# **POLICIES & PROCEDURES**

of the

# NEBRASKA CREDENTIALS VERIFICATION ORGANIZATION

an affiliate of Metro Omaha Medical Society

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# INTRODUCTION

#### Who?

The Nebraska Credentials Verification Organization is a centralized practitioner credentials verification and information management service. It is an affiliate of the Metropolitan Omaha Medical Society. NCVO verifies the credentials of practitioners with the primary sources, according to accrediting organization requirements including but not limited to Joint Commission, NCQA, AAAHC, etc. NCVO maintains a repository of that information for use by contracted clients. Verified credentials information is required by hospitals and managed care organizations to meet accrediting, quality and internal requirements.

#### What?

Centralized credentialing is a process by which one agency serves as a clearinghouse for the documents and references of an applicant. The agency provides <u>verification</u> of practitioners' credentials for contracted health care entities. No value judgment or evaluation is made on the information or documentation. The services provided are not intended to replace or substitute for the role of the hospital medical staff or other health care entity in evaluating applicants and making recommendations.

# Why?

Provider credentialing is an important function of any health organization or plan. The goal of a comprehensive provider credentialing program is to ensure that participating providers meet specific standards of professional qualification. The verification of a practitioner's credentials is a distinct process that a health care entity must go through in the credentialing and recredentialing functions.

All parties involved benefit from the centralized approach to credentials verification. Practitioners complete one standard application used for all entities to which s/he is applying, the practitioner's office deals with one source, the agency, and the health care entity streamlines its credentialing process and saves time spent by allowing the agency to verify the information.

#### How?

NCVO will forward an Application for Credentials Verification for Initial Staff Appointment/Membership to a practitioner that requests one. The request may come directly from the practitioner, his/her office, a health care entity or a provider group. The Application for Staff Reappointment is sent to any practitioner whose name is furnished by an entity indicating that the practitioner is on staff and that the entity requests a reappointment application be sent to her/him.

The practitioner completes an application, signs and dates the application indicating which entity(s) s/he is requesting staff privileges or membership and the attestation that the information is complete and correct. A signed and dated "Release and Immunity Statement" must be executed which authorizes NCVO to verify the information and allows the organizations and individuals to provide NCVO with the requested information. The health care provider is requested to provide copies of the documents that are outlined in the application requirements.

NCVO will collect verification information from primary sources when the applicant information is requested by the entity(s). NCVO will verify information according to accrediting organization requirements as applicable. It will release documentation of verified information only to the contracted entity requesting the information. The practitioner does not have access to the verifications for confidentiality reasons protecting the providers of the information. NCVO files are protected by Nebraska law and are not public and are not subject to disclosure.

Practitioners' files contain the original applications, supporting documentation, and the original verifications. The requesting entity receives the comprehensive verifications with true and exact copies of the original verifications.

The Initial files are retained for 10 years and Reappointment files are retained for at least 1 full cycle (2 years) in secured file cabinets or scanned into an electronic database. Access is available only by authorized personnel of the NCVO and Medical Society. Signed "Confidentiality Statements" are on file with the Director of the NCVO which are executed by all Medical Society and NCVO personnel, full time and part time, computer consultants engaged in repair or maintenance of NCVO software or hardware and any persons who are engaged in the audit of NCVO files.

#### ORGANIZATION OF THE NCVO

<u>Policy and Procedure Revisions:</u> NCVO will maintain a Policy and Procedure Manual that will be updated as necessary. All revisions will be brought to the Client Group via the NCVO or MOMS Director. A Core Group, a subcommittee of the Client Group, may choose to initially review any proposed changes first and make a recommendation for adoption to the full Client Group. It is the responsibility of the NCVO Director or MOMS Director to evaluate proposed changes and the impact on NCVO resources, including staffing and fee structure.

All policy revisions require approval from the Client Group by majority vote. A majority vote is defined by more than one-half of those present at the meeting. When policy revisions are accepted, they will be immediately reviewed with the NCVO staff and an updated copy will be placed in the manual and on the website. In the event of a revision that requires urgency for implementation, policies can be revised via email, with a majority vote of approval from those responding. Any revisions made by email will be reported at the next Client meeting.

<u>Job Descriptions</u>: The individual job descriptions for NCVO personnel are developed and revised as necessary by the NCVO Director or MOMS Director.

#### INITIAL APPOINTMENT/MEMBERSHIP PROGRAM

#### **POLICY:**

The purpose of the Nebraska CVO is to obtain verifications of the practitioner's application information. This supports the contracted entity's request for verification of the practitioner's credentials for an initial staff appointment or provider plan membership. Comprehensive verification is attempted for all the information contained in the Application for Initial Staff Appointment/Membership according to contractual arrangement between the entity and NCVO.

