TITLE: APPLICATION PROCESS

REFERENCE: TJC MS 06.01.01, 06.01.03, 06.01.05, 06.01.07, 06.01.09

POLICY:
It is the policy of the UC San Diego Health System (UCSDHS) to promote quality patient care by exercising due care in granting practitioners Medical Staff membership and/or clinical privileges. The Hospital and Medical Staff are committed to making every reasonable effort to collect and evaluate relevant information about Medical Staff applicants, and to make the credentialing decisions that follow reasonably from the information available. UC San Diego Health System does not delegate any credentialing activities to another entity, except teleradiology. All applicants are credentialed in accordance with state and federal laws and UCSDHS Medical Staff Bylaws.

DEFINITION:
Credentialing is the process of determining whether an applicant for appointment to the Medical Staff is qualified for membership and the specific clinical privileges based on established professional criteria.

PROCEDURE Application for appointment to the Medical Staff shall be made on an electronic form approved by the Medical Staff Executive Committee and Health System Executive Governing Body. To obtain an initial appointment application, each Department will submit the applicant’s name, electronic mail address, and practicing specialty so that the electronic application process can be launched to the applicant. If the department is paying the application fee, the department will also submit a recharge form to Medical Staff Administration.

A. DOCUMENTATION REQUIRED - To be complete the application shall include:

1. Statement of acknowledgment of receipt and agreement to comply with the Bylaws, Rules and Regulations and UCSDHS Medical Center Policies;
2. Explicit acknowledgment of that section of the Bylaws which provides for release and immunity from civil liability of the Medical Staff with respect to the performance of its performance improvement functions (See Article 10 of the Medical Staff Bylaws);
3. Applicants must provide evidence of current Drug Enforcement Administration registration. (DEA Certificate must include schedules 2, 2N, 3, 3N, 4 and 5). If a practitioner does not prescribe, they must provide a statement to that effect and provide the reason;
4. Information as to whether the applicant’s licensure, membership status, or clinical privileges have ever been revoked, suspended, reduced, not renewed or voluntarily or involuntarily surrendered at any hospital or health care institution or government agency;
5. Information on any malpractice or professional liability actions involving the applicant during the past seven (7) years,
6. Applicants must provide evidence of adequate professional liability coverage of $1 million per occurrence/$3 million aggregate, with the exception of applicants who are applying to UCSD School of Medicine for faculty positions.
7. Completed delineation of clinical privileges form with evidence of ability to perform privileges requested;
8. Statement pledging to provide continuous care for his/her patients to include documented coverage arrangements for non UCSD Faculty members;
9. Statement regarding applicant’s physical and mental health and evidence of ability to perform privileges requested;
10. The names and contact information (title, address, e-mail, phone, fax) of three (3) peer references that can attest to the applicant's professional competence on the basis of personal knowledge, and serve as a character witness. A peer reference is a person with equal qualifications, training and the same professional discipline as the applicant with personal knowledge of the applicant’s ability to practice.
11. Documentation of current ABSM/AOA board certification or qualification for certification and summary of postgraduate professional education.
12. Statement of applicant’s willingness to demonstrate his/her ability to perform surgical and other procedures and to deliver medical care competently and to the satisfaction of the Credentials Committee, e.g., proctoring;
13. Consent by the applicant to the inspection of records and documents pertinent to his/her licensure, specific training experience, current competence and health status;
14. Form indicating choice of Medical Staff category requested;
15. Compliance Statement
16. Confidentiality Statement
17. 2” x 2” passport type photo;
18. Verification that the practitioner requesting approval is the same practitioner identified in the credentialing documents will be made by MSA employee viewing a valid picture ID issued by a state or federal agency (i.e. driver’s license or passport).
19. Documentation from UCSDHS TB Control Unit verifying compliance with Medical Center Policy 611.3 Employee Physical Examination Program to include fit testing Tuberculosis Screening within the previous 12 months. Verification of TB screening from other hospitals can be submitted to UCSDHS Infection Control and may be acceptable.
20. Copy of Certificates of training (i.e. Medical School/Internship/Residency/Fellowship), only if requested.
21. Copy of ECFMG certificate, if applicable.
22. Copy of Board Admissibility Letters (if applicable).
23. Curriculum Vitae using mm/yyyy format for each work history experience for a minimum of the past ten (10) years. If the practitioner has practiced fewer than ten (10) years, their work history begins at the time of initial licensing.
24. Signed Medicare Penalty Clause Acknowledgment
25. Application Processing Fees: Medical Staff fees are established by the Medical Staff Executive Committee. Fees are payable to UC Regents at time of application submission by either check, or money order, or recharge to MCH 4874.
26. The department will provide Medical Staff Administration with a Department Request for Action Form (DRA) including current faculty appointment start and end dates and a faculty appointment letter or MSP contract for the applicant.
27. Medical Staff Administration will make a determination as to whether or not the application is complete.
28. Incomplete applications; the applicant and or the department are emailed with a request for the required documentation, and the period of time for review shall be delayed until the appropriate information has been submitted.

