


**GUAM MEMORIAL HOSPITAL AUTHORITY  
MEDICAL STAFF OFFICE MANUAL**

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<b>TITLE: CREDENTIALING OF MEDICAL STAFF</b>				
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**PURPOSE:**

To establish mechanisms for gathering relevant data that will serve as the basis for decisions regarding appointment and reappointment of licensed independent practitioners to the Medical Staff, and for clinical privileges to provide patient care services at Guam Memorial Hospital.

**POLICY STATEMENT:**

It is the policy of Guam Memorial Hospital to ensure that licensed health care providers meet the minimum credentials and performance standards for Medical Staff membership. Credentialing is performed for all physicians, podiatrists, and dentists and prior to appointment to the Guam Memorial Hospital Medical Staff. Credentials and Clinical Privileges for each practitioner are approved by the Guam Memorial Hospital. Members of the Medical Staff may be granted delineated clinical privileges as specified in the Medical Staff Bylaws for more than one department/service.

The providers attest that all information submitted for the credentialing process is accurate, and agree to report immediately any change in status of the information maintained in the Credentials files. If any submitted items differ from documentation disclosed through the verification process, the Credentials Committee consults with the provider to resolve discrepancies. All documents for any applicant or re-applicant must be no more than 180 days old at the time of Credentials Committee review. Any information that is time-sensitive (i.e., signatures, online verifications, malpractice information, NPDB which will be 180 days old, or more, at the time the file is presented to the Credentials Committee will be re-verified prior to review by that committee.

All applications for appointment and reappointment to the Medical Staff, and requests for clinical privileges, will be evaluated based on current licensure, education, training or experience, current competence, and ability to perform the clinical privileges requested.

**PROCEDURE: A. New Applicants**

Individuals requesting membership and clinical privileges will be sent an application packet with a cover letter outlining the time frame and basic requirements for processing the request. Content of the packet includes:

1. Guam Memorial Hospital Medical Staff Application
  - Authorization to obtain and for the release of information
  - Medical Staff Peer Review Confidentiality Agreement
  - Alternates for GMHA On Call schedule
  - House Patient Program Assignment Clause
  - Medical Staff Clearance Form

Guam Memorial Hospital Pharmacy Signature Card

2 Delineation of Clinical Privileges in appropriate Specialty

In order for a practitioner to obtain Medical Staff membership and clinical privileges, he/she must submit a completed application form along with other documents requested, including:

Application fee of Five Hundred Thirty Dollars (\$500.00)

Copy of current Guam Medical License

Curriculum vitae or attestation documenting at least the five (5) most recent years of work history

Medical School Diploma

Internship and Residency Certificates

Evidence of Board Certification and Re-Certification (If applicable)

Copy of Drug Enforcement Agency ("DEA") certificate

ECFMG and/or Fifth Pathway Certificate (If Foreign Medical Graduate)

CME Certificates within the last (2) years

Proof of malpractice insurance if applicable

Current BLS, ACLS, ATLS, PALS, NRP certification, as appropriate

Physical/Mental Health Examination (most recent)

Passport size photo

PPD Status (skin test) if less than (6 months), otherwise referral to Employee Health.

Other information/documentation as may, from time-to-time, be requested

Applications for Medical Staff membership and clinical privileges will be processed and verified as indicated below.

B. Reappointments

Reappointment to the Medical Staff and requesting of clinical privileges shall occur biennially.

Applications will be sent to providers six (6) months prior to their appointment expiration date and are expected to be completed and returned within a specified period of time.

The practitioner shall be required to submit copies of current documentation of continuing medical education activity for the previous two years, a completed delineation of clinical privilege form and any other documentation/ information requested.

Failure to submit a reappointment application within the time frame allowed will result in automatic expiration of the appointee's appointment and clinical privileges.

D. Timeliness of Information

Any of the following information which will be 180 days old, or more, at the time the file is presented to the Credentials Committee(s) will be re-verified prior to review by that committee:

All on line verifications

Medical License

DEA

NPDB

**E. Requests for Additional Privileges**

Medical Staff members may request additional privileges at any time. These requests are handled as followed:

The provider must complete the appropriate privileging form and supply supporting documentation regarding training or experience, as required.

This privileges request form and supportive documentation is sent to the appropriate Department Chairperson for review and recommendation to the Credentials Committee(s). If approved this will be processed in the same manner. If the Department Chairman is disinclined to make a favorable recommendation to grant these privileges, the Department Chairman shall draft a report to the Credentials Committee(s) indicating his or her concerns.

3. The evaluation and approval for additional privileges is forwarded to the Credentials Committee, and is evaluated as described in this document.

**F. Changes of Status, Resignations, and Retirement**

A status change may be initiated by the Department Chairman or the Credentials Committee to assure that the member meets the qualifications for medical staff membership under his or her membership category. In addition, the provider may request a change of status at any time. All requests are to be in writing.

