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	Title: Initial and Reappointment Applications		
	Department: Medical Staff Services		
	Effective Date: September 1, 2004	Approval Date: August 22, 2023	Approved By: Director MSS

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

At NJH, either the hiring department or the physician recruiter request initial appointment applications. When the Director of Medical Staff Services receives such a request, they direct the applicant to a website where they can obtain all the documents necessary for the application process. Application packets for privileges at NJH partner facilities are sent separately if the new provider will staff inpatient units as part of their NJH duties.

REAPPOINTMENT PROCEDURE

Medical Staff Services (MSS) team members use reports from the credentialing database to identify providers whose privileges are due for renewal. We run this report approximately four (4) months in advance. We direct the providers due for reappointment to a website where they can obtain all documents necessary for the reappointment process. Failure to submit a reappointment application leads to non-renewal of clinical privileges.

STANDARD APPLICATION PROCESSING PROCEDURE

Upon receipt of an application for privileges, whether for initial appointment or reappointment, Medical Staff Services reviews the application to ensure the provider supplied all required documentation. The standard application in effect at any given time includes a signed attestation confirming the correctness and completeness of the information contained therein.

- An application for initial appointment includes all documentation outlined in the Required Information and Required Materials checklists.
- A reappointment application includes a fully executed provider application in effect at the time of application, Consent & Release form, delineation of clinical privileges form for the proper practice specialty, and CME documentation for the previous two years.

Medical Staff Services notifies the applicant via email of any missing information. We do not process incomplete applications. As specified in the Medical Staff Bylaws, failure to submit necessary or required information results in non-appointment and the application is considered withdrawn.

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

VERIFICATION PROCEDURES

We enter the information provided on the application into the Medical Staff Services software. As part of the verification process, we document all attempts to reach the primary source to obtain verifications. 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. We define significant gaps as any gap of 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 proper State Licensure Board. Additionally, we reverify all licenses between appointments at the time of expiration or renewal.
- C. The applicant must supply a copy of their current DEA certificate. DEA certificates must have a Colorado address before we consider the file 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 certificate of insurance for all current malpractice insurance policies, 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. We use the NPDB query 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 websites or through a designated primary source service.
- F. We require current CPR certification (BLS, ACLS or PALS) for some providers as outlined in our Life Support Certification P&P. The applicant must have a current certification at the time of initial appointment or reappointment if required for their practice.
- 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 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, we query the Educational Commission for Foreign Medical Graduates 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 email addresses for three professional peer references. The term “peer” means a practitioner in the same professional discipline, for example MD-to-MD. Licensed Psychologists and 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 of the two raised concerns 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 or necessary. If the applicant has been involved in litigation, they must submit 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 Credentialing Committee may request an independent review. This information is included when considering a recommendation to grant 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 do this by querying both the Office of 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. Opting out of Medicare disqualifies an applicant from joining the staff at NJH.
- M. Medical Staff Services queries the National Practitioner Data Bank.
- N. We review Ongoing Professional Practice Evaluation data 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 data from performance-improvement activities is compiled and compared to aggregate information when appropriate in evaluating professional performance, judgment, and clinical or technical skills.
- 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 or omission.

Applicants have the right, upon request, to be informed of the status of their application. Medical Staff Services staff respond either on the phone or via email to provide the status. We only give 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 we deem the file complete.

Upon completion of the verification process, the approval process begins. We approve all applications through the same process.