

**FRANCES MAHON DEACONESS HOSPITAL**  
**621 3<sup>rd</sup> Street South**  
**Glasgow, MT 59230**

**DEPARTMENT: Medical Staff**

**PROCEDURE: MS 1**

**SUBJECT:** Initial Appointment Application Processing Procedure

**PURPOSE:** To document the credentialing and privileging process for new applicants

**RESPONSIBILITY:** Medical Staff Coordinator/Executive Assistant

**A. APPLICATION PROCESSING PROCEDURE:**

1. The Medical Staff Coordinator will send application to the provider and, when returned, ensure the following:
  - a. Application is complete and signed
  - b. Color copy of Government issued photo ID or current hospital badge included
  - c. Medicare Acknowledgment Statement signed and dated
  - d. Conflict of Interest Form signed and dated
  - e. Request for privileges compete, signed, and dated
  - f. Background check release signed and dated
  - g. Copies of license, Drug Enforcement Agency certificate (DEA), Boards, malpractice insurance included
  - h. Copies of Diplomas included
  - i. Copies of Continuing Medical Education (CME) included, if applicable
  - j. Procedure list from primary facility for past 24 months or training logs included
  
2. The Medical Staff Coordinator will then conduct the following, using the resources listed on page 6 and the Medical Staff Initial Appointment Checklist on page 4 to document:
  - a. Provide signed release for criminal background check to Human Resources Department – copy to file when complete
  - b. Send out hospital affiliation verifications – copy to file when complete
  - c. Send out professional peer references – copy to file when complete
  - d. Run American Medical Association (AMA) (MDs and Physician’s Assistants (PAs)) or American Osteopathic Association (AOA) (DOs) profile online – copy to file
  - e. Primary source verification of education and training – copy to file
  - f. Primary source verification of all state licenses held by applicant – copy to file
  - g. Primary source verification of DEA certificate, including registration number, expiration date, and schedules – copy to file
  - h. Primary source verification of Board Certification, if applicable – copy to file
  - i. Verify current malpractice coverage and malpractice history by copy of current malpractice certificate, listing on application of current and past carriers, and history of settlements/judgments and current pending claims by listing on application form and through National Practitioner Data Bank (NPDB) report – copy to file
  - j. Run NPDB profile online – copy to file
  - k. Run Office of Inspector General (OIG) sanction checks online – copy to file
  - l. Google applicant – copy anything adverse to file

3. In addition to above, the Medical Staff Coordinator will complete the following prior to the provider's start date, if applicable:
  - a. Give a copy of TB and Hepatitis B Titer information to Employee Health Nurse
  - b. Provide information as needed to Physician Recruitment, HIM Director, Patient Accounting Director, Information Services, Risk Manager, Marketing Director, and HR Director
  - c. Give a copy of the requested privilege list, license and DEA to clinic, if applicable
  - d. For Radiologists, provide a copy of education/training, Board certification, CME, National Provider Identifier (NPI), requested privileges, and start date to Radiology Department. Obtain attestation forms (nuclear medicine and mammography) from applicant.
4. If temporary privileges are granted, the Medical Staff Coordinator will:
  - a. Notify Surgery, Nursing, Radiology, Clinic, and Outpatient Clinic supervisors and post approved privileges to the intranet.

## **B. COMPLETED APPLICATIONS:**

1. An application is considered complete when all of the above verifications have been conducted and a minimum of three (3) professional references have been returned.
2. The Medical Staff Coordinator will combine the completed credentials file with the completed Medical Staff Initial Appointment Checklist (page 5) and the Initial Appointment Cover Sheet (page 6), tag for signatures as needed, tag any red flags, if applicable, and place the following tabs, as appropriate:
  - a. Application & Curriculum Vitae (CV)
  - b. Insurance
  - c. Education
  - d. License & Boards
  - e. DEA
  - f. AMA or AOA Profile
  - g. CME
  - h. Hospital Affiliations
  - i. Peer References
  - j. Background Check
  - k. NPDB & OIG
  - l. Procedure List
  - m. Privileges
3. The Medical Staff Coordinator will present the file to the Credentials Committee for review and approval by the Medical Staff. After approval by the Medical Staff, the Medical Staff Coordinator will forward to the Executive Assistant and notify her of the Committee's recommendation for action for the Board of Trustees.

**C. AFTER ACTION BY BOARD OF TRUSTEES:** After the Board of Trustees meeting, the Executive Assistant will return the credentials files to the Medical Staff Coordinator and notify her of the Board's decision. For approvals, the Medical Staff Coordinator will do the following:

1. Send letter of Board decision and copy of approved privileges to applicant – copy to file

2. Notify Surgery, Nursing, Radiology, Clinic, and Outpatient Clinic supervisors of the approval, post signed privilege list with approval and expiration dates to the intranet and place hard copy in Physician Privileges binder located in Administration.
3. Notify Marketing/IS/HR to add the practitioner to the website and notify staff, if applicable.
4. Remove NPDB report and move to Databank file.
5. Add provider to the Medical Staff License Spreadsheet located on the Infection Control Drive/Medical Staff folder.

