

FRANCES MAHON DEACONESS HOSPITAL
621 3rd Street South
Glasgow, MT 59230

DEPARTMENT: Medical Staff

PROCEDURE: MS 2

SUBJECT: Reappointment Application Processing Procedure

PURPOSE: To document the credentialing and privileging process for reapplicants.

RESPONSIBILITY: Medical Staff Coordinator/Executive Assistant

A. APPLICATION PROCESSING PROCEDURE

1. The Medical Staff Coordinator will send reapplication to the provider approximately three months prior to the reappointment due date and, when returned, ensure the following:
 - a. Application is complete and signed
 - b. Current color photo on file or included
 - c. Conflict of Interest form signed and dated
 - d. Request for privileges compete, signed, and dated
 - e. Copies of Continuing Medical Education (CME) included, if applicable.
 - f. Procedure list from primary facility for past 24 months is included if primary facility is not FMDH

2. The Medical Staff Coordinator will then conduct the following, using the resources listed on page 4 and the Medical Staff Reappointment Checklist on page 5 to document:
 - a. Send out hospital affiliation verifications – copy to file when complete
 - b. Send out professional peer references – copy to file when complete
 - c. Run AMA (MDs and PAs) or AOA (DOs) profile online – copy to file
 - d. Primary source verification of all state licenses held by applicant – copy to file
 - e. Primary source verification of DEA certificate, including registration number, expiration date, and schedules – copy to file
 - f. Primary source verification of Board Certification, if applicable – copy to file
 - g. 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 NPDB report – copy to file.
 - h. Run National Practitioner Databank (NPDB) profile online – copy to file
 - i. Run OIG sanction checks online – copy to file
 - j. Request number of medical records suspensions in past 24 months from HIM Director and document on application

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. For applicable providers, the Medical Staff Coordinator will also compile a Reappointment Profile, run a procedure report, collect any Ongoing Professional Performance Evaluation (OPPE) data from past 24 months and add to the file.

3. The Medical Staff Coordinator will combine the completed credentials file with the completed Medical Staff Reappointment Checklist (page 4) and the Reappointment Cover Sheet (page 5), tag for signatures as needed, tag any red flags, and place the following tabs as indicated.
 - a. Application
 - b. Insurance
 - c. License & Boards
 - d. DEA
 - e. AMA or AOA Profile
 - f. CME
 - g. Hospital Affiliations
 - h. Peer References
 - i. NPDB & OIG
 - j. Reappointment Profile/OPPE
 - k. Procedure List
 - l. Privileges

4. 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 the 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. Update 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 date.
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 with final approval of CEO.

CREDENTIALING WEBSITES FOR PRIMARY SOURCE VERIFICATION

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

MT License 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

Data Bank 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 REAPPOINTMENT CHECKLIST**

NAME: _____
Staff Category: _____
Privileges: _____
DOB: _____

Reappointment Due Date: _____
File Complete: _____

PROCESSING

- Complete Reapplication returned (see p. 2 for details)
- Malpractice current - Expires _____
- MT License verified (via mt.gov) - Expires _____
- Amer. Medical Association Master Profile (AMA) or Amer. Osteopathic Assoc. Profile (AOA) ran N/A
- DEA verified (via AMA) Expires _____ N/A
- Board Certification verified (via AMA) - Expires _____ Not Certified
- National Practitioner Data Bank (NPDB) ran
- Sanctions checked (via NPDB)

- All Hospital Affiliations returned - Sent _____ N/A – FMDH Only
- All Professional References returned - Sent _____

- Reappointment Profile with Peer Review data included 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
- Privileges posted to intranet
- Med Staff License Spreadsheet updated
- CRC Sanctions Spreadsheet updated, if needed

FRANCES MAHON DEACONESS HOSPITAL
REAPPOINTMENT

DATE _____

STAFF MEMBER _____

PRIVILEGES REQUESTED ATTACHED – No additions requested.

LICENSE/INSURANCE/DEA - Current

NO PROBLEM WITH APPOINTMENTS TO ANY OTHER HEALTH CARE FACILITIES IN PAST TWO YEARS, ALSO NO PROBLEM WITH PRIVILEGE DENIAL, REVOCATION, REDUCTION, SUSPENSION, NON-RENEWAL.

DATA BANK CHECK – Report reviewed – Nothing on report

OIG/SAM: No sanctions

REVIEW CLINICAL COMPETENCY/OPPE – See references, peer review reports, profile.

RECOMMENDATION REAPPOINTMENT TO STAFF CATEGORY FOR TWO YEARS WITH PRIVILEGES REQUESTED

REAPPOINTMENT RECOMMENDED ___

REAPPOINTMENT NOT RECOMMENDED ___

REAPPOINTMENT DEFERRED ___

PRESIDENT OF MEDICAL STAFF _____ DATE _____

REAPPOINTMENT RECOMMENDED ___

REAPPOINTMENT NOT RECOMMENDED ___

REAPPOINTMENT DEFERRED ___

PRESIDENT BOARD OF TRUSTEES _____ DATE _____