

Title:	Credentialing for Medical Staff, Allied Health Professionals, and Managed Care Participation Initial Application	Page 1 of 2
Policy No:	1 MS 002	Effective Date: 09/29/2017

I. SCOPE

All licensed independent practitioners applying for privileges and/or membership at The Detroit Medical Center, Children’s Hospital of Michigan, Detroit Receiving Hospital and University Health Center, Harper University Hospital, Hutzel Women’s Hospital, Huron Valley-Sinai Hospital, Rehabilitation Institute of Michigan, and Sinai-Grace Hospital.

II. OBJECTIVE

To define a process which is standardized, fair, and meets all regulatory requirements for credentialing of licensed independent practitioners at the Detroit Medical Center.

III. POLICY

The independent medical staff has a clearly-defined, uniform and non-discriminatory process for credentialing based on recommendations by the organized medical staff and approved by the organized medical staff and the governing body. The organization’s granting/denial criteria are consistently applied for each requesting practitioner.

IV. PROVISIONS

1. The Detroit Medical Center has a single, unified Medical Staff.
2. The organization has a clearly defined procedure for processing applications.
3. The decision to grant or deny a privilege(s) is an objective, evidence-based process.
4. Gender, race, creed, national origin, age, sexual orientation, types of procedures (e.g., abortions) performed, or patient mix (e.g., Medicaid) are not used in making decisions regarding the granting or denying of clinical privileges.
5. The hospital, based on recommendations by the organized medical staff, establishes criteria that determine a practitioner’s ability to provide patient care, treatment and services within the scope of the privilege(s) requested.
6. All of the criteria are used consistently for evaluation of all practitioners holding that privilege.
7. The organization collects information regarding each practitioner’s current license status, changes to license status, training, experience, competence and ability to perform requested privileges.
8. The hospital verifies that the practitioner requesting approval is the same practitioner identified in the credentialing documents.
9. The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization, information on current licensure, training and competence. The credentialing process includes queries to the National Practitioner Data Bank.
10. An applicant submits a statement that no health problems exist that could affect his/her ability to perform the privileges requested.
11. Peer recommendation includes written information regarding the practitioner.
12. The organization has a process to determine whether there is sufficient clinical performance information to make a decision to grant, limit, or deny the requested privileges.
13. Completed applications are acted on within the time period specified.
14. Information regarding each practitioner’s scope of privileges is updated as changes in clinical privileges are made.
15. Decisions on membership and granting of privileges include criteria that are directly related to the quality of health care, treatment and services.
16. The governing body or delegated governing body committee has final authority for granting, renewing, or denying privileges.
17. Privileges are granted for a period not to exceed two years.
18. The decision to grant, limit or deny a requested privilege is communicated to the requesting practitioner within the timeframe specified by the medical staff rules. The applicant is informed of the reason for denial, and the organization makes the practitioner aware of available due process.
19. The Detroit Medical Center does not delegate credentialing functions to other entities.

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V. ATTACHMENT

Attachment 1: Application Procedure

VI. ADMINISTRATIVE RESPONSIBILITY

The President of the Medical Staff has responsibility and authorization for enforcement, interpretation of, or exception to this policy.

APPROVAL

This policy has been approved and is duly authorized by Detroit Medical Center, Children's Hospital of Michigan, Detroit Receiving Hospital, Harper/Hutzel Hospital, Huron Valley-Sinai Hospital, Rehabilitation Institute of Michigan, and Sinai-Grace Hospital. The posting of the policy on the DMC intranet signifies that is in full force and effect.

KEY Search Words

THIS POLICY: is/has been: (check one)

<input type="checkbox"/>	NEW	<input type="checkbox"/>	REVIEWED	<input checked="" type="checkbox"/>	REVISED*
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CHANGES/REVISIONS: List Changes Here

- Changed number of days that applicant will be notified of JCC decision from 30 to 20.