NCVO will process Applications per the attached addendum. (Attachment A)

#### **PROCEDURE:**

- 1. NCVO shall follow the policy established regarding requests for an Application for Initial Staff Appointment/Membership and the policy for processing an application.
- 2. All information is obtained from approved primary sources according to accrediting organization requirements.
- 3. The NCVO practitioner file contains the original verifications and the contracted entity receives true and exact copies which the NCVO attests to when submitting the verifications. The information forwarded to the entity is comprehensive of the data collected and applicable to the particular practitioner.
- 4. A uniform application, which is approved by our Clients, is utilized for all Initial Applications. A uniform Release & Immunity Statement accompanies each application. (Attachment B)
- 5. The application fee for the applicant is identified to the applicant when s/he receives the application from NCVO. The entity fees are identified in each entity contract.

# OVERVIEW OF INITIAL CREDENTIALS VERIFICATION PROCESS

- 6. Hospital, practitioner or practitioner's office requests application from NCVO.
- 7. Practitioner completes application and returns to the NCVO office with required supplemental information
- 8. NCVO office reviews application, identifies and requests missing information and documents. A copy of the application, Release form and supporting documents are forwarded promptly to the entity(s) indicated on the application where practitioner is applying for privileges or membership on a provider panel.
- 9. Entity sends its specific information and privileging list to practitioner, if applicable.
- 10. Entity sends the written authorization to NCVO to request, or reject, the practitioner's credentials verification.
- 11. NCVO enters applicant information into the data base program and verifies information on the application according to accrediting organization requirements.
- 12. If second and/or third requests are necessary, they will be generated at reasonable intervals to accomplish completion of the file. Ideally, a file is to be completed six to eight weeks from the receipt of authorization from an entity, with allowance for extra time during high volume periods and for international providers.
- 13. NCVO notifies the practitioner if assistance is necessary in obtaining outstanding verifications.
- 14. National Practitioner Data Bank is queried by NCVO as an Authorized Agent for the individual entity, if applicable per the entity contract with NCVO. Entity retrieves the NPDB response directly. If the Entity requests, NCVO will pull this response.
- 15. Clients can opt to designate NCVO to run Background checks for the Intial and/or Reappointment process.
- 16. Upon completion of the practitioner's file, <u>copies</u> of all verifications are forwarded to the entity. NCVO retains the original application material. The entity is billed for the verification fee.

# INITIAL STAFF APPLICATION REQUEST PROCESS

**POLICY:** It is the policy of the NCVO to follow the appropriate guidelines established for the application request process. NCVO will accept requests to process applications for practitioners as outlined (Attachment A).

#### **PROCEDURE:**

- 17. Upon request from the practitioner or entity, NCVO will forward the application to the practitioner at the address requested.
- 18. The practitioner must complete all required elements including the cover sheet with date, list his/her specialty, subspecialty and check the entities to which the application should be sent; sign and date the Release and Attestation pages.
- 19. No follow-up is made by NCVO on the application requests. After one year the application request forms are destroyed.

### PROCESSING AN INITIAL APPLICATION

#### **POLICY:**

It is the policy of the NCVO to verify information on an application in order for the clients to properly evaluate the applicant's qualifications for appointment or membership and delineation of clinical privileges.

#### **PROCEDURE:**

- 1. Receipt of Application and Review: Upon receipt of the application by the NCVO, every sheet of the application is date stamped and all supporting certificates, documents and other explanatory papers furnished by the applicant are date stamped.
- **2**. **Time Gaps:** All time gaps of 30 days or more must be accounted for from professional school to the time of receipt of the application by NCVO. Any verbal explanation is documented, initialed and dated by the NCVO employee or the written documentation will be obtained from the applicant.
- **3. Transmitting the Application:** The NCVO Specialist reviews the application, communicating to practitioner/contact and facility what items are still pending and of their intent to obtain any missing items or explanations from the practitioner during the verification process.
- 4. "Authorization for Credentials Verification" Form: This form is forwarded with a new application for the entity to complete and return to NCVO to authorize or not authorize processing the application for their entity. NCVO will begin the verification process when it receives an "Authorization" form from the entity. In the case of rush applications, verifications that don't require privilege forms may be sought before an authorization is given. If the application is for multiple entities, at least one "Authorization" form needs to be received to start the verification process. If an entity submits the Authorization form to NCVO to request the credentials verification, and at some point during the verification process cancels the process, it is then responsible to pay a set-up fee.

The entities may choose to send their credentialing specific information (Delineation of Privileges list) to the applicant. The practitioner returns this material to the entity directly.

- **5. Data Entry:** The Specialist enters the applicant's information into the Credentialing software program. The Specialist analyzes the application information during the data entry process.
- **6.** The following information will be verified from primary sources according to accrediting organization requirements.
  - a) License(s) (Professional all active & inactive)

- b) Drug Enforcement Administration (Federal), & Iowa Controlled Substance Registration
- c) Professional Liability Insurance Coverage current coverage policy and verification are required
- d) Claims History (five-year history) through NPDB application
- e) Specialty Board Certification
- f) Graduate Education
- g) Internship/Residency/Fellowship Training
- h) Hospital Affiliations (complete history with the exception of telemedicine and locum tenens providers. In those cases the client will indicate the number and which affiliations are needed.)
- i) Professional Practice Group time gap only
- j) Faculty Appointments (as required)
- k) ECFMG (Education Commission on Foreign Medical Graduates) (if applicable)
- 1) Military Service

The following element is required in the application process:

a) Peer References who will be contacted to complete and return questionnaires

Each verification request letter/query will include a copy of the practitioner's "Release & Immunity Statement" and the appropriate questionnaire as applicable. The entity's Delineation of Privileges list with the appropriate NCVO cover sheet is sent if the client has chosen to have their Delineation of Privileges included with the request to the applicable sources/references.

