of the declaration page of the malpractice policy and 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.
- F. Current with funds assessments and history of professional liability claims to be verified with the Wisconsin Patient Compensation Fund (if applicable)
- G. Response is required from the National Practitioner Data Bank (NPDB) and Health Integrity Protection Data Bank (HIPDB) which information is included in the NPDB.
- H. Medicare/Medicaid sanctions history to be verified by the National Practitioner Data Bank.
- I. Medicare/Medicaid query to insure they have not opted out of the Medicare/Medicaid program.
- J. Wisconsin criminal history background check results on-line at Wisconsin Criminal History Record check website.
- K. Query Sanction Check website 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.
- L. Query WI Sex Offender Registry.
- M. Query the Wisconsin Circuit Court Access website (CCAP) for any new information since the previous recredentialing cycle.

N. Information and verification to be no more than 120 days old before it is forwarded to the Centralized Credentials Committee.

VI. 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.

EM3 IO_ID: 6490

Attachments:

No Attachments

Approval Signatures

Approver	Date
Judy Viczian: Dir Medical Staff Svcs	8/11/2017

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