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| Major Hospital A Major Health Partner | Appointment and Reappointment to the Non-Physician Practitioner Staff MS-3 |
| Does this policy meet a regulatory requirement? <u>_X_</u> Yes <u>__</u> No | Formulated by: Administration Approved by: Medical Executive Committee, Board of Directors Effective Date: 06/29/2010 |

PURPOSE: To assist each applicant in obtaining appropriate information/documentation necessary for completing an application for non-physician practitioner staff status-and/or privileges. To assure an orderly and timely execution of an application for non-physician practitioner (NPP) staff status and to assure that a consistent, uniform and comprehensive appraisal of each NPP processed for reappointment is conducted as specified in the Medical Staff Bylaws.

Verification of information supplied by the applicant is made by the Medical Staff Office. However, the burden of supplying all necessary information and documents rests with the NPP and his/her collaborating physician, if applicable. If replies are not received, the applicant should be informed that it is his/her responsibility to see that the requested information is forwarded to complete the application.

DEFINITIONS:

Non-Physician Practitioners (NPP's) are individuals other than physicians, dentists, podiatrists, or optometrists, who are qualified to render patient care services in accordance with specific privileges granted. NPP's are qualified by academic and clinical training and by prior and continuing experience in a discipline acknowledged by the Board of Directors and approved to practice at Major Hospital. NPP's practicing at hospital affiliated organizations may be credentialed without obtaining and maintaining hospital privileges/specified services.

GUIDELINE STATEMENTS:

1. Appointment to the Non-Physician Practitioner Staff

1.1. Upon receipt of either a written or verbal request for Non-Physician Practitioner Staff status, the Medical Staff Office will provide an application package. This package will consist of:

1.1.1. The application including the attestation/consent and the release of information forms, and the appropriate clinical privileges with qualification requirements.

1.1.2. A checklist of items requested.

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- 1.1.3. A weblink (hyperlink) to the Medical Staff Bylaws, the Major Hospital Board of Directors Bylaws, Standards of Business and Professional Conduct and applicable policies and procedures
- 1.1.4. "Standards of Professional and Business Conduct" acknowledgement forms.
- 1.1.5. If applicable the hospital's Use of Restraints & Seclusion policy acknowledgment form.
- 1.1.6. When the application form and supporting documentation are received-by the Medical Staff Office, the application is checked for completeness.
- 1.1.7. The following items will be verified to be completed and /or current by the Medical Staff Office:
 - 1.1.7.1 A signed application, request for clinical privileges form and the supporting documentation of previous experience.
 - 1.1.7.2. Submission of a non-refundable application processing fee of \$100.00 is required for all Non-Physician Practitioners, excluding MHP employed practitioners. This fee can be waived at the discretion of the Medical Chief based on extenuating circumstances.
 - 1.1.7.3. Agreement, Authorization, and Consent for Release of Background Information form.
 - 1.1.7.4. Claims Disclosure Form for disclosure of each professional liability claim.
 - 1.1.7.5. online verification of licensure from the Indiana Professional Licensing Agency.
 - 1.1.7.6. If applicable, the written agreement between NPP and collaborating physician.
 - 1.1.7.7. If applicable, online verification of the professional's Indiana Controlled Substance Registration and Drug Enforcement Administration Registration.
 - 1.1.7.8. The face sheet of the current professional liability insurance policy or certificate of insurance with proof of being a qualified health care provider under the Indiana Medical Malpractice Act, unless otherwise exempted by the Hospital's Medical Staff Bylaws from having to participate in the fund.

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- 1.1.7.9. Information regarding past two (2) years of CME/CE's earned. It is understood that applicants who recently completed training may have little or no CME/CE.
- 1.1.7.10. Documentation of recent PPD or QuantiFERON Gold screening within the past year or if history of positive screen; completion of Major Hospital's Tuberculosis Screening Questionnaire.
- 1.1.7.11. Documentation of vaccination record for rubella, rubeola, and varicella or proof of immunity.
- 1.1.7.12. A recent photograph (digital image preferable)
- 1.1.7.13. Current driver's license or passport.
- 1.1.7.14. Provider Education form
- 1.2. The applicant will be informed of areas that are incomplete and will be given 30 days to provide missing information. If the information is not provided within those 30 days, the application will be considered incomplete and suspended from further processing.
- 1.3. Verification checks from primary sources, whenever possible, will be made to the following:
 - 1.3.1. Licensure and registrations.
 - 1.3.2. Verification of educational degree.
 - 1.3.3. Affiliations within the past 10 years / previous experience listed on application.
 - 1.3.4. Professional references listed (minimum of three).
 - 1.3.5. National Practitioner's Data Bank.
 - 1.3.6. AMA Profile (if applicable).
 - 1.3.7. DEA validation (if applicable).
 - 1.3.8. OIG – Medicare/Medicaid.
 - 1.3.9. FACIS (Fraud and Abuse Control Information System).
 - 1.3.10. Malpractice history (past five years).
 - 1.3.11. Indiana Patient Compensation Fund
 - 1.3.12. Certification (if applicable).
 - 1.3.13. Any other credentialing items requested in the checklist applicable to practitioner's scope of practice.

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1.4. Information regarding criminal history is requested on the application. A criminal background check (7-years) is conducted on all credentialed applicants prior to initial appointment.