**D. ONGOING:** The Medical Staff Coordinator is responsible for performing the following on an ongoing basis:

1. Maintaining current license, DEA, Board Certification, and malpractice certificates on all providers (with exception to delegated credentials) and tracking reappointment dates.
2. Any time new requirements are initiated, they will be added to this procedure and sent to the Medical Staff for approval.

**REVIEW AND REVISION STATEMENT:** The Medical Staff Coordinator and Medical Staff will review every two years or as needed with final approval of CEO.

## CREENTIALING WEBSITES FOR PRIMARY SOURCE VERIFICATION

DEA <http://www.deadiversion.usdoj.gov/> or AMA/AOA Profile

MT License [www.ebiz.mt.gov/pol](http://www.ebiz.mt.gov/pol) or AMA/AOA Profile - other state boards or AMA/AOA Profiles

OIG Sanctions <http://exclusions.oig.hhs.gov>

AMA <https://profiles.ama-assn.org/amaprofiles/>

AOIA [https://www.doprofiles.org/sign\\_in.cfm](https://www.doprofiles.org/sign_in.cfm)

Professional School and training Verification AMA/AOA Profiles (see above)

For Allied Health, Professional school verification [www.studentclearinghouse.org](http://www.studentclearinghouse.org)

Data Bank [www.npbd-hildb.hrsa.gov/](http://www.npbd-hildb.hrsa.gov/)

vRad <https://access.vrad.com>

PROVIDE EXECUTIVE ASSISTANT WITH ALL RECEIPTS FOR COST OF ABOVE VERIFICATIONS

**FRANCES MAHON DEACONESS HOSPITAL  
MEDICAL STAFF INITIAL APPOINTMENT CHECKLIST**

NAME: \_\_\_\_\_  
Staff Category: \_\_\_\_\_  
Privileges: \_\_\_\_\_

Provider Start Date: \_\_\_\_\_  
Processing Complete: \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ NPI# \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PROCESSING**

- Complete Application returned (see p.2 for details)
- Malpractice current - Expires \_\_\_\_\_
- MT License # \_\_\_\_\_ verified (via mt.gov) – Expires \_\_\_\_\_
- All Other State licenses verified (via AMA)
- Amer. Medical Association Master Profile (AMA) or Amer. Osteopathic Association Profile (AOA) ran  N/A
- DEA License # \_\_\_\_\_ verified (via AMA) - Expires: \_\_\_\_\_
- Board Certification verified (via AMA) - Expires \_\_\_\_\_  Not Certified
- National Practitioner Data Bank ran
- Sanctions checked (via NPDB)
- Education and Training verification complete (via AMA)
- Gaps > 3months investigated/explained  N/A
- Criminal Background Check complete
- Google/public domain search on provider complete
  
- All Hospital affiliations returned - Sent \_\_\_\_\_
- All Professional references returned - Sent \_\_\_\_\_

If Radiologist:  N/A

Info to Radiology (Mammo/Nuclear Med info/attestation, training, Board Cert, privileges, CME, NPI, start date)

- |   |   |
|---|---|
| <input type="checkbox"/> FILE TO BILLING OFFICE                 | <input type="checkbox"/> FILE TO RISK MANAGEMENT <input type="checkbox"/> N/A       |
| <input type="checkbox"/> FILE TO HIM DEPT                       | <input type="checkbox"/> INFO TO MARKETING <input type="checkbox"/> N/A             |
| <input type="checkbox"/> IS DEPT NOTIFIED (AFTER HIM HAS ADDED) | <input type="checkbox"/> FILE TO PHYSICIAN RECRUITMENT <input type="checkbox"/> N/A |
| <input type="checkbox"/> HEALTH INFO TO EMPLOYEE HEALTH         |   |

Date Temporary Privileges Granted/copy of letter/privileges distributed \_\_\_\_\_  N/A

**MEDICAL STAFF/BOARD REVIEW**

Date to Medical Staff \_\_\_\_\_  
Date to Board of Trustees \_\_\_\_\_

Credentials Committee Review:

Dr. K. Ross \_\_\_\_\_  
Dr. A. Fahlgren \_\_\_\_\_  
Dr. D. Smith \_\_\_\_\_  
Dr. D. Knierim \_\_\_\_\_

**FOLLOW-UP**

- Letter with Board Decision and copy of approved privilege list sent to applicant
- Clinical Depts. notified of approval and privileges posted to intranet
- Copy of privilege list, license, DEA given to Glasgow Clinic, if applicable  N/A
- Added to Med Staff License Spreadsheet
- Added to CRC Sanctions Spreadsheet

FRANCES MAHON DEACONESS HOSPITAL  
INITIAL APPOINTMENT

The Executive Committee of the Medical Staff recommends the two-year appointment to (Appropriate Staff Category) for (Name of Provider, Credential).

\_\_\_\_\_  
President Medical Staff

\_\_\_\_\_  
Date

APPROVED: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_

\_\_\_\_\_  
President Board of Trustees

\_\_\_\_\_  
Date

# Document Information

## Document Title

MS1 Initial Appointment Processing

## Document Description

N/A

## Approval Information

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**Note:** Property of Frances Mahon Deaconess Hospital. This copy will expire in 24 hours.

FMDH

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