Supersedes	February 2017	Next Review Date	September 2018
Origination Date	January 2001	History - Review/Revision Dates	January 2001, August 2004, July 2006, August 2010, June 2011, January 2015, February 2017, September 2017
Related Tenet Policy (ies) #'s			
Retired		Incorporated into or Replaced by Tenet Policy	
Name of Committee / Title of person(s) responsible for this policy's review and approval process	Corporate Director, CVO/Corporate Medical Affairs		

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1. Initial Application

- a. An applicant for medical staff or allied health staff appointment must submit his application to DMC Medical Affairs on the prescribed form provided by the DMC and which has been approved by the Governing Body. DMC accepts the Michigan Association of Health Plans (MAHP) Standard Practitioner Application and the Council for Affordable Quality HealthCare (CAQH) Universal Provider Datasource online application. Prior to the application being submitted to DMC Medical Affairs, the applicant will be provided with a copy of the Medical Staff Bylaws, including Rules and Regulations and Medical Staff Policies.

A practitioner who specifically prescribes care or who otherwise provides clinical treatment to a patient, via telemedicine mechanism, will be credentialed and privileged through this medical staff mechanism.

- b. The applicant must sign the application and, in so doing, agrees to the conditions set forth by the Medical Staff Bylaws, Rules and Regulations and Medical Staff Policies, and the agreements and authorization for release of information and release from liability. This includes, but is not limited to, certifying that all information submitted in connection with the application is true, correct and complete, and agreeing to provide and update the information requested on the original application and subsequent reapplications or privilege request forms; specifically, any changes in hospital appointments including voluntary or involuntary termination, denial, suspension, revocation, limitation, nonrenewal or surrender of medical staff membership or denial, limitation, reduction, or loss of clinical privileges, a request for or being placed on a Leave of Absence, voluntary or involuntary limitation, suspension or loss of, or currently pending challenges to, professional licensure or controlled substance registration, involvement in professional liability claims or the loss of professional liability insurance, the filing of criminal charges, any change in physical or mental health status, or any change in address.

2. Contract Groups

- a. Membership in a contract group does not entitle an individual to membership and/or privileges until he has applied for and been granted such membership and/or privileges in the same manner as any applicant.
- b. The membership and privileges of any practitioner who is a member of a contract group furnishing services by contract shall automatically lapse should such practitioner leave the contract group.
- c. The membership and privileges of all members of a contract group providing services under a contract shall automatically lapse should the contract be canceled or expire without renewal.
- d. A practitioner whose membership and privileges lapse because he is no longer a member of the contract group, or because the group's contract terminates, shall not be entitled to the rights provided in the Fair Hearing plan.
- e. Notwithstanding, the membership and privileges in any other non-contract group specialties or the unaffected privileges of a contract group specialty, shall not lapse.

3. Determination of a Completed Application

Every applicant must furnish complete information and shall have the sole responsibility for providing, and causing others to provide, all information relevant to verification and/or evaluation of his qualifications for membership and/or privileges requested, for resolving any doubts about these matters, and for promptly satisfying any requests for further information.

Upon receipt of an application, DMC Medical Affairs will review the application for completeness to ensure:

- a. The application is legible and all sections of the application are complete and all questions have been answered.
- b. Application and Authorization **are** signed and dated.
- c. All professional activity since graduation from medical school is present.

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- d. Any professional liability, health status, or professional sanction question on the application answered in an affirmative manner is accompanied by explanation.

DMC Medical Affairs will also ensure the applicant has provided:

- a. Copy of current Michigan license to practice
- b. Copy of current Michigan controlled substance license, if applicable
- c. Copy of current Federal Controlled Substance license (DEA), if applicable
- d. Status of non-Michigan licensure, if applicable
- e. Copy of current professional liability Insurance with minimum coverage of \$100,000 per claim and \$300,000 annual aggregate.
- f. Complete professional liability history since completion of training or a minimum of the last 10 years, whenever possible.
- g. Complete claims history since completion of training or a minimum of the last 10 years
- h. Current office practice location
- i. Professional training and work history since medical school graduation. Written explanation of any gaps greater than 30 days is required.
- j. American Board or American Osteopathic Board Certification status and copy of certificate
- k. Copy of medical/professional school graduation certificate
- l. Copy of ECFMG Certificate, if a foreign medical graduate
- m. Copy of internship/residency certificate
- n. Copy of fellowship certificate, if applicable
- o. Continuing Medical Education Credits, (150 Category 1 CME Credits in Three (3) Years) and/or CME Attestation Statement
- p. Specialty Delineation of Privileges form(s), and required supporting documentation (where applicable)
- q. A Curriculum Vitae
- r. A valid picture ID issued by a state or federal agency (e.g., driver's license or passport)
- s. 1.5" x 1.5" photo (must be a clear "head shot")
- t. Application processing fee
- u. Report of TB evaluation screen within the last twelve (12) months.
- v. Medicare Acknowledgement Form ("Notice to Physicians") as required in 42 Code of Federal Regulations (CFR) 412.46) as required by DMC Policy MS-012.
- w. Proof of U.S. Citizenship (VISA, Green Card), if applicable
- x. ACLS, ATLS, BLS, PALS, NRP certificates, if required
- y. Evidence of the following vaccinations:
 - Tetanus, Diphteria and Pertussis (Tdap)
 - Measles, Mumps, Rubella (MMR)
 - Varicella-Zoster (VZ)
- z. Evidence of seasonal influenza vaccination, when applicable