- **7. Privileging Lists:** The following primary sources will receive a copy of the entity's privileging list to review:
  - a. Post Graduate Training programs
  - b. Hospital affiliations
  - c. Peer References
- **8. Verification Responses:** The replies are date stamped when received and recorded. **Incomplete or vague responses** will be reviewed and either a verbal or written follow-up will be initiated to the source. **Derogatory replies** are brought to the attention of the entity. If the entity(s) requests a copy of that response at that time, it will be forwarded to the entity(s) as directed by the entity(s).
- **9. Verbal Verifications:** All verbal information will be documented, signed and dated by the NCVO employee. Any verbal notations on the responses will be initialed and dated by the responsible employee. Elements that can be verbally verified include employment history, reverifications for practitioners for training completion, and affiliations in which limited to no information can be provided. Changes to responses and application pages include clarification of dates, and addition of information. Notations will include the name of person providing the information.

- **10**. **Second Requests:** Second request follow-up letters and privileging lists, as necessary, are sent to the sources if no response is received from the initial request.
- **11. Third Requests:** Third requests are forwarded to the source if needed, and if no response is received, the practitioner is contacted to ask for his/her assistance in obtaining the response.

If a reference or source declines to furnish a response, the NCVO Specialist will document the information in the credentials file and the entity will be notified immediately of such information. In the case where a lack of response or inability to get a reference form is determined, the practitioner will be requested to furnish an additional peer reference if needed. Unless notified by an entity, three peer reference questionnaires will be sought. The entity will be responsible in its credentialing to follow-up if an entity or peer reference declines to comment or furnish a reply after all attempts by NCVO.

12. Quality Issues/Client Concerns: Issues and concerns that are identified during the verification process will be dated and recorded in the applicant's file. The Specialist will immediately notify the NCVO Director if his/her intervention is required in solving any matter.

The Director will determine if any further follow-up is required.

13. Completion of a File: The NCVO will submit true and exact copies of all verifications to the entity medical staff office or credentialing office(s) by mail, fax or electronically. NCVO retains the original replies. An entity may request verifications before file completion if needed.

Billing will be in accordance with the entity's contract with NCVO. The entity is responsible for payment, or a setup fee, for the verifications once the entity signs and returns the "Authorization for Credentials Verification" form. If a practitioner does not complete the process with a specific entity, or withdraws the process before the verification process is completed, the applicable entity will be billed a setup fee.

If an entity requests the verifications that are on file for any reason prior to completion of the file, NCVO will forward the verifications received at the time of the request and documented in the practitioner's file. Upon completion of the applicant's file, only those items not previously forwarded will be sent to the entity to complete the practitioner's file.

- **14. Entity Investigation:** Specific information supplied by an individual applicant may invite further questions by the entity and the need for additional information. In such circumstances, the entity would request further explanation(s) and information directly from the applicant or the references or sources.
- 15. Verification Process Time: The estimated time for completing the initial application verification process follows the industry standard of 60-90 days from receipt of a completed application and privileging lists from entities. This time frame will be commensurate with this standard provided responses from primary sources are timely and without incidence. The entities will take into account additional time that is often required for foreign responses If NCVO

determines that additional time is required to complete the verification process, it will notify the entity(s) and determine if the file should be forwarded to the entity pending late responses.

**16. Closing A File:** If, after one month of forwarding a new application to an entity, the "Authorization" form is not returned to NCVO by the entity, NCVO will contact the entity to determine the status of the application. The entity determines when it will forward the Authorization to NCVO.

Another follow-up will be made to the client after an additional three months if an Authorization form still has not been received from an entity. The practitioner will be required to review and update the application information, and sign and date another Attestation and Release Statement with current dates if the application is over six months old.

(Authorization form – valid for 120 days from the date NCVO sends to client) (Application-signature on Attestation page valid for 6 months)

If an entity advises NCVO that they are closing the file or application process on a practitioner because of their specific requirements regarding the application process, NCVO will document in the file and the entity must return the "Authorization" form indicating that they do not request the file.

If no "Authorization" form is received from the entity after a four month period, NCVO will automatically close the file and send written documentation of this action to the practitioner and to the entity. If the applicant wishes to apply to the entity(s), s/he would be required to reactivate his/her file and submit the applicable Reactivation fee to initiate the process again.

