I. PURPOSE

The Credentials Committee shall recommend to the Executive Committee the appointment and reappointment of physicians and dentists to the medical staff of Indiana University Health North Hospital (IU Health North Hospital) in accordance with the bylaws, rules and regulations, and policies of the medical staff. The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment and reappointment to the medical staff. Final approval for granting, renewing or denying privileges will be made by the IU Health North Hospital Board of Managers.

II. SCOPE

This policy applies to all physicians and dentists applying for membership to or who wish to continue membership on the medical staff at IU Health North Hospital.

III. POLICY STATEMENTS

A. Appointments to the medical staff and delineation of clinical privileges are contingent upon submission of an application for membership and payment of an application fee as determined by the Medical Staff. The physician applicant must also be board certified or eligible for board certification, unless covered by the grandfather clause utilized upon opening of hospital, a member of Honorary/Retired Medical Staff, applying for Affiliate category of membership, or unless other exception outlined in the Bylaws of the Medical Staff of Indiana University Health North Hospital. Physicians/dentists hired in administrative positions are subject to the same credentialing and privileging process as other members of the medical staff.

B. Medical Staff membership and clinical privileges are a privilege, not a right. No one is entitled to be appointed or reappointed to the medical staff or Allied Health staff or to be granted particular clinical privileges merely because he or she:
   a. is licensed to practice a profession in this or any other state;
   b. is a member of any particular professional organization;
   c. has had in the past, or currently has, medical staff appointment or privileges at any hospital or health care facility;
   d. resides in the geographic service area of the hospital;
e. is affiliated with, or under contract to, any managed care plan, insurance plan, HMO, PPO, or other entity.

C. Gender, color, race, creed, and national origin are not used in making decisions regarding the granting or denying of medical staff or Allied Health membership.

D. Any decision not to tender an application to a physician or Allied Health practitioner will be made by the Credentials Committee.

E. Categories of Appointment include:

1. **Active**
   The Medical Staff shall consist of physicians and dentists who regularly admit patients to the Hospital, who assume all of the functions and responsibilities of membership on the Active Medical Staff, including where appropriate, on-call responsibility, emergency care and consultation assignments.

2. **Courtesy**
   The Courtesy Medical Staff shall consist of physicians qualified for staff membership, but who only occasionally admit patients to the Hospital or act only as consultants.

3. **Affiliate**
   The Affiliate Medical Staff shall consist of physicians qualified for staff membership, but who do not admit or provide consultation on patients in the hospital. Board certification is not required for this category of membership.

4. **Honorary/Retired**
   The Honorary/Retired Medical Staff shall consist of physicians who are not active in the Hospital or who are honored by emeritus positions. These may be physicians who have retired from the Active staff of the Hospital or who are of outstanding reputation, not necessarily residing in the community. Board certification is not required for this category of membership.

5. **Resident/Fellow Moonlighter**
   Resident/Fellow Moonlighter undertakes professional activities outside the scope of graduate medical education programs either within the institution or at other health care institutions. Appointment as a Moonlighter is contingent upon the resident/fellow being a house staff member in an approved graduate medical education program and being a duly licensed physician in the State of Indiana.
F. The reappointment process at Indiana University Health North Hospital requires physicians and dentists to complete a reappointment process every two (2) years. The Medical Staff Services Office will verify information submitted.

IV. PROCEDURE(s) for Appointment to Medical Staff
A. An “Application for Membership to the Medical Staff” must be completed, signed and include, but is not limited to, the following documents/information from the applicant:

1. Verification of current medical/dental licensure in the State of Indiana and verification of current State of Indiana Controlled Substance Registration (CSR).

2. Copy of current and adequate liability insurance as established by the State of Indiana. A copy of the declarations page or letter from carrier describing effective date, termination date and limitations of coverage must be provided. If the declarations page or letter from carrier is not available, a copy of the insurance application and check will be accepted for sixty (60) days at which point the declarations page or letter from carrier is required.

3. Copy of current Federal Drug Enforcement Administration Certificate (DEA) or copy of verification from the U.S. Department of Commerce National Technical Information Service (NTIS) database. Every applicant must have a DEA number unless he or she does not prescribe state controlled substances. A signed “Physician Acknowledgement for Prescribing Controlled Substances” form may be accepted if the applicant does not prescribe, administer or dispense controlled substances or the DEA registration is pending.

4. “Delineation of Clinical Privilege” forms for each section in which privileges are requested. “Delineation of Clinical Privilege” forms are developed by each section and subsequently reviewed by the Credentials Committee with recommendations to the Executive Committee. Only procedures to be performed at the IU Health North Hospital will be considered.

