

	Medical Staff Services Policy	
	Policy Name	Initial Appointment and Reappointment Applications
	Effective Date	09/15/2021
	Approved Date	09/15/2021
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	Policy Owner	Victoria Medina
Approved by: Victoria Medina		

POLICY STATEMENT

Applications for membership, privileges, and managed care enrollment are processed in a uniform, non-discriminatory manner based on the objective criteria established herein.

INITIAL APPOINTMENT

Initial appointment applications are typically requested by the hiring department. When such a request is received, Medical Staff Services prepares the standard application pieces (Colorado Uniform Application, Consent Form, Delineation of Privileges Form), and may also include a managed care enrollment packet, an application for inclusion on the National Jewish malpractice policy, and application packets for privileging at NJH partner facilities if necessary to meet the practice expectations of the new provider.

REAPPOINTMENT PROCEDURE

Medical Staff Services (MSS) staff members use reports from the credentialing database to determine providers whose privileges are due for renewal. This report is run approximately four (4) months in advance. Those due for reappointment are sent an application packet to complete and return to Medical Staff Services if they plan to continue their privileges.

STANDARD APPLICATION PROCESSING PROCEDURE

Upon receipt of an application for privileges, whether for initial appointment or reappointment, Medical Staff Services reviews the information received to ensure it is complete. A standard complete application includes a fully executed Colorado uniform provider application, an executed Consent and Release form, and a completed privilege delineation form.

- A. An initial appointment application includes the elements detailed above as well as: all applicable supporting documentation required by the Colorado Uniform Application, a current Curriculum Vitae, a completed Managed Care Enrollment packet, an application for inclusion on the facility malpractice policy (if applicable) and any other documentation requested by Medical Staff Services.
- B. A reappointment application includes the elements detailed above, as well as CME documentation for at least the prior two years.

Medical Staff Services notifies the applicant of any missing information. Applications are not processed until deemed complete. As specified in the Medical Staff Bylaws, failure to submit information results in non-appointment and the application is considered withdrawn.

Upon receipt of the requested information, the verification process begins; however, if the original application for appointment will be older than 180 days when privileges are granted, the applicant must provide an updated application, consent, and privilege delineation form.

VERIFICATION PROCEDURES

Information provided on the application is entered into the Medical Staff Services database. We document all attempts to reach the primary source to obtain verifications. In order to ensure timely processing of an application, we accept verbal verifications, and document them in the credentials file.

National Jewish Health does not delegate any aspects of the credentialing process to an outside entity.

- A. (For initial appointment applications only) The applicant must provide a copy of their CV and account for any significant gaps in time, especially if relevant to the appointment and credentialing process. Significant gaps are defined as any gap six months or greater. The applicant must also provide a clear copy of their government issued ID, typically either a driver's license or passport.
- B. Medical Staff Services verifies all professional licenses ever held for initial appointment applications and all licenses held since the last appointment for reappointment applications. Verification is typically completed via the internet, or alternatively, via a verbal telephone conversation with the appropriate State Licensure Board. Additionally, all licenses are reverified between appointments at the time of expiration or renewal.
- C. The applicant must supply a copy of their current DEA certificate for any state where they practice on behalf of NJH. DEA certificates must have a Colorado address before the file is deemed complete unless approved by the Director of Medical Staff Services. All providers must have a current DEA certificate unless granted an exemption by the Medical Executive Committee.
- D. The applicant provides a copy of their current malpractice insurance, in addition to the names, and contact information for all liability insurance carriers in effect for at least the past five (5) years. Medical Staff Services requests a claims history from all current, and former malpractice carriers. The NPDB query can be used as an alternate source to document paid settlements when necessary.

Required minimum insurance amounts are determined by the Board of Directors, or as required by state or federal law. Colorado currently requires minimum coverage of 1m/3m except for those insured by the University of Colorado Self-Trust, which has varying amounts of coverage due to governmental immunity.
- E. Medical Staff Services verifies the applicant's board certification status through applicable web sites, or through a designated primary source service.