When a practitioner notifies NCVO that s/he will not pursue applying to a given entity, NCVO will forward the information to the entity stating the file is being closed according to the date of the practitioner's request. If the practitioner sends a written notice to NCVO, it will be forwarded to the applicable entity.

#### PROCESSING A REACTIVATED INITIAL APPLICATION

#### **POLICY:**

It is the policy of the NCVO to obtain current information on an application and verifications if a practitioner requests staff appointment/membership at additional entities after the NCVO has completed his/her file for the initial verification process. Only a current application, documents and verification information will be provided to the additional entity(s) according to accrediting organization requirements. The practitioner is required to update his latest Initial file with current information, documents, signature and date and attest to the accuracy and completeness of the application information at the time of reactivation.

#### **PROCEDURE:**

A practitioner may request that his/her Initial Application and verification file be forwarded to additional entities after the NCVO has completed the verification process. NCVO will review the original or the most recent Initial Application, and the documents on file, to determine what material is required to update the applicant's file. If the file is older than 90 days, NCVO will contact the entity where privileges or membership is being sought to determine whether a new application is required or updated signatures and information will suffice. If a reactivation application is needed, the most recent Initial Application on file at NCVO could be copied for the applicant for reference if requested. A new updated application would be required if the latest application on file is dated over twelve months.

- If the practitioner's latest application is currently being used by NCVO, the practitioner will be asked to complete a new application cover sheet indicating which entity(s) s/he is applying to. The applicant must attest that the application information is current, accurate and complete. If applicable, s/he would document any changes or updates on the form, sign and initial each page. A new Release Statement and attestation page, signed and dated by the applicant, along with updated malpractice question pages will be required. The practitioner will be required to furnish current copies of time-limited certificates that are needed to update the application, and furnish current explanations as applicable.
- If any pages have a revised format since the practitioner's original or latest application form was received at NCVO, then the specific revised pages will be forwarded to the practitioner to complete along with the copy of his/her latest application. The practitioner will be advised to complete the revised pages and update his/her other original application pages that are still the current format, and sign and date a new application cover sheet/attestation and a new Release Statement.
- If a new application form is in use by NCVO, the practitioner will be required to complete it in full and use his/her original application for reference only.
- If a request is received to add an additional entity within 90 days of file completion, the entity will be added on and verifications will be updated if necessary and forwarded.

• If the latest application date is over 12 months, NCVO would request that the applicant complete a new application with current information particularly if there are multiple changes in the information and the practitioner's activities since his/her original Initial Application was completed. If the practitioner indicates that the application information has not changed greatly, s/he may update the information on the original or latest form, complete a new cover sheet with attestation and complete a new Release & Immunity Statement.

When NCVO receives the updated or new application and documents, they are forwarded to the entity(s) indicated.

All verifications will be updated and processed according to standard procedures for an Initial Application. All verifications will be current according to accrediting organization requirements, on an entity specific basis, before transmitting the information to the added entity(s). The exception is verifications for training, education and past affiliations may be utilized since those dates are in the past. New privilege list verifications will still be sought in those cases.

#### **CONFIDENTIALITY & SECURITY**

#### **POLICY:**

Recognizing the importance of preserving the confidentiality and security of all records, the Nebraska Credentials Verification Organization (NCVO) shall handle in strictest confidence all information in practitioners' files that is obtained in connection with fulfilling the responsibilities of the NCVO. NCVO will maintain optimum security measures to ensure confidentiality of the credentialing information.

#### **PROCEDURE:**

# **PRACTITIONER CREDENTIALS FILES:**

**Ownership** – The practitioner files are the property of Metro Omaha Medical Society/NCVO. In the unlikely event that MOMS discontinues the Credentialing Verification Organization, the original files, which have been maintained by NCVO, will remain the property of the Medical Society for a period of ten years. After this period of time the files will be destroyed.

**Storage -** All sensitive and confidential credentials information shall be secured in the NCVO offices in file cabinets or scanned into NCVO electronic database, except during such times as designated personnel are present and able to monitor access.

**Access -** Only the following individuals may have access to the information in these files, to the extent necessary to perform official functions:

- a. NCVO Employees
- b. MOMS Executive Director
- c. Entity designated representative
- d. Applicant (for copies of submitted applications only)

The NCVO Director or MOMS Executive Director will be present when a file is reviewed by a NCVO contracted entity.

**Practitioner Access** - A practitioner may have access to his/her credentials file but only to the extent to view or have copied the documents or correspondence in his/her file that s/he has generated and submitted to the NCVO pertaining to his/her application for Initial Appointment and/or Reappointment. Such access by the practitioner will be in the presence of a NCVO Director or the MOMS Executive Director. The practitioner is encouraged to review his/her credentials file at the entity's site where s/he is on staff.

**Release & Immunity Statement -** All practitioners must sign and date the "Release & Immunity Statement" at any time his/her Initial file or Reappointment file is actively being processed. Any legal request for documents or file information on a practitioner will require the practitioner's signed authorization to release information from his/her file. The Release states that NCVO will treat the application and all information collected in strict confidence.