If any required item is not available, the applicant must submit an explanation for review. If all required information stated above is not submitted within forty-five (45) days of receipt of the application, the application shall be considered void and no further processing will take place. Applicant will be sent a letter notifying him that his file has been made inactive.

Copies of licensure, medical school, ECFMG, training or Board certificates are requested, but file will not be held if certificate copies are not received as long as the information has been verified.

4. Verification of Application For Staff Appointment

- a. All information and documentation provided in the application will be verified from primary sources to ensure the validity of the application's content and verification of dates, and will include:
 - 1. Evaluations from all primary sources having direct knowledge of the applicant's patient care activity, including clinical competence and ethical behavior. An applicant evaluation form will be

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completed and signed by an individual who has had direct observation and can evaluate applicant's clinical performance; i.e., peer, department chair, supervisor. All 'peer' evaluations must be from the same professional and clinical discipline. Explanations will be obtained if there are any negative notations.

2. Information from all prior and current insurance carriers concerning claims, suits and settlements will be queried. File will not be held if unable to obtain claims history over 5 years.
 3. Verification of licensure status and any past/present sanctions in all current and past states of licensure will be obtained via online verification resources.
 4. American Medical Association Physician Masterfile may be utilized as primary source verification of medical school education, internship, residency and fellowship training completed over five (5) years from receipt of application. AMA Profile must note "VERIFIED" by training program entry on profile.
 5. A minimum of ten (10) years of work history must be obtained. Any gaps exceeding **one** month should be reviewed and clarified in writing by the applicant.
 6. Recommendations from at least three (3) peer references in the applicant's same professional discipline that are not newly associated or about to become partners with the applicant in professional practice or personally related or married to him. Suitable references include training program directors, chiefs of staff or chiefs of departments or peer review committee chairs where the applicant has held privileges, or colleagues who are knowledgeable about the applicant's competence. References must have personal knowledge of the applicant's current clinical ability, ethical character, and the ability to work cooperatively with others and must provide specific written comments on these matters upon request from medical staff leadership. References must have acquired the requisite knowledge through recent observation of the applicant's professional performance.
- b. In addition to verifying the contents of the application, DMC Medical Affairs will query for the following:
1. National Practitioner Data Bank
 2. Office of Inspector General for Medicare/Medicaid Sanctions
 3. Michigan State Police or other appropriate agency for criminal background check. The DMC may also query other disciplinary data banks and sources, including court records, as is necessary to complete a thorough investigation of an individual's application.
 4. System for Award Management (formerly GSA List of Parties Excluded from Federal Procurement and Nonprocurement Programs)
 5. CMS Opt-Out List
 6. MDCH Sanctioned Providers List
- c. All reasonable attempts will be made to verify all periods of time and professional activity, including gaps in practice history and claims history. A reasonable attempt is defined as three written or fax requests and telephone follow-up. All verification attempts will be documented and included in the completed application file.
1. It may not always be feasible to obtain information from the primary source. In rare instances a primary source, such as an educational institution or hospital, no longer exists, or the applicant's records have been lost or destroyed. In such cases, documentation in the record will contain the reason why primary source verification was not obtained, and a reliable secondary source (e.g., Board Certification) will be used to verify the information whenever possible.