If the practitioner fails to respond within ninety (90) days following written notification for outstanding items, the application shall be deemed to be incomplete and shall be withdrawn. The processing of the application or
request will then be discontinued. Such withdrawal shall not give rise to hearing and appeal rights pursuant to Article XII Hearing and Appeal Procedures.

B. PRIMARY SOURCE VERIFICATION - All supplied information shall be verified with the primary source whenever feasible by Medical Staff Administration as outlined in MSP 006, Verification by Primary Source – Medical Staff.

1. INITIAL REQUEST - Primary source query letters will be mailed, e-mailed or faxed with a copy of the practitioner’s release within 30 days of receipt based on the order in which the applications are received.
2. SECOND REQUESTS are generated and mailed, e-mailed or faxed within approximately 18 days following original generation/mail date to all unanswered queries.
3. THIRD REQUEST letters are generated and mailed, e-mailed or faxed within approximately 18 days following the date of the second mailing.
   a) Medical Staff Administration will notify the practitioner and the department contact of all third requests and the burden for assuring receipt of the outstanding items will be placed on the applicant.

C. ADDITIONAL FOLLOW-UP IS REQUIRED FOR: The practitioner is required to provide additional information regarding the following within 21 days of notification by Medical Staff Administration:

1. Open or pending claims, settlements, arbitration awards and judgments;
2. Written explanation by the practitioner on questions requesting clarification.
3. Written explanation on practitioner discrepancies; the practitioner has the right to correct erroneous information.
4. Adverse information report on Medical Board or National Practitioner Data Bank Reports;

D. Upon request, the practitioner has the right to be informed of the status of his/her application.

The practitioner has the right to review information that the practitioner submitted or that was sent to the practitioner from Medical Staff Administration regarding their application.

F. PROCESS COMPLETION – Medical Staff Administration shall make every effort to complete the verification process within 180 days.

G. CREDENTIALING REVIEW AND APPROVAL PROCESS:

1. Department Review
   Upon completion of the primary source verification process, the application is presented to the appropriate department for review. The department chair, in consultation with the appropriate division head, shall conduct a final review and evaluation of the applicant’s file and forward it with his or her recommendation back to Medical Staff Administration. If the chair does not return the file within fourteen (14) days, the Chief Medical Officer and Chairman of the Credentials Committee will be notified to assist in getting the Department Chair’s recommendation

2. Credentials Committee Review
   As soon as possible after receipt of the completed application process, the Credentials Committee shall review and act upon the department's written recommendation and recommend to the Medical Staff Executive Committee whether to approve or deny the appointment and requested clinical privileges. The Credentials Committee may return the application to the department or applicant for additional justification or information. In such a case, the time for review shall be delayed until the appropriate information has been submitted.

3. Medical Staff Executive Committee Review
   The Medical Staff Executive Committee (MSEC) shall act upon the Credentials Committee's report and recommendations at its next regularly scheduled meeting. The MSEC may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant.
The MSEC shall forward to the Health System Executive Governing Body, a written report and recommendation as to medical staff appointment and, if appointment is recommended, as to membership category, department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. The MSEC may also defer action on the application. The reasons for each recommendation shall be stated.

4. HEALTH SYSTEM EXECUTIVE GOVERNING BODY
The Health System Executive Governing Body, or a subcommittee composed of at least 2 members of the Executive Governing Body shall act on the recommendation of the Medical Staff Executive Committee no more than sixty (60) days after receipt of the recommendation.

The CEO, UCSDHS, shall notify the applicant in writing of either
a) Appointment to the medical staff, with a summary of clinical privileges granted and conditions thereto, or
b) Denial of appointment to the medical staff, with a statement of the basis for this decision, and an explanation of the appeal mechanism, as set forth in Article XII.

5. Medical Staff Administration
a) Delineation of privilege forms will be posted on the Intranet.
b) Medical Staff Administration databases are updated with the updated demographic data for the new appointee.
c) The application shall be incorporated into the electronic credential files.

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*Reference to Allied health professionals removed and moved to MSP 20: Application Process Allied Health Professionals