- F. We require a current CPR certificate (BLS, ACLS or PALS) for all providers with privileges, as well as for Medical Staff members in the Affiliate staff category. The applicant must have current certification at the time of initial appointment or reappointment.
- G. For initial appointment applications, Medical Staff Services verifies all affiliations reported by the applicant, with emphasis placed on those during the last five years. For reappointment applications, we verify all affiliations in effect during the period since their last appointment at NJH.
- H. For both initial and reappointment, we require a minimum of 20 hours of Category 1 Continuing Medical Education documentation, which must relate, at least in part, to the privileges being requested. If an applicant has just finished their training (less than four months from date of application) or if the applicant is currently in training, the CME requirement is not applicable.
- I. (For initial appointment applications only) Medical Staff Services verifies education through the primary source whenever possible via letters sent to the institution(s) where the applicant trained along with a copy of the requested privileges. If the institution does not respond, the AMA Physician Profile will suffice as verification. If the applicant is a foreign medical graduate, the Educational Commission for Foreign Medical Graduates must be queried for verification. All physician applicants to the Medical Staff must have successfully completed at a minimum, an ACGME recognized residency program.
- J. The applicant must supply the names and addresses of three peer references. The term “peer” means a practitioner in the same professional discipline, for example MD-to-MD, Dentist-to-Dentist, or Psychologist-to-Psychologist. Advanced Practice Providers may use “like credentialed peers”, or may use MDs as peers if they work most closely with physician members of the National Jewish Health staff.

In general, National Jewish requires responses from all three peers before deeming the file complete. In limited circumstances, upon approval by the Medical Staff Services Director, we will complete a file with only two reference responses, provided neither raised a concern about the applicant.

If any of the original three references provides a response with a rating of “occasionally below standards” or “consistently below standards”, answers any of questions in a manner indicating an issue, or provides a written statement expressing concern or referencing a potential issue, Medical Staff Services requests additional information. This may include obtaining additional peer references, contacting a department chairperson, training director, or supervising physician at other facilities, or any other such actions that would be helpful to provide a broad spectrum of competence-related input prior to deeming the file complete.

- K. We investigate any positive response to the Medico-legal questions to obtain additional information as appropriate/necessary. If the applicant has been involved in litigation, he or she must provide a detailed explanation of the case. If thorough information is not received, or upon request of the Credentials Committee, additional information may be obtained through the applicant’s attorney, or other avenues as deemed appropriate. In addition, the Credentials Committee may request an independent review. This information is part of the information considered for privileges at National Jewish.

- L. Medical Staff Services determines whether the applicant has been excluded from federal programs, or has been sanctioned by Medicare or Medicaid. We accomplish this by querying both the Inspector General's searchable database, and the System for Award Management (SAM) database. Medical Staff Services also reviews the Medicare "Opt-Out" list for Colorado to ensure the applicant is not listed.
- M. Medical Staff Services queries the National Practitioner Data Bank.
- N. Focused and Ongoing Professional Practice Evaluation data is considered at the time of the provider's reappointment. The data may include a review of Drug Usage Evaluation, Surgical/Invasive Procedures, Blood Usage Evaluation, Inpatient Medical Record Review, Day-patient Medical Record Review, Outpatient Medical Record Review and documentation for Triage. Relevant practitioner-specific information from performance-improvement activities are compiled, and compared to aggregate information when appropriate in evaluating professional performance, judgment, and clinical or technical skills. The absence of internal quality review documentation may indicate the need for the applicant to choose a different staff category.
- O. The applicant must indicate:
 - 1. Whether they have any physical, mental or emotional condition which is likely to affect his or her ability to practice in any way;
 - 2. Whether he or she has any problems with alcohol and/or drug/substance use/abuse;
 - 3. Whether any reasonable accommodations are necessary in order to perform the requested privileges to accepted standards of professional performance

We ask the applicant's references whether the provider's health status is sufficient to allow them to perform the requested privileges. The Department Chairperson also renders their opinion about the applicant's health status, based on their knowledge of the applicant.

If any information obtained during the credentialing process varies substantially from what the applicant provided, they are given an opportunity to provide corrections, and explain the reason for the error.

Applicants have the right, upon request, to be informed of the status of their appointment application. Medical Staff Services staff respond either on the phone, or via email, to provide the status. We only provide information to the applicant as outline in the Medical Staff Services Credentials File Access P&P.

We investigate all negative information received through the verification process before the file is considered complete.

Upon completion of the verification process, the approval process commences. All applications are approved through the same process.

REVIEWED BY: Victoria Medina