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2. Verification from the primary source for applicants who have received education, training and experience partially or wholly in a foreign country may not always be possible to obtain. In such cases, one letter or fax request will be submitted to the foreign institution requesting verification, and a reliable secondary source (e.g., ECFMG) will be used to verify the information whenever possible.
 3. If the applicant has completed post-graduate training in the United States, primary source verification of this training will be obtained. Generally, satisfactory training in the United States will be considered to be the appropriate qualification for requested privileges, and the foreign training will be considered to be less significant.
- d. The applicant file and supporting documentation will be held in strictest confidence as required by law, and viewed by only those persons involved in the credentialing and approval process for granting medical staff or allied health staff membership and/or privileges.
 - e. No application or supporting documentation will be older than 120 days when presented to the Credentials Committee.
 - f. The completed applicant file and supporting documentation will be reviewed by the Quality Analyst for completeness, accuracy and conflicting information before presenting for review and recommendation.
 - g. Information regarding the applicant's education, training, certification and designated specialty obtained by AOA, ABMS or other primary source is entered into the credentialing database. The credentialing database is used to ensure that the information provided in member materials including the provider directory is consistent.

Notification to Applicant

1. The applicant will be notified upon receipt of his application and regularly thereafter regarding the progress of his application. He will be provided with a listing of all outstanding documentation and verifications. In the event there is undue delay in obtaining required verifications, DMC Medical Affairs will request assistance from the applicant. If the applicant notifies DMC Medical Affairs of extenuating circumstances surrounding the delay in the completion of his file, individual consideration will be given, and possible extension of the credentialing process may occur at the discretion of the DMC Medical Affairs Director. Failure of the applicant to appropriately respond to a request for assistance will, after forty-five (45) days, result in his application being considered void. The appropriate Specialist-in-Chief will be notified if the applicant's file status is in jeopardy.
2. The applicant has the right to correct erroneous information. The applicant will be notified by telephone within 48 hours of any information obtained during the verification of credentials process that is found erroneous or varies substantially from the information provided to the DMC by the applicant. A follow up letter/fax will also be sent, within 48 hours, requesting clarification of the information discrepancy. The applicant must clarify discrepancy within two weeks via letter, fax, or telephone. If verbal explanation is received, Credentials Specialist will document to the practitioner's file with date, explanation and who clarified.
3. The applicant will be permitted to view or receive a copy of the application information that he has provided during the credentialing process. The applicant also has the right to review documentation obtained by DMC Corporate Medical Affairs during the credentialing process to evaluate his or her credentialing application, excluding references, recommendations or other documentation that is peer review protected.
4. If the application process is terminated and the applicant has temporary privileges, the Director of DMC Medical Affairs will notify the appropriate Specialist-in-Chief via telephone or written correspondence of the applicant's file status. The Specialist-in-Chief will immediately notify the applicant of the discontinuance of temporary privileges.
5. Practitioners are notified of their rights through information included in the initial credentialing and reappointment application packet.

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6. Any application that is void shall not be processed further. Any application that is rendered void shall not entitle the applicant to any procedural rights. The applicant may reapply only when all documentation and information required to complete the application is provided. The applicant will be required to pay an additional processing fee when reactivating a void or withdrawn application that is over a year old.
7. If an applicant wishes to withdraw his application he must do so in writing, or his verbal withdrawal will be confirmed in writing in the file.

Approval Process

1. Upon completion of the verification process, the completed file will be prepared and organized for review by the appropriate Specialist(s)-in-Chief(s) and/or Designee and/or Departmental Advisory Committee(s). The recommendation will be forwarded to the Credentials Committee.
2. In the case of requests for privileges to provide care to patients under the age of sixteen (16), the completed file will first be forwarded for review and recommendation relative to the requested pediatric privileges to the pediatric specialty or subspecialty Chief at Children’s Hospital of Michigan (CHM). This Chief’s recommendation will be forwarded to the CHM Medical Staff Operations Committee (MSOC). The recommendation of the CHM MSOC will be forwarded to the department Specialist-in-Chief, for review and recommendation related to the adult requested privileges. Once complete, the recommendations for both adult and pediatric privileges will be forwarded to the Credentials Committee. If there is any disagreement amongst the recommendations which is not able to be resolved between the involved Chiefs and the CHM MSOC, the Credentials Committee shall investigate and resolve the matter and shall make a recommendation.
3. The applicant will be notified if a clinical interview with the Specialist-in-Chief or designee, may be required. The applicant is responsible for contacting the appropriate Specialist-in-Chief, or designee, to determine whether an interview is required. This interview may be waived at the discretion of the Specialist-in-Chief or his designee.
4. No designated Chief, Specialist-in-Chief, or Committee may defer consideration of an application. The entire file will be reviewed and findings will be documented as a recommendation to the Credentials Committee within thirty (30) days from receipt of the application for all applications except for requests for privileges to provide care to patients under the age of sixteen (16). In this case, a recommendation to the Credentials Committee must be forwarded within forty-five (45) days of receipt. Failure to forward a recommendation for any reason other than requiring additional investigation of an application will be reported to the Medical Executive Committee and the Joint Conference Committee.
5. All recommendations will be made and signed on the prescribed form.
6. The rationale for all unfavorable findings must be documented. Reference to any criteria for clinical privileges that is not met should be documented.
7. If necessary, DMC Medical Affairs may be contacted to obtain further investigation or additional information before a recommendation is forwarded. When all information has been received, the application shall be evaluated and a recommendation forwarded in a timely manner. The Credentials Committee shall consider the matter at its next regular meeting.
8. Action by the Credentials Committee to defer the application for further consideration must be followed within thirty (30) days by subsequent recommendations for approval or denial of, or any special limitations to, appointment, membership category and prerogatives, department affiliations, and scope of clinical privileges.
9. The Credentials Committee will present its recommendation to the Medical Executive Committee at its next regular meeting. Additional documentation or summaries will be provided when appropriate.
10. The Medical Executive Committee will review the recommendation from the Credentials Committee. It may elect to return the matter to DMC Medical Affairs or to the Credentials Committee for further evaluation, investigation or additional information. When all information has been received, the Medical Executive Committee shall, at its next meeting, evaluate the information.