5. Names of three (3) professional peers, preferably in the same specialty, who will provide recommendations relevant to the applicant’s training or experience; current competence; fulfillment of obligations as a medical staff member; and any effects of health status on the privileges being sought. These peers should include a training director and/or previous chief of service or department chairperson if training completed in the last 7 years. These individuals shall receive a questionnaire, release of information form, and a copy of clinical
privileges being requested. Peer recommendations will include information regarding medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism when available and significant,

6. Names, complete addresses and fax numbers of all current and/or past affiliations (hospital, partner, etc.) and details of activities or positions since beginning post graduate education (e.g. military service). These entities shall receive a questionnaire, release of information form, and a copy of clinical privileges being requested.

7. Statement of current health status and ability to provide patient care in the area in which privileges are requested.

8. Explanation of voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at any hospital or health care organization.

9. Explanation of voluntary or involuntary surrender, retirement, or relinquished licensure to practice or registration.

10. Explanation of previously successful or currently pending challenges to any licensure or registration (state or district Drug Enforcement Administration) or the voluntary or involuntary relinquishment of such licensure or registration.

11. Information relating to the circumstances by which previous or current pending medical malpractice judgments or settlements have been filed.

12. Documentation as to the applicant’s health status.

13. Practitioner-specific data as compared to aggregate data, when available and significant.

14. Morbidity and mortality data, when available and significant.

15. Non refundable application processing fee in the amount of $250.00.

B. Applicant shall sign an agreement acknowledging that the bylaws, rules and regulations, and policies have been made available to him or her and agrees in writing that his or her activities as a medical staff member will be bound by those documents.
The Medical Staff Services Office is responsible for verifying from the primary source(s) licensure, education, training, current and/or past affiliations, board certification, requesting references, and querying for Medicare/Medicaid fraud. Primary source verification may include letter, internet, fax, email, or phone verifications.

1. The Medical Staff Services Office utilizes the AMA Physician Profile as primary source verification of medical school, internship(s), residency(cies), and/or fellowship(s) where applicable. By utilizing this service, the Medical Staff Services Office agrees that the AMA Physician Profile will not be disseminated or published to third parties or the public in general, and that the AMA Physician Profile will not be changed, revised or merged with non-AMA data.

D. Applicant shall sign a consent form, “Authorization for Release of Information,” consenting to the inspection of records and documents pertinent to his or her licensure. These include evidence of specific training, medical/clinical knowledge, clinical judgment, interpersonal skills, communication skills, experience, current competency, and ability to perform the privileges requested. If requested, the applicant will agree to appear for an interview.

E. The National Practitioner Data Bank (NPDB) will be queried prior to granting membership.

F. It is the responsibility of the applicant to provide all necessary information/documentation to complete the application. Applications are valid for one hundred and eighty (180) days from the date of applicant signature. When applications are missing required information/documentation from the applicant, the applicant will be contacted once, and asked to submit missing documents.

G. Upon receipt of all required documentation and completion of primary source verification, applications for membership and requests for clinical privileges are reviewed and recommendations are made by the section chair for the section in which the physician/dentist is applying. If the applicant is requesting privileges in more than one (1) section, the Chairs from each section must review and make recommendations for membership.

H. The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment to the medical staff. Applications for appointment are considered by the Credentials Committee, Executive Committee, and Board of Managers within ninety (90) days, following receipt of all required application materials by the IU Health North Hospital Medical Staff Services Offices. This timeframe is a guideline only and shall not
create any right for the applicant to have the application processed within this precise time period.

I. A file shall be maintained for each staff member by the Medical Staff Office.

J. Membership to the Medical Staff will be granted for a period of not more than two (2) years.

K. The applicant and section chair shall be advised in writing when medical staff membership is granted, limited or denied.

L. All newly credentialed physicians are subject to a (FPPE) focused professional practice evaluation (timing and content determined by the individual medical staff sections.)

V. **PROCEDURE(s) for Reappointment to Medical Staff**

A. An “Application for Reappointment to the Medical Staff” must be complete and include the following documents/information:

1. Verification of current and/or additional board certification received since last appointment/reappointment confirmed by the listings in the Official American Board of Medical Specialties (ABMS) Directory of Certified Medical Specialists. If a member has allowed board certification to lapse, proof of ongoing maintenance of certification must be provided for continued Courtesy or Active status.

2. Statement of current health status and ability to provide patient care in the area in which privileges are requested.

3. Circumstances concerning professional liability actions since initial or last appointment.

4. Final settlements or judgments of professional liability actions since initial or last appointment.

5. Circumstances concerning voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at any hospital or health care organization.

6. Circumstances concerning previously successful or currently pending challenges to any licensure registration (state or district Drug Enforcement Administration) or the voluntary or involuntary relinquishment of such licensure or registration.

7. Disciplinary actions since initial or last appointment.

8. Medical staff committee activities.

9. Documentation of fifty (50) hours Continuing Medical Education (CME) biannually. Twenty (20) of each fifty (50) hours required shall be in an educational activity designated “AMA PRA Category I” or “AOA Category I-A credit, and/or American Dental Association (ADA)
Continuing Education Recognitions Program (CERP)”, by an organization accredited for continuing medical education. Thirty (30) of each fifty (50) hours required may be for educational activities which are not designated AMA PRA Category I, AOA Category I-A credit, or American Dental Association (ADA) Continuing Education Recognition Program (CERP) which qualify as “All Other Categories of CME.”