1.5. Four weeks will be allowed for the return of references and verifications. If incomplete, then a second request shall be sent.

1.6. If the file is still incomplete, four weeks following a second request, the applying professional will be notified in writing and it will be then his/her responsibility to obtain the information. If information is not provided by the professional within four weeks of notification, it will be assumed the professional has withdrawn his/her application.

2. Conditions of Appointment by Signing the Application

2.1. Please refer to Section 1.3 of the Credentialing Manual for details regarding conditions of appointment.

3. Approval Process of An Application

3.1. Please refer to 1.4.3 through 1.4.6 of the Credentialing Manual for details of the approval process

3.6. All initially requested privileges shall be subject to a period of Focused Professional Practice Evaluation (FPPE) as more fully described in the Hospital's standard policy and procedure MS-19 Medical Staff Professional Practice Evaluation.

3.7. The appropriate departments will be notified of the membership of a new practitioner and his/her specified services / clinical privileges added to Medical Library Cactus iPrivileges.

4. Reappointment to the Non-Physician Practitioner Staff

4.1. All appointments are for a period not to exceed two (2) years. At least four (4) months before the expiration date of a practitioner's appointment, the Medical Staff Office will provide a reappointment application packet.

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- 4.2. The reappointment application specified services/clinical privileges form, a copy of the practitioner's current specified services /clinical privileges and any additional required documentation forms will be mailed.
- 4.3. Completed forms must be returned no later than 30 days from the date mailed. Failure to submit the reappointment application at least 60 days prior to the expiration to the practitioner's current term may result in automatic expiration of the practitioner's appointment and clinical privileges at the end of the then current term of appointment. This may necessitate the practitioner re-applying for membership.
- 4.4. The-Medical Staff Office will verify the information provided and notify the practitioner of any inadequacies in the information or verification problems. The practitioner will have the burden of producing adequate information and resolving any doubts about the data.

5. Internal and/or External Information for Reappointment

- 5.1. The Medical Staff Office will collect the following information regarding the practitioner's professional practice and requests for reapplication are processed based on the following information:
 - 5.1.1 A completed reappointment application form signed and dated;
 - 5.1.2. Request for clinical privileges along with required documentation of current competency;
 - 5.1.3 Current licensure and registration(s);
 - 5.1.4 Documentation of CME/CE for the previous two (2) years;
 - 5.1.5 Copy of professional liability insurance coverage with proof of being a qualified health care provider under the Indiana Medical Malpractice Act, unless otherwise exempted by the Hospital's Medical Staff Bylaws from having to participate in the fund;
 - 5.1.6 National Practitioner's Data Bank query;

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5.1.7 OIG query;

5.1.8 Indiana Patient Compensation Fund query;

5.1.9 Primary hospital or organization verification for Non-Physician
Practitioner Staff whose primary hospital or organization is other than a
Major Hospital.

5.1.10 Criminal background check

6. Procedure for Processing Application Chief/Director or Medical Executive Designee and then by the Medical Executive Staff Committee.

6.1. Parameter for reappointment: The Medical Executive Committee will consider the applicant's professional performance based on the information obtained through the Ongoing Professional Practice Evaluation program, quality indicators and the following:

6.1.1. Ethical and moral character;

6.1.2. Ability to cooperate and abide by Medical Staff Bylaws and hospital policies;

6.1.3. Health status; and;

6.1.4. Current competency.

6.2. Recommendations from the Medical Executive Committee will be forwarded to the Board of Directors. If the Board of Directors has need of further information and/or clarification with respect to a recommendation of the Executive Committee of the Medical Staff relating to reappointment or the assignment of clinical privileges, the Board of Directors shall refer the matter back to the Executive Committee to investigate fully the concerns/questions raised. Based upon the reported findings of the Executive Committee, the Board of Directors thereupon shall make a final decision on the reappointment and assignment of specified services clinical privileges.

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- 6.3. Adverse recommendation results will be sent via written notification by CEO to the applicant.
- 6.4. Upon Board approval, a written notification of reappointment will be sent to each applicant from the CEO.
- 6.5. The appropriate departments will be notified of the reappointments and the practitioners' privileges updated in Cactus "iPrivileges".

7. In the case of the physician assistant, the collaborating physician may be the designated collaborating physician for more than four (4) physician assistants but may not supervise more than four (4) physician assistants at one (1) time as the primary or designated supervising physician IC 25-27.5-6-2.

8. Reviewing & Revising

| Reviewed | Revised |
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| | 04/25/11 |
| | 05/23/11 |
| | 04/29/13 |
| | 02/23/15 |
| | 05/23/16 |
| | 06/27/17 |
| | 07/23/18 |
| | 11/11/19 |

UPDATE WEBSITE WITH REVISIONS

9. References

- 9.1. HFAP Manual 2018 v2 Standards: 03.00.02: Periodic Appraisal of Members, 03.00.06: Recommendation for Appointment to Governance, 03.01.05: Attestation Statements in Bylaws, 03.06.06: Incomplete Application. 03.01.15: Required Application and Reapplication: Information to be Reviewed & 03.06.08: Time Frame for Processing of Applications
- 9.2. Medical Staff Bylaws – Credentialing Manual Article 1 Section 1.5 – 1.8