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11. When the Medical Executive Committee's recommendation is favorable to the applicant in all respects, the President of the Medical Staff shall promptly forward the recommendation for membership and/or privileges, together with all the other recommendations, to the Joint Conference Committee.
12. When the Medical Executive Committee's recommendation is adverse to the applicant, the applicant will be notified that he is entitled to the procedural rights as provided in the Medical Staff Fair Hearing process (Medical Staff Bylaws, Article XII).
13. The recommendation of the Medical Executive Committee and the Review Committee shall be forwarded to the Joint Conference Committee according to the process described in the Fair Hearing process.
14. The Joint Conference Committee may adopt or reject in whole or in part a favorable recommendation of the Medical Executive Committee or refer the recommendation back to the Medical Executive Committee for further consideration stating the reasons for such referral. The Joint Conference Committee will set a time limit within which a subsequent recommendation must be made. Favorable action by the Joint Conference Committee is effective as its final decision.
15. If the Joint Conference Committee action is adverse to the applicant and is based on the same issues as an adverse recommendation from the Credentials Committee or Medical Executive Committee, and the applicant was afforded or waived his right to a hearing, such applicant will not be entitled to any further procedural rights and the decision of the Joint Conference Committee shall be final.
16. If the Joint Conference Committee action is adverse to the applicant and this action is based on any matter which was not an issue at the time of the Credentials Committee or Medical Executive Committee recommendation, the matter shall be returned to the Medical Executive Committee and the applicant will be informed of his rights as provided in the Fair Hearing process. The application will be further reviewed as stated in Section m. above.
17. The applicant will be notified, within 20 days, in writing by the President of the DMC of the action of the Joint Conference Committee. A decision and notice of appointment will include the staff category to which the applicant is appointed, the department to which he is assigned, the clinical privileges granted, his Primary DMC hospital, and any special conditions attached to the appointment.
18. Medical Staff Leadership and Operating Units will be notified of the appointment of all practitioners.

Reapplication After Adverse Decision

A practitioner who has received an adverse decision regarding his application for membership and/or privileges may not reapply for a period of five (5) years following the date of the Joint Conference Committee meeting at which time the decision was rendered, unless otherwise approved by the Governing Board.

Time Periods For Processing

All individuals and groups required to act on an application for membership or privileges must do so in a timely and good faith manner and, except for good cause, each application should be processed within the following time periods:

Verification of Application and Credentials	< 30 days
Department Chief Review and Recommendations	< 30 days
Committee Review/Recommendation and JCC Action	< 30 days

These time periods are deemed guidelines and do not create any right to have an application processed within these precise periods. If the provisions of the Fair Hearing process are activated, the time requirements provided therein govern the continued processing of the application.

Professional Practice Evaluation

All initial appointments with clinical privileges, and any new clinical privileges granted to an existing medical staff member are required to undergo a Focused Professional Practice Evaluation in accordance with Medical Staff Policy MS 022.