10. Documentation of current TB skin test or other TB surveillance documentation (e.g. questionnaire or results of chest X-ray).

11. Documentation of current flu vaccination when applicable per Indiana University Health influenza vaccination policy.

B. Each applicant shall sign a consent form, “Authorization for Release of Information,” consenting to the inspection/review of records and documents pertinent to his or her licensure, specific training, experience, health status; and if requested, the applicant will appear for an interview.

C. The National Practitioner Data Bank (NPDB) will be queried at the time of reappointment.

D. Applicant shall sign an agreement acknowledging that the bylaws, rules and regulations, and policies have been made available to him or her via the IU Health North Hospital intranet. The applicant agrees in writing that his or her activities as a medical staff member will be bound by the bylaws.

E. Applicant shall have satisfied all Medical Staff responsibilities, including payment of any dues or fees.

F. A completed application for reappointment must be submitted within forty-five (45) days following the date stipulated in the Reappointment Cover Memo. During the forty-five (45) days, the following steps will be taken by the Medical Staff Office:

1. When the due date stipulated in the cover memo is reached, the physician/dentist shall be faxed, emailed or mailed a reminder notice to the address on file in the Medical Staff Office. The physician/dentist shall receive an additional two (2) weeks to complete the application.

2. Approximately six (6) weeks past the due date, the Medical Staff Office or Central Verification Organization will fax, email and/or mail (certified, return receipt requested) a “Non-Compliance Letter”, to the office address on file in the Medical Staff Office, stating that their privileges will expire on the last day of the month prior to their reappointment date, due to non-compliance with the Medical Staff Bylaws and the Reappointment Policy.

3. Physicians/dentists desiring to maintain privileges once the “Non Compliance Letter” is received must:
a. Hand deliver, fax or email the Reappointment Application, Request for Clinical Privileges, current copies of licensure, State of Indiana Controlled Substance Registration (CSR), current Federal DEA, current professional liability insurance, CME credit information, current flu vaccination documentation (if applicable) and TB surveillance testing documentation to the Medical Staff Office or Central Verification Organization.

b. Pay a reinstatement fee of $200 if requested. Checks should be made payable to IU Health North Hospital Medical Staff Office.

c. The Medical Staff Office will not accept reappointment applications if any items mentioned above are not attached or already on file when delivered to the Medical Staff Office.

d. If privileges expire, the physician/dentist must cease providing care at IU Health North Hospital until such time as the reappointment process is completed. If failure to allow the practitioner to continue to provide care would result in a problem meeting an important patient care need, temporary privileges could be granted. Temporary privileges are granted by the CEO or the authorized designee. All temporary privileges are granted on the recommendation of the Section Chair for which privileges are sought or the recommendation of the Medical Staff President or authorized designee. Temporary privileges are granted for not more than 120 days.

G. Section chairs shall receive copies of all communications to physicians and dentists.

H. Appraisal for reappointment to the medical staff or renewal or revision of clinical privileges is based on ongoing monitoring of information concerning the individual’s professional performance, judgment, and clinical or technical skills. Ongoing professional practice evaluation (OPPE) information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. Peer recommendations will be used to recommend individuals for the renewal of clinical privileges when sufficient peer review data are unavailable. Peer recommendations will include information regarding medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism. Clinical section chair recommendations are part of the basis for developing recommendations for continued membership on the Medical Staff, and for delineating individual clinical privileges. Conclusions drawn from organization performance improvement activities will also be considered as appropriate. When available and significant, review of relevant practitioner-specific data as
compared to aggregate data should take place. When available and significant, review of morbidity and mortality data should take place.

I. Completed applications for reappointment and requests for clinical privileges are presented to the Credentials Committee and Medical Staff Executive Committee for review and recommendation to the Board of Managers for final action.

J. Reappointment to the Medical Staff will be made for a period of not more than two (2) years.

K. The physician or dentist and section chairs shall be advised in writing when their reappointment to the Medical Staff is granted, limited or denied and when privileges are granted, revised or revoked. External agencies are notified as defined by applicable law.

VI. REFERENCES
IUH North Hospital Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) Policy

VII. RESPONSIBILITY
Credentials Committee, Medical Staff
Board of Managers

VIII. APPROVAL BODY
Medical Staff Executive Committee

IX. APPROVAL SIGNATURES

Approved by:

_____________________________                          Date
James Leland, MD, Chair, Credentials Committee

_____________________________                          Date
Jack Keene, MD, President, Medical Staff
Paul Calkins, MD
Chief Medical Officer

Jonathan R. Goble, MHA, MBA, FACHE
President and Chief Executive Officer