A. Providers have the right to correct erroneous information obtained throughout the credentialing process. If any submitted items differ substantially from documentation disclosed through the verification process, the provider will be asked to resolve this discrepancy and will be expected to do so within thirty (30) days of the request. Any and all corrections should be submitted in writing to the Medical Staff Office for adequate review of current documentation. Any instance of the provision of information containing misrepresentations or omissions is forwarded to the Credentials Committee for review and action. The provider will be notified of this review. Providers are allowed access to their own credentials files as outlined in the policy for Confidentiality of Medical Staff Records.

**PROCEDURE A. Processing and Verification**

When the application for appointment or reappointment is returned, a review for completeness is performed by the Credentialing Coordinator. If additional information is required, or if questions are left blank, the applicant is contacted and informed that processing will not begin until the application is entirely complete. The applicant is responsible for providing the information to satisfy the process. Applications remaining incomplete for consideration by the Credentials Committee for (6) months after issuance and not actively being pursued by the applicant shall be considered withdrawn without prejudice and must be resubmitted in their entirety.

All information gathered on the application will be verified by the primary source. Primary source may include oral verification which requires a dated, signed note in the credentialing file stating who at the primary source verified the item, and the date and time of verification. In addition, queries will be made to the National Practitioner Data Bank ("NPDB") and ("HIPDB") Healthcare Integrity Protection Data Bank regarding any adverse actions against the practitioner. If any verification received have adverse actions, the practitioner will be promptly contacted and will be expected to provide an explanation in writing for any of these issues.

#### 4. Verification of Hospital Affiliations and Work History

Written verification of five (5) years of clinical work history from hospitals or other health care organization affiliations is required. Verification of clinical privileges in good standing at the hospital designated by the practitioner as the primary admitting facility should be confirmed in writing or orally and includes the date of appointment, scope of privileges, restrictions, and recommendations.

Any gaps in work history of 90 days or more will require written clarification from the provider.

If verification of an affiliation is not obtained after two requests provider is contacted regarding the delay, including a phone call to the facility, this should be noted in the file. If verification can't be obtained due to extraordinary circumstances this needs to be documented in file and noted for Department Chairman and Credentials Committee. The file may then move through the evaluation process without this piece of documentation.

#### Verification of Graduation from Medical School and Completion of Residencies and Fellowships

Verification of medical school graduation and completion of residency and fellowship training may be obtained from the institution(s) where the training was completed, and/or an agency that is deemed primary source verification, (such as the American Medical Association (AMA) Physician Master file).

Foreign Medical Graduates from schools of medicine other than those in the United States and Canada must present evidence of certification by the Education Commission for Foreign Medical Graduates (ECFMG) or successful completion of a fifth pathway, or, successful passing of the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS).

#### ***Board Certification***

Board Certification is verified, through querying the ABMS on-line database (Certificates), or by a letter directly from the certification board. Verification of Board Certification confirms successful completion of an approved residency program in the practitioner's specialty. Board certification is verified at time of initial appointment and also for each reappointment in order to verify current status and re-certifications.

#### ***Professional Liability Claims History***

Verification of five years' of claims history for new appointments and two years' for reappointments must be obtained from the current and/or previous carriers. The NPDB query may be used as evidence of settlement and judgment history.

**National Practitioner Data Bank**

The NPDB must be queried for all new appointments, biennially for reappointments and at time of the request for additional privileges.

**Medicare/Medicaid Sanctions**

Sanction verifications for Medicare and Medicaid will be processed by querying the National Practitioner Data Bank (NPDB) and by obtaining a Sanctions Exclusions Report (published by the Office of Inspector General (OIG)) via Internet site for each credentialed provider.

**Professional References**

Two professional references are requested for new applicants and two are required for packets to be complete; For reappointments, the Department Chairman may serve as the peer reference. These references must be from individuals who have recently worked with the applicant, have directly observed his/her professional performance over a reasonable period of time, and who can and will provide reliable information regarding current clinical ability, health status, ethical character, and ability to work with others. If the applicant has recently completed a residency or fellowship within the past two years, a reference from the program director will be requested.

**Continuing Medical Education**

A statement documenting Continuing Medical Education must be included with the application for appointment or reappointment, or a statement signed indicating that the practitioner has met or exceeded continuing medical education requirements for licensure. Courses must reflect appropriate training for the specialty and privileges requested.

**Reappointment Performance Improvement Data**

In addition to verifying credentials, a provider's quality file is compiled for the evaluation process. Information from the Ongoing Professional Practice Evaluation (OPPE) will be reviewed and evaluated semi-annually by the respective department.

**Additional Information**

Other information as deemed necessary may also be collected and considered.

**REVISION:**

*GMHA Medical Staff Office Policy No.6170-11, Credentialing of the Medical Staff, made effective January 10, 2007.*