**Release of Information** – All information that is in a credentials file will be released only to those entities designated by the practitioner to receive such information. If a file is not actively in process, a signed and dated Release of Records form must be obtained from the practitioner before any information will be released to the designated entity(s).

All information obtained and generated by the NCVO is confidential to the fullest extent permitted by law. Dissemination of such information shall only be made where expressly required by law, pursuant to this policy, and only with the express approval of MOMS legal counsel.

Any subpoena received at NCVO or MOMS for credentialing information will require MOMS legal counsel review and direction. A signed release by the practitioner will be required before any file information would be released.

**Methods of Information Transmittal -** The "transmittal forms" used for the application or verification information will be completed by the NCVO Specialist, signed and dated and will indicate what material is being transmitted at that time. These forms are marked as "Confidential" when sent in hard copy or encrypted when transmitted electronically.

Application material and verifications will be forwarded to the entity(s) that the applicant has designated to receive his/her information in any of the following methods:

- U.S. Postal Service
- Faxed Material
- Email service
- Courier Service
- Personal Delivery/Client Pickup
- **Faxing Material** -The fax cover sheet includes a confidentiality statement and a request to notify NCVO if the material is received in error at an incorrect fax number.

**Disposal of Information -** All confidential documents, verifications and practitioner certificates that need to be disposed of shall be shredded.

# SECURITY/ACCESS TO NCVO OFFICE AND FILE CABINETS:

The Management Company routinely locks the building's main entrance door after business hours. Key access by leases is required to enter the building when it is locked after standard hours. Key access is also required to enter the NCVO office.

# **COMPUTER ACCESS:**

Any information systems personnel or computer consultants that perform services at the NCVO office will sign and date a "Confidentiality Agreement" when performing services at the NCVO office. The CEO of a computer service company may sign on behalf of their company personnel.

# CREDENTIALING SOFTWARE PROGRAM

# **POLICY:**

It shall be the policy of NCVO to effectively and efficiently perform the centralized credentials verification process by use of software that has been proven to fulfill the needs of centralized verification and with an established corporation for support and maintenance.

# **PROCEDURE:**

**NCVO Program Access:** Access to the software program is regulated by individual password for each User. User passwords may be changed periodically to maintain security. Passwords are deleted when an employee terminates employment in the organization.

#### MECHANISMS FOR PRIMARY SOURCE VERIFICATION

#### **POLICY:**

It is the policy of the NCVO to attempt to verify the credentials of an applicant through primary sources according to accrediting organization requirements for Initial Appointment and Reappointment. The standard procedure for both Initial and Reappointment programs is as written in each program's Protocol.

#### **PROCEDURE:**

The following are verified via the source or acceptable delegated source:

- Licensure(s)- all active & inactive
- Drug Enforcement Administration

\*The State Controlled Substance registration will be verified, if applicable.

**Professional Malpractice Insurance Coverage/Claims History** 

**Initial Applications**: The application requests coverage/carrier information for the most recent five years and a copy of certificate in effect at the time of application, including training.

**Reappointment Applications:** The applications request information for the most recent two-year period.

If the practitioner is enrolled in the Nebraska Excess Liability Fund, a copy of the letter from the State of Nebraska Department of Insurance will be collected for the Excess Fund coverage.

- Malpractice History
- Medicaid/Medicare Sanction History: The response to a query to the National Practitioner Data Bank satisfies verification for sanction history through an arrangement between the NPDB and the OIG of the Department of Health and Human Services.
- National Practitioner Data Bank: NCVO queries the NPDB and acts as an "Authorized Agent" for the contracted entities who have chosen NCVO to query on their behalf.
- **Specialty Board Certification:** NCVO will verify board certification through the American Board of Medical Specialties, the American Osteopathic Association or directly with an individual specialty board.
- Graduate School (including Medical School, Dental School, MSN, etc): Direct verification with school or National Student Clearinghouse.
- ECFMG (Educational Commission for Foreign Medical Graduates):

The Joint Commission and NCQA accept the ECFMG as primary source verification of foreign medical education for graduates certified after 1986. NCVO will attempt to verify directly with the foreign institution with one written attempts for those graduates certified by the ECFMG before January, 1987.

- **Fifth Pathway** (if applicable)
- All Internship/Residency Programs
- Fellowship
- Hospital Affiliations

- Professional Practice Group time gap only
- Teaching/Faculty Appointments (UNMC & CUMC unless a time gap)
- Disciplinary Actions (licensure, hospital privileges/membership, felony, etc)
- **Military Service:** A copy of the Discharge Certificate and the DD214 form relating to duty is requested.

# The following elements are required in the application process:

- Professional References
- Health Status (on applications, post graduate questionnaire, hospital affiliation questionnaires, references)
- Current Clinical Competence
- **Background checks:** NCVO contracts with an outside agency to perform provider background checks for the entities requesting this service for Initial and Reappointment files.

