

Title:	Credentialing for Medical Staff, Allied Health Professionals, and Managed Care Participation Reappointment	Page: 1 of 4
Policy No:	1 MS 005	Effective Date: 09/29/2017

I. SCOPE

All 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 medical staff and allied health professionals.

II. OBJECTIVE

To define a uniform non-discriminatory mechanism for reappraising the qualifications and competence of all medical staff and allied health professional staff with clinical privileges and/or membership at the DMC.

III. PROVISIONS

1. Reappraisal Standards

- a. All appointments are for a period not to exceed two (2) years, and may be for a period of less than two (2) years based upon concerns regarding physical or mental health or impairment, or professional competence or conduct. Any reappointment for a period less than two (2) years does not constitute an adverse action and does not entitle the member to procedural rights provided under the Fair Hearing process.
- b. Reappointments occur on a monthly basis throughout the year to ensure that no appointment exceeds two years.
- c. All members of the medical staff and allied health professional staff will be notified six (6) months prior to the expiration of their current appointment and will be provided with a reappointment application and all necessary documents to request continuation of membership and/or privileges. If the application is not received by DMC Medical Affairs within twenty-one (21) days, DMC Medical Affairs shall promptly send written notice to the member advising that an application has not been received. If the application is not received within ten (10) days after this notice, DMC Medical Affairs shall send written notice, Certified Mail, to the member advising that his application has not been received and that failure to submit an application within ten (10) days of receipt of this letter will be considered a voluntary resignation of membership and/or privileges. DMC Medical Affairs shall notify the appropriate Specialist-in-Chief if a Member's voluntary resignation is pending.
- d. Failure, without good cause, to submit a reappointment application resulting in a voluntary resignation of membership and privileges is not considered a disciplinary action and is not a reportable action to the National Practitioner Data Bank.

2. Determination of a Completed Reappointment Application

The member has the burden of producing adequate information necessary to complete the reappointment evaluation and for resolving any questions or doubts about the information (per 1 MS.002.5.b). The member must submit a completed reappointment application and provide the following:

- a. Copies of the following licensure certificates if they have expired since the last reappointment:
 - 1) Copy of Current Michigan License to Practice
 - 2) Copy of Current Michigan State Controlled Substance License, if applicable
 - 3) Copy of Current Federal Controlled Substance License (DEA), if applicable
 - 4) Status of non-Michigan licensure, if applicable
- b. Copy of current professional liability insurance (minimum \$100,000 per claim/\$300,000 annual aggregate)
- c. Documentation of all professional liability coverage for the last two (2) years
- d. Claims history within the last two (2) years
- e. Membership and privilege changes at non-DMC healthcare affiliations in the last two (2) years
- f. Current office practice location
- g. American Board or American Osteopathic Board Certification in last two (2) years and Copy of Certificate

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- h. Copy of Fellowship Certificate, if completed within last two (2) years
- i. Continuing Medical Education Credits within the last two (2) years or CME Attestation Statement.
- j. Specialty Delineation of Privileges form(s), including any required supporting documentation (if applicable).
- k. Tuberculosis screen within the last twelve (12) months, as required by DMC Policy
- l. Evidence of the Tetanus, Diphtheria and Pertussis (Tdap) vaccination
- m. Explanation of any professional liability claims, health status, or professional sanction question on the application which is answered in an affirmative manner
- n. Any requests for changes in staff category or department assignments

All reappointment applications will be reviewed for completeness. If any required item is not available, the member must submit an explanation for review. If all the required information stated above is not submitted within forty-five (45) days of receipt of the application, and there has been appropriate notification to the member, this failure to provide information shall be considered a voluntary resignation of all membership and privileges at the DMC.

3. Verification and Evaluation of Reappointment Documentation

Verifications will be completed as described in Medical Staff Policy, MS-002 for Initial Appointment, except static information will not be required to be re-verified.

In addition, DMC Medical Affairs will be the repository of information regarding the individual's professional and collegial activities, performance and conduct at the DMC and/or other hospitals, including:

- a. All Focused and Ongoing Professional Practice Evaluations completed since last appointment/reappointment.
- b. Patterns of care and utilization as demonstrated in the findings of quality assurance, risk management and utilization management activities.
- c. Level/amount of clinical activity (patient care contacts) at the DMC.
- d. Sanctions, imposed or pending, and other problems.
- e. Patient complaints and concerns.
- f. Attendance at required medical staff, departmental, and committee meetings.
- g. Participation as a staff official, committee member/chairman and in on-call coverage schedules.
- h. Timely and accurate completion and preparation of medical records.
- i. Cooperativeness in working with other practitioners and DMC personnel.
- j. Compliance with all applicable Bylaws, Rules and Regulations and Policies of the DMC and Medical Staff.
- k. The practitioner's health status and any inability to practice the privileges requested.
- l. Behavioral problems which would affect the practitioner's ability to perform professional and medical staff duties appropriately.
- m. Whether clinical privileges should be modified, deleted or added, based upon the individual's performance during the previous two years and additional training.
- n. All peer evaluations and references gathered when there is insufficient practitioner-specific data available. Peer is defined as a health professional of the same discipline and specialty.
- o. Any other pertinent information that may be relevant to the staff member's status and privileges at the DMC.

With the assistance of DMC Clinical Improvement, DMC Medical Affairs shall compile a complete reappointment report including a summary of clinical activity within the DMC and applicable findings regarding other staff responsibilities.

4. Notification to Practitioner

Notification to the member during the reappointment application process shall be as described in Section 5 of Medical Staff Policy, MS-002 Initial Appointment.

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5. Approval Process

Review and recommendation by the Specialist-in-Chief, including a statement relative to the members' current clinical competence, any required Chief or Director of a pediatric division, the Credentials Committee, the Medical Executive Committee and final action by the Joint Conference Committee shall be as described in Section 6 of Medical Staff Policy, MS-002 Initial Appointment, except that a clinical interview shall not be required.

Applicants may be reappointed for short periods in order to maintain the status quo during the hearing and appeal process described in the Bylaws but such reappointment shall not be construed to constitute a positive action with regard to the matter under review.

Medical Staff Leadership and Operating Units will be notified of the reappointment of all practitioners.

6. Reapplication After Adverse Decision

A practitioner who has received an adverse decision regarding his reappointment application 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.

7. Time Periods For Processing

a. All individuals and groups required to act on an application for staff reappointment 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
Specialist-in-Chief Review and Recommendations	30 days
Committee Review and Board Approval	30 days

These time periods 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.

b. An appointment shall not be extended beyond 2 years.

8. Request For Modification of Appointment Status or Privileges

a. A member or that member's Specialist-in-Chief, either in connection with reappointment or at any other time, may request modification of his category, department assignment, or clinical privileges by submitting a written request to the Chairman of the Credentials Committee in care of DMC Medical Affairs. All requests for increased privileges must be accompanied by information demonstrating current clinical competence in the specific privilege requested and shall be forwarded through the same review and approval process as described in Section 6 of Medical Staff Policy, MS-002 Initial Application, except that a clinical interview shall not be required.

b. A member may obtain a voluntary leave of absence through the process described in the Medical Staff Bylaws. During the period of time of the leave, the member's clinical privileges, prerogatives and responsibilities are suspended.

IV. ADMINISTRATIVE RESPONSIBILITY

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

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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

- Added short period for reappointments to maintain status quo during hearing and appeal process

Supersedes	February 2017	Next Review Date	September 2018
Origination Date	January 2001	History - Review/Revision Dates	January 2001, August 2004, June 2006, April 2008, December 2014, 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		<i>Corporate Director, CVO/Corporate Medical Affairs</i>	