# REAPPOINTMENT PROGRAM

#### **POLICY:**

It is the policy of the NCVO to obtain sufficient data to support practitioner reappointment to a facility at the time of biennial reappointment.

NCVO will process Reappointment applications for practitioners per the attached addendum (Attachment A). The NCVO Application for Reappointment and the verifications will adhere to all according to accrediting organization requirements.

#### **PROCEDURE:**

- \* The Reappointment Program covers a two-year period with processing based on an alphabetical cycle.
- \* The process begins six months prior to the estimated cycle for completion, per the NCVO Reappointment schedule.
- \* The entities are responsible for furnishing the names of providers that they wish to have reappointed. The provider is responsible for completing and returning the application in a timely manner to NCVO for processing indicating where s/he wishes to be reappointed.
- \* A uniform Application for Reappointment is utilized with the uniform Release & Immunity Statement.
- \* The anticipated turnaround time is 60 days after receipt of the application, following the deadlines set forth in Attachment C for the reappointment schedule.
- \* There is no fee to the practitioner for this application process. The individual entity contractual agreement indicates the fee for the verifications to be paid by the entity.
- \* The Delineation of Privileges for each facility are handled by the facility.
- \* Entities will receive billing at the completion of a particular alpha group. If an applicant withdraws his application or an entity notifies NCVO to discontinue the reappointment process on a practitioner after the process has been initiated at NCVO, the entity is billed a set-up fee.
- \* The NCVO cannot guarantee timely processing of applications received after the specified deadline. However, every effort will be made to communicate with the practitioner to insure expediency in the process.
- \* Off cycle Reappointment applications will be considered on an individual basis taking into account current staffing and work volume.

# PROCESSING A REAPPOINTMENT APPLICATION

**POLICY:** It is the policy of NCVO to attempt to verify information on Reappointment Applications according to accrediting organization requirements. NCVO will collect and verify the necessary documents and information to properly satisfy requirements of entities for a practitioner's biennial reappointment.

#### **PROCEDURE:**

According to the NCVO Reappointment schedule (see Attachment "C") a written request is sent to the entities for their lists of practitioners in the scheduled alpha group. (See Attachment "D") The entities are requested to submit to NCVO, within 10 days, the names they desire to have reappointed along with the practitioner profiles.

The applications with cover letters are forwarded to the practitioners and their return is requested within 30 days.

Reminder letters are generated for those applications not received. For applications not returned by the original due date, a final request is sent. At this time, the entities are sent a written report of the applications that are still pending. Further action will be taken only following specific direction from the entity. NCVO will terminate the process for outstanding applications following the date the entities are notified.

Upon receipt of the current Reappointment Application, NCVO date stamps each page, the Release Statement and all certificates and supporting documents.

The uniform reappointment application is checked for completeness, signatures, the requested documents and certificates, and all supporting explanations that are necessary. Any missing information and/or documents are requested from the practitioner. The applications and documents are sent to the entities. Any pending information is noted.

The National Practitioner Data Bank is queried at the end of the verification process by NCVO, if requested to do so. NCVO acts as an agent for each entity for which a practitioner's file is being processed. Responses are retrieved by each entity, unless requested otherwise by entity.

Documents and certificates that are provided to support a reappointment application will include:

- Current Federal DEA and Iowa Controlled Substance Registrations, if applicable
- Current Professional Liability Insurance (and Nebraska Excess Fund letter, if applicable)
- Any postgraduate training completed in previous two years
- Malpractice Claims History explanation(s)
- Current Curriculum Vitae
- List or letterhead with partners names and specialities
- List or letterhead for call coverage

The written or documented verifications from primary sources using standard forms, where applicable, will include:

- a) Current Nebraska and/or Iowa State Professional License as applicable for entities
- b) Current Federal DEA and State Controlled Substance Registration as applicable for entities
- c) Professional Liability Coverage and claims history for the previous two-year period
- d) Board Certification and Recertification
- e) Primary and secondary hospital affiliations
- f) Medicaid/Medicare Sanctions—via the NPDB Query
- g) Data Bank Query for each entity, if applicable: NCVO acts as an agent for each entity; entity retrieves response unless they direct NCVO to retrieve

The following element is required in the application process:

a) Two Professional References who will be contacted to complete and return questionnaires

Receipt of verification information will be monitored. The Specialist will record as applicable, any quality issues identified during the verification process.

Any verifications with derogatory or disciplinary actions will be brought to the attention of the entity. NCVO will investigate any vague or significant omissions for clarification from the references, hospitals or any other entity verifying information.

Second request letters will be sent if verification responses are not received. If a reply is not received, the practitioner will be notified of the missing references/verifications and asked for assistance in obtaining the responses or a new reference if that fails to generate a returned questionnaire.

Upon completion of the verification process, the NCVO Specialist forwards true and exact copies of all material received to the appropriate entities. NCVO retains the original verifications.

A Reappointment file is considered complete if all information and documents are current and up-to-date on the date it is forwarded to the entity (or otherwise noted).

Entities are billed for reappointment verifications in accordance with the contractual arrangement with each entity.

#### **CLIENT SATISFACTION**

#### **POLICY:**

It is the policy of the NCVO to receive continuous input from its clients regarding the performance of NCVO, and the methodology of the credentials verification process.

#### **PROCEDURE:**

NCVO will utilize various means as follows, for accessing their clients to receive input on the NCVO programs.

#### **Communication:**

The NCVO Specialist will maintain open lines of communication with clients regarding concerns over any files. Clients will contact the Director or MOMS Executive Director with any issues or suggestions.

# **Client Satisfaction Surveys:**

On a periodic basis, NCVO forwards the Client Satisfaction form to its clients to evaluate the NCVO product, service and overall satisfaction rate. The NCVO Director reviews the deficiencies and plans for resolutions.

# **Client Meetings:**

NCVO holds quarterly Client ("User") Meetings with their clients to provide a forum for communication between the NCVO staff and its clients. The meetings provide an opportunity for clients to raise issues of common concern, for NCVO to update the clients on system changes and for NCVO to provide education around credentialing issues and standards. Clients may raise any issues or suggestions they have concerning the service or for improving the service.

An NCVO employee takes minutes at each meeting and issues are recorded. The minutes are forwarded to all clients, present at the meeting and not present, and include any attachments applicable to the agenda discussed. The minutes are also distributed to the NCVO Staff for review at the subsequent NCVO Staff meeting. It is the responsibility of the NCVO Director to insure that any issues that are raised are resolved or dealt with through staff supervision or procedural changes.

# **NCVO Staff Meetings:**

The staff will meet regularly, to review issues identified by the Director and/or any issues that staff member may have.

#### **Quarterly Quality Assurance Report:**

The NCVO Director will review the Quarterly Quality Assurance Report with the MOMS Executive Director.

#### **ENTITY CONTRACTS**

#### **POLICY:**

It is the policy of the NCVO to enter into contractual arrangements with health care entities (hospitals, managed care organizations, extended care facilities, surgical centers, and others) for credentials verification of providers that desire to apply for appointment/membership and reappointment to the particular entities. The contracts, or named "Memorandum of Understanding," will set forth the provisions that NCVO will adhere to in providing the services for the specified entity(s).

#### **PROCEDURE:**

NCVO will prepare the contract, "Agreement" or "Memorandum of Understanding" for an entity that desires to use the services of MOMS NCVO for the purpose of credentials verification for providers. The entity may elect to use NCVO for the Initial Application verification process and/or the Reappointment Application process. They may delegate the credentials data collection and verification to NCVO for the programs they desire to use.

The contract(s) will define the services of both programs of NCVO, the documentation provided in the verification(s) for each program, the use of the documentation by the entity, the compensation for each program, the relationship of parties, the limitation of liability and indemnification, the contract term and termination policy and stipulate the method of notification to either party by the other party, general provisions, and other information as required by the entity.

MOMS Legal counsel will be engaged to review the contracts are necessary. The entity's legal counsel is encouraged to review the contracts and submit required revisions to NCVO. Mutual acceptance of the terms will be followed.

The contracts are executed by both parties, in duplicate, MOMS Executive Director, and the appropriate party of the contracting entity. The contracts will be in effect upon the signing date of both parties or as otherwise stated in the content of the contract.

# **ATTACHMENT "A"**

NCVO Processes Applications for the following types of practitioners\* with the degrees of:

MD Doctor of Medicine

DO Doctor of Osteopathy

DDS Doctor of Dental Surgery

DMD Doctor of Dental Medicine

DPM Doctor of Podiatric Medicine

PHD Doctor of Philosophy

PA/PA-C Physician Assistant

PsychD/PsychED Psychologist

NP Nurse Practitioner degrees

**APRN-NP** 

**ARNP-NP** 

Certified Nurse Midwife

**CRNA** 

Pharm.D Pharmacist

LMHP Licensed Mental Health Practitioners

ST Surgical Technicians

<sup>\*</sup>As well as any practitioners recognized by Joint Commission or a client's accrediting organization as medical staff.

# **ATTACHMENT "B"**

# NEBRASKA CREDENTIALS VERIFICATION ORGANIZATION (NCVO) CONDITIONS OF APPLICATION - RELEASE AND IMMUNITY STATEMENT

By submitting this application and applying for appointment/membership to the Staff or Provider Panel of one or more of the entities I hereby:

- agree that this is an application for appointment/membership at the entities and I hereby separately apply to such entity(s) where I wish to obtain appointment or membership:
- agree that decision pertaining to the granting or denying of appointment or membership is to be made by each individual entity and staff subject to the approval of each entity's Board of Directors to which I apply, and the NCVO is in no way involved in the evaluation of the information obtained;
- understand that the requirements for appointment and clinical privileges or membership may vary from entity to entity, and the fact that I may be granted appointment and clinical privileges or membership of one entity does not necessarily mean that I will be granted appointment and/or clinical privileges or membership at any or all of the other entities to which I apply;
- agree to appear for interviews in regard to my application;
- authorize the NCVO, the entity(s) and their staff(s) and their representatives to consult with my prior associates and others, including without limitation, any insurance carrier, governmental agency or disciplinary or licensing body which may have information bearing on my professional competence, character, health status, ethical qualifications and ability to work cooperatively with others;
- consent to the inspection by the NCVO, the entity(s), and their staff(s) and their representatives, of all documents that may be material to an evaluation of my qualifications and competence;
- consent to the release of such information only to the entity(s) at which I am requesting privileges or membership with the exception of NPI and Taxonomy numbers which will be maintained in the NCVO database for distribution to NCVO clients;
- release from liability the NCVO and the entity(s) and their representatives for their acts performed and statements made in connection with the collection, dissemination and evaluation of my credentials and all information pertaining to my application;
- release from liability any and all individuals and organizations who in good faith provide information to the NCVO, the entity(s) or the staff(s) or any of their representatives, concerning my professional competence, ethics, character, and other qualifications for appointment and clinical privileges;
- acknowledge that I have received, or have been given access to, and read the Bylaws (where appropriate) of the entity(s), and any other manuals and policies relevant to the application process and generally to clinical practice at the entity(s), and agree to be bound by the terms thereof in all matters related to appointment and clinical privileges and to the consideration of my application for appointment and for clinical privileges:
- agree that the provision of said Bylaws (where appropriate) relating to confidentiality and release from liability are express conditions to my application for, and acceptance of, appointment and the continuation of such appointment and to my exercise of clinical privileges;
- pledge to maintain an ethical practice according to the current codes of ethics of the American Medical, Osteopathic or Dental Associations, or other applicable Associations, to provide for continuous care for my patients, and to refrain from delegating the responsibility for care of my patients to any practitioner not qualified to undertake that responsibility;
- agree that I, as an applicant for appointment and/or privileges or membership, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications for appointment and clinical privileges or membership and for resolving any doubts about such qualifications;
- acknowledge that any significant misstatements in or omissions from this application constitute cause for denial of appointment and/or membership or cause for summary dismissal from the Staff(s) and/or Provider Panel(s); and
- guarantee that I now meet and will continue to maintain at least the minimum professional liability insurance coverage required by each individual entity to which I am applying and guarantee further that I will immediately notify the entity(s) in writing of any change in my professional insurance coverage.

# All information submitted by me in this application is complete and correct to the best of my knowledge and belief. A copy made of this original signed statement constitutes my written authorization and request to release any and all documents relevant to this application, to include medical records information. Said photostatic copy shall have all the same force and effect as the signed original. Signature (Name, type or print) Date

#### (NOTE: ORIGINAL SIGNATURE REQUIRED ON THIS CONSENT. NO STAMPED OR ELECTRONIC SIGNATURES.)

The NCVO and the Entity(s) will treat this application and all information secured in connection therewith in strict confidence and will employ all reasonable safeguards to protect the Applicant's privacy.

# **ATTACHMENT "C"**

Letter	NCVO requests list of practitioners to be processed	NCVO distributes Reappointment Applications	NCVO completion date for alpha cycle
А	June, even year	July, even year	Oct., even year
В	Aug., even year	Sept., even year	Dec., even year
С	Sept., even year	Oct., even year	Jan., odd year
D/E	Oct., even year	Nov., even year	Feb., odd year
F	Dec., even year	Jan., odd year	Apr., odd year
G	Feb., odd year	Mar., odd year	June, odd year
Н	Mar., odd year	Apr., odd year	July, odd year
I/J/K	Apr., odd year	May, odd year	Aug., odd year
L	June, odd year	July, odd year	Oct., odd year
М	Aug., odd year	Sept., odd year	Dec., odd year
N/O	Sept., odd year	Oct., odd year	Jan., even year
P/Q	Oct., odd year	Nov., odd year	Feb., even year
R	Dec., odd year	Jan., even year	Apr., even year
S	Feb., even year	Mar., even year	June, even year
T/U/V	Mar., even year	Apr., even year	July, even year
W/X/Y/Z	Apr., even year	May, even year	Aug., even year

# **ATTACHMENT "D"**



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TO: NCVO Clients/Contacts
(Name of Facility and/or Contact Person)

# RE: "LETTER" REAPPOINTMENT APPLICATIONS

# Please send:

- ALPHABETICAL LIST ONLY of those you wish to reappoint who have last names in the alpha cycle noted above.
- Indicate name of your entity on each page
- No later than DATE

EMAIL your list or response to areeves@omahamedical.com or FAX to: (402) 343-0721

If you do not have any names to submit, please check below and return this form.

No " <i>LETTER</i> " Names	
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Approximately one week prior to distributing pre-populated reappointment applications, NCVO Reappointment staff will provide to you, a list of applications being prepared for distribution on behalf of your entity. At that time, we ask that you notify NCVO of any additions or corrections before